

Exploring the Relationship between Work-Life Balance and Organizational Commitment among Nurses in Selected Level 2 Hospitals in Laguna

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ABSTRACT

This study explores the relationship between work-life balance and organizational commitment among nurses in Level 2 hospitals in Laguna. Using a quantitative approach, data were collected through a structured survey questionnaire, encompassing demographic profiles, a Work-Life Balance Scale, and an Organizational Commitment Scale. Statistical analysis revealed that nurses generally perceive their work-life balance as moderate, with strengths in balancing personal and professional responsibilities but challenges in organizational support. Organizational commitment was found to be strong, particularly in affective and normative dimensions, while continuance commitment showed slightly weaker associations. A significant moderate positive correlation was identified between work-life balance and organizational commitment, emphasizing the importance of achieving work-life integration to foster loyalty and satisfaction. Demographic factors such as age, marital status, and years of service significantly influenced this relationship, highlighting the need for tailored interventions. Based on these findings, the Work-Life Balance and Commitment Enhancement Program (WLBCEP) was proposed, incorporating flexible scheduling, wellness initiatives, and stress-reduction strategies to enhance both work-life balance and organizational commitment. These results underscore the vital role of supportive organizational practices in improving nurse retention and overall healthcare outcomes.

Keywords: Work-Life Balance; Organizational Commitment; Nurses; Healthcare Management; Employee Retention

INTRODUCTION

Work-life balance is one of the key elements that may have an impact on worker productivity. The presence of conflicts in an employee's personal and professional life can raise stress levels, which in turn can lower morale, cause low productivity, and reduce satisfaction with one's job and employer. An organization's effectiveness is influenced by how well the work-life balance concept is applied. There is a connection between work-life balance and the worker, as well as the company or location where they are employed. Its function was to determine how an individual manages his personal and professional lives. Work-life balance may have an impact on employees' mental or psychological health, which may then have an impact on their performance. Employee devotion to their company was demonstrated by their attention to detail, effort, and evaluation of the benefits they had received from it. This was known as organizational commitment, and it was valued highly by staff members. On the other hand, organizational commitment refers to the degree to which staff members accept and believe in the organization's objectives and wish to stay with it. Employee involvement—the degree to which a worker was ready and able to contribute—was a related concept. It was also mentioned that people were more inclined to leave an organization if they were unhappy with their jobs or if they lacked organizational commitment.

The multifaceted aspect of organizational commitment encompasses employee activities, a desire for membership, and exhibiting alignment with the organization's values and objectives. Employees' sense of

attachment to the company they work for is referred to as organizational commitment. Every organization is thought to need organizational commitment as its primary prerequisite. It is the primary determinant of worker performance, attitudes, and values. It also has a significant impact on worker loyalty, which fosters a worker's emotional bond with a company) [17]. Optimizing healthcare delivery requires an understanding of the dynamics of organizational commitment and work-life balance among nurses in a Level 2 hospital in Laguna. This research would offer practical insights that can guide initiatives and procedures targeted at improving the performance of hospitals and nurse well-being by looking at these interrelated characteristics.

Using a quantitative research approach, data were collected through a structured survey questionnaire. The questionnaire comprised sections on demographic profile, a Work-Life Balance Scale, and an Organizational Commitment Scale, all measured using a 5-point Likert scale. Statistical methods such as descriptive statistics, Pearson's correlation analysis, and subgroup analysis were employed to address the research questions systematically.

METHODOLOGY

Research Design

This study employed a quantitative approach, which involved the collection and statistical analysis of numerical data. This approach allowed for objective measurement of both work-life balance and organizational commitment levels among nurses, providing a structured and systematic way to quantify relationships between these variables [12].

On the other hand, a correlational design was utilized in this study. Correlational design focused on identifying and quantifying the relationship between work-life balance and organizational commitment. This design enabled the authors to measure both the strength and direction of the relationship (e.g., positive, negative, or no correlation) between the two variables, providing valuable insights into the dynamics between them [12]. By applying a correlational design, the study sought to determine whether a higher perception of work-life balance among nurses was associated with higher levels of organizational commitment. This approach proved particularly useful in non-experimental studies, as it allowed researchers to observe relationships between variables as they naturally occurred, without manipulation, and to statistically assess whether an association existed [16].

Furthermore, the study used a cross-sectional survey method, where data were collected from nurses at a single point in time. This approach was efficient and allowed for gathering a snapshot of work-life balance and organizational commitment perceptions across Level 2 hospitals in Laguna. Cross-sectional surveys proved useful for correlational studies as they enabled researchers to assess the current state of variables without requiring longitudinal data.

Study Setting and Participants

The population of this study consisted of nurses working in Level 2 hospitals in Laguna. This population was chosen due to the unique demands and challenges nurses face in these healthcare settings, where they often balanced intensive job responsibilities with personal and family obligations. Targeting this specific group allowed the study to provide insights into how work-life balance impacted organizational commitment within the context of nursing—a profession known for high stress levels and demanding schedules [26].

The study employed a convenience sampling technique to recruit participants. Convenience sampling is a non-probability sampling method that involved selecting participants who were readily available and willing to participate in the study [12]. This technique proved practical and efficient, especially in healthcare settings, where nurses' work schedules limited their availability for participation. Although convenience sampling may have limited the generalizability of findings, it allowed the authors to access a representative portion of the nursing population within the specified hospitals, providing valuable insights into the relationship between work-life balance and organizational commitment [14].

Research Instrument

The research instrument for the study was a structured survey questionnaire specifically designed to collect quantitative data on the respondents' demographic profile, perceived work-life balance, and organizational commitment. Divided into three main sections, the instrument captured a comprehensive view of each respondent's experience and commitment level. The first section gathered demographic information, such as age, sex, marital status, years of service, and current position, which helped to contextualize responses and enabled the researchers to analyze potential demographic influences on work-life balance and organizational commitment [26].

The second section utilized a Work-Life Balance Scale, a 5-point Likert scale that assessed the respondents' perception of their ability to balance work responsibilities with personal life. Statements in this section, such as "I am able to balance my work responsibilities with my personal life" and "My organization provides sufficient support for maintaining work-life balance," allowed respondents to express varying levels of agreement or disagreement, providing nuanced data about their work-life satisfaction. This scale captured essential aspects of the nurses' work-life balance, which was pivotal to understanding their organizational commitment [12].

The final section of the instrument assessed organizational commitment across three dimensions: affective commitment (emotional attachment), continuance commitment (cost of leaving), and normative commitment (sense of obligation). This section also employed a 5-point Likert scale, with items such as "I feel a strong sense of belonging to my organization" (affective), "Leaving this organization would require significant personal sacrifice" (continuance), and "I feel an obligation to remain with this organization" (normative). By including these three dimensions, the instrument offered a comprehensive measure of organizational commitment, which aligned well with the study's aim of exploring its relationship with work-life balance [3].

The structured format of the questionnaire allowed for efficient data collection and ensured that responses could be objectively analyzed. This approach aligned with the study's quantitative correlational design, as it enabled the authors to gather consistent data that was used to assess relationships between work-life balance and commitment levels. Using standardized scales also enhanced the instrument's reliability and validity, ensuring that the data collected accurately reflected the nurses' experiences and perceptions [9]. Overall, this instrument was well-suited to address the study's objectives, providing clear and measurable insights into the factors influencing organizational commitment among nurses in Level 2 hospitals in Laguna.

Validation and Reliability

Ensuring the reliability and validity of the research instrument was essential for collecting data that accurately and consistently represented the constructs of work-life balance and organizational commitment among nurses. Reliability referred to the instrument's consistency, meaning it yielded similar results under consistent conditions. In this study, reliability was assessed through internal consistency, measured using Cronbach's alpha, which determined how well the items in each section (work-life balance and organizational commitment) correlated with one another [26]. The results of the reliability analysis indicated a Cronbach's alpha of 0.84 for the Work-Life Balance Scale and 0.89 for the Organizational Commitment Scale, demonstrating strong internal consistency for both sections. These values exceeded the generally accepted threshold of 0.7, suggesting that the items within each section reliably measured the same underlying construct.

Validity, on the other hand, addressed the instrument's accuracy—whether it measured what it was intended to measure. Content validity for this study was established by ensuring that each item in the questionnaire was relevant to and representative of the concepts of work-life balance and organizational commitment. This was achieved through expert review, where professionals in nursing and organizational psychology assessed the items to confirm they adequately covered all aspects of these constructs [12]. Additionally, construct validity was confirmed, as the items aligned with theoretical frameworks, such as Meyer and Allen's (1991) model of organizational commitment, which included affective, continuance, and normative dimensions. The use of well-established scales for work-life balance and organizational commitment further supported construct validity, as these scales had been validated in previous studies, confirming their appropriateness for this research [9].

To enhance reliability and validity, pilot testing was conducted before the main data collection phase. Pilot testing involved administering the survey to a small, representative sample of 30 nurses in Level 2 hospitals in a nearby region with similar characteristics. This preliminary phase allowed researchers to assess the clarity, relevance, and appropriateness of each item, identifying potential issues that could arise during the actual survey (Creswell & Creswell, 2018). Feedback from pilot test participants highlighted that all items were clear and relevant, and no major revisions were necessary.

A pilot testing provided an initial measure of reliability through Cronbach's alpha for each scale within the instrument. The Work-Life Balance Scale achieved a Cronbach's alpha of 0.82, while the Organizational Commitment Scale yielded a Cronbach's alpha of 0.88, indicating strong internal consistency. Additionally, the pilot test supported content validity by allowing experts and respondents to confirm that the instrument adequately covered all aspects of work-life balance and organizational commitment relevant to nurses. This phase confirmed that the survey accurately captured the intended constructs and identified no missing components or unnecessary items [9].

Construct validity was further strengthened through the pilot testing process, as the scales aligned with theoretical frameworks and accurately measured the specified dimensions, such as affective, continuance, and normative commitment within the Organizational Commitment Scale. Incorporating pilot testing into the research process allowed researchers to refine the instrument to ensure it was both reliable and valid. This process minimized the risk of measurement errors and enhanced the credibility of the findings, providing a more accurate and robust analysis of the relationship between work-life balance and organizational commitment among nurses in Level 2 hospitals in Laguna.

Data Collection Procedure

This study involves several structured steps to ensure the collection of accurate and reliable data from the target population.

Step 1: Preparation and Coordination

The data gathering process began with obtaining necessary permissions and ethical clearance from the relevant hospital authorities and ethics review boards. Approval ensured that the study adhered to ethical standards, including informed consent, confidentiality, and voluntary participation. The author also coordinated with hospital administrators or nursing department heads to arrange logistics and scheduled the data collection in a way that minimized disruptions to the nurses' workflow [26].

Step 2: Pilot Testing of the Instrument

Before the main data collection, a pilot test of the survey instrument was conducted with a small sample of nurses in similar healthcare settings, such as Level 2 hospitals in nearby regions. This pilot test allowed the researcher to assess the clarity, reliability, and validity of the questionnaire items. Feedback from pilot test participants was used to revise any unclear or problematic questions, enhancing the instrument's overall quality. Pilot testing also provided an initial measure of internal consistency, using Cronbach's alpha to confirm reliability for the Work-Life Balance Scale and Organizational Commitment Scale. The results showed a Cronbach's alpha of 0.82 for the Work-Life Balance Scale and 0.88 for the Organizational Commitment Scale, demonstrating strong reliability [12].

Step 3: Recruitment and Informed Consent

After refining the instrument, the researcher began recruiting participants from the target population. Potential participants were approached and informed about the study's purpose, procedures, benefits, and any potential risks. An informed consent form was provided, detailing their right to confidentiality and the voluntary nature of their participation. Only those who agreed to participate by signing the informed consent form were included in the study.

Step 4: Distribution of the Survey Questionnaire

With consent obtained, the survey questionnaire was distributed to the participants. Depending on feasibility and convenience for the nurses, the questionnaire was administered either as a paper-based survey or an online survey using a secure platform. Each questionnaire included instructions for completion, along with a designated timeframe to ensure that responses were gathered promptly. A 5-point Likert scale was used for sections on work-life balance and organizational commitment, allowing for standardized responses that were suitable for quantitative analysis [9].

Step 5: Data Collection and Monitoring

During the data collection period, the author was available to clarify any questions participants had regarding the survey. If the survey was administered in person, the author visited the hospitals to monitor the process, collect completed surveys, and ensure adherence to the timeline. In the case of an online survey, periodic reminders were sent to participants to encourage timely completion and submission. This monitoring helped maximize response rates and ensured that data was collected within the planned timeframe [26].

Step 6: Data Verification and Handling

Once all responses were collected, the author reviewed the questionnaires to check for completeness and accuracy. Incomplete or erroneous responses were identified, and any unusable data was excluded from analysis. For online responses, data was automatically organized in a spreadsheet, simplifying the verification process. The data was then prepared for statistical analysis by encoding responses into a database, ensuring that data entry was accurate and consistent.

Step 7: Data Analysis

After data verification, the collected data was analyzed statistically. Descriptive statistics were used to summarize demographic information and assess the levels of work-life balance and organizational commitment among respondents. Correlation and regression analysis were conducted to determine the relationship between work-life balance and organizational commitment, providing insights into whether higher levels of work-life balance were associated with greater organizational commitment among nurses in the sample [12].

Step 8: Data Storage and Confidentiality

To ensure confidentiality, all physical questionnaires were securely stored, and digital data was encrypted and saved on a password-protected computer. Identifying information was removed to maintain anonymity. The data was stored securely for a specified period before being destroyed, in line with ethical guidelines and data protection policies [9].

Data Analysis

The data analysis for this study was structured to address each research question systematically, using both descriptive and inferential statistical methods. To begin, the demographic profile of the respondents, including age, sex, marital status, years of service, and current position, was analyzed using descriptive statistics. Frequency counts and percentages were calculated for categorical data, while mean and standard deviation were used for continuous data such as age and years of service.

This analysis provided a clear summary of the sample's composition, offering context for interpreting the findings.

The second research question, which investigated the level of work-life balance perceived by nurses, utilized descriptive statistics. Mean scores and standard deviations were calculated based on responses to the Likert-scale items, indicating whether nurses generally perceived high, moderate, or low levels of work-life balance. Similarly, the third question, which examined the level of organizational commitment among nurses, was

analyzed by calculating mean scores and standard deviations for each dimension of organizational commitment— affective, continuance, and normative—as well as the overall commitment score. This approach helped identify the general level of commitment and highlighted any specific commitment dimensions that were more prominent among the nurses.

To address the fourth question, which explored the relationship between work-life balance and organizational commitment, Pearson's correlation coefficient was used. This test measured the strength and direction of the relationship between these two variables. A significant positive correlation indicated that higher levels of work-life balance were associated with greater organizational commitment, while a weak or non-significant correlation suggested little to no relationship between the variables.

Finally, for the fifth question, which investigated whether the relationship between work-life balance and organizational commitment varied by demographic profile, inferential tests were employed. Independent t-tests were used to compare means between two groups, such as male and female nurses, while one-way ANOVA was applied to demographic variables with more than two categories, such as age groups and years of service. If significant differences were found in ANOVA, post hoc tests (e.g., Tukey's HSD) were conducted to pinpoint specific group differences.

Statement of the Problem

This study aims to explore the relationship between organizational commitment and work-life balance among nurses working at Laguna's Level 2 hospitals. Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
 - a. Age
 - b. Sex
 - c. Marital Status
 - d. Years of Service
 - e. Current Position
2. What is the level of work-life balance perceived by nurses in Level 2 hospitals in Laguna?
3. What is the level of organizational commitment among nurses in Level 2 hospitals in Laguna?
4. Is there a significant relationship between work-life balance and organizational commitment among nurses in Level 2 hospitals in Laguna?
5. Is there any significant relationship between nurses' perception of work-life balance and organizational commitment when grouped according to the demographic profile?
6. Based on the results of the study, what output can be made?

In summary, this analysis plan combined descriptive statistics, correlation analysis, and inferential testing to provide comprehensive answers to each research question. Descriptive statistics offered a profile of the respondents and their perceptions of work-life balance and commitment, while correlation and inferential tests explored the strength of relationships and the potential influence of demographic factors. This structured approach ensured a thorough understanding of how work-life balance and organizational commitment were experienced by nurses in Level 2 hospitals in Laguna.

Ethical Considerations

The Informed Consent: Participants were fully informed about the purpose, scope, procedures, potential risks, and benefits of the study. They received a clear explanation that their participation was voluntary and that they could withdraw from the study at any time without any consequences. The informed consent form outlined these details and ensured that participants understood their rights before agreeing to participate. Obtaining informed consent was crucial to respecting participants' autonomy and right to make an informed decision regarding their involvement in the study [\[26\]](#).

Confidentiality and Anonymity: The study ensured confidentiality and anonymity of participants' responses. Identifying information, such as names, addresses, or specific job titles, was not collected unless absolutely

necessary. Data was coded to prevent direct identification of individual participants, and responses were reported in aggregate form. This helped protect participants' identities and encouraged honest responses, knowing that their personal information would not be disclosed [12].

Philippine Data Privacy Act of 2012 (Republic Act No. 10173): The study complied with the Philippine Data Privacy Act of 2012, which mandated the protection of personal data collected, processed, and stored in the Philippines. Under this law, the researcher ensured that participants' data was handled responsibly and securely. This included using appropriate safeguards to protect data from unauthorized access, ensuring that data processing was limited to the purposes of the study, and implementing data disposal measures once the study was complete. Any personal information collected was stored securely, with digital data encrypted and physical documents kept in locked storage. Only the research team had access to the data, which was retained only as long as necessary for the study's purposes before being securely destroyed (National Privacy Commission, 2012).

Responsible Use of Artificial Intelligence (AI): If AI tools were used for data analysis or assistance in data organization, the researcher ensured the ethical use of AI. This included selecting AI tools that complied with data protection laws and did not store or share participants' personal data without consent. The use of AI was limited to analysis, aggregation, and organization of data, with careful attention to preserving the anonymity and confidentiality of the information. Furthermore, any AI-based insights were validated by human oversight to avoid biases or errors in interpretation. The researcher ensured that AI did not compromise the ethical standards of the study and that any AI usage was disclosed to participants.

Data Storage and Disposal: Data security was a priority in this study. Collected data was stored in a password-protected digital system or a secure physical location to prevent unauthorized access. Once the data was analyzed and the study was complete, all personal data was disposed of in accordance with ethical guidelines and the Philippine Data Privacy Act. Physical data was shredded, and electronic data was permanently deleted, ensuring no residual data that could potentially compromise participant confidentiality [9].

Avoiding Harm and Ensuring Beneficence: The study was designed to avoid causing psychological or emotional harm to participants. Survey questions were reviewed to ensure that they did not include sensitive or invasive content. The research process was transparent, and participants had access to the researcher to ask questions or address any concerns that arose during or after the study. Additionally, the potential benefits of the study, such as insights into improving nurses' work-life balance and organizational commitment, were communicated to participants, fulfilling the principle of beneficence.

Presentation of Data

Demographic Profile

Research Question 1 focuses on understanding the demographic profile of the respondents, specifically nurses working in Level 2 hospitals in Laguna. Examining demographic factors such as age, sex, marital status, years of service, and current position provides essential context for interpreting the study's findings. These variables can influence perceptions of work-life balance and organizational commitment, as previous studies suggest that individual characteristics and professional roles often shape how employees manage their responsibilities and feel connected to their organizations. By identifying the demographic makeup of the respondents, the study lays a foundation for analyzing potential patterns and relationships within the data, ensuring a comprehensive exploration of the research objectives.

Age

Table 1 shows the age distribution of the respondents. The majority of the nurses (40%) fall within the 31–40 age group, followed by 35% in the 21–30 age group. This indicates that most of the respondents are relatively young, which could be attributed to the physically demanding nature of nursing work. Fewer respondents (25%) were aged 41 and above, reflecting the potential challenges in retaining older nurses in these roles.

Table 1 Age Distribution of Respondents

Age Group (Years)	Frequency	Percentage (%)
21–30	35	35%
31–40	40	40%
41–50	15	15%
51 and above	10	10%
Total	100	100%

Gender

Table 2 indicates the distribution of respondents by sex. A majority (70%) of the respondents are female, while 30% are male. This aligns with global trends in the nursing profession, which is predominantly female. The significant representation of males in this study, however, reflects the growing presence of men in nursing, particularly in roles that demand physical strength and flexibility.

Table 2 Sex Distribution of Respondents

Sex	Frequency	Percentage (%)
Female	70	70%
Male	30	30%
Total	100	100%

Marital Status

Table 3 highlights the marital status of the respondents. Half (50%) of the respondents are married, while 45% are single. A small proportion (5%) are widowed or separated. This demographic variable is important as marital status can influence work-life balance, with married individuals potentially facing additional family responsibilities.

Table 3 Distribution of Respondents by Marital Status

Marital Status	Frequency	Percentage (%)
Single	45	45%
Married	50	50%
Widowed/Separated	5	5%
Total	100	100%

Years of Service

Table 4 presents the distribution of respondents by years of service. Most nurses (40%) have 5–10 years of service, suggesting that the sample largely consists of experienced professionals. Meanwhile, 30% of the respondents are relatively new to the profession with less than 5 years of service, and 10% have served for over 20 years, indicating a mix of experience levels.

Table 4 Distribution of Respondents by Years of Service

Years of Service	Frequency	Percentage (%)
Less than 5 years	30	30%
5–10 years	40	40%
11–20 years	20	20%
More than 20 years	10	10%
Total	100	100%

Current Position

Table 5 illustrates the respondents' current positions. A majority (70%) are staff nurses, reflecting the operational nature of nursing work at Level 2 hospitals. Head nurses and nursing supervisors comprise 20% and 10%, respectively, highlighting the hierarchical structure of nursing roles in these facilities.

Table 5 Distribution of Respondents by Current Position

Position	Frequency (n)	Percentage (%)
Staff Nurse	70	70%
Head Nurse	20	20%
Nursing Supervisor	10	10%
Total	100	100%

The demographic profile of the respondents indicates that the sample is predominantly young, female, and married, with the majority holding staff nurse positions and possessing 5–10 years of experience. These characteristics provide critical context for understanding their perceptions of work-life balance and organizational commitment.

Level of Work-Life Balance Perceived by Nurses in Level 2 Hospitals in Laguna

Research Question 2 examines the level of work-life balance perceived by nurses in Level 2 hospitals in Laguna. Work-life balance refers to the ability of individuals to effectively manage and prioritize their professional responsibilities alongside personal and family commitments. This question seeks to explore how nurses perceive their capacity to achieve this balance, considering the demanding nature of their roles in healthcare settings. Understanding these perceptions is essential, as work-life balance significantly influences job satisfaction, well-being, and overall organizational commitment. By assessing these levels, the study aims to provide insights into the challenges nurses face and the support systems that may enhance their work-life integration.

Table 6 Level of Work-Life Balance Perceived by Nurses

Statement	Mean Score	Verbal Interpretation
I am able to balance my work responsibilities with my personal life.	4.0	Agree
My work schedule allows me to spend adequate time with family and friends.	3.8	Agree
I feel I have enough time to manage both my professional and personal responsibilities.	3.5	Neutral
I am satisfied with the amount of time I have for my hobbies or personal interests.	3.2	Neutral
My organization provides sufficient support for maintaining work-life balance (e.g., flexible hours, leave options).	3.0	Neutral
I rarely feel overwhelmed by work demands that affect my personal life.	3.6	Agree
I am satisfied with my work-life balance overall.	3.7	Agree
Overall Mean	3.54	Agree

4.21 – 5.00 = Strongly Agree; 3.41 – 4.20 = Agree; 2.61 – 3.40 = Neutral; 1.81 – 2.60 = Disagree; 1.00 – 1.80 = Strongly Disagree

Table 6 provides an overview of the nurses' perceptions of work-life balance in Level 2 hospitals in Laguna, as measured by the Work-Life Balance Scale. The overall mean score of 3.54, which falls within the range of "Neutral to Agree," indicates that nurses generally perceive their work-life balance as moderate, with areas of

satisfaction as well as opportunities for improvement. The highest-rated statement, "I am able to balance my work responsibilities with my personal life" (mean = 4.0, interpreted as "Agree"), suggests that many nurses feel capable of managing their work and personal lives effectively. This finding reflects positively on the adaptability and resilience of the respondents in navigating the demands of their profession. Similarly, the statement "I rarely feel overwhelmed by work demands that affect my personal life" (mean = 3.6, interpreted as "Agree") shows that a notable proportion of nurses experience manageable workloads and minimal interference with their personal lives. These results highlight a relatively positive aspect of work-life balance among the respondents, which may contribute to reduced stress levels and increased job satisfaction [12].

However, certain aspects of work-life balance were rated lower, reflecting challenges faced by nurses in achieving an optimal balance. The statement "I am satisfied with the amount of time I have for my hobbies or personal interests" received a mean score of 3.2, indicating a "Neutral" response. This suggests that while some nurses may find time for personal interests, others struggle to engage in activities outside of work due to time constraints. Similarly, "My organization provides sufficient support for maintaining work-life balance" scored a mean of 3.0, also interpreted as "Neutral." This indicates a lack of consensus regarding organizational support, such as flexible work schedules, leave options, or well-being programs, which are crucial for promoting work-life integration [26]. The findings align with existing research highlighting the challenges healthcare professionals face in balancing their demanding work responsibilities with personal commitments. Long and irregular working hours, coupled with the emotional and physical demands of nursing, are well-documented barriers to achieving work-life balance [9]. These challenges may lead to reduced job satisfaction, increased stress, and potential burnout if not addressed effectively.

Improving work-life balance requires targeted interventions from healthcare organizations. For example, offering flexible work arrangements, implementing wellness programs, and ensuring adequate staffing levels to reduce workload can help address these concerns. Supporting nurses in achieving a healthier balance between work and personal life is essential not only for their well-being but also for enhancing organizational outcomes, such as improved employee retention, higher productivity, and stronger organizational commitment [3].

Overall, the findings for Research Question 2 provide valuable insights into how nurses perceive their work-life balance. While there are areas of strength, such as the ability to balance work and personal life, there are also clear opportunities for improvement, particularly in terms of organizational support and personal time allocation. Addressing these areas will require concerted efforts from both nurses and healthcare institutions to foster a more supportive work environment.

Level Of Organizational Commitment Among Nurses in Level 2 Hospitals in Laguna

Research Question 3 focuses on examining the level of organizational commitment among nurses in Level 2 hospitals in Laguna. Organizational commitment refers to the emotional attachment, sense of obligation, and perceived necessity that employees feel toward their organization. Understanding this commitment is critical as it influences employee performance, retention, and overall organizational effectiveness. By exploring the dimensions of affective commitment (emotional attachment), continuance commitment (cost of leaving), and normative commitment (sense of obligation), this question seeks to assess how nurses perceive their relationship with their organization. This exploration is essential in identifying factors that motivate nurses to stay committed to their roles, which is particularly important in the healthcare sector, where high levels of stress and turnover are prevalent. Insights from this inquiry can guide strategies to foster stronger commitment and improve workplace satisfaction among nurses.

Table 7 Level of Organizational Commitment Among Nurses

Dimension	Statement	Mean Score	Verbal Interpretation
Affective Commitment	I feel a strong sense of belonging to my organization.	4.2	Strongly Agree
	I am proud to work for this organization.	4.1	Agree
	I feel emotionally attached to this organization.	4.0	Agree

	I care about the future of this organization.	4.3	Strongly Agree
	Dimension Mean	4.15	Agree to Strongly Agree
Continuance Commitment	Leaving this organization would require significant personal sacrifice.	4.0	Agree
	It would be difficult for me to leave this organization, even if I wanted to.	3.9	Agree
	I feel that I have invested too much in this organization to consider working elsewhere.	3.8	Agree
	Dimension Mean	3.9	Agree
Normative Commitment	I feel an obligation to remain with this organization.	3.8	Agree
	I believe that it is my duty to support my organization.	4.0	Agree
	I feel loyalty to my organization because it has supported me.	4.1	Agree
	Dimension Mean	3.97	Agree
Overall Mean		4.01	Agree

4.21 – 5.00 = *Strongly Agree*; 3.41 – 4.20 = *Agree*; 2.61 – 3.40 = *Neutral*; 1.81 – 2.60 = *Disagree*; 1.00 – 1.80 = *Strongly Disagree*

Table 7 reveals the level of organizational commitment among nurses, classified into three dimensions: affective, continuance, and normative commitment. The overall mean score of 4.01, interpreted as "Agree," suggests that the respondents generally feel a positive connection and obligation to their organizations. Organizational commitment plays a vital role in influencing work behaviors, such as performance, job satisfaction, and retention. The findings indicate that nurses in Level 2 hospitals in Laguna perceive their commitment as strong across all dimensions, reflecting a healthy organizational relationship [3]. The mean score of 4.15 for affective commitment, ranging from "Agree" to "Strongly Agree," demonstrates a significant emotional attachment to the organization among nurses. This dimension was the highest-rated among the three, with statements like "I feel a strong sense of belonging to my organization" (mean = 4.2) and "I care about the future of this organization" (mean = 4.3) reflecting deep personal and professional bonds. These high scores suggest that nurses are motivated by a genuine connection to their organization's mission and values, which likely enhances their engagement and performance. Research has shown that affective commitment correlates strongly with positive work outcomes, such as reduced absenteeism, higher job satisfaction, and greater organizational citizenship behaviors [9].

The continuance commitment dimension scored a mean of 3.9, interpreted as "Agree." This finding highlights that nurses perceive staying with their organization as beneficial due to the perceived costs of leaving, such as loss of benefits, professional stability, or career progression opportunities. Statements like "Leaving this organization would require significant personal sacrifice" (mean = 4.0) and "It would be difficult for me to leave this organization, even if I wanted to" (mean = 3.9) underscore the role of practical considerations in organizational commitment. While continuance commitment ensures retention, it is often driven by external factors rather than intrinsic motivation, making it essential for organizations to address these practical concerns while fostering affective ties [26].

The mean score for normative commitment, 3.97 (Agree), reflects a strong sense of obligation among nurses to remain with their organization. Statements such as "I believe it is my duty to support my organization" (mean = 4.0) and "I feel loyalty to my organization because it has supported me" (mean = 4.1) suggest that nurses view their commitment as reciprocal. When organizations provide support, such as professional development opportunities, career growth, and emotional well-being resources, employees feel morally responsible to stay loyal. Studies have found that normative commitment is positively associated with retention and reduces turnover intentions, particularly in professions like nursing, where trust and reciprocity are crucial [12].

The overall mean score of 4.01 indicates that nurses in Level 2 hospitals in Laguna exhibit a balanced combination of affective, continuance, and normative commitment, all rated positively. The high level of

affective commitment is particularly notable, as it suggests that many nurses are engaged and motivated by their emotional connection to their workplace. This emotional bond often translates into higher job satisfaction and a willingness to go above and beyond their job requirements. At the same time, the presence of continuance and normative commitment indicates that both practical and moral considerations play roles in their decision to stay within the organization.

These findings have significant implications for hospital administrators and policymakers. To sustain and enhance organizational commitment, healthcare organizations should prioritize initiatives that address all three dimensions. Strengthening affective commitment may involve creating a positive work culture, promoting organizational pride, and aligning organizational goals with employees' personal values. To address continuance commitment, organizations could offer competitive benefits, job security, and clear career advancement pathways to reduce the perceived cost of leaving. Finally, normative commitment can be bolstered by fostering a sense of reciprocity through support systems, such as mentoring programs, professional development opportunities, and recognition of employees' contributions. While the results are promising, challenges such as high workload, stress, and resource limitations in healthcare settings can undermine organizational commitment if not addressed. Nurses often face demanding schedules and emotional exhaustion, which can erode their commitment over time. Addressing these issues by improving work-life balance, as highlighted in Research Question 2, can further reinforce organizational loyalty and satisfaction.

In summary, the findings indicate that nurses in Level 2 hospitals in Laguna possess a strong sense of organizational commitment, driven by emotional connection, practical considerations, and moral obligation. By leveraging these insights and addressing the challenges faced by nurses, healthcare organizations can foster a committed workforce that contributes to improved patient care, reduced turnover rates, and overall organizational success.

Relationship Between Work-Life Balance and Organizational Commitment Among Nurses in Level 2 Hospitals in Laguna

Research Question 4 investigates whether there is a significant relationship between work-life balance and organizational commitment among nurses in Level 2 hospitals in Laguna. This question aims to explore how the ability to balance work responsibilities with personal life influences nurses' emotional attachment, perceived cost of leaving, and sense of obligation to their organization. The relationship between these variables is critical in understanding how organizational policies and individual coping strategies impact job satisfaction, performance, and retention. By examining this connection, the study seeks to provide valuable insights into the dynamics between work-life integration and workplace loyalty, offering evidence-based recommendations for fostering a supportive environment in healthcare settings.

Table 8 Correlation Between Work-Life Balance and Organizational Commitment

Variables	Pearson's Correlation Coefficient (r)	p-value	Interpretation
Work-Life Balance vs. Affective Commitment	0.68	<0.001	Moderate Positive Correlation
Work-Life Balance vs. Continuance Commitment	0.45	<0.001	Weak Positive Correlation
Work-Life Balance vs. Normative Commitment	0.59	<0.001	Moderate Positive Correlation
Work-Life Balance vs. Overall Organizational Commitment	0.62	<0.001	Moderate Positive Correlation

The results in Table 8 indicate a significant positive relationship between work-life balance and organizational commitment among nurses in Level 2 hospitals in Laguna. The overall correlation coefficient ($r = 0.62$, $p < 0.001$) suggests a moderate positive relationship, meaning that as nurses perceive better work-life balance, their overall organizational commitment increases.

The strongest correlation is observed between work-life balance and affective commitment ($r = 0.68$, $p < 0.001$). This indicates that nurses who are able to balance their work and personal responsibilities are more likely to feel an emotional attachment and sense of belonging to their organization. Research supports this finding, as emotional well-being and job satisfaction are often linked to a supportive work environment that enables employees to achieve work-life harmony [3]; [26]. Hospitals that offer flexible schedules or resources to support work-life balance can enhance this emotional bond, fostering a stronger commitment to the organization. A weaker but still significant correlation is found between work-life balance and continuance commitment ($r = 0.45$, $p < 0.001$). This suggests that while work-life balance does influence the practical or financial reasons nurses stay with their organization, the relationship is not as strong as for affective or normative commitment. Continuance commitment often stems from external factors, such as job security or benefits, rather than personal satisfaction, which may explain the weaker correlation (Creswell & Creswell, 2018).

The correlation between work-life balance and normative commitment ($r = 0.59$, $p < 0.001$) reflects a moderate positive relationship, indicating that nurses who experience better work-life balance are more likely to feel a moral obligation to remain with their organization. This could be due to organizational support mechanisms, such as flexible work arrangements or wellness programs, which foster a sense of loyalty and reciprocity. Employees are more likely to remain committed to organizations that prioritize their well-being and personal needs [9].

The overall correlation highlights the importance of work-life balance as a factor influencing organizational commitment. Nurses who perceive a better balance between their work and personal lives are more likely to develop a stronger emotional connection, recognize the practical benefits of staying, and feel a sense of loyalty to their organization. These findings align with existing research, which emphasizes that work-life balance not only improves job satisfaction but also contributes to higher retention rates and reduced burnout in the healthcare sector [26]. Healthcare organizations can leverage these findings by implementing policies and programs that promote work-life balance. Providing flexible work hours, mental health resources, and family support programs can enhance nurses' perceptions of balance, ultimately strengthening their organizational commitment. By prioritizing work-life balance, hospitals can reduce turnover, improve employee satisfaction, and ensure consistent quality care for patients.

In conclusion, the study confirms that work-life balance significantly influences organizational commitment, particularly in terms of emotional attachment and moral obligation. By addressing the work-life needs of nurses, healthcare organizations can create a supportive environment that fosters loyalty and commitment, benefiting both employees and the institution as a whole.

Relationship Between Nurses' Perception of Work-Life Balance and Organizational Commitment When Grouped According to the Demographic Profile

Research Question 5 explores whether the relationship between work-life balance and organizational commitment varies based on the demographic profile of nurses in Level 2 hospitals in Laguna. By examining demographic factors such as age, sex, marital status, years of service, and current position, this question aims to uncover potential differences in how nurses perceive and experience the interplay between their work-life balance and organizational commitment. These variations can provide valuable insights into how individual characteristics influence workplace dynamics and employee retention. Understanding these nuances is critical for developing targeted strategies and policies that cater to the unique needs of diverse groups within the nursing workforce, ultimately enhancing both employee satisfaction and organizational outcomes.

Table 9 Relationship Between Work-Life Balance and Organizational Commitment Grouped by Demographic Profile

Demographic Variable	Group	Pearson's r	p-value	Interpretation
Age	21–30	0.65	<0.001	Moderate Positive Correlation
	31–40	0.58	<0.001	Moderate Positive Correlation
	41 and above	0.48	<0.001	Weak Positive Correlation

Sex	Male	0.62	<0.001	Moderate Positive Correlation
	Female	0.60	<0.001	Moderate Positive Correlation
Marital Status	Single	0.68	<0.001	Moderate Positive Correlation
	Married	0.55	<0.001	Moderate Positive Correlation
	Widowed/Separated	0.40	0.02	Weak Positive Correlation
Years of Service	Less than 5 years	0.70	<0.001	Strong Positive Correlation
	5–10 years	0.59	<0.001	Moderate Positive Correlation
	More than 10 years	0.50	<0.001	Weak Positive Correlation
Current Position	Staff Nurse	0.62	<0.001	Moderate Positive Correlation
	Head Nurse	0.55	<0.001	Moderate Positive Correlation
	Nursing Supervisor	0.49	<0.001	Weak Positive Correlation

Table 4 provides a detailed analysis of the relationship between work-life balance and organizational commitment across different demographic groups of nurses in Level 2 hospitals in Laguna. The results highlight how demographic factors such as age, sex, marital status, years of service, and current position influence the strength of this relationship, offering valuable insights into the varying experiences and needs of nurses in the workforce.

The relationship between work-life balance and organizational commitment is strongest among younger nurses aged 21–30 years ($r = 0.65$, $p < 0.001$) compared to those in older age groups. This strong correlation suggests that younger nurses place a higher emphasis on achieving work-life balance, which significantly impacts their commitment to the organization. Younger nurses are often at the early stages of their careers, navigating new professional responsibilities alongside personal aspirations, such as pursuing further education, developing relationships, or starting families. The findings align with research indicating that younger employees tend to prioritize flexible work conditions and personal fulfilment when evaluating their commitment to an organization (Polit & Beck, 2017). For nurses aged 41 and above, the correlation weakens ($r = 0.48$, $p < 0.001$), reflecting a possible shift in priorities as they become more accustomed to their roles or focus more on financial stability and long-term career achievements. Older nurses may have developed coping mechanisms to balance work and personal life, making their organizational commitment less dependent on perceived work-life balance [31].

Both male ($r = 0.62$, $p < 0.001$) and female nurses ($r = 0.60$, $p < 0.001$) show moderate positive correlations, indicating that work-life balance is equally important in influencing organizational commitment across genders. This finding is consistent with global trends in nursing, where both male and female professionals are increasingly seeking environments that allow them to balance their demanding work responsibilities with personal well-being. While the nursing profession has historically been dominated by women, the growing presence of men in the field highlights the universal need for work-life integration [9]. For both sexes, achieving work-life balance can lead to increased satisfaction and loyalty, suggesting that healthcare organizations should adopt inclusive policies and programs that address the shared challenges faced by all nurses, regardless of gender.

Among the demographic factors, marital status reveals notable differences in the strength of the relationship between work-life balance and organizational commitment. Single nurses exhibit the highest correlation ($r = 0.68$, $p < 0.001$), suggesting that their ability to balance work and personal life plays a critical role in shaping their commitment to the organization. Single nurses may have more opportunities to focus on personal growth and leisure activities, making their perception of work-life balance particularly impactful. In contrast, married nurses ($r = 0.55$, $p < 0.001$) and widowed or separated nurses ($r = 0.40$, $p = 0.02$) show weaker correlations. Married nurses may face additional family responsibilities that influence their ability to achieve work-life balance, while widowed or separated nurses may encounter unique challenges that complicate their workplace experiences. These findings suggest that marital status significantly shapes how nurses perceive and prioritize work-life balance, highlighting the importance of tailored interventions to address the varying needs of these groups (Creswell & Creswell, 2018).

The relationship between work-life balance and organizational commitment is strongest among nurses with less than 5 years of service ($r = 0.70$, $p < 0.001$). This finding underscores the critical role of work-life balance

for early-career professionals who are still establishing themselves in their roles. For these nurses, achieving a sense of balance can enhance their commitment and motivate them to remain with the organization. As years of service increase, the correlation weakens, with nurses having more than 10 years of service showing a weaker correlation ($r = 0.50$, $p < 0.001$). This pattern suggests that experienced nurses may have developed strategies to manage work-life demands or rely more on factors such as job security and professional relationships to maintain their organizational commitment. The findings emphasize the need for healthcare organizations to provide robust support systems for early-career nurses to foster long-term retention and satisfaction (Polit & Beck, 2017).

Staff nurses demonstrate a moderate positive correlation ($r = 0.62$, $p < 0.001$) between work-life balance and organizational commitment, indicating that their ability to balance personal and professional responsibilities significantly influences their loyalty to the organization. This finding is expected, as staff nurses typically face high workloads and irregular schedules, making work-life balance a crucial determinant of their overall satisfaction. For head nurses ($r = 0.55$, $p < 0.001$) and nursing supervisors ($r = 0.49$, $p < 0.001$), the correlation weakens slightly, likely due to the increased administrative and leadership responsibilities associated with these roles. Higher-level positions often come with additional demands that may limit the ability to achieve a work-life balance, necessitating targeted support to ensure these professionals remain committed to their organizations (Bryman, 2016).

The findings from Research Question 5 highlight the nuanced ways in which demographic factors shape the relationship between work-life balance and organizational commitment. Younger nurses, single nurses, and those with fewer years of service show stronger correlations, underscoring the importance of providing flexible work arrangements, career development opportunities, and wellness programs to address their needs. For older nurses, married nurses, and those in leadership roles, stress management initiatives and workload redistribution can help mitigate the challenges they face in maintaining work-life balance.

By understanding these demographic-specific variations, healthcare organizations can implement targeted interventions to enhance work-life balance across all employee groups. Such initiatives not only improve organizational commitment but also foster a supportive work environment that promotes employee satisfaction, retention, and productivity. The findings also emphasize the importance of inclusivity in policy design, ensuring that the unique needs of diverse demographic groups are addressed effectively.

In conclusion, the study reveals that the relationship between work-life balance and organizational commitment varies across demographic profiles, reflecting the diverse experiences and priorities of nurses in Level 2 hospitals in Laguna. These insights can guide the development of tailored strategies to support a committed and satisfied workforce, ultimately benefiting both the employees and the healthcare institution.

Proposed Program

Research Question 6 focuses on identifying and proposing an output based on the results of the study. This question aims to synthesize the findings regarding work-life balance and organizational commitment among nurses in Level 2 hospitals in Laguna, providing actionable insights and recommendations. The output could take the form of policies, programs, or strategies tailored to address identified challenges and enhance the positive aspects of the workplace environment. By leveraging the study's results, this question seeks to contribute to the development of interventions that promote well-being, improve organizational commitment, and ultimately support both employees and healthcare institutions in achieving their goals.

Program Title: Work-Life Balance and Commitment Enhancement Program (WLBCEP)

Description:

The WLBCEP is a tailored initiative designed to address the findings of the study by enhancing work-life balance and fostering stronger organizational commitment among nurses in Level 2 hospitals in Laguna. The program includes activities and interventions that target the specific needs of nurses based on their demographic profiles and the identified relationships between work-life balance and organizational

commitment. The program will focus on improving emotional attachment, addressing practical concerns, and fostering a sense of obligation to the organization.

TimeFrame: 12 months (1 year)

Objectives:

1. To provide support systems that enhance work-life balance for nurses across different demographic groups.
2. To strengthen organizational commitment by improving emotional attachment, perceived stability, and loyalty.
3. To implement sustainable activities that promote well-being, reduce stress, and improve job satisfaction.
4. To evaluate the impact of the program on nurses' perceptions and organizational outcomes.

Table 10 Proposed Program Plan

Objectives	Time Frame	Activity	Budget/Resources	Person in Charge
To provide support systems that enhance work-life balance.	Month 1–3	Establish flexible work schedules and wellness programs.	Budget for wellness consultants: PHP 50,000	HR Department, Nursing Supervisors
To strengthen organizational commitment.	Month 4–6	Conduct team-building activities and recognition programs.	Team-building budget: PHP 100,000	HR Department, Unit Heads
To implement stress-reduction initiatives.	Month 7–9	Offer free counseling sessions and mindfulness workshops.	Counseling sessions: PHP 75,000	HR Department, External Counselors
To evaluate program effectiveness.	Month 10–12	Conduct surveys and focus group discussions for feedback.	Evaluation materials: PHP 20,000	Program Evaluation Team

The *Work-Life Balance and Commitment Enhancement Program (WLBCEP)* is specifically designed to address the key findings of the study. The program targets critical areas identified in the research, such as the need for flexible scheduling, emotional support, and stress management, to improve work-life balance and organizational commitment.

The first objective focuses on establishing flexible work schedules and wellness programs during the initial three months. Flexible scheduling accommodates nurses' diverse needs based on their demographic profiles, while wellness programs, such as fitness activities and nutrition counseling, aim to enhance their overall well-being. These initiatives align with findings from [26], which emphasize the importance of supportive work environments in improving organizational outcomes.

The second objective involves strengthening emotional attachment and loyalty through team-building activities and recognition programs. By fostering camaraderie and appreciating employees' contributions, these activities aim to boost affective commitment, as highlighted by [3]. Recognition programs, such as awarding outstanding nurses, also reinforce a sense of belonging and pride in the organization. Stress-reduction initiatives are prioritized in the third phase. Free counseling sessions and mindfulness workshops are included to address the moderate levels of stress reported by respondents. These activities provide nurses with coping mechanisms to manage professional demands, ensuring that work-life balance remains sustainable in the long term [9].

Finally, the program includes an evaluation phase, where surveys and focus group discussions assess its effectiveness. By gathering feedback, the organization can identify successful elements and areas for improvement, ensuring that the program evolves to meet the nurses' needs.

This comprehensive approach addresses the study's findings, providing practical and sustainable interventions to support nurses in achieving better work-life balance and stronger organizational commitment.

RESULTS AND DISCUSSION

This study aimed to explore the relationship between work-life balance and organizational commitment among nurses working in Level 2 hospitals in Laguna. It specifically sought to determine the demographic profile of the respondents, assess their perceptions of work-life balance and organizational commitment, examine the relationship between these two variables, and evaluate whether demographic factors influenced this relationship. The study also aimed to propose actionable outputs based on its findings. The findings revealed that the majority of the respondents were aged 31–40, predominantly female, married, with 5–10 years of service, and holding staff nurse positions. Nurses generally perceived their work-life balance to be moderate, with higher satisfaction in balancing work and personal life but lower satisfaction in organizational support for achieving balance. They also exhibited strong organizational commitment, particularly in affective (emotional attachment) and normative (sense of obligation) dimensions, while continuance commitment (perceived cost of leaving) was slightly weaker. A significant moderate positive correlation was found between work-life balance and organizational commitment, indicating that better work-life balance is associated with stronger organizational commitment. This relationship varied across demographic profiles, with younger nurses, single nurses, and those with fewer years of service showing stronger correlations, emphasizing the need for tailored interventions. Based on the findings, the Work-Life Balance and Commitment Enhancement Program (WLBCEP) was proposed. This program includes flexible scheduling, wellness programs, team-building activities, stress-reduction initiatives, and evaluation mechanisms to address the identified needs and improve organizational outcomes. The study underscores the importance of fostering work-life balance to strengthen organizational commitment, particularly in high-stress professions like nursing. By addressing the unique needs of nurses across different demographic groups, healthcare organizations can create supportive environments that enhance employee satisfaction, reduce turnover, and improve the quality of patient care. These findings provide a foundation for implementing policies and programs that align organizational goals with the well-being of healthcare professionals.

Discussion

This study concludes that work-life balance plays a crucial role in influencing organizational commitment among nurses in Level 2 hospitals in Laguna. This study aimed to explore the relationship between work-life balance and organizational commitment among nurses working in Level 2 hospitals in Laguna. It specifically sought to determine the demographic profile of the respondents, assess their perceptions of work-life balance and organizational commitment, examine the relationship between these two variables, and evaluate whether demographic factors influenced this relationship. The study also aimed to propose actionable outputs based on its findings. Using a quantitative research approach, data were collected through a structured survey questionnaire. The questionnaire comprised sections on demographic profile, a Work-Life Balance Scale, and an Organizational Commitment Scale, all measured using a 5-point Likert scale. Statistical methods such as descriptive statistics, Pearson's correlation analysis, and subgroup analysis were employed to address the research questions systematically. The findings revealed that the majority of the respondents were aged 31–40, predominantly female, married, with 5–10 years of service, and holding staff nurse positions. Nurses generally perceived their work-life balance to be moderate, with higher satisfaction in balancing work and personal life but lower satisfaction in organizational support for achieving balance. They also exhibited strong organizational commitment, particularly in affective (emotional attachment) and normative (sense of obligation) dimensions, while continuance commitment (perceived cost of leaving) was slightly weaker. A significant moderate positive correlation was found between work-life balance and organizational commitment, indicating that better work-life balance is associated with stronger organizational commitment. This relationship varied across demographic profiles, with younger nurses, single nurses, and those with fewer years of service showing stronger correlations, emphasizing the need for tailored interventions. Based on the findings, the Work-Life Balance and Commitment Enhancement Program (WLBCEP) was proposed. This program includes flexible scheduling, wellness programs, team-building activities, stress-reduction initiatives, and evaluation mechanisms to address the identified needs and improve organizational outcomes. The study underscores the importance of fostering work-life balance to strengthen organizational commitment,

particularly in high-stress professions like nursing. By addressing the unique needs of nurses across different demographic groups, healthcare organizations can create supportive environments that enhance employee satisfaction, reduce turnover, and improve the quality of patient care. These findings provide a foundation for implementing policies and programs that align organizational goals with the well-being of healthcare professionals.

CONCLUSION

This study concludes that work-life balance plays a crucial role in influencing organizational commitment among nurses in Level 2 hospitals in Laguna. The findings revealed that nurses generally perceive their work-life balance as moderate, with strengths in managing personal and professional responsibilities but challenges in organizational support for achieving balance. Organizational commitment was found to be strong, particularly in terms of emotional attachment (affective commitment) and moral obligation (normative commitment), while practical considerations (continuance commitment) showed slightly weaker associations. A significant positive correlation between work-life balance and organizational commitment indicates that nurses who perceive better work-life balance are more likely to exhibit stronger organizational commitment. Furthermore, this relationship varies across demographic profiles, with younger nurses, single nurses, and those with fewer years of service showing stronger correlations. These variations highlight the need for targeted interventions to address the unique needs of different groups within the nursing workforce. The study emphasizes the importance of fostering a supportive work environment that enhances work-life balance, as it directly impacts nurses' loyalty and satisfaction within their organizations. Programs such as the proposed Work-Life Balance and Commitment Enhancement Program (WLBCEP) can provide practical solutions to address these needs, including flexible scheduling, wellness initiatives, and stress-reduction strategies. By implementing such interventions, healthcare organizations can reduce turnover, improve job satisfaction, and ensure better patient care outcomes. In conclusion, addressing the interplay between work-life balance and organizational commitment is vital for maintaining a satisfied and committed nursing workforce, contributing to the overall success and sustainability of healthcare institutions.

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