“Does work-life balance and organizational justice affect female nurses’ performance in a pandemic era?”

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Abstract

Nowadays, the study on antecedents of employee performance is of great importance. This paper aims to investigate the direct and indirect effects of female nurses' performance antecedents, with organizational commitment as a mediating variable. The variables of work-life balance and organizational justice are also analyzed. The study was carried out at four government hospitals in the Indonesian province of Bali, with 285 female nurses as respondents. The paper employs total sampling as a sampling technique. SmartPLS software was used to perform data analysis using partial least squares. The findings show that various antecedents of female nurses' performance have a significant positive effect. However, organizational justice has no significant effect. The results revealed a link between different female nurses' performance antecedents. With a t-statistic value of 7.986, organizational commitment is more effective than the other antecedents. The results revealed a partially mediating effect of work-life balance with a t-statistic value of 3.493. In addition, the effect of organizational justice is fully mediated based on a t-statistic value of 5.097. This study suggested that female nurses' pay should be calculated based on their workload and job risks.

INTRODUCTION

Employee performance is a critical factor in achieving organizational objectives (Obiageli et al., 2015, p. 63). Female nurses make up the majority of workers in women-dominated organizations such as hospitals. Their performance is influenced by work-life balance. Organizational justice and organizational commitment were also identified as influential factors. In the pandemic era, including the Covid-19 pandemic, the number of patients being treated is increasing quickly. When the hospitals are not ready to increase the number of female nurses in a short time, the working hours of currently employed nurses are extended.

On the other hand, they have responsibilities for personal and professional life. Working long hours means less time with their family. Time with family is crucial, but in the pandemic era, time to treat patients is a priority. This gap may influence their performance. Abdirahman et al. (2020, p. 79) suggested that work-life balance influences employee performance.

There is substantial evidence that fairness affects employee behavior (Masterson et al., 2000, p. 378). For example, the consequence of the...
long working hours of female nurses is an increase in income. Fairness related to income is one of organizational justice. Greenberg (1990, p. 400) stated that people compare their perceived work output with their perceived work input with the appropriate ratio of other comparisons. If the ratios are unbalanced, the party with the higher ratio is deemed unfairly paid less (and feels angry). Organizational justice considerably influences employee performance (Devonish & Greenidge, 2010, p. 80). Wang et al. (2010) and Arab and Atan (2018) claim that organizational justice contributes.

Over the years, practitioners and scholars have concluded that dedicated and devoted employees are highly productive. Organizational justice has witnessed increased attention in the last three decades and its impact on different organizational outcomes and employee behavior (e.g., organizational commitment, job satisfaction, and performance) (Ibrahim & Perez, 2014, p. 45). An organization with more dedicated and loyal employees may be more productive and profitable than a company with less loyal employees (Suliman & Kathairi, 2013, p. 99).

Committed employees are critical to the success of any organization, including affective and normative commitment. Kim (2014, p. 44) stated that affective commitment has a mediating role in the impact of work-life balance. Wang et al. (2010, p. 669) also support that affective and normative commitment have mediating roles for three organizational justice constructs. The pre-survey results ensured that there were still components in the nurse’s performance assessment, especially behavior, which patients had not well received.

The research problem is the direct and indirect impacts of the antecedents of female nurses’ performance. In addition, it is necessary to examine whether this influence can be further explained by mediating organizational commitment.

1. LITERATURE REVIEW

1.1. Employee performance

Individual management is complex and can be viewed through various theoretical lenses, such as organizational behavior, politics, and power relations (Platts & Sobotka, 2010, p. 351). However, employee performance is the primary variable related to organizational behavior. It is also an essential issue of human resource management (Pahos & Galanaki, 2019). It is defined as the results and achievements at work (Anita, 2014, p. 309).

Organizations must develop policies that can improve employee performance. It depends on or may be influenced by abilities, efforts, and opportunities (Abdirahman et al., 2020, p. 77). Their measurement is stated of merging staff duties with the organization’s mission, which supports its control system. According to Shield (2007, p. 23), performance criteria are critical parts of competence, behavior, and output measures. It is a performance management system. Nursing care describes the quality of health services (Al-Ahmadi, 2009, p. 41). Nurses’ performance is the most crucial aspect in hospitals because they can help organizations improve and develop organizational performance through the professional abilities of nurses.

1.2. Work-life balance

The concept of work-life balance has been known from the early second decade to the twentieth century. Work is a significant area, not only for women but also for men. No less important is the family area. The number of professional women who work to earn a family welfare increases. As a result, their families disturb the balance suffers due to the breadwinner’s absence (Agarwal & Lenka, 2015, p. 357). In 1986, professionals did more work than doing other activities. It has increased dramatically during the last two decades (Smith, 2010, p. 436). In addition, it is an opportunity and a challenge that influences employee performance in the workplace (Robbins & Judge, 2014, p. 10). According to Sirgy and Lee (2018), it has two definitions: (1) maximal role for job and family life, and (2) minimal contradiction in each job and
family role. It is also defined as maintaining equity health for one’s job and personal life.

1.3. Organizational justice

There are many topics of interest to social scientists. One of them is organizational justice. It is essentially people’s perception of fairness in organizations (Rahman et al., 2016, p. 188). Employee performance contributing to organizational justice is the primary concern of justice studies (Wang et al., 2010, p. 662). Employee perceptions of fairness or unfairness will affect how they respond to the practice and their entire relationship with the organization (Shield, 2007, p. 56). These feelings of fairness or injustice, sometimes known as ‘organizational justice’ judgments, are widely recognized as pivotal in influencing employee attitudes and behavior.

Organizational justice is a sense of fairness in the workplace related to the rewards and costs that are distributed, the fairness of the decision-making process, and justice as a notion for test results and performance rating systems (Robbins & Judge, 2014, p. 108). From the standpoint of equity, someone who has experienced injustice will attempt to restore balance through many methods related to performance (Adams, 1965). Therefore, organizational justice must be a significant concern for the organization and its members to improve employee performance. Injustice can cause psychological, physical, and behavioral tension, counterproductive work behavior, and decreased performance. Arab and Atan (2018), Shan et al. (2015, p. 78), Suliman and Kathairi (2013, p. 105), and Wang et al. (2010, p. 669) suggested that organizational justice has a positive and significant effect on employee performance.

1.4. Organizational commitment

Organizational commitment describes high employee achievements (Al Zefeiti & Mohamad, 2017, p. 152). It is defined as an employee’s behavior to participate in the organization (Wang et al., 2010, p. 664). Its strength is measured by organizational commitment. This attachment may be conscious and rational, subconscious, non-rational, intensely emotional, or a combination of the two (Shield, 2007, p. 43).

In general, organizational commitment entails a sense of shared aims and ideals. A successful organization is determined not only by improving employee competence but also by encouraging employee commitment to the organization (Wim et al., 1998, p. 243). Employees with a significant degree of commitment will feel like being part of the organization will be actively involved in the job, and be loyal and supportive. Organizational justice promotes organizational commitment and improves employee performance, resulting in a relationship (Swalhi et al., 2017, p. 549; Wang et al., 2010, p. 669).

Female nurses’ perceptions of organizational justice will lead to organizational commitment, with female nurses’ wanting to stay within the scope of a company and putting up maximum effort to enhance their performance in the hope of improving their salary/reward and work-life balance. Working optimally and remaining part of a company are all examples of organizational commitment.

Organizational commitment is mediated by individual behavior in organizations, which depends on the interaction between human assets, board techniques, organizational commitment, and outcomes (Mowday, 1998, p. 398). Organizations cannot be successful without commitment and effort. Organizational commitment is aligned with performance in the integrative model of organizational behavior. It is in line with Cesario and Chambel (2017), Syauta et al. (2012, p. 74), Suliman and Al Kathairi (2013, p. 105), and Swalhi et al. (2017, p. 550).

2. AIM AND HYPOTHESES

This study aims to confirm how many effects of work-life balance on female nurses’ performance are mediated by organizational commitment, including organizational justice. The accompanying hypotheses are advanced:

**H1**: Work-life balance has a significant effect on female nurses’ performance.

**H2**: Organizational justice has a significant effect on female nurses’ performance.
H3: Work-life balance has a significant effect on organizational commitment.

H4: Organizational justice has a significant effect on organizational commitment.

H5: Organizational commitment has a significant effect on female nurses’ performance.

H6: Organizational commitment mediates the effect of work-life balance on female nurses’ performance.

H7: Organizational commitment mediates the effect of organizational justice on female nurses’ performance.

The hypotheses statement depends on a writing survey and is shown in the conceptual model in Figure 1.

3. METHODOLOGY

The design of this paper is a quantitative study. The population consisted of 283 female nurses. The questionnaires were sent to the respondents, and 275 responses were obtained (response rate is 97.17%) with a complete return period of one week on average. 270 questionnaires (usable response rate 95.41%) were complete and appropriate for further analysis in this study. Five questionnaires sent back could not be used because of incomplete answers. The study lasted for a year, beginning in March 2020. Table 1 depicts the characteristics of the research subjects, including their frequencies and percentages.

| Demographic variable | Characteristics | Frequency | Percentage (%) |
|----------------------|----------------|-----------|----------------|
| Age (years)          | 20 – 29        | 109       | 40.4           |
|                      | 30 – 39        | 111       | 41.1           |
|                      | 40 – 49        | 42        | 15.5           |
|                      | 50 and above   | 8         | 3              |
|                      | Total          | 270       | 100            |
| Employment status    | Contract employees | 142     | 52.6          |
|                      | Honorary employees | 35      | 13             |
|                      | Government employees | 93     | 34.4           |
|                      | Total          | 270       | 100            |
| Educational level    | Diploma        | 183       | 67.8           |
|                      | Bachelor       | 85        | 31.5           |
|                      | Master         | 2         | 0.7            |
|                      | Total          | 270       | 100            |
| Length of work (years) | Below 1      | 23        | 8.5            |
|                      | 1 – 5          | 80        | 29.6           |
|                      | 6 – 10         | 64        | 23.7           |
|                      | 10 and above   | 103       | 38.2           |
|                      | Total          | 270       | 100            |
| Marital status       | Single         | 83        | 30.7           |
|                      | Married        | 177       | 65.6           |
|                      | Divorcee       | 10        | 3.7            |
|                      | Total          | 270       | 100            |

Note: N = 270 (sample size).

According to Table 1, the sample for this study consisted of 41.1% aged between 30-39 years. Of the female nurses, 52.6% were contract employees, 13% were honorary employees, and 34.4% were government employees. In addition, 67.8% of fe-
male nurses held a bachelor’s degree in terms of education. A total of 38.1% had been working for 10 years or more. Of the female nurses, 65.6% were married.

The items used to quantify development were adapted from the literature. The variables of work-life balance (independent variable), organizational justice (independent variables), organizational commitment (mediation variables), and female nurses’ performance (dependent variable) were correlated in this study. Each variable has several dimensions and indicators. For example, the work-life balance measurement scale comprises four dimensions by Fisher et al. (2009). Organizational justice items were taken from the Justice Scale by Niehoff and Moorman (1993, p. 537). Organizational commitment was taken from the Affective, Continuance, and Normative Commitment Scales (Allen & Meyer, 1990, p. 6). Female nurses’ performance was adapted from the Ongoing Professional Practice Evaluation by The Joint Commission International, which consists of behavioral performance, professional development, and clinical performance. Behavioral performance is a nurse’s involvement in cultivating a safety culture. Professional development is the suitability of the competence and authority given, and clinical performance is the process and results of the nurse’s performance from the clinical authority given.

SmartPLS programming dissected the information in three stages: outer model, inner model, and hypothesis testing. Reflective indicators are used to evaluate the measurement model (outer model) by testing convergent validity, discriminant validity, and composite reliability (Hair et al., 2017). Testing with a standard loading factor greater than 0.7 and an Average Variance Extracted (AVE) greater than 0.5 passes the convergent validity test. Fornell-Larcker criterion and heterotrait-monotrait ratio were used to fulfill the discriminant validity test. Cronbach’s alpha and composite reliability values greater than 0.7 are used to fulfill the composite reliability test. Evaluation of inner model is done by R-square coefficient and Q-square. Hypothesis testing is based on the \( p \)-value and \( t \)-statistic of each relationship between the variables. If the \( p \)-value of the path coefficient is less than 0.05 and the \( t \)-statistic value is greater than 1.96, the hypothesis is accepted. If the path coefficient has a \( p \)-value greater than 0.05 and a \( t \)-statistic value less than 1.96, the hypothesis is rejected. The Mediation Analysis Procedure by Hair et al. (2017) was utilized to decide the mediating role of organizational commitment. If all direct relationships are significant (\( p \)-value less than 0.05 and \( t \)-statistic greater than 1.96), the mediating variable is partial mediation. If one of the direct relationships is not significant (\( p \)-value greater than 0.05 and \( t \)-statistic less than 1.96), then the mediation variable is full mediation.

4. RESULTS

The evaluation of the outer model is presented in Tables 2 and 3. The results show that all the measurements pass it.

Table 3 displays the square root value of Average Variance Extracted (AVE) greater than the latent variable’s correlation in the Fornell-Larcker criterion column. In addition, the entire distribution of ratio values is below 0.9 in the heterotrait-monotrait ratio column. This signifies that it fulfills the discriminant validity test.

The R-square value ranges from 0 to 1, with higher levels indicating higher levels of predictive accuracy that 0.75, 0.50, or 0.25 can be described as substantial, moderate, or weak, respectively (Hair et al., 2017). The higher the value of the determinant coefficient, the better is the prediction model of the model, as displayed in Table 4.

Table 4 shows that the R-square value is 0.552, meaning that 55.2 percent of the organizational commitment variable is influenced by the work-life balance and organizational justice variables, and other variables influence 44.8 percent. The value of R-square on the female nurses’ performance variable is 0.538, meaning that 53.8 percent of the female nurses’ performance variable is influenced by the work-life balance, organizational justice, and organizational commitment variables, and other variables influence 46.2 percent. Both models are moderate.

The fit model evaluation based on Q-square predictive relevance was determined by:
The calculation of the value showed a result of 0.793. A Q-square greater than zero indicates that the path model is prescient of that reliant build (Hair et al., 2017).

The $p$-value and $t$-statistic of each relationship between variables were evaluated to estimate the direct effects of hypotheses, as displayed in Table 5. Except for hypothesis 2, all hypotheses examining the direct effect test of the variables are shown in Table 5. H1 is accepted ($t$-statistic = 4.263, $p = 0.000$). H2 is rejected ($t$-statistic = 1.192, $p = 0.234$). H3 is accepted ($t$-statistic = 4.066, $p = 0.000$). H4 is approved ($t$-statistic = 7.986, $p = 0.000$). H5 is confirmed ($t$-statistic = 6.158, $p = 0.000$). H6 is accepted ($t$-statistic = 4.066, $p = 0.000$).
3.493, \( p = 0.001 \). H7 is approved (\( t \)-statistic = 5.079, \( p = 0.000 \)).

Table 6 shows the mediating role of the organizational commitment variable as an indirect effect.

Table 6 depicts the organization’s commitment to mediating the indirect effects. According to the Mediation Analysis Procedure (Hair et al., 2017), it is a partial mediator for work-life balance. Also, it is a full mediator for organizational justice.

5. DISCUSSION

The two domains that do not interfere with each other significantly contribute to achieving a balance between work and non-work activities. Female nurses have difficulty completing work and are distracted if they are too busy with personal matters at work. The high workload causes family matters not to be mixed with work. Obiageli et al. (2015) stated that work-life balance is an essential factor that affects employee performance. This condition motivates female nurses to complete their work quickly and perform activities outside of work to balance the two domains. Perceptions of this result are consistent with the proposition in the Central Concept of Border Theory by Clark (2000). The findings are in line with Abdirahman et al. (2020), Soomro et al. (2018), and Thevanes and Mangaleswaran (2018). They claim that work-life balance has a positive and significant effect on employee performance.

Organizational justice does not influence the performance of female nurses, although Cohen-Charash and Spector (2001) stated it has a negligible effect. The number of health workers working to treat Covid-19 patients was not comparable to that of Covid-19 patients, which increased significantly. The main priority of female nurses during the pandemic era is finishing work quickly, treating patients quickly, and having a balanced time to take care of their families. This result, of course, is related to the creation of a work-life balance for female nurses. As many as 65.6 percent of female nurses who were respondents in this study were contract or non-permanent employees who had worked for less than ten years (61.8 percent). The salary level of contracted and honorary female nurses is different from that of female civil servant nurses. The workload of female nurses is not based on employment status as contract employees, honorary employees, or civil servants, so the workload is the same for all contracted, honorary, or civil servants, except for the head of the room, with the additional workload. Therefore, focusing on salary levels and workload management can be priority indicators to improve nurses’ performance.
The third hypothesis is accepted. The findings are consistent with the concept of social exchange theory, which states that the balance between work and family life perceived by female nurses involves a series of interactions that result in obligations. The balance between the two mutually supportive domains affects organizational commitment. The results are in line with Abdirahman et al. (2020), Kim (2014), and Oyewobi et al. (2019), who claimed that work-life balance has a significant effect on organizational commitment.

The fourth hypothesis is approved. Nowadays, employees are looking for organizations that provide fairness in the workplace, where every employee feels accepted, respected, and valued (Suliman & Kathairi, 2013). The results illustrate that female nurses feel organizational justice when the leader clearly explains every decision made about work. Clarity about job decisions will lead to a transparent and known system for all employees, which will lead to loyalty to this organization. It is becoming the highest perception of female nurses regarding organizational commitment. The findings follow the concept of social exchange theory, namely the existence of an explanation of every job decision taken, thereby increasing loyalty to the organization. Dehkordi et al. (2013) and Nakra (2014) also stated that organizational justice has a positive and significant effect on organizational commitment. Mathieu and Zajac (1990) suggested that personal and work characteristics predict organizational commitment. Gender, education, marital status, years of service, and level of employment are personal characteristics. Job characteristics include skill variety, task autonomy, challenges, and job scope. A total of 65.6 percent of respondents are contract or non-permanent workers who have worked for less than ten years (61.8 percent).

Organizational commitment is explained as personal meaning for female nurses and makes them feel part of the family in the organization. Female nurses value organization so much that they consider it a family member. This condition ensures that they have a high organizational commitment, which affects their performance. As a result, they tend to perform well in the workplace to avoid the possibility of quitting or being fired. Loyalty is a measure of organizational commitment with the highest loading factor, continuously improved to achieve high performance. Asiedu et al. (2014), Cesario and Chambel (2017), and Syauta et al. (2012) also found that organizational commitment has a positive and significant effect on the performance of female nurses.

The sixth hypothesis is confirmed. Female nurses feel confident that work does not interfere with their personal lives; thus, they treat patients with compassion. Allen and Meyer (1993) and Brimeyer et al. (2010) explained that older employees with long years of service and permanent employee status are more committed to the organization. A long and experienced work period improves performance and is clarified by organizational commitment.

The seventh hypothesis is approved. Organizational equity should be increased, and organizational commitment should be demonstrated to improve the performance of female nurses. The measurement results show that female nurses feel the most organizational justice when the leader explains each job-related decision in detail. The most dominant indicator of performance variables in explaining these variables is compliance to reduce the risk of injury due to falls to ensure patient safety in nursing services. Transparency in the explanation of leadership decisions as organizational justice does not affect the compliance of female nurses in taking steps to reduce the risk of injury due to patient falls. Organizational commitment can explain this effect through the most dominant indicator to explain these variables, namely the ease of being bound in an organization. Female nurses who feel organizational justice through transparency in explaining leadership decisions become easily bound in the organization and improve their performance through increased compliance in reducing the risk of injury due to falls to ensure patient safety in nursing services. From the point of view of female nurses, equity in all human resource practices deserves special consideration. Employees dedicated to their positions tend to perform well (Suliman & Kathairi, 2013). This finding is in line with Sharma and Dhar (2016), showing that procedural justice significantly affects employee performance through the mediating effect of affective commitment.
CONCLUSION

The antecedents of female nurses’ performance have direct and indirect influence by adding organizational commitment as a mediating variable. All hypotheses were accepted except for hypothesis 2. Organizational commitment partially mediates the effect of work-life balance on the performance of female nurses and fully mediates the effect of organizational justice on performance. According to the findings, it is imperative to establish internal communication between hospital leadership management and female nurses. Good communication is used to explain every decision taken to become transparent. The level of salary based on workload and work risk can also be considered by hospital management to improve the performance of female nurses. In line with that, managing workloads and creating a comfortable working atmosphere are essential to reduce work stress due to heavy workloads. Finally, setting the schedule for female nurses is very important so that the work and family domains can support each other in improving the performance of female nurses.

AUTHOR CONTRIBUTIONS

Conceptualization: Made Nopy Diah Sundari, I Wayan Gede Supartha.
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