

**INFLUENCE OF WORK-LIFE BALANCE INITIATIVES  
ON COMMITMENT OF NURSES IN PUBLIC  
HOSPITALS IN KENYA**

**DENIS OKEROSI OKEMWA**

**DOCTOR OF PHILOSOPHY**

**(Human Resource Management)**

**JOMO KENYATTA UNIVERSITY OF  
AGRICULTURE AND TECHNOLOGY**

**2022**

**Influence of Work-Life Balance Initiatives on Commitment of  
Nurses in Public Hospitals in Kenya**

**Denis Okerosi Okemwa**

**A Thesis Submitted in Partial Fulfilment of the Requirements for  
the Degree of Doctor of Philosophy in Human Resource  
Management of the Jomo Kenyatta University of Agriculture and  
Technology**

**2022**

**DECLARATION**

This thesis is my original work and has not been presented for a degree in any other University.

Signature..... Date: .....

**Denis Okerosi Okemwa**

This thesis has been submitted for examination with our approval as University Supervisors.

Signature..... Date: .....

**Dr. Wallace Atambo, PhD**

**JKUAT, Kenya**

Signature..... Date: .....

**Prof. Willy Muturi, PhD**

**JKUAT, Kenya**

## **DEDICATION**

This thesis is dedicated to my wife Martha Nduta and our children, Daniel Okemwa and Emmanuel Kiarie, my father Meshack Okemwa, my mother Fridah Mokeira and my siblings.

## **ACKNOWLEDGEMENT**

I am very grateful to the Almighty God for the gift of life and enabling me to write this thesis successfully. I most sincerely thank my University supervisors; Dr. Wallace Atambo and Prof. Willy Muturi for their constructive criticism and incisive guidance that focused and gave birth to this thesis. You made a positive and indelible mark in my life. I am forever indebted to you.

I thank the nurses in the sampled hospitals for taking their valuable time to fill in the questionnaires in spite of much work demands. I am also grateful to my family; my wife Martha Nduta and our sons Daniel Okemwa and Emmanuel Kiarie for the unqualified support you gave me throughout this journey. To my siblings; Philip, Vincent and Malachi I thank you so much.

## TABLE OF CONTENTS

<b>DECLARATION.....</b>	<b>II</b>
<b>DEDICATION.....</b>	<b>III</b>
<b>ACKNOWLEDGEMENT .....</b>	<b>IV</b>
<b>TABLE OF CONTENTS.....</b>	<b>V</b>
<b>LIST OF TABLES .....</b>	<b>XV</b>
<b>LIST OF FIGURES .....</b>	<b>XX</b>
<b>LIST OF APPENDICES .....</b>	<b>XXI</b>
<b>LIST OF ABBREVIATIONS AND ACRONYMS .....</b>	<b>XXII</b>
<b>OPERATIONAL DEFINITION OF TERMS.....</b>	<b>XXIII</b>
<b>ABSTRACT.....</b>	<b>XXIV</b>
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>INTRODUCTION.....</b>	<b>1</b>
1.1Background of the Study.....	1
1.1.1 Work-Life Balance Initiatives.....	2
1.1.2 Regional Perspective of Work-Life Balance Initiatives.....	4
1.1.3 Local Perspective of Work-Life Balance Initiatives.....	5
1.1.4 Kenya Public Hospitals .....	5
1.2 Statement of the Problem .....	6

1.3 Objectives of the Study .....	8
1.3.1 General Objective.....	8
1.3.2 Specific Objectives of the Study .....	8
1.4 Hypotheses of the Study .....	9
1.5 Significance of the Study .....	10
1.6 Scope of the Study .....	11
1.7 Limitations of the study .....	12
<b>CHAPTER TWO .....</b>	<b>13</b>
<b>LITERATURE REVIEW.....</b>	<b>13</b>
2.1 Introduction .....	13
2.2 Theoretical Framework .....	13
2.2.1 Spill over Theory.....	13
2.2.2 Social Exchange Theory .....	14
2.2.3 Three Component Model (TCM).....	15
2.2.4 Organization Support Theory.....	16
2.3 Conceptual Framework .....	17
2.4 Empirical Review of the Study Variables .....	18
2.4.1 Influence of flexible work arrangements .....	18
2.4.3 Influence of Leave Arrangements .....	22

2.4.4 Influence of Employee Assistance Programs.....	24
2.4.5 Influence of Work life balance initiatives .....	25
2.4.6 Influence of Supervisor support .....	28
2.4.7 Influence of Co-Worker Support .....	29
2.4.8 Commitment.....	30
2.5 Critique of Existing Literature .....	32
2.6 Research Gap .....	34
2.7 Summary of the Literature Reviewed .....	35
<b>CHAPTER THREE .....</b>	<b>36</b>
<b>RESEARCH METHODOLOGY .....</b>	<b>36</b>
3.1 Introduction .....	36
3.2 Research Design.....	36
3.3 Target Population .....	36
3.4 Sample and Sampling technique .....	37
3.5 Data Collection Instruments.....	39
3.6 Data Collection Procedure .....	39
3.7 Pilot Testing .....	40
3.7.1 Reliability of the Questionnaire .....	40
3.7.2 Validity of the Questionnaire .....	41



3.8 Data Processing and Analysis .....	41
3.9 Diagnostic Tests .....	43
3.9.1 Correlation Analysis .....	43
3.9.2 Linearity Test .....	44
3.9.3 Normality Test .....	44
3.9.4 Multi-Collinearity Test.....	44
3.9.5 Homoscedasticity Test .....	45
3.10 Multiple Regression Model.....	45
3.10.1 Moderating Effect Model.....	46
3.10.2: Hypotheses Testing .....	48
3.10.3 Operationalization of Study Variables .....	49
<b>CHAPTER FOUR.....</b>	<b>51</b>
<b>RESEARCH FINDINGS AND DISCUSSION.....</b>	<b>51</b>
4.1 Introduction .....	51
4.2 Response Rate .....	51
4.3 Results of Reliability Test and Validity .....	52
4.4 Demographic Characteristics of Respondents .....	53
4.4.1 Gender of the Respondents .....	53
4.3.2 Age of the Respondents .....	54

4.3.3 Marital Status of the Respondents .....	55
4.3.4 Duration in the current hospital.....	55
4.4 Diagnostic Tests .....	56
4.4.1 Test for Normality.....	56
4.4.2 Test for Multi-collinearity.....	58
4.4.3 Homoscedasticity .....	60
4.4.4 Linearity Test .....	61
4.5 Commitment.....	62
4.5.1 Factor loading for Commitment Constructs.....	62
4.5.2 Descriptive statistics for Commitment.....	63
4.5.3 Qualitative findings on Commitment.....	68
4.5.4 Aggregation of Commitment Constructs .....	69
4.6 Influence of flexible work arrangements on levels of commitment of nurses in public hospitals.....	70
4.6.1 Factor Loading for Flexible Work Arrangements Constructs.....	70
4.6.2 Descriptive Statistics for Flexible Work Arrangements. ....	71
4.6.3 Qualitative Analysis of Flexible Work Arrangements.....	75
4.6.4 Aggregation of flexible work arrangements indices .....	77
4.6.5 Correlation of flexible work arrangement and Commitment.....	77

4.6.6 Regression Analysis on Influence of flexible work arrangements on commitment.....	80
4.6.7 Analysis of Variance on the influence of flexible work arrangements on Commitment.....	83
4.6.8 Model Summary: Influence of Flexible work arrangements on Commitment.....	85
4.6.9 Logistic Regression of the Influence of Flexible Work Arrangement on Commitment.....	86
4.6.10 Discussion of the Findings on the Influence of Flexible Work Arrangements on the levels of Commitment of Nurses in Public Hospitals. .....	88
4.7 Influence of leave arrangements on the level of commitment of nurses in public hospitals in Kenya.....	89
4.7.1 Factor Analysis of Leave Arrangement Constructs .....	89
4.7.2 Descriptive Statistics for Leave Arrangements.....	91
4.7.3 Qualitative Analysis on Influence of Leave Arrangements on Commitment.....	94
4.7.4 Aggregation of Leave Arrangement Constructs .....	95
4.7.5 Correlation Analysis of Leave arrangements and the levels of Commitment.....	96
4.7.6 Regression Analysis on the influence of Leave arrangements on Commitment in Public hospitals in Kenya.....	98
4.7.7 Analysis of Variance (ANOVA) adequacy of Leave Arrangement on Commitment of nurses in Public hospitals in Kenya.....	102

4.7.8 Model Summary influence of Leave Arrangements on the Levels of Commitment in Public hospitals. ....	103
4.7.9 Logistic Regression Analysis on Leave Arrangement and Commitment. .....	103
4.7.10 Discussion of the findings on the influence of leave arrangements initiatives on the levels of commitment.....	105
4.8 Influence of Employee Assistance programs on Commitment of nurses .....	106
4.8.1 Factor Analysis on Employee assistance programs .....	106
4.8.2 Descriptive Statistics for Employee Assistance Programs.....	107
4.8.3 Qualitative Results on Employee Assistance Programs and Commitment. .....	110
4.8.4 Aggregation of Employee Assistance Program Constructs .....	111
4.8.5 Correlation Analysis on Employee Assistance Programs and Level of Commitment. ....	112
4.8.6 Regression Analysis for Employee Assistance Programs and the Level of Commitment. ....	115
4.8.7 Analysis of Variance (ANOVA) on the Influence of Adequacy of Employee Assistance Programs on level of Commitment of nurses in public hospitals in Kenya. ....	118
4.8.8 Model Summary on Adequacy of Employee Assistance Programs and Level of Commitment of Nurses in Public Hospitals.....	119
4.8.9 Logistic Regression Analysis on Employee Assistance Programs and Commitment. ....	120

4.8.10 Discussion of the Results on the Influence of Employee Assistance Programs on the Level of Commitment. ....	123
4.9 Influence of Work-Life Balance Initiatives on the Level Commitment of Nurses in Public Hospitals.....	124
4.9.1 Multiple Regression Analysis on Work-Life Balance Initiatives and Commitment. ....	124
4.9.2 Analysis of Variance (ANOVA) on Influence of Work-Life Balance Initiatives and Commitment .....	126
4.9.3 Multiple regression analysis work-life balance initiatives and Commitment .....	127
4.9.4 Discussion of the Findings on the Influence of Work-Life Balance Initiatives on the Levels of Commitment .....	130
4.10 Moderating Effect of Supervisor support on the Influence of Work Life Balance Initiatives on Commitment.....	131
4.10.1 Factor Loading for Supervisor Support.....	131
4.10.2 Moderated Multiple Regression Analysis for Supervisor Support on the influence of Work-Life Balance Initiatives on the levels of Commitment .....	132
4.10.3 Analysis of Variance (ANOVA) for the Moderating Effect of supervisor support on the Influence of Work-Life Balance on the Levels of Commitment .....	134
4.10.4 Regression Coefficients with Moderator Supervisor Support .....	136
4.10.5 Discussion of the Moderating Effect of supervisor support on the Influence of Work-Life Balance Initiatives on Commitment.....	137

4.11 Moderating Effect of co-worker support on the Influence of Work Life	
Balance Initiatives on Commitment.....	138
4.11.1 Factor Loading for co-worker Support. ....	139
4.11.2 Moderated multiple regression analysis for co-worker support on the influence of work-life balance initiatives on the levels of commitment	140
4.11.3 Analysis of Variance (ANOVA) for the Moderating Effect Co-worker Support on the Influence of Work-Life Balance on Commitment.....	141
4.11.4 Regression Coefficients with Moderator (Co-worker support) .....	143
4.11.5 Discussion of the Moderating Effect of Co-worker support on the Influence of Work-Life Balance Initiatives on Commitment. ....	144
<b>CHAPTER FIVE.....</b>	<b>146</b>
<b>SUMMARY, CONCLUSION AND RECOMMENDATION.....</b>	<b>146</b>
5.1 Introduction .....	146
5.2 Summary of the Major Findings .....	146
5.2.1 Influence of Flexible Work Arrangements on Commitment. ....	146
5.2.2 Influence of Leave Arrangements on Commitment.....	147
5.2.3 Influence of Employee Assistance Programs on Commitment. ....	148
5.2.4 Influence of Work-life Balance Initiatives on levels of Commitment....	149
5.2.5 The Moderating Effect of Supervisor support on the Influence of Work- Life Balance Initiatives on the Levels of Commitment. ....	149
5.2.5 The Moderating Effect of co-worker support on the Influence of Work- Life Balance Initiatives on the Levels of Commitment. ....	150

5.3 Conclusion .....	151
5.4 Recommendation.....	152
5.4.1 Influence of Flexible Work Arrangements on Commitment. ....	152
5.4.2 Influence of Leave Arrangement on Commitment. ....	153
5.4.3 Influence of Employee Assistance Programs on Commitment. ....	153
5.4.4 Influence of Work-Life Balance Initiatives on Commitment. ....	153
5.4.5 Moderating effect of supervisor support on the influence of work-life balance initiatives on commitment.....	154
5.4.6 Moderating effect of co-worker support on the influence of work-life balance initiatives on commitment.....	154
5.5 Suggestion for Further Research.....	155
<b>REFERENCES.....</b>	<b>156</b>
<b>APPENDICES .....</b>	<b>171</b>

## LIST OF TABLES

<b>Table 3.1:</b> Sample Size Determination.....	39
<b>Table 3.2:</b> Test for hypotheses .....	48
<b>Table 3.3:</b> Operationalization and Measurement of Independent Variables.....	49
<b>Table 3.4:</b> Operationalization and Measurement of the Moderating Variables.....	50
<b>Table 3.5:</b> Operationalization and Measurement of Dependent Variable.....	50
<b>Table 4.1:</b> Response Rate .....	52
<b>Table 4.2:</b> Reliability Results .....	52
<b>Table 4.3:</b> Gender of Respondents .....	53
<b>Table 4.4:</b> Age of Respondents .....	54
<b>Table 4.5:</b> Marital Status.....	55
<b>Table 4.6:</b> Duration in the present hospital .....	55
<b>Table 4.7:</b> Normality test for the dependent variable (Level of Commitment).....	58
<b>Table 4.8:</b> Correlations among the Independent Variables and Dependent Variable. .....	59
<b>Table 4.9:</b> Factor Loadings for Commitment Constructs.....	62
<b>Table 4.10:</b> Weighted Averages for Level of Commitment Constructs.....	64
<b>Table 4.11:</b> Aggregation of Commitment Constructs .....	70
<b>Table 4.12:</b> Flexible work arrangements factor loading matrix .....	71
<b>Table 4.13:</b> Descriptive statistics for flexible work arrangements.....	72



<b>Table 4.14:</b> Aggregation of flexible work arrangement indices.....	77
<b>Table 4.15a:</b> Correlations: Influence of shift arrangements on Commitment.....	79
<b>Table 4.15b:</b> Correlations: Influence of flex time on Commitment.....	79
<b>Table 4.15c:</b> Correlation Coefficients showing the influence of flexible work arrangements on commitment .....	79
<b>Table 4.15d:</b> Regression Coefficients of Influence of flexible work arrangements (shift work arrangement, flex time work arrangement) on Commitment. ....	81
<b>Table 4.15e:</b> Regression Coefficients: Flexible work arrangements on commitment. ....	82
<b>Table 4.16a:</b> ANOVA <sup>a</sup> – Influence of flexible (shift, flex time) work arrangement’s on commitment.....	83
<b>Table 4.16b:</b> Analysis of Variance (ANOVA); Flexible Work Arrangements on Commitment.....	84
<b>Table 4.17:</b> Model Summary for Flexible Work Arrangements and level of Commitment.....	85
<b>Table 4.18:</b> Variables in the Equation.....	87
<b>Table 4.19:</b> Factor Loading for Leave Arrangement .....	90
<b>Table 4.20:</b> Descriptive statistics for Leave arrangements .....	91
<b>Table 4.21:</b> Aggregation of Leave Arrangements Constructs.....	95
<b>Table 4.22a:</b> Correlations results between Annual Leave and Commitment.....	97
<b>Table 4.22b:</b> Correlations results between Maternity Leave and Commitment. ....	97

<b>Table 4.22c:</b> Correlations Coefficients: Influence of Leave Arrangements on Commitment.....	98
<b>Table 4.23a:</b> Regression coefficients. ....	99
<b>Table 4.23b:</b> Regression Coefficients on Leave Arrangement and Levels of Commitment.....	101
<b>Table 4.24:</b> Analysis of Variance (ANOVA) for the Adequacy of Leave Arrangements and the Levels of Commitment .....	102
<b>Table 4.25:</b> Model Summary of Leave Arrangements and the Levels of Commitment.....	103
<b>Table 4.26:</b> Logistic Regression Model Leave Arrangement .....	104
<b>Table 4.27:</b> Factor Loading for Employee Assistance Programs.....	107
<b>Table 4.28:</b> Descriptive Statistics for Employee Assistance Programs .....	108
<b>Table 4.29:</b> Aggregation of the Employee Assistance Programs.....	111
<b>Table 4.30a:</b> Correlations: Influence of medical Insurance services on Commitment. ....	113
<b>Table 4.30b:</b> Correlations: Influence of Counselling services on Commitment.....	114
<b>Table 4.30c:</b> Correlations between Employee assistance programs and commitment .....	114
<b>Table 4.31a:</b> Regression coefficients. ....	115
<b>Table 4.31b:</b> The Regression Coefficients of Influence of Employee Assistance programs on Commitment in Public Hospitals. ....	117
<b>Table 4.32:</b> Analysis of Variance (ANOVA) on the influence of Adequacy of Employee Assistance Programs on Levels of Commitment. ....	119

<b>Table 4.33:</b> Model Summary on adequacy of Employee Assistance Programs and Level of Commitment .....	120
<b>Table 4.34:</b> Logistic Model on Employee Assistance Programs and Commitment	121
<b>Table 4.35:</b> Model Summary Employee Assistance Programs and Commitment ..	123
<b>Table 4.36:</b> Model Summary of Work-Life Balance Initiatives and Levels of Commitment.....	125
<b>Table 4.37:</b> Analysis of Variance (ANOVA) on influence of Work-Life Balance Initiatives and Commitment.....	126
<b>Table 4.38:</b> Multiple Regression Coefficients on Work-Life Balance Initiatives on the level of Commitment.....	127
<b>Table 4.39:</b> Factor Loadings for Supervisor Support Constructs.....	132
<b>Table 4.40:</b> Model Summary with Moderating effect of Supervisor Support on the Influence of Work-Life Balance Initiatives on the Levels of Commitment .....	134
<b>Table 4.41:</b> Analysis of Variance (ANOVA) with Moderating Effect of Supervisor support on the Influence of Work-Life Balance on Commitment .....	135
<b>Table 4.42:</b> Regression Coefficients for Moderating effect of supervisor support on influence of Work-Life Balance Initiatives on Commitment.....	136
<b>Table 4.43:</b> Factor Loadings for co-worker support Constructs. ....	139
<b>Table 4.44:</b> Model Summary with Moderating effect of co-worker support on the Influence of Work-Life Balance Initiatives on Commitment .....	141
<b>Table 4.45:</b> Analysis of Variance (ANOVA) with Moderating Effect of co-worker support on the Influence of Work-Life Balance on Commitment .....	142

**Table 4.46:** Regression Coefficients with Moderator on Work-Life Balance  
Initiatives and Levels of Commitment..... 143

## LIST OF FIGURES

<b>Figure 2.1:</b> Conceptual framework. ....	18
<b>Figure 4.1:</b> Normal Q-Q plot for nurses' commitment (VAR00001).....	57
<b>Figure 4.2:</b> Standardized Residuals versus Fitted Value .....	61
<b>Figure 4.3:</b> Scatter Plot of Flexible Work Arrangements and Commitment .....	78
<b>Figure 4.4:</b> Scatter plot of Leave arrangements and Commitment .....	96
<b>Figure 4.5:</b> Scatter plot of Employee Assistance Programs and commitment.....	113
<b>Figure 4.6:</b> Histogram of Regression standardized Residual.....	129
<b>Figure, 4.7:</b> Normal P-P plot of Regression standardized Residual. ....	129

**LIST OF APPENDICES**

**Appendix I:** Letter of Introduction..... 171

**Appendix II:** Questionnaire ..... 172

**AppendixIII:** Hospitals and Nurses Per County ..... 180

## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>ANOVA</b>	Analysis of Variance
<b>CIPD</b>	Chartered Institute of Personnel and Development.
<b>JKUAT</b>	Jomo Kenyatta University of Agriculture and Technology.
<b>KHWIS</b>	Kenya Health Workforce Information System.
<b>KNH</b>	Kenyatta National Hospital
<b>KNWR</b>	Kenya Nursing Workforce Report
<b>MMR</b>	Moderated Multiple Regression
<b>MOH</b>	Ministry of Health
<b>MTRH</b>	Moi Teaching and Referral Hospital
<b>NACOSTI</b>	National Commission for Science Technology and Innovation.
<b>SPSS</b>	Statistical Packages for Social Sciences
<b>WHO</b>	World Health Organization
<b>WLB</b>	Work-life Balance

## OPERATIONAL DEFINITION OF TERMS

<b>Co-worker Support</b>	Desirable resources in form of emotional support and social investment support like showing concern to colleagues experiencing difficult at work or at home (Enemuo, 2016).
<b>Commitment</b>	It is a force that holds and maintains an employee to organizations' objectives (Armstrong, 2009).
<b>Employee Assistance Programs</b>	Work-place programs (medical insurance service, counselling programmes, recreational services and welfare groups) designed to assist workers address physical, emotional and social problems (Enemuo, 2016).
<b>Flexible Work Arrangements</b>	Work arrangements alternative to the traditional 8.00am-5pm daily working arrangement with the aim of removing rigidity in work responsibilities ((Mungania, Waiganjo &Kihoro, 2016).
<b>Leave Arrangements</b>	Hours or days within a time frame when an employee is permitted to be away from their employment position without losing employee status to attend to non-work commitments (Muchiti & Gachunga, 2015).
<b>Supervisor Support</b>	Actions by administrators to employees to harmoniously attend to work and non-work responsibilities (Straub, 2011).
<b>Work-life Balance Initiatives</b>	Human resource management practices (flexible work arrangements, leave arrangements and employee assistance programs) to facilitate better achievement of work-life balance (Orogbu, Onyeizugbe, & Chukwuemeke, 2015).



## ABSTRACT

The demand for work-life balance initiatives to enhance commitment of employees and other positive work-outcomes by employees, employers and managers is rising greatly. As a result, work-life balance has become a hot topic of discussion among the researchers, scholars, managers, employers and employees just to mention a few. The main goal of this study was to investigate the influence of work-life balance initiatives on levels of commitment of nurses in public hospitals in Kenya. The study objectives were specific on determining the influence of flexible work arrangements, evaluating the influence of leave arrangement, examining the influence of employee assistance programs, establishing the influence of WLB initiatives, evaluating the moderating effect of supervisor support on the influence of WLB initiatives on the levels of commitment of nurses working in public hospitals in Kenya and examining the moderating effect of co-worker support on the influence of WLB initiatives on the levels of commitment of nurses working in public hospitals in Kenya. The study was guided by five hypotheses in line with the research objectives. The target population was 1217 nurses. With the use of multistage sampling, proportionate sampling and simple random sampling techniques were used to select the sample size of the study. The sample comprised of 364 nurses through proportionate simple random sampling. Semi-structured questionnaires were used to collect data. Positive responses were received from 309 respondents out of the sampled 364 respondents giving approximate 85% response rate. Descriptive statistics and inferential statistics such as Correlation analysis and regression analysis were used to analyse data. Qualitative data were organized into similar themes, patterns were established and narrative and interpretive reports were written and quantitative data presentation was done using frequency tables and percentages. The study findings contributed to the body of knowledge on how public hospital management team can increase the level of commitment of nurses. The study findings recorded that there was a positive significant correlation between work-life balance initiatives and levels of commitment of nurses in public hospitals in Kenya. The study also confirmed that supervisor support and co-worker support had a positive significant moderating effect on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya. The study established that flexible work arrangements, leave arrangements, employee assistance programs had a significant and positive influence on levels of commitment of nurses in public hospitals in Kenya. Based on these findings, it was concluded that work life balance initiatives positively and significantly influence the level of commitment of nurses in public hospitals in Kenya. Therefore, the study recommended that both the national government and the county governments should come up with strategies of enhancing on the adequacy of leave arrangements, adequacy employee assistance programs, favourableness of flexible work arrangements and favourableness of supervisor support and co-worker support so as to raise the commitment levels of nurses. The research therefore suggested an extensive research on the influence of work-life balance initiatives on commitment of nurses especially in private as well as faith-based hospitals in Kenya.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

In today's ever changing work environment both private and public organizations are facing new intense and unfamiliar challenges regarding providing appropriate, adequate and sustaining quality service to clients, attracting and maintaining committed human resource among other work dynamics. It has been widely documented in empirical research that neither public nor private organization can meet or exceed the quality levels specified by customers unless each one and single employee is committed to the organizations purposes (Dixit & Bhati, 2012). From the foregoing evidence, it can be pointed out that for organizations to build on its efficiency and thus gain both comparative and competitive advantage it has to in part engage in human resource management practices that enhance commitment of employees (Lissy & Venkatesh, 2014).

Researchers have also pointed out that a committed employee has unparalleled desire and energy to journey with the organization through thick and thin, attends to work regularly, efficiently and effectively complete each full day's assignments', protects organizations' properties and other assets and last but not least shares organizations' successes and challenges just to mention a few (Fabiene & Kachchhap, 2016). From the previous discussion it can be pointed out that committed employees assist the organization to achieve and or exceed performance expectations in terms of innovativeness on quality, appropriateness and adequacy by engaging in positive behavior patterns congruent to the culture of the organization. The resultant effect of being committed is that the concerned employees will benefit from various human resource management initiatives provided by employers. It can therefore be stated that commitment is a paste or glue that fixes an employees' activities and behaviors towards the realization of organization core purposes and values because of projected positive returns due to both the employer and each one and single employee throughout the course of the undertaking (Armstrong, 2009).

The great interest in work-life balance initiatives for this study is a result of increased complexity and dynamic demands by especially the current generation of employees as a result of changing family compositions and responsibilities, personal engagements, rising cost of living among others which negatively affect the organization desire to provide appropriate, adequate and sustainable service to the clients. These multiple demands and responsibilities of the current generation of workers has in turn led to change of human resources management tact by employers to harmoniously integrate these important domains in the life of a worker. Given that harmonious operation of these multiple demands as pointed to earlier, enable a worker to have adequate and favourable opportunity to address non-work responsibilities and the employer gets quality service, therefore it can be recorded that the said human resource management practices provide a perfect intervention to reduce strain between work and non-work responsibilities and hence improve the commitment levels of workers (Sar et al., 2017).

### **1.1.1 Work-Life Balance Initiatives**

Work-life balance discourse among researchers, administrators, employers and employees can largely be traced to conflicts that emanate from work, family or personal activities or challenges that employees experience when they try to find control or attempts to achieve congruence among work and non-work responsibilities (Sar et al., 2017). The work-life ideology holds that workers undertake multiple responsibilities such as family engagements, personal demands, work engagements to the great extent that work-life balance initiatives is a key pillar in achieving reduction in gap among significant factors of work and non-work related grievance (Enemu, 2016). In addition, the concept ‘work-life balance’ provides a great opportunity for both the worker and the employer to broaden and deepen their understanding and appreciate the importance of non-work aspects of life, by focusing on diverse categories of workers with varied family and personal engagements (Gregory & Milner, 2009). Therefore, the theory on work-life balance becomes the bedrock of this study. Hill et al., (2001) describes work-life balance as the ability of employees to “manage concurrently dual or multiple demands of life that is work and non-work (personal or family or both) engagements without much strain. In

supporting the above position by Hill et al., (2001); Crooker, Smith and Tabak (2002) observes that work-life balance provides an opportunity to one and single employee to sufficiently address family or both personal commitments and dynamic life demands and work demands with available resources within his/her reach harmoniously.

Hudson (2005) points out that work-life balance provide “an acceptable level of involvement or ‘fit’ between the multiple roles in each and every employee’s outside work engagements and work commitments. The above position by Hudson (2005) is strengthened by the works of Redmond,Vallius and Drew 2006) that work-life balance is a progressive concept that gives due consideration to diverse needs and experiences of each and every worker in a working environment such that both work and non-work engagements are attended to harmoniously. Redmond et al., (2006) further reported that work-life balance practices provides for adjusting work patterns or removing inflexibility so that each single worker within the boundaries of the organization, regardless of individual differences can comfortably find a suitable work-life balance intervention that helps to more conveniently address work and non-work engagements promptly. For this study work-life balance involves varying and adjusting work patterns such that each and every employee irrespective of their diversity can find a favorable and adequate work-life balance initiative to enable him or her to address work and non-work engagements more conveniently and promptly as required without causing much strain on the two domains.

From the previous discussion it has been reported by researchers in human resource practitioners that work-life balance is realized through work-life balance initiatives. Various scholars have labored towards throwing light on this terminology, Enemuo (2016); Muli (2014) observed that work-life balance initiatives are policies and programs formulated or adopted and implemented by organizations with the aim of achieving twin goals that is individual workers’ personal goals and corporate goals harmoniously. This points out that organizations implement work-life balance initiatives to facilitate employees address work, family and personal engagements harmoniously and promptly resulting in effective and efficient realisation of the organization’s mandate and achievement of every employee’s personal or and family

engagements. The observation held by both Enemuo (2016) and Muli (2014) corresponds with Osterman (1995) that work-life balance (WLB) initiatives are formal or informal institutionalised procedures geared towards assisting each and every worker avoid or minimize conflicts arising between work and essential non-work responsibilities. Hartel, Fujimoto, Strybosch and Fitzpatrick (2007) that work-life balance initiatives are employee convenient policies, procedures and rules with sole purpose of harmonious integration and realisation of corporate goals and individual employee essential commitments. For this study work –life balance initiatives are considered as a set of formal and institutionalized human resources management practices, policies and procedures implemented to reduce strain between work and essential non-work commitments of each and single worker thereby raising their commitment levels.

### **1.1.2 Regional Perspective of Work-Life Balance Initiatives**

Lockwood (2003) recorded that some companies in the USA introduced six hours instead of eight hours shifts per day as early as before world war 1. This intervention provided each single worker an opportunity to harmoniously attend to essential personal or family demands without losing focus on work engagements. This work arrangement helped to reduce work-life conflict and enhance employee morale. This evidently indicates that the concept of work-life balance was conceived in the USA before world war although the scope of the initiatives was not so broad or deep in that they pronounced themselves on shift schedules. Aybars (2007) reported that work-life balance has been a central theme of European Union gender equality framework and has been promoted both hard and soft components, key among the initiatives are statutory leave arrangements. The situation in Asia is almost a replica of Europe (Sakthivel & Jayakrishnan, 2012). In Africa, the volume of research discourse on work life balance has neither deepened nor broadened as compared to the other continents such as America, Europe, Asia as evidenced earlier. Ojo and Mordi (2011) reported that majority employees in Nigeria suffer work life conflict due to an overwhelming working environment. Also, Patel, Govender and Ramgoon(2006) revealed that in South Africa there are increasing conflict between non-work and work responsibilities and that women are the greatest casualties given

that most of home life commitments and responsibilities were left in their hands as compared to their male counterparts. These findings suggest that work-life balance has not been widely embraced in Nigeria and South Africa. Perhaps this could be due to lack of information about huge and large potential benefits which work-life balance brings about to the employer and individual worker.

### **1.1.3 Local Perspective of Work-Life Balance Initiatives**

In Kenya, public and private organizations have put in place measures and practices to handle work life imbalance. Kinuthia, Murugu and Rego (2011); Biwott, Kemboi and Goren (2015) observed many organizations have acknowledged that work-life policy is critical for efficient attainment of both organization goals and objectives and individual employees essential non-work responsibilities. Muinde (2015) observed that foreign organizations and missions based in Kenya have programs that facilitate their employees to attend their essential non-work responsibilities. From the above discussion it can be reported that work-life balance initiatives are available and are critical for the efficient and effective realization of both employers (public and private) and workers' goals in Kenya. The influence of work-life balance initiatives on commitment especially among the nursing community in public hospitals in Kenya requires empirical inquiry, hence the focus of this study.

### **1.1.4 Kenya Public Hospitals**

Public hospitals in Kenya are operated and supervised by the national government through the ministry of health and the health department in the 47 devolved government units (M.O.H, 2012). Before 2010 Kenyan constitution, there were two health related ministries, that is, the ministry of public health & sanitation and the ministry of medical services, which after March 2013 were merged to form one ministry of health, 47 county entities were introduced. Several reforms were introduced to align the operation and structure of health ministry with the 2010 Kenyan constitution. Despite the various reforms in the health sector as evidenced before occasioned by the new constitution, the operation structure in public hospitals across Kenya was not altered across the 47 county governments (M.O.H, 2012).

The rationale for doing this study in Public health sector institutions in Kenya is because it provides approximately 50-60% of the health services in the country, while the remaining 40% of health services are provided by the private and faith-based sectors (Chankova, Muchiri & Kombe, 2009). This indicates that the greater part of health services provision in Kenya is provided and managed by public health institutions. This finding is supported by the information obtained from the Master Facility List (MFL) as of 2013, that there were 4,031 public health facilities, 3,550 private facilities in Kenya (Master Facility List, 2013). This may suggest that at least 50% of diagnostic, curative and preventive services across Kenya is provided by public hospitals while the remaining less than 50% is supplemented by other health service providers.

Public health facilities in Kenya are classified into six levels which are condensed to four layers (International Health Partnership, 2012). Level one service delivery guarantees the delivery of health promotion and preventative services at the community level while Level two and Level three represents the lowest level of healthy facility that provides out-patient service delivery and the lowest level of in-patient care respectively (Rakuom, 2010; Gondi et al., 2006; Wamai, 2009). Level four (4) and Level 5 providing access to outpatient, inpatient and select specialized services and access to specialized medical services, outpatient and in-patient care respectively (Gondi, et al., 2006). Lastly, Level six (6) service delivery is national referral hospitals. The primary role of level 6 hospitals is to provide access to highly specialized medical services to all and sundry in the country.

## **1.2 Statement of the Problem**

Realizing an optimum equilibrium between work demands and essential non-work commitments has for a long time been recorded as one of the challenges faced by nurses in public hospitals in Kenya (Chankova, Muchiri & Kombe, 2009). A study by Kithuci and Nyariki (2017) reported that majority of nurses (74%) experienced difficulties in balancing work and study while 41% reported inability to get leave or off duty to attend to essential non-work responsibilities. Further, a study on Nurse Related Challenges faced by Diploma Level nurses before during and after upgrading

to Baccalaureate Level 5 reported that nurses faced difficulty in balancing work and family responsibilities (Kamau & Mwangi, 2021). It has been documented that nurses encounter numerous challenges and problems ranging from work overloads, long hours, poor or stressed state of well-being, poor salaries/wages for the work that they do, resulting in a low level of commitment to the workplace and consequently poor performance (Raji et al., 2021).

The inability by nurses to strike a balance between work responsibilities and non-work engagements may be attributed in part to long working hours, irregular shift schedules, social economic changes, dual career family among others leaving little time to attend to necessary non-work commitments (Kipkoech, 2017). The more time the nurse is involved in daily work activities at the hospitals the less they are engaged in essential personal or family commitments and the higher the work family imbalance which eventually leads to negative spillover and hence reduced levels of commitment. Work life imbalance among nurses is particularly disruptive because it reduces an employees' chance to attend to important personal or family commitments resulting in conflict with work responsibilities (Kithuci & Nyariki , 2017: Kamau & Mwangi, 2021). Personal and family life is equally significant as work responsibilities to a worker because it enables a nurse to build, expand and nature psychological, physical and social aspects of life and hence experience harmony and completeness. Further, family or personal interference destabilizes the equilibrium with work responsibilities and negatively affects the levels of commitment of employees which may ultimately result directly or indirectly to financial losses due to inefficiency and ineffectiveness (Enemuo, 2016). From the foregoing illustration it can be suggested that adequacy and favorableness of work-life balance solutions may go a long way in ensuring harmonious integration of work and non-work commitments hence improving the levels commitment of employees. It is understood that work-life balance initiatives play a phenomenal role in harmoniously integrating work and personal demands ultimately resulting in reduced family or personal and work strain (Muchiti & Gachunga, 2015). This indicates that inadequate and unfavourable work-life balance solutions enhances the strain between work responsibilities and essential non-work commitments and breeds inefficiency and ineffectiveness in service delivery.



The World Health Organization (2000) observed that public health services in developing countries is not of the desired quality despite heavy investment by government and other development partners. This finding by WHO is strengthened with Kuye and Akinwale (2020) observation that a substantial number of patients have experienced poor healthcare service delivery outcomes in the country's public hospitals. Akacho (2014) revealed that diagnostic, curative and preventive services in public hospitals in Kenya is not of desired level (complains about quality of services, Poor or low uptake of health services in public hospitals despite the cost being heavily subsidized and enhanced accessibility across the counties). This situation can be attributed to factors internal or external to the public health system key among them the levels of commitment of human resources such as nurses. Raji et al., 2021; Fabiene and Kachchhap (2016) observed that healthcare institutions are constrained with low levels of commitment of healthcare human resources. It is worth reporting that the level of commitment of healthcare professional's especially nursing profession has a significant negative effect on the quality of patients' care outcomes, employee performance, satisfaction and effectiveness of service delivery (Mahmoud, 2008). Therefore, this study focused on determining the influence of work life balance initiatives on commitment of nurses in public hospitals in Kenya.

### **1.3 Objectives of the Study**

The study had both general and specific objectives.

#### **1.3.1 General Objective**

The general objective of the study was to determine the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.

#### **1.3.2 Specific Objectives of the Study**

This study was guided by the following five specific objectives:

1. To establish the influence of flexible work-arrangements on commitment of nurses in public hospitals in Kenya.

2. To determine the influence of leave arrangements on commitment of nurses in public hospitals in Kenya.
3. To evaluate the influence of employee assistance programs on commitment of nurses in public hospitals in Kenya.
4. To examine the moderating effect of supervisor support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.
5. To evaluate the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.

#### **1.4 Hypotheses of the Study**

The following five hypotheses guided the study;

- H01:** Flexible work-arrangements has no significant influence on the level of commitment of nurses in public hospitals in Kenya.
- H02:** Leave arrangements has no significant influence on the level of commitment of nurses in public hospitals in Kenya.
- H03:** Employee assistance programs has no significant influence on the level of commitment of nurses in public hospitals in Kenya.
- H04:** Supervisor support has no significant moderating effect on the influence of work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya.
- H05:** Co-worker support has no significant moderating effect on the influence of work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya.

## **1.5 Significance of the Study**

This study would be of great benefit to the National Government, County Governments, nurses in public hospitals. Professional bodies, human resource professionals in the health sector and consultants, researchers, scholars and students in human resource management as enlisted below.

The Kenya National Government would use the findings of this study to innovate policy initiatives to mitigate the effects of the gaps in adequacy and favorableness of work-life balance initiatives so as to increase the levels of commitment of nurses in public hospitals. Further, the research would be of great importance to health departments in each of the 47 devolved units in Kenya to come up with practical, realistic, sustainable and acceptable strategies of addressing the challenges in adequacy of leave arrangements, adequacy of employee assistance programs, favorableness of flexible work arrangements, combined work-life balance initiatives and favorableness of supervisor and co-worker support in order to raise the levels of commitment of nurses in public hospitals.

In addition the findings of this study would help human resource practitioners and consultants particularly in level four and five public hospitals to formulate workable and relevant work-life balance strategies to address the gaps in the existing work-life balance initiatives so as to raise the levels of commitment of employees by focusing on the adequacy of leave arrangement, adequacy of employee assistance programs, favorableness of flexible work arrangement, combined work-life balance initiatives and favorableness of supervisor and co-worker support in their respective organizations.

The study would provide literature to other scholars as they will use it as a reference material on the influence of work-life balance initiatives on commitment of nurses in public hospitals, Kenyan perspective and would form a body of knowledge for scholars and researchers.

Since both employee commitment and work-life balance initiatives are seen by experts as key drivers to efficiency and effectiveness in service provision, the findings of this study would provide key information to public hospitals in Kenya on how to start appreciating, enhancing by deepening and broadening the scope and aspects of work-life balance initiatives as well as employee commitment specifically of public health human resource professionals.

### **1.6 Scope of the Study**

This study focused on exploring the influence of work-life balance initiatives on the levels of commitment of nurses in levels 4 and 5 in public hospitals in Kenya. It specifically focused on the influence of flexible work arrangements on commitment of nurses, the influence of leave arrangements on commitment of nurses, the influence of employee assistance programs on commitment of nurses in public hospitals, the influence of work-life balance initiatives on commitment, the moderating effect of supervisor support on the influence work-life balance initiatives on commitment of nurses in public hospitals in Kenya and the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.

Data were collected from nurses in level four and five public hospitals in selected counties in Kenya in the year 2016. Nursing working force plays a vital role in health service delivery providing the bulk of direct patient care in public health care in Kenya (Chankova, Muchiri & Kombe, 2009; M.O.H, 2012). Nurses are the main health human resource professional of the front line staff in most health systems and their input is recognized as important to delivering safe and effective health care (Kithuci & Nyariki, 2017). It has been documented that 67.9% of the nursing working force is deployed in public hospitals while 17.7% are deployed in dispensaries across the country (M.O.H, 2012).

Public hospitals provide approximately 50-60% of health services in Kenya (M.O.H, 2012). This suggests that at least 50% of preventative, diagnostic, curative services is provided in public hospitals. Level 4 hospitals are primary level hospitals at sub-county level offering access to select specialized services, in-patient and out-patient

care while level 5 provide access to specialized medical services, outpatient and in-patient care at the county level.

### **1.7 Limitations of the study**

The study had limitations; Some of the respondents were not willing to participate in this particular study due to the sensitivity of the information required. The researcher produced to the respondents with an introductory letter which gave them assurance that the information given will be treated with utmost confidentiality during and after the study and that the study was purely meant for academic purposes. Further the nurses were asked not to indicate their names and the name of the hospital on the questionnaire.

The researcher had a challenge in locating most current local relevant literature on the study variables in health sector. This was mitigated by reviewing literature from countries that share some characteristics with the local context and also few studies done in other sectors on work-life balance initiatives and performance in Kenya.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents a review of theoretical and empirical literature relevant to the study. The review explored the influence of the independent variables on the dependent variable of the study, the review of theories that informed the study and the model relating to work-life balance initiatives and employees' commitment. The chapter also presents the empirical review, critique of literature relevant to the study, and the final section deals with summary of the chapter and the research gaps.

#### **2.2 Theoretical Framework**

This study opted to use three theories; spillover theory, social exchange theory and organizational support theory and one model, three component model, to sufficiently address the objectives of the study.

##### **2.2.1 Spill over Theory**

The theory holds that there are spill over between the work responsibilities, personal demands and family responsibilities and the other way round (Enemuo, 2016). It is further observed that the spillover could result in negative or positive work or non-work outcomes depending on the inflexibilities or flexibilities in the demands of each of these multiple domains (Mungania, 2016). Negative spill over occurs when work demands and family or personal responsibilities are rigidly structured in terms of time and space, resulting in either work and family or personal imbalance or family and or personal and work conflict (Lakshmypriyak & Ramakrishna, 2016).

Positive spill over happens when there is flexibility in the interactions among or between family or personal and work responsibilities. Positive spill over enables employees to harmoniously attend to work demands and personal or family responsibilities and this ultimately results in improved commitment of workers

(Lakshmypriyak & Ramakrishina, 2016). This implies that harmonious integration of work and personal or family demands results in positive spillover.

It can be inferred from this theory that organizations that tend to have favorable and adequate work-life balance initiatives focus on achieving positive spill over which will enhance commitment of the workers. This theory informed objective one, two, three four and five of this study given that they touch on issues to do with harmonious integration of work and family or personal demands by enhancing flexibility.

### **2.2.2 Social Exchange Theory**

Social exchange represents exchanges of items or services between two or more people with the aim of maximizing benefits and minimizing costs (Homan, 1961). Xerri and Brunneto (2013) observed that in work places the social exchanges could include providing rewards or benefits by employers to employees for the efforts they put in their duties. In line with Homan (1961) revelation, Blau (1964) noted that employees indeed do have certain expectations from their employers to their active participation in the organization activities. This implies that when an employee performs his duties as required in the organization he or she in return expects the manager of that organization to provide certain monetary or non-monetary benefits to them. The exchanges are seen as a good gesture between employers and employees in an organization which influences future engagements of the two. This suggests that the valuing of the benefits and costs for each relationship determine whether to continue or terminate the social association. Blau (1964) further records that people should help others and that one should not harm or plan to hurt those who helped them in the past. Social exchange involves a series of interactions over a period of time and generates obligations and liberties at the work place and among social networks (Xerri & Brunneto, 2013). From the above illustration it can be observed that social interaction acts as a mutual attraction between two individuals who depend on each other. That is the two parties engage in a symbiotic relationship, gaining something by the employer and employee at the end of the experience. Social exchange therefore provides a framework of the circumstances that ought to

be satisfied for people to feel indebted when they benefit from the actions of others or from the organization that engages them (Gouldner,1960). When social exchanges are mutual and certain within an organization it leads to cooperative exchange from one employee to another and increased commitments (Maurer et al., 2002).

Social exchange theory was considered relevant for the study in that it explains the influence of independent variables (flexible work arrangement, leave arrangement, employee assistance programs, supervisor support, co-worker support and combined work-life balance initiatives) on dependent variable (levels of commitment). The theory supports the possibility that adequate and favorable work-life balance initiatives and favorable supervisor and co-worker support could raise the levels of commitment in the organization. This implies that organizations that provide adequate and favorable work-life balance initiatives may experience enhanced levels of commitment because employees will become morally obligated to reciprocate with higher commitment for continued enjoyment of the benefits provided (work-life balance initiatives).

### **2.2.3 Three Component Model (TCM)**

The three component model was first coined by Meyer and Allen (1991). They identified three distinct themes in their definition of commitment. They referred these three forms of commitment as affective, normative and continuance commitment (Meyer, Allen & Smith, 1993). Continuance commitment represents the perceived costs to an individual that would result from discontinuation as a member of a particular organization (Kanter, 1968; Meyer & Allen, 1991). They observed that a worker may feel that there is need to stay in the organization because the benefits of staying are more than the gain in the new role. The perceived losses might be monetary, loss of seniority or role related skills or social support investment. They further observed that the severity of the losses increases with age and experience, implying that it is more likely to be felt when one has an established role or successful work experience or had several promotions within the organization.

Wiener (1982) revealed that the component of normative commitment was based on an employee's feeling of obligations to an organization and this was influenced by



the individuals' experiences both prior and following his or her entry into an organization. Individuals who show normative commitment believe that staying with their organization is the right and moral thing to do (Wiener, 1982). In supporting the above view Meyer and Allen (1991) observed that normative commitment reflects a perception of an employee that she or he ought to stay with the organization because of a sense of responsibility to that organization. This suggests that even if an employee is unhappy in the current position, she or he feels that the right thing to do is stay in the organization (Meyer, Allen & Smith, 1993).

The component of affective commitment as revealed by Mowday, Porter and Steers, (1982) represent an employees' identification with and involvement in an organization, thus emotional attachment. Allen and Meyer (1990) agreed with the above revelation and reported that affective commitment indicates individual employees' want or desires to continue to be in the service of the organization. This suggests that affective commitment occurs when an individual employee has a strong emotional attachment to the organization and to the work. This shows that an affectively committed employee identifies with the organization goals, values and genuinely wants to be there because of strong emotional attachment to the organization and work.

The three component model was considered appropriate for the current study because it helps to explain the dependent variable of this study, commitment, and how each of the three indicators develops. It also explains the influence of independent variables, flexible work arrangements, leave arrangements, employee assistance programs, combined work-life balance initiative, supervisor support and co-worker support) contributes to commitment (affective, normative and continuance commitment).

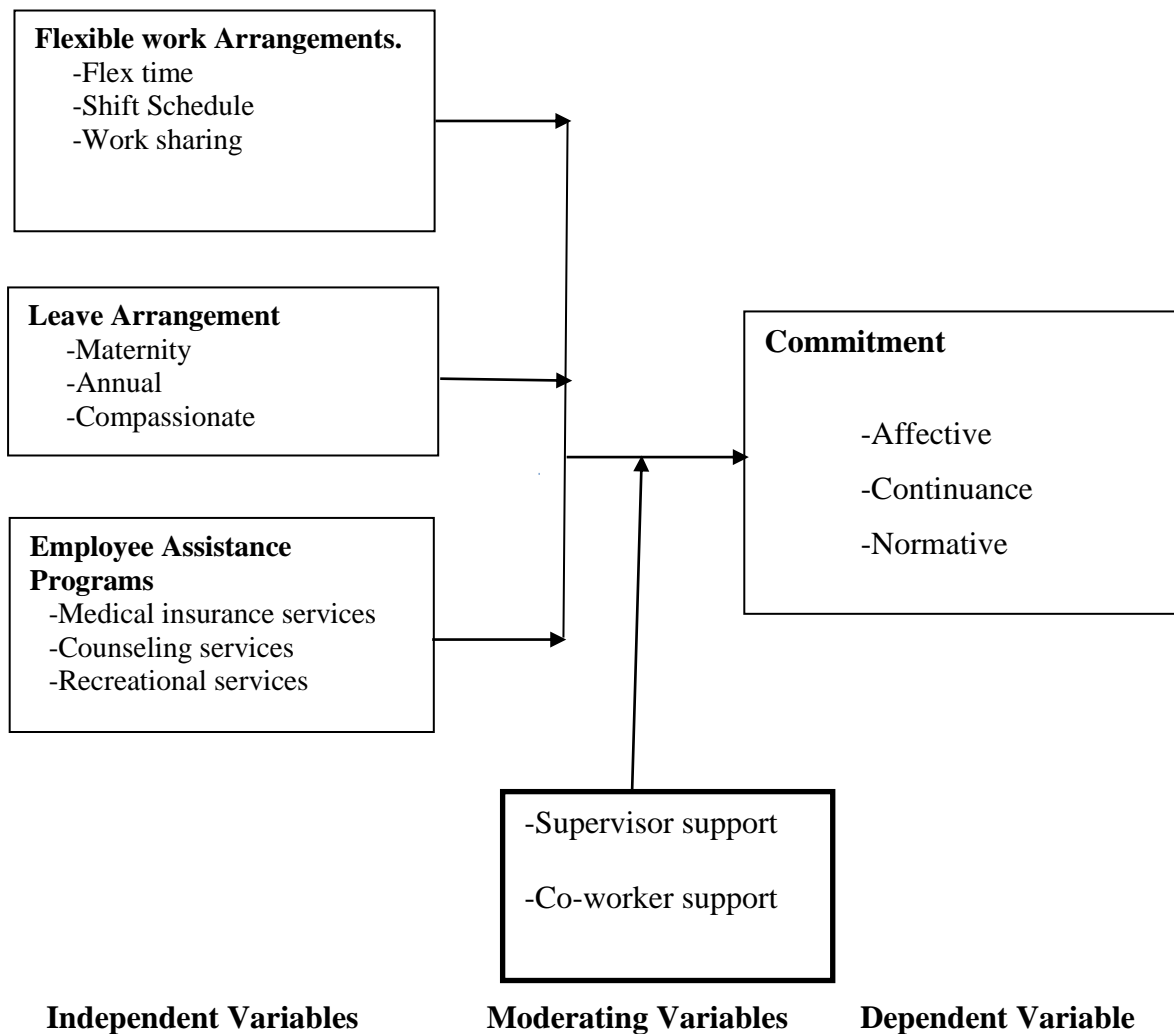
#### **2.2.4 Organization Support Theory**

Organization support theory report that workers create a general opinion about the extent to which the organization considers their contribution important through the amount and suitability of rewards and benefits accorded to them and in return they (workers) reciprocate by caring about organization welfare and help her achieve the

objectives (Eisenberger, Huntington, Hutchison & Sowa, 1986). The theory holds that the perception created by employees is based on the actions of the employer towards the workers' outcomes. If the perception is favorable, employees tend to increase their actions in role and exert extra role performance and decrease in stress and withdrawal behaviours, consequently resulting in increase in levels of commitment (Eisenberger et al., 1986). The actions of the employer could be the support she provides (in this case adequate and favourable work life balance initiatives, favourable supervisor support and co-worker support) to employees so as to attend to work and personal or family commitments. Organizational support theory is appropriate for the current study in that it explains how perception by workers in an organization evolves which aligns with the foundation of this study on influence of adequate and favourable work-life balance initiatives on commitment of nurses. This informs that favourable and adequate work-life balance initiatives and favourable supervisor support and co-worker support may enhance the levels of commitment in the organization due to favourable perception created and hence employees feel indebted to exert more effort in return for more support. This theory informs objective one, two, three four and five of the study.

### **2.3 Conceptual Framework**

The conceptual framework for this study shows the link of the variables of study; work life balance initiatives, supervisor and co-worker support and commitment. The variables of the study are; flexible work-arrangements, leave arrangement and employee assistance programs, supervisor support, co-worker support and the dependent variable is commitment. This is shown in figure 2.1.



**Figure 2.1: Conceptual framework.**

## **2.4 Empirical Review of the Study Variables**

The review of the study variables (flexible work arrangements, leave arrangements, employee assistance programs and work-life balance initiatives), moderating variables (supervisor support and co-worker support) and commitment has been done here.

### **2.4.1 Influence of flexible work arrangements**

Flexible work arrangements are work arrangements that are not rigid in terms of time and space of work. It also represents work arrangements that do not necessarily

follow the traditional normal working schedule of 8.00am-5pm each day of the week (Mungania, Waiganjo & Kihoro, 2016). The traditional normal 8.00am to 5pm work schedule may not conveniently guarantee each single employee an opportunity to attend to non-work engagements hence creating a rift between these two important domains in the life of a worker that is work and non-work commitments. This therefore calls for flexible work arrangements to ease work and family pressure hence enhance commitment of employees and overall improve efficiency and effectiveness at the workplace (Obisi, 2017). Armstrong (2006) reports that flexible work arrangement is a special kind of leave scheme that provides an opportunity for each single worker to attend to a personal or family engagement without losing the employment status. It is further observed by Obisi (2017) that flexible work arrangements strategy accords each single employee a chance to change the starting and ending times of work on a daily basis so as to conveniently integrate the work and family engagements. In line with the above assertion Smith and Johnson (2004) records that flexible work arrangements come with numerous advantages such as decrease in facility and employee related costs and improved employee retention and morale thus a win-win situation to both the employer and the worker. A typical flexible working arrangement covers among others flexi time, home working, part time working, job sharing and compressed work weeks (Armstrong, 2009).

Koch and Hill (2004) reported that compressed work week schedule permits an employee to work longer hours, say twelve hours, for reduced service delivery days in their work. In such a scenario, an employee provides services in less than 5 days (Monday-Friday) 8am to 5.30am through increasing routine work hours (Armstrong, 2009). It has been documented that compressed work week may significantly benefit employees by increasing routine service delivery time and more off days to attend to personal or family responsibilities (Enemu, 2016). Flexi-time are work scheduling policies that give a full-time worker an opportunity to choose commencement and ending times within arrangements specified by the organization (Armstrong, 2009). Muchiti and Gachunga (2015) agrees with this view held by Armstrong (2009) that flexi-time allows an individual employee to choose when, where and for how long they engage in work related tasks as long as each working day has a core of 6 hours surrounded by flexibility. This is aimed at giving each individual employee an

opportunity to manage harmoniously the non-work and work commitments thereby reducing work-life conflict and family or personal work interference (Muchiti & Gachunga, 2015; Enemuo, 2016). This observation further reports that flexi-time enhances employee productivity since there is less negative work-life spill over and reduced absenteeism at work due to personal or family issues.

Armstrong (2009) records that job sharing provides two or more organization employee to jointly undertake one full-time work with their roles, benefits or costs stated beforehand. This arrangement is meant to allow an employee more time to attend to personal or family commitments and development of partnership among or between job sharers by learning from each other (Mungania, Waiganjo, & Kihoro, 2017). Enemuo (2016) in supporting the view held by Armstrong (2009); Mungania, Waiganjo and Kihoro (2017) report that job sharing results in continuity of coverage of work even when one partner is on sick leave or holiday since the sharer will provide support when is due by continuing to work for the remaining half of the time. Despite the strong positive comments reported earlier on job sharing, Armstrong (2009) reported that job sharing has a drawback of not objectively placing the responsibility to a particular work outcome for individuals sharing the work. Armstrong (2009) reports that shift working is a working schedule designed to address demand requirements, to reduce over time and provide 24-hour work coverage. This suggests that shift schedule allows operation in an organization to continue uninterrupted throughout the day and night resulting in reduced demand gaps for goods or services. Handover period occurs between the shifts when everyone is present enabling the organization to operate smoothly. From the worker's perspective shift arrangement enables a worker to conveniently attend to work and non-work engagements by choosing a shift arrangement that is appropriate for him or her. A typical shift arrangement may involve evening or night shifts; early morning shift or rotating shifts. Armstrong (2006) observes that shift arrangement enables workers with family responsibilities at least one parent to be present at home throughout the day. This indicates that family responsibilities are attended to throughout the day, week, month or year. The above assertion is strengthened by Hill et al., (2001) suggestion that shift working enhances employee ability to manage their work and personal or family engagements. It is also reported that employees

with greater control over shift schedules are more likely to show increased levels of commitment, retention and job satisfaction (Ochieng, 2006 cited in Muchiti & Gachunga, 2015).

Flexible work arrangements have been reported to be having a significant influence on job performance. The following studies supports afore mention finding.

Opuko and Munjurin (2017) in their research on flexible work practices and job performance in transport and logistics industry reported that there is a significant and positive correlation between flexible work practices and job performance in transport and logistics industry. The researchers further noted that logistics and transport companies that incorporate flexible work practices in business strategies experience sustained improved performance and workers experience work-life balance. The researchers recommended that policies around flexible work practices should be formulated and implemented by transport and logistics firms for improved job performance. Muli (2014) reports that flexible work arrangements such as compressed work week, shift schedules keep employees focused in discharging their duties because it enables them to attend to both work and non-work commitments conveniently. The researcher observed that job sharing lead to reduction in absenteeism and creates more opportunity for professional development and enhances performance. The researcher further observed that when flexible work arrangements are implemented with both employer and employee interests in mind, positive employee and organizational outcomes such as increase efficiency, commitment are realized.

Christopher, Inge and Angelique (2014) in their study on how flexible working hours helps employees to strike a proper balance between work and personal life reported that the more family responsibilities the respondents have, the more they tend to perceive flexible working hours as a necessity rather than an extra benefit. The study further indicated that when flexible working hours are supported by the management and fit the work culture they are highly appreciated for both non-work and work related engagements. Obisi (2017) in the study on the impact of flexible work arrangement on employees' performance in public schools in Lagos State, Nigeria,

indicated that there is a significant positive relationship between flexible work arrangement and workers' performance in public schools. The researcher reported that flexible work arrangements enables an organization to remain viable in its environment of operation due low operation cost, better employee performance, workforce commitment and productivity. Mwebi and Kadaga (2015) researched on the effects of flextime work arrangements on employee performance in Nairobi central business district commercial banks. The study employed descriptive survey research design whereby it targeted 1074 employees and a sample of 291 was selected with assistance of stratified random sampling. Questionnaires were used as the primary instrument for collecting data. The result yielded a significant positive correlation between institution performance and flexible working hours. In addition, the study confirmed that flexibility in working time facilitates staff focus and concentration on their job thus minimizes worries on each individual workers' work and non-work commitments thus leading to improved organizational performance.

A study conducted by Kipkoech (2017) on the influence of flexible working programs on employee performance at Kericho Referral Hospital. The study focused on spillover, self-determination and Vroom's expectancy theories. The study utilized descriptive research design. The target population of the study comprised of 111 employees out of which, a sample of 104 was selected. Questionnaires were used as primary instrument for collecting the data. It was reported that flexible work arrangements had a significant impact on employee performance, 22.9% of the organizational productivity attributed to flexible work arrangement and the rest was contributed by other factors. The study recommended that work shift and part time should be employed for purposes of encouraging employees improve on their performance; as well further research should be adopted on flex time, because it doesn't have quick fix solutions in situations of controllable schedules.

### **2.4.3 Influence of Leave Arrangements**

Leave is the amount of hours or days an employee of an organization is permitted to be away from their employment position without consequences (Muchiti & Gachunga, 2015). While contenting with Muchiti and Gachunga (2015), Orogbu et

al. (2015) observed that leave is duration of time that an employee must be away from his/her primary job while maintaining the status of an employee. During this time off an employee is entitled to all benefits previously accorded before the leave was granted (Muchiti & Gachunga, 2015). Leave arrangements may be categorized into the following; paternity leave, compassionate leave, maternity leave, annual leave, sick leave, study leave and parental leave (Cook,2004; Orogbu et al., 2015).

Leave arrangement is reported to have influence on organizational performance as supported by following empirical studies;

Kim and Ryu (2017) examined the relationship between leave policy and performance in Philippines. The researchers observed that employees who have gone on leave report significant better performance than before going on leave. They further indicated that leave from work has positive effects on employees' emotional health and reduces work related stress. This is an indication that leave arrangement is beneficial to the organization (improved performance and commitment) and individual employees (enhances the emotional wellbeing by reducing work related stress). Kamau, Muleke, Mokaya and Wagoki (2014) in the study on the influence of leave policies on job satisfaction and performance observed that employees who have gone on leave report significantly better performance. They recorded that the improved performance immediately after leave could be attributed to reduced absenteeism and improved emotional health. They further reported that leave arrangement significantly impact on employees' satisfaction since work-related stress and fatigue significantly reduces. Kinyili (2015) investigated the influence of leave options on job satisfaction among county government of Makueni employees. The researcher reports that there is a significant and positive relationship between employee leave arrangements and job satisfaction. The researcher further observed that leave options provides employees an opportunity to undertake personal or family responsibilities thus creating a balancing effect between work and non-work demands.



Orogbu, Onyeizugbe and Chukwuemeke (2015) examined the extent to which leave policy affects service delivery in commercial banks. It was reported by the researcher that there is a significant positive relationship between leave policy and service delivery. They further reported that when employees go on leave they seize the opportunity to relax for an extended period and return with renewed interest and vitality to deliver services efficiently and effectively. Rahman and Nas (2013) in the study on employee turnover intention reported that organization's leave policy (adequacy, consistent application and timely approval) significantly influence employees' decision to remain in an organization. This indicates that leave policy improves employees' continuance commitment.

#### **2.4.4 Influence of Employee Assistance Programs**

Employee assistance programs are work place initiatives provided to address problems that negatively affect individual worker's wellbeing (Martin & Romans, 2004). The researchers further observed that employee assistance programs are job based programmes focused in identifying disturbed workers, encouraging them to work on their problems through counselling or treatment whichever is appropriate. This indicates that employee assistance programs focus on providing solutions to psychological, emotional, social and physical challenges to each and every worker in the organization. In supporting the position held by Martin & Romans (2004), Carrell, Kuzmits & Elbert (1989) observed that employee assistance programs are provided as a humanitarian and moral act to enable each single individual worker to harmoniously attend to either personal or family challenges without negatively affecting their work obligation. This argument is further amplified by Cascio (2003) that employee assistance programs are comprehensive management initiatives to address behavioural risks in the work environment through professional counselling or medical solutions or both to troubled employees.

Employee assistance programs have been reported to have some influence on organization performance as shown by the following empirical studies; Kamau, Muleke, Mokaya and Wagoki (2014) examined the influence of employee assistance programs on performance at Eco bank, Kenya. The study recorded that employee

assistance programs have a positive and significant influence on performance of employees at Eco bank. They further reported a positive influence on performance which was attributed to the objective of employee assistance programs of keeping workers healthy by improving on their social welfare, physical, emotional challenges and thus eliminating their real or imagined worries thereby making them to settle and contribute their best to the organization. Mwangi, Boinett, Tumwet and Bowen (2017) investigated the influence of employee assistance programs on performance of employees in institutions of higher learning. The researchers reported that employee assistance programs have a positive impact on employee performance in institutions of higher learning. They further recorded that employee assistance programs extends a helping hand to individual employee and this enhances performance. Azeem and Akhtar (2014) examined the influence of employee assistance on commitment of employees in Ghana. The researchers reported that low productivity can be associated with poor implementation of employee assistance programmes. The researchers concluded that efficient and effective implementation of employee assistance programmes positively and significantly influence employee commitment. Ojo (2012) in the study on the influence of employee assistance program on performance reported that employee assistance programs significantly influence employee performance. The researcher further noted that by employers providing employee assistance programmes the absenteeism rates decreases and this leads to good working relationship between management and workers. This suggests that employee assistance programs play a key role in enhancing performance.

#### **2.4.5 Influence of Work life balance initiatives**

The empirical review of the influence of work-life balance initiatives are discussed in this section.

Muchiti and Gachunga (2015) research on the influence of work life balance on employee productivity in Kenya a case of Milimani law courts in Nairobi. Both descriptive survey and case study design were employed on 200 employees as target population. Stratified random sampling technique enabled the researchers to arrive at 67 employees who formed the sample for investigation. The study established that

work-life balance significantly influence employee productivity as indicated by  $R^2$  of 0.811. It was further revealed that there is a significant positive correlation between leave programs and flexibility in working hours and organizational productivity. The study concluded that work-life balance influence productivity to a great extent. This result shows that work-life balance raises productivity in the Judiciary because they reduce or minimize negative spillover of work-family and family- work engagements thus resulting in reduced turnover.

Kamau, Muleke, Mokaya and Wagoki (2013) research on work life balance and employees' work performance at Eco Bank in Kenya. The researchers recorded that there is a positive significant correlation between work life balance and work performance. The study also reported a significant and positive Pearson correlation coefficient between work-life balance variables and performance. These results suggest that work-life balance positively and significantly influences workers' performance at Eco bank, Kenya. They further observed that work-life balance programs kept employee healthy and enhanced their social wellness translating into improved attendance rates by employees. From the findings it can be reported that work-life balance practices increase performance of employees at Eco bank.

Mwangi, Boinett, Tumwet and Bowen (2017) conducted a research on relationship between work life balance and employees' performance in colleges and universities. One objective of the study was to determine the effect of employee support program on job performance in higher learning institutions. The study employed case study research design. Questionnaires were used as primary research instruments for data collection. The study targeted a population of 244 employees, with a sample size of 70 employees. The study recorded that work-life balance practices have a significant positive effect on employee performance in the higher learning institutions. The researchers noted that work-life balance programs provide a great avenue for an organization to address work-life balance challenges among employees and thus had a positive impact on employee performance. The study concluded that work-life balance practices fundamentally facilitate increased performance of employees in colleges and universities in Kenya.

Orogbu, Onyeizugbe and Chukwuemeke (2015) conducted a study on employee performance and the work-life effects in sampled commercial Banks in the state of Lagos. The study used descriptive survey design. The target population was made up of 750 employees out of whom 262 were selected with the aid of Taro Yamane's technique. Questionnaires were adopted for primary data collection. Pearson correlation and regression methods were employed in hypotheses testing whereas Cronbach alpha coefficient was adopted in reliability testing. The study concluded that there was a significant positive correlation between work-life balance and service delivery. The study also revealed that work-life balance fundamentally assisted them to overcome work related stress later resulting in twin benefits that is job satisfaction and improved service delivery. The study as well noted that work-life balance programs enhances employees' service delivery leading to efficiency and effectiveness. The study gave strong indications that work-life balance is very fundamental for any organization to have improved employee performance. The study recommended that commercial banks should adopt practices which will support work-life balance in order to enhance employee performance.

Kim and Ryu (2017) research on the relationship between organizational commitment and the work-life balance in Philippines indicated that there was a significant positive link between staff commitment and work life procedures. The study further noted that employees reported significant improved performance as a result of improved commitment. The study found out that the provisions for employees' psychological well-being by work-life balance programs results in reduced work related stress and enhanced commitment. The researcher suggests that systematic effort needs to be taken for purposes of enhancing work-life balance so as to achieve improved organizational performance.

Kisilu (2015) researched on the influence of work-life balance policies on employee satisfaction at the county government of Makeni. The target population was 240 and a sample of 72 facilitated by stratified random sampling. Questionnaires and interview guides were used to collect data. The study reported that there is a positive and significant influence of work life balance policies on employee satisfaction. Muli (2014) examined the relationship between work-life interventions and performance

of employees in commercial banks in Kenya. Cross sectional research design and proportionate stratified random sampling technique was used on a sample of 360 employees from a target of 3607 from 43 commercial banks. Questionnaires and interview guides enabled collection of primary data and analysis was facilitated using statistical packages of social sciences. The researcher reports that there is a positive and significant statistical relationship between work-life interventions and performance of employees in commercial banks. From the foregoing empirical review of influence of work life balance, it has been shown that work life balance has a significant and positive influence on performance of employee in selected service institutions. None of the reviewed relevant literature examined the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.

#### **2.4.6 Influence of Supervisor support**

Supervisor support comprises activities such as caring about subordinates, valuing their input, assisting them in integrating family or personal and work related aspects and facilitating skill development among other aspects (Rafferty & Griffin, 2004). Several empirical studies have shown that supervisor support has a significant influence on human resource activities in organizations. The following empirical studies support this assertion.

Kangure (2014) examined the influence of supervisor support on employee engagement in state corporations in Kenya. The researcher reported that supervisor support positively and significantly influences workers' engagement in state corporations in Kenya. This shows that supervisor support increase workers engagement in state corporations in Kenya. Mungania (2017) in her study observed that supervisors play a fundamental role in the success or failure of work life balance programs in an organization since they are involved in making critical decisions on their usage at work place. The researcher records that supervisors can use their position to make comments to encourage or frustrate the usage of certain human resource practices. Wong, Bandar and Saili (2017) in their study reported that there was a significant positive correlation between supervisor support, work-life balance and the flexitime. That study concluded that supervisor support has influence on

work-life balance. They further observed that supervisor play a key role in subordinate's wellbeing, which is critical for commitment. The researchers further established that supervisor support leads to harmonious integration of work and family engagements. This indicates that employees who get support from managers at the work place experience increased levels of commitment.

Agarwala, Arizkuren, Del Castillo, Muniz and Gartzia (2014) examined the influence of managerial support on work-life conflict and organizational commitment. The study observed that there is an inverse and significant relationship between managerial support and work-family conflict. This indicates that where there is management support, incidences of the work related conflicts significantly decreases. This suggests that favorableness' of managerial support when enhanced in an organization incidences of work related conflicts decreases and the result is positive work outcomes. From the foregoing empirical review, it can be reported that supervisor support has a significant influence on positive workers' outcomes in an organization. This suggests that organizations that invests its resources to enhance favorableness of supervisor support significantly reduce work-life strain and increases positive employee outcomes within the organization.

#### **2.4.7 Influence of Co-Worker Support**

Co-worker support represents desirable resources in the form of emotional support and social investment support like showing concern when a colleague is experiencing difficulties at work or at home provided by colleagues or comrades (Enemuo, 2016).

Several empirical studies have shown that co-worker support has a significant influence on human resource activities in organizations. The following empirical studies support this assertion.

Kangure (2014) examined the influence of co-worker support on employee engagement in state corporations in Kenya. The researcher reported that co-worker support positively and significantly influences workers' engagement in state corporations in Kenya. This shows that co-worker support increase workers engagement in state corporations in Kenya. Wong, Bandar and Saili (2017)

examined work place factors and work-life balance among employees in selected services sector. The researchers reported that there was a significant positive correlation between co-worker support, work-life balance and the flextime. That study concluded that co-worker support has a positive and significant influence on work-life balance.

Fearon, McLaughlin and Morris (2013) in the study conceptualizing work engagement; an individual, collective and organizational efficacy perspective, observed that co-worker support enhances employees' engagement as team in an organization they work. They further reported that co-worker support increases teamwork and performance in an organization. This finding indicates that co-worker support enhances efficiency and effectiveness in service delivery. This suggests that an organization that invests in co-worker support benefits from enhanced efficiency and effectiveness in service delivery.

From the foregoing empirical review, it can be reported that co-worker support has a significant influence on workers' outcomes in an organization. This suggests that organizations that invests its resources to enhance favorableness of co-worker support significantly reduce work-life strain and increases positive employee outcomes within the organization.

#### **2.4.8 Commitment**

Commitment is described as an attachment by a worker to an organization exhibited by identification with the values and goals of the organization, intention to remain in it and willingness to exert effort on its behalf (Solikhin et al., 2021; Porter et al., 1974). The above position is strengthened by Cohen (2003) that commitment is a force that binds an individual employee to a course of action of relevance to one or more targets. This shows that through commitment an individual worker projects all the energies towards the realization of organization's mandate with the believe that ultimately his/her individual goals will be facilitated. From the foregoing definition it can be reported that commitment is a link between the realization of an individual worker goals and the organizations goals and values. Meyer and Allen (1984) viewed commitment in two dimensional; affective and continuance commitments. Affective

commitment is the positive feeling of identification with, attachment to and involvement in the work of the organization and continuance commitment is the extent to which employees feel committed to their organization by virtue of the costs that they feel are associated with leaving. While normative commitment (Green berg & Baron, 2008) is an individual worker's feeling of obligation to remain with the organization. Therefore, commitment was then described as a three dimensional concept characterized by the affective, continuance and normative dimensions (Mowday et al., (1979); Meyer & Allen, 1991). Armstrong (2009) observed that commitment consists of two fundamental demands that retain an employee in an organization, ability to work on organizational goals and objectives for enhancement of organization productivity. It can be reported that commitment keeps an individual employee in the organization because of her/his role and the benefits they get in return.

From the foregoing illustrations it can therefore be reported that commitment is a psychological condition that outlines the organizational membership relationship and the decision to continue or discontinue membership relationship in the organization. Ugboro (2006) reports that a commitment individual worker agrees with goals and values of a particular organization and through membership in the organization attempts to work towards achieving its goals. Caldwell, Chatman and O'Reilly (1990) observed that commitment begins with the individual worker's thought towards the organizations which of course may lead to different perceptions which can be positive, negative or indifferent. This indicates that a committed worker identifies with organization values and goals and devotes the energy towards achieving those goals.

Human resource policies and practices have been reported to enhance commitment (Meyer & Allen, 1997). This position is strengthened by Wainaina (2015) that human resource practices have a positive and significant relationship with organization commitment. Mukanzi and Seneji (2017) revealed that work-family conflict lead to inverse correlation with continuance commitment, normative commitment and affective commitment. Which implies that inadequacy and unfavourable human resource management practices has a negative effect on commitment.



## **2.5 Critique of Existing Literature**

Empirical literature did not find studies directly linking the influence of work life balance initiatives on commitment of nurses. However, the studies reviewed indicate some common characteristics concerning the current study.

Enemu (2016) conducted a research on the effect of work life balance on performance of selected federal and state health institution in South – East, Nigeria. 7936 medical and non-medical employee formed the target population from five federal health facilities and five selected state health institutions. Enemu (2016) did not research on the moderating effect of supervisor and co-worker support on the influence of work life balance initiatives on commitment of nurses in Kenya. The study concentrated on the influence of work life balance on performance of both medical and non-medical staff. Both medical and non-medical staffs do not have congruent experience since they have different job demands hence the need to separate medical and non-medical staff and further categorize the medical staff. The current study focuses on one category of medical staff that is nurses because their job requirements are similar and applied proportionate random sampling due to its homogeneous target population. The current study also focuses on commitment of nurses which the other study failed to look at.

Wong, Bandar and Saili (2017) research on the relationship between workplace factors and work life balance among employees in sampled services in Malaysia. Wong, Bandar and Saili (2017) discovered that there is a positive and significant relationship between workplace factors and work life balance among employees selected services in Malaysia. However, the current study concentrates on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya. The previous studies further failed to check on the moderating effect of supervisor support, moderating effect of co-worker support and employee assistance programs whereas the current study is specific on the moderating effect of supervisor support, moderating effect of co-worker support and the influence of employee assistance initiatives on commitment. The study sample size included 98 in the previous study but the current study comprises of 364 nurses. Finally, a study

conducted that the findings realized in Malaysia can hardly be generalized to Kenyan situation due to distinctive contextual differences.

Al Momani (2017) carried out a study on the mediating effect of organization commitment on the relationship between work life balance and turnover in Jordan. The target population constituted of 800 women in King Abdullah University hospital from which 200 were chosen as the sample. Questionnaires were used as primary tools for data collection. This particular study employed linear regression and path analyses to test hypothesis. Al Momani (2017) did not consider the moderating effect of supervisor support and moderating effect of co-worker support instead it considered commitment which the current study considered as the dependent variable. The current study utilized multistage sampling whereby, proportionate and simple random sampling were used to arrive at the sample. The current study also utilized correlation analysis and regression analysis to test the hypotheses.

Tavassoli and Sune (2018) focused on the antecedents and the outcomes of work-life balance in Iran. The researchers undertook to determine the effect of supervisor work-family support on work –life balance while the current study sought to examine the moderating effect of supervisor support and moderating effect of co-worker support on the influence of work life balance initiatives on the level of commitment of nurses. Tavassoli and Sune (2018) research was carried out in Iran hence limiting application of the results to the Kenyan situation. A study that was conducted by Mungania (2017) did not investigate the influence of work-life balance initiatives on commitment of nurses in public hospitals, the moderating effect of the supervisor support on the influence of work-life balance initiatives on commitment of nurses in public hospitals and the moderating effect of co-worker support on the influence of work life balance initiatives on the level of commitment of nurses and the influence of employee assistance programs on the level of commitment of nurses which the current study is hinged on. Kithae and Keino (2016) investigated the influence of work life balance on staff productivity in Telecommunication sector in Kenya. Kithae and Keino (2016) research failed to establish the influence of employee assistance programs on commitment of nurses in public hospitals in Kenya, the

moderating effect of supervisor support on the influence of work-life balance initiatives on commitment of nurses in public hospitals and moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya, which the researcher wants to explore. Mwebi and Kadaga (2015) researched on only a single aspect of work life balance initiatives, flexible work arrangements; other aspects such as leave programs, employee support programs were not explored. The moderating effect of supervisor support on the influence of work-life balance initiatives on commitment of nurses in public hospitals and the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses had not been included in that particular study hence calling for the need to have the current study. Sirma (2015) realised that there exists a relationship between employee performance and work life balance practices. The study failed to examine the influence of work life balance initiatives on commitment, further it failed to investigate the influence of leave arrangement, employee assistant programs and the moderating effects of supervisor support and co-worker support on the influence of work life balance on commitment of nurses.

## **2.6 Research Gap**

Much of the previous studies reviewed were conducted outside Kenya and were mostly specific on the effects of work life balance on the level of commitment of nurses but to a small extent, hence necessitating the call for a research on the influence of work life balance initiatives on commitment of nurses in public hospitals in Kenya for purposes of filling the knowledge gap. Several researchers as indicated in the empirical studies were in banking sector and have made an observation that work life balance results in improved performance, increased business operations efficiency and competitive leverage of an organization (Mungania, 2017; Orogbu, Onyeizugbe & Chukwuemeke, 2015; Mwebi & Kadaga, 2015); However, there is a knowledge gap particularly in public hospitals in Kenya on the influence of work life balance initiatives on the levels of commitment of nurses, hence necessity for the current study.

Parallel studies conducted aimed at a single aspect of work life balance and they didn't establish any influence on the level of commitment and hence need to focus on that particular knowledge gap (Christopher, Inge & Angelique 2014; Kithae &Keino, 2016; Mwebi &Kadaga, 2015; Sirma, 2015). Most of the studies (Kangure, 2014; Sirma, 2015; Mwebi &Kadaga, 2015; Kithae &Keino 2016; Mungania, 2017; Kipkoech,2017; Enemuo, 2016) failed to analyze the moderating effect of supervisor support and moderating effect of co-worker support which the current study has put in consideration.

## **2.7 Summary of the Literature Reviewed**

In summary chapter two presents the literature reviews on work life balance initiatives and commitment. The theoretical literature of this study comprised of three theories (spillover, social exchange and organization support) and one model (three component models). The conceptual framework attempts to elaborate on the influence of the independent variables (flexible work arrangements leave arrangement, employee assistance programs) on the dependent variable (commitment). In this case, the dependent variable, commitment has three aspects; continuance commitment, normative commitment and affective commitment. While independent variables include; flexible work arrangements, leave arrangement, employee assistance programs and the moderating variables supervisor support and co-worker support. Empirical literature review, critique of the current reviewed literature and research gap on the dependent variable, moderating variables and independent variables are contained in this chapter.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the type of research methodology adopted in an attempt to fill the knowledge gap that existed in the previous chapters. This chapter as well shows the research design, target population, sample frame and sampling procedures, research instruments adopted, data analysis and presentation.

#### **3.2 Research Design**

A research design is regarded as a blue print that provides the methods and procedures employed for purposes of data collection and analyzing the available data (Zikmund 2003 cited in Kinyili, 2015). Cross sectional survey design was used in this study. The cross-sectional design is normally adopted in instances where the researcher wants to focus on description, analysis and interpretation of conditions that either exist or existed. Cross sectional survey enabled the researcher to collect data in one snap shot (Saunders, Lewis & Thornhill, 2009). In this study the researcher was interested in establishing, analyzing and interpreting the adequacy and favorableness of the variables. Further, survey was preferred for its special appeal for generalizability of sample findings to related situations (Mugenda & Mugenda, 2003). They further argue that survey design is important in explaining or describing data collected from populations that are too large to observe.

#### **3.3 Target Population**

This study focused on all public hospitals, level four (4) and five (5), found in forty-seven counties in Kenya. The Level four (4) health facilities provide select specialized services, outpatient and inpatient care in sub counties whereas the level five (5) offer specialized services as well as in patient care and outpatient services in the county. In addition, level 4 and 5 hospitals combined employs at least 55% of all public health human resources professionals (Gondi, Otieno & James, 2006). The unit of analysis were the nurses working in public hospitals, level 4 and 5 hospitals,

in the five counties which included Kericho, Kirinyaga, Embu, Nyamira and Mombasa which were considered representative of the eight regions forming Kenya.

According to Mugenda and Mugenda (2003) a sample size of at least 30% of the target population is adequate for small samples ( $N < 1000$ ) since the five counties represent five regions of the eight regions which were previously eight provinces (Nyanza, Rift valley, Coast, Central and Eastern) representing 62.5% which is at least 30%. The target population for this study comprised of 1217 nurses who were working in the 25 public hospitals, level four (4) and level five (5) in five (5) counties (Kenya Health Workers Information System, 2012; Kenya Nursing Work Force Report, 2012). The researcher considered nursing staff because of their key role and being the majority staff in health service delivery process through providing the bulk of direct patient care service in Kenya (Chankova, Muchiri & Kombe, 2009).

### **3.4 Sample and Sampling technique**

Sampling frame refers to a complete list of items from which the sample is obtained (Sekaran & Bougie, 2009). Therefore, a sampling frame contains of a set of elements from which a researcher can select a given proportion of elements from a target population. Kothari and Garg (2014) describe sampling as a process of choosing a particular number of members from the target population to be used during the survey to respond to interview items or questionnaire items. For this study the sampling frame comprised of all level four and five, public hospitals, and nurses in forty-seven (47) counties in Kenya as shown in Appendix three (3). These hospitals were chosen because first they provided specialized or select specialized diagnostic, preventive and curative services as well as inpatient care across the counties. Secondly, level 4 and 5 public hospitals combined employ over 55% of the medical staff, where the majority staff is nurses (Chankova, Muchiri & Kombe, 2009).

A sample refers to a small number of items or individuals that are used for purposes of making conclusions and recommendation on behalf of the entire population (Mugenda & Mugenda, 2003). This implies that a sample contains similar characteristics that enables the researcher get information concerning the entire

population. Sampling involves the process of selecting a given number of individuals to represent the whole population in a way that the sampled individuals possess the same features as the whole population (Kothari, 2004). The study used multistage sampling technique to select regions, counties, hospitals and nurses in Kenya. Multistage sampling divides large populations in stages to make sampling process more practical (Levine, 2014). This was possible because the population was homogeneous across the regions, counties, hospitals and nurses hence allowed one to select a sample without bias (Saunders, Lewis & Thornhill, 2009).

The researcher used proportionate simple random sampling to select 8 (32%) level 4 and level 5 public hospitals from twenty-five (25) public hospitals. Proportionate random sampling involves breaking down the population into subgroups then a random sample from each subset selected using simple random sampling (Saunders, Lewis & Thornhill, 2009). Proportionate random sampling was considered appropriate because the entire population had different number of hospitals' and nurses therefore proportionate random sampling ensured more representativeness of the population than other sampling techniques (Kothari, 2003). Further simple random sampling was considered appropriate for this study because it gives equal, fair and known chances to all the elements in the study population thus enhancing the study population representation (Mugenda & Mugenda, 2003). Three hundred and sixty-four (364) nurses were chosen through proportionate sampling and simple random sampling from a total of one thousand two hundred and seventeen (1217) nurses as illustrated in table 3.1. Fraenkel, Wallen and Hyun (2012) reports that a study sample size of a minimum of 100 subjects is sufficient for descriptive survey studies.

**Table 3.1: Sample Size Determination**

Accessible Counties	Population Sizes		Sample sizes	
	Hospitals	Nurses	Hospitals	Nurses
Kericho	9	171	$9*30\%=3$	$171*30\%=51$
Kirinyaga	3	171	$3*30\%=1$	$171*30\%=51$
Embu	3	323	$3*30\%=1$	$323*30\%=97$
Nyamira	3	98	$3*30\%=1$	$98*30\%=29$
Mombasa	7	454	$7*30\%=2$	$454*30\%=136$
Total	25 Hospitals	1217 Nurses	8 Hospitals	364 Nurses

Source: Kenya Nursing Workforce Report: The Status of Nursing in Kenya, 2017

### 3.5 Data Collection Instruments

The questionnaire was semi structured it consisted of a 5 point Likert scale and open ended questions. The 5 point likert was preferred because it is relatively easy to construct, facilitates quantification of the responses and the participants have a higher chance of responding to all the statements (Kothari & Garg, 2014). Therefore, the Likert scale in this study helped to capture opinions of the nurses about work-life balance initiatives, supervisor support, co-worker support and commitment. The open-ended questions collected qualitative data while the closed-ended ones collected quantitative data.

The questionnaire had seven sections each addressing a specific aspect of the study. Section A solicited nurses' biographic information such gender, age, marital status and working experience while section B collected data on flexible work arrangements. Section C, D, E, F and G collected data on leave arrangements, employee assistance programmes, supervisor support, co-worker support and commitment respectively.

### 3.6 Data Collection Procedure

After successful defense of the proposal and presentation of seminar, the researcher obtained an introduction letter from the department of entrepreneurship, technology,



leadership and management in then school of entrepreneurship, procurement & management. The researcher then acquired a research permit from National Commission for Science Technology and Innovation (NACOSTI). The researcher proceeded to the sampled counties and sought permission from relevant authorities (who included the directors of health, superintendent of the hospital the chief nursing officer and nursing in charge) to conduct the research. The researcher then visited the selected hospitals to seek permission from the officers in charge of the health institution to conduct the research public hospitals. With the help of the chief nursing officer, the researcher identified the sampled nurses. Each of the sampled nurse was issued with a questionnaire to fill. Finally, the researcher collected the questionnaires after three weeks from the sampled nurses in the respective hospitals as had been agreed on earlier.

### **3.7 Pilot Testing**

A pilot study is a small study to test research protocols, data collection instruments sample recruitment strategies and other research techniques in preparation for a larger study (Zailinawati, Peter and Danielle, 2006). The main aim of the pilot study was to measure the validity and reliability of the questionnaire before being used in the main study. Pilot test for the questionnaire was carried out on 36 nurses to ensure its reliability prior to being administered to the sample of 364 nurses. In choosing 36 nurses for pilot study, the researcher used simple random sampling. According to Connelly (2008), a pilot study sample should be 10% of the sample projected for the larger parent study. After pilot testing, the questionnaires items which were ambiguous, repeated, incomplete and long were adjusted and revised to incorporate the feedback that was provided.

#### **3.7.1 Reliability of the Questionnaire**

According to Tavakol and Dennick (2011) reliability refers to the extent to which any measuring procedure achieves similar results on repeated trial. The Cronbach alpha for the study questionnaire was generated using SPSS Version 21. Cronbach alpha is used when multiple –item measures of a concept or construct are employed (Tavakol & Dennick, 2011). Cronbach alpha was preferred because it is easier to use

than other estimates (e.g. test-retest reliability estimates) as it only requires one test administration (Tavakol & Dennick, 2011). Cronbach's alpha shows how well a test or survey is actually measuring that which it is intended to measure. Since the independent variables were multi-dimensional (flexible work arrangements, leave arrangements and employee assistance programs, supervisor support, co-worker support and commitment) separate multiple Likert scales for each variable were used. Cronbach alpha indices were calculated separately since each and every variable had different items.

The coefficient of Cronbach alpha values ranges between 0 and 1. It is reported that the closer the coefficient is to 1.0, the greater the internal consistency of the items in the variable and the opposite is true (Adeniran, 2019). A Cronbach alpha coefficient of above 0.7 is sufficient enough to confirm that the variables are reliable (Adeniran, 2019). When the Cronbach's alpha is below 0.5 is considered low, indicating low reliability and this implies that the measuring instrument is not consistent in its measurement.

### **3.7.2 Validity of the Questionnaire**

To ensure that the questionnaires were valid, that is they measured what they purported to measure, the researcher consulted experts in human resource management to enhance content and construct validity. Peer reviews also enhanced face and content validity. Pilot test also enhanced the validity of instrument used for data collection by ascertaining clarity and suitability of language used in the instruments, relevance and appropriateness of questions in the questionnaires. The researcher used the results of the pilot test and the recommendations from human resource management experts to revise the instruments then reviewed the instruments before using them for data collection.

### **3.8 Data Processing and Analysis**

This section details the techniques that were used in this study to process and analyze data. Before processing the responses, data were prepared by coding, cleaning data, checks was made to identify any reverse coded values and missing values. Data were

coded and analyzed simultaneously as collected. Through content coding, a list of key ideas and themes for each variable were generated and this guided the nature of integration needed for both quantitative and qualitative data collected. Views and ideas that were frequently expressed noted. Data were then operationalized through scoring for crosschecking with the quantitative data. Data analysis was conducted and presentation done in form of APA tables prepared from the statistical software for social sciences (SPSS) version 21. Qualitative data were aligned to the research objectives and response summarized into categories as per the research objectives. The qualitative findings were integrated with quantitative findings in discussions. Data analysis were conducted using descriptive statistics for example frequency, simple percentages and weighted mean, while the inferential statistics such as simple linear regression analysis and correlation analysis were used to test hypotheses 1 to 5 for the study. Correlation analysis was also carried out to establish the correlation between; commitment and flexible work arrangements; correlation between commitment and leave arrangements; correlation between commitment and employee assistance programs, correlation between the moderating effect of supervisor support and the influence of work-life balance initiatives and commitment and lastly correlation between the moderating effect of co-worker support and influence of work-life balance initiatives and commitment of nurses in public hospitals. This implies that, the Pearson correlation coefficient  $r$  was used to determine the nature and the magnitude of influence of each independent variable on the dependent variable of the study. Correlation analysis also helped to test the study hypotheses and indicated the degree of influence of flexible work arrangements on commitment, leave arrangements on commitment, employee assistance programs on commitment, moderating effect of supervisor support on the influence of work-life balance initiatives on commitment and moderating effect of co-worker support on the influence of work-life balance initiatives on commitment.

To establish whether the outcome is significant, the researcher set up a confidence level. A confidence level means the probability level in which the null hypothesis can be rejected with confidence and the alternative research hypothesis accepted with confidence (Saunders, Lewis & Thornhill, 2009). As a standard practice in social sciences, and in this study a confidence level of significance of 5% was used. This

means that the researcher will be willing to accept statistical significance occurring by chance 5 times out of 100. In this research therefore, the 95% confidence level was adopted and tested significance level of 5%. In testing the hypotheses, the researcher compared the p- value of the test statistic with the designated alpha value of 0.05 serving as a standard for rejection or acceptance of the null hypothesis. The study assumed a decision rule of rejecting the null hypothesis if the p-value at 5% significance level with respective degrees of freedom is greater than the designated alpha value of 0.05, the null hypothesis would be accepted, while if the p-value at 5% significance level is less than the designated alpha value of 0.05 the null hypothesis is rejected.

Factor analysis was run on data collected. Kothari (2004) observed that factor analysis as a statistical procedure endeavours to group indicators or characteristics that seem to correlate highly with each other. Kothari (2004) further revealed that the customary for a loading of 0.33 is the minimum for interpretation. The normality of the level of commitment as a dependent variable was determined using a histogram Q-Q plot. This helped to check whether data provided by the dependent variable was normally distributed. A normality test is used to fit a multiple regression model and for the fit to be done, the dependent variable should be normally distributed (Hussey & Hussey, 1997).

### **3.9 Diagnostic Tests**

The tests to determine whether the independent variables and dependent variable data violate the assumptions underlying multiple regression analysis models were undertaken out. The following diagnostic tests were carried prior to regression analysis and correlation analysis; linearity test, multi-collinearity, normality test and lastly homoscedasticity test.

#### **3.9.1 Correlation Analysis**

Correlation analysis was done to establish the nature and magnitude of relationship or association among dependent and independent variables by computation of Pearson's correlation coefficient and scatter plots. Pearson's correlation is a test

statistic that measures the statistical relationship or association between two variables (Kothari, 2004). It is considered to be the best test that is used to determine the association between two or more variables of interest. The analysis gives the information about the magnitude of the association and the direction of the relationship.

### **3.9.2 Linearity Test**

Linearity test was carried out to establish whether the relationship between the independent variable and dependent variable is linear or not. Linearity test is a requirement for regression and correlation analysis. For this study linearity test was established by use of scatter plots. Hair, Black, and Anderson (2010) observes that scatter plots are used to check on whether there exist a linear association between the variation of the dependent variable (level of commitment) and the variation of the predictor variable (flexible work arrangement, leave arrangement, employee assistance program, the moderating effect of supervisor support and lastly the moderating effect of co-worker support). This was done by visually observing whether the predictions have a linear or a near linear relationship with the dependent variable.

### **3.9.3 Normality Test**

Normality tests were carried out by use of normal Q-Q plot, histogram and Kolmogorov-Smirnov test at significance level of 0.05. The variables were subjected to normality test to check whether the data provided were normally distributed to inform the utilization of correlation and regression analysis in the study.

### **3.9.4 Multi-Collinearity Test**

Multi-collinearity is the occurrence of high intercorrelations among two or more independent variables in a multiple regression model (Glen, 2015). Multicollinearity can lead to skewed or misleading results when a researcher or analyst attempts to determine how well each independent variable can be used most effectively to predict or understand the dependent variable in a statistical model (Glen, 2015). For

this study multi-collinearity test was carried out to determine whether the independent variables (flexible work arrangements, leave arrangements, employee assistance programs, supervisor support and co-worker support) are inter-related with one another or not. For this study multi-collinearity was done by using correlation analysis.

### **3.9.5 Homoscedasticity Test**

Homoscedasticity test demonstrates whether the residuals are equally distributed, or whether they tend to bunch together at some values, and at other values, spread far apart (Glen, 2015). Data is homoscedastic if it looks somewhat like a shotgun blast of randomly distributed data (Glen, 2015). Homoscedasticity test was carried out to determine whether the dependent variable (commitment) exhibits similar amount of variance across the range of values for the predictor (independent) variables around the regression line. This was checked by plotting the predicted values and residuals on a scatterplot.

### **3.10 Multiple Regression Model**

Multiple regression is a statistical technique that can be used to analyze the relationship between a single dependent variable and several independent variables (Kothari, 2004). The objective of multiple regression analysis is to use the independent variables whose values are known to predict the value of the single dependent value. Therefore, the regression model was used to examine the research questions of this study and interactions between flexible work arrangements, leave arrangements; employee assistance programs, moderating effect of supervisor support on the influence of work-life balance initiatives on commitment of nurses and lastly the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya. The dependent variable for this study is the level of commitment and independent variables are; flexible work arrangements leave arrangement and employee assistance programs while the moderating variables are supervisor support and co-worker support. The multiple regression model is shown in equation (1):

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e \dots\dots\dots (1)$$

Where; -Y= represents the dependent variable, level of commitment of nurses.  $\beta_0$ = intercept/constant;  $X_1$ = flexible work arrangements;  $X_2$ =leave arrangements and  $X_3$ = employee assistance programs;  $\beta_1$ = slope coefficient of work arrangement;  $\beta_2$  = slope Coefficient of leave arrangement and  $\beta_3$ = slope Coefficient of employee assistance programs and e =error term.

### 3.10.1 Moderating Effect Model

A moderator is a variable that affects the trend and the magnitude of the relationship between an independent or predictor variable and a dependent or criterion variable (Baron & Kenny, 1986). In other words, a moderating variable provide additional information regarding the association between two variables in quantitative research by explaining what features can make that association stronger, weaker, or even disappear. A significant interaction between the moderator and the independent variable means that the effect of the independent variable on the dependent variable changes. This means that a moderator is supported if the interaction of predictor and moderator on the outcome of the dependent variable is significant (Baron & Kenny, 1986). For this study supervisor support and co-worker support may each independently influence the direction on the levels of commitment if interaction with the influence of work-life balance initiatives on commitment is significant. The study used moderated multiple regression analysis to establish the moderating effect of supervisor support ( $Z_1$ ) on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya and the moderating effect of co-worker support ( $Z_2$ ) on the c influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya .

The moderated multiple regression models used are as shown in equation (2) ,3,4 and (5);

$$Y = \beta_0 + Z_1 * (\beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3) + e \dots\dots\dots (2)$$

$$Y = \beta_0 + \beta_1 X_1 * Z_1 + \beta_2 X_2 * Z_1 + \beta_3 X_3 * Z_1 + e \dots\dots\dots (3)$$

$$Y = \beta_0 + Z_2 * (\beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3) + e \dots \dots \dots (4)$$

$$Y = \beta_0 + \beta_1 X_1 * Z_2 + \beta_2 X_2 * Z_2 + \beta_3 X_3 * Z_2 + e \dots \dots \dots (5)$$

Where;

$B_0$  = Intercept/Constant.  $\beta_1 = \beta_2 = \beta_3$  = Slope coefficient representing the influence of the interaction between the moderator and each and every independent variable ( $X_i * Z$ ) for  $i = 1, 2$ , and  $3$ ,  $X_1$ ,  $X_2$ ,  $X_3$  are independent variables, where;  $X_1$  = flexible work arrangements;  $X_2$  = Leave arrangements and  $X_3$  = employee assistance programs, while  $Z_1$  and  $Z_2$  are moderating variables; Supervisor support and Co-worker support respectively and  $e$  is the error term.



### 3.10.2: Hypotheses Testing

Different tests were carried out to test the hypotheses as indicated in table 3.3

**Table 3.2: Test for hypotheses**

Objectives	Hypotheses	Tests	Interpretation
To establish the influence of flexible work arrangement on commitment of nurses in public hospitals in Kenya.	<b>H<sub>1</sub></b> : Flexible work arrangements has no significant influence on commitment of nurses in public hospitals in Kenya.	Correlation analysis Regression analysis	<b>If p-value</b> <0.05, reject the null hypothesis, if p-value >0.05 fail to reject the null hypothesis
To determine the influence of leave arrangements on commitment of nurses in public hospitals in Kenya	<b>H<sub>2</sub></b> : Leave arrangements has no significant influence on commitment of nurses in public hospitals in Kenya.	Correlation analysis Regression analysis	<b>If p-value</b> <0.05, reject the null hypothesis, if p-value >0.05 fail to reject the null hypothesis
To evaluate the influence of employee assistance programs on commitment of nurses in public hospitals in Kenya.	<b>H<sub>3</sub></b> : Employee assistance programs has no significant influence on commitment of nurses in public hospitals in Kenya.	Correlation analysis Regression analysis	<b>If p-value</b> <0.05, reject the null hypothesis, if p-value >0.05 fail to reject the null hypothesis
To establish the moderating effect of supervisor support on the influence of work-life balance initiatives on commitment in of nurses' public hospitals in Kenya.	<b>H<sub>4</sub></b> : supervisor support has no significant moderating effect on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.	Correlation analysis Regression analysis	<b>If p-value</b> <0.05, reject the null hypothesis, if p-value >0.05 fail to reject the null hypothesis
To determine the moderating effect of co-worker support on the influence of combined WLB initiatives on commitment of nurses in public hospitals in Kenya.	<b>H<sub>5</sub></b> : co-worker support has no significant moderating effect on the influence of WLB initiatives on commitment of nurses in public hospitals in Kenya.	Correlation analysis Regression analysis	<b>If p-value</b> <0.05, reject the null hypothesis, if p-value >0.05 fail to reject the null hypothesis

### 3.10.3 Operationalization of Study Variables

Operationalization involves developing indicators for measuring the research constructs (Creswell, 2004 cited in Kangure, 2014). Literature reviewed identified independent and dependent variables for this study. The study employed the following variables; - flexible work arrangements, leave arrangements and employee assistance programs; supervisor support and co-worker support as the moderating variables whereas the dependent variable is the level of commitment which is categorized as normative, affective and continuance commitments. The operationalization is as expressed in table 3.3, 3.4 and 3.5.

**Table 3.3: Operationalization and Measurement of Independent Variables**

<b>Variable</b>	<b>Sub-Variables</b>	<b>Operationalization</b>	<b>Measurement</b>
Flexible work	Flexi-time	Start and finish times within specified guidelines.	5-point scale.
Arrangements	Shift schedules	Work schedule covering 24 hours daily.	5-point scale
Leave	Maternity leave	Leave to female employees after delivery.	5-point scale
Arrangements	Annual leave	Leave to employees yearly.	5-point scale
	Compassionate leave	Leave to attend to urgent personal or family demands.	5- point scale
Employee	Counseling	Professional help for emotional and psychological Challenges.	5-point scale
Assistance	programs		
Programs	Medical insurance programs	Treatment for sickness of employee, spouse, children.	5-point scale

**Table 3.4: Operationalization and Measurement of the Moderating Variables.**

<b>Variable</b>	<b>Indicators</b>	<b>Operationalization</b>	<b>Measurement</b>
Moderator	Supervisor support	Appropriate support Provided by the supervisor. support	5-point scale
	Co-worker support	Provided by co-worker.	5-point scale

**Table 3.5: Operationalization and Measurement of Dependent Variable**

<b>Variable</b>	<b>Sub-variable</b>	<b>Operationalization</b>	<b>Measurement</b>
Commitment	Affective Commitment	Emotional attachment.	5-point scale
	Normative Commitment	Sense of obligation	5-point scale
	Continuance Commitment	Willingness to remain	5-point scale

## **CHAPTER FOUR**

### **RESEARCH FINDINGS AND DISCUSSION**

#### **4.1 Introduction**

The chapter outlines the results of data analysis on the influence of; flexible work arrangements on the level of commitment, leave arrangements on the level of commitment, employee assistance programs on the level of commitment, the influence of work life balance initiatives on the level of commitment of nurses in public hospitals in Kenya. The chapter also presents the results on the moderating effect of supervisor support on the influence of work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya and the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya.

Data analysis was done using both descriptive and inferential statistics. Correlation analysis was carried out to determine the strength and the nature of the relationship between and among the variables. Regression analysis was run to outline the nature of the influence of; flexible work arrangements, leave arrangements, employee assistance programs, work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya, moderating effect of supervisor support on the influence of work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya and the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya. All hypotheses were tested at 0.05 designated significant level.

#### **4.2 Response Rate**

The data for this study were collected using a structured questionnaire. The questionnaires were administered to 364 respondents out of which 309 questionnaires were successfully completed and returned to the researcher giving a response rate of 85% which is above the eighty percent (80%) response rate threshold for quantitative and qualitative research in social sciences (Gall, Borg &

Gall, 2007). This was made possible by the researcher self-administering the questionnaire to the sample and making follow up visits and phone calls to ensure all the questionnaire items are filled and responses given. Further, continuous follow up visits and phone calls were made to collect the unreturned 55 (15%) questionnaires but could not bear fruits. The results are presented in table 4.1.

**Table 4.1: Response Rate**

<b>Classification</b>	<b>Frequency</b>	<b>Percentage</b>
Questionnaires filled and returned	309	85
Questionnaires not returned	55	15
Total number of Questionnaires issued out	364	100

### **4.3 Results of Reliability Test and Validity**

Cronbach alpha was calculated to ascertain the internal consistency of the questionnaire. The internal consistency was generated through SPSS Version 21. The results are presented in table 4.2.

**Table 4.2: Reliability Results**

<b>Variables</b>	<b>Cronbach Alpha</b>	<b>No. of Items</b>
Flexible work arrangements	0.732	5
Leave arrangement	0.788	6
Employee assistance programs	0.743	5
Supervisor support	0.825	5
Co-worker support	0.813	5
Commitment	0.731	9

Table 4.2 shows that supervisor support had the highest  $\alpha = 0.825$ , followed by co-worker support with  $\alpha = 0.813$ , leave arrangements with  $\alpha = 0.788$ , employee assistance programs had  $\alpha = 0.743$ , flexible work arrangements had  $\alpha = 0.732$  and lastly commitment with  $\alpha = 0.731$ . This illustrates that all the five scales were reliable

as the reliability value exceeded the prescribed threshold of 0.7. This suggests that the research instrument was reliable.

Validity of the questionnaire was ascertained by seeking the comments human resource management experts on the presentation, clarity and length of the instrument, spacing and adequacy of items for the study in the questionnaire. Their suggestions helped in removing ambiguities, inadequate terms and this made it possible for the researcher to clarify questions and thereby improve the validity of the questionnaire items.

#### **4.4 Demographic Characteristics of Respondents**

This section provides brief background information about study sample. The research undertook to establish the gender, age, marital status as well as the duration in the current hospital. The results are shown in table; 4.3, 4.4, 4.5 and 4.6 respectively.

##### **4.4.1 Gender of the Respondents**

The study sought to establish the gender of the respondents. The findings are reported in table 4.3.

**Table 4.3: Gender of Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Female	214	69.3
Male	95	30.7
Total	309	100

The results in table 4.3 showed that out of the 309 nurses surveyed, 95 respondents representing 30.7% were male while 214 representing 69.3% were female. This indicates that generally there were more female respondents for the study than male, suggesting that the nursing profession in selected hospitals is dominated by female gender. The information on gender distribution is to ascertain whether there is gender parity in distribution of views collected from either gender. Whereas the female respondents are more than male, there was at least gender diversity among the

respondents. Additionally, this underscored the importance of work –life balance initiatives to assign due consideration to diverse needs of either gender in public hospitals. Furthermore, the findings on gender distribution showed that in the sampled public hospitals there are attempts to comply with the two thirds (2/3) gender rule in Kenya. The 2010 constitution makes it mandatory for all public institutions not to have more than two thirds of a particular gender.

### 4.3.2 Age of the Respondents

The study sought to establish the distribution by age of the study sample. The analysis of the age profile of the respondents is expressed in table 4.4.

**Table 4.4: Age of Respondents**

<b>Age Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
29 and below	160	51.8
30-39	63	20.4
40-49	55	17.8
50 and above	31	10.0
<b>Total</b>	<b>309</b>	<b>100.0</b>

The results in table 4.4 showed that 160 nurses representing 51.8% are 29 years and below, 63 nurses representing 20.4% were between the age of 30-39 years. 17.8% of the nurses were between the age of 40-49 years, representing 55 nurses and the remaining 31 nurses representing 10 % were 50 years and above. The results indicate that a larger number of the nurses are adults younger than 29 years while the minority were more than 50 years old. Also, at this age of 29 years coincides with the time when most employees are settling down in marriage, taking care of elderly parents, advancing their education, among others thus justifying the need to consume diverse work-life balance initiatives to harmoniously address the necessary non-work responsibilities. In addition, findings on the age of respondents' shows that there was age diversity and hence the data collected included the opinions of all age categories of nurses for the study.

### 4.3.3 Marital Status of the Respondents

The marital status of the respondents was analysed and recorded in table 4.5.

**Table 4.5: Marital Status.**

<b>Gender</b>	<b>Frequency</b>	<b>Per cent</b>
Single	143	46.3
Married	166	53.7
Total	309	100

The results showed that 143 nurses representing 46.3% were single, 166 nurses representing 53.7% are married. The results indicated that majority of the nurses surveyed were married. Marital status may play a significant role in influencing the perception of nurses on the adequacy of leave arrangement, adequacy of employee assistance programs, favourableness of flexible work arrangements and favourableness of the moderating variables that is supervisor support and co-worker support. This is because of diverse personal demands or family responsibilities that come with the marital status not ignoring that even nurses who are single demand work-life balance initiatives to harmoniously integrate work and non-work responsibilities.

### 4.3.4 Duration in the current hospital.

The nurses in the study were asked to indicate the duration in years they have worked in the current public hospitals. Their responses are shown in table 4.6.

**Table 4.6: Duration in the present hospital**

<b>Years</b>	<b>Frequency</b>	<b>Per cent</b>
0-9	217	70.2
10-19	53	17.2
20-29	20	6.5
≥30	19	6.1
Total	309	100



The results in table 4.6 showed that 217 respondents representing 70.2 % have worked in the present public hospitals for less than 9 years, 53 respondents representing 17.2 % have worked for a period of between 10 and 19 years, 20 nurses representing 6.5 % have worked for between 20-29 years while 19 nurses representing 6.1% had been in the service for more than 30 years. The analysis indicated that the respondents have sufficient work experience in public hospitals. These results suggested that the respondents know and have first-hand experience on the working and the utilisation of work-life balance initiatives in the sampled public hospitals and that they are able to provide sufficient and relevant information on the adequacy and favourableness of work-life balance initiatives, supervisor and co-worker support.

#### **4.4 Diagnostic Tests**

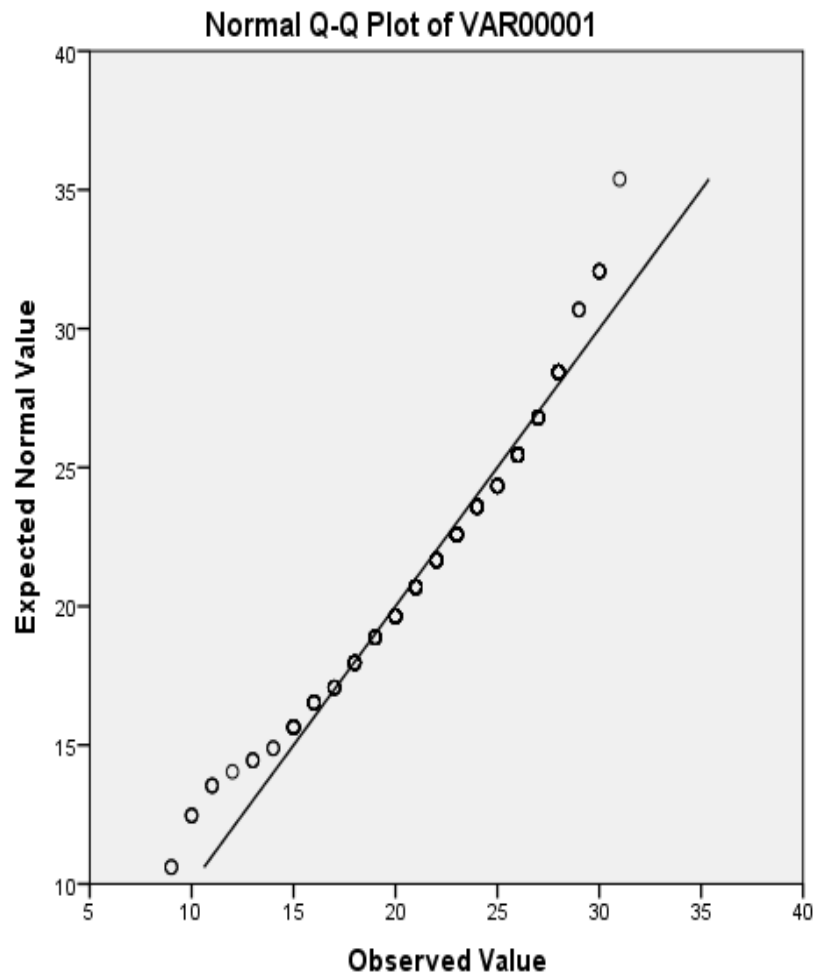
Diagnostic tests were carried out to establish whether the assumptions of multiple regression and correlation analysis are met. This is because running the regression analysis without checking for normality, correlation, linearity, homoscedasticity and multi-collinearity may have a significant negative impact on the results and even invalidate the study findings and conclusions completely (William, 2010).

##### **4.4.1 Test for Normality**

Normality test of the dependent variable for the research, level of commitment, was carried out by the use of a normal Q-Q plot and a histogram. The commitment constructs were subjected to normality tests to check whether the data provided measuring the dependent variable (Commitment) were normally distributed. It has been recorded that in a situation where the data were not obtained from a normal distribution there will be problems when carrying out correlation analysis and regression analysis. William (2010) observed that statistical analysis such as regression analysis depends on the assumption that data for the dependent variable are sampled from a normal distribution. Using the Q-Q plot for a dependent variable (Commitment) can demonstrate whether the data is normally distributed if most of the points lie on the theoretical Quantile-line or otherwise. If the data is normally distributed along the theoretical Quantile line it indicates that the observed values

versus the expected normal values are randomly distributed along the line of best fit suggesting that the dependent variable is normally distributed. Normal Q-Q plot for commitment is shown in figure 4.1.

### Normal Q-Q Plot for Commitment



**Figure 4.1: Normal Q-Q plot for nurses' commitment (VAR00001)**

The Q-Q plot show that majority of the points lie on or are close to the theoretical quantile line hence the data for the level of commitment of nurses in public hospital in Kenya was confirmed to be normally distributed.

Further tests were carried out using the Kolmogorov-Smirnov test at 0.05 level of significance. According to Field (2009) the rule of thumb is that if  $p > 0.05$ , it shows that the distribution of the sample is not significantly different from a normal distribution, suggesting that it is probably normal. However, if  $p < 0.05$ , it shows that the distribution is significantly different from a normal distribution suggesting that it is not normal. The results of the analysis are shown in Table 4.7.

**Table 4.7: Normality test for the dependent variable (Level of Commitment)**

N		309
	Mean	22.57
	St Dev.	4.458
Kolmogorov-Smirnov-Z	Smirnov-	0.361
	Asymp. Sig.(2 tailed)	0.103

Kolmogorov-Smirnov test of normality was used to test whether nurses' level of commitment data follows a normal distribution. Since the P-value of 0.103 is greater than 0.05 we fail to reject the null hypothesis that the data is normal and therefore conclude that the dependent variable (level of commitment) follows a normal distribution and hence subsequent statistical analysis such as regression analysis and correlation analysis could be carried out.

#### **4.4.2 Test for Multi-collinearity**

Multi-collinearity is said to occur in a situation where two or more independent variables in a multiple regression model are highly correlated (Robert, 2007). Multi-collinearity test is carried out to isolate and collapse the study variables that measure the same construct thus eliminate redundancy (Robert, 2007). This suggests that one or more independent variables can linearly be predicted from the other independent variable(s) with a non-trivial degree of accuracy when multi-collinearity exists. The situation where the correlations among the independent variables are strong is

unacceptable because it Multicollinearity is a problem because it undermines the statistical significance of an independent variable (Muthoka, 2016). Before the regression procedure was carried out, the basic assumption of multi-collinearity was tested by observing the levels of correlation between the independent variables subject to the rule of thumb that the statistical index should be less than 0.8 (Cooper & Schindler, 2008). Multi-collinearity test was carried out so as to determine whether the independent variables (flexible work arrangements, leave arrangements and employee assistance programs) are inter-related or not. For this study multi-collinearity test was conducted using correlation analysis and the results recorded in table 4.8.

**Table 4.8: Correlations among the Independent Variables and Dependent Variable.**

		<b>Commitment</b>	<b>Leave arrangements</b>	<b>Flexible work arrangements</b>	<b>Employee assistance programmes</b>
Commitment	<b>r</b>	1	.627**	.709**	.394**
	Sig. (2-tailed)		.000	.000	.000
	<b>N</b>	309	309	309	309
Flexible work arrangements	<b>r</b>	.709**	.431**	1	.215**
	Sig. (2-tailed)	.000	.000		.000
	<b>N</b>	309	309	309	309
Leave arrangements	<b>r</b>	.627**	1	.431**	.390**
	Sig. (2-tailed)	.000		.000	.000
	<b>N</b>	309	309	309	309
Employee assistance programmes	<b>r</b>	.394**	.390**	.215**	1
	Sig. (2-tailed)	.000	.000	.000	
	<b>N</b>	309	309	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results in table 4.8 indicate that the leave arrangements and flexible work arrangements had a correlation,  $r = .431, P = 0.000$ . Given that the correlation value

for the tested variables are less than 0.8, multi-collinearity doesn't exist between the two independent variables (leave arrangements and flexible work arrangements, hence the variables were retained for further analysis).

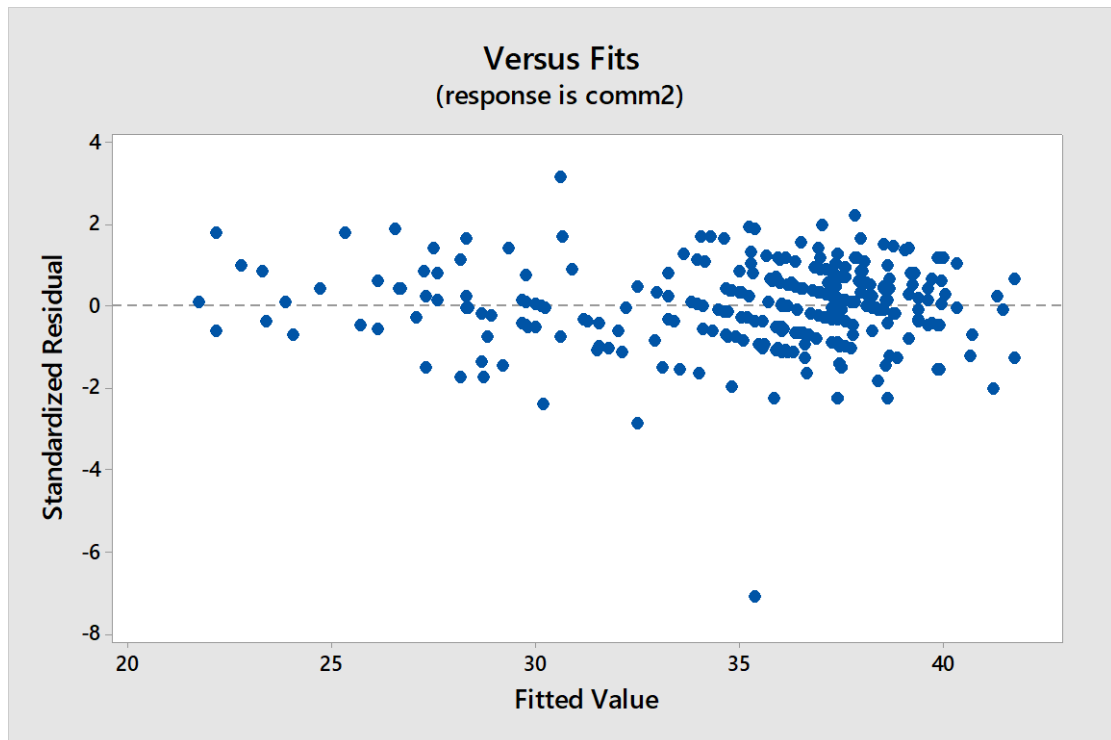
The correlation index between leave arrangements and employee assistance programs was,  $r = 0.390, P = 0.000$  therefore multi-collinearity doesn't exist

between them. The relationship between flexible work arrangements and employee assistance programs had a correlation,  $r = 0.215, P = 0.000$  hence multi-collinearity

doesn't exist between the two independent variables. The results on multi-collinearity test suggests that the independent variables; flexible work arrangements, leave arrangements and employee assistance programs are said to be measuring different aspects hence retained for further analysis since they do not violate the assumptions of regression and correlation analysis.

#### **4.4.3 Homoscedasticity**

Homoscedasticity describes a situation in which the error term in the correlation between independent variables and dependent variable is the same across all values of the independent variables (Hair et al., 2010). In other words it means that the dependent variable exhibits similar amounts of variance across the range of values for the predictor variables around the regression line. Tabachnick and Fidell (2007) records that homoscedasticity exists when the scores are concentrated at the centre about 0-point and distributed in a rectangular pattern. They justified the use of a scatter plot in testing for homoscedasticity since it accords one a chance to observe at glance any violation of homoscedasticity assumption quickly and easily. Homoscedasticity test for the study was carried out by checking the graph of the standardized residual scatter plot versus fitted value. The results are reported in figure 4.2.



**Figure 4.2: Standardized Residuals versus Fitted Value**

The figure 4.2 shows that the standardised residuals versus fitted values at different distribution of values does not show extreme values over the range of commitment (dependent variable). This result confirms that there exists homogeneity of variance throughout the data, hence suggesting that the data does not violate the condition of homoscedasticity and therefore the standard errors are not biased suggesting that the conclusions on the significance of regression coefficients are correct. This result strengthens the use of the statistical tests such as ANOVA and linear regression analysis (Kothari & Garg, 2014).

#### **4.4.4 Linearity Test**

Linearity is defined as the extent to which the variation in the dependent variable is associated to the variation in the predictor variable (Hair et al., 2010). The expected value of dependent value is a straight-line function of each independent variable holding the other variables fixed and that the slope of that line does not depend on the values of other variables. Further the effects of different independent variables on the expected value of dependent variable are additive (Tabachnick & Fidel, 2007).

For this study scatter plots were used to test for linearity and the findings were reported in figure 4.3, figure 4.4 & figure 4.5. The findings suggest that the correlation between each of the independent and the dependent variables forms a linear pattern affirming that the data does not violate the linearity assumption and therefore further statistical analysis such as linear regression analysis and correlation analysis can be carried out to throw more light about the findings of this study.

#### **4.5 Commitment.**

##### **4.5.1 Factor loading for Commitment Constructs.**

The study sought to establish factor loading of the commitment constructs. Table 4.8 show the items in commitment and their factor loadings.

**Table 4.9: Factor Loadings for Commitment Constructs.**

<b>S/N</b>	<b>Statement</b>	<b>Factor loading</b>
AC1	It would be of great happiness for me to finish my career at this hospital	.728
AC2	I enjoy a lot talking positively about this hospital as the best to work in.	.696
AC3	I greatly feel that this hospitals' problem is my own.	.629
CC1	I am not afraid of what happens if I resign from this hospital.	.855
CC2	Leaving this hospital for another require a great deal of personal sacrifice.	.831
CC3	It would be very hard for me to leave my job at this health facility right now even if I wanted to.	.723
NC1	I believe in the value of remaining loyal to one hospital.	.669
NC2	It is right to remain in this hospital even if I get a better offer elsewhere.	.723
NC3	Loyalty is one of the reasons that make me continue working in this hospital.	.725

Extraction Method: Principal Component Analysis.

a. 1 Components extracted.

All the items measuring commitment construct in table 4.9 had factor loadings of more than 0.4 which is considered suitable in measuring the levels of commitment of the nurses in this study while a factor loading equal to 0.3 is considered moderate (Kothari & Garg, 2014). The Factor loading in table 4.9 indicate that there is a relationship among the constructs of the commitment variable under measure and the extracted factors. This suggests that all the items were internally consistent and reliable thus adequate in providing the results on the levels of commitment of the nurses. The item with the highest factor loading of 0.855 was; ‘I am not afraid of what happens if I resign from this hospital’, while the one with the least factor loading was, ‘I greatly feel that this hospital’s problem is my own’, with factor loading of 0.629.

#### **4.5.2 Descriptive statistics for Commitment**

To achieve the general objective of the study, the respondents were requested to rate on a five-point Likert scales their level of agreement with the given indicators of commitment. Their responses were analysed and the results are shown in table 4.10.



**Table 4.10: Weighted Averages for Level of Commitment Constructs**

S/N	Statement	SA =5	A =4	N =3	D =2	SD =1	weighted Mean
AC1	It would be of great happiness for me to finish my career at this hospital	49.2% (152)	27.2% (84)	8.4% (26)	8.4% (26)	6.8% (21)	4.04
AC2	I enjoy a lot talking positively about this hospital as the best to work in.	11.9% (37)	31.4% (97)	40.5% (125)	8.1% (25)	8.1% (25)	3.31
AC3	I greatly feel that this hospital's problem is my own.	42.1% (130)	22.3% (69)	12.9% (40)	10.1% (31)	12.6% (39)	3.71
CC1	I am not afraid of what happens if I resign from this hospital.	31.4% (97)	23.3% (72)	10.4% (32)	23.9% (74)	11% (34)	3.40
CC2	Leaving this hospital for another require a great deal of personal sacrifice.	14.2% (44)	18.8% (58)	8.1% (25)	24.6% (76)	34.3% (106)	2.54
CC3	It would be very hard for me to leave my job at this health facility right now even if I wanted to.	13.9% (43)	9.1% (28)	9.4% (29)	24.9% (77)	42.7% (132)	2.27
NC1	I believe in the value of remaining loyal to one hospital.	44% (136)	24.6% (76)	6.8% (21)	14.6% (45)	10% (30)	3.78
NC2	It is right to remain in this hospital even if I get a better offer elsewhere.	45.3% (140)	23.6% (73)	7.4% (23)	13.9% (43)	9.7% (30)	3.81
NC3	Loyalty is one of the reasons that make me continue working in this hospital.	47.9% (148)	12.9% (40)	9.7% (30)	17.5% (54)	12% (37)	3.67

**KEY:** SA-Strongly Agree =5 A-Agree=4 N- Neutral=3 D- Disagree=2 SD-Strongly Disagree=1

The study endeavoured to determine the level to which nurses agree to the statement, 'It would be of great happiness to finish my career at this hospital'. Where among the respondents, 152(49.2%) strongly agreed, 84(27.2%) agreed, 26(8.4%) remained neutral, 26(8.4%) disagreed while the remaining 21(6.8%) strongly disagreed. This

indicates that 246(76.4%) of the respondents agreed to the statement 'It would be of my happiness to finish my career at this hospital' compared to 47(5.2%) who disagreed. The weighted mean of 4.04 shows that on average the nurses agreed that they will spend the rest of their career in this hospital. Agreement by majority of the nurses on this aspect suggests that they (nurses) value staying in the current hospital may be because they feel that there are more and huge benefits by remaining in the current institution than the benefits in the new organization. This results points to the conclusion that the nurses are inclined towards affective commitment and continuance commitment due to humongous social and career investments of remaining in the current hospitals than the benefits in the new station. This result aligns with works of Meyer and Allen (1991) that the employee identifies with the firms' vision and mission and genuinely wants to be there because he is enjoying his/her work and satisfied with the job.

On the question whether the nurses enjoy a lot talking positively about the hospital because of the best working conditions that exist in it, 37(11.9%) of respondents strongly agreed, 97(31.4%) agreed, 125(40.5%) neither agreed nor disagreed, 25(8.1%) disagreed while the remaining 25(8.1%) strongly disagreed. This indicates that 134(43.4%) of the respondents agreed to the statement 'I enjoy a lot talking positively about the hospital because it has the best conditions to work in' while 125(40.5 %) of the respondents were neutral and the remaining 50(16.2%) disagreed. The weighted mean of 3.31 indicates that on average nurses are indifferent to the statement that nurses enjoy a lot talking positively about the hospital as the best way to work in. This result suggests that nurses in the sampled hospitals are equally divided on the statement that affective commitment is what is holding them to the current work station.

On the question whether the nurses feel that the hospital problems are like their own, 130 (42.1%) of respondents strongly agreed, (69) 22.3% agreed, 40(12.9%) were neutral, 31 (10.1%) disagreed, while the remaining 39 (12.6%) strongly disagreed. This indicates that 199 (64.4%) agreed to the statement that the hospital problems are like their own, compared to 70 (22.7%) who disagreed. The weighted mean of 3.72 indicates that on average nurses agree to the statement that the hospital problems as

their own. This finding may signal a strong emotional attachment of the nurses to the current hospital because of probably previous or present favourable experiences and firm believe that it could be sustained for posterity. This suggests that majority of the nurses are affectively committed to the hospital.

On whether the nurse is not afraid of what happens if he/she resigns, 97(31.4%) of the sampled individual strongly agreed, 72(22.3%) agreed, 32 (10.4%) remained neutral, 74 (23.9. %) disagreed as 34 (11 %) strongly disagreed. This indicated that 169 (54.7%) of the sample population agreed that they are not afraid of what happens if he/she resigns, while 108 (35%) disagreed. With the weighted mean of 3.40 shows that on average the nurses are indifferent to the assertion that they are not afraid of what happens if they resign. This suggests that the nurses have no clear position on this aspect of continuance commitment. On the question of the degree to which the sampled nurses agree to the statement 'leaving this hospital for another hospital require a great deal of personal sacrifice', 44 (14.2 %) of respondents strongly agreed, 58 (18.8%) agreed, 25 (8.1%) were neutral, 76 (24.6%) disagreed and 106 (34.3 %) strongly disagreed. This is indicative that 182 (58.9%) disagreed to the statement that 'leaving the hospital for another hospital require a great deal of personal sacrifice' while 102 (33%) agreed and 25(8.1%) were indifferent. The weighted mean of 2.54 suggested that on average the nurses are indifferent to the statement 'leaving the hospital for another hospital requires a great deal of personal sacrifice'. This indicated that some respondents felt that leaving the hospital has more benefits than the cost of not leaving the hospital while others were of the view that the costs of leaving the hospital (investment on social relationship and other non-transferrable investments) far outweigh the benefits in the new hospital thereby making it difficult to leave the organization. This suggests that the nurses are at cross roads because each option selected by the nurse appears to have attractive benefits and painful costs in almost equal measure.

On the question whether the respondents agree to the statement 'it would be very hard for me to leave my job at this health facility right now even if I wanted to' 43 (13.9%) respondents strongly agreed, 28 (9.1%) agreed, 29 (9.4%) were neutral 77 (24.9 %) disagreed and the remaining 132(42.7 %) strongly disagreed. This showed

that 209 (67.6%) of the respondents disagreed with the statement it would be very hard for me to leave my job at this hospital, while 71 (23%) of the respondents agreed. The weighted mean of 2.27 indicates that on average the nurses disagreed to the statement that 'it would be hard for me to leave my job at this hospital even if I wanted to' this indicated that the respondents can easily leave the hospital for another one. This suggests that staying in the current hospital has less social and career investments than the anticipated social and career benefits of joining the new the hospital. This implies that the nurses exhibit a weak continuance commitment probably because work-life balance initiatives are inadequate and unfavourable making it challenging for them to harmoniously attend to both work and essential non-work responsibilities.

On the question whether the respondents believe in the value of remaining loyal to one hospital, 136 (44%) of the respondents strongly agreed, 76 (24.6 %) agreed, 21 (6.8%) were indifferent, 45 (14.6%) disagreed and the remaining 30 (10%) strongly disagreed. This showed that 212 (68.6%) of the respondents believe in the value of remaining loyal to one hospital compared to 75 (24.6%) who disagreed. The weighted mean of 3.78 indicate that on average nurses agree that it is the right thing to remain loyal to one hospital. This result indicate that the majority of nurses are inclined towards normative commitment to the hospital. This finding may suggest that in as much the inadequacy and unfavourableness of work-life balance initiatives has been recorded, the nurses are obligated to reciprocate by being loyal to the facility because that is the right thing to do. On the question whether it is right to remain in this hospital even if I get a better offer elsewhere, 140 (45.3%) of respondents strongly agreed, 73 (23.6%) agreed, 23 (7.4%) were neutral, 43 (13.9 %) disagreed, 30 (9.7%) strongly disagreed. This shows that 213 (68.9%) agreed that to the statement that it is right to remain in this hospital even if I get a better offer elsewhere compared to 73(23.6%) who disagreed. The weighted mean of 3.73 suggests that on average nurses in the sampled hospitals agreed that it is right thing to remain in this hospital even if there is a better offer elsewhere. This shows that the majority of the nurses exhibit high levels of normative commitment. This may suggest that the nurses feel obligated to remain in the current health facility because they have enjoyed some initiatives provided and it will be immoral to leave it and

hence violate social exchanges principles and organization support theory foundation blocks. This result corroborated with Wiener (1982) who articulates that individuals who exhibit normative commitment believe that sticking in one organization is the "right" and moral thing to do.

On the question whether 'loyalty is one of the reasons that make one to continue working in this hospital' 148 (47.9%) of the respondents strongly agreed, 40 (12.9%) agreed, 30 (9.7%) neutral, 54 (17.5%) disagreed while the remaining 37(12%) strongly disagreed. This showed that 188 (60.8%) agreed that loyalty is one of the reasons that make one to continue working in this hospital, while 91(29.4%) disagreed. With the weighted mean of 3.67, it indicates that on average nurses in the sampled counties agreed that loyalty is one of the reasons that make them to continue working in the hospital. This suggests that the nurses may have invested so much on normality commitment and felt that it is the right thing to do. The findings align with Weiner and Vardi (1980) finding that a loyal employee to an organization makes a lot of personal and career sacrifices on its behalf.

#### **4.5.3 Qualitative findings on Commitment**

On the question on what other aspects of commitment experienced but not mentioned in the table, 300 (97.1%) nurses recorded that they could easily become as emotionally attached to another hospital as the current one' This may suggest that if an organization provides attractive work-life balance initiatives in terms of adequacy and favourableness, the nurses may develop affective attachment, continuance and normative commitment to it. This finding aligns with Mowday, Porter, and Steers (1982) that emotional attachment reflects an individuals' identification with and involvement in an organization. 300(97.1%) also indicated 'that much of their life would not be disrupted if they leave the current hospital' while there was non-response of 9(2.9%). This finding may indicate that the nurses could be experiencing work and non-work strain probably due to inadequate and unfavorable work-life balance initiatives. This suggests that they may have calculated and compared the costs and benefits of social, emotional and career investments of remaining in the current hospital with the reciprocal result of leaving the hospital and found out there

are less benefits when they remain than when they leave. This shows that the sampled nurses are fairly inclined towards weak continuance commitment. Lastly 300(97.1%) reported that, 'it's unethical to move from one hospital to another' while 9(2.9%) represented non-response. This shows that the nurses in the sampled hospitals have a feeling that they ought to remain working in the same hospital because of moral obligation. This may be attributed to the kind gesture of the employer by extending an array of benefits they are enjoying in terms of work-life initiatives. The findings corroborated with the observation by Meyer and Allen (1991) that it is unethical to move from one organization to another due to normative commitment. This finding is also in agreement with the building blocks of social exchange and organization support theory of which this study is hinged on.

On the question of strategies to be adopted to enhance the level of commitment of the nurses, 300(97.1%) reported that 'county government should come up with innovative models of enhancing work life balance initiatives to make the initiatives more favourable in terms of flexibility, inclusive, adequate and thus fashionable'. This they reported will greatly reduce or minimize work-family/ personal challenges currently exhibited and hence enhance commitment.

#### **4.5.4 Aggregation of Commitment Constructs**

Responses to various measures of the commitment constructs were put together and a composite index calculated to represent a measure of the degree or level of commitment. The score ranged from 9 to 45. A score of more than 27 could imply high commitment while an index of less than 27 could imply low commitment. The variable mean and standard deviation were computed and the results presented in Tables 4.11.

**Table 4.11: Aggregation of Commitment Constructs**

	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Commitment	309	9.00	45.00	22.5696	4.45823
Valid N (listwise)	309				

The results reported in table 4.11 indicated that level of commitment mean index was 22.5696 with the scores deviating by 4.45823 from the mean score. Since the mean was less than the average score of 27, the result suggested that the level of commitment of nurses in the sampled public hospitals in Kenya was indeed low. Low commitment levels may suggest that the nurses are experiencing strain between work and essential non-work engagements probably as a result of inflexible work and non-work responsibilities in terms of time and space resulting from inadequate and unfavorable work-life balance initiatives, supervisor and co-worker support. The result corroborated with Fabiene and Kachchhap (2016) that healthcare organizations are constrained by low commitment of health professionals, key among them being nurses.

#### **4.6 Influence of flexible work arrangements on levels of commitment of nurses in public hospitals.**

In achieving the general objective of the study, first a measure for the favourableness of flexible work arrangements was established through factor analysis, weighted averages and aggregation of the construct scores.

##### **4.6.1 Factor Loading for Flexible Work Arrangements Constructs.**

The researcher wanted to establish the factor loading for flexible work arrangement constructs. Results are presented in Table 4.12.

**Table 4.12: Flexible work arrangements factor loading matrix**

<b>s/n</b>	<b>Statement</b>	<b>Factor loading</b>
FWA1	Flex-time enables me to attend to my personal matters when they arise.	.834
FWA2	I am able to adjust flex time working hours in a way that suits me.	.752
FWA3	Flex time enables me to focus more on the job with undivided attention.	.857
FWA4	I am able to adjust shift schedules in way that suits me.	.629
FWA5	Shift schedules enable me to attend to my personal demands when they arise.	.588

Extraction Method: Principal Component Analysis.

a. 1 Components extracted.

The construct with the highest factor loading was that flex-time enables me to focus more on the job without divided attention with factor loading of 0.857. While shift schedule accords me an opportunity to attend to my personal matters when they arise had the least factor loading of 0.588. The table also indicates that the items are measuring different aspects of flexible work arrangements. Further, table 4.12 shows that all the items measuring flexible work arrangements had factor loadings of more than 0.4. This indicates that the items are suitable to capture appropriate responses on flexible work arrangements for further statistical analysis (Kothari &Garg, 2014).

#### **4.6.2 Descriptive Statistics for Flexible Work Arrangements.**

To determine whether flexible work arrangements in public hospitals were favourable. The respondents were requested to rate on a five-point Likert scale their level of agreement with the list of statements measuring the stated latent variable (favourable) and the results recorded, analysed and shown in table 4.13.



**Table 4.13: Descriptive statistics for flexible work arrangements.**

s/n	Indicator	SDA	DA	N	A	SA	Mean
		=1	=2	=3	=4	=5	
FWA1	Flex time enables me to attend to my personal matters when they arise.	29 9.4%	37 12%	41 13.3%	65 21%	137 44.3%	3.79
FWA2	I am able to adjust flex time working hours in a way that suits me.	154 49.8%	96 31.1%	16 5.2%	19 6.2%	21 6.8%	1.86
FWA3	Flex time enables me to focus more on the job while at work with undivided attention.	33 10.7%	26 8.4%	26 8.4%	78 25.2%	143 46.3%	3.85
FWA4	I am able to adjust my shift schedule to suit my needs.	163 52.8%	55 17.8%	11 3.6%	23 7.4%	57 18.4%	2.21
FWA5	Shift schedule accords me an opportunity to attend to my personal matters when they arise.	73 23.6%	38 12.3%	12 3.9%	23 7.4%	163 52.8%	3.53

KEY: SA-Strongly Agree=5, A-Agree=4, N=Neutral=3, D- Disagree=2, SD-Strongly Disagree=1.

The researcher sought to establish whether flex time enables the respondent to attend to personal matters when they arise, it was found that 29 (9.4%) respondents strongly disagreed, 37(12%) disagreed, 41(13.3%) neither agreed nor disagreed, 65(21%) agreed while 137 (44.3%) strongly agreed. This indicates that 21.3 % of the

respondents disagreed that flex time enables them to attend to their personal matters when they arise compared to 65.4% who agreed. This shows the majority of the respondents agreed that flex time enables one to attend to essential non work responsibilities when they arise. Flex time is particularly significant because it removes rigidity or inflexibility in work arrangements making it appealing to some employees especially those hard pressed by non-work commitments as depicted by the results, however there is need to strike a balance with organization goals for it to minimise work and non-work strain. The findings are indicative that flexitime work arrangement enables nurses to attend to non-work demands whenever required. This finding suggests that flex time working arrangements are accommodative in that they accord the nurses an opportunity to attend to necessary non-work responsibilities when they arise. This shows that flex time arrangement is important in that it provides nurses an important opportunity to address pressing non work responsibilities without jeopardising work responsibilities. The findings are consistent with Hill, Hawkins, Ferris and Weitzman (2001) results that flex time assists employees to harmoniously integrate their work and essential non-work responsibilities. They further recorded that through flex time workers are able to reduce work–family or family work conflict and hence improve health functioning and performance at work and at home. Similarly, according to Dalcos and Daley (2009) flex time allows employees to choose when, where and for how long they can engage in work and non – work related tasks. This also aligns with Tuwai, Kamau and Kuria (2015) who indicated that flexible work arrangements may provide more freedom to organize their work to fit in with non-work engagements. In addition, Enemuo (2016) observes that negative work-family spill overs are rarely experienced where flexible work arrangements are provided employees and hence they are less likely to miss work due to family related issues. Enemuo (2016) further reports that flexibility in working hours itself assures the employee of the managements’ keen interest on workers’ non-work responsibilities.

The study sought to establish whether nurses are able to ‘adjust flex time working hours in a way that suits the individual needs and desires’. It was established that 154 (49.8%) respondents strongly disagreed, 96(31.1%) disagreed, 16(5.2%) neither agreed nor disagreed, 19 (6.2%) agreed while 21(6.8%) strongly agreed. This

indicates that 80.9% of the nurses in the public hospitals disagreed to the statement that 'I am able to adjust flex time working hours in a way that suits me' with a weighted mean of 1.86 compared to 13% who agreed. The findings are indicative that the freedom to vary flexible work arrangement is limited in order to reduce disruptions, confusion and disorderliness in the work station. This indicates that freedom to vary flexi time is not allowed because it may not work in the best interest of the organization, some sections may remain unattended negatively affecting general service delivery. This suggests that the freedom to vary flex time work arrangements may have humongous negative consequences on service delivery and therefore to be applied with extreme caution. The results are consistent with Mungania, Waiganjo and Kihoro (2016) findings that a more limited amount of flexibility was optimal in predicting improved performance, with employee specifying in advance what hours they would like to work rather varying their schedule irregularly.

The study sought to establish whether flex time working arrangement enables one to focus more on the job while at work without divided attention, 33 (10.7%) respondents strongly disagreed, 26(8.4%) disagreed, 26(8.4%) neither agreed nor disagreed, while 143(46.3%) strongly agreed and 78 (25.2%) agreed. This indicates that 71.5% of the nurses in the public hospitals agreed to the statement 'flex time working arrangement enables me to focus more on the job while at work without divided attention' compared to 19.1% who disagreed. This suggests that flex time work arrangement assures nurses that time is provided to attend non-work responsibilities and therefore they should focus on the work responsibilities at hand and deliver the results expected. The findings are in agreement to McDonald, Brown and Bradley (2005) that employees on flexible working hours keep up with a workload wherein they work extra hours during peak times in exchange for the ability to tailor their hours to suit their own needs at other times. The findings are also in agreement with Mungania, Waiganjo and Kihoro (2016) observation that employees using flexible work hours may increase their work effort given that they can afford time for non-work engagements when required. This result show that when employees are on flex time work arrangement, they are more likely to show increased commitment, engagements, retention, job satisfaction and improved overall

well-being (Powers, 2004). The findings corroborate with Christopher and Angelique (2014) findings that flexible working hours' accords employees an opportunity to put in the necessary effort and energy in their work during the moments that counted most.

On the statement that 'I can adjust shift schedules at will' the result showed 163(52.8%) respondents strongly disagreed, 55 (17.8%) disagreed, and 11(3.6%) neither agreed nor disagreed, 23(7.4%) agreed while the remaining 57 (18.4%) strongly agreed. This showed that 70.5% of the nurses in the public hospitals disagreed that the shift schedules can be adjusted at will, compared to 25.9 % who agreed. The result indicated that shift schedules cannot be modified to fit known or unanticipated non-work demands within a short notice. This is because it may bring about chaos and confusion in the work place resulting to some tasks not attended to, hence work and non-work strain. On the statement whether shift schedules accord me an opportunity to attend to my personal matters when they arise, the results showed 73(23.6%) respondents strongly disagreed, 38 (12.3%) disagreed, 12(3.9%) neither agreed nor disagreed, 23(7.4%) agreed while 163(52.8%) strongly agreed. This indicates that 60.2% of the nurses agreed with the statement 'that shift schedules accord me an opportunity to attend to my personal matters when they arise' compared to 35.9% who disagreed. The study established that shift schedules accords nurses an opportunity to harmoniously integrate personal matters and work commitments. This suggests that shift work arrangements plays a key role in reducing work and non-work strain among nurses in public hospitals in Kenya. The results agreed with the findings by Muli (2014) that shift work arrangements facilitate workers to harmoniously attend to work responsibilities and necessary non-work demands.

#### **4.6.3 Qualitative Analysis of Flexible Work Arrangements**

On the question on "what are other flexible work arrangements" provided but not mentioned in the table, 300(97.1%) affirmed that job sharing creates an opportunity for professional development through sharing positive work experience and continuity of work processes among the nurses through co-worker support. This

result indicates that job sharing enables organization processes to continue even when one of the job sharer has essential non-work commitments elsewhere. This calls for a strong and well-grounded social investment among the nurses. This outcome aligns with Batt and Valcour (2003) findings that job sharing provides more opportunity for knowledge sharing among colleagues. 300(97.1%) of the respondents revealed that compressed work week solution is provided. They further recorded that compressed work week enables them to have an extended off which meant that they are able to reduce negative spill of work engagements to essential non-work responsibilities. Compressed work week accords the nurses an opportunity to work for more than eight hours in a day but for less than five days in a week. The extra days earns them off days which they may utilise to attend to essential non-work engagements. This will greatly reduce work and non-work strain in public hospitals in Kenya. This finding is consistent with Enemuo (2016) who observed that compressed work week arrangements are useful to employees who wish to reduce the number of days spent at work in a week. Enemuo (2016) further observed that compressed work week allows a worker to be engaged in longer shifts in exchange for a reduction in the number of working days in their work schedules. This work arrangement solution is significant to employees in that they get additional days off work and employers can extend their daily operating hours without incurring overtime cost (Koch & Hill, 2004).

On the question of which “measures may be adopted to make flexible work arrangements solutions more favourable and appropriate” for the nursing staff in public hospitals in Kenya. 300(97.1%) reported that ‘management of public hospitals to model flexible work arrangement solutions in a way that increases on their flexibility and thus reduction of rigidity without compromising on quality of service delivery’ in the said public hospitals this will make them more favourable and appealing to the nursing staff to attend to work and non-work responsibilities. In this way the nurses may have a chance to choose appropriate shift and flex-time in line with the prevailing work or personal demands. The respondents argued that it will in a way enhance positive work spill over. The nurses also reported that the hospital managements should have regular review of some or all of the policies and

regulations anchoring flexible work arrangements solutions to align them with the best labour practices in the region and the world.

#### 4.6.4 Aggregation of flexible work arrangements indices

The ratings for each respondent on the list of indicators of flexible work arrangements were summed up to obtain a composite index which measured favorableness of the flexible work arrangement for nurses in the sampled public hospitals in Kenya, the index ranged from 5 to 25. An index of more than 15 could imply favourable flexible work arrangements while an index of less than 15 could imply unfavorable flexible work arrangement. The descriptive statistics for favorableness of the flexible work arrangement are presented in Table 4.14

**Table 4.14: Aggregation of flexible work arrangement indices**

	N	Minimum	Maximum	Mean	Std. Deviation
Work arrangement	309	5.00	25.00	21.1780	5.01271
Valid (listwise)	N 309				

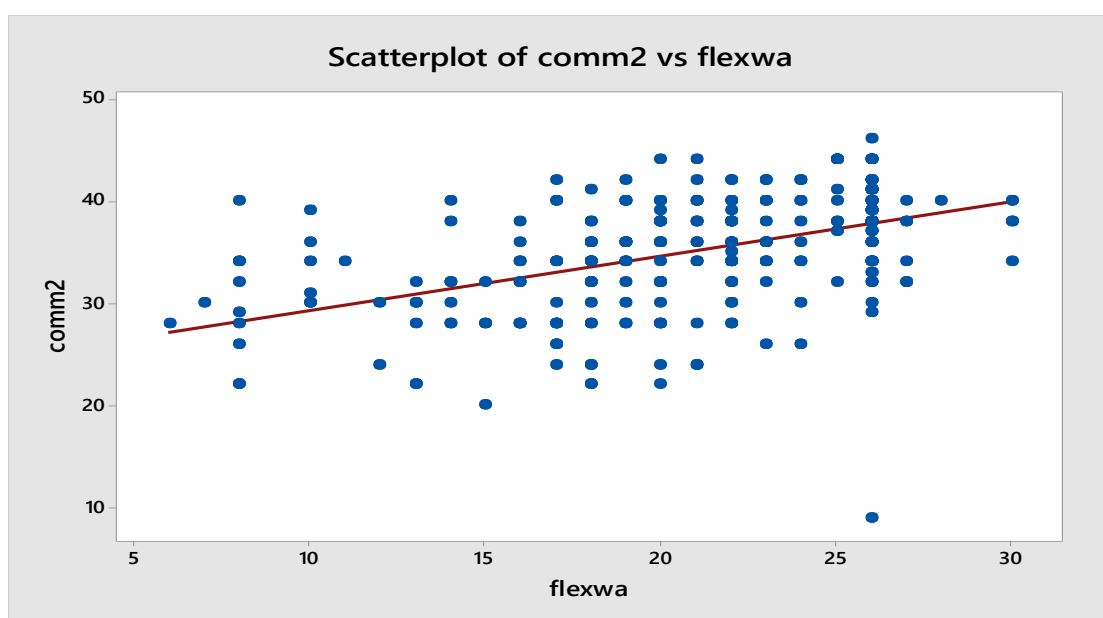
The descriptive statistics results displayed in Table 4.13 indicate that flexible work arrangements had a mean index of 21.1780 with the scores deviating by 5.01271 from the mean score. Since the mean (21.1780) was more than the average score of 15, the result indicated that the flexible work arrangements were favourable. This shows that there is less inflexibility or rigidity in as far as flexible work arrangements are concerned in public hospitals. This suggest that public hospitals are not doing badly as far as flexible work arrangements are concerned, though there is need to improve more on their flexibility.

#### 4.6.5 Correlation of flexible work arrangement and Commitment

The study wanted to determine the correlation of flexible work arrangements and commitment of nurses in public hospitals in Kenya. Scatter plot and Pearson's

correlation coefficient were used to determine the nature and magnitude of the association between flexible work arrangement and the level of commitment of the nurses in the selected public hospitals.

The scatter plot figure 4.3 records that there is a positive linear relationship between flexible work arrangement and the level of commitment of nurses in the selected public hospitals in Kenya. This indicates that as the favourableness of flexible work arrangements are improved the level of commitment of nurses also increases. This result suggests that flexible work arrangements is one of the important components in raising the level of commitment of nurses in public hospitals in Kenya.



**Figure 4.3: Scatter Plot of Flexible Work Arrangements and Commitment**

The study also calculated Pearson correlation coefficient to establish the magnitude and the nature of the relationship between flexible work arrangements separately and the level of commitment. The results are reported in Table 4.15a and 4.15b.

**Table 4.15a: Correlations: Influence of shift arrangements on Commitment.**

		<b>Shift arrangements</b>	<b>Commitment</b>
Shift arrangements	Pearson correlation	1	0.617**
	Sig. (2tailed)		.000
	N		309
Commitment	Pearson correlation	0.617**	1
	Sig.(2 tailed)	.000	
	N	309	

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Table 4.15b: Correlations: Influence of flex time on Commitment.**

		<b>Flex time</b>	<b>Commitment</b>
Flex time	Pearson correlation	1	0.615**
	Sig. (2tailed)		.000
	N		309
Commitment	Pearson correlation	0.615**	1
	Sig.(2 tailed)	.000	
	N	309	

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Table 4.15c: Correlation Coefficients showing the influence of flexible work arrangements on commitment**

		<b>Flexible work arrangements</b>	<b>Commitment</b>
Flexible work arrangements	Pearson Correlation	1	0.709**
	Sig. (2-tailed)		.000
	N	309	309
Commitment	Pearson Correlation	0.709**	1
	Sig. (2-tailed)	.000	
	N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).



The results in table 4.14a, 4.14b and 4.14c show that there is a moderate positive correlation of 0.617\*\*, 0.615\*\* and 0.709\*\* shift work arrangement and commitment, flex time work arrangement and commitment and flexible work arrangements and commitment respectively. The positive correlation implies that if shift arrangements are enhanced in terms of favourableness, levels of commitment of the nurses in public hospitals will improve significantly. Similarly, the positive correlation implies if flex time work arrangement is enhanced in terms of favourableness, the levels of commitment of nurses in public hospitals will significantly improve. The positive correlation implies if all flexible work arrangements are enhanced in terms of favourableness, the levels of commitment of nurses in public hospitals will significantly improve. The results suggest that flexible work arrangement is one of the significant component in raising the level of commitment of nurses in public hospitals in Kenya.

The results of this study supports the findings of Mungania (2017); Kamau, Muleke, Mokaya and Wagoki (2013) that there is a significant positive correlation between flexible work arrangements and performance.

**4.6.6 Regression Analysis on Influence of flexible work arrangements on commitment.**

The influence of flexible work arrangements (flex time work arrangement and shift work arrangement separately) and commitment of nurses in the selected public hospitals in Kenya were checked using regression analysis where a simple multiple linear regression analysis was conducted. The regression model was of the form:

$$Y = a + bX_1 + cX_2 + \epsilon \dots\dots\dots 4$$

Where, Y is the level of commitment while X<sub>1</sub> and X<sub>2</sub> are the shift arrangements and flex time work arrangements respectively, a is the constant of the regression equation, b & c are the regression coefficients and ε is the error component. The

results are shown in table 4.15d.

**Table 4.15d: Regression Coefficients of Influence of flexible work arrangements (shift work arrangement, flex time work arrangement) on Commitment.**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	10.400	1.563		6.652	.000
1 Shift Arrangement	1.233	.142	.406	8.666	.000
Flex time	1.294	.148	.410	8.746	.000

a. Dependent Variable: commitment

The results in Table 4.15d indicates that the regression coefficients for the favourableness of shift schedules, favourableness of flex time work arrangements respectively as (t= 8.666; t= 8.746, p< 0.05) and the constant of the regression model (t=6.652, p<0.05), all are significant since the p.000 is less than the p.0.05. The results indicate that; favourableness of shift schedules significantly influence the level of commitment of nurses, favourableness of flex time significantly influence the level of commitment of nurses hence the null hypothesis is rejected. The results also show that flex time has slightly more influence on commitment than shift work arrangements. Based on the regression coefficients in Table 4.15d, the regression model for the influence of shift schedule work arrangement and flex time work arrangement on the level of commitment of nurses is therefore;

$$Commitment = 10.400 + 1.233 * (shift\ schedule\ work\ arrangement) + 1.294 (flex\ time\ work\ arrangement) +$$

error term.....5

The model indicates that a unit % improvement in favourableness of shift work arrangements results in 1.233 % increase in the level of commitment of nurses in public hospitals in Kenya. The model further indicates that holding other factors constant a unit % improvement in favourableness of flex time work arrangements results in 1.294 % increase in the level of commitment of nurses in public hospitals

in Kenya. All these results shows that there is a positive and significant influence of shift work arrangements on commitment likewise, there is a positive and significant influence of flex time work arrangements on commitment. Further, the constant (10.400) in the model shows that nurses in public hospitals remain committed even without flex time and shift arrangements, implying that there are other factors determining the level of commitment of nurses in public hospitals not in the model.

**Table 4.15e: Regression Coefficients: Flexible work arrangements on commitment.**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1	9.211	0.779		11.828	0.000
	(Constant)				
1	0.631	0.036	0.709	17.627	0.000
	Flexible work Arrangements				

a. Dependent Variable: Commitment

The results illustrated in Table 4.15e indicates that regression coefficients for flexible work arrangements are significant at 0.05 level of significance ( $t= 17.627$ ,  $p< 0.05$ ). Likewise, the constant of the regression model is significant at 0.05 level of significance ( $t = 11.828$ ,  $p< 0.05$ ). Based on these results, the study rejected the null hypothesis that flexible work arrangement has no significant influence on the level of commitment of the nurses in public hospitals Kenya. This indicates that the alternative hypothesis that is flexible work arrangements has significant influence on the levels of commitment of nurses in public hospitals in Kenya is adopted. The regression model therefore, records that there existed a significant positive influence of favourableness of flexible work arrangements on the level of commitment of nurses in public hospitals in Kenya. This result suggests that flexible work arrangements is one of the key determinant in raising the level of commitment of nurses in public hospitals in Kenya. Based on the regression coefficients in Table 4.15b, the regression model for the influence of favourableness of flexible work arrangements on the level of commitment is therefore;

$$\text{Commitment} = 9.211 + 0.631 * \text{flexible work arrangements} + e \dots (6)$$

The regression model equation (6) showed that there is a significant positive and linear relationship between flexible work arrangements and the levels of commitment of nurses in the selected public hospitals in Kenya. The model reveals that a % unit increase in favourableness of flexible work arrangements improves the level of commitment of nurses in public hospitals in Kenya by 0.631%. This suggests that favourableness of flexible work arrangement is a very important factor for raising the level of commitment of nurses in selected public hospitals in Kenya. The model also records that nurses in public hospitals are committed even without the presence of flexible work arrangement solutions. This is indicative that the level of commitment of nurses is influenced by other factors other than flexible work solutions.

#### 4.6.7 Analysis of Variance on the influence of flexible work arrangements on Commitment.

Analysis of variance (ANOVA) was carried out to test the null hypothesis that flexible work arrangements (shift work arrangement and flex-time work arrangement separately) has no significant influence on commitment of nurses in public hospitals in Kenya. The results are shown in table 4.16a.

**Table 4.16a: ANOVA<sup>a</sup> – Influence of flexible (shift, flex time) work arrangement's on commitment**

Model		Sum of Squares	DF	Mean Square	F	Sig.
1	Regression	12316.009	2	6158.004	154.823	.000 <sup>b</sup>
	Residual	12171.007	306	39.775		
	Total	24487.016	308			

a. Dependent Variable: commitment

b. Predictors: (Constant), Shift schedules, flex time

Table 4.16a indicates;  $F = 154.823$ ,  $p < 0.05$ ) significant at 0.05 level of significance. This result suggests that the favorableness of shift schedule and flex time work arrangements significantly predict the level of commitment of nurses in public hospitals in Kenya hence the null hypotheses are rejected.

Further, Analysis of Variance (ANOVA) test were run between flexible work arrangements bundled together and the level of commitment of nurses to test the significance of variables. ANOVA (F) test statistics results are reported in Table 4.16b.

**Table 4.16b: Analysis of Variance (ANOVA); Flexible Work Arrangements on Commitment.**

Model		Sum of Squares	DF	Mean Square	F	Sig.
1	Regression	3079.221	1	3079.221	310.702	.000 <sup>b</sup>
	Residual	3042.534	307	9.911		
	Total	6121.754	308			

a. Dependent Variable: Commitment

b. Predictors: (Constant), Flexible Work Arrangement

The F- test result in table 4.16b reported p-value of 0.00 which is less than 0.05 with 308 degrees of freedom and  $f = 310.702$ . This value is relatively large enough to support the goodness fit model explaining that the variations in the level of commitment (dependent variable) is not by chance. This is indicative that there is a significant positive influence of flexible work arrangements on the level of commitment of nurses in selected public hospitals in Kenya. Hence the researcher rejected the null hypothesis that flexible work arrangements has no significant influence on the level of commitment of nurses in public hospitals. The researcher adopted the alternative hypothesis and concluded that with the data obtained, there is evidence of significant influence of flexible work-arrangements on commitment of nurses in public hospitals in Kenya. Therefore, the results presented in table 4.16b depicts that favourableness of flexible work arrangements can significantly predict the level of commitment of the nurses in public hospitals in Kenya This result

suggests that flexible work arrangement is a critical variable in predicting the level of commitment of the nurses in public hospitals in Kenya.

#### **4.6.8 Model Summary: Influence of Flexible work arrangements on Commitment**

To assess the contribution of the independent variable (flexible work arrangements) in explaining the dependent variable (levels of commitment) when the other variables are controlled,  $R^2$  was determined. The results are shown in table 4.17.

**Table 4.17: Model Summary for Flexible Work Arrangements and level of Commitment.**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	0.709 <sup>a</sup>	0.503	0.501	3.14810

a. Predictors: (Constant), Flexible Work Arrangements

b. Dependent variable, Level of Commitment

The results presented in Table 4.17 indicated  $r = 0.709$ . This shows a strong positive influence of flexible work arrangements on the level of commitment of nurses in selected public hospitals and an R square is 0.503 suggesting that 50.3% of the variation in the level of commitment for the sample of 309 nurses in selected public hospitals can be explained by the variations in favourableness in flexible work arrangements while 49.7% of the remaining is explained by other variables not in the model. The implication of this finding is that favourableness of flexible work arrangements plays a significant and positive role in influencing the level of commitment of nurses in public hospitals. The results also confirm that there are other factors not in the model contributing to the level of commitment in public hospitals. Based on findings in Table 4.17 the study concluded that there was a significant positive influence on the level of commitment of nurses in public hospitals by the favourableness of flexible work arrangements. Suggesting that as

flexible work arrangement get favourable, the level of commitment of nurses increases significantly.

#### **4.6.9 Logistic Regression of the Influence of Flexible Work Arrangement on Commitment.**

The purpose of this logistic regression analysis was to establish a model for predicting the probability of the nurses committed as a result of favourableness of flexible work arrangement. Based on the aggregate values of the levels of commitment which ranged from 5 to 25, the respondents were grouped as either committed or not committed. Those whose aggregate score was more than 15 were considered committed whereas those whose aggregate score was less than or equal to 15 were considered not committed. Therefore, the measure for the level of commitment was binary and represented as:

$$Y_i = \begin{cases} 1, & \text{if Commitment index} > 15 \\ 0, & \text{if Commitment index} \leq 15 \end{cases}$$

To establish the odds of the nurses' commitment as determined by the favourableness of flexible work arrangements a binary logistic regression model was developed. The model took the form:

$$\ln \left[ \frac{\hat{Y}}{1-\hat{Y}} \right] = c + dX_1 \dots \dots \dots (7)$$

Where  $\hat{Y}$  is the predicted probability of the event which is coded with 1 (committed) rather than with 0 (not committed),  $(1 - \hat{Y})$  is the predicted probability of the other decision, and  $X_1$  is our predictor variable, favourableness of flexible work arrangements. The variables in the equation output are shown in table 4.18.

**Table 4.18: Variables in the Equation**

		<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>DF</b>	<b>Sig.</b>	<b>Exp(B)</b>
Step 1 <sup>a</sup>	flexible work arrangements	.303	.039	61.656	1	.000	1.353
	Constant	-5.194	.776	44.796	1	.000	.006

a. Variable(s) entered on step 1: Flexible Work Arrangements.

Based on the results the binary logistic regression equation is:

$$\ln(ODDs) = -5.194 + 0.303 * \text{flexible work arrangements} \dots (8)$$

We can now use this model to predict the odds that a nurse of a given public hospital will be committed based on what he/she considers the flexible work arrangements to be favourable or not. The odds prediction equation is

$$ODDS = e^{c+dx} \dots (8)$$

For instance, if the favourable flexible work arrangements index is 10, then the  $ODDS = e^{-5.194+0.303*10} = e^{-2.164} = 0.115$ . That is the nurse with such a score is

only 0.115 as likely to be committed. If the favourable flexible work arrangements index is 20, then the  $ODDS = e^{-5.194+0.303*20} = e^{0.866} = 0.2377$ . This implies that the

nurse with such a score is approximately twice as likely to be committed as compared to the one whose score is 10 that is  $(\frac{0.2377}{0.115}) = 2$ .

The likelihood of commitment is established to be directly related to the favourableness of the flexible work arrangements.



The Exp (B) value for flexible work arrangement yielded a value of 1.353 which implies that the model predicts that the odds of being committed are 1.353 times higher for nurses who consider flexible work arrangements to be favourable than those who consider it unfavourable.

Further, the model predicts that  $\frac{odds}{1+odds} = \left( \frac{1.353}{1+1.353} \right) = \frac{1.353}{2.353} = 0.575 = 57.5\%$  of the

309 nurses sampled (approximately, 179) are committed based on the favourableness of flexible work arrangements. The result suggests that favourableness of flexible work arrangement influences the level of commitment of about 58% of the nurses sampled in public hospitals, while 42% is not due to the favourableness of flexible work arrangement. This result confirms that flexible work arrangement solutions is one of the critical factor in influencing the level of commitment of nurses in public hospitals in Kenya.

#### **4.6.10 Discussion of the Findings on the Influence of Flexible Work Arrangements on the levels of Commitment of Nurses in Public Hospitals.**

The objective of the study is to determine the influence of flexible work arrangements on the level of commitment of the nurses in public hospitals. The results were; (positive and significant correlation coefficients  $r = 0.709^{**}$ ,  $R^2 = 0.0503$ , positive and significant regression coefficients  $T = 17.627$ ,  $p < 0.05$ ,  $F = 310.702$ , and  $p < 0.05$ ) large enough and significant.

A correlation analysis shows a significant positive relationship between flexible work arrangements and levels of commitment of nurses in public hospitals in Kenya. The regression coefficients for flexible work arrangements and commitment and ANOVA coefficients indicate that flexible work arrangement initiatives have a positive and statistically significant influence on the level of commitment of nurses in public hospitals in Kenya. This suggests that favourableness of flexible work arrangements is an important factor in raising the level of commitment of nurses in public hospitals.

The finding of this study on the influence of flexible work arrangements on commitment are consistent with the results by Kipkoech (2017) that 22.9% of organizational performance was attributable to flexible work arrangement while the remaining was attributed to other factors. This indicated that there was a positive relationship between flexible working arrangements and employee performance. The results are also strengthened by Mwebi and Kadaga (2015) findings that there was a positive and significant relationship between flexi time working arrangement and organization performance. The findings further agreed with the results by Opuko and Munjurin (2017) ; Al Momami (2017) and Sirma (2015) that there was a positive and significant relationship between flexible work practices and job performance. These results therefore are indicative that favorableness of flexible work arrangement is a critical factor in positively influencing the level of commitment of nurses in public hospitals in Kenya. This result recommends to the county management of public hospitals to come up with innovative ways of enhancing flexible work arrangement in terms of favourableness in order to significantly raise the levels of commitment in public hospitals in respective counties.

#### **4.7 Influence of leave arrangements on the level of commitment of nurses in public hospitals in Kenya.**

In determining the influence of staff leave arrangements on the level of commitment of nurses in public hospitals in Kenya, first a measure for the adequacy of staff leave arrangements was established through factor analysis, weighted averages and aggregation of the construct scores.

##### **4.7.1 Factor Analysis of Leave Arrangement Constructs**

Factor analysis was done to determine how well the constructs used were measuring the latent variable ‘adequacy’ of leave arrangements. Table 4.19 shows the factor loading for the various leave arrangement constructs.

**Table 4.19: Factor Loading for Leave Arrangement**

<b>s/n</b>	<b>Statements</b>	<b>Factor loading</b>
LA1	I return to the job with renewed interest and vitality to deliver services.	.783
LA2	Annual leave option accord me an opportunity to relax for an extended period.	.744
LA3	Immediately after annual leave my absenteeism decreased.	.792
LA4	Maternity leave gives me a chance to attend to my new born child.	.865
LA5	While on maternity leave am not expected to respond to job related queries.	.781
LA6	I can apply for annual leave after exhausting maternity leave days.	.763

Extraction Method: Principal Component Analysis.

- a. 1 Components extracted.

Results in Table 4.19 shows that all items measuring leave arrangements and their factor loadings were more than 0.7 which is considered suitable (Tabachnick & Fidell, 2007). The construct with the highest factor loading was ‘maternity leave gives me a chance to attend to my new born child’ with 0.865 followed with ‘immediately after annual leave my absenteeism decreased’ and ‘I return to the job with renewed interest and vitality to deliver services’ with factor loadings 0.792 and 0.783, respectfully. Since the factor loadings are all above 0.7, it showed that all the constructs were suitable in measuring the adequacy of staff leave arrangements.

#### 4.7.2 Descriptive Statistics for Leave Arrangements.

To determine the adequacy of leave arrangements for the nurses in public hospitals in Kenya, respondents were asked to rate on a 5-Point-Likert scale based on given statements. The findings are illustrated in table 4.20.

**Table 4.20: Descriptive statistics for Leave arrangements**

S/N	Statement	SD=1	D=2	N=3	A=4	SA=5	Mean
LA1	I return to the job with renewed interest and vitality to deliver services.	36 11.7%	39 12.6%	58 18.8%	80 25.9%	96 31.1%	3.52
LA2	Annual leave option accord me an opportunity to relax for an extended period.	64 20.7%	15 4.9%	25 8.1%	75 24.3%	130 42.1%	3.62
LA3	Immediately after annual leave my absenteeism decreased.	54 17.5%	21 6.8%	26 8.4%	90 29.1%	118 38.2%	3.64
LA4	Maternity leave gives me a chance to attend to my new born child.	61 19.7%	27 8.7%	11 3.6%	107 34.6%	103 33.3%	3.53
LA5	While on maternity leave am not expected to respond to job related queries.	127 41.1%	46 14.9%	28 9.1%	36 11.7%	72 23.3%	2.61
LA6	I can apply for annual leave after exhausting maternity leave days.	47 15.2%	63 20.4%	97 31.4%	39 12.6%	63 20.4%	3.03

KEY: 5=SA-Strongly Agree, 4=A-Agree, 3=N- Neutral, 2=D- Disagree, 1=SD- Strongly Disagree

The study sought to establish whether annual leave enables nurses to return to the job with renewed interest and vitality to deliver services, 36(11.7%) of the nurses strongly disagreed, 39(12.6%) disagreed 58(18.8%) were neutral, 80(25.9%) agreed while 96(31.1%) strongly agreed. This indicates that slightly more than half of the nurses representing 57% agree to the statement that annual leave enables nurses to return to the job with renewed interest and vitality to deliver services while 24.3% disagreed. This shows that annual leave provides uninterrupted opportunity for the nurse to address essential non-work responsibilities at that time, so when they resume duty the focus is now on the work and nothing else. The results suggest that annual leave arrangement significantly improves the commitment in public hospitals given that it leads to renewed interest and vitality to deliver services. This result corroborates with the results by Kinyili (2015) that employees who have gone on leave reported better performance immediately after leave due renewed energy and vigour.

On the statement 'annual leave provides an opportunity to relax for an extended period', 130(42.1%) of the respondents strongly agreed, 75(24.3%) agreed, 25(8.1%) were neutral, 15(4.9%) disagreed while 64(20.7%) strongly disagreed. This records that a majority of the respondents representing 66.3% agree that annual leave provides an opportunity to relax for an extended period while 25.6% of the respondents disagreed. It can be suggested from this study that annual leave helps a nurse to relax for an extended period and return to work energized. The findings agreed with Orogbu, Onyeizugbe and Chukwuemeke (2015) results that leave arrangements provide employees an opportunity to relax for an extended period and return to the job with renewed interest and vitality to deliver services efficiently and effectively.

The study sought to establish from the respondents whether immediately after annual leave absenteeism of nurses decreased, 26(38.2%) of respondents strongly agreed, 90(29.1%) agreed, 26(8.4%) were neutral, 21(6.8%) disagreed while 54(17.5%) strongly disagreed. This indicated that most of the respondents (67.3%) affirmed that immediately after annual leave absenteeism of nurses' significantly decreases while 24.3% disagreed, 8.4% % were neutral. The weighted average of 3.64 shows that on

the average the nurses affirmed that absenteeism significantly decreases immediately after annual leave. This could be attributed to the opportunity leave arrangement provides to the nurses to attend to all essential non-work assignments. The results are in tandem with (Kinyili, 2015 & Njoroge, 2014) revelation that leave arrangement allows workers to release themselves from work stress. In addition, study by Kim and Ryu (2017) revealed that leave from work has a positive effect on employees' emotional health and reduces work related stress and enhanced their commitment.

The researcher sought to establish whether maternity leave arrangements give nurses' a chance to attend to the new born child. 103 respondents representing 33.3% strongly agreed, 107 representing 34.6% agreed, 11 representing 3.6% neutral, 27 representing 8.7% disagreed while 19.7% strongly disagreed. This result indicates that the majority of the respondents 67.9% agreed to the statement, maternity leave arrangements provides a chance to attend to the new born child needs, while 28.4% disagreed. This shows that maternity leave provides an important opportunity for the nurses to take care of their new born, it also accords them a chance to bond and attend to the needs of the child. This further shows that maternity leave is important because it accords the nurses an opportunity recover from maternity related complications and bond with the newborn child. The findings are consistent with the employment Act of 2007 which makes it explicit to employers to extend maternity leave to a female employee to help her attend to the new born and to recover from maternity related complications.

On the statement whether the nurses are not expected to respond to job functions while on maternity leave, 72(23.3%) of respondents strongly agreed, 36(11.7%) agreed, 28(9.1%) were neutral, 46(14.6%) disagreed while 127(41.1%) strongly disagreed. This shows that 108 respondents representing 35% agreed while 173 representing 55.7 % disagreed, 28 respondents representing 9.1% were neutral with a weighted average of 2.61. This suggests that on the average the nurses disagreed with the statement not expected to respond to job functions while on leave. This suggests that the nurses can respond to critical and urgent work related issues while on leave however some can wait and be handled when they resume duties after exhausting their maternity leave.

On whether nurses are allowed to take annual leave after exhausting maternity leave days, 63 respondents representing 20.4% strongly agreed, 39 respondents representing 12.6% agreed, 97 respondents representing 31.4% neither agreed nor disagreed, 63 representing 20.4% disagreed, 47 representing 15.2% strongly disagreed and with a weighted mean of 3.03. This shows that on average the nurses are equally divided on the statement. This shows that it is not clear whether the nurses are allowed to take annual leave days after exhausting maternity leave. In a situation where they are allowed then they could attend to essential non-work commitments which otherwise could not have been attended to. When annual leave is requested after maternity leave, it may indicate that maternity leave is not adequate for the nursing mother. In a case where they are not allowed to pool the leave, days and utilise them it can be attributed to human resources deficits and high demand for their services in the hospitals. Therefore, it can be concluded that human resource demands in a hospital may dictate whether to take an annual leave after exhausting maternity leave or not.

#### **4.7.3 Qualitative Analysis on Influence of Leave Arrangements on Commitment.**

The researcher sought to know whether there are other leave arrangements provided in the health facility, 300 (97.1%) nurses indicated that compassionate leave and paternity leave are always approved when requested while there was non-response among 9 (2.9%) nurses. They further indicated that compassionate leave arrangements when approved gives them a chance to attend to urgent non-work-related commitments. The respondents also observed that after utilizing compassionate leave they reciprocate by religiously attending to their work demands in their respective hospitals. However, they voiced a concern that compassionate leave is inadequate. On the question of paternity leave they observed that in as much as it helps them to bond and celebrate the new bundle in the family, it is inadequate.

On the statement on the measures to improve on the adequacy of leave arrangements, 300 (82.4%) nurses suggested that there is need for a policy directive to look into ways of increasing the number of leave days so as to enhance on their adequacy particularly on annual, maternity leave, paternity leave and compassionate leave.

They also suggested that leave schedule for the nurses in the station should be prepared at the start of the financial year well in advance to enable the staff to prepare especially for their annual leave. They also observed that the application process and approval should be made online to reduce delay in utilization of the applied leave arrangements. They further felt that there should be continuous review of all aspects of leave arrangements to conform with the best regional and international labour practices.

#### 4.7.4 Aggregation of Leave Arrangement Constructs

Responses to various indicators on the adequacy of the staff leave arrangements were collapsed and a composite index computed to represent a measure of the adequacy of the staff leave arrangements. This is reported in table 4.21. The score ranged from a minimum of 6 to a maximum of 30. A score of more than 18 could imply adequate leave arrangements while an index of less than 18 could imply inadequate leave arrangements. The mean and standard deviation for the variable was computed and the results presented in Table 4.21.

**Table 4.21: Aggregation of Leave Arrangements Constructs**

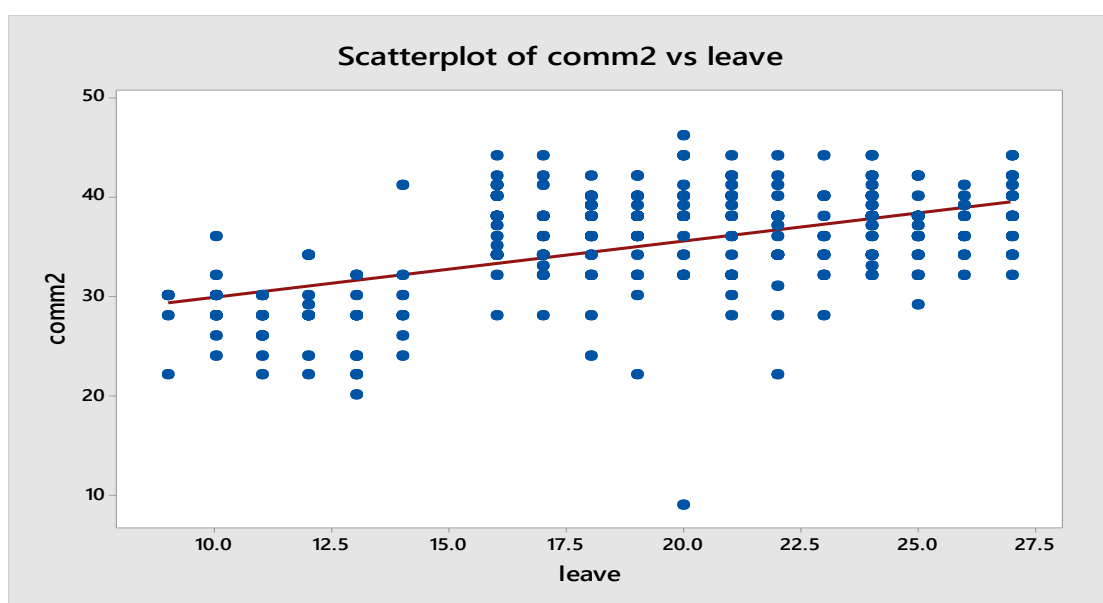
	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Leave Arrangement	309	6.00	30.00	15.5178	6.61442
Valid N (list wise)	309				

The results in table 4.21 recorded that leave arrangements mean index was 15.5178 with the scores deviating by 6.61442 from the mean score and the cut off mark was 18. Since the mean index of 15.5178 was less than the average score of 18, the result indicates that the leave arrangements in the sampled public hospitals in Kenya is not adequate. This suggests that the nurses in the sampled public hospitals were not getting enough of the leave arrangements hence making it challenging for them to satisfactorily attend to essential non-work responsibilities when they arise.



#### 4.7.5 Correlation Analysis of Leave arrangements and the levels of Commitment.

The Pearson's correlation coefficient and scatter plot were used to establish the nature and strength of the relationship between leave arrangements and the levels of commitment of the nurses in the selected public hospitals. The scatter plot figure 4.4 shows the correlation of leave arrangements and the level of commitment of nurses in public hospitals in Kenya. The scatter plot figure 4.4 shows that there is a positive linear pattern between leave arrangements and commitment of nurses in public hospitals.



**Figure 4.4: Scatter plot of Leave arrangements and Commitment**

Pearson's correlation coefficient was used to measure the nature and strength of the influence of annual leave arrangement, maternity leave arrangement on Commitment of the nurses in public hospitals. The results are reported in Table 4.22a and 4.22b

**Table 4.22a: Correlations results between Annual Leave and Commitment.**

		<b>Annual Leave</b>	<b>Commitment</b>
Annual Leave	Pearson correlation	1	0.559**
	Sig. (2-tailed)		.000
	N	309	309
Commitment	Pearson Correlation	0.559**	1
	Sig.(2-tailed)	.000	
	N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Table 4.22b: Correlations results between Maternity Leave and Commitment.**

		<b>Maternity Leave</b>	<b>Commitment</b>
Maternity Leave	Pearson correlation	1	0.571**
	Sig. (2-tailed)		.000
	N	309	309
Commitment	Pearson Correlation	0.577**	1
	Sig.(2-tailed)	.000	
	N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results in table 4.22a and 4.22b show that there is a moderate positive correlation of 0.559\*\* and 0.571\*\* respectively for annual leave arrangements and commitment, maternity leave arrangements and commitment respectively. The positive correlation implies that if annual leave arrangements are enhanced in terms of adequacy, levels of commitment of the nurses in public hospitals will improve significantly and it also indicates that as the adequacy of maternity leave arrangements are enhanced, levels of commitment of the nurses in public hospitals in Kenya significantly improves.

Further, Pearson correlation coefficient was determined to establish the strength and nature of the influence of leave arrangements on the level of commitment of the nurses in the sampled public hospitals in Kenya. The results are reported in Table 4.22c.

**Table 4.22c: Correlations Coefficients: Influence of Leave Arrangements on Commitment.**

		<b>Leave Arrangement</b>	<b>Commitment</b>
Leave	Pearson Correlation	1	0.627**
	Sig. (2-tailed)		.000
Arrangements	N	309	309
Commitment	Pearson Correlation	0.627**	1
	Sig. (2-tailed)	.000	
	N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The Table 4.22c shows a positive value of the Pearson's correlation coefficient of 0.627\*\*. The results indicate that there is a positive and significant correlation between adequacy of leave arrangements and levels of commitment of the nurses in the sampled public hospitals in Kenya. The positive correlation implies that if leave arrangements are made more and more adequate, levels of commitment of the nurses in public hospitals will significantly increase. While an increase in the inadequacy of leave arrangements will result in a decline in the level of commitment of nurses. This result suggest that the adequacy of leave arrangements significantly predicts the level of commitment of nurses in public hospitals in Kenya. This results implies that leave arrangement is a critical factor in determining the level of commitment of nurses in public hospitals in Kenya.

#### **4.7.6 Regression Analysis on the influence of Leave arrangements on Commitment in Public hospitals in Kenya.**

To establish the influence of annual leave arrangement on commitment of nurses in public hospitals in Kenya, and to determine the influence of maternity leave on

commitment of nurses in public hospitals in Kenya, a simple multiple linear regression analysis was used. The regression model was of the form:

$$Y = a + bX_1 + cX_2 + \epsilon \dots\dots\dots 9$$

Where, Y is the level of commitment while X<sub>1</sub> and X<sub>2</sub> are the annual leave and maternity leave arrangements respectively, a is the constant of the regression equation, b & c are the regression coefficients and ε is the error component. The results are

shown in table 4.23a.

**Table 4.23a: Regression coefficients.**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	17.089	1.506		11.346	.000
1 Annual leave	.942	.175	.322	5.369	.000
Maternity leave	1.126	.188	.358	5.983	.000

a. Dependent Variable: Commitment

The results in Table 4.23a indicates that the regression coefficients for the adequacy of annual leave and maternity leave arrangements are (T= 5.369; T=5.983, p< 0.05) respectively and the constant of the regression model (T=11.346, p<0.05) are all significant. The results in Table 4.23a indicate that; adequacy of annual leave arrangements significantly influence the level of commitment of nurses in public hospitals in Kenya; similarly, adequacy of maternity leave arrangements significantly influence the level of commitment of nurses in public hospitals in Kenya hence the null hypotheses ; there is no significant influence of annual leave on commitment of nurses in public hospitals in Kenya and there is no significant influence of maternity leave arrangement on commitment of nurses in public hospitals in Kenya are rejected. The results also show that maternity leave arrangements has slightly more influence on commitment than annual leave arrangements. Based on the regression

coefficients in Table 4.23a, the regression model for the influence of inadequacy of annual leave arrangements and maternity leave arrangements on the level of commitment of nurses is therefore;

$$Commitment = 17.089 + 0.942 * (annual\ Leave) + 1.126 (maternity\ leave) + \epsilon \dots\dots\dots 10$$

The model indicates that a unit percent (%) improvement in adequacy of annual leave arrangements results in 0.942 percent (%) increase in the level of commitment of nurses. The model further indicates that holding other factors constant a unit percent (%) improvement in adequacy of maternity leave results in 1.126 percent (%) increase in the level of commitment of nurses. All these results shows that there is a positive and significant influence of annual leave arrangement on commitment likewise, there is a positive and significant influence of maternity leave on commitment.

To establish the influence of combined leave arrangements on the level of commitment of nurses in the sampled public hospitals in Kenya, a simple linear regression analysis was carried out. The regression model was of the form:

$$Y = a + bX_1 + \epsilon, \quad \epsilon \sim N(0,1) \dots\dots\dots (11)$$

Where: **Y** is the level of commitment of nurses; **X** is leave arrangements, **a** is the constant of the regression equation, **b** is the regression coefficient and **ε** is the error component. The findings are reported in table 4.23b.

**Table 4.23b: Regression Coefficients on Leave Arrangement and Levels of Commitment.**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	16.854	1.493		11.288	.000
	Leave	1.062	.075	.627	14.090	.000

a. Dependent Variable: Commitment

The results illustrated in Table 4.23b indicated that the regression coefficients for the adequacy of staff leave arrangements were significant at 0.05 level of significance ( $t = 14.09$ ,  $p < 0.05$ ) since  $p$  (0.000) is less than the level of significance (0.05). Likewise, the constant of the regression model was significant at 0.05 level of significance ( $t = 11.288$ ,  $p < 0.05$ ). Hence the null hypothesis which stated that there was no significant influence of leave arrangement on the levels of commitment of nurses in public hospitals in Kenya is rejected and the alternative hypothesis that adequacy of leave arrangement has a significant influence on the level of commitment of nurses in selected public hospitals in Kenya is upheld. On the basis of these results, the study concluded that adequacy of leave arrangement has a significant influence on level of commitment of nurses in public hospitals in Kenya.

When the model was fitted to find out whether the independent variable (adequacy of leave arrangement) predicts the dependent variable (levels of commitment of the nurses in public hospitals) was found to have goodness of fit and therefore the model was significant as shown in table 4.23b. From table 4.23b,  $a = 16.854$  can be interpreted as that when there are no leave arrangements for the nurses the model predicts that the level of commitment will be 16.854. This result signifies that the level of commitment of the nurses is also influenced by other variables not captured in the model. Further  $b = 1.062$  indicate a positive relationship additionally the  $b$ -value also tells us to what level the predictor affects the outcome. The value 1.062 indicate that as adequacy of leave arrangements improve by a unit percent (%), the level of commitment increases by 1.062 percent. Based on the regression coefficients

in Table 4.23b, the regression model for the linear relationship between level of commitment of the nurses and inadequacy of leave arrangements is;

$$\text{Commitment} = 16.854 + 1.062 * (\text{Leave Arrangement}) + \epsilon \dots \dots \quad (12)$$

#### 4.7.7 Analysis of Variance (ANOVA) adequacy of Leave Arrangement on Commitment of nurses in Public hospitals in Kenya.

Analysis of Variance (ANOVA) to test the null hypothesis: leave arrangements has no significant influence on the level of commitment of nurses in public hospitals in Kenya was carried out and the results are shown in Table 4.24.

**Table 4.24: Analysis of Variance (ANOVA) for the Adequacy of Leave Arrangements and the Levels of Commitment**

Model		Sum of Squares	DF	Mean Square	F	Sig.
1	Regression	9616.279	1	9616.279	198.524	.000 <sup>b</sup>
	Residual	14870.737	307	48.439		
	Total	24487.016	308			

a. Dependent Variable: Levels of Commitment

b. Predictors: (Constant), Leave arrangements

The results presented in Table 4.24 depicts that the independent variable (adequacy of leave arrangements) can significantly predict the level of commitment of the nurses in the sampled public hospitals in Kenya, this is because the p-value of 0.00 is less than the designated confidence level of 0.05. With 308 degrees of freedom and F=198.524 large enough to support the goodness fit of the model. This result suggest that the adequacy of leave arrangement is contributing significantly to the variation in the level of commitment of nurses in the sampled public hospitals. The result further confirms that the influence of the adequacy of leave arrangements on levels of commitment of the nurses in the sampled public hospitals in Kenya is positive and significant.

#### 4.7.8 Model Summary influence of Leave Arrangements on the Levels of Commitment in Public hospitals.

The goodness-of-fit of the model was assessed using the coefficient of determination ( $R^2$ ). The results are shown in Table 4.25.

**Table 4.25: Model Summary of Leave Arrangements and the Levels of Commitment.**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.627 <sup>a</sup>	.393	.391	6.960

a. Predictors: (Constant), leave arrangements

b. Dependent: Level of Commitment

The results presented in Table 4.25 shows a correlation coefficient  $r$  of 0.627 indicating a moderately positive relationship between level of commitment of nurses in public hospitals and adequacy of staff leave arrangement. This result suggests that as the adequacy of leave arrangements are enhanced the level of commitment of nurses in public hospitals improves. A coefficient of determination  $R^2 = 0.393$  indicated that 39.3% of the variation in level of commitment for the sample of 309 nurses can be explained by the variations in the adequacy of leave arrangements while 60.7% is explained by other factors. This result indicates that if the leave arrangements were made more and more adequate, then the level of commitment of nurses' will increase. Based on the model results the study concluded that there is a positive and significant influence of the adequacy of leave arrangements on the level of commitment of nurses in the sampled public hospitals in Kenya.

#### 4.7.9 Logistic Regression Analysis on Leave Arrangement and Commitment.

The purpose of this analysis was to determine the probability of the nurses committed as a result of adequacy of leave arrangements. Based on the aggregate values of the levels of commitment which ranged from 6 to 30, the respondents were



grouped into two categories either committed or not committed. Those whose aggregate score was more than 18 were considered committed whereas those whose aggregate score was less than or equal to 18 were considered not committed. Therefore, the measure for the level of commitment was binary and represented as:

$$Y_i = \begin{cases} 1, & \text{if Commitment index} > 18 \\ 0, & \text{if Commitment index} \leq 18 \end{cases}$$

The binary logistic regression model to establish the influence of leave arrangement on the level of commitment was given as:

$$\ln \left[ \frac{\hat{Y}}{1-\hat{Y}} \right] = a + bX \dots \dots \dots (13)$$

Where  $\hat{Y}$  is the predicted probability of the event which is coded with 1 (committed) rather than with 0 (not committed),  $(1 - \hat{Y})$  is the predicted probability of the other decision, and X is our predictor variable, adequacy of leave arrangements.

The variables in the equation output is shown in table 4.26

**Table 4.26: Logistic Regression Model Leave Arrangement**

		<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>df</b>	<b>Sig.</b>	<b>Exp(B)</b>
Step 1 <sup>a</sup>	Leave	.446	.050	78.286	1	.000	1.562
	Constant	-6.820	.851	64.168	1	.000	.001

a. Variable(s) entered on step 1: Leave Arrangement.

Based on the results the binary logistic regression equation is:

$$\ln(ODDs) = -6.820 + 0.446 * (Leave Arrangements) \dots \dots \dots (14)$$

We can now use this model to predict the odds that a nurse of a given public hospital will be committed to the hospital based on whether he/she considers the leave arrangements to be adequate or not. The odds prediction equation is  $ODDS = e^{a+bX}$ .

For instance, if the leave arrangements adequacy index is 6 (Minimum), then the  $ODDS = e^{-6.820+0.446*6}=0.016$ . ..... (15)

That is the nurse with such a score is only 0.016 as likely to be committed to the public hospital. If the leave arrangements adequacy index is 30 (maximum), then the  $ODDS = e^{-6.820+0.446*30}=1287$ . This implied that the nurse with such a score was

1287 times more likely to be committed to the hospital than otherwise. This showed that if the leave arrangements are made more and more adequate the level of commitment of nurses will greatly increase. The variables in the equation output also give us the Exp (B) which is better known as the odds ratio predicted by the model. The Exp(B) value for adequacy of leave arrangements yielded a value of 1.562 which implies that the model predicts that the odds of being committed are 1.562 times higher for nurses who consider leave arrangements to be adequate than those who consider it inadequate. Further, the model predicts that;

$$\frac{odds}{1+odds} = \left( \frac{1.562}{1+1.562} \right) = \frac{1.562}{2.562} = 0.610 = 61\% \text{ of the 309 nurses sampled}$$

(Approximately 185) are committed based on the adequacy of the leave arrangements. This result suggested that out of 309 sampled nurses, 61% (188) are committed as a result of adequacy of leave arrangement. This confirms that leave arrangement is a critical predictor of commitment of nurses in public hospitals.

**4.7.10 Discussion of the findings on the influence of leave arrangements initiatives on the levels of commitment.**

The objective of the study was to determine the influence of leave arrangements on the levels of commitment of nurses in public hospitals in Kenya. The results were;(r=0.627, R<sup>2</sup>=.393, T=14.09, p<.05; F =198.524, p<.05) all implying that

adequacy of leave arrangements has a positive and significant influence on level of commitment in the sampled public hospitals in Kenya. This result indicate that as leave arrangements are enhanced in terms of adequacy, the level of commitment of nurses in public hospitals will significantly improve. This suggests that adequacy of leave arrangements is an important determinant of the commitment of nurses in public hospitals in Kenya.

The results of this study are consistent with Orogbu, Onyeizugbe and Chukwuemeke (2015) finding that there was a positive and significant relationship between leave policy and service delivery. The researchers further observed that leave arrangements especially annual leave provide employees an opportunity to relax for an extended period and return to the job with renewed interest and vitality to deliver services efficiently and effectively. Further, the findings by Kinyili (2015) recorded that leave options have a positive and significant relationship with employee morale and retention. The researcher further observed that employee on leave gets an opportunity to release stress and create a balance between work and family activities. Kisilu (2015) results further strengthened this finding that there is a positive and significant relationship between leave options and job satisfaction. Njoroge (2014) observed that leave options give workers a chance to release themselves from work stress by change of environment and break from daily working environment.

#### **4.8 Influence of Employee Assistance programs on Commitment of nurses**

In determining the influence of employee assistance programs on the level of commitment of nurses in selected public hospitals in Kenya, first a measure for the adequacy of employee assistance programs was established through aggregation of the construct scores, factor analysis, and weighted averages. Correlation and regression analysis were also done to test the null hypothesis.

##### **4.8.1 Factor Analysis on Employee assistance programs**

Factor analysis was done to determine how well the constructs used were measuring the latent variable ‘adequacy of employee assistance programs. Table 4.27 shows the factor loading for the various employee assistance programs constructs.

**Table 4.27: Factor Loading for Employee Assistance Programs.**

<b>s/n</b>	<b>Statement</b>	<b>Factor loading</b>
EAP1	Medical insurance enables me to secure high quality care services.	.722
EAP2	Medical insurance cover for staff and dependents provided eliminates my worries about medical expenses.	.751
EAP3	Free professional counseling enables me to address my social and psychological challenges.	.763
EAP4	Professional counseling enhances my work attendances.	.739
EAP5	Professional counseling accords me an avenue to focus on the job when at work.	.740

Extraction Method: Principal Component Analysis.

Results in Table 4.27 show the items in the employee assistance programs construct and their factor loadings. All the items had factor loadings of more than 0.7 which is considered adequate for measuring employee assistance programs variable (Tabachnick & Fidell, 2007). The construct with the highest factor loading was that free professional counseling helps me to address my social and psychological challenges with a factor loading of 0.763, followed with medical insurance cover for staff and dependents provided eliminates my worries about medical expenses; professional counseling provided accords me an avenue to focus on the job while at work; professional counseling provided enhances my work attendance rates with factor loadings 0.751; 0.740; 0.739 and 0.722 respectfully. Since the factor loadings are all above 0.7, all the constructs were sufficient in measuring the adequacy of employee assistance programs.

#### **4.8.2 Descriptive Statistics for Employee Assistance Programs.**

To determine the influence of the adequacy of employee assistance programs on commitment of nurses in selected public hospitals in Kenya, respondents were asked

to rate on a 5-Point-Likert scale based on given statements. The results are presented in table 4.28.

**Table 4.28: Descriptive Statistics for Employee Assistance Programs**

s/n	Statement	SDA=1	DA=2	N=3	A=4	SA=5	Mean
EAP1	Medical insurance cover enables me to secure quality treatment.	134 (43.4%)	85 (27.5%)	9 (2.9%)	24 (7.8%)	57 (18.4%)	2.30
EAP2	Medical insurance cover provided eliminates worries about medical expenses.	122 (39.4%)	83 (26.8%)	20 (6.4%)	32 (10.3%)	53 (17.1%)	2.40
EAP3	Free professional counselling addresses my social and psychological challenges.	23 (7.4%)	41 (13.3%)	31 (10%)	75 (24.3%)	139 (45%)	3.86
EAP4	Counselling enhances my work attendance.	37 (12%)	51 (16.5%)	19 (6.1%)	65 (21%)	137 (44.3%)	3.69
EAP5	Counselling accords me an opportunity to focus on the job.	31 (10%)	37 (12%)	29 (9.4%)	53 (17.2%)	159 (51.5%)	3.88

KEY: 5=SA-Strongly Agree, 4=A-Agree, 3=N- Neutral, 2=D- Disagree, 1=SD- Strongly Disagree

The study wanted to establish whether medical insurance cover enable the nurses to secure quality treatment, the result showed that one hundred and thirty-four

respondents representing 43.4% strongly disagreed, eighty-five representing 27.5% disagreed, nine representing 2.9% were neutral, twenty-four representing 7.8% agreed while the remaining fifty-seven 18.4% strongly agreed. This indicates that 70.9% of the nurses in the sampled public hospitals disagreed that medical insurance cover is adequate to enable them to secure quality treatment compared to 26.2% who agreed. This result suggests that on average nurses disagreed to the statement that medical cover provided enables them to secure quality treatment. This indicated that the medical insurance cover provided is not sufficient enough to secure quality treatment by the nurses. When medical cover is not adequate enough it suggests that the nurses may not secure quality health services for themselves and their dependents, implying that they have to dig deep into their pockets to access health services from elsewhere. It may also suggest that the nurses may not afford the services they could be providing to their clients given that their medical insurance is limited. On whether medical insurance cover for staff and dependants provided eliminates worries about medical expenses, the result showed 122(39.4%) strongly disagreed, 83(26.8 %) disagreed, 20(6.4%) neutral, 32(10.3%) agreed while the remaining 53(17.1%) strongly agreed. This indicated that 66.3 % of the nurses in the public hospitals failed to support the statement that ‘medical insurance cover for staff and dependants provided eliminates worries about medical expenses’ compared to 27.5 % who agreed. The results on average shows that the nurses disagreed to the statement that medical insurance cover for staff and dependants provided eliminates worries about medical expenses thus it does not adequately address the staff and dependants’ medical treatment needs. The provision of insurance covers is of importance to the nurses and other medical staff since they are exposed to many predisposing risk factors in the hospitals.

On the question whether free professional counselling accorded to staff help to address social and psychological challenges, the result showed 139(45%) strongly agreed, 75(24.3%) agreed, 31(10%) were neutral,41(13.3%) disagreed while the remaining 23(7.4%) strongly disagreed. This shows that 214 (69.3%) of the sampled nurses agreed that free professional counselling enables them to address their social and psychological challenges compared to 64 (20.7%) who disagreed. The weighted mean of 3.86 suggested that on average nurses agreed that professional counselling is

important in addressing social and psychological challenges. Professional counselling helps nurses to address emotional, social and psychological difficulties. It empowers nurses with knowledge, skills and other competencies to recognise and manage these challenges. On the question whether professional counselling enhances work attendance among the nurses in public hospitals, the result showed 137(44.3%) of respondents strongly agreed, 65(21%) agreed, 19(6.1%) were neutral, 51(16.5%) disagreed while the remaining 37(12%) strongly disagreed. This showed that 207 (65.4%) of the sampled nurses agreed that professional counselling enhances work attendance compared to 88(28.5%) who disagreed. The weighted mean of 3.69 suggest that on average nurses agree that professional counselling enhances work attendance due to the fact that it helps the nurses to relieve off social, emotional and psychological challenges and now the focus becomes work responsibilities. On whether professional counselling accords nurses' an avenue to focus on the job while at work, the result showed 159(51.5%) of the respondents strongly agreed, 53(17.2%) of the respondents agreed, 29(9.4%) were neutral, 37(12%) disagreed while the remaining 31(10%) strongly disagreed. This indicates that 212(68.7 %) of the nurses in the public hospitals agreed that professional counselling accords them an avenue to focus on the job while at work compared to 68(22 %) who disagreed. The weighted mean of 3.86 suggest that on average nurses agree that professional counselling accords them an opportunity to focus on job responsibilities. Given that the nurses are empowered with competencies to address social, emotional and psychological challenges by the employer, they are now obligated to assist the employer realise the goals which is in line with organizational support theory and social exchange theory all of which the study is hinged on. The result corroborated with Naeem and Jwaria (2014) finding that employee assistance initiatives such as free professional counselling helps employees to stop worrying about psychological or social challenges and focus on the job and while at work.

#### **4.8.3 Qualitative Results on Employee Assistance Programs and Commitment.**

The researcher sought to establish whether there are other employee assistance programs provided but not captured in the table; 300(97.1%) nurses observed that recreational services and programs are provided in the work places. They recorded

that recreational services and facilities enhances positive work outcomes and work relationship. Recreational services and programmes helps employees to unwind after stressful days' work. The results agree with the findings by Ojo (2012) that employee assistance programs promote good working relationship between workers and management.

On the question of the strategy that can be rolled out to enhance the adequacy of employee assistance programs in public hospitals. 300 (97.1%) nurses revealed that there is need for continuous benchmarking with the aim of reviewing of employee assistance programs so as to adopt international best practices on employee assistance solutions in order to enhance on adequacy of employee assistance programs.

#### **4.8.4 Aggregation of Employee Assistance Program Constructs**

The ratings for each respondent on the various indicators of employee assistance solutions were summed up to obtain an index which measured the adequacy of employee assistance solutions for nurses in public hospitals in Kenya, the index ranged from 5 to 25. The cut off mark was 15, an index of more than 15 could imply that employee assistance programs in public hospitals were adequate while an index of less than 15 could imply inadequate employee assistance programs. The descriptive statistics for adequacy of the employee assistance programs are presented in Table 4.29.

**Table 4.29: Aggregation of the Employee Assistance Programs**

	<b>N</b>	<b>Statistic</b>	<b>Minimum Statistic</b>	<b>Maximum Statistic</b>	<b>Mean Statistic</b>	<b>Std. Deviation Statistic</b>
Employee Assistance Program Valid (listwise)	N	309	5.00	25.00	14.3528	6.33188

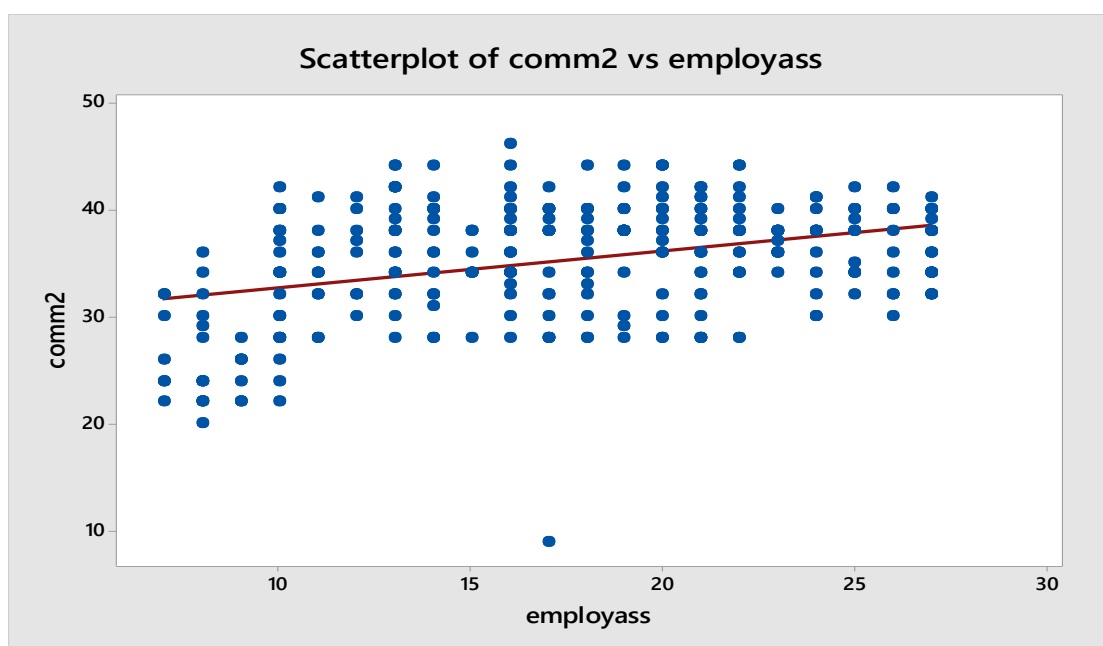


The descriptive statistics results displayed in Table 4.29 indicate that employee assistance programs had a mean index of 14.3528 with the scores deviating by 6.33188 from the mean score. Since the mean was less than the average score of 15, the result suggest that employee assistance programs were not adequate. This shows that medical insurance services, professional counseling and recreational services and programs in the selected public hospitals were not adequate to enable the nurses address non-work responsibilities. This therefore meant that the nurses have to supplement these employee assistance programs from elsewhere. That is, they can seek specialized and medical attention, professional counseling and recreational services from elsewhere for themselves and dependents to fill in the inadequacies existing in the workplace.

#### **4.8.5 Correlation Analysis on Employee Assistance Programs and Level of Commitment.**

The Pearson's correlation coefficient and scatter plot were used to establish the nature and strength of the influence of employee assistance programs on the level of commitment of the nurses in the selected public hospitals in Kenya.

The scatter plot figure 4.5 showed the nature of the influence of employee assistance programs on the level of commitment of nurses in public hospitals in Kenya. The scatter plot figure 4.5 reports that there was a positive linear pattern between employee assistance programs and commitment of nurses in selected public hospitals in Kenya. This result suggests that as employee assistance programs in public hospitals is enhanced in terms of adequacy the levels of commitment of nurses gradually improves.



**Figure 4.5: Scatter plot of Employee Assistance Programs and commitment.**

Pearson correlation coefficient  $r$  and  $p$ -value were used to determine the strength and significance of the relationship between employee assistance programmes and levels of commitment of nurses in selected public hospitals in Kenya. The results are reported in Tables 4.30a, 4.30b and 4.30c.

**Table 4.30a: Correlations: Influence of medical Insurance services on Commitment.**

			Medical Insurance services	Commitment
Medical services	Insurance	Pearson Correlation	1	0.352**
		Sig. (2-tailed)		.000
		N	309	309
Commitment		Pearson Correlation	0.352**	1
		Sig. (2-tailed)	.000	
		N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Table 4.30b: Correlations: Influence of Counselling services on Commitment.**

		<b>Counselling services</b>	<b>Commitment</b>
Counselling services	Pearson Correlation	1	0.354**
	Sig. (2-tailed)		.000
	N	309	309
Commitment	Pearson Correlation	0.354**	1
	Sig. (2-tailed)	.000	
	N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results in table 4.30a and 4.30b shows significant positive correlation coefficient's of 0.352\*\* and 0.354\*\* for medical insurance services and commitment, counselling services and commitment respectively. The positive correlation implies that; if medical insurances services are enhanced in terms of adequacy, levels of commitment of the nurses in public hospitals will significantly improve, also as professional counselling services are enhanced in terms of adequacy the level of commitment of nurses improves.

**Table 4.30c: Correlations between Employee assistance programs and commitment**

		<b>Employee assistance Programs</b>	<b>Commitment</b>
Employee Assistance Programs	Pearson Correlation	1	.394**
	Sig. (2-tailed)		.000
	N	309	309
Commitment.	Pearson Correlation	.394**	1
	Sig. (2-tailed)	.000	
	N	309	309

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 4.30c records a Pearson correlation coefficient  $r=0.394$  and p-value of 0.000. Since  $r$  is positive and p-value is less than the designated level of significance of 0.05, it indicates that there is a positive and significant influence of employee assistance programs on the level of commitment of the nurses in selected public hospitals in Kenya. The results implied that as the adequacy of employee assistance programs are enhanced the level of commitment of nurses in public hospitals improved. This suggests that adequacy of employee assistance programs is a crucial predictor of the level of commitment of nurses in public hospitals in Kenya.

#### 4.8.6 Regression Analysis for Employee Assistance Programs and the Level of Commitment.

To establish the influence of medical insurance services on commitment, and to determine the influence of counselling services on commitment, a simple multiple linear regression analysis was used. The regression model was of the form:

$$Y=a+bX_1+cX_2+ \epsilon$$

Where,  $Y$  is the level of commitment while  $X_1$  and  $X_2$  represent the medical insurance services and professional counselling services respectively,  $a$  is the constant of the regression equation,  $b$  &  $c$  are the regression coefficients and  $\epsilon$  is the

error component. The results are shown in table 4.31a.

**Table 4.31a: Regression coefficients.**

Model	Unstandardized Coefficients		Standardized Coefficients Beta	T	Sig.
	B	Std. Error			
(Constant)	26.719	1.559		17.137	.000
1 Medical insurance services	.599	.218	.204	2.748	.006
Counselling services	.587	.208	.210	2.824	.005

The results in Table 4.31a indicates that the regression coefficients for the adequacy of medical insurance services and counselling services are all significant ( $t= 2.748$ ;  $t=2.824$ ,  $p< 0.05$ ) and the constant of the regression model ( $t=17.137$ ,  $p<0.05$ ) since the p-values are all less than the designated level of significance, 0.05. Therefore, the results indicate that; adequacy of medical insurance services significantly influence the level of commitment; adequacy of counselling services significantly influence the level of commitment hence the null hypotheses, medical insurance service has no significant influence on commitment of nurses in public hospitals in Kenya; counselling services has no significant influence on commitment of nurses in public hospitals in Kenya, are rejected. The results also show that medical insurance service has a slightly more influence on commitment of nurses than professional counselling services. The results imply that medical insurance services and counselling services are important factors in predicting the level of commitment of nurses in public hospitals in Kenya.

Based on the regression coefficients in Table 4.31a, the regression model for the influence of inadequacy of the medical insurance services and inadequacy of professional counselling services on the level of commitment in public hospitals in Kenya is therefore;

$$Commitment = 26.719 + 0.599 * (medical\ insurance\ services) + .587 (professional\ counselling\ services)$$

.....13

The model indicates that a unit % improvement in adequacy of medical insurance services results in 0.599 % increase in the level of commitment in public hospitals in Kenya. The model further indicates that holding other factors constant a unit % improvement in adequacy of counselling services results in 0.587 % increase in the level of commitment in public hospitals in Kenya. All these results shows that there is a positive and significant influence of medical insurance services on commitment likewise, there is a positive and significant influence of counselling services on commitment. This result suggests that medical insurance services and professional

counselling services are important components in predicting the level of commitment of nurses in public hospitals in Kenya.

To establish the influence of employee assistance programs on the commitment of nurses in selected public hospitals in Kenya, a simple linear regression analysis was used. The regression model was of the form:

$$Y = \beta_0 + \beta_1 X_1 + \epsilon, \quad \epsilon \sim N(0,1) \dots\dots\dots (14)$$

Where, Y is the Level of Commitment; X<sub>1</sub> is the adequacy of the employee assistance programs, β<sub>0</sub> is the constant of the regression equation, β<sub>1</sub> is the regression coefficient and ε is the error component. The parameter estimates of the model are shown in table 4.31b.

**Table 4.31b: The Regression Coefficients of Influence of Employee Assistance programs on Commitment in Public Hospitals.**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	26.304	1.515		17.360	.000
1 Employee assistance programs	.620	.082	.394	7.516	.000

a. Dependent Variable: Commitment

The results illustrated in Table 4.31b indicates that the regression coefficients for the employee assistance programs and level of commitment of the nurses in public hospitals in Kenya is significant (t= 7.516, p < 0.05). Since the p-value of 0.000 is less than the designated level of significance of 0.05. The result shows that employee assistance programs has a significant influence on the level of commitment of the nurses in public hospitals in Kenya. On the basis of these results, the study rejected

the null hypothesis that the adequacy of employee assistance programs had no significant influence on the level of commitment of the nurses in public hospitals in Kenya. The researcher concluded that adequacy of employee assistance programs has a positive and significant influence on the level of commitment of the nurses in the selected public hospitals Kenya. Likewise, the constant of the regression model is significant at 0.05 level of significance ( $t = 17.360$ ,  $p < 0.05$ ). The model therefore indicated that adequacy of employee assistance programs has a significant influence on the level of commitment of the nurses in the selected public hospitals in Kenya. Based on the regression coefficients, the regression model for the influence of adequacy of employee assistance programs on the level of commitment of nurses in selected public hospitals in Kenya is;

$$\textit{Commitment} = 26.304 + 0.620 * (\textit{Employee support Programs}) + e \dots (15)$$

The regression model further strengthens the finding that there is a positive linear and significant influence of employee assistance programs on commitment of nurses in public hospitals in Kenya. The model parameters showed that a unit % increase in adequacy of employee assistance programs improved the level of commitment of nurses in public hospitals in Kenya by 0.62%. This shows that adequacy of employee assistance programs is an important factor in raising the level of commitment of nurses in public hospitals in Kenya. The model further indicates that nurses in public hospitals remain committed even without utilising employee assistance programs. This prongs out that commitment in public hospitals is also influenced by other factors not in the model.

#### **4.8.7 Analysis of Variance (ANOVA) on the Influence of Adequacy of Employee Assistance Programs on level of Commitment of nurses in public hospitals in Kenya.**

Analysis of variance (ANOVA) was carried out to test the null hypothesis that employee assistance program has no significant influence on commitment of nurses in public hospitals in Kenya; the results are shown in tables 4.32.

**Table 4.32: Analysis of Variance (ANOVA) on the influence of Adequacy of Employee Assistance Programs on Levels of Commitment.**

<b>Model</b>		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1	Regression	3805.824	1	3805.824	56.495	.000 <sup>b</sup>
	Residual	20681.193	307	67.365		
	Total	24487.016	308			

a. Dependent Variable: Commitment

b. Predictors: (Constant), Employee Assistance Programs

The results presented in Table 4.32 shows ( $F = 56.495$ ,  $p < 0.05$ ), which is relatively large enough to support the goodness fit model explaining the variations in the level of commitment of nurses in public hospitals in Kenya. This result suggested that the independent variable (adequacy of employee assistance programs) can significantly predict the level of commitment of the nurses in public hospitals in Kenya. This further strengthened the results earlier obtained that adequacy of employee assistance programs have a significant influence on the level of commitment of nurses in the selected public hospitals in Kenya. On the basis of this result the researcher rejected the null hypothesis that adequacy of employee assistance programs has no significant influence on the level of commitment of nurses in the selected public hospitals in Kenya. The alternative hypothesis that adequacy of employee assistance programs has statistically significant influence on the level of commitment of nurses in the selected public hospitals in Kenya is adopted. Therefore, the result presented in table 4.32 shows that adequacy of employee assistance programs can significantly predict the level of commitment of nurses in public hospitals in Kenya.

#### **4.8.8 Model Summary on Adequacy of Employee Assistance Programs and Level of Commitment of Nurses in Public Hospitals**

To assess the contribution of adequacy of employee assistance programs in explaining the levels of commitment when other independent variables are held constant, the coefficient of determination ( $R^2$ ) was obtained.  $R^2$  is an important indicator of the predictive accuracy of the equation and the results are shown in table 4.33.



**Table 4.33: Model Summary on adequacy of Employee Assistance Programs and Level of Commitment**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.394 <sup>a</sup>	.155	.153	8.208

a. Predictors: (Constant), Employee Assistance Programs

The results presented in Table 4.33 indicated  $r=0.394$  implying a significant positive influence of adequacy of employee assistance programs on the levels of commitment of nurses in public hospitals. A coefficient of determination  $R^2 = 0.155$  was obtained suggesting that 15.5% of the variation in the level of commitment for the sample of 309 nurses in public hospitals can be explained by the variations in the adequacy of employee assistance programs. This result indicated that adequacy of employee assistance programs plays a significant role in enhancing the level of commitment of nurses in public hospitals in Kenya.

Based on the findings in Table 4.33 the researcher concludes that there is a positive and significant association between adequacy of employee assistance programs and level of commitment of nurses in public hospitals in Kenya. This result suggested that as employee assistance programs are enhanced in terms of adequacy the level of commitment of nurses in public hospitals will greatly improve. Therefore, it can be concluded that employee assistance programs are important predictors of the level of commitment in public hospitals in Kenya.

#### **4.8.9 Logistic Regression Analysis on Employee Assistance Programs and Commitment.**

The purpose of this analysis was to determine the probability of a nurse committed as a result of adequacy of employee assistance programs. Based on the aggregate values of the levels of commitment which ranged from 5 to 25, the respondents were grouped as either committed or not committed. Those whose aggregate score was more than 15 were considered committed whereas those of aggregate score was less

than or equal to 15 were considered not committed. Therefore, the measure for the level of commitment was binary and represented as:

$$Y_i = \begin{cases} 1, & \text{if Commitment index} > 15 \\ 0, & \text{if Commitment index} \leq 15 \end{cases}$$

To establish the odds of the nurses' commitment as determined by the adequacy of employee assistance programs, a binary logistic regression model was developed. The model took the form:

$$\ln \left[ \frac{\hat{Y}}{1-\hat{Y}} \right] = \beta_0 + \beta_1 X_1 \dots \dots \dots (16)$$

Where  $\hat{Y}$  is the predicted probability of the event which is coded with 1 (committed) rather than with 0 (not committed),  $(1 - \hat{Y})$  is the predicted probability of the other decision, and  $X_1$  is the predictor variable (adequacy of employee assistance programs).

The Variables in the Equation output is shown in table 4.34:

**Table 4.34: Logistic Model on Employee Assistance Programs and Commitment**

		<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>df</b>	<b>Sig.</b>	<b>Exp(B)</b>
Step	Employee assistance programs	.153	.026	34.499	1	.000	1.166
1 <sup>a</sup>	Constant	-1.606	.429	14.017	1	.000	.201

a. Variable(s) entered on step 1: employee assistance programs.

Based on the results the binary logistic regression equation is:

$$\ln(\text{ODDs}) = -1.606 + 0.153 * (\text{employee assistance programs}) \dots \dots (17)$$

We can now use this model to predict the odds that a nurse of a given public hospital will be committed to the hospital based on the perceived adequacy of the employee assistance programs. The odds prediction equation is  $ODDS = e^{-1.606+0.153 X_3}$ . For instance, if the index of employee assistance programs adequacy is 10, then the  $ODDS = e^{-1.606+0.153*10}=0.927$ . That is the nurse with such a score is 0.927 as likely to be committed. If the adequacy of employee assistance programs index is 15, then the  $ODDS = e^{-1.606+0.153*15}=2.000$ . This implies that a nurse with such a score is twice as likely to be committed ( $\frac{2}{0.927}$ )=2. The likelihood of commitment is established to be directly related to the adequacy of the employee assistance programs.

The Exp(B) value for employee assistance programs yielded a value of 1.166. This results suggests that the model predicts that the odds of being committed to be 1.166 times higher for nurses who consider employee assistance programs to be adequate than those who consider it inadequate.

Further, the model predicts that  $\frac{odds}{1+odds} = \frac{1.166}{1+1.166} = \frac{1.166}{2.166} = 0.538$  indicating that

53.8% of the 309 nurses sampled (approximately 166) are committed based on the adequacy of the employee assistance programs.

The binary logistic regression model measured by the Cox and Snell and Nagelkerke  $R^2$  values indicate that the adequacy of employee assistance programs explains between 12.3% and 17.6% of the variance in the levels of commitment of nurses in public hospitals. Suggesting further that employee assistance programs is a significant factor in influencing the level of commitment of nurses in public hospitals. The findings are reported in table 4.35.

**Table 4.35: Model Summary Employee Assistance Programs and Commitment**

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	328.722 <sup>a</sup>	0.123	0.176

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

#### **4.8.10 Discussion of the Results on the Influence of Employee Assistance Programs on the Level of Commitment.**

The objective of the study was to examine the influence of employee assistance programs on commitment of nurses in public hospitals in Kenya. The study established a significant weak positive correlation coefficient ( $r$ ) of 0.394, suggesting that as the adequacy of employee assistance programs are enhanced levels of commitment of nurses' improves. Further, a regression model;  $\text{Commitment} = 26.304 + 0.62 (\text{Employee assistance programs})$  was obtained further strengthening the previous finding that adequacy of employee assistance programs positively and significantly influences levels of commitment of nurses in public hospitals in Kenya. In addition,  $R^2 = 0.155$ , was obtained suggesting that 15.5% of the variation in the level of commitment by the sample of 309 nurses can be explained by the adequacy of employee assistance programs. The study also established the regression coefficients for employee assistance programs are all significant;  $T = 7.516$ ,  $p > 0.05$ , and ANOVA coefficients all significant and  $F = 56.495$ ,  $p > 0.05$  indicating that employee assistance programs significantly influence the level of commitment of nurses in public hospitals in Kenya hence rejection of the null hypothesis that employee assistance programs has no significant influence on commitment of nurses in public hospitals in Kenya. This suggests that employee assistance program is an important and significant predictor of commitment in public hospitals. Therefore, measures should be put in place to enhance adequacy of employee assistance programs so as to improve the commitment levels in public hospitals in Kenya.

The findings of this study are consistent with the findings by Kamau, Muleke, Mokaya and Wagoki (2014) that there was a significant and positive relationship between employee assistance programs and performance. They further observed that employee assistance programs provide an avenue for workers to focus on their jobs while at work and expect positive outcomes in content delivery of their work. The findings are further strengthened by Azeem and Akhtar (2014) results that low commitment was associated with poor implementation of employee assistance programs. This suggested that appropriate implementation of employee assistance programs in an industry improves the levels of commitment of employees. The findings are consistent with the results of a study by Mwangi, Boinett, Tumwet and Bowen (2017) that employee assistance programs have a positive impact on employee performance. The researchers further revealed that employee assistance programs create a fertile ground for an organization to extend a helping hand to employees. In addition, Ojo (2012) study results agree with this finding that employee assistance programs are important tools for inducing the needed commitment for greater productivity. However, research finding by Sakthivel and Selvarania (2012) disagreed with the findings of the current study and held that employee assistance programs do not persuade employees to raise their levels of commitment. This difference of the research findings by Sakthivel and Selvarania (2012) with the present study may be attributed to variances in sample sizes, nature of data and setting of the studies among other factors.

#### **4.9 Influence of Work-Life Balance Initiatives on the Level Commitment of Nurses in Public Hospitals.**

Multiple regression analysis was used to determine the influence of work-life balance initiatives on the levels of commitment of nurses in public hospitals in Kenya.

##### **4.9.1 Multiple Regression Analysis on Work-Life Balance Initiatives and Commitment.**

In interpreting the results of multiple regression analysis, the major elements considered are; Pearson correlation coefficient  $r$ , coefficient of multiple

determination ( $R^2$ ), the significance of F-coefficients in the ANOVA, the regression coefficients and beta values (Aiken & West, 1991).

To assess the amount of variation on the level of commitment that can be explained by changes in the work-life balance initiatives (adequacy of leave arrangement, adequacy of employee assistance programs and favourableness of flexible work arrangements) the coefficient of determination was established and its results are as presented in table 4.36.

**Table 4.36: Model Summary of Work-Life Balance Initiatives and Levels of Commitment.**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.805 <sup>a</sup>	.648	.645	5.316

a. Predictors: (Constant), work-life balance (flexible work arrangement, Leave arrangement, Employee assistance programs)

Table 4.36 shows that the model of the influence of work-life balance initiatives on commitment yielded a coefficient of determination  $R^2 = 0.648$ . This indicated that 64.8% of the variation in level of commitment for the sample of 309 nurses in public hospitals can be explained by the work-life balance initiatives (favourableness of flexible work arrangements, adequacy of leave arrangements and the adequacy of employee assistance programs) while 35.2% remains unexplained by the model. This showed that considering the work-life balance initiatives (favourableness of flexible work arrangement, adequacy of leave arrangements and adequacy of employee assistance programs) there is a 64.8% probability of predicting levels of commitment of nurses in selected public hospitals in Kenya. This suggests that work-life initiative is an important factor in promoting the level of commitment in public hospitals in Kenya. Therefore, it calls for measures to improve the adequacy and favourableness of work-life balance initiatives in order to raise the level of commitment of nurses in public hospitals to another level.

Further, Correlation coefficient  $r=0.805$  was established, indicating that work-life balance initiatives (favourableness of flexible work arrangement, adequacy of leave arrangements and adequacy of employee assistance programs) has a strong positive correlation with the levels of commitment of nurses in public hospitals. The findings show that as the adequacy of leave arrangements, adequacy of employee assistance programs and favourableness of flexible work arrangement is enhanced the levels of commitment of nurses in public hospitals significantly improves. This result concludes that work-life balance initiative has a strong and positive influence on the levels of commitment of nurses in public hospitals.

#### **4.9.2 Analysis of Variance (ANOVA) on Influence of Work-Life Balance Initiatives and Commitment**

In assessing whether the model with work-life balance initiatives can significantly predict the level of Commitment of the nurses in the selected public hospitals in Kenya, analysis of variance (ANOVA) was used to establish the significance of variation in the dependent variable that can be attributed to the regression of work-life balance initiatives. Employment of this statistical procedure produces an F value (Kothari, 2004). Obtaining a significant F indicates that the results of the regression are indeed true and not the consequence of chance. The F-statistic from the ANOVA was established and the results are presented in table 4.37.

**Table 4.37: Analysis of Variance (ANOVA) on influence of Work-Life Balance Initiatives and Commitment.**

<b>Model</b>	<b>Sum of Squares</b>	<b>DF.</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1 Regression	15866.774	3	5288.925	187.132	.000 <sup>b</sup>
Residual	8620.242	305	28.263		
Total	24487.016	308			

a. Dependent Variable: Commitment

b. Predictors: (Constant), work-life balance initiatives

Table 4.37 reports that work-life balance initiatives (favourableness of flexible work arrangements, adequacy of leave arrangements and adequacy of employee assistance programs) can significantly predict the level of commitment of the nurses ( $F_{(3,308)} =$

187.132,  $p < 0.05$ ). This result indicates that work-life balance initiatives (flexible work arrangements; leave arrangements and employee assistance programs) were significantly contributing to the variation in the level of commitment. The F-value further indicated that the multiple regression model was significant, that is work life balance initiatives positively and significantly influence the level of commitment of nurses in public hospitals in Kenya. The results strongly support the previous findings that work-life balance initiatives contribute significantly to the level of commitment of nurses in public hospitals in Kenya.

#### 4.9.3 Multiple regression analysis work-life balance initiatives and Commitment

In assessing the significance of the multiple regression coefficients in the model, regression coefficients and the standardized beta values were used. The unstandardized regression coefficients, the standardized beta coefficients and t-test values are reported in table 4.38.

**Table 4.38: Multiple Regression Coefficients on Work-Life Balance Initiatives on the level of Commitment**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.073	1.532		1.353	.177
1 Flexible work arrangement	.944	.067	.531	14.079	.000
Leave arrangement	.578	.068	.341	8.523	.000
Employee assistance programs	.231	.058	.147	3.976	.000

a. Dependent Variable: Commitment

The results in table 4.38 showed the multiple regression coefficients for flexible work arrangements ( $t=14.079$ ,  $p<0.05$ ), staff leave arrangements ( $t=8.523$ ,  $p < 0.05$ ), and employee assistance programs ( $t=3.976$ ,  $p<0.05$ ) are all significant at 95% confidence level. These results shows that the favourableness of flexible work arrangement, adequacy of leave arrangement and the adequacy of employee assistance programs bundled together were making a significant and positive

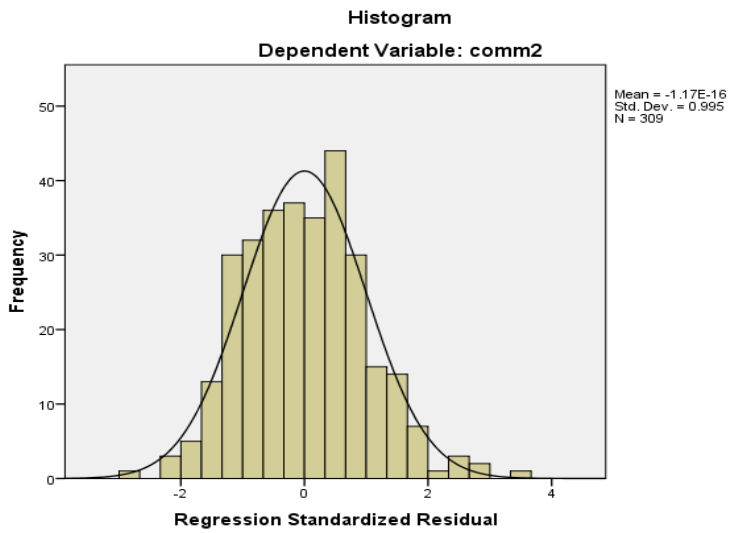


contribution to the level of commitment. This indicates that work-life balance initiatives have a positive and significant influence on the level of commitment of nurses in public hospitals in Kenya. The researcher therefore concluded that work-life balance initiatives bundled together are significant predictors of the levels of commitment of nurses in public hospitals in Kenya. When the model was fitted to find out whether the work-life balance initiatives bundled together (flexible work arrangements, leave arrangements and employee assistance programs together) predicts the levels of commitment, it was established to have goodness of fit and therefore the model was significant as shown in the table 4.38.

From the table 4.38, based on the unstandardized beta coefficients, the regression model is given as;

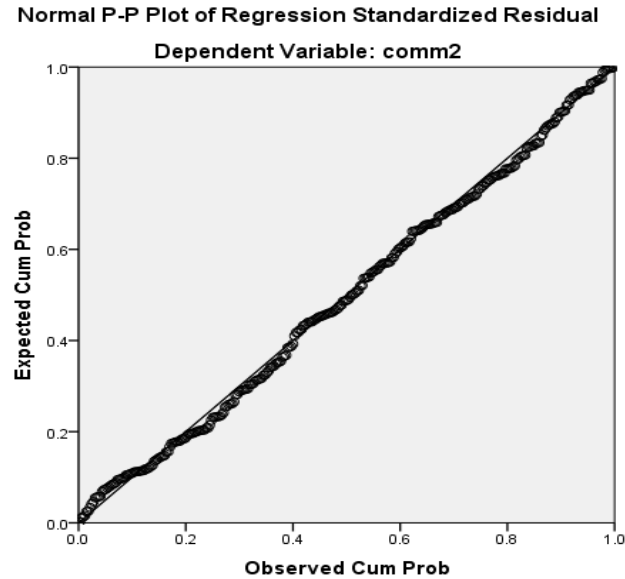
$$\text{Commitment} = 2.073 + 0.944 * \text{flexible work arrangements} + 0.578 * \text{leave arrangements} + 0.231 * \text{employee assistance programs} + e \dots \dots \dots (18)$$

However, it is worth noting that the contribution of each independent variable is different; flexible work arrangements had the greatest contribution to the model as evidenced by its largest t-value of 14.709. This was followed by leave arrangements (t=8.523 and finally employee assistance programs (t=3.976). These results are further supported by the standardized beta coefficients which indicate that a unit percentage change in favourableness of flexible work arrangements, holding leave arrangements and employee assistance programs constant, results in a 53.1% increase in commitment level. Whereas a 34.1% increase in commitment levels is as a results of every unit percentage change in adequacy of leave arrangements holding employee assistance programs and flexible work arrangements constant. Also, a unit percentage change in adequacy of employee assistance programs, holding flexible work arrangements and leave arrangements constant, results in 14.7% increase in the level of commitment of the nurses. The adequacy of the regression model is further assessed using the histogram and P-P plots. The Histogram plot indicates that the residuals are normally distributed with mean zero and standard deviation of approximately 1.



**Figure 4.6: Histogram of Regression standardized Residual.**

Likewise, the P-P plot in figure 4.7 shows that the residuals are evenly distributed along the 45<sup>o</sup>-line indicating a good fit for the regression model.



**Figure, 4.7: Normal P-P plot of Regression standardized Residual.**

#### **4.9.4 Discussion of the Findings on the Influence of Work-Life Balance Initiatives on the Levels of Commitment**

The objective of the study was to establish the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya. The study established  $R=0.805$ , suggesting there was a positive linear and significant relationship between work-life balance initiatives (flexible work arrangements, leave arrangements and employee assistance programs) and levels of commitment. It also established  $R^2=0.648$ , suggesting that 64.8% variation in the level of commitment of 309 nurses can be explained by the adequacy and favourableness of work-life balance initiatives. F statistic reported a significant,  $F=187.132$ ,  $P<0.05$ , and positive and significant regression coefficients; flexible work arrangements ( $t=14.079$ ,  $p=0.05$ ), leave arrangements ( $t=8.523$ ,  $p<0.05$ ) and employee assistance programs ( $t=3.976$ ,  $p<0.05$ ). The results suggest that work-life balance initiatives significantly and positively influence the level of commitment of nurses in the selected public hospitals in Kenya.

The findings of this study are consistent with the study by Orogbu, Onyeizugbe and Chukwuemeke (2015) that there was a significant and positive influence of work-life balance policies on employee performance in selected commercial banks in Nigeria. The results are further supported by the works by Azeem and Akhtar (2014); Kamau, Muleke, Mokaya and Wagoki (2013) that work-life balance practice has a positive and significant influence on the performance of employees. The results confirmed that work-life balance initiatives have a positive and significant effect on individual workforce work outcomes and by extension an organization. The results are further strengthened by the works of Muli (2014) that work-life balance practices obligate employees to continue discharging their duties resulting in positive employee and organizational outcomes such as increase in efficiency and more focus on work.

#### **4.10 Moderating Effect of Supervisor support on the Influence of Work Life Balance Initiatives on Commitment**

In determining the moderating effect of supervisor support on the influence of work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya, a measure of favourableness of supervisor support was established through factor analysis. Correlation and regression analysis were also done.

##### **4.10.1 Factor Loading for Supervisor Support.**

Results in Table 4.39 showed the items in the supervisor support and their factor loadings. All the items on supervisor support component had a factor loading of more than 0.7 which is considered suitable for the study. The construct with the highest factor loading was that I can rely on my supervisor to ensure that my work is done in case of unanticipated problems with a factor loading of 0.964, second was I received adequate support from my supervisor which enabled me to deliver my best for personal accomplishment had a factor loading of 0.953 while the statement that my supervisor helps me reorganize my schedule in case of trouble had the least factor loading of 0.900.

**Table 4.39: Factor Loadings for Supervisor Support Constructs.**

		<b>Factor Loading</b>
SS1	Supervisor listens to my problems in juggling between work and non-work life.	0.923
SS2	My supervisor helps me reorganise my schedule in case of trouble.	0.900
SS3	I can rely on my supervisor to ensure that my work is done in case of unanticipated problems.	0.964
SS4	My supervisor is a good role model in work and non-work issue.	0.911
SS5	I receive adequate support from my supervisor which enables me to deliver my best for personal accomplishment.	0.953

Extraction Method: Principal Component Analysis.

a. 1 Components extracted.

#### **4.10.2 Moderated Multiple Regression Analysis for Supervisor Support on the influence of Work-Life Balance Initiatives on the levels of Commitment**

A moderator is a variable that change the nature of the influence of independent variable on dependent variable. Allen (2017) observes that a moderating variable is a variable that can strengthen, diminish, negate, or otherwise alter the association between independent and dependent variables. It has an interaction effect on the two variables by strengthening, diminishing, negating, or otherwise altering the association between independent and dependent variables. Allen (2017) further reports that moderating variables provide additional information regarding the association between two variables in quantitative research by explaining what features can make that association stronger, weaker, or even disappear. Moderation occurs when the direction, the strength or both of the relation between independent

variable and dependent variable are affected by a third variable (Baron & Kenny, 1986). This implies that moderation has an interaction effect which could increase the effect of the prediction on the outcome, or decrease the effect of the predictor on the outcome (Aiken & West, 1991). Moderated multiple regression (MMR) was used to test the moderated effect of supervisor support on the combined influence of work-life balance initiatives on the levels of commitment of nurses in selected public hospitals in Kenya. Moderated multiple regression in this case is represented as a linear interaction between the independent variable and the moderator variable. Moderated multiple regression (MMR) analysis was used to establish the moderating effect of supervisor support by interpreting the  $R^2$  change in the models obtained from the model summaries so as to test the hypothesis that supervisor support has no significant moderating effect on the influence of work-life balance initiatives on the levels of commitment of nurses in public hospitals in Kenya. To assess the moderating effect of supervisor support on the influence of work-life balance initiatives on the level of commitment, the measure of supervisor support is introduced as an explanatory variable in the multiple regression equation 18. The parameterized model is below:

$$Y = \beta_0 + (\beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3) * Z_1 + e \quad (19)$$

Where; Y= Level of Commitment,  $X_1$  = Flexible work arrangements,  $X_2$  = Leave arrangements,  $X_3$ = Employee assistance programs,

$Z_1$  = Supervisor support (moderator).

Based on model 19, in which the moderating effect of supervisor support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya yields the results shown in Table 4.40.

**Table 4.40: Model Summary with Moderating effect of Supervisor Support on the Influence of Work-Life Balance Initiatives on the Levels of Commitment**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.805 <sup>a</sup>	.648	.643	5.324

a. Predictors: (Constant), Flexible work arrangement\*supervisor Support, Leave arrangements\*supervisor Support, Employee Assistance Programs\* supervisor Support

The model Summary statistics show a coefficient of determination  $R^2 = 0.648$  which indicates that work-life balance initiatives and their interaction with supervisor support can explain up to 64.8% of the variation in the level of commitment of nurses in public hospitals in Kenya. The results indicated that supervisor support does improve the relationship between work-life balance initiatives and the level of commitment of the nurses in public hospitals. The study further reports Pearson correlation coefficient  $r = 0.805$  which showed that the interaction of supervisor support together with work-life initiatives bundled together had a positive and significant effect on the level of commitment of nurses in selected public hospitals in Kenya. This indicates that as favourableness of the interaction of supervisor support and work-life balance initiatives significantly improved the levels of commitment of nurses in public hospitals. However, it is worth reporting that supervisor support is not any different from the policy directives governing the implementation of work-life balance initiatives. This follows then that supervisor support is clearly outlined in the policy guidelines and directives and therefore a formal undertaking within the public hospitals.

#### **4.10.3 Analysis of Variance (ANOVA) for the Moderating Effect of supervisor support on the Influence of Work-Life Balance on the Levels of Commitment**

The goodness-of-fit of the model was further assessed through analysis of variance. The results of the analysis are reported in table 4.41.

**Table 4.41: Analysis of Variance (ANOVA) with Moderating Effect of Supervisor support on the Influence of Work-Life Balance on Commitment**

<b>Model</b>	<b>Sum of Squares</b>	<b>df.</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1 Regression	15869.379	4	3967.345	139.954	.000 <sup>b</sup>
Residual	8617.637	304	24.780		
Total	24487.016	308			

a. Dependent Variable: commitment

b. Predictors: (Constant) flexible work arrangement\*supervisor support, leave arrangements\*supervisor support, employee assistance programs\* supervisor support.

Table 4.41 showed a significant F statistic, indicating that using the model was better than guessing the moderating effect of supervisor support on the influence work-life balance initiatives on commitment of nurses in public hospitals in Kenya. It indicates that variations in the levels of commitment of nurses in public hospitals in Kenya can be explained by the model to the extent of 15869.379 out of 24487.016 or 64.81% while other variables not captured by the model could be explained by 35.19% (8617.637 out of 24487.016) of the variations in levels of commitment of nurses in public hospitals in Kenya. F-value of 227.726 at 4 and 305 degrees of freedom produces a p-value of 0.000 which was not significantly different from zero. Since p-value of 0.000 was less than the set level of significance of 0.05 for normally distributed data. This implied that model was statistically significant in explaining the moderating effect of supervisor support on the influence of work life balance initiatives on the level of commitment amongst the nurses in public hospitals in Kenya. From table 4.41 it can be concluded that supervisor support had a positive and significant moderating effect on the influence of work-life balance initiatives on levels of commitment of nurses in public hospitals in Kenya.



#### 4.10.4 Regression Coefficients with Moderator Supervisor Support

To establish the effect of the interactions of supervisor and co-worker support on the combined influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya, a simple multiple linear regression analysis was used. The regression model was of the form;

$$Y = \beta_0 + \beta_1 X_1 * Z_1 + \beta_2 X_2 * Z_1 + \beta_3 X_3 * Z_1 + e \dots \dots \dots (20)$$

Where Y is the level of commitment in public hospitals in Kenya, X<sub>1</sub>, X<sub>2</sub> and X<sub>3</sub> are flexible work arrangements, leave arrangements and employee assistance programs respectively while Z<sub>1</sub> represents the supervisor support, B<sub>0</sub> is the constant of the regression equation, while β<sub>1</sub>, β<sub>2</sub> & β<sub>3</sub> are regression coefficients and e is the error term. The beta coefficients of the resulting model were analysed by examining their respective regression coefficients, the results are reported in table 4.42.

**Table 4.42: Regression Coefficients for Moderating effect of supervisor support on influence of Work-Life Balance Initiatives on Commitment**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	2.459	1.995		1.233	.019
Flexible work arrangement*supervisor and co-worker support.	.937	.083	.527	13.107	.000
1 Leave arrangement* supervisor and co-worker support	.563	.071	.332	6.770	.000
Employee assistance programs*supervisor and co-worker support	.218	.072	.139	3.038	.000

a. Dependent variable: Commitment

The results in table 4.42 showed that the regression coefficients for flexible work arrangements\*Supervisor and co-worker support (t=13.107, p<0.05), Leave arrangements \* Supervisor and co-worker support t=-6.770, p<0.05) and employee assistance programs \*Supervisor and co-worker support (t=3.038, p<0.05) are all positive and significant at 95% confidence level. This suggested that the interaction of supervisor support with each and every independent variable is making a positive and significant contribution to the level of commitment of nurses in public hospitals in Kenya. From table 4.42, it can be concluded that supervisor support had a significant moderating effect on the influence of combined work-life balance initiatives and the level of commitment of nurses in public hospitals in Kenya. The following model was fitted to show the moderation effect of supervisor support on the influence of work-life balance initiatives on commitment as shown in table 4.42, model 1 after the inclusion of the interaction term (work-life balance initiatives \* supervisor support).

$$\text{Commitment} = 2.459 + .937(\text{flexible work arrangement} * \text{supervisor support}) + .563(\text{leave arrangement} * \text{supervisor support}) + .218(\text{employee assistance programmes} * \text{supervisor support}) + e \dots \dots \dots (22)$$

The overall results indicated that the variables in the study (flexible work arrangements, leave arrangements, employee assistance programs and interaction effect of supervisor support) cumulatively positively and significantly influences the levels of commitment of nurses in public hospitals in Kenya.

**4.10.5 Discussion of the Moderating Effect of supervisor support on the Influence of Work-Life Balance Initiatives on Commitment.**

The study sought to evaluate the moderating effect of supervisor support on the influence of work-life balance initiatives on commitment of nurses in Kenya.

The study established r=0.805 which indicates that there was a strong positive and significant correlation between the interaction of supervisor and co-worker support and combined work-life balance initiatives (favourableness of flexible work arrangement, adequacy of leave arrangement and adequacy of employee assistance

programs). It also reports that  $R^2=0.648$  suggesting that 64.8% variation in the level of commitment of nurses in the public hospitals can be explained by the interaction of supervisor support and the influence of work-life balance initiatives (favourableness of flexible work arrangement, adequacy of leave arrangement and adequacy of employee assistance programs). The study further reports a significant  $F=139.954$ ,  $p<0.05$ , the regression coefficients for the interaction of moderating variable and each of the independent variables are all significant; flexible work arrangement\*supervisor support, ( $t=13.107$ ,  $p<0.05$ ), leave arrangement \* supervisor, ( $t=6.770$ ,  $p<0.05$ ) and employee assistance programs\* supervisor support, ( $t=3.038$ ,  $p<0.05$ ), indicating that the interaction of supervisor support with the influence of work-life balance initiatives positively and significantly influence the level of commitment of nurses in public hospitals in Kenya. The results are consistent with the findings by Kangure (2014) that supervisor support support has a positive and significant effect on employee engagement. This indicated that supervisor increased positive employee outcome in an organization. The findings are further strengthened by the works of Wong, Bandar and Saili (2017) that there is a significant and positive relationship between supervisor support and work-life balance. The study further observed that where supervisors passionately support the work-life balance initiatives there are higher levels of commitment. Tavassoli and Sune (2018) agrees with the findings of the current study and reveals that supervisor support has a positive and significant relationship with work-life balance practices. They further observed that employees who experience work-life balance reports higher levels of job satisfaction and less intention (commitment) to leave their organization.

#### **4.11 Moderating Effect of co-worker support on the Influence of Work Life Balance Initiatives on Commitment**

In determining the moderating effect of co-worker support on the influence of work-life balance initiatives on the level of commitment of nurses in public hospitals in Kenya, a measure of favourableness of co-worker support was established through factor analysis. Correlation and regression analysis were also done.

#### 4.11.1 Factor Loading for co-worker Support.

Results in Table 4.43 showed the items in the co-worker support and their factor loadings. All the items on co-worker support component had a factor loading of more than 0.7 which is considered suitable for the study. The construct with the highest factor loading was that co-worker encourages me to enhance my career with a factor loading of 0.960, second was co-worker provide useful information on job related problems and unusual work had a factor loading of 0.930, while the assertion that co-worker will step in for me if I needed to attend to non-work issue had the least factor loading of 0.874.

**Table 4.43: Factor Loadings for co-worker support Constructs.**

		Factor Loading
CS1	Co-worker encourages me to enhance my career.	0.960
CS2	Co-worker step in if I need to attend to non-work issue.	0.874
CS3	Co-worker helpful in getting work done.	0.924
CS4	Co-worker provide useful information on job related problems and unusual work.	0.930
CS5	I feel a strong attachment to my peer because of the support I receive form them.	0.911

Extraction Method: Principal Component Analysis.

a. 1 Components extracted.

#### **4.11.2 Moderated multiple regression analysis for co-worker support on the influence of work-life balance initiatives on the levels of commitment**

Moderated multiple regression (MMR) was used to test the moderated effect of co-worker support on the influence of work-life balance initiatives on the levels of commitment of nurses in selected public hospitals in Kenya. Moderated multiple regression in this case is represented as a linear interaction between the independent variable and the moderator variable. Moderated multiple regression (MMR) analysis was used to establish the moderating effect of co-worker support by interpreting the  $R^2$  change in the models obtained from the model summaries so as to test the hypothesis that co-worker support has no significant moderating effect on the influence of work-life balance initiatives on the levels of commitment of nurses in public hospitals in Kenya. To assess the moderating effect of co-worker support on the influence of work-life balance initiatives on the level of commitment, the measure of co-worker support is introduced as an explanatory variable in the multiple regression equation 18. The parameterized model is below:

$$Y = \beta_0 + (\beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3) * Z_2 + e \quad (23)$$

Where; Y= Level of Commitment,  $X_1$  = Flexible work arrangements,

$X_2$  = Leave arrangements,  $X_3$ = Employee assistance programs,

$Z_2$ = co-worker support (moderator).

Based on model 23, in which the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya yields the results shown in Table 4.44.

**Table 4.44: Model Summary with Moderating effect of co-worker support on the Influence of Work-Life Balance Initiatives on Commitment**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.807 <sup>a</sup>	.652	.647	5.295

a. Predictors: (Constant), Flexible work arrangement\* co-worker Support, Leave arrangements\* co-worker Support, Employee Assistance Programs\* co-worker Support

The model Summary statistics show a coefficient of determination  $R^2 = 0.652$  which indicates that the work-life balance initiatives and their interaction with co-worker support can explain up to 65.2% of the variation in the level of commitment of nurses in public hospitals in Kenya. The results indicated that supervisor and co-worker support improved the relationship between work-life balance initiatives and the level of commitment of the nurses in public hospitals. The study further reports Pearson correlation coefficient  $r = 0.807$  which showed that the interaction of co-worker support together with work-life initiatives had a positive and significant effect on the level of commitment of nurses in selected public hospitals in Kenya. This indicates that as favourableness of the interaction of co-worker support and work-life balance initiatives improved the levels of commitment of nurses in public hospitals.

#### **4.11.3 Analysis of Variance (ANOVA) for the Moderating Effect Co-worker Support on the Influence of Work-Life Balance on Commitment**

The goodness-of-fit of the model was further assessed through analysis of variance. The results of the analysis are reported in table 4.45.

**Table 4.45: Analysis of Variance (ANOVA) with Moderating Effect of co-worker support on the Influence of Work-Life Balance on Commitment**

<b>Model</b>	<b>Sum of Squares</b>	<b>df.</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
1 Regression	15963.822	4	3990.956	142.347	.000 <sup>b</sup>
Residual	7523.194	304	28.037		
Total	24487.016	308			

a. Dependent Variable: commitment

b. Predictors: (Constant) flexible work arrangement\* co-worker support, leave arrangements\* co-worker support, employee assistance programs\* co-worker support.

Table 4.45 showed a significant F statistic, indicating that using the model was better than guessing the moderating effect of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya. It indicates that variations in the levels of commitment of nurses in public hospitals in Kenya can be explained by the model to the extent of 15963.822 out of 24487.016 or 65.2% while other variables not captured by the model could be explained by 34.8% (8523.194 out of 24487.016) of the variations in levels of commitment of nurses in public hospitals in Kenya. F-value of 142.347 at 4 and 304 degrees of freedom produces a p-value of 0.000 which was not significantly different from zero. Since p-value of 0.000 was less than the set level of significance of 0.05 for normally distributed data. This implied that model was statistically significant in explaining the moderating effect of co-worker support on the influence of work life balance initiatives on the level of commitment amongst the nurses in public hospitals in Kenya. From table 4.44 it can be concluded that co-worker support had a positive and significant moderating effect on the influence of work-life balance initiatives on levels of commitment of nurses in public hospitals in Kenya.

#### 4.11.4 Regression Coefficients with Moderator (Co-worker support)

To establish the effect of the interactions of co-worker support on the influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya, a simple multiple linear regression analysis was used. The regression model was of the form;  $Y = \beta_0 + \beta_1 X_1 * Z_2 + \beta_2 X_2 * Z_2 + \beta_3 X_3 * Z_2 + e \dots \dots \dots (24)$

Where Y is the level of commitment in public hospitals in Kenya, X<sub>1</sub>, X<sub>2</sub> and X<sub>3</sub> are flexible work arrangements, leave arrangements and employee assistance programs respectively while Z<sub>2</sub> represents the supervisor and co-worker support, B<sub>0</sub> is the constant of the regression equation, while β<sub>1</sub>, β<sub>2</sub> & β<sub>3</sub> are regression coefficients and e is the error term. The beta coefficients of the resulting model were analysed by examining their respective regression coefficients, the results are reported in table 4.46.

**Table 4.46: Regression Coefficients with Moderator on Work-Life Balance Initiatives and Levels of Commitment**

Model	Unstandardized		Standardized	T	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	0.300	1.988		0.151	.008
Flexible work arrangement* co-worker support.	.990	.071	.557	13.905	.000
1 Leave arrangement* co-worker support	.667	.083	.394	8.040	.000
Employee assistance programs* co-worker support	.307	.071	.195	4.336	.000

a. Dependent variable: Commitment

The results in table 4.46 showed that the regression coefficients for flexible work arrangements\* co-worker support (t=13.905, p<0.05), Leave arrangements \* co-worker support t=-8.040, p<0.05) and employee assistance programs \* co-worker support (t=4.336, p<0.05) are all positive and significant at 95% confidence level. This implies that the interaction of co-worker support with each and every independent variable is making a positive and significant contribution to the level of



commitment of nurses in public hospitals in Kenya. From table 4.49, it can be concluded that co-worker support had a significant moderating effect on the influence of work-life balance initiatives and the level of commitment of nurses in public hospitals in Kenya. The following model was fitted to show the moderation effect of co-worker support on the influence of work-life balance initiatives on commitment as shown in table 4.45, model 1 after the inclusion of the interaction term (work-life balance initiatives \* co-worker support).

$$\text{Commitment} = 0.3 + .990(\text{flexible work arrangement} * \text{co-worker support}) + .667(\text{leave arrangement} * \text{co-worker support}) + .307(\text{employee assistance programmes} * \text{co-worker support}) + e \dots \dots \dots (25)$$

The overall results indicated that the variables in the study (flexible work arrangements, leave arrangements, employee assistance programs and interaction effect of co-worker support) cumulatively positively and significantly influences the levels of commitment of nurses in public hospitals in Kenya.

**4.11.5 Discussion of the Moderating Effect of Co-worker support on the Influence of Work-Life Balance Initiatives on Commitment.**

The study sought to evaluate the moderating effect of co-worker support on the combined influence of work-life balance initiatives on commitment of nurses in Kenya.

The study established  $r=0.807$  which indicates that there was a strong positive and significant correlation between the interaction of supervisor and co-worker support and combined work-life balance initiatives (favourableness of flexible work arrangement, adequacy of leave arrangement and adequacy of employee assistance programs). It also reports that  $R^2=0.652$  suggesting that 65.2% variation in the level of commitment of nurses in the public hospitals can be explained by the interaction of co-worker support and the influence of work-life balance initiatives (favourableness of flexible work arrangement, adequacy of leave arrangement and adequacy of employee assistance programs). The study further reports a significant  $F=142.347$ ,  $p<0.05$ , the regression coefficients for the interaction of moderating

variable and each of the independent variables are all significant; flexible work arrangement\* co-worker support, ( $t=13.905$ ,  $p<0.05$ ), leave arrangement \* co-worker support, ( $t=8.040$ ,  $p<0.05$ ) and employee assistance programs\* supervisor and co-worker support, ( $t=4.336$ ,  $p<0.05$ ), indicating that the interaction of co-worker support with the influence of work-life balance initiatives positively and significantly influence the level of commitment of nurses in public hospitals in Kenya. This suggests that as favourableness of co-worker support is enhanced, its interaction with work-life balance initiatives positively and significantly improves commitment in public hospitals in Kenya. The results are consistent with the findings by Kangure (2014) that co-worker support has a positive and significant effect on employee engagement. This indicated that co-worker support increased positive employee outcome in an organization. The findings are further strengthened by the works of Wong, Bandar and Saili (2017) that there is a significant and positive relationship between co-worker support and work-life balance. The study further observed that where co-workers passionately support the work-life balance initiatives there are higher levels of commitment.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.1 Introduction**

This particular chapter contains the summary of the study findings, relevant conclusions with respect to study variables as well as recommendations for practice and suggestions for further study. This study sought to find out the influence of work-life balance initiatives on commitment of nurses' in public hospitals in Kenya.

#### **5.2 Summary of the Major Findings**

The general objective of the study was to establish the influence of work life balance initiatives on the level of commitment of nurses' in public hospitals in Kenya. The study focused specifically on favourableness of flexible work arrangements, adequacy of leave arrangements, adequacy of employee assistance programs on levels of commitments of nurses working in public hospitals in Kenya whereby the moderating effect of supervisor support on the influence of work-life balance initiatives on levels of commitment of nurses in public hospitals in Kenya and moderating effect of co-worker support on the influence of work-life balance initiatives on levels of commitments of nurses' in public hospitals in Kenya.

##### **5.2.1 Influence of Flexible Work Arrangements on Commitment.**

The study established that flexible work arrangements in selected public hospital were favourable. This indicative that work arrangements were not rigidly structured in terms of time and space. The study noted that the correlation between flexible work arrangements and commitment for nurses working in public hospitals is positive and significant, implying that as flexible work arrangements are made more and more favourable, levels of commitment of the nurses in public hospitals in Kenya significantly improves. The study also established that 50.3% of the variation in the level of commitment of nurses in public hospitals can be explained by the variations in favourableness of flexible work arrangements. This indicates that

favourableness of flexible work arrangements plays a critical and significant role in influencing the level of commitment in public hospitals in Kenya.

Regression analysis established positive and significant regression coefficients for the flexible work arrangements and the constant of the regression model. This result imply that favourableness of flexible work arrangement positively and significantly predicts the level of commitment of nurses in public hospitals in Kenya. Also, binary logistic regression analysis yielded a model that predicted that 178 (57.5%) of the sampled 309 nurses were committed based on the favourableness of flexible work arrangements.

### **5.2.2 Influence of Leave Arrangements on Commitment**

The results of the descriptive analysis indicated that leave arrangements mean index was 15.518 with the scores deviating by 6.61442 from the mean score and the cut off mark of 18. Since the mean (15.518) was less than the average score of 18, the result suggested that leave arrangements in public hospitals are inadequate.

The researcher also established that there is a moderate significant positive correlation between adequacy of leave arrangements and level of commitment of nurses. The positive correlation implied that as the adequacy of leave arrangements are enhanced, levels of commitment of nurses will significantly increase.

The study further established that 39.3% of the variation in the level of commitment of nurses for the sample of 309 nurses can be explained by the variations in the adequacy of leave arrangement. This result suggested that the adequacy of leave arrangements positively and significantly predict the level of commitment of nurses working in public hospitals in Kenya.

The researcher established positive and significant regression and ANOVA coefficients for adequacy of leave arrangements. These results confirmed that the adequacy of leave arrangements significantly predicts the level of commitment of the nurses in public hospitals in Kenya.

Binary logistic regression analysis yielded a model that predicted that 61% (188 nurses) of the 309 nurses in public hospitals are committed based on the adequacy of the leave arrangements. This finding further confirms the previous result that adequacy of staff leave arrangements significantly influence the level of commitment of nurses in public hospitals in Kenya.

### **5.2.3 Influence of Employee Assistance Programs on Commitment.**

The third objective of the study was to establish the influence of employee assistance programs on the level of commitment of nurses in public hospitals in Kenya.

Descriptive statistics results reported that employee assistance programs in public hospitals in Kenya are inadequate.

The study established that there is a positive and significant correlation between adequacy of employee assistance programs and level of commitment of the nurses in public hospitals in Kenya as indicated by a Pearson's correlation coefficient  $r$  of 0.394 significant at 5% designated level of significance.

Further the study established that 15.5% of the variation in the level of commitment for the sample of 309 nurses in public hospitals in Kenya can be explained by the variations in the adequacy of employee assistance programs. This indicates that the adequacy of employee assistance programs is a critical factor in determining the level of commitment of nurses working in public hospitals in Kenya.

Regression analysis yielded positive and significant regression coefficients of employee assistance programs. These results indicate that adequacy of employee assistance programs can significantly predict levels of commitment of the nurses in public hospitals in Kenya.

The binary logistic regression analysis results yielded a model that predicted that 166 (53.8%) of the 309 nurses sampled are committed to their work based on the adequacy of the employee assistance programs. This further supports the earlier findings that adequacy of employee assistance programs plays a critical role in influencing the levels of commitment of nurses working in public hospitals in Kenya.

#### **5.2.4 Influence of Work-life Balance Initiatives on levels of Commitment**

The study established that the levels of commitment of nurses in the sampled public hospitals was low because the mean (22.5696) was less than the average score (27). The study also established that there existed a strong positive linear relationship between work-life balance initiatives and level of commitment of the nurses as indicated by a Pearson's correlation coefficient  $r$  of **0.805**. This result demonstrates that as work-life balance initiatives are enhanced in terms of adequacy and favourableness in public hospitals in Kenya, the level of commitment in public hospitals significantly improves.

The study further established that 64.8% of the variation in levels of commitment of nurses in public hospitals can be explained by the variations in the influence of work-life balance initiatives (adequacy of staff leave arrangements, favourableness of flexible work arrangements and the adequacy of employee assistance programs) while 35.2% remains unexplained. This result indicates that work-life balance initiatives are important factors in determining the level of commitment of nurses working in public hospitals in Kenya.

Further regression analysis yielded positive and significant regression coefficients for work-life balance initiatives indicating that the independent variables measuring work-life balance initiatives, significantly and positively contribute to the improvement in the level of commitment model.

#### **5.2.5 The Moderating Effect of Supervisor support on the Influence of Work-Life Balance Initiatives on the Levels of Commitment.**

The study established that supervisor support with the interaction of the influence of work-life balance initiatives generated  $R^2$  value of 64.8%. This showed that 64.8% of the variation in the level of commitment of the nurses in public hospitals can be attributed to the interaction effect of supervisor support and the influence of work-life balance initiatives.

The study established a positive and significant F-value of 139.954,  $p=0.000$ . Which implied that model was statistically significant in explaining the moderating effect of supervisor support on the influence of work life balance initiatives on the level of commitment in public hospitals in Kenya.

Regression analysis established positive and significant regression coefficients for flexible work arrangements\*Supervisor support, Leave arrangements \* supervisor support and employee assistance programs \*supervisor support at 95% confidence level. Implying that the interaction of supervisor support with each and every independent variable is making a positive and significant contribution to the level of commitment of nurses in public hospitals in Kenya. This shows that supervisor support had a significant moderating effect on the influence of work-life balance initiatives and the level of commitment of nurses in public hospitals in Kenya.

#### **5.2.5 The Moderating Effect of co-worker support on the Influence of Work-Life Balance Initiatives on the Levels of Commitment.**

The study established that co-worker support with the interaction of the influence of work-life balance initiatives generated  $R^2$  value of 65.2%. This showed that 65.2% of the variation in the level of commitment of the nurses in public hospitals can be attributed to the interaction effect of co-worker support and work-life balance initiatives. This shows that co-worker support had a significant moderating effect on the influence of work-life balance initiatives and the level of commitment of nurses in public hospitals in Kenya.

The study established a positive and significant F-value of 142.347,  $p=0.000$ . Which implied that model was statistically significant in explaining the moderating effect of co-worker support on the influence of work life balance initiatives on the level of commitment in public hospitals in Kenya.

Regression analysis established positive and significant regression coefficients for flexible work arrangements\*co-worker support, Leave arrangements \* co- worker support and employee assistance programs \*co-worker support at 95% confidence level. Implying that the interaction of co-worker support with each and every

independent variable is making a positive and significant contribution to the level of commitment of nurses in public hospitals in Kenya. This shows that co-worker support had a significant moderating effect on the influence of work-life balance initiatives and the level of commitment of nurses in public hospitals in Kenya.

### **5.3 Conclusion**

The researcher made the following conclusions based on the research findings for each objective:

The study established that there exists a positive and significant linear relationship between favourableness of flexible work arrangements and the levels of commitment of nurses in public hospitals. The study therefore concluded that favourableness of flexible work arrangements positively and significantly influences commitment of nurses in public hospitals in Kenya.

The study established that there exists a positive and significant linear relationship between adequacy of staff leave arrangement and the levels of commitment of nurses in public hospitals. However, the results further indicate that leave arrangements in public hospitals is inadequate. The study then concluded that adequacy of leave arrangements significantly and positively influences the level of commitment of nurses in public hospitals in Kenya.

The study revealed that there exists a significant moderate positive correlation between the adequacy of employee assistance programs and the commitment level of the nurses. The study further recorded that employee assistance programs are inadequate. The study therefore concluded that adequacy of employee assistance programs positively and significantly influences the commitment levels of nurses in public hospitals in Kenya.

The researcher established that work-life balance initiatives play a positive and significant influence on the level commitment of nurses in public hospitals. The study concluded that work-life balance initiatives positively and significantly influence levels of commitment of nurses in public hospitals in Kenya.



The study reported that that supervisor support has an enhancing interaction effect on the influence of work life balance initiatives on the level of commitment of the nurses in public hospitals. Therefore, the study concludes that supervisor support has a positive and significant moderating effect on the influence of work life balance initiatives on the levels of commitment of nurses working in public hospitals in Kenya.

The study reported that co-worker support has an enhancing interaction effect on the influence of work life balance initiatives on the level of commitment of the nurses working in public hospitals. Therefore, the study concludes that co-worker support has a positive and significant moderating effect on the influence of work life balance initiatives on the levels of commitment of nurses working in public hospitals in Kenya.

#### **5.4 Recommendation**

Based on the study findings and the study conclusions, the study made the following recommendation;

##### **5.4.1 Influence of Flexible Work Arrangements on Commitment.**

The researcher recommends that public hospital management team in counties to enhance flexible work arrangements (compressed work week, flexitime, job sharing and shift schedules) to align them with present best practices in the industry to make it more favourable and appropriate for the nurses' in public hospitals to harmoniously attend to both work related commitments and non-work related issues conveniently. This is because the results show that favourable flexible work arrangement has a positive and significant effect on the level of commitment of nurses in public hospitals. This is in line with spill over theory which puts it rightly that an organization that adopts favourable flexible work arrangement benefits from positive spill over that is employees harmoniously attend to work, personal or and family responsibilities resulting in improved levels of commitment.

#### **5.4.2 Influence of Leave Arrangement on Commitment.**

The study recommends that the department of health at the county levels to enhance leave arrangement so that they are adequate and convenient for the nurses to address to pressing family or personal commitment. This is because this study established that adequate and convenient leave arrangements positively and significantly influence the level of commitment of nurses in public hospitals. The recommendation supports social exchange theory position that when an organization treat employees well (adequate and appropriate support), the employee will be indebted and reciprocate positively (commitment). That is a feeling of obligation is planted in the employees' mind to exert more and more effort in return for more benefits from the organization.

#### **5.4.3 Influence of Employee Assistance Programs on Commitment.**

Based on the study findings on this objective, the study recommends that county public hospital management team should improve on adequacy of employee assistance programme such as comprehensive medical insurance covers or access to free treatment or free professional counselling programmes, recreational services for relaxation in order to maintain a productive, effective and functional workforce.

Further it should be observed that employee assistance programs not only benefit the workers in terms of striking a balance between work-life but also it is a veritable tool for inducing commitment for quality health care service delivery in public hospitals in Kenya. The recommendation agrees with social support theory; spill over theory; social exchange theory positions regarding social interactions in institutions and consequences thereof. The theories hold that when employees get support from their employers, they feel indebted to the organization resulting in increased commitment so as to sustain the support accorded.

#### **5.4.4 Influence of Work-Life Balance Initiatives on Commitment.**

On this recommendation both the national government and the county government to come up with innovative ways of enhancing work life balance initiatives in terms of

favourableness and adequacy so as to increase the levels of commitment of nurses working in public hospitals in Kenya. This is because the findings have shown that work-life balance initiatives positively and significantly influence the levels of commitment of nurses working in public hospitals in Kenya. The recommendation conforms to the positions held by social exchange theory, social support theory, spill-over theory and three component model as regards to this research.

#### **5.4.5 Moderating effect of supervisor support on the influence of work-life balance initiatives on commitment.**

The study recommends that supervisor support systems in public hospitals be made more favourable given that the findings show that supervisor support has a significant moderating effect on the influence work-life balance initiatives on the levels of commitment of nurses working in Kenyan public hospitals. This recommendation is in-line with the position advanced by social exchange theory that an interaction that elicits approval from another person is more likely to be repeated than an interaction that elicits disapproval. According to this position, interactions between an employee and employer are determined by the rewards or punishments that are expected to be received from one another, which are evaluated using a cost-benefit analysis model (whether consciously or subconsciously). This indicates that for increased positive work outcomes (increased efficiency and effectiveness) in the organization there is need to invest in supervisor support systems by making them more favourable and appealing to the workers.

#### **5.4.6 Moderating effect of co-worker support on the influence of work-life balance initiatives on commitment.**

The study recommends that co-worker support systems in public hospitals be made more favourable given that the findings show that co-worker support has a significant moderating effect on the influence work-life balance initiatives on the levels of commitment of nurses working in Kenyan public hospitals. This recommendation is in-line with the position advanced by social exchange theory that an interaction that elicits approval from another person is more likely to be repeated than an interaction that elicits disapproval. This indicates that for increased positive

work outcomes (increased efficiency and effectiveness) in the organization there is need to invest in co-worker support systems by making them more favourable and appealing to the workers.

### **5.5 Suggestion for Further Research**

The following suggestions were made after research findings and discussions;

- i. Influence of work life initiatives on commitment of nurses in public hospitals in Kenya to be carried out but with a bigger sample size.
- ii. Find out the influence of work life balance initiatives on commitment of nurses' in faith-based health and private hospitals in the Republic of Kenya.

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## APPENDICES

### **Appendix I: Letter of Introduction**

Dear respondent

I am a PhD student at Jomo Kenyatta University of Agriculture and Technology, school of Entrepreneurship, Procurement & Management. In partial fulfillment for the award of a doctoral degree in Human resource management I am expected to conduct research and write a report. My study is entitled “**Influence of work-life balance initiatives on commitment of nurses in public hospitals in Kenya**”

Kindly facilitate this study by responding to the questionnaire with ultimate honesty. Your responses will be treated with utmost confidentiality and will only be used for academic purposes.

Thank you for your cooperation.

## Appendix II: Questionnaire

### INFLUENCE OF WORK-LIFE BALANCE INITIATIVES ON COMMITMENT OF NURSES IN PUBLIC HOSPITALS IN KENYA

Kindly answer the questions by ticking in the box that best describes your answer or writing your answers in the spaces provided where applicable. The responses provided will be for academic purpose only and will be treated confidentially. The Questionnaire has sections A, B, C, D and E

#### SECTION A: Respondent Background Information

A1. Gender (Please tick the appropriate response)

(a) Male  (b) Female

A2. Age (please tick as appropriate)

a) 20-29

b) 30-39

(c) 40-49

d) 41-49

(e) Above 50

A3. How many years have you worked in this public hospital?

(a) 1-9  (b) 10-19  (c) 20-29  (d) over 30

A4. Indicate your marital status

a) Single  b) Married

**SECTION B: FLEXIBLE WORK ARRANGEMENTS**

Please indicate your level of agreement with the following statements ;( **5=Strongly Agree-SA, 4= Agree-A, 3=Neutral N 2=Disagree-D, 1=Strongly Disagree-SD**)

S/N	STATEMENT	5	4	3	2	1
B1	Flex-time enables me to attend to my personal matters when they arise.					
B2	I am able to adjust flex-time working hours in a way that suits me.					
B3	Flex time enables me to focus more on the job while at work without divided attention.					
B4	I am able to adjust my shift schedules in a way that suits me.					
B5	Shift schedule accords me an opportunity to attend to my personal matters when they arise.					

B6. List two benefits of other flexible work arrangements not mentioned above but provided in your work station.

.....  
 .....  
 .....

B7. Suggest four measures that can be adopted to improve flexible work arrangements in your work station.

.....  
 .....  
 .....

**SECTION C: LEAVE ARRANGEMENTS**

Please indicate your level of agreement with the following statements ;( **5=Strongly Agree-SA**, **4= Agree-A**, **3=Neutral N**, **2=Disagree-D**, **1=Strongly Disagree-SD**)

S/N	STATEMENT	5	4	3	2	1
C1	Annual leave enables me to return to the job with renewed interest and vitality to deliver services.					
C2	An annual leave arrangement accords me an opportunity to relax for an extended period.					
C3	Immediately after annual leave my absenteeism significantly decreases.					
C4	Maternity leave give me a chance to attend to my new born child.					
C5	While on maternity leave am not expected to respond to job related queries.					
C6	After exhausting my maternity leave days, I can apply for annual leave.					

C7. List two benefits of other leave arrangements not mentioned above but provided in your work station.

.....  
 .....  
 .....

C8. Suggest four measures that can be adopted to improve leave arrangement in your work station.

.....  
 .....

**SECTION D: EMPLOYEE ASSISTANCE PROGRAMS**

Please indicate your level of agreement with the following statements ;( **5=Strongly Agree-SA, 4= Agree-A, 3=Neutral-N, 2=Disagree-D, 1=Strongly Disagree-SD**)

S/N	STATEMENT	5	4	3	2	1
D1	Medical insurance cover enables me to secure quality treatment services.					
D2	Medical insurance cover provided to the staff and dependents eliminates my worries about medical expenses.					
D3	Free professional counseling provided to staff enables me address my social and psychological challenges.					
D4	Counseling provided enhances my work attendance rates.					
D5	Counselling provided gives me a chance to focus on the job and stop worrying.					

D6. List two other benefits of employees assistance programs not mentioned above but provided in your work station.

.....  
 .....

D7. List any two measures to be adopted to enhance employee assistance programs.

.....  
 .....



**SECTION E: MODERATING VARIABLE: SUPERVISOR SUPPORT.**

This part refers to the assistance and support you receive from your immediate supervisor. Please indicate your level of agreement with the following statements; (5=Strongly Agree-SA, 4= Agree-A, 3=Neutral-N, 2=Disagree-D, 1=Strongly Disagree-SD)

s/n	STATEMENT	5	4	3	2	1
SS1.	My supervisor is willing to listen to my work and non-work life problems.					
SS2.	My supervisor helps me to arrange my schedule in case of trouble.					
SS3.	I can rely on my supervisor to make sure my work responsibilities are handled when I have unanticipated non-work demands.					
SS4.	My supervisor is a good role model for work and non-work balance.					
SS5.	I receive adequate support from my supervisor which enables me to deliver my best for my personal accomplishments.					

SS6. List two benefits of supervisor support provided but not mentioned above.

.....  
 .....

SS7. List any four measures to be adopted to enhance supervisor support in this hospital.

.....  
 .....

**SECTION F: MODERATING VARIABLE: CO-WORKER SUPPORT.**

This part refers to the assistance and support you receive from your co-workers. Please indicate your level of agreement with the following statements;

**(5=Strongly Agree-SA, 4= Agree-A, 3=Neutral-N, 2=Disagree-D, 1=Strongly Disagree-SD)**

s/n	STATEMENT	5	4	3	2	1
CS1.	Co-workers in this hospital encourage me to enhance my personal and career development.					
CS2.	In this hospital co-workers would step in for me if I needed to leave work to deal with an important non-work issue.					
CS3.	Co-workers are helpful in getting my job done in this hospital.					
CS4.	In this hospital co-workers provide useful advice on job problems and unusual work.					
CS5.	I feel a strong personal attachment to my peers due to the support I get from them.					

CS6. List two benefits of co-worker support provided but not mentioned above.

.....  
 .....

CS7. List any four measures to be adopted to enhance co-worker support in this hospital.

.....  
 .....

**SECTION G: COMMITMENT OF NURSES.**

Please indicate your level of agreement with the following statements;

**(5=Strongly Agree-SA, 4= Agree-A, 3=Neutral-N, 2=Disagree-D, 1=Strongly Disagree-SD)**

S/N	STATEMENT	5	4	3	2	1	
AC1.	I would be happy to spend the rest of my career in this hospital.						
AC2.	I enjoy talking positively about this hospital as the best to work in with people outside it.						
AC3.	I really feel as if this hospital' problems are my own.						
CC1.	I am not afraid of what happen if I resign from this hospital without having another hospital lined up.						
CC2.	Leaving this hospital for another hospital require a great deal of personal sacrifice.						
CC3.	It would be very hard for me to leave my job at this hospital right now even if I wanted to.						
NC1.	I believe in the value of remaining loyal to one hospital						
NC2.	It is right to remain in this hospital even if I get a better offer elsewhere.						
NC3.	Loyalty is one of the reasons that make me continue working in this hospital.						

C10. List three other aspects of commitment not mentioned above but experienced in this hospital.

.....  
.....  
.....

C11. Suggest four measures that can be adopted to enhance your level of commitment to this hospital.....

**I sincerely appreciate your time and cooperation. Thank you.**

### AppendixIII: Hospitals and Nurses Per County

S/N	County	Hospital	Nurses
1	Baringo	6	127
2	Bomet	5	113
3	Bungoma	7	373
4	Busia	6	173
5	Embu	3	323
6	Garrisa	4	125
7	Homa bay	11	214
8	Isiolo	3	114
9	Kajiado	2	152
10	Kakamega	13	349
11	Kericho	9	171
12	Kiambu	9	600
13	Kilifi	5	211
14	Kirinyaga	3	171
15	Kisii	9	294
16	Kisumu	5	400
17	Kitui	10	229
18	Kwale	3	125
19	Laikipia	5	146
20	Lamu	3	58
21	Machakos	5	348
22	Makueni	9	180
23	Mandera	1	54
24	Marakwet/Elgeyo	6	143
25	Marsabit	2	108
26	Meru	15	338
27	Migori	10	134
28	Mombasa	7	454
29	Muranga	6	230
30	Nairobi	15	553
31	Nakuru	3	736
32	Nandi	3	158
33	Narok	11	165
34	Nyamira	3	98
35	Nyandarua	3	213
36	Nyeri	5	409
37	Samburu	2	105
38	Siaya	6	142
39	TaitaTaveta	6	161
40	Tana River	2	64
41	Tharaka- Nithi	2	140
42	Trans-Nzoia	3	204
43	Turkana	2	73
44	UasinGishu	4	81
45	Vihiga	5	86
46	Wajir	4	90
47	West Pokot	7	138
<b>Total</b>		<b>268</b>	<b>10 072</b>

Source: Kenya Nursing Workforce Report: The Status of Nursing in Kenya, 2012