

FAMILY SUPPORTIVE HR PRACTICES: BASIC REQUIRMENT OF INDIAN HOSPITALS TO REDUCE TURNOVER INTENTIONS OF NURSES

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Abstract: Purpose: Today topic of Women empowerment becomes the global concept, but the big question is that – Does the women really get power or opportunity to transform her status in the society, or she is still acting like a pendulum and moving “to and fro” between work-family responsibilities. Therefore question raised in a mind that, organizations those hold large female population as employees, how use such HR practices which were basically used in those organizations which were male dominating. So the present study attempts to updating the role of work-family psychological contract and explore the role it plays in managing work-family conflict.

Sample and Method: The sample consisted of 100 nursing professionals. Within the sample 50 participants belonged to a private hospital named Apollo (Ranchi) and 50 belonged to the Sir Sunderlal hospital, located in the campus of Banaras Hindu University, Varanasi which is a government hospital.

Finding- Stepwise regression analysis of the data revealed that the use of “work-family psychological contract” emerged as a negative predictor of work-family conflict and turnover intentions in both the hospitals (public & private).

Implication and Value-The study has important implications for Indian private and public sector hospitals which are currently facing problems of migration of nursing professionals and retaining them. Despite this Indian hospitals are still lacking to use family supportive Hr, strategies to retain female employees and help them to manage work and family parallely. Data also showed that family supportive Hr strategies are always applicable and suitable in Indian context.

Keywords: Turnover intentions, Work-Family conflict, Work-Family psychological contract.

Introduction:

Work-Family Conflict: The proposed paper is basically devoted to those working women who handle work and family responsibility equally. On both the front they fight like a skilled knight and struggle to balance the equilibrium between work and family life. But as a human being they have limited capability and resources to handle all the pressure. Their dual roles as mothers and executives require exceptional coping capacities and skilful balancing in work-family life to ensure that the needs of all those who depend on them are met and that they are still able to meet their own needs. This indeed requires an artful balancing act of these roles and it could be argued that a potential imbalance in either of these roles could lead to role conflict. It is therefore of interest to know how these women balance their dual roles and to consider the effect that this may have on their well-being.

Rajadhyaksha and Velgach (2009) reported gender differences with respect to work family conflict, indicated that women reported more work interference in family than men. On professional front she is expected to be committed, dynamic, competitive, straight forward, non-sentimental and act in a "business like" manner and at home, she is expected to be sweet, soft, sensitive, adaptable, gentle, unassertive and domesticated (Misra 1998).

This situation put challenging situation in front women, so that they are moving like a pendulum

between work and family roles. These contradictory expectations cause the most confusion, tension and create many other problems for her. A woman employee finds it difficult to do justice to the two roles at the same time. An attempt to play one of the roles with perfection leads to an inadvertent sacrifice of the other. Therefore the situation creates a feeling of dilemma, guilt and stress because of divided attention between work and family, and finally gives rise to work-family conflict.

Work-family conflict is probably the most frequently studied construct in the work-family field. Greenhaus and Beutell (1985) defined work-family conflict as “a form of Inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect”, multiple roles create strain, thus a woman assuming multiple roles finds herself under increasing pressure to reconcile the dual burden of the two roles at her home and her workplace because each is a full time job which ultimately results in work family conflict.

Perception of wok-family conflict by the employer is a threatening situation for Organization. Employer perceive, employees suffered from work-family conflict as a sting for their organizations. For the employers such role conflict means disillusionment, dissatisfaction and strained relations with women employees, their lower standard of work performance and disregard of organizational goals. Previous researches have shown that employees are not able to

handle work and family roles successfully because of perceptions of insufficient time and energy which could affect their organizational commitment (Haar & Spell, 2004).

Psychological Contract Fulfillment / Work-Family Psychological Contract: When we talk about the concept of psychological contract one thing should be very clear in our mind, that psychological contracts are basically based upon our beliefs, values and priorities, and our beliefs and priorities are moulded by culture. Culture in which a person born and brought up gives shape to the values and beliefs. So that these variables decide the person/employees needs, expectations, priorities and behaviour in society or workplace. Even though it has been argued that cultures, systems and institutions are important in shaping the psychological contracts (Sparrow, 1998), little attention has been given to the impact of cultural values on studies related to psychological contract.

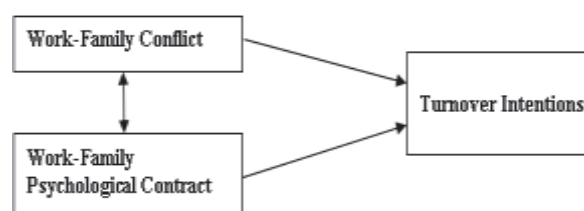
So the study will initially investigate how the cultural values held by Indian working women, reflected in the employment relationship. Secondly, it investigates how Indian cultural values play role in formation of psychological contract. It is hoped that the findings will be able to contribute to our understanding of the how employees from different culture view their psychological contract.

India was one of the highly collectivist, power distance and patriarchal country, but now new picture of India is emerging on the global canvas, where female population has holding high positions in the workplace, but this doesn't mean that she is free from the traditional roles of ideal woman, which were allotted to them in Indian society. So they expect organizations to be fair, honest, responsive to their family needs, able to provide them with adequate training, job security, including family benefits. So in dealing with Indian female employees who have both work and family responsibilities, many organizations around the world have adopted work-family policies (Yanadoria & Katob, 2009). Past research on psychological contracts has focused on certain core areas of the exchange relationships, and has neglected a diverse range of other possible aspects in work life (Conway & Briner, 2005). Rousseau (1995) suggests that those with family responsibilities may negotiate new psychological contracts that include family responsive benefits.

Turnover Intentions: Gautam (2001) reported that female doctors and nurses were more stressed than males, in time pressure (not enough time) caring for own family at the same time caring for others, high patient load, and irregular work hours as well as challenging work conditions make female particularly prone to experiences of work-family conflict, and finally its become the antecedent of turnover

intentions. There is also clear evidence that employees with higher work-family conflict report less organizational commitment. This reduced commitment is also seen in studies of turnover intentions in particular, were employees with higher work-family conflict are more likely to report intentions to leave the organization (Gautam, 2001). Forsyth and Polzer- Debruyne (2007) conducted a survey on 1187 employees of organizations in New Zealand and found that employees perception that employers were providing support for work life balance, this in turn, reduced their intentions to leave. The study provided evidence that initiatives which staff interprets as supporting their work life balance can have consequences for the organization, to reduce intention to leave.

Figure 1: The Theoretical Framework of the Study



Hypotheses:

From Figure 1, we derived the following :

H1: Work-Family conflict would be positively related with the turnover intentions of nursing professionals in both the hospitals.

H2: Work-Family Psychological contract would be negatively related with turnover intentions of nursing professionals in both the hospitals.

H3: Work-Family conflict would be more negatively related with the Work-Family Psychological contract of nursing professionals in both the hospitals.

Method: Sample: The sample consisted of 100 nursing professionals. Within the sample 50 participants belonged to a private hospital and 50 belonged to the public hospital.

Private Hospital: Apollo, Abdur Razzaque Ansari Memorial Hospital (ARAM) Located on the Ranchi-Hazaribagh National Highway No.33.

Public Hospital: Sir Sunderlal hospital, located in the campus of Banaras Hindu University, Varanasi, was selected as the central government hospital.

Measures-Scales for the following variables were used in the present study:

- 1. Work-Family Psychological Contract :** Measured by the scale constructed by Kikul et al. (2002), Coefficient alpha for this measure was .88.
- 2. Work-Family Conflict -** Work and family role conflict was measured with two different scales. The first was a 16-item scale developed by Bohlen and Viveros-Long (1981). Coefficient alpha for this measure was .88. The second part of scale was an 8-item index reported by Kopelman, Greenhaus,

and Connelly (1983). Coefficient alpha for this combined measure was .92.

Hollingsworth (1978). The Cronbach's alpha for this scale is 0.90.

3. Turnover intentions- This measure is based on scale constructed by Mobley, Horner, and **Result:**

Table 1. Showing correlations of work-family conflict (wfc) with work family psychological contract fulfillment (wfpc) and turnover intention of nursing professionals in public and private hospitals.

*P>.05; **P>.01,

Predictors	r with Turnover intentions		r with WFPC	
	Public	Private	Public	Private
	Nurses (N=50)	Nurses (N=50)	Nurses (N=50)	Nurses (N=50)
WFC	.714**	.498**	-.638**	-.565**
WFPC	-.497**	-.347**	1	1

(Table.1) Results showed that the correlation analysis of work-family conflict variable with turnover intention showed positive relationship (i.e. .71** & .49**) in both the hospitals. Results further showed that work-family conflict showed negative correlation with work-family psychological contract (-.63** & -

.56**) in both groups of nursing professionals. But surprisingly, work-family psychological contract showed negative correlation (i.e. -.49** & -.34**) with turnover intentions among the nurses of both the hospitals.

Table 2: Showing stepwise regression of predictor work-family conflict with turnover intentions of nursing professionals

Public (Nurses = 50)						
PREDICTOR	R	Rsqr	Rsqr change	VARIANCE	Beta	t
WFC	.714	.510	.510	51%	.714	8.026**
Private (Nurses = 50)						
PREDICTOR	R	Rsqr	Rsqr change	VARIANCE	Beta	t
WFC	.498	.248	.248	25%	.498	4.452**

*P>.05; **P>.01

Table-2 Presents the stepwise regression analysis of predictor work-family conflict with the turnover intentions. Results showed that among the nurses of public hospital work-family conflict positively

predicted 51% variance in explaining turnover intentions of nurses.

Results showed that among the nurses of private hospital work-family conflict positively predicted 25% variance in explaining turnover intentions of nurses.

Table 3 - Showing stepwise regression of work-family conflict with work-family psychological contract fulfillment of nursing professionals

Public (N = 50 Nurses)						
PREDICTOR	R	Rsqr	Rsqr change	Variance	Beta	t
Work-Family Conflict	.638	.407	.407	41%	-.638	6.524**
Private (N = 50 Nurses)						
PREDICTOR	R	Rsqr	Rsqr change	Variance	Beta	t
Work-Family Conflict	.565	.319	.319	32%	-.565	5.304**

* p>.05; **p>.01

Table 3. the stepwise regression analysis of predictor work-family conflict with the work-family

psychological contract. Results showed that among the nurses of public hospital work-family conflict

negatively predicted 41% variance in explaining work-family psychological contract fulfilment of nurses. In private hospital result showed that work-family

conflict negatively predicted 32% variance in explaining work-family psychological contract fulfilment of nurses.

Table 4: Showing stepwise regression of work-family psychological contract with turnover intentions of nursing professionals.

Public(N = 50 Nurses)						
PREDICTOR	R	Rsqr	Rsqr change	VARIANCE	Beta	t
WFPC	.497	.247	.247	25%	-.497	-4.441**
Private (N = 50 Nurses)						
PREDICTOR	R	Rsqr	Rsqr change	VARIANCE	Beta	t
WFPC	.347	.120	.120	12%	-.347	-2.86**

Table 4. Results showed that work-family psychological contract fulfilment showed significantly negative relationship with turnover intentions. Result showed in public hospital work family psychological contract fulfilment negatively predicted 25% variance in explaining turnover intentions. In private hospital work family psychological contract fulfilment predicted 12% variance and beta showed negative relationship with turnover intentions.

Discussion: Result proved the hypothesis H1,H2 and H3 that the effect of two predictor variables that is work-family conflict and work-family psychological contract effects turnover intentions of nursing professionals in the public and private healthcare organizations.

Nurses will be taken as a sample of research because the role of a nurse in a hospital is very important because the word "CARE" itself stands for "courtesy", "attentiveness", "responsiveness", and "empathy combinedly present only in a lady, who govern the art of management, by birth and handle the different roles easily. Yet there are various other service providing organizations in which women employees

are playing vital roles. But hospitals are totally different from those organizations, because hospitals are dealing with the life and death related matters. One mistake from their side may cause death of someone. So employees of this organization work under three dimensional pressures of public, administration and family needs. So they expect management to provide them supportive work environment to handle work-family conflict" in form of "Work-Family Psychological Contract" in place of Psychological contract.

Conclusion: Wilson (2008) stated that recruitment and retention efforts need to concentrate on creating a desirable work place that will lead to greater job satisfaction because the expertise required of direct caregivers and the heavy workload they are assigned often far exceed the financial compensation they receive. Maxwell and McDougall (2004) found that work life balance initiatives helped in the management of stress and also improved quality of performances. So its very necessary that Hr managers should concentrate on more and more family supportive strategies so that they can retain their valuable employees in more humanitarian way.

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