

Does Work-family Conflict Inhibit Organizational Commitment Among Female Health Professionals? Assessing the Mediating Role of Emotional Exhaustion

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Abstract

Work-family conflict is a mounting problem in the contemporary world and vast majority of men and women complain that their employment inhibits their work commitment. Therefore, drawing on the overreaching theoretical framework of stressor-strain-outcome theory, this study aims to explore the association between three work-family conflicts (viz. time-based conflict, strain-based conflict and behaviour-based conflict) and organisational commitment measured in terms of affective, normative and continuance commitment. Moreover, this study has integrated emotional exhaustion as a mediator in between work-family conflict and organizational commitment. Data was collected from 357 female health professionals working across various tertiary public sector hospitals in North India using multi-stage cluster sampling. Data was tested using Structural Equation Modelling in SMART-PLS. The analysis of the data revealed that time-based conflict, strain-based conflict and behaviour-based conflict had a significant relationship with affective commitment and continuance commitment. However, contrary to our hypotheses, the association of time-based conflict, strain-based conflict and behaviour-based conflict with normative commitment was found to be insignificant. Additionally, emotional exhaustion partially mediated the relationship between time-based conflict, strain-based conflict, behaviour-based conflict and affective commitment and continuance commitment. Further, the association between time-based conflict, strain-based conflict, behaviour-based conflict and normative commitment was fully mediated by emotional exhaustion. Studies on work-family conflict may not be very new, still it is in the “nascent stage” in India and researchers have contended that more studies need to be conducted. Moreover, majority of the studies aimed at establishing an association between work-family conflict and organizational commitment treated commitment as an affective relationship between the workers and the organization. This study aimed to fill this lacuna in the literature. The practical implications of the findings are also discussed and suggestions to health organizations are provided.

Keywords: Time-based Conflict, Strain-based Conflict, Behaviour-based Conflict, Affective Commitment, Normative Commitment, Continuance Commitment, Emotional Exhaustion, Female Health Professionals.

Introduction

Work-family conflict is a mounting problem in the contemporary world and vast majority of men and women complain that their employment inhibits their work commitment. Consequently, the conflict is due to the pressures of the excessive job demands especially the time constraints and workload. This phenomenon is popularly referred as work-family conflict

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(hereafter referred to as WFC) (French et al., 2022; Obrenovic et al., 2020). WFC has received significant attention globally and as a consequence of the modifications in the dynamics of the workplace, employees are facing a series of work and family-related conflicts (Mukanzil & Senaji, 2017). WFC is therefore a form of inter-role conflict which causes a lack of harmony between work and family roles (Crawford et al., 2016; Khandelwal & Sehgal, 2018; Molina, 2021). Earlier, traditional household regarded men as the sole breadwinners' and restricted the women's role as mere caregivers. With the increase in equal rights among men and women, many women started to harness their skills and abilities by working outside the four walls of their homes. Due to globalization, both the genders equally participated in the work outside their house. Women's employment and the ensuing increase of double employee households lead to a substantial change in India's workforce (Census of India, 2011). Therefore, it is imperative to explore WFC among female health professionals.

Moreover, the conflict between work and family is linked to greater occupational strain, emotional exhaustion, lower career commitment, increased attrition, lower overall health, and reduced job satisfaction (such as Conte et al., 2019). Hatam et al. (2016) in their study on variables WFC and organizational commitment have recommended that research on other healthcare workers should be conducted as they had only considered nurses. Therefore, this study is an attempt to respond to their call for more studies on these variables. Furthermore, a substantial amount of research effort has been directed on determining the negative consequences of WFC (such as Dodanwala et al., 2022; Kocalevent et al., 2020; Yildiz et al., 2021). Various studies have also been conducted in India related to WFC (such as Aboobaker et al., 2017; Aboobaker & Edward, 2020; Alok et al., 2021; Baral & Sampath, 2019; Gopalan et al., 2020; Mufeed et al., 2022) but Gopalan et al. (2020) noted that though the studies on WFC may not be very new, still it is in the "nascent stage" in India and more studies need to be conducted. Therefore, the present study is a response to the call for further studies by Gopalan et al. (2020). They further emphasized that cross-cultural studies need to be carried out to avoid generalizing the results. In addition to this, Raina et al. (2020) stated that despite India's worldwide importance, its distinct culture, and growing concern in this country regarding work-family balance, existing work-family research in India is minimal. Besides, researches on WFC in India have been done on various sectors such as hospitality employees (Namasivayam & Zhao, 2007), police officers (Lambert et al., 2019; Rathi & Barath, 2013; Singh & Nayak, 2015; Viegas & Henriques, 2020), university faculty (Gopalan et al., 2020), clergy (Lee & Fung, 2022), social workers (Kalliath et al., 2017), nursing staff (Sharma et al., 2016), IT Employees (Joseph et al., 2015), private and public sector employees (Raina et al., 2020), social health activists (Pandey & Singh, 2019), women entrepreneurs (Khandelwal & Sehgal, 2018) etc. However, not many studies have been carried out among female health professionals in India. Therefore, this study aims to fill the lacunae in the literature.

In addition to this, WFC studies are more significant in the context of South Asia, and especially India considering that India is the second most populated nation in the world and is regionally distinct as compared to western countries (Gopalan et al., 2020). Moreover, work-family dynamics "*are socially constructed, fluid and emergent of a specific time, place, culture and context*" (Rajan-Rankin, 2016, p. 238), demonstrating the value of regional studies for

comprehending the complexities of the work-family interface. Moreover, it has also been noted (see for example, Allen et al. 2015) that such studies are scarce in South Asia, and there is a distinct variation in work-family experiences across different cultures in the world. It has also been highlighted that additional studies on WFC need to be carried out globally including South Asia (Powell et al., 2019). Hence, it would be dangerous to interpret such findings in the context of other countries considering the uniqueness of each nation in terms of values and norms (Shockley et al., 2017). Furthermore, a substantial amount of research is dedicated to the effects of WFC in the west. Such findings can be misinterpreted if applied to different cultures (Gopalan et al., 2020). WFC is on the rise, especially in Asian collectivistic civilizations like India, and often results in severe effects, especially for women (Aboobaker et al., 2020).

Besides, health professionals' work conditions are characterized by stress, and burnout (Mahmud et al., 2021). Karatepe (2012) has noted that increased WFC is associated with more emotional exhaustion. Employees that are emotionally exhausted (hereafter EE) have a decreased motivation to continue on the job. Rising employment patterns in health sector and their associated challenges have made addressing burnout in terms of EE a pressing issue for health organizations (Patel et al., 2020). Therefore, studying WFC and its association with emotional exhaustion in the health sector is of paramount importance considering the pervasiveness of WFC in health institutions

Moreover, in the literature on WFC one of the most popular typologies identifies three forms of WFC which include time-based conflict (TBC), strain-based conflict (SBC), and behaviour-based conflict (BBC). Researchers have found that these three models of WFC are given less consideration, therefore, necessitating a need for a more comprehensive measure of WFC (Gieter et al., 2022). Additionally, majority of the studies aimed at establishing an association between WFC and organizational commitment treated commitment as an affective relationship between the workers and the organization (Liu et al., 2022) the current study thus tries to investigate relations between WFC and all the three types of commitment - normative, affective and continuance. Moreover, various studies have tried to explore the relationship between WFC and emotional exhaustion (such as Dodanwala & Shrestha, 2021; Galetta et al., 2019). Previously studies have also tried to explore the association between WFC, emotional exhaustion, and employee commitment (such as Zhou & Li, 2021). Despite the presence of these studies in the literature, to the best of authors knowledge, there are very limited studies which have attempted to explore the association between WFC and organizational commitment (OC) with emotional exhaustion mediating the relationship between WFC (TBC, BBC, SBC) and OC (affective commitment, normative commitment, continuance commitment) among female health workers in India, thus attempting to make an enriching contribution to the current body of literature.

Theoretical Framework and Hypotheses Development

Stressor-Strain-Outcome Theory

The stressor-strain-outcome model (Koeske & Koeske, 1993) has been successfully used as a framework for studying the effects of stressors on individuals (Choi et al., 2014). Environmental factors that a person is exposed to and which trigger stress are known as "stressors" (Ayyagari et al., 2011). Stressors are external factors that employees identify as

contributing to an unpleasant or taxing work experience. As per the notions of this study, individuals' mental and behavioral responses to stressors take place in the form of strain and outcome, respectively (Teng et al., 2022). Therefore, stressors are environmental elements that generate strain in a person. Strain is the psychological reaction of an employee to a job stressor, and it is caused by job-related stressors (Koeske and Koeske, 1993). Stress at work predisposes employees to negative outcomes that impact their cognition, physiology, and emotions. Furthermore, strain influences the connection between perceived stressors and outcomes (Koeske&Koeske, 1993). Previous research using the stressor-strain-outcome model in the workplace has provided significant data for comprehending the stress phenomena. Unfortunately, the application of the stressor-strain-outcome model has received insufficient attention on the context of health care. Therefore, using the idea of SSO theory, the present study attempts to acquire a thorough knowledge of the mechanism by which the three forms of WFC are connected to the three forms of OC via EE.

Conceptual Model

The association to be tested in this study is depicted in Fig. 1. Previously, many theoretical frameworks have been used to understand the association between WFC and its outcomes such as Conservation of Resource Theory, Job Demand-Resources' Theory, Ego Depletion Theory among many others. The presents study incorporates the framework of stressor-strain-outcome (SSO) theory to understand the association between the variables of interest. SSO is a crucial tool for comprehending the work-stress process (Choi et al., 2014). The SSO theory provides a succinct and systematic framework for analysing the effect of WFC as environmental stimuli on OC of health professionals. The current study proposed an SSO framework with WFC as the occupational stressor, emotional exhaustion as the strain, and OC as the outcome. Based on the existing literature, the present study posits that the job stressor of health professionals, which is WFC (TBC, SBC, BBC), heightens the strain (emotional exhaustion), which in turn affects the outcome i.e., OC (affective commitment, normative commitment, continuance commitment)). Therefore, the SSO framework is an effective method for linking a specific stress (WFC), strain (EE), and outcome (OC), thereby stressing the negative effect of environmental stimuli on the internal state and external behaviour of health professionals.

Work-family conflict and organizational commitment

WFC is defined as the kind of inter-role conflict in which the juggle between home and work is incompatible with one another. That means that it becomes more difficult for an individual to efficiently manage both household and job commitments (Amstad et al.,2011).Greenhaus and Beutell (1985) on the basis of the scholarly work of Kahn et al. (1964) defined WFC as “*a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is, participation in the work (family) role is made more difficult by participation in the family (work) role*”.Greenhaus and Beutell (1985) bifurcated WFC into three sub-dimensions. The three sub-dimensions are time-based conflict (TBC), strain-based conflict (SBC), and behavior-based conflict (BBC). TBC emerges when the time devoted to work leaves employees with less or no time to spend at home. They might have to miss a family function because of the busy schedule at work (Liu et al., 2017). Strain-Based Conflict (SBC) has been recognized by Greenhaus and Beutall (1985) as another form of conflict that relates to the strain produced when one has multiple roles to

play. Behavior-based Conflict (BBC) is caused when the behavior which one displays in one job is inconsistent with the other (Armstrong et al., 2015; Leslie & Barber, 2022).

On the other hand, organizational commitment is the connection that exists between the employees' and their organization (Herrera & Heras-Rosas, 2021). In other words, it is the psychological connection and attachment that employees' have with their employer or organization (Lotfi et al., 2018) and it makes employees' feel connected with their organizations'. One of the most frequently analysed models of commitment was proposed by Allen and Meyer (1984) which is: Affective commitment (AC) and Normative commitment (NC), continuance commitment (CC) (Allen & Meyer, 1990). Affective commitment is the employee recognition and emotional attachment to the company. Meyer and Allen (1991) noted that the OC in which employees identify the risk or costs associated with leaving their jobs is called the continuance commitment. The third dimension of organizational commitment is normative commitment (NC) which has been defined as the obligation that is perceived to continue to work with the organization (McCormick & Donohue, 2019; Meyer & Allen, 1991; Somaskandan et al., 2022).

Previous studies reveal that the conflict between work and family has emerged as a significant factor in determining commitment (Mufeed et al., 2022). Various studies have been conducted by researchers which inspected the role of WFC on organizational commitment (such as Chan & Ao, 2019; Jayamohan et al., 2017; Lavassani & Movahedi, 2014; Zhao et al., 2020). Moreover, Mufeed et al. (2022) found an inverse relationship between WFC and AC among health care professionals. Mukanzi and Senaji (2017) found that WFC has a favourable association with all three forms of OC (AC, NC, CC). Researchers such as Adekola (2006); Williams and Warrens (2003) have carried out studies on WFC and NC. It has been found that employees who encounter TBC are less likely to be normatively committed to their employer. According to Role Theory, AC is anticipated to decrease when SBC increases (Kahn et al., 1964). Kelloway et al. (1999) stated that BBC is uncommon and difficult to quantify. Not many empirical studies have established the relationship between BBC and commitment, however, as per general understanding, it is posited that when employees are overwhelmed due to incompatible behaviours at work and at home, their organizational commitment to the organization deteriorates. Additionally, the empirical investigation by Lambert et al. (2020) found that SBC and BBC have an inverse association with OC.

Therefore, following is hypothesized:

- H1: Time-based work-family conflict has significant relationship with a) affective commitment b) continuous commitment c) normative commitment of women employees working in the health sector.
- H2: Strain-based work-family conflict has significant relationship with a) affective commitment b) continuous commitment c) normative commitment of women employees working in the health sector.
- H3: Behavior-based work-family conflict has significant relationship with a) affective commitment b) continuous commitment c) normative commitment of women employees working in the health sector.

Mediating Role of Emotional Exhaustion

Emotional exhaustion is “the basic individual strain dimension of burnout” and is associated with “feelings of being overextended and depleted of one’s emotional and physical resources” (Maslach & Leiter, 2008, p. 498). It is thought to be the earliest burnout symptom (Toppinen-Tanner et al., 2002) and can thus be considered as a chronic stress indicator. EE is caused when individuals have an emotionally taxing working condition throughout an extended length of time (Schaufeli & Greenglass, 2001) and have been linked to emotional state of irritation, fear (Tanner et al., 2015) and poor working consequences (Anand & Mishra, 2021) such as degradation of the service quality, reduced retention and decreased morale (Grobelna, 2021).

Taking support from SSO theory, we argue that WFC in its three forms are stressors which lead to emotional exhaustion as a strain reaction and the resulted outcome in the form of decreased organizational commitment. This has also received empirical support. Previously, it has been demonstrated by various studies that WFC has an effect on EE (such as Galleta et al., 2019; Hall et al., 2010; Halbesleben et al., 2012; Karatepe, 2013; Rubio et al., 2015) but also an association was observed with EE in the opposite direction leading to WFC (Kelloway et al., 1999; Thompson et al., 2020; Westman et al., 2004). Demerouti et al. (2004) tested that association between WFC and EE and found that WFC is a predictor of EE and EE also is a determinant of WFC.

- H4: Emotional exhaustion mediates the relationship between time-based work-family conflict and a) affective commitment b) continuous commitment c) normative commitment of women employees working in the health sector.
- H5: Emotional exhaustion mediates the relationship between strain-based work-family conflict and a) affective commitment b) continuous commitment c) normative commitment of women employees working in the health sector.
- H6: Emotional exhaustion mediates the relationship between behaviour-based work-family conflict and a) affective commitment b) continuous commitment c) normative commitment of women employees working in the health sector.

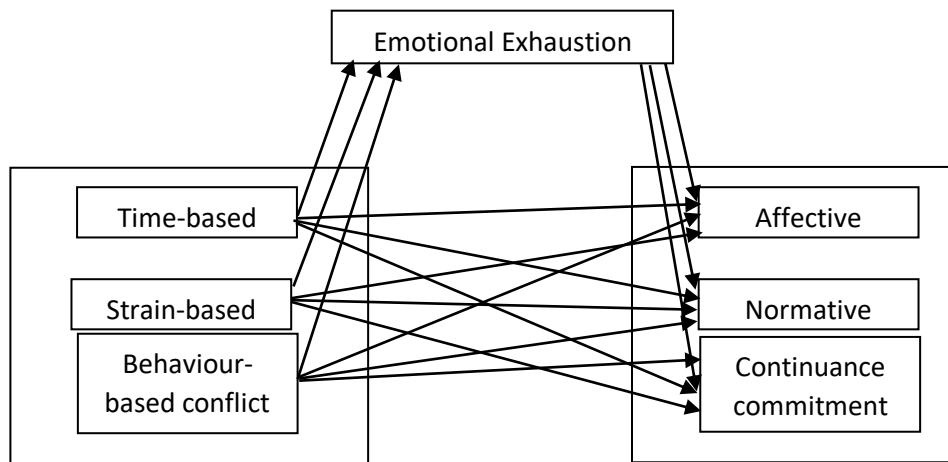


Fig 1. Research Framework

Research Methodology

Sample and Data Collection Procedure

This study was carried among female health professionals (doctors, nurses and other paramedical staff) across 5 tertiary care public hospitals in North India. The data was collected by visiting the hospitals personally and through online distribution of questionnaires. Multi-stage cluster sampling was used as the method of sampling. Time lagged data collection approach was adopted in which data was collected in two intervals (T1 and T2) with a time lag of around 1 month. This was done to reduce the possibility of common method bias (MacKenzie & Podsakoff, 2012). After that, data was gathered in two phases, 357 responses were judged to be suitable for examination. Sample size of 357 utilized in this study exceeds the minimum standard and was deemed sufficient to ensure acceptable level of statistical significance in the findings. Sample size is recommended to be 10 times the number of arrows that are pointed at the endogenous variable in PLS-SEM (Hair et al., 2014).

Measures

Work-family conflict was measured using a scale which was developed by Carlson et al. (2000) consists of 9 items. It comprises of three items to measure different aspects of WFC, i.e., TBC, BBC and SBC. Each item is evaluated using a five-point Likert scale, with 1 representing “*strong inclination to disagreement*” and 5 representing “*strong inclination to agreement*”.

Organizational Commitment was measured using a scale developed by Allen and Meyer (2000). This scale consists of 24 items. Eight items each assess affective, normative, and continuance commitment, with responses on a 5-point Likert-type scale, with 1 indicating a “*strong inclination to disagreement*” and 5 indicating a “*strong inclination to agreement*”.

Emotional exhaustion was assessed using a scale developed by Kalliath et al. (2000) which comprises of five items on a five-point Likert scale with 1 indicating a “*strong inclination to disagreement*” and 5 indicating “*a strong inclination to agreement*”.

Results

Data analysis and findings

We carried out an analysis for the collected data using Smart-PLS 3.2.9 and SPSS v23 software. Partial Least Square- Structural Equation Modelling technique (PLS-SEM) was used because of the low sample size requirement (Ringle et al., 2012), prediction (Hair et al., 2017), non-normal data which is characteristic of the majority of social science studies (Hair et al., 2014) sophisticated models, and advanced analysis (Hair et al., 2017). An established tool for evaluating complex cause-and-effect relationships, PLS-SEM is used in management research to analyse complex models (Gudergan et al., 2008).

Common Method Bias (CMB)

To find the common method bias, this study has employed Harman’s One-Factor Test. However, the test revealed that a single factor only explained 43.238% of the total variance, which is less than the threshold value of 50% (Podsakoff et al., 2003). This result confirms that no CMB exists in the study data.

Reliability and Validity

Table 1: Internal Consistency and Convergent Validity Results

| Constructs | Items | FL | CA | CR | AVE |
|------------|-------|-------|-------|-------|-------|
| AC | AC1 | 0.824 | 0.928 | 0.941 | 0.664 |
| | AC2 | 0.794 | | | |
| | AC3 | 0.792 | | | |
| | AC4 | 0.833 | | | |
| | AC5 | 0.811 | | | |
| | AC6 | 0.858 | | | |
| | AC7 | 0.833 | | | |
| | AC8 | 0.771 | | | |
| BBC | BBC1 | 0.869 | 0.810 | 0.888 | 0.725 |
| | BBC2 | 0.848 | | | |
| | BBC3 | 0.838 | | | |
| CC | CC1 | 0.844 | 0.929 | 0.942 | 0.670 |
| | CC2 | 0.817 | | | |
| | CC3 | 0.800 | | | |
| | CC4 | 0.829 | | | |
| | CC5 | 0.805 | | | |
| | CC6 | 0.850 | | | |
| | CC7 | 0.818 | | | |
| | CC8 | 0.781 | | | |
| EE | EE1 | 0.747 | 0.834 | 0.883 | 0.601 |
| | EE2 | 0.763 | | | |
| | EE3 | 0.798 | | | |
| | EE4 | 0.785 | | | |
| | EE5 | 0.780 | | | |
| NC | NC1 | 0.792 | 0.919 | 0.934 | 0.639 |
| | NC2 | 0.831 | | | |
| | NC3 | 0.767 | | | |
| | NC4 | 0.787 | | | |
| | NC5 | 0.809 | | | |
| | NC6 | 0.819 | | | |
| | NC7 | 0.819 | | | |
| | NC8 | 0.769 | | | |
| SBC | SBC1 | 0.902 | 0.825 | 0.896 | 0.742 |
| | SBC2 | 0.797 | | | |
| | SBC3 | 0.881 | | | |
| TBC | TBC2 | 0.836 | 0.825 | 0.896 | 0.741 |
| | TBC3 | 0.879 | | | |
| | TBC1 | 0.866 | | | |

(Note: TBC=Time-based conflict, SBC=Strain-based conflict, BBC=Behaviour Based conflict, AC=Affective commitment, NC=Normative commitment, CC=Continuance Commitment)

Prior to hypotheses testing, the internal consistency of the measures was evaluated. Reliability and validity scores are shown in Table 1, along with the factor loadings and average variance extracted (AVE) for the overall sample. Cronbach's alpha (CA) and composite reliability was used to test the reliability of the variables. The values of CA and CR surpassed the threshold of 0.70 in all the cases (Hair et al., 2017). Next, the AVE and factor loading which corroborates convergent validity was measured. AVE was more than 0.5 threshold (Hair et al., 2017). Additionally, the factor loadings (FA) were confirmed because it was greater than or equal to 0.6 for all the items (Holand, 1996). Hence, the measurements have good convergent validity.

The discriminant validity of the constructs was assessed using the Heterotrait-Monotrait Ratio (HTMT) method. The results of this test are reported in Table 2. It has been proposed by

Table 2: Results of Heterotrait-Monotrait Ratio (HTMT)

| Constructs | AC | BBC | CC | EE | NC | SBC | TBC |
|------------|-------|-------|-------|-------|-------|-------|-----|
| AC | | | | | | | |
| BBC | 0.687 | | | | | | |
| CC | 0.792 | 0.683 | | | | | |
| EE | 0.780 | 0.709 | 0.747 | | | | |
| NC | 0.576 | 0.375 | 0.539 | 0.531 | | | |
| SBC | 0.631 | 0.681 | 0.619 | 0.715 | 0.312 | | |
| TBC | 0.699 | 0.697 | 0.689 | 0.776 | 0.358 | 0.584 | |

(Notes: TBC=Time-based conflict, SBC=Strain-based conflict, BBC=Behavior Based conflict, AC=Affective commitment, NC=Normative commitment, CC=Continuance Commitment, EE=Emotional Exhaustion)

Henseler et al. (2015) that the HTMT method (which is used to confirm the discriminant validity between each variable pair) is established if the correlation values are less than 0.90. As depicted in Table 2, the HTMT values are below the threshold of 0.90, confirming discriminant validity.

Structural Model

The next step in our analysis was to assess the hypothesized relationships. To evaluate the Structural Model, Hair et al. (2017) developed a set of six criteria. First, Latent collinearity issues must be addressed in the initial stages of structural model evaluation. Further, in order to determine the structural model relationship's importance and relevance, it is necessary to evaluate the level of variance explained (R^2), the level of effect size (f^2), and the predictive relevance (Q^2). The path coefficient's t-values must also be evaluated via bootstrapping with 5,000 sub-sampling. The results of R-square, effect size (f-square), collinearity (inner VIF), and predictive relevance (Q-square) has been shown in Table 3.

Hypotheses testing

After assessing R^2 , F^2 , Q^2 , and Inner VIF, the direct relationships were tested. Results from this analysis are presented in Table 4 in detail. The first hypotheses (H1a) which aims to examine the association between TBC and AC shows a significant relationship as the value of p (0.002) was less than 0.05 and the t-value (2.970) was more than 1.96 and the value of beta -

0.205 showed the negative effect. Similarly, the H1b, H2a, H2b, H3a, and H3b results revealed a significant relationship as the *p*-values for all the hypothesized relationships were less than 0.05, *t*-values were

Table 3: Assessment of the structural model

| R-Square | Endogenous Variables | R ² | R ² Adjusted | | | 0.26: Substantial, 0.13: Moderate, 0.02: Weak (Hair et al., 2017) |
|---------------------------------------|----------------------|----------------|-------------------------|-------|-------|--|
| | AC | 0.566 | 0.561 | | | |
| CC | 0.540 | 0.535 | | | | |
| EE | 0.542 | 0.538 | | | | |
| | NC | 0.225 | 0.216 | | | |
| Effect Size (F-Square) | Exogenous Variables | AC | CC | EE | NC | 0.26: Substantial, 0.13: Medium effect, 0.02: Weak effect (Hair et al., 2017) |
| | BBC | 0.047 | 0.052 | 0.046 | 0.005 | |
| | EE | 0.141 | 0.100 | | 0.115 | |
| | SBC | 0.023 | 0.023 | 0.124 | 0.001 | |
| | TBC | 0.051 | 0.053 | 0.212 | 0.000 | |
| Collinearity (Inner VIF) | Exogenous Variables | AC | CC | EE | NC | VIF <= 5.0 (Hair et al., 2017) |
| | BBC | 1.841 | 1.841 | 1.759 | 1.841 | |
| | EE | 2.182 | 2.182 | | 2.182 | |
| | SBC | 1.732 | 1.732 | 1.542 | 1.732 | |
| | TBC | 1.918 | 1.918 | 1.582 | 1.918 | |
| Predictive Relevance (Q-Square) | Endogenous Variables | CCR | CCC | | | Value larger than 0 indicates Predictive Relevance (Hair et al., 2017) |
| | AC | 0.369 | 0.497 | | | |
| | CC | 0.354 | 0.502 | | | |
| | EE | 0.311 | 0.341 | | | |
| | NC | 0.137 | 0.459 | | | |

CCC=Construct Cross-validated Community, CCR=Construct Cross-validated Redundancy more than 1.96 and the beta values were all in the negative direction. However, the relationship between TBC & NC, SBC & NC, and BBC & NC (H1c,H2c,H3c) did not reveal any significant relationship as the the *p*-values were more than 0.05, *t*-values were less than 1.96. In addition to

Table 4. Path coefficient result

| Hypotheses | Beta/OS | Confidence Interval 95% bias corrected | | T | P | Decision |
|----------------|---------|---|--------|-------|--------------|----------------------|
| | | LL | UL | | | |
| H1a: TBC -> AC | -0.205 | -0.337 | -0.063 | 2.970 | 0.003 | Supported |
| H1b: TBC -> CC | -0.217 | -0.346 | -0.087 | 3.255 | 0.001 | Supported |
| H1c: TBC -> NC | 0.005 | -0.148 | 0.173 | 0.056 | 0.955 | Not Supported |
| H2a: SBC -> AC | -0.132 | -0.257 | -0.024 | 2.156 | 0.032 | Supported |
| H2b: SBC -> CC | -0.136 | -0.265 | -0.040 | 2.308 | 0.021 | Supported |
| H2c: SBC -> NC | 0.033 | -0.107 | 0.152 | 0.481 | 0.631 | Not Supported |
| H3a: BBC -> AC | -0.193 | -0.312 | -0.060 | 2.912 | 0.004 | Supported |
| H3b: BBC -> CC | -0.209 | -0.356 | -0.086 | 3.056 | 0.002 | Supported |
| H3c: BBC -> NC | -0.088 | -0.252 | 0.066 | 1.084 | 0.279 | Not Supported |

this, the LL (lower limit of the confidence interval) was negative and UL (upper limit of the confidence interval) was positive. This means that there was a zero is in between the confidence intervals that confirms that there was no significant relationship.

Indirect (Mediation) Effect Analyses

For the mediating analysis, the bootstrapping technique was applied for this research which was suggested by Hair et al. (2013). Bootstrapping is a robust technique for testing mediation effect which is a nonparametric resampling procedure that has manifested itself (Zhao et al., 2010). Various researchers had suggested that direct effect may become insignificant when mediation analysis is done (Zhao et al., 2010). This is due to the fact that significant direct relationship may not be recognised as for various extraneous factors or as because of small sample size or inadequate predictive power to show the present effect. Thus, the mediation analysis is the most crucial aspect to observe the indirect effect. Table 5 illustrated the bootstrapping results for the indirect effect where the bootstrapping analysis was managed to illustrate the indirect effect of EE. The effect of independent variables on dependent variables through EE, where the mediation effect was confirmed to be statistically significant. The results of the mediation analysis are presented in Table 5 where among the nine mediating hypotheses all nine mediating hypotheses were supported. The mediating paths were significant as the p-values were less than 0.05 and LL and UL both were positive meaning no zero in between confirming the paths are statistically significant.

Table 5: Mediation Results

| Hypotheses | OS/Beta | LL | UL | T | P | Decision |
|-------------------|----------------|-----------|-----------|----------|----------|-----------------|
| BBC -> EE -> AC | 0.071 | 0.024 | 0.132 | 2.575 | 0.010 | Significant |
| SBC -> EE -> AC | 0.108 | 0.047 | 0.194 | 2.799 | 0.005 | Significant |
| TBC -> EE -> AC | 0.143 | 0.080 | 0.225 | 3.819 | 0.000 | Significant |
| BBC -> EE -> CC | 0.061 | 0.019 | 0.113 | 2.479 | 0.013 | Significant |
| SBC -> EE -> CC | 0.094 | 0.036 | 0.170 | 2.595 | 0.010 | Significant |
| TBC -> EE -> CC | 0.124 | 0.062 | 0.201 | 3.403 | 0.001 | Significant |
| BBC -> EE -> NC | 0.085 | 0.025 | 0.170 | 2.520 | 0.012 | Significant |
| SBC -> EE -> NC | 0.130 | 0.065 | 0.231 | 3.075 | 0.002 | Significant |
| TBC -> EE -> NC | 0.173 | 0.102 | 0.282 | 3.675 | 0.000 | Significant |

Significant; p < 0.05

Discussion

The present study intended to find out the association between time-based, strain-based and behaviour based conflict and affective commitment, normative commitment and continuance commitment with emotional exhaustion mediating this relationship. It was found that a significant negative relationship of time-based work-family conflict with affective commitment and continuous commitment exists, whereas the relationship between TBC and NC was insignificant. Therefore, H1a, H1b was accepted whereas H1c was rejected. A significant negative relationship of strain-based conflict with affective commitment (and continuous

commitment was found, while the relationship between strain-based conflict and normative commitment was insignificant. Therefore, H2a, H2b was accepted whereas H3c was rejected. Furthermore, a significant negative relationship of behaviour-based conflict with affective commitment and continuous commitment was found, while the relationship between behaviour-based conflict and normative commitment was insignificant. Therefore, H3a, H3b were accepted whereas H3c was rejected. Additionally, with regard to the mediating effects of emotional exhaustion, it was found that emotional exhaustion partially mediates the relationship between time-based, strain-based and behaviour-based conflict and affective and continuance commitment. However, emotional exhaustion completely mediated the relationship between time-based, strain-based and behaviour-based conflict and normative commitment. The findings of the current study also corroborate with previous studies. A substantial body of research has established that WFC has a deleterious effect on organisational outcomes (see review by Eby et al., 2005). Moreover, previous research using US samples has established a relationship between WFC and several dimensions of OC (Casper et al., 2011). It has been discovered that a negative correlation exists between WFC and affective commitment (see for example, Allen et al., 2000; Streich et al., 2008). Besides, Singh et al. (2018) have found that WFC has a negative association with occupational commitment which is in line with the findings of the current study. Additionally, the findings of this study are consistent with a study conducted by Rehman and Waheed (2012) who also found a negative association between WFC and OC among faculty members. Lambert et al. (2017) also contended WFC could potentially have a negative relationship with OC. The present study extends the literature by understanding the proposed relation through the theoretical framework of SSO theory (Koeske&Koeske, 1993). Individuals may possess or battle for resources as they are valuable to them; they work hard to keep these resources safe and secure. When confronted with the prospect of or actual resource depletion, people may experience anxiety (Hobfoll, 1989). Thus, a critical component of reducing work-family conflict is retaining and protecting current resources—as well as developing and investing in future resources (Leslie et al., 2012). Therefore, in line with the notions of SSO theory, WFC (stressor) negatively relates to AC and CC (outcomes) through emotional exhaustion (strain) as it exhausts resources in individuals who are left with limited resources to invest in other activities.

Theoretical implications

The study makes a significant contribution to the current body of literature on WFC of female health professionals and has extended previous studies on WFC in several ways. First, the current study highlights the much increasing problem of work-family conflict among female health professionals in India. Previously, many studies have been conducted on WFC however, researchers have contended that it is still in the nascent stage and more studies need to be conducted on it (such as Gopalan et al., 2020; Raina et al., 2020). Therefore, this study is an effort to address to their call for more studies. Moreover, this study has also considered three components of WFC (viz. BBC, TBC, SBC) rather than just considering it as a uni-dimensional or composite construct. Previous studies have mostly considered WFC as a single construct (such as Nauman et al., 2022; Obrenovic et al., 2020). This study however, provides a complex framework of understanding how the three forms of WFC are related to OC.

Second, theoretically, organizational commitment is an essential component for health professionals. The present study assessed OC through its three components (affective, normative and continuance). Third, this study tried to assess the impact of WFC on OC. Various such studies have been identified in the literature, which have mostly found that a negative relationship exists between WFC and AC and NC. Moreover, in collectivistic societies, it has been found that WFC is positively related to CC. However, our study found a negative association between WFC and CC. Therefore, the present study provides new insight on how WFC and CC are related in health sector in a society which is collectivistic in nature.

Forth, the study contributes to the literature by elaborating the underlying psychological mechanisms and thus highlights the mediating effects of emotional exhaustion in WFC-OC relationship. Such a mediator has not received significant attention in the previous relational studies of WFC and OC. This framework, with its emphasis on WFC, should be helpful for researchers to understand the underlying process of WFC-OC relationship. Therefore, by employing EE as a mediator, this study attempts to provide a framework that is robust and comprehensive.

Managerial implications

The results of this study have important implications for the health care workers who work under grave conditions. Devising employee friendly policies will not only enhance the performance of health professionals but also increase the health delivery. Employers in the health sector in particular should institutionalize work/life balance programmes so health workers may be able to perform numerous roles. Considering imperativeness and the centrality of the work health care professionals do, it becomes essentially important for the management to develop a supportive climate which provides them with a friendly environment that enables employees to discuss their work family conflict experiences without fear of a management hostility. Open communication should be fostered and promoted. In addition, hospital administrators may give high-quality employee assistance to help health professionals seek resources to better manage their work-family duties. By providing staff with a supportive working environment that not only honours their contributions but also acknowledges and encourages their efforts in managing their life responsibilities, the psychological connection to the profession can get enhanced.

Limitations and future research directions

Although the present study contributes tremendously to knowledge in the area of work-family and leads to an understanding of WFC, EE & OC but, it still raises some crucial issues as to what future studies should be focused on. The major limitation of this study was that data was obtained from a single source and was self-reported, which highlights the concern of common method variance. This study incorporated a time lagged study design in which data related to the variables was collected at different time intervals. It has been suggested by MacKenzie & Podsakoff (2012); Podsakoff et al. (2003) that time lagged data alleviates the CMB likelihood. However, the possibility of CMB cannot be completely ruled out (Podsakoff et al., 2003). Therefore, more studies are needed to examine these links with a longitudinal design employing repeated measurements over time to enhance the generalizability of the results.

Moreover, the study was carried out in tertiary care hospitals only. Therefore, the findings of this study cannot be generalized to other primary, secondary hospitals and other sectors considering the work environment of hospitals which is very different from other organizations.

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