



A Study of Organizational Commitment with reference to Marital Status of Indian Nursing Staff

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Received: Jun 06, 2015;

Accepted: Jun 21, 2015;

Published: Jul 21, 2015

Source of Support: Nil

No Conflict of Interest: Declared

ABSTRACT

“Health is Wealth”, health is considered as the most important phenomenon in today’s world which determines the wealth of the country at large. Nursing staff plays the major role in the healthcare industry and it is obligatory that their needs have to be taken care and a congenial atmosphere is created for them to work with utmost job satisfaction and content, the result of which would be a high-quality nursing care. The present study focuses on organizational commitment with reference to the marital status of the nursing professionals.

The data have been collected from eight cities, comprising of four zones of India. The study uses a stratified sampling method in which 376 Nursing Staff from 32 hospitals has responded. This study uses the well-known instrument - ACN scale developed by Allen and Meyer (1997).

The group of married nursing staff revealed a higher mean for all the variables of commitment. However, there are similarities between married and unmarried nursing staff at the level of affective commitment, continuance commitment, and total organizational commitment. Conversely, there is a significant difference in normative commitment level between married and unmarried nursing staff of India. The result of the study confirmed the findings of the earlier studies related the positive relationship between marital status & organizational commitment, and higher commitment level of married employees as well as unmarried employees. This study suggests that the HR Managers should understand the issues of married & unmarried nursing staff and develop HR Policies accordingly.

Keywords: Marital status, Nursing Staff, India, Organizational Commitment

JEL Classifications Code: L2

INTRODUCTION

“Health is Wealth,” health is considered as the most important phenomenon in today’s world which determines the wealth of the country at large. The healthcare sector in India will grow to \$158.2 billion in 2017, and growing rate is 15% CAGR. The factors behind the growth are rising incomes, easier access to high-quality healthcare facilities, greater awareness of personal health & hygiene, and medical tourism. The private sector has emerged as a vibrant force in India’s healthcare industry, lending it both national and international repute. There is substantial demand for high-quality and specialty/tertiary health care services in tier-II and tier-III cities (Economic Times, 2nd Dec. 2013, Mumbai). Thus, the country’s healthcare system is developing rapidly, and it continues to expand its

coverage, services and spending in both the public as well as private sectors. In order to create a balance between the provision and reception of healthcare, various strategies have been worked out which makes the industry effectively by health consciousness among people & welfare schemes. To serve a growing Indian population, the sector will need 100,000 additional doctors and 300,000 additional nurses every year through 2034 (PricewaterhouseCoopers, 2014). Hence, the Indian ministry was taken decision to admit married women to nursing courses to face an acute shortage of trained nurses (The Times of India -19th Feb. 2010).

Nurses play the crucial role in the healthcare industry and are the first ones who are thought about when we talk about healthcare. Dedication towards needy patient’s good health is set to be the core of an efficient healthcare delivery system. Thus, it is necessary that their needs have to be



taken care and a congenial atmosphere is created for them to work with utmost job satisfaction and content to ensure a high-quality nursing care. To sustain the brand image of the hospital organization nursing staff has to be well motivated intrinsically as well as extrinsically and totally committed towards the hospital organization.

However, if one focuses on National and Regional newspapers of India (2011 to 2015), almost every alternate day there are some prominent issues highlighted, pertaining to nursing staff. These issues are as follows: wage revision & working conditions, protection from infections, ill-treatment by management and co-workers, over-burdened with duties and high-handedness of management like withholding original certificates of employees. . The Hindustan Times (Kerala, 13th July 2014) reported that in India, more than 90% nurses belong to Kerala and struggles under the pressure of 'being good,' and 'obedient'- on the job and for the family - without complaints, more than her counterparts from elsewhere in India. It also highlighted that several private nursing institutions demand resignations if nurses get pregnant. These issues resulted in strikes, migration to other countries and medical negligence (Victoria N. 2013) and in extreme cases even suicide. Thus, the hospitals in India represent a study in contrast with one facet that point to optimistic growth and the other facet relating to the vulnerable situation of the nursing staff.

"Care is seen as a feminine attribute and duty; women are socially constructed as being able to provide emotional and care services (Times of India, Mumbai - 23rd June 2015). Though, nursing is a profession, having great worth and societal acceptance, those people are engaged in this career is overburdened with excessive responsibilities and low payments, especially in a country like India, where the clear-cut institutional division of labor is still a dream. Apart from the problems in the job, as like any other women's in employment, nurses are having difficulties related to the dual role (Abdul A. E.P., 2013). Santhana K. L. et al., (2012) described the multiple roles of nurses which has expanded from a health care provider to health educator, diagnostic assistant, post-care supporter, health advisor, physician assistant, operation theatre assistant, health counselor, health promoter, administrator, health researcher, health supervisor, and health reporters.

Marriage and established family life are the unique qualities of a human being, which makes them 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. However, women in Indian homes are primarily responsible for the healthcare of children, sick, disabled and elderly family members (Times of India, Mumbai - 23rd June 2015). Marital adjustment calls for a maturity that accepts and understands growth and development in the spouse. Married women's attention is diverted because of working in two situations. They cannot

give proper attention to their marital lives, and this causes depression and stress, which impact on job performance (Hashmi H. A. et al., 2007). Abdul A. E.P. (2013) described that professionals like nurses are more prone to have dissatisfaction from marital relationship, as they are engaged in a stressful job which has complications in regard with shifts, long hours of duty. This segment has been considered as professionals, but the benefits in the form of kindness and consideration have low, especially nurses who are employed in private hospitals. The study conducted by Sharma K. & Vatsa M. (2011) selected 60 married nurses from Delhi City and illustrated that there are high levels of role conflict with the domestic role and occupational role. The nature of duty and work schedules of nurses are unique that can have distinct implications for their family life experiences with marital partners.

Commitment to the job is one of the most important factors affecting the development and reputation of the organization. However, commitment is influenced by different factors, e.g. salary, qualification, age, experience, marital status, co-workers and supervisory relationship and other facilities available to the employees of the organization (Farooq et al., 2011).

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. 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."

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).

Benefits of Organizational Commitment

Extant literature observed that advantages of 'employees with high commitment' like work devotion with great energy, better work performance, better adaptation 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).

REVIEW OF LITERATURE

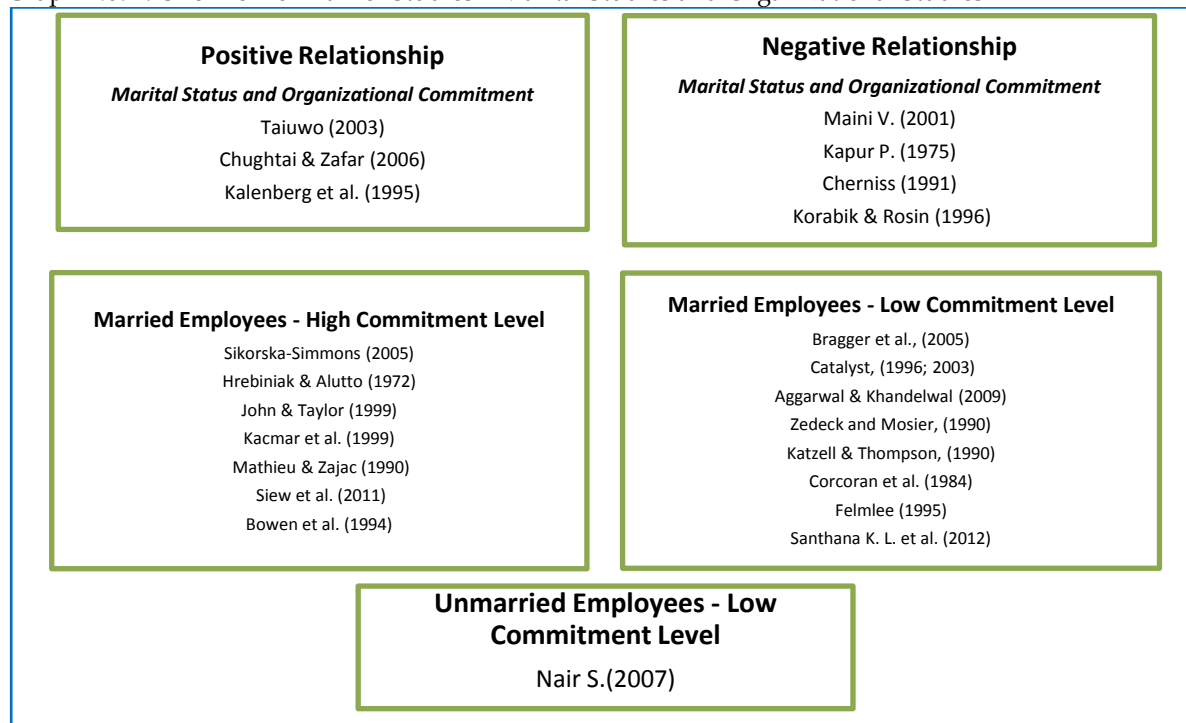
The literature review is an attempt to offer insights into the factors that constitute an organizational commitment. The review of literature builds a causal linkage between the marital status of the employee and organizational commitment.

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 the organizational 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 healthcare set up Siew *et al.* (2011) argued that married nurses have greater financial burdens and family responsibilities than unmarried nurses. Leaving their current organization may interfere with their family life. Therefore, married nurses tend to report a high level of organizational commitment.

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 at home (Zedeck and Mosier, 1990). The 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 becomes a challenge. In addition, nurses have to work towards their professional improvement which adds to their work pressure. Marital status majorly affects female employees as described by Corcoran *et al.* (1984) and Felmler (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 cannot risk losing the income of the father, as it is generally higher. However, Nair S. (2007) observed in her qualitative research that all the young 'unmarried nurses' were preparing for various tests to go to Western countries and the Gulf region. It shows that unmarried nurses have a lower level of commitment. The study of Blau (1985) showed that single nurses are more committed to their occupation compared to the married nurses. 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. The 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 between 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.

Graph No. 1: Overview on Earlier Studies – Marital Studies and Organizational Studies



Source: Prepared on the basis of Literature Review

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 nurses 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.*

RESEARCH METHODOLOGY

This part outlines the detailed methodology followed in the research. The objectives and significance are stated, followed by research design of the study. A detailed depiction of the sample is shown with an explanation of the tools used with a description of the procedure of data collection.

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 Nursing Staff; (b) it may assist healthcare sectors in retaining, satisfying Nursing Staff by enhancing the commitment level; (c) and it generated data that might be used to develop a model to prompt further research.

Objectives of the Research

The paper has three objectives, such as:

- To find out the commitment level of Nursing Staff towards their hospital organization.
- To identify the differences in the commitment level of married and unmarried Indian Nursing Staff.
- To make suggestions to hospitals to build a committed Nursing Staff workforce.

Hypotheses of the Study

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

Table No. 1: Hypotheses

SR. NO.	HYPOTHESES
H.a	There is no significant difference in the mean affective commitment level scores of Nursing Staff with reference to Marital Status.
H.b	There is no significant difference in the mean continuance commitment level scores of Nursing Staff with reference to Marital Status.
H.c	There is no significant difference in the mean normative commitment level scores of Nursing Staff with reference to Marital Status.
H.d	There is no significant difference in the mean total organizational commitment level scores of Nursing Staff with reference to Marital Status.

Source: Primary Work

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 reflect an objective inquiry. The study seeks to present an acceptable notion of the differences among commitment level of the nursing staff 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.

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 nursing staff working in the hospitals. However, the discussion of ‘Gender’ and ‘Occupational Commitment’ kept out of the scope of the study.

The Nurse is defined as person formally educated and trained in the care of the sick or infirm (Dictionary.com). Nursing is defined by the International Council of Nurses, as, ‘Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people’.

The Indian Nursing Council is the regulatory body for the profession of nursing. A person practising nursing must be registered with the nursing council. According to the Indian Nursing Council, there is 20 lakh registered nurses in India out of which 18 lakh is in Kerala.

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 Nursing staff, this study has made only two groups, i.e. Married and Unmarried.

Data collection

To conduct this study, 500 questionnaires were distributed among the Nursing Staff. This study was conducted during May 2010-March 2013. But after the completion of the survey, only 400 Nursing Staff gave their responses, out of which only 376 questionnaires were included in this study. As a result, the response rate was 75%. 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 Nursing Staff • Exclusion of Class IV and other hospital employees

Source: Primary Work

Description of Tools

It was decided to use a structured survey schedule because the information that needed to be obtained from Nursing employees belongs to 32 different hospitals. The structured schedule ensures uniformity and accuracy while administering the schedule. 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.

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	• Widely used in research* • 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. These items were modified in the Indian context as recommended by Krishnaveni R. & Ramkumar N. (2008).

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)	0.807	0.77 to 0.88
Continuance Commitment (6 Items)	0.698	0.65 to 0.86
Normative Commitment (6 Items)	0.747	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).

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 3 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=138	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)	0.824 P = 0.000	1	4.284	3.039	51.549	Affective Commitment
Continuance Commitment (6 Items)	0.697 P = 0.000	1	3.787	2.448	39.889	Continuance Commitment
Normative Commitment (6 Items)	0.763 P = 0.00	1	3.972	2.683	44.724	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.

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.

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

DATA ANALYSIS

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

Demographic Profile

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

Table No. 8: Sample Distribution of Nursing Staff

Demographic Profile Total N = 376	Groups	Frequencies	
		N	Percentage
Zone	East Zone	93	25%
	North Zone	128	34%
	South Zone	119	31%
	West Zone	36	10%
Education	Graduate and Post Graduates	61	16.2%
	HSC &/Or Diploma	292	77.7%
	SSC &/Or Diploma	23	6.1%
Total Experience	Less than 5 Years	228	61%
	5 to 10 Years	80	22%
	10 to 15 Years	28	7%
	15 to 20 Years	16	4%
	More than 20 Years	24	6%

Monthly Salary	Less than Rs. 5000	65	17%
	Rs. 5001 to 20000	292	78%
	Rs. 20001 to 50000	16	16%
	More than Rs. 50000	3	1%
Age	Below 21 to 30 Years	278	73%
	31 to 40 Years	60	16%
	41 to 50 Years	29	8%
	51 to 60 Years	7	2%
Marital Status	Married	141	38%
	Unmarried	235	62%
Gender	Male	44	12%
	Female	332	88%

Source: Primary data

Descriptive Analysis of Commitment Variables

The computation of Total Score, Mean and Standard Deviation is obtained by using SPSS. Table No. 9 shows a 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 Organizational Commitment	24721	65.74	9.249	Moderate Level
Affective Commitment	8860	23.56	3.971	High Level
Continuance Commitment	7738	20.58	3.736	Moderate Level
Normative Commitment	8123	21.60	3.903	Moderate Level

Source: Primary Work

From the above table, it is observed that - All Nursing Staff showed a moderate level of total organizational commitment, continuance commitment, and normative commitment. However, they possess a higher level of affective commitment towards the organization.

Testing of Hypotheses

This part presents testing of hypotheses formulated for the study. Subsequently, the data analysis has also been done by representing the findings and conclusion

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)
Total Nursing Respondents - 376	141	235			
Variables	Mean SD	Mean SD			
Affective Commitment	23.90 3.780	23.36 4.076	1.275	0.203	No Significant Difference
Continuance Commitment	20.70 3.601	20.51 3.820	0.463	0.644	No Significant Difference
Normative Commitment	22.28 3.546	21.20 4.056	2.610	0.009	Significant Difference
Total Score of Organizational Commitment	66.87 8.458	65.07 9.648	1.833	0.068	No Significant Difference

Source: Primary Work

Null Hypotheses - Marital Status and Nursing 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.

Analysis

The group of married nursing staff revealed a higher mean for all the variables of commitment. Yet, the differences in the mean affective commitment level, continuance commitment level, and total organizational commitment level are not significant as 'p' value is more than 0.05. However, the mean of the normative commitment level of nursing staff showed a significant difference as 'p' value is less than 0.05.

Findings

It is observed that the affective, continuance and total organizational commitment levels of nursing staff are similar for married and unmarried employees. Hence, the following Null Hypotheses are retained/rejected 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 Nursing staff with reference to Marital Status.	Retained
3.3.b	There is no significant difference in the mean continuance commitment level score of Nursing staff with reference to Marital Status.	Retained
3.3.c	There is no significant difference in the mean normative commitment level score of Nursing staff with reference to Marital Status.	Rejected
3.3.d	There is no significant difference in the mean total commitment level score of Nursing staff with reference to Marital Status.	Retained

Source: Primary Work

Discussion

The analysis on the basis of two groups of Marital Status of nursing staff described the similarity of the commitment level except normative commitment. The following may be the reasons for a similar level of commitment -

- The unmarried nursing staff is not bound by family liabilities; hence they are committed to their hospital and discharge their duties with high dedication.
- It might be possible that an unmarried nursing staff is more career-oriented and ready for relocation due to personal reasons like fewer familial responsibilities.
- Another reason for a job switch, observed in the hospital sector, particularly amongst female unmarried nursing staff is seeking changes in certain aspects of the job when they are about to enter into matrimonial alliances. Therefore, they have a moderate level of commitment towards the

organization and switch as soon as they come across better salaries or get better opportunities to grow.

- Married employees' commitment towards organization may be due to financial pressures of meeting several demands of self and family, strong prospects of reaping benefits of healthcare for self and family which is quite expensive to a layman.
- There is the growing trend of 'working couples' also creates its own sets of demands and concerns. Consideration of a spouse's career might discourage some employees to relocate in spite of best opportunity.
- Married or single parents face day-to-day financial pressures of meeting several demands of running the household and family. It makes them somewhat risk averse and resistant to change. Hence, they are less likely to change a job and committed to their current job.

Graph No. 2: Reasons for Commitment



Source: Primary Work

From the above discussion, it may be concluded that factors like financial pressures, healthcare benefits, and minimal family responsibilities make employees more committed towards the organization. On the other hand, the feeling of relocation due to the matrimonial alliance and dream to climb the career ladder quickly decreases their commitment level towards the organization. The consideration of a spouse's career (Times of India - 12th Feb. 2015, Kolkata) is also an important determinant of organizational commitment in India.

The above findings has been corroborated by earlier research studies which showed a positive relationship between marital status and commitment level towards the organization - Taiwo, (2003); Chughtai A. & Zafar S.,(2006); Kalenberg et al. (1995). The higher mean value of commitment depicted by married nursing staff is consistent with the earlier studies, like Sikorska-Simmons (2005); Hrebiniak & Alutto (1972); John & Taylor (1999); Kacmar et al. (1999); Mathieu & Zajac (1990); Siew et al. (2011).

However, Mathieu & Zajac (1990) discussed about greater financial burdens and family responsibilities; and Bragger et al. (2005); Catalyst (1996, 2003) argued that employees' parental status has outstanding effects on work-family conflict. The study of Aggarwal & Khandelwal (2009) brought out that marriage increases the responsibility of

one's family, off-the-job commitment, and loyalty. Such reasons are relevant to Nursing Staff of India.

The previous research conducted by Maini V. (2001); Kapur P. (1975); Cherniss (1991); Korabik & Rosin (1996); and their findings associated with negative relationship between marital status and organizational commitment is not consistent with the findings of the present study. In addition, Nair S. (2007) conducted qualitative research in India and observed that young, unmarried nurses were preparing for various tests to enable them to go to Western countries and the Gulf region. This implies that unmarried nursing employees are looking for a career abroad and are ready to migrate and have a lower organizational commitment. Such finding is contradictory to the finding of the present study.

IMPLICATION AND RECOMMENDATION

Marital status affects commitment levels of employees as it increases family and financial responsibilities. However, marital status does not interfere if there is a professional role; if there are legal & ethical 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-

- Unmarried employees need learning opportunities and career planning in organizations. HR Heads should understand this need of employees and incorporate it in manpower and succession planning. HR Heads should facilitate higher education and training for employees.
 - Married nursing staff requires accommodation for their families. If possible HR Heads should provide them such facility. There should be provisions for healthcare benefits or health insurance for the family, which enhance the commitment level of nursing staff.
- 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 'Nursing Staff', therefore, the results of the study cannot be generalized to other industries.

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