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Organizational Commitment of Para-Medical Staff with reference to Marital Status

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ABSTRACT

The commitment of Para-medical employees contributes significantly to the success of hospital organization. The present study attempts to analyze an organizational commitment marital status of Para-medical employees. The data have been collected from eight cities, comprising of four zones of India. The study uses a stratified sampling method in which 219 Para-medical employees from 32 hospitals have responded. This study uses the well known instrument - ACN scale developed by Allen and Meyer (1997).

The result indicated that there is no significant difference in total score of commitment, affective commitment, continuance commitment and normative commitment with reference to marital status. The reasons have been discussed subsequently.

Keywords: Para-medical staff, India, Organizational Commitment, Hospitals, Marital Status

1.0 Introduction

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. The Indian healthcare industry is growing at a tremendous pace due to its strengthening coverage, services and increasing expenditure by public as well private players. India's primary competitive advantage lies in its large pool of well-trained medical professionals. Also, India's cost advantage compared to peers in Asia and Western countries is significant – the cost of surgery in India is one-tenth of that in the US or Western Europe. India requires 600,000 to 700,000 additional beds over the next five to six years. (IBEF Report 2015).

In healthcare business apart from doctors and nursing staff, there is one core group working very sincerely behind the veil and never hogging the limelight like the former. This group comprises of pathology technicians, radiology technicians, pharmacist and many more who mainly are labelled as 'Para-medical Staff'. The job of this group is most important as the entire performance of doctor's medical treatment is dependent on accuracy in reporting done by the para-medical staff. For effective delivery of healthcare to patients, the role of para-medical staff is crucial. This silent group should be continuously well motivated intrinsically and extrinsically. The commitment of this group contributes significantly to the success of hospital organization.

Marriage, also called matrimony or wedlock, is a socially or ritually recognized union or legal contract between spouses that establishes rights and obligations between them, between them and their children, and between them and their in-laws. Marriage and established family life are the unique qualities of a human being Azeez A.E.P. (2013), which makes them to be an integral element of social life. Marriage as an institution has a crucial role in helping two individuals to have personal growth and enrichment from established family life. Marriage is a commitment with love and responsibility for peace, happiness and development of strong family relationships Philip O. A. & Okai U. M. (2015). Marital adjustment calls for a maturity that accepts and understands growth and development in the spouse. Individuals may marry for several reasons, including legal, social, libidinal, emotional, financial, spiritual, and religious purposes.

1.1 Organizational Commitment (OC)

Employee commitment towards an organization has been defined in a variety of ways including (1) an attitude or an orientation that links the identity of the person to the organization, (2) a process by which the goals of the organization and those of the individual become congruent, (3) an involvement with a particular organization, (4) the perceived rewards associated with continued participation in an

organization, (5) the costs associated with leaving, and (6) normative pressures to act in a way that meets organizational goals (Tikare M.,2015). However, the adopted operational definition of this study is provided by Meyer and Allen (1991). According to this definition, organizational commitment is, "a psychological state that characterizes the employee's relationship with the organization, and has implications for the decision to continue membership in the organization."

1.2 Construct – Organizational Commitment

An employee's liking for an organization is termed *affective commitment* and includes identification *with* and involvement in the organization. Employees with a strong affective commitment continue in employment with the organization because they *want to do so. Continuance commitment* refers to an awareness of the costs associated with leaving the organization. Employees whose primary link to the organization is based on continuance commitment remain with their employer because they *need to do so*. Finally, *normative commitment* reflects a feeling of obligation to continue employment. Employees with a high level of normative commitment feel that they *ought to remain* with the organization (Meyer & Allen, 1997).

1.3 Benefits of Organizational Commitment

Extant literature (Tikare M., 2015) observed that advantages of 'employees with high commitment' like work devotion with great energy, better work performance, better adaption with change, high work satisfaction, high productivity, employee exhibit stability, employee accomplish organizational goals, accepts organizational demands, task completion, best quality production, addresses service recovery, participate in professional development, reduction in employee turnover, reduction in employee absenteeism (Steers, 1977; Porter *et al*., 1974; Reiches, 1985; Larkey & Morrill, 1995; Paré *et al*., 2001; Etzioni, 1975; Mowdays *et al.,* 1974; Rod M. & Nicholas J. A.,2010; Randall, 1987).

2.0 Review of Literature

The literature review is an attempt to offer insights into the factors that constitute an organizational commitment. The review of literature builds a causal linkage between the marital status of the employee and organizational commitment.

2.1 Studies related to Marital Status and organizational commitment

Generally, an individual's marital status can be divided into three categories – Married employees, Unmarried Employees, and Single parents. Taiuwo (2003) found that there is a positive relationship between organizational commitment and marital status. In the view of Chughtai & Zafar (2006), marital status has emerged as a consistent predictor of organizational commitment. Kalenberg et al. (1995), in their study of dentists, found that marriage is related to commitment. However, this relationship was only significant for behavioral commitment among males.

Married people have more family responsibilities and need more stability and security in their jobs, and therefore, they are likely to be more committed to their current organization than their unmarried counterparts. Sikorska-Simmons (2005) suggested that married individuals have a greater commitment to their organizations. The studies conducted by Hrebiniak & Alutto (1972) and John & Taylor (1999) indicated that married people were more committed to their organization than unmarried people. The study of Kacmar et al. (1999); Mathieu & Zajac (1990) also corroborated that married individuals report higher levels of commitment than unmarried individuals because of their greater financial burdens and family responsibilities. Bowen et al. (1994) who found that married workers were more committed to the

organization than single workers. An explanation for this finding might be that married workers rather than single workers have more family responsibilities to cater for that require financial support and as such, they are more committed to the organization.

In the discussion of marriage and organizational commitment, even employees' parental status has outstanding effects on work-family conflict (Bragger et al., 2005; Catalyst, 1996; 2003). According to many studies, parents' experience more work-family conflict than those couples not having children and the reason is children requires disciplined time allocation. The results of Aggarwal & Khandelwal (2009) depicted that there is a significant difference between married and unmarried employees. They provided the rationale that since marriage increases the responsibility of one's family, off-the-job commitment and loyalty (to one's spouse and children) finds itself difficult to translate in on-the-job commitment and loyalty. Research has documented a spill over effect between what happens at work and home (Zedeck and Mosier, 1990) and that quality of one's life, in general, can rub off on a person's work life (Katzell & Thompson, 1990).

The study conducted by Santhana K. L. et al. (2012) in Chennai recognized that employed married women undertake multiple roles and work life balance become a challenge. Marital status majorly affects female employees as described by Corcoran et al. (1984) and Felmlee (1995). It is more probable for mothers rather than fathers to change jobs, work part time or quit working when the family responsibilities increase because families generally cannot risk losing the income of the father, as it is generally higher.

By using Chi-square test, Maini V. (2001) showed that there is a significant negative relationship between marital status and job commitment. This implies that commitment to one's job may be more if one is single. Clearly, marriage brings additional responsibilities of home management and child rearing which negatively affect the job commitment of a woman. Although Hrebiniak & Alutto (1972) observed that separated individuals, especially women, have more commitment level as they see higher costs attached to leaving an organization.

To justify the negative relationship of marital status and commitment Kapur P. (1975) stated, "to be successful in marriage, a woman is required to be submissive, whereas to be successful in a job, a woman is required to be assertive." Thus, expectations in these roles are contradictory, and so a negative relationship exists between them. These findings agree with Fogarty (1971) that the expectations from a woman as a wife and mother are very different from those as an executive. In the study of nurses, Cherniss (1991) and Korabik & Rosin (1996) found that there is no association between marital status and occupational commitment.

Marital status incorporated factors like family responsibility, time allocation to children, financial burden, and contradictory roles in the workplace and the home. Married people need stability and security in their jobs. In the light of these findings and explanation, the question arises, which status group of Para-Medical staff is more committed in hospital organization in India? Therefore, this study hypothesizes that –

Null Hypothesis (Ho)*: There is no significant difference in the total organizational commitment level score with reference to Marital Status.*

3.0 Research Methodology

This part outlines the detailed methodology followed in the research.

3.1 Significance of the Study

There are three ways in which this study added to the collective research literature: (a) it provides insight of organizational commitment of Para-Medics; (b) it may assist healthcare sectors in retaining, satisfying Para-Medical employees by enhancing the commitment level; (c) and it generated data that may be used to develop a model to prompt further research.

3.2 Objectives of the Research

The paper has three objectives, such as:

1. To find out the commitment level of Para-Medical employees towards their hospital organization.
2. To identify the differences in the commitment level of married and unmarried Indian Para-Medics.
3. To make suggestions to hospitals to build a committed workforce.

3.3 Hypotheses of the Study

In the view of literature, the following null hypotheses can be proposed:

Table No. 1: Hypotheses

SR. NO.	HYPOTHESES
3.3.a	*There is no significant difference in the mean **affective commitment** level scores of Para-Medical staff with reference to Marital Status.*
3.3.b	*There is no significant difference in the mean **continuance commitment** level scores of Para-Medical with reference to Marital Status.*
3.3.c	*There is no significant difference in the mean **normative commitment** level scores of Para-Medical with reference to Marital Status.*
3.3.d	*There is no significant difference in the mean **total organizational commitment** level scores of Para-Medical with reference to Marital Status.*

Source: Primary Work

3.4 Research Process

The study has undertaken by adopting the following process-

Table No. 2: Research Process

Epistemology	Theoretical Perspective	Methodology	Methods	Analysis
Objectivism	Positivism	Survey Research	• Sampling • Questionnaire	Statistical analysis

Source: Primary Work

This research study has been designed to be deductive in nature and reflects an objective inquiry. The study seeks to present an acceptable notion of the differences among commitment level of the Para-Medics with reference to marital status. The epistemology of the study has taken a positivist stance, and the phenomenon is explained with empiricism and logical reasoning by using quantitative data (Tikare M., 2015).

3.5 Scope of the Study

The data were collected from four zones and eight cities of India representing 32 hospitals. All these hospitals are either trust hospitals or private hospitals and have more than 50 bedded capacities. The focus of the study is on Para-Medical employees working in the hospitals. However, the discussion regarding '*Gender',* '*Occupational Commitment',* kept out of the scope of this study.

The Para-Medical Staff is defined as 'A person trained to assist medical professionals and to give emergency medical treatment' (thefreedictionary.com).

The operational definition of marital status is, 'The marital status is the civil status of each individual in relation to the marriage laws or customs of the country, i.e. never married, married, widowed and not remarried, divorced and not remarried, married but legally separated, de-facto union (stats.oecd.org). However, with reference to Indian Para-Medics, this study has made only two groups, i.e. Married and Unmarried.

3.6 Data collection

To conduct this study, 400 questionnaires were distributed among the Para-Medical staff. This study was conducted during May 2011 -March 2013. But after the completion of the survey, only 300 Para-Medics gave their responses, out of which only 219 questionnaires were included in this study. As a result, the response rate was 55%. During this study, the following sampling techniques were used.

Table No.3: Techniques Used In Sampling

Selection Elements	Techniques Used	Basis
Selection of Zones	Stratification	Based on- • Study of V. K. Chadha et al. (2003) • National Employability Report 2013

Selection of Eight Cities	Stratification	Following references used to find out Tier I & Tier II cities in India - • India Urbanization Econometric Model, McKinsey Report – 2010 • CARTUS Report 2010
Selection of Hospitals	Disproportionate Stratification	Based on criteria of inclusion- • Private and Trust hospitals • More than 50 beds capacity However, all government hospitals were excluded.
Selection of Employees	Systematic Random	Criteria: • Inclusion of Para-Medical staff • Exclusion of Class IV and other hospital employees

Source: Primary Work

3.7 Description of Tools

It was decided to use a structured survey schedule because the information that needed to be obtained from Para-Medical staff belongs to 32 different hospitals. The structured schedule ensures uniformity and accuracy while administering the schedule (Tikare M., 2015). The survey schedule has two parts. The first part covers demographic profile, i.e. Zone, City, Name of Hospital, Department, Qualification, Total Professional Experience, Age, Marital Status and Monthly Salary. The second part focuses on commitment variables which comprise of Affective Commitment, Continuance Commitment, Normative Commitment. The schedule includes all close-ended items.

3.7.1 Selection of Tool: Organizational Commitment

Different scholars have conceptualized the OC construct differently and developed their measures accordingly. Only three measures that were considered standard, repetitively used earlier and previously tested. Out of these three measures, the researcher has selected Meyer and Allen's (1997) scale. The Selection of Tool with appropriate rationale is presented as follows-

Table No.4: Selection of Tool, its Dimensions with Appropriate Rationale

SR. No.	Measures (Standard)	Developed by	Dimensions	Selected/ Not Selected	Rationale
1	Organization Commitment Questionnaire (OCQ)	Porter et al. (1974)	Loyalty, Value, Goal congruency, Willingness for Extra-effort	Not selected	• Quite old • Based on attitudinal dimension
2	British Organization Commitment Scale (BOCS)	Cook and Wall (1980)	Identification, Involvement, Loyalty	Not selected	Primarily developed for the UK blue-collar workers
3	Three-dimensional scale (ACS, CCS, NCS)	Meyer and Allen (1991, 1997)	Affective, Continuance, Normative	**Selected**	1. Widely used in research* 2. Revalidated by Krishnaveni R. & Ramkumar N. (2008) and recommended suitable for future research in an Indian context.

*Dunham et al., 1994; and McGee & Ford, 1987.

The researcher wanted to use the latest scale which is suitable for the Indian context to shape up the research with finesse. Exploration of the extant literature revealed that Meyer and Allen's scale (ACN) is the most widely used scale (Dunham et al., 1994; McGee & Ford, 1987). Moreover, Krishnaveni R. & Ramkumar N. (2008) studied the revalidation of the three-component conceptualization model of Meyer and Allen (1997) in the context of India and recommended that the scale is suitable for future research. Therefore, the researcher has used a ready-made tool developed by Allen and Meyer (1997) as they measured the desired variables, happens to be the most recent and was also found to be suitable in the Indian context. There is a total of 18 items in the scale of which four are reverse edged items (Tikare M.,2015). This was modified in the Indian context as recommended by Krishnaveni R. & Ramkumar N. (2008).

3.7.2 Reliability of the Tool

The test details are depicted below:

Table No. 5: Reliability of Instrument (ACN)

Variables N =138	Cronbach Alpha	Cronbach Alpha of earlier* studies - Range
Affective Commitment (6 Items)	0.847	0.77 to 0.88
Continuance Commitment (6 Items)	0.706	0.65 to 0.86
Normative Commitment (6 Items)	0.756	0.69 to 0.84

*Allen & Mayer (1990a); Cohen A. (1996, 99); Cohen and Kirchmeyer (1995); Hackett et al. (1994); Meyer & Allen (1997); Meyer, Irving & Allen (1998); Somers & Birnbaum (1998).

3.7.3 Validity of the tool

After assessing the reliability of ACN measure, a factor analysis was conducted. After factor analysis, it was whittled down to 18 items under three components, namely, Affective, Continuance, and Normative Commitment (ACN). The following table indicates the results of factor analysis –

Table No. 6: Validity of Instrument - Factor Analysis

Variables –N=219	KMO Measures of Sampling Adequacy With P Value	No. New Components	The Total of Factor Loading	Eigen Values	Total Variance Explained	New Factors
Affective Commitment (6 Items)	0.853 P = 0.000	1	4.525	3.422	57.032	Affective Commitment
Continuance Commitment (6 Items)	0.696 P = 0.000	1	3.794	2.448	40.793	Continuance Commitment
Normative Commitment (6 Items)	0.828 P = 0.00	1	3.982	2.971	49.515	Normative Commitment

Source: Primary Work

Extraction Method: Principal Component Analysis.

Based on the generally accepted rules of selecting a factor solution with Eigen values greater than 1 and incremental variance, a three-factor solution was accepted. Finally, the researcher has used the scale of Allen & Meyer (1997) without making any modifications.

3.7.4 Scoring Method

Respondents were asked to reply to each item using a five-point Likert scale format: Strongly agree; agree; neutral; disagree and strongly disagree- as it applies to his or her organizational commitment level. Higher scores indicated a higher level of commitment and lower scores indicates otherwise.

3.7.5 Interpreting the Score

The following ranges for the sets of scores provide a quick interpretation of the respondents' scores.

Table No. 7: Range and Interpretation of Measurements

Variables	**No. of Questions**	**Rating Scale**	**Range**	**Interpretation For Measurement**	
Affective Continuance Normative	6 (Each)	1 to 5	6 to 30	6.00 to 14.00	Lower Level of Commitment
				14.01 to 23.00	Moderate Level of Commitment
				23.01 to 30.00	High Level of Commitment
Total Organizational Commitment	18	1 to 5	18 to 90	18.00 to 42.00	Lower Level of Commitment
				42.01 to 66.00	Moderate Level of Commitment
				66.01 to 90.00	High Level of Commitment

Source: Primary Work

4.0 Data Analysis

The statistical techniques like descriptive techniques and Independent 't' Test are used in this study to attain objectives of the study.

4.1 Demographic Profile

This part of the study is focused on details about the demographic profile of respondents from all over India.

Table No. 8: Sample Distribution of Para-Medical Staff

Demographic Profile Total N = 219	Groups	Frequencies
		N
Zone	East Zone	79
	North Zone	57
	South Zone	45
	West Zone	38
Age	Below 21 to 30 Years	121
	31 to 40 Years	65
	41 to 50 Years	21
	51 to 60 Years	12
	More than 60 Years	0
Marital Status	Married	129
	Unmarried	90
Gender	Male	136
	Female	83

Source: Primary data

4.2 Descriptive Analysis of Commitment Variables

The computation of Total Score, Mean and Standard Deviation is obtained by using SPSS. Table No. 9 shows the division of commitment level in three parameters, i.e. High Level, Moderate Level and Low Level.

Table No.9: Score, Mean and Standard Deviation

Variables of Commitment	Score (Sum)	Mean	Standard Deviation	Measurement of Level
Total Commitment	14692	**67.08**	9.226	High Level
Affective Commitment	5380	**24.57**	3.960	High Level
Continuance Commitment	4564	**20.84**	3.564	Moderate Level
Normative Commitment	4748	**21.68**	3.856	Moderate Level

Source: Primary Work

From the above table, it is observed that –

- All Para-medical staff showed a high level of total commitment, affective commitment. However, they possess a moderate level of continuance and normative commitment.

4.3 Testing of Hypotheses

This part presents testing of hypotheses formulated for the study. The data analysis has been presented.

4.3.1 Null Hypothesis – Marital Status and Para-Medical Staff

The following table depicts descriptive statistics and Independent 't' Test for commitment level with two groups of marital status. The significance level and retention or rejection of hypotheses also demonstrated with appropriate rationale.

Table No. 10: Descriptive Statistics and Independent 't' Test of Commitment with two groups of Marital Status

Marital Status	Married	Unmarried	t Value	Sig. p value	Significant / Not Significant (S/NS)
N= 219	129	90			
Variables	Mean SD	Mean SD			
Total Score of Commitment	67.71 8.18	66.08 10.51	1.286	0.200	NS

Affective Commitment	24.93 3.721	24.03 4.260	1.649	0.101	NS
Continuance Commitment	20.95 3.451	20.67 3.745	.567	0.572	NS
Normative Commitment	21.84 3.694	21.39 4.063	.859	0.391	NS

Source: Primary Work

4.3.2 Analysis

The group of married Para-Medical staff revealed a higher mean for all the variables. However, there is no significant difference between married groups and unmarried groups as 'p' value is more than 0.05.

4.3.3 Findings

It is observed that there are similarities in the level of organizational commitment between the two groups. Hence, the following Null Hypotheses are retained with reference to Marital Status-

Table No.11: Retention or Rejection of Hypotheses – Marital Status

SR.NO.	Details of Hypotheses	Retained/Rejected
3.3.a	*There is no significant difference in the mean **affective commitment** level score of Para-Medical Staff with reference to Marital Status.*	**Retained**
3.3.b	*There is no significant difference in the mean **continuance commitment** level score of Para-Medical Staff with reference to Marital Status.*	**Retained**
3.3.c	*There is no significant difference in the mean **normative commitment** level score of Para-Medical Staff with reference to Marital Status.*	**Rejected**
3.3.d	*There is no significant difference in the mean **total commitment** level score of Para-Medical Staff with reference to Marital Status.*	**Retained**

Source: Primary Work

4.3.4 Discussion

The analysis on the basis of two groups of Marital Status described the similarity of the commitment level. The following may be the reason for a similar level of commitment –

1. In the case of para-medical staff, the married staff is more committed towards organization due to the financial pressures and inherent benefits of healthcare for self and family.

2. Unmarried Staff is more committed due to the opportunity for learning and career advancement.

From the above discussion, it may be concluded that factors like the opportunity for learning, career advancement, and financial pressure affect organizational commitment. The previous research conducted by Maini V. (2001); Kapur P. (1975); Cherniss (1991); Korabik & Rosin (1996); and their findings associated with the negative relationship between marital status and organizational commitment are not consistent with the findings of the present study.

5.0 Implication and Recommendation

The marital status does not interfere if there is a professional role; if there are legal & ethical and financial responsibilities; and if there is an urge for career advancement.

The following suggestions are proffered to HR Practitioners to build committed workforce in the hospital organization-

A. There should be provisions for Flexi-timings, vacations which may enhance the commitment level of the Para-Medical Staff.
B. There should be an opportunity for learning with advanced technology.

This study has used self-report survey which could be a limiting factor. It is also important to consider that the samples used in this study are Para-Medical Staff, therefore the results of the study cannot be generalized to other industries.

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