

Work-Life Balance, Organisational Commitment, and Healthcare Worker Productivity

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DOI: 10.24818/mer/2025.01-09

ABSTRACT

This study investigates the relationships between work-life balance, employee productivity, and organisational commitment among healthcare workers at a leading healthcare facility in the La Nkwantanang Madina Municipality, Ghana. The study adopted a cross-sectional survey design, and the participants comprised 137 employees. Multiple regression approaches, mediation, and moderation analyses were employed to analyse the data. The result so agrees with the hypotheses predicting a positive correlation between work-life balance and productivity ($r = 0.48$, $F < 0.001$) and organisational commitment ($r = 0.55$, $F < 0.001$). The mediation analysis results indicated that organisational commitment fully mediates the relationship between work-life balance and productivity (indirect effect $\beta = 0.22$, $p < 0.001$), more specifically, employees with higher levels of organisational commitment amplify the positive effects of work-life balance on productivity. In addition, the main analysis indicated that work-life balance significantly and positively predicted productivity; however, this relationship was moderated by gender, with female workers being more affected by work-life balance than their male counterparts ($\beta = 0.30$, $p < 0.001$). Through the understanding of the results of the study, gender-sensitive work-life balance policies and organisational commitment to increase efficiency are highlighted. As such, future research should further investigate the subsequent changes in work-life balance interventions and other mediators regarding their relations, including job satisfaction and work stress. Limitations include the cross-sectional design, single-site focus, and reliance on self-reported data.

KEYWORDS: *work-life balance, employee productivity, organisational commitment, gender, healthcare workers, Ghana.*

JEL CLASSIFICATION: *J24, J81, M12, M54.*

1. INTRODUCTION

In recent years, finding a healthy balance between work demands and personal life has become a significant concern for both employees and employers. People are increasingly aware of how work-related stress can spill over into personal and family life, prompting a surge in interest in work-life balance. Clark (2000) describes work-life balance as the ability to achieve satisfaction and perform well both at work and at home with minimal conflict between roles.

In simple terms, work-life balance means creating an environment that helps employees manage their professional responsibilities alongside their personal lives. When this balance is well-maintained, employees are often more loyal and productive (Asumadu et al., 2024; Dhas, 2015). However, the rising pressures on organisations to deliver high-quality services can place significant strain on employees, making it challenging to keep this balance intact (Gragano et al., 2020).

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For organisations today, successfully managing the relationship between work and personal life is key to long-term success (Beauregard & Henry, 2009; Foy et al., 2019). When these demands start to overlap, a "work-life conflict" can arise, where responsibilities in one area of life interfere with the other, leading to stress and reduced productivity (Dhas, 2015). This challenge is not limited to specific regions or industries; studies show that both employees and employers worldwide encounter work-family conflicts (Allen et al., 2013; Asumadu et al., 2024; Blazovich, 2014; Saher et al., 2013).

To address this need, organisations are implementing initiatives such as flexible hours, alternative work arrangements, and employee support programmes. These efforts aim to reduce work-life conflict and improve overall organisational performance. Still, there is a lot left to explore regarding how these practices directly influence employee behaviour, productivity, and commitment, especially in demanding fields such as healthcare (Munir et al., 2012; Rao & Shailashri, 2021; Sachdeva & Singh, 2018; Shivakumar & Pujar, 2016).

In Ghana, traditional gender roles can add another layer of complexity to achieving work-life balance. Societal norms often place the responsibility of income generation on men, while women are expected to manage the home (Asiedu-Appiah et al., 2014). This division can intensify work-life conflicts, particularly in healthcare, where intense workloads and long hours make it difficult for professionals to juggle work and personal commitments. Health workers, who frequently face these challenges, can find it especially hard to maintain balance, which in turn affects their job satisfaction and productivity (Asumadu et al., 2024).

Given these complexities, this study aims to explore how work-life balance, productivity, and commitment are connected among healthcare workers at a major hospital in the La Nkwantanang Madina Municipality in Ghana's Greater Accra Region. The study will also look at how gender may influence these relationships. By examining how work-life balance practices affect the well-being, productivity, and commitment of healthcare staff, this research hopes to offer practical insights that can guide the creation of strategies to boost both employee performance and overall organisational effectiveness in the healthcare field.

This study investigates the following research questions:

1. Is there a significant relationship between the work-life balance practices of health workers at the Hospital, and their reported level of productivity?
2. How does the degree of work-life balance among health workers at the Hospital, influence their commitment to the organisation?
3. Does organisational commitment mediate the relationship between work-life balance and productivity among health workers at the Hospital?
4. Does gender moderate the relationship between work-life balance and productivity among health workers at the Hospital?

These questions are designed to uncover the direct and indirect effects of work-life balance on productivity and commitment, as well as the role of gender in shaping these dynamics, thereby contributing to the broader discourse on work-life balance in the healthcare sector. The following section discusses the theoretical framework and empirical studies relevant to the present study.

2. LITERATURE REVIEW

2.1 Spillover Theory and Work-Life Balance

A key framework guiding this study is the Spillover Theory, sometimes called the crossover theory. This theory suggests that what we experience, feel, or how we behave in one part of our life, such as work, can significantly affect other parts, such as our personal life, and vice versa (Liu et al., 2021). Essentially, Spillover Theory highlights how the line between work and personal life is often fluid, with positive or negative experiences in one area "spilling over" into the other, shaping our well-being and productivity (Garcia-Salirrosas et al., 2023). This makes it a valuable approach for exploring work-life balance, especially in fields like healthcare, where work-life boundaries tend to be blurred (Dousin et al., 2019).

Research backs this up: studies show that work stress among healthcare workers can spill over, leading to burnout that strains their personal lives, compounding the pressures of their work (Dousin et al., 2019). On the flip side, positive experiences like supportive leadership at work can enhance personal life satisfaction, showcasing the two-way nature of spillover in healthcare settings.

2.2 Expanding spillover theory: work-life balance in healthcare

Spillover Theory offers a helpful lens for understanding work-life balance, particularly in high-stress fields like healthcare, where emotional and physical demands are intense (Lee-Peng et al., 2016). This theory explains how stress or satisfaction in one area of life can impact the other, affecting both job satisfaction and work performance (Krishna & Lakshmypriya, 2016).

Although many healthcare organisations have introduced programs to help employees balance work and personal life, questions remain about the actual impact of these programmes on productivity. Much of the focus has been theoretical rather than on practical outcomes. For instance, while flexible work arrangements are often celebrated, studies like Obimpeh's (2018) suggest that their impact on productivity can be more nuanced, with job type and individual personality also playing significant roles.

Recent research suggests that the relationship between work-life balance and productivity is more complex than initially thought, especially in healthcare. For example, a study by Ali et al. (2023) found that while flexible schedules help employees balance work and personal life, they do not always increase productivity in settings like hospitals, where patient care is continuous. This underlines the need for more nuanced work-life balance policies.

2.3 Gender and work-life balance in healthcare

Work-life balance is viewed differently by employees and employers. Employees often see it as balancing work with family responsibilities, while employers may focus on its organisational benefits, like higher satisfaction and retention. This difference is particularly noticeable in healthcare, where high job demands can make achieving work-life balance challenging.

Gender also plays a role, especially in healthcare, where traditional roles often shape work-life balance experiences. Studies show that women in healthcare face greater challenges in balancing work and home due to societal expectations and caregiving roles, which can heighten stress and reduce job satisfaction (Rao & Shailashri, 2021). Recently, however, work-life balance research has broadened to include responsibilities beyond family, such as

commitments to colleagues, community, and self-development. Studies by Asumadu et al. (2024) and Sachdeva and Singh (2018) illustrate that healthcare workers benefit from support systems that recognise a variety of personal and professional responsibilities. This inclusive perspective can help ensure that work-life balance initiatives are effective for everyone.

2.4 Implications of the spillover theory in healthcare

Spillover Theory's view that experiences and emotions from one part of life can impact others underscores how interconnected work and personal life can be (Schnettler et al., 2021). This interdependence is especially relevant in healthcare, where the high emotional and physical demands of the job often lead to significant spillover effects.

This study applies Spillover Theory within a hospital context to explore how work-life balance practices impact not only productivity, but also employees' overall well-being. By investigating these spillover effects, it aims to offer a fuller understanding of work-life balance among healthcare workers and to guide the creation of more effective balance strategies.

The implications of these insights go beyond personal well-being. They stress the importance of a holistic approach to work-life balance in healthcare, one that considers the complex dynamics between professional and personal life. Adopting such an approach can help organisations create a more supportive workplace, ultimately benefiting both employee satisfaction and organisational performance.

3. METHODOLOGY

3.1 Research Design

This study used a cross-sectional survey to explore the relationships between work-life balance, employee productivity, and organisational commitment among healthcare staff at a major hospital in the La Nkwantanang Madina Municipality in Greater Accra, Ghana. The cross-sectional approach allowed for a snapshot of data collected at a single point in time, ideal for examining connections and potential causal relationships among these key variables.

This particular hospital was selected due to its critical role in the local healthcare system and its diverse staff, representing various healthcare professionals, making it an ideal setting for this study. Data were gathered through a structured questionnaire designed to assess participants' views on work-life balance, productivity, and organisational commitment. The survey used closed-ended questions and a Likert scale, with additional demographic questions to support a more nuanced analysis.

3.2 Population, Sample, and Sampling Procedure

The study included all healthcare workers at the hospital, covering doctors, nurses, administrative staff, and support personnel across departments, with an estimated total of 178 regular staff members. Given this manageable size, a census sampling approach was used, allowing every member of the workforce the opportunity to participate. This method enhanced the reliability and generalisability of the findings by minimising sampling bias and providing a comprehensive view of the entire hospital staff.

3.3 Data collection instrument

Data were collected using a structured questionnaire, a common tool in social science research. The questionnaire was carefully crafted to align with the study's objectives and to test its hypotheses. It had two main sections:

- **Section A: Demographic Information** This part gathered essential demographic details, such as age, gender, job role, and years of service, to see how these factors might impact work-life balance, productivity, and organisational commitment.
 - **Section B: Core Variables** This section measured the primary variables—work-life balance, employee productivity, and organisational commitment—using validated scales adapted from previous research to ensure consistency and reliability.
- **Work-Life Balance:** Measured by the Work-Life Balance Scale (WLBS) from Hayman (2005), which uses a five-point Likert scale for respondents to rate how well they feel their work and personal lives are balanced.
 - **Employee Productivity:** Assessed using a scale adapted from Kirkman and Rosen's (1999) Employee Productivity Questionnaire (EPQ), focusing on perceptions of task completion, efficiency, and performance, also rated on a five-point Likert scale.
 - **Organisational Commitment:** Evaluated using the Organisational Commitment Questionnaire (OCQ) by Mowday et al. (1979), which gauges employees' attachment, identification, and involvement in the organisation, again using a five-point Likert scale.

A pilot test of the questionnaire was conducted with a small group of health workers who were not part of the final sample. This test helped identify and correct any unclear language or structural issues in the questions, enhancing the tool's clarity and reliability.

3.4 Data collection procedure

Data were collected over a month to ensure sufficient participation and accuracy. Formal approval was obtained from the hospital administration, and potential participants were briefed on the study's purpose, procedure, and ethical standards, including confidentiality and voluntary involvement. The questionnaires were distributed electronically via Google Forms, allowing respondents flexibility in completing the survey with minimal disruption to their work.

Clear instructions were provided, and regular reminders were sent to encourage participation. In total, 137 health workers completed the survey, yielding a high response rate of around 77%. This strong turnout was due to a proactive engagement strategy, supported by hospital management, which ensured representation from all departments and roles. The digital format also facilitated timely responses and improved data accuracy.

3.5 Data Processing and Analysis

After data collection, responses were checked for completeness and accuracy, coded, and then entered into SPSS (Statistical Package for the Social Sciences) version 25 for analysis. Descriptive statistics, such as means and standard deviations, provided an overview of the data.

To test the study's hypotheses, multiple regression analysis was used to examine the effects of work-life balance on employee productivity and organisational commitment. Additionally, mediation analysis using the PROCESS macro for SPSS (Rockwood & Hayes, 2017) was conducted to determine if organisational commitment mediated the relationship between

work-life balance and productivity. This approach allowed for a deeper understanding of the direct and indirect effects among the study variables.

3.6 Ethical considerations

Ethical integrity was prioritised throughout the research process. Informed consent was obtained from all participants, who were fully briefed on the study's aims, process, and any potential risks and benefits. Participants were assured that their responses would remain anonymous and confidential, with data stored securely. The study adhered to established ethical standards for research involving human subjects, including respect for participant privacy and the right to withdraw from the study at any point without penalty. These ethical practices were essential to build trust with participants and maintain the study's credibility.

4. RESULTS

The demographic characteristics of the respondents are summarised in Table 1. The data provide an overview of the distribution of participants by age, gender, years of service, and job role at the Hospital.

Table 1. Demographic Characteristics of Respondents

Demographic Variable	Category	Frequency (n)	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Age Distribution	20 – 29 years	25	18.2	18.2	18.2
	30 – 39 years	58	42.3	42.3	60.5
	40 – 49 years	37	27.0	27.0	87.5
	50 – 59 years	17	12.4	12.4	100.0
	Total	137	100.0	100.0	100.0
Gender Distribution	Male	79	57.7	57.7	57.7
	Female	58	42.3	42.3	100.0
	Total	137	100.0	100.0	100.0
Years of Service	1 – 5 years	23	16.8	16.8	16.8
	6 – 10 years	58	42.3	42.3	59.1
	11 – 15 years	39	28.5	28.5	87.6
	16 – 20 years	17	12.4	12.4	100.0
	Total	137	100.0	100.0	100.0
Job Role Distribution	Doctor	12	8.8	8.8	8.8
	Nurse	53	38.7	38.7	47.5
	Physician Assistant	8	5.8	5.8	53.3
	Laboratory Scientist	12	8.8	8.8	62.1
	Pharmacy	10	7.3	7.3	69.4
	Administrative	17	12.4	12.4	81.8
	Others	25	18.2	18.2	100.0
	Total	137	100.0	100.0	100.0

Source: Author's calculation

4.1 Demographic characteristics

As shown in Table 1, the respondent sample was predominantly composed of individuals aged 30–39 (42.3%), followed by 40–49 (27.0%) and 20–29 (18.2%). A smaller proportion (12.4%) were aged 50–59. Gender distribution leaned slightly masculine, with male respondents constituting 57.7% and female respondents 42.3%.

Regarding years of service, the majority (42.3%) had worked in the hospital for 6–10 years, followed by 11–15 years (28.5%). Smaller groups had 1–5 years (16.8%) and 16–20 years (12.4%). The job roles were primarily nursing (38.7%), followed by "Other" (18.2%), administrative staff (12.4%), and doctors/laboratory scientists (8.8% each). Pharmacy personnel (7.3%) and physician assistants (5.8%) represented smaller proportions.

4.2 Hypotheses and analytical approach

With this understanding of the demographic characteristics, I proceeded to test the following hypotheses to investigate the relationships between work-life balance, employee productivity, and organisational commitment among healthcare workers at the Hospital.

- **H1:** There is a significant positive relationship between work-life balance and employee productivity.
- **H2:** There is a significant positive relationship between work-life balance and organisational commitment.
- **H3:** Organisational commitment mediates the relationship between work-life balance and employee productivity.

Multiple regression, mediation analysis (Model 4, Rockwood & Hayes, 2017), and moderation analysis (Model 1) were employed to test these hypotheses. The analysis was further strengthened by incorporating robustness checks, effect sizes, cross-validation, control variables, and confidence intervals.

4.3 Descriptive statistics and correlation analysis

The descriptive statistics for the key variables—work-life balance, employee productivity, and organisational commitment—are presented in Table 2. The mean scores indicate moderate levels of work-life balance and organisational commitment among healthcare workers, with a slightly higher mean for employee productivity.

Table 2. Descriptive Statistics of Key Variables

Variable	Mean	SD	Min	Max
Work-life balance	3.45	0.72	1.00	5.00
Employee productivity	3.62	0.68	1.00	5.00
Organisational commitment	3.50	0.75	1.00	5.00

Source: Author’s calculation

Pearson correlation coefficients were calculated to assess the bivariate relationships among these variables (Table 3). The results indicate strong positive correlations between work-life balance and employee productivity ($r = 0.67, p < 0.001$), work-life balance and organisational commitment ($r = 0.71, p < 0.001$), and organisational commitment and employee productivity ($r = 0.64, p < 0.001$).

Table 3. Pearson correlation coefficients among work-life balance, employee productivity, and organisational commitment

Variables	1	2	3
1. Work-life balance	1		
2. Employee productivity	0.67***	1	
3. Organisational commitment	0.71***	0.64***	1

*** $p < 0.001$ *Source:* Author's calculation**4.4 Hypothesis testing: regression analysis**

Multiple regression analyses were conducted to test H1 and H2, with results presented in Table 3. Work-life balance significantly predicted both employee productivity ($\beta = 0.48$, $p < 0.001$) and organisational commitment ($\beta = 0.55$, $p < 0.001$). The R^2 values for the models were 0.45 and 0.50, respectively, indicating that work-life balance explains a substantial portion of the variance in both productivity and commitment.

Table 4. Regression analysis results for work-life balance as a predictor of employee productivity and organisational commitment

Dependent Variable	Predictor	β	t	p	R^2
Employee productivity (H1)	Work-life balance	0.48	6.89	<0.001	0.45
Organisational commitment (H2)	Work-life balance	0.55	7.95	<0.001	0.50

Source: Author's calculation

Robustness Checks: To strengthen the reliability of the findings, I used bootstrapping with 5,000 resamples. The results from this technique aligned closely with the original regression outcomes, affirming the consistency of the findings. Additionally, I checked for multicollinearity by calculating the variance inflation factor (VIF) for each predictor. All VIF values were below 2, indicating no multicollinearity issues.

Effect Size: The effect sizes, as measured by Cohen's f^2 , were notably large: work-life balance showed an effect size of $f^2 = 0.82$ for predicting productivity and $f^2 = 1.00$ for predicting commitment. These high values underscore the practical importance of the study's findings, suggesting that work-life balance has a meaningful impact on both productivity and commitment.

Cross-Validation: To confirm the stability of the models, I used cross-validation by dividing the sample into training and testing sets (80% and 20%, respectively). The analysis produced consistent results for both sets, further validating the robustness and reliability of the models used in this study.

4.5 Mediation analysis: testing for indirect effects

Mediation analysis was conducted to test H3 (whether organisational commitment mediates the relationship between work-life balance and employee productivity). The indirect effect was assessed using the PROCESS macro (Model 4) with bootstrapping (5,000 samples).

The results (Table 5) show a significant indirect effect ($\beta = 0.22$, 95% CI [0.14, 0.32]), confirming that organisational commitment partially mediates the relationship between work-life balance and productivity. The direct effect of work-life balance on productivity remained significant ($\beta = 0.34$, $p < 0.001$), indicating that both direct and indirect pathways contribute to productivity outcomes. The mediation model explained 57% of the variance in productivity.

Table 5. Mediation analysis results for the indirect effect of work-life balance on employee productivity through organisational commitment

Path	Effect Size (β)	SE	95% CI	p
Direct Effect (Work-life Balance → Productivity)	0.34	0.07	[0.20, 0.48]	<0.001
Indirect Effect (Work-life Balance → Organisational Commitment → Productivity)	0.22	0.05	[0.14, 0.32]	<0.001

Source: Author’s calculation

4.6 Moderation analysis: gender as a moderator

A moderation analysis was conducted to explore Research Question 4, examining whether gender influences the relationship between work-life balance and employee productivity. The analysis was performed using the PROCESS macro for SPSS (Model 1), which allows for the assessment of interaction effects between a predictor variable (work-life balance) and a moderator variable (gender) on an outcome variable (employee productivity).

The descriptive statistics for the key variables—work-life balance, employee productivity, and gender—are presented in Table 6. The data show that the mean score for work-life balance was slightly higher for male health workers compared to female health workers, while the mean productivity scores were similar across genders.

Table 6. Descriptive Statistics by Gender for Work-Life Balance and Employee Productivity

Variable	Mean (Male)	Mean (Female)	SD (Male)	SD (Female)
Work-life balance	3.60	3.40	0.70	0.75
Employee productivity	3.65	3.60	0.65	0.70

Source: Author’s calculation

4.7 Moderation analysis results

The moderation analysis (Table 7) revealed a significant interaction between work-life balance and gender ($\beta = 0.30, p < 0.001$). The positive effect of work-life balance on productivity was stronger for female workers ($\beta = 0.75, p < 0.001$) compared to male workers ($\beta = 0.45, p < 0.001$). The model explained 52% of the variance in productivity.

Table 7. Moderation analysis results for the interaction between work-life balance and gender on employee productivity

Predictor	β	SE	t	p
Work-life balance	0.45	0.10	4.50	<0.001
Gender	0.15	0.12	1.25	0.212
Work-life balance × Gender	0.30	0.08	3.75	<0.001

Source: Author’s calculation

Model Summary

- $R^2 = 0.52$

- $F(3, 126) = 45.60, p < 0.001$

The analysis found that gender plays a significant role in moderating the relationship between work-life balance and productivity ($\beta = 0.30, p < 0.001$). This means that the positive impact of work-life balance on productivity differs by gender, with a stronger effect observed among female health workers compared to their male colleagues.

Simple Slopes Analysis

To better understand this moderation effect, a simple slopes analysis was done, which showed the following:

- For female health workers, the link between work-life balance and productivity was strong ($\beta = 0.75$, $p < 0.001$).

- For male health workers, this relationship was also significant but less pronounced ($\beta = 0.45$, $p < 0.001$).

These results suggest that as work-life balance improves, female health workers experience a more substantial boost in productivity than male health workers.

5. DISCUSSION

This study offers an in-depth look at how work-life balance, productivity, and organisational commitment are connected among healthcare workers. The findings add to the existing knowledge not only by confirming known links between these areas but also by shedding light on the factors that shape these connections. In the following section, I discuss the results, and their implications for healthcare management and policy, and situate them within the broader research context.

5.1 Work-Life Balance and Employee Productivity

The first hypothesis predicted a positive link between work-life balance and productivity. This was strongly supported: the data showed that employees who better balance work and personal life tend to be more productive. This result aligns with recent studies by Asumadu et al. (2024), Susanto et al. (2022), and Ismail et al. (2015), all of which suggest that work-life balance initiatives can boost job satisfaction and performance, especially in high-stress fields such as healthcare.

The significant correlation ($r = 0.67$) between work-life balance and productivity highlights the importance of balance for healthcare employees, who face a high risk of burnout due to the nature of their work (Sachdeva & Singh, 2018). These results suggest that healthcare organisations should prioritise work-life balance not only for the sake of employee well-being, but also as a way to improve productivity and service delivery.

5.2 Work-Life Balance and Organisational Commitment

The second hypothesis examined the link between work-life balance and organisational commitment, and our findings confirmed this connection. Work-life balance emerged as a strong predictor of organisational commitment ($\beta = 0.55$, $p < 0.001$), consistent with past study by Blazovich et al. (2014). These studies show that when employees feel their work-life balance is supported, they are more likely to feel committed to their organisation.

This connection is particularly relevant in healthcare, where high turnover can disrupt patient care and increase costs (Asumadu et al., 2024; Shivakumar & Pujar, 2016). Creating a supportive environment that respects both employees' personal and professional needs can cultivate a loyal and stable workforce.

5.3 Organisational Commitment as a Mediator Between Work-Life Balance and Productivity

The third hypothesis considered whether organisational commitment mediates the relationship between work-life balance and productivity. The mediation analysis found evidence of partial

mediation, with a notable indirect effect ($\beta = 0.22$, $p < 0.001$). This means that commitment plays an important role in translating work-life balance into productivity gains.

These results offer new insights into how work-life balance can boost productivity: while work-life balance has a direct effect, its impact is amplified when employees feel committed to their organisation. This aligns with research by Oyewobi et al. (2019), Darko-Asumadu et al. (2018), and Saher et al. (2013), highlighting the importance of commitment as a pathway through which work-life balance initiatives yield productivity benefits.

5.4 Gender's Role in Work-Life Balance And Productivity

The study also explored whether gender affects the relationship between work-life balance and productivity, and the results confirmed that gender is a significant factor. Female employees often face greater challenges in achieving work-life balance, and balance impacts their productivity more markedly than it does for their male colleagues. This aligns with the "second shift" concept from Hochschild and Machung (2012), which refers to women's dual responsibilities at work and home.

Studies by Pace and Sciotto (2021), Rao and Shailashri (2021), Obimpeh (2018), and Aryeetey et al. (2012) further highlight the unique pressures on women in demanding professions such as healthcare. These findings suggest that gender-sensitive work-life balance initiatives, such as flexible work hours or on-site childcare, could help women manage their dual roles more effectively, thus enhancing productivity for all employees.

5.5 Practical Implications for Healthcare Management and Policy

This study has practical takeaways for healthcare administrators:

1. Investing in Work-Life Balance Initiatives: Strong links between work-life balance, productivity, and commitment indicate that work-life initiatives benefit not only employees' well-being but also the organisation. Policies such as flexible work hours, mental health support, and family-friendly programmes can support balance and improve productivity.
2. Promoting Organisational Commitment: the findings on commitment's mediating role show that fostering a supportive work culture enhances the positive effects of work-life balance on productivity. Building commitment can lead to more sustained success.
3. Gender-Sensitive Policies: The gender differences observed underscore the need for support specifically tailored to female employees. On-site childcare and extended parental leave could help women, who often juggle caregiving responsibilities, thereby fostering a more equitable and productive work environment.

6. CONCLUSION

This study sheds light on the complex connections between work-life balance, productivity, and commitment in a healthcare setting. It shows that work-life balance plays a critical role in both productivity and commitment, with organisational commitment serving as a key bridge.

Furthermore, the gender-specific challenges to achieving balance highlight the need for policies that address diverse employee needs.

Supporting these areas can create a more nurturing and productive work environment that benefits employees and the organisation as a whole. The findings suggest that thoughtful investments in work-life balance initiatives can enhance organisational performance.

6.1 Limitations and future research

Although this study offers valuable insights, a few limitations should be noted. First, because this was a cross-sectional study, it only captured a snapshot in time, limiting the ability to draw causal conclusions. A longitudinal approach could provide more robust evidence.

Additionally, conducting the study in one hospital may limit the generalisability of these findings to other settings; future research could benefit from a multi-site approach. Finally, because the data were self-reported, there is a risk of response bias, as participants might have given socially desirable answers.

Future studies could examine other factors that may influence these relationships, such as job satisfaction, work stress, or organisational culture. Such research would deepen our understanding of this important issue in healthcare and aid in developing even more effective strategies for supporting employee well-being and organisational outcomes.

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