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Role Of Supervisor/Group Support And Organizational Support In Bonding Work-Life Balance With Employee Performance Among Healthcare Professionals Working In Paec Hospitals In South Punjab, Pakistan

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Abstract

The ability of an employee like doctors and paramedic staff to balancing work-life conflict obviously contributes to the employee performance in both family and workplace. Given the perishable nature of the performance by doctors and paramedics, WLB is challenge for all the employees in healthcare. Further, research tells that if support of the supervisor/colleagues and organization is there for employees to properly manage their WLC and WLB, the employee performance can be maintained and improved. Current study statistically measures the dynamics of WLB, SGS, OS, and EP of the sample of doctors and paramedics to test the impacts of WLB on EP and mediation of SGS and OS in strengthening this relationship. Using 'Positivist-philosophy' scientific methods of survey approach and statistical tools were used to collect data and extract answers for the research hypotheses.

Keywords: Work-Life Balance [WLB], Supervisor/Group Support [SGS], Organizational-Support [OS], and Employee Performance [EP].

1. INTRODUCTION

Medical profession is attractive but challenging for doctors working long hours, making hard decisions, facing uncertain situations, and handling stress (Premeaux, Adkins, & Mossholder, 2007). Employees have greater duties and responsibilities of family, work, and society (Rich, et al., 2016). It is demanding to manage work-family imbalance because healthcare is not durable to be stored and used later. It is perishable so used instantly with physically present employees (Shivakumar & Pujar, 2016). WLB practices are catching attention by researchers, employers and government as an issue of organizational motivation (Rabia, &

Zia-ur-Rehman, 2013). The WLB practices create stability between the assignments of work and life through a flexible work-environment (Abioro, Oladejo, & Ashogbon, 2018). The work life conflict (WLC) appears when health professionals have multiple duties however, their WLB ability can lessen the impacts of such conflicts (Premeaux et al., 2007). WLC is also reported as the precursor to healthcare issues in health professionals at work (Shanafelt, Balch, Bechamps, Russell, Dyrbye, & Satele, 2010). Employees in hospitals are in bigger trouble when dealing with WLB (Amstad, Meier, Fasel, Elfering, & Semmer, 2011). WLB refers to the time spent on work and life compared to the time one hopes to spend on such activities (Romani & Ashkar, 2014).

WLB reportedly assicauted with job satisfaction, burnout as well as hypertension, depression, stress, and anxiety (Lunau, Bambra, Eikemo, van der Wel KA, & Dragano, 2014; Shivakumar & Pujar, 2016). WLB has impact on both organizational and family performance of employees including doctors and paramedics (Rabia, & Zia-ur-Rehman, 2013). Employee performance is anchored on his/her handling of WLC and WLB with organizational support (Sheppard, 2016). EP is made of all required behaviors an employee in the workplace like healthcare (Ngwa, Adeleke, Akintola, Agbaeze, Ghasi, & Imhanrenialena, 2019). The success to manage WLC with WLB is based on the 'support' of supervisor (immediate-boss) and organizational HRM policies. The quality of this support defines the possible connection between workers' WLB practices and their individual, group and organizational performance (Shakir & Siddiqui, 2018). This study empirically studies the dynamics of relations between WLB practices of health professionals and their workplace performance supported by the supervisor/group and organizational management in three hospitals of Pakistan Atomic Energy Commission located in South Punjab Pakistan.

2. LITERATURE REVIEW

a. Work Life Balance [WLB]

The construct of WLB has caught attention for quite a while among the health professionals working anywhere on the planet including Pakistan. The reason is the nature of their job, which demands physical presence otherwise their special services cannot be stored and used later. Their services are perishable unless they are used as and when required. In such kind of work environment, work family conflict is consequential thus unavoidable asking for some work life balancing strategies. Flex-time, telework, job-sharing, part time job, compressed work weeks are some of the WLB practices used around.

WLC, if not handled properly, can damage psychologically and physically in the form of stress, depression, intention to leave job, and several medical issues. WLB practices help the

employees to stay safe from such health and personality issues. The volume and quality of the WLB practices therefore determines the quality of safety from the negative impacts of WLC. Employees with sufficient alternatives for managing their work-life imbalance have the chances to maximally reduce the aftereffects of WLC.

WLC and WLB both have direct impact on both family and organizational performance of every employee, every doctor and paramedic staff member anywhere on the planet. Employee and organizational performance is therefore anchored on the successfully handling of WLC and WLB by the employees and the organization or hospital and its management (Sheppard, 2016). Employee performance is composite of all behaviors an employee expresses in the workplace like healthcare situation (Ngwa, Adeleke, Akintola, Agbaeze, Ghasi, & Imhanrenialena, 2019).

The fact that employee needs his/her personal arrangements to manage WLC and WLB, however, its success and failure is also founded on the presence of 'support' from the colleagues, supervisor (immediate-boss) and organization or management (through supportive organizational HRM policies). The quality of this support determines the best possible link between employees' WLB practices and their individual, group and organizational performance (Shakir & Siddiqui, 2018).

b. Supervisor/Group Support [SGS]

Any of the WLB strategies cannot be implemented successfully unless the support of co-workers and the supervisor is there to assist fellow workers in case of creating work family balance. Existing research widely reports that supervisors' role in helping employees to take measures for managing work life balance as and when it is required. The coworkers can really make the difference if they have created a work environment of cooperation and mutual support.

In the presence of supervisory support, the employees feel as part of the organization and the objectives of empowerment are also achieved. Supervisors' role is critical in defining and changing the levels of stress, exhaustion, absenteeism and burnout among the employees caught in WLC issues (Sumbul, 2016). Even if the supervisors reduce their intensity of criticizing employees on their mistakes, this supervisory behavior creates a soothing effect on the workers' working conditions in presence of WLC (Makabe et al., 2020).

c. Organizational Support [OS]

Organizations support their employees through developing employee-friendly HRM policies and practices. WLB is possible when organizational management provides flexible working

conditions so that the employees can management their work-life imbalances easily without damaging their performance in the organization. The leadership style of management matters a lot in helping doctors and others in easily harnessing their work-life issues of doing justice with both. For instance, transformational type of leaders are more human resource oriented and capitalize for employee motivation by listening about their issues and making efforts to resolve them out.

Positive organizational change is possible through the employee-friendly organizational policies regarding assisting workers to manage their WLC and WLB easily so that his satisfaction from his/her job as well as family is encouraging (Fathima & Sahibzada, 2012). Organizations use structural and cultural policies in supporting the employees in implementing WLB practices and fighting back the negative outcomes of WLC thereby getting psychological relief through cultural policies of the organization (Goyal, 2014). The WLC is reportedly responsible for decreasing life and job satisfaction and simultaneously increasing job stress, absenteeism, intention to leave job and depression. To retain quality employees, every organization has to create family-friendly work environment by taking organizational level policy measures which include facilities for the workforce to implement different WLB strategies with the support of organization (Makabe et al., 2020).

d. Employee Performance [EP]

EP is the collective measurement of the roles played by an employee while performing duties described in the job-description of the worker. Several models are available with minor differences to compute the performance of employees in any organization. The most popular and widely used model includes the standards of efficiency, effectiveness, innovativeness and responsiveness of each employee in the delivery of his/her services to the organization (Shakir & Siddiqui, 2018).

1. Efficiency: It is the measurement of employees output with minimum possible inputs. It refers to the best use of resources by the workforce as the norm of their performance. Efficient workers are the guarantee for minimum wastage of resources (Beauregard & Henry, 2009). Efficiency enables workers to stay clear about their objectives and job descriptions precisely as per requirements. Management has to monitor the performance of workers as per efficiency standards (Ngwa et al., 2019).
2. Effectiveness: How far the employees produce a product or offer a service precisely as per the expected requirements of performance. Efficiency is the first step towards achieving required levels of effectiveness. Effective performance needs organizational communication system to keep workers on board (Alexandra, 2013). The organizational

leadership makes functional and structural changes to improve and sustain the effectiveness of workforce in performing their functions (Sheppard, 2016).

3. Innovativeness: Organizations are developed to exist for ever, which is possible only when organizations and their workforce continues improving their performance by adopting innovative tools and technologies. They have to adopt new ways to give better performance by using innovative options to produce or provide service. Innovative attitude of workforce is critical for organizational competitive advantage (Beauregard & Henry, 2009). Innovative employees come up with new methods for improved performance. These behaviors obviously enhance the organizational performance (Sheppard, 2016). Employees with innovative behaviors continuously monitor their work and working conditions critically with a view to innovating new and novel sequences of working procedures.
4. Responsiveness: It is the level of 'readiness' by the workforce to respond to the changing work environments and changing needs of the clients, customers and society at large. Responsiveness means that employees have to stay updated and prepare to respond to the emerging requirements of the workplace, such as introduction of new technologies for improving the operational dimensions of organizational functions (Sheppard, 2016). The existence of responsiveness motivates to share ideas and work with trust. Poor responsiveness creates misunderstandings and negatively affects the organizational productivity and fame (Abioro et al., 2018).

3. RESEARCH DESIGN

a. Philosophy and Approach

Philosophy is the set of beliefs held by researcher while conducting research. Positivism has been used in this study which suggests that whatever can be 'verified' through observational methods, it will be accepted as 'knowledge.' further, knowledge should be collected and communicated using standard concepts. Positivism is based on 'scientific-method' using observational methods including 'survey-approach' and statistical methods.

b. Reliability

Reliability Statistics			
	Variables / Instrument	N of Items	Cronbach's Alpha
1	Work Life Balance	7	.778
2	Supervisor/Group Support	6	.816
3	Organizational Support	7	.840
4	Employee Performance	7	.840

5	Questionnaire	26	.927

The critical value for alpha (α) is 0.7, as per Cronbach (1951, 1957). Above table shows that all the alpha values of variables and questionnaire are far more than the required (0.7) minimum limit, rather ranging between 0.927 and 0.778.

c. Validity-Statistics

Pretests [KMO & Bartlett]				
	WLB	SGS	OS	EP
KMO test	.789	.797	.765	.755
Bartlett's test	Chi-square [660.877] [df.21] p-value = .000	Chi-Square [632.641] [df.15] p-value = .000	Chi-Square [265.309] [df.15] p-value = .000	Chi-Square [1582.463] [df.21] p-value = .000

Required: KMO [Sample Adequacy] =/> 0.7; Bartlett's test [Sphericity] =/< 0.05; and Factor-loadings =/> 0.4 (Internal-consistency)							
Factor-Loadings							
WLB		SGS		OS		EP	
wlb1	.810	sgs1	.740	os1	.706	ep1	.810
wlb3	.533	sgs2	.789	os2	.567	ep2	.684
wlb4	.545	sgs3	.652	os3	.620	ep3	.623
wlb5	.524	sgs4	.809	os4	.742	ep4	.777
wlb6	.518	sgs5	.462	os5	.668	ep5	.515
wlb7	.783	sgs7	.845	os7	.480	ep6	.835
wlb8	.807					ep8	.821
Q2 & Q9 excluded		Q6 excluded		Q6 excluded		Q7 & Q9 excluded	

4. EMPIRICAL RESULTS

a. Descriptive Statistics

Descriptive Statistics						Normality Statistics			
	N	Min	Max	Mean	Std. D	Skewness		Kurtosis	
	Stat.	Stat.	Stat.	Stat.	Stat.	Stat.	Std. E	Stat.	Std. E
WLB	288	3.14	5.86	4.3785	.58687	.693	.144	.034	.286
SGS	288	3.50	6.67	4.9514	.70953	.435	.144	-.226	.286
OS	288	3.00	6.83	5.2998	.68897	.027	.144	-.004	.286
EP	288	3.09	6.64	4.8361	.64407	.452	.144	-.164	.286

The values of both Skewness and Kurtosis are 'close to zero' thereby confirming that the distribution used in the Datamatrix of this study is normally distributed. Thus normality condition of the distribution used is confirmed through normality statistics.

b. Testing of Hypotheses

H1. Predictors are significantly associated with EP.

Correlations [n = 288]				
		WLB	SGS	OS
Supervisor/Group Support	Pearson Correlation	.689**	1	
	Sig. (2-tailed)	.000		
Organizational Support	Pearson Correlation	.575**	.809**	1
	Sig. (2-tailed)	.000	.000	
Employee Performance	Pearson Correlation	**.593****	**.749****	**.745****
	Sig. (2-tailed)	.000	.000	.000
**. Correlation is significant at the 0.01 level (2-tailed).				

Both criterion variables are significantly associated with predictor – WLB. Further, all associations are significant at 99% confidence interval as p-value is less than 0.01 for all variables.

H2. SGS significantly mediates between WLB and EP.

Computing 'a' (WLB(SGS)EP)

Model Summary						
Model	R	R Square	Adj. R2	Std. E	F	Sig.
1	.689a	.475	.473	.51525	258.248	.000b

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.305	.229		5.700	.000
	WLB	.833	.052	.689	16.070	.000
a. Dependent Variable: SGS; b. Predictors: (Constant), WLB						

The predictor is responsible for 47% of variation in the dependent variable. The difference between R2 and Adjusted R2 is less than 5% showing that there is no sampling-error. The Beta-weight of WLB is 0.833, which is quite huge in terms of bringing change in the SGS. Thus, a-path is significant with big statistical evidence.

Computing c, ĉ, & b (WLB-SGS)EP)

Model Summary									
Model	R	R Square	Adjusted R2	Std. E	Change Statistics				
					R2	F	df1	df2	Sig. F Change
1	.593a	.351	.349	.51961	.351	154.955	1	286	.000
2	.757b	.572	.569	.42261	.221	147.359	1	285	.000

ANOVA Statistics		Durbin-Watson
F-Statistics	Sig.	
154.955	.000b	
190.805	.000c	1.200

Overall correlation of the 2nd model is 0.757%, which is quite reasonable. The model observes 56.90% explanatory power that is goodness of fit shown by adjusted R square. Moreover, the difference between R square and adjusted R square is less than 5%, which depicts that there is no sample error (Ahmad & Ashraf, 2016). Overall regression model is significant at 1% level of significance, and 'goodness of fit' or explanatory power of the model is significant as F-statistics is greater than 4 cut-off**,** which is further attested by significance value of <0.01. Further, Durbin-Watson test of collinearity gives a statistic, which is within the standard range of 1–3, therefore the issue of autocorrelation is resolved with evidence (1.200) from statistical test.

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.988	.231		8.609	.000		
	WLB	.651	.052	.593	12.448	.000	1.000	1.000
2	(Constant)	1.219	.198		6.153	.000		
	WLB	.160	.059	.146	2.733	.007	.525	1.903
	SGS	.589	.048	.649	12.139	.000	.525	1.903
a. DV: EP; b. Predictors: (Constant), WLB; c. Predictors: (Constant), WLB, SGS								

Given the significant (p-value = 0.000) role of mediator, the impact of WLB has reduced from Beta-weight = 0.651 to 0.160, while the mediator has added the weight of OS Beta-weight = 0.589. Thus, there is 'Partial-mediation' by OS in supporting WLB in improving the performance of employees. As per collinearity statistics, there is no multi collinearity in the model as VIF- variance inflationary factor is less than 2, a strict cut off for collinearity. H2 is therefore accepted as true with partial role of SGS in positively changing EP.

H3. OS significantly mediates between WLB and EP.

Computing 'a' (WLB(OS)EP)

Model Summary					ANOVA Statistics	
Model	R	R Square	Adjusted R2	Std. Error	F	Sig.
1	.575a	.331	.328	.56464	141.293	.000b

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.344	.251		9.343	.000
	WLB	.675	.057	.575	11.887	.000
a. Dependent Variable: OS; b. Predictors: (Constant), WLB						

The predictor is responsible for 32% of variation in the dependent variable. The difference between R2 and Adj. R2 is less than 5%, which means that there is no sampling-error. The Beta-weight of WLB is 0.833, which is quite huge in terms of bringing change in the SGS. Thus, a-path is significant with big statistical evidence.

Computing c, ĉ, & b (WLB(OS)EP)

Model Summary					Change Statistics				
Model	R	R2	Adj. R2	Std. E	R2	F Change	df1	df2	Sig. F
1	.593a	.351	.349	.51961	.351	154.955	1	286	.000
2	.771b	.595	.592	.41130	.244	171.463	1	285	.000

ANOVA		Durbin-Watson
F	Sig.	
154.955	.000b	1.101
209.387	.000c	

Overall correlation of the 2nd model is 0.77%, which is quite reasonable. The model observes 56.20% explanatory power that is goodness of fit shown by adj. R2. Moreover, the difference between R square and adjusted R square is less than 5%, which depicts that there is no sample error (Ahmad & Ashraf, 2016). Overall regression model is significant at 1% level of significance, and 'goodness of fit' or explanatory power of the model is significant as **F-statistics is greater than 4 cut-off,** which is further attested by significance value of <0.01. Further, Durbin-Watson test of collinearity gives a statistic, which is within the standard range of 1–3, therefore the issue of autocorrelation is resolved with evidence test-score of 1.101.

Coefficients of Regression								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. E	Beta			Tolerance	VIF
1	(Constant)	1.988	.231		8.609	.000		
	WLB	.651	.052	.593	12.448	.000	1.000	1.000
2	(Constant)	.666	.209		3.188	.002		
	WLB	.270	.051	.246	5.336	.000	.669	1.494
	OS	.564	.043	.603	13.094	.000	.669	1.494
a. DV: EP; b. Predictors: (Constant), WLB; c. Predictors: (Constant), WLB, OS								

Given the significant (p-value = 0.000) role of mediator, the impact of WLB has reduced from Beta-weight = 0.651 to 0.270, while the mediator has added the weight of OS Beta-weight = 0.564. Thus, there is 'Partial-mediation' by OS in supporting WLB in improving the performance of employees. As per collinearity statistics, there is no multi collinearity in the model as VIF- variance inflationary factor is less than 2, a strict cut off for collinearity. H3 is therefore accepted as true with partial role in positively changing EP.

DISCUSSIONS

Doctors and paramedics have to fight hard in balancing their work-life conflict continuously due to the unpredictability of their job. Any level of their failure in properly managing WLC directly affects either their family or work performance or both. The research reveals that if supervisor/group support and organizational support is there, the doctors and paramedics can better manage the issues of WLC through appropriate work-life balancing practices (Rabia, & Zia-ur-Rehman, 2013). WLB strategies can be implemented only when immediate boss or supervisor and coworkers are ready to help in the presence of helpful organizational policies for operational matters in the organization or hospital.

Existing research gives evidence of supporting roles played by the several mediating variables particularly supervisor and group support as well as the organizational support in term of employee-friendly HRM policies, which help the workers in executing WLB practices in countering the issues emerging from WLC in long working hours (Shivakumar & Pujar, 2016). Research shows that supportive roles of SGS and OS are expected and surveys have come up with the evidence with varying levels of strength of support or mediation by the third variables (Abioro, Oladejo, & Ashogbon, 2018). Current study confirms the mediation of SGS and OS with evidence of statistically 'Partial-mediations' for both the mediators used in this research.

CONCLUSIONS

Given the results confirming the roles of SGS and OS in ability of doctors and paramedics to successfully manage WLC via different WLB strategies like job-sharing, flex-timing etc., it can be concluded that despite the existence of some roles played by mediating variables, there is still enough which can be done to improve the current situation. The doctors and paramedics can improve their WLB practices working on their own strategies as well as enhancing the roles of SGS and OS on the part of supervisor, colleagues and management at large through organizational work policies. Further, there is greater role of SGS as compared to OS meaning that organizational support needs additional attention to play its role more effectively. In case of SGS, the mediators bring the role of WLB down from 0.651 to 0.160 while adding Beta-weight of 0.589. It is quite strong in comparison to the role played by OS, which reduces Beta-weight of WLB(X) from 0.651 to 0,270, which less than SGS. However, it makes substantial addition of 0.564 as Beta-weight. Thus, it is concluded that current study has unearthed the issues of WLC and WLB as influenced by SGS and OS among the doctors and paramedics of three hospitals working in South Punjab under the control of PAEC. These conclusions from the base for the decisions by all stakeholders in improving the current condition of their fight against WLC.

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