



Organizational Liability and Personal Commitment of Women Managers at Private Multi-Specialty Hospitals

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Abstract

Female participation in the labor force has increased during the past century, which has contributed to greater economic and social progress. Female medical professionals, both frontline and in leadership roles, are invaluable to the healthcare system for the unique kind of care, compassion, and tenderness; they can offer their patients. The study aims to determine the personal commitment and job satisfaction of working women managers of private multi-specialty hospitals while understanding their organizational liability. The study simultaneously called for primary and secondary data collection methods. The secondary data collection method provided previous literature from various authors to understand the topic and its gap. At the same time, the 320 working women managers were chosen based on stratified random sampling from the Delhi-NCR hospitals for gathering the data under the primary data collection method. The collected data was rendered through MS Excel and SPSS (statistical package for social science) and techniques such as mean, standard deviation, regression, correlation, and chi-square. The results show that there is a statistically significant correlation between the facilities provided to women managers and organizational liability (sig = 0.044). There is a significant impact of job satisfaction and job security on organizational liability (sig = 0.033). A statistically significant correlation between compensation and rewards and the personal commitment was also observed (sig = 0.024). There is no gender bias in management in private multi-specialty hospitals (sig = 0.371).

Keywords: *Organizational Liability; Personal Commitment; Job Satisfaction; Multi-Specialty Hospitals; Working Women.*

JEL: **D2, D7, D9**

1. Introduction

There has been an increase in the number of women actively participating in the workforce in recent decades, aiding societal and economic advancement. Female medical practitioners are unbelievably valuable in the healthcare industry because of the special care, compassion, and tenderness they can provide to patients. Healthcare professionals' mental and emotional well-being is of public importance due to the sector's outsized impact on society (Chen et al., 2008). Women's representation in the workforce has increased, yet there is still a common belief that masculine qualities are necessary for management roles. The concept that "think manager-think male" is widespread. The 'think manager-think male' problem compounds the bias against women in managerial positions, recruiting, training, and promotions that already exists due to gender stereotypes (Schein et al., 1996; Schein, 2007). Feminine executives face greater roadblocks than their male counterparts while trying to climb the corporate ladder. Although women in management may display similar leadership qualities as males, they may be subjected to harsher criticism and closer oversight once they reach the executive level by Eagly and Johnson (1990).

1.1. Health institutions and women managers

Women face the greatest barriers to advancement and equal pay in the field of management. The involvement of women in hospital administration dates back to at least the 1850s. Florence Nightingale is historically the first hospital administrator (Christovam et al., 2012). One major factor in the preponderance of women in healthcare is the stereotype that nurses and midwives are exclusively female. More than 90 percent of nurses around the world are women. Female doctors are becoming more common in many nations by Urhan and Etiler (2011).

Furthermore, there is a discernible difference between the areas of expertise that women and men find most appealing, and women are increasingly active in certain areas. The healthcare industry is a common setting where women face bias in the workplace. Evidence such as women's preponderance in some medical subspecialties lends credence to this view. Women make up the vast majority (92 percent) of pediatricians and (85 percent) of family physicians in Lithuania but just (9 percent) of surgeons. Children's hospitals have 34 percent more women than any other specialty (Padaiga et al., 2006). Below are few points to understand the liability and commitment regarding work. These points are personal commitment, job satisfaction, and gender bias regarding women. The personal commitment and job satisfaction helps to understand how much women provide their commitment towards job and organization while gender bias helps understand if the liability of women are different than men.

1.2. Personal Commitment

The healthcare sector in India stands out in terms of both the economy's size and the employment growth rate. In the modern world, people's health is seen as the most crucial factor in determining a country's overall prosperity. Women in the medical field have daily struggles between work and home responsibilities. Higgins (2002) define work-life balance clearly: striking a healthy equilibrium between one's professional and private responsibilities. Regarding work-life balance issues, women in the workforce are largely homogenous across sectors, categories, and countries. According to Azeem and Akhtar (2014), healthcare employees, in particular, experience high levels of stress due to work-life conflicts. Women in managerial roles at Indian hospitals face several challenges in the modern day, including lack of qualified nursing staff, limited advancement prospects,

and emigration to the West. They saw no room for improvement in themselves. In private multi-specialty hospitals, the policy of “maximum work with minimum strength” means that nurses are expected to do the work of two or three people for the same pay, which can be stressful and create personal difficulties. When hospitals are not required to adhere to strict working hours, their employees have more flexibility and can spend more time with their loved ones.

1.3. Job Satisfaction

How a person thinks and feels about their employment is called “job satisfaction.” Extreme job contentment and discontent are also possible. One’s level of job satisfaction is correlated with how well those expectations are met; thus, a more satisfied worker would experience more of those expectations being met on the job than one who is less content or not satisfied at all (Spector et al., 2000). “Job satisfaction” refers to the positive emotional state or pleasant feeling one has from reflecting on one’s work (Locke et al., 1976). Feelings about one’s job can only be inferred with pleasure being a function of how well actual results match expectations. Several interconnected attitudes about jobs can be represented by their most salient features, such as the nature of the work, the quality of management, the people with whom one works, and the financial rewards by Luthans and Stajkovic (1999). Many factors in a person’s workplace might inspire strong feelings: the tasks at hand, the people they work with, their superiors and subordinates, and the money they bring home. Employees are more likely to feel appreciated when their work is demanding, receive compensation for their efforts, and work in an atmosphere that values them as people by Naaz Gorowara and Rani (2022).

Job happiness and an employee’s mental health are linked. Someone who is fully invested in their work is motivated to provide their best effort every day. On the other hand, a dissatisfied employee is unproductive, sloppy, and dangerous to the company’s success. The firm and the working environment determine job satisfaction elements and criteria. The following are examples of such components:

- (i) **Wages and benefits:** These two factors are among the most important in determining whether or not an employee will be happy in their current position. Employees’ happiness in the job increases as their benefits improve, such as when they receive a higher salary, bonuses, and other financial rewards or access to better health care options. Having a pleasant place to work daily can boost morale and productivity by Bilal and Economics (2012).
- (ii) **Balance Work Life:** Everyone should have a small inner circle of trusted friends and family members with whom they can be themselves at work and outside of it. Workers who spend time with their families outside work are more likely to be satisfied with their careers. This will lead to better working conditions for the employees (Delecta, 2011).
- (iii) **Respect & Recognition:** When employees are treated with respect and appreciation, they are more likely to feel that their contributions matter and to be motivated to do their best work. Knowing their hard work will be recognized and rewarded encourages workers to exert greater effort. Receiving praise for one’s work may be a real mood booster on the job (Zeb et al., 2014).

- (iv) **Job Security:** Employees are much more at ease knowing the organization will keep them on staff despite market volatility and liability standpoint. Many people are motivated to work hard because they want to feel secure in their jobs by Clark and Postel-Vinay (2009).
- (v) **Challenges:** There may be a correlation between employees' discontent and their jobs being too monotonous. Therefore, programs like job rotation, job enrichment, etc., may help workers be happier in their jobs by Kirk-Brown and Wallace (2004).
- (vi) **Career Growth:** The continual improvement of one's abilities and advancement in one's chosen job are highly valued by workers.

1.4. Gender Gap Impact on Commitment

There has been a lot of focus on the context of organizational commitment (OC) because people spend so much time there. The effects of organizational commitment on employee actions and attitudes have been the subject of a great deal of study (Milliman et al., 2003; Peterson & Research, 2011z). Commitment to one's organization has been studied for its predictive power on various organizational outcomes and its role in defining effective organizational behavior by Sinha and Jain (2004). Over the past 30 years, numerous research has been conducted on the effects of organizational commitment on variables including employee retention and productivity (Angle & Perry, 1981; Hall & Schneider, 1972; Mathieu & Zajac, 1990; Mowday et al., 1979).

Employees' devotion to their company can be defined as an "emotional relationship or attachment" by Meyer and Allen (1997). According to (Mowday et al., 1979), an individual's level of organizational commitment is measured by how strongly they feel they belong to a given organization. How strongly an individual felt connected to and invested in their organization is how the authors define it. Three distinguishing features define that:

- a) Agreement wholeheartedly with the organization's stated aims and ideals
- b) Readiness to make significant efforts on behalf of the company.
- c) A determined commitment to staying a part of the company.

2. Review of Related Literature

Naaz Gorowara and Rani (2022) analyzed the factors "affecting the quality of life for working women at a Multi-Specialty Hospital" and found that job satisfaction was a major determinant. The 550 respondents' questionnaire was split into two parts: the first focused on questions linked to job satisfaction, while the second focused on questions regarding the quality of respondents' work lives. An individual's level of job satisfaction is significantly correlated with the perception of their "quality of work life (compensation, working conditions and opportunity to develop human capacity, opportunity for career growth)." No correlation was observed between designation and hospital rewards, access to public transportation, autonomy in determining one's working environment, or opportunities for receiving constructive criticism on one's performance. A study by **Prasad and Raveendran (2019)** looked at the impact of stress on the work-life balance of women in the healthcare business, specifically how it affects their family responsibilities and whether or not this would change the future. The analysis was carried out with several statistical methods, including frequency distributions, analysis of

variance, and correlation. The results showed that women in nursing have a relatively healthy work-life balance, but that hospital administration rarely takes the time to formulate official work-life management policies. Female physicians' job happiness and their ability to maintain a healthy work-life balance were investigated by **Kaur and Narula (2020)**. The data comes from four age groups, although the bulk of the sample is between 30 and 49. The conflict has a negative but considerable impact on work-life balance and job satisfaction, according to the analysis of the results.

Furthermore, disagreement may indirectly impact job satisfaction by disrupting the healthy balance between work and personal life. The connection between tensions in the workplace and contentment on the job is entirely mediated by work-life harmony. (**Swarnalatha et al., 2016**) looked into how factors like job involvement, job satisfaction, and organizational citizenship behavior relate to the two dimensions of employee engagement (Job and Organizational Engagement). A total of 400 employees from five Madurai-based corporate hospitals (of varying sizes) participated in the study. Job and organization satisfaction were found to be highly influenced by both income and employee categories. Job and organizational engagement are highly influenced by job satisfaction and organizational behavior, while job involvement only influences job engagement. The percentage of workers who put forth their best effort depends on their salary and occupational group. Few variations were discovered between male and female workers across occupations when (**Andrade et al., 2022**) looked at "extrinsic and intrinsic factors, work relations, and work-life balance determinants." The results show that average female workers report lower job satisfaction levels. It was found through regression analysis that women place a higher value on factors such as autonomy, work stress, education, and employment relationship, while men place a higher value on factors such as "coworker relations, the negative impact of discrimination and harassment at work, weekend work, marital status, and supervisory status." Both men and women placed a premium on having meaningful work, contributing to society, feeling secure in their position, receiving fair compensation, having positive interactions with superiors, and not having their careers negatively impact their personal lives.

(**Geraldes et al., 2018**) examined how "affective commitment moderated the association between work-personal life conflict (WPLC) and burnout." Information was collected from 2055 working Portuguese citizens. The data shows a causal link between the two components of "WPLC (stress and time) and burnout (i.e., exhaustion and cynicism)." In addition, the results corroborate previous research demonstrating that an individual's level of affective commitment acts as a buffer between the cynical outlook and both WPLC characteristics. (**Wei et al., 2021**) looked into how nurses' loyalty to their employers was related to the degree to which their personal and professional beliefs were aligned. The authors conducted a cross-sectional survey at four tertiary hospitals in Tianjin with 490 participants through the use of convenience sampling. It was found that there is a negative correlation between individual and organizational values, as well as between organizational commitment and voluntary turnover intent, with individual and organizational values acting as a mediator between the two. Using a comparative correlational research methodology (**Kasimoglu, 2021**) evaluated the views of organizational commitment among health sector employees based on demographic variables and job characteristics. Three hundred ninety-seven workers from various departments at a healthcare provider in Konya make up the study's sample. The study found that while participants' assessments of their commitment to the organization as a whole were moderate, their affective commitment was strong. There are

significant differences in how employees feel about their organization's commitment based on "demographic factors such as gender, age, level of experience, and length of service." When leaders' self-ratings diverge from the ratings they receive from others (e.g., subordinates, peers), (Braddy et al., 2020) explored the possibility of gender-based differences in responses to learn more about the prevalence of unconscious prejudices in today's workplace. Based on "the role congruity theory of bias against female leaders and the status incongruity hypothesis, the author hypothesized that women who overrated their leadership behaviors would receive lower performance ratings and higher perceived risk of derailment scores from their supervisors." However, guys were less likely to experience unfavorable consequences when they overstated (than women).

3. Objectives

- i. To find the relationship between Facilities provided to Women Managers and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals.
- ii. To understand the impact of Job satisfaction and Job security on Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals.
- iii. To evaluate the correlation between the compensation and rewards & Personal Commitment of Women Managers at Private Multi-Specialty Hospitals.
- iv. To analyze the Gender Bias in Management in Private Multi-Specialty Hospitals.

4. Materials and Methodology

"Both primary and secondary data collection method" was used to compile the research material for the study. While the study heavily focused on the primary data collection method for collecting research data and used private multi-specialty hospitals for the descriptive research design. Delhi NCR was focused as a study area; inside Delhi NCR, private hospitals were considered. Further, the sample size was 320 from the population of working women managers of private multi-specialty hospitals. They were all selected using stratified random selection methods. A carefully constructed questionnaire was given to them after their consent and approval, from which the data was carefully gathered and analyzed using various tools and techniques.

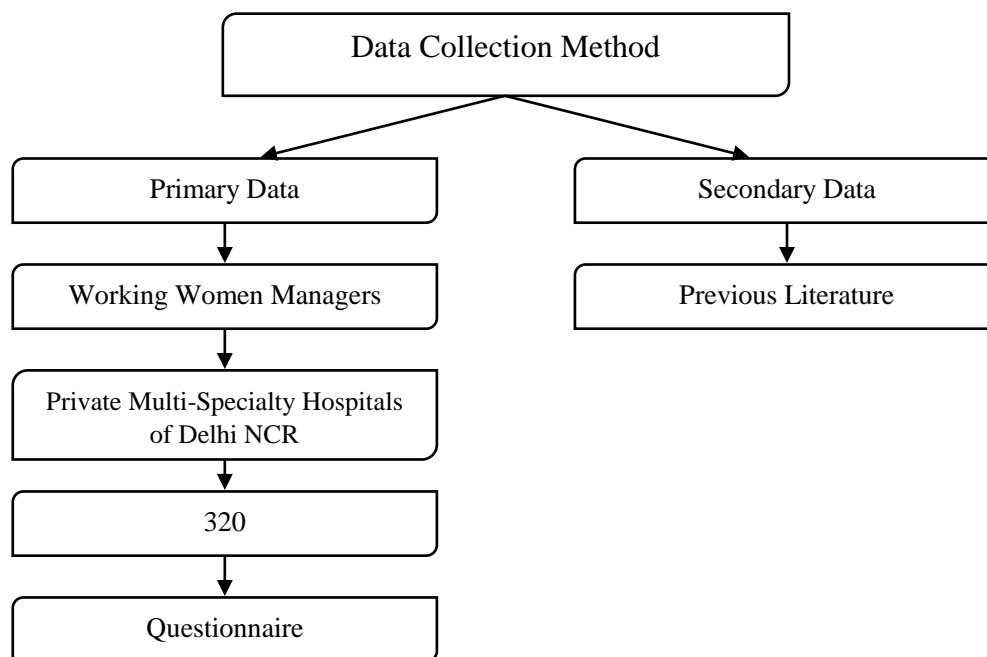


Figure 1: Data collection Procedure

4.1. Various tools and techniques used for data gathering and analysis

This study utilized various tools and techniques to help gather and analyze the data from the questionnaires. The tools used for that purpose are Excel from Microsoft and SPSS (Statistical Package for Social Science) from IBM. Various tools used for analysis are statistical techniques, such as mean, standard deviation, regression, correlation, and chi-square.

Table 1: Test relating to objectives

Objective	Statistical Tests	Definition
To find the relationship between Facilities provided to Women Managers and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals.	Correlation	Utilized in calculating the significance of a link between two or more factors.
	Mean	the result of a statistical hypothesis test.
	Standard Deviation	quantification of the spread or dispersion of a data set's values.
To understand the impact of Job satisfaction and Job security on Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals.	Regression	a collection of statistical procedures for determining how closely one variable is related to another.

To evaluate the correlation between the compensation and rewards & Personal Commitment of Women Managers at Private Multi-Specialty Hospitals.	Correlation	Appropriate for judging the degree to which two or more factors are connected.
	Mean	a number derived by doing a statistical hypothesis test.
	Standard Deviation	quantification of the spread or dispersion of a data set's values.
To analyze the Gender Bias in Management in Private Multi-Specialty Hospitals.	Chi-square	a statistical method in which a random assortment of variables is observed and analyzed.

5. Results

The result has been derived after the analysis of the data gathered through the above-mentioned means, which are categorized as per the study's objective.

a) To find out the relationship between Facilities provided to Women Managers and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals.

To determine whether or not there is a correlation between the facilities that are made available to women managers and the organizational liability that is associated with women managers in private multi-specialty hospitals.

Table 2: Descriptive Statistic

Descriptive Statistics			
	Mean	Std. Deviation	N
Facilities provided to Women Managers	20.9781	3.02178	320
Organizational Liability	20.9000	3.01657	320

Below table 2 defines the descriptive statistics of the Facilities provided to Women Managers and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals. The mean score of Facilities provided to Women Managers is 20.9781, whereas the score of Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals is 20.9.

Table 3: Correlations

Correlations			
		Facilities provided to Women Managers	Organizational Liability
Facilities provided to Women Managers	Pearson Correlation	1	-.113*
	Sig. (2-tailed)		.044
	N	320	320
Organizational Liability	Pearson Correlation	-.113*	1
	Sig. (2-tailed)	.044	
	N	320	320
*. Correlation is significant at the 0.05 level (2-tailed).			

The below table 3 defines the correlation between the Facilities provided to Women Managers and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals, and “there is a statistically significant correlation between the Facilities provided to Women Manager and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals” because the sig value is 0.044 (i.e., sig value is less than 0.05).

b) To understand the impact of Job satisfaction and Job security on Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals

In order to get an understanding of the influence that job satisfaction and job security have on organizational liability in relation to women managers working in private multi-specialty hospitals.

Table 4: Model Summary

Model Summary				
Mod	R	R	Adjusted R	Std. Error of

el		Square	Square	the Estimate
1	.119 ^a	.014	.011	2.98371
a. Predictors: (Constant), Organizational Liability				

Table 4 defines the model summary, indicating a significant degree of connection. The “R-value for the simple correlation is 0.119,” which reflects how much of the overall variance in the dependent variable, the impact of Job satisfaction and Job security on Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals. The independent variable can be used to explain the results.

Table 5:ANOVA

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	41.004	1	41.004	4.606	.033 ^b
	Residual	2830.996	318	8.903		
	Total	2872.000	319			
a. Dependent Variable: Job satisfaction and Job security						
b. Predictors: (Constant), Organizational Liability						

Table 5 is an ANOVA table that shows how well the data fits by the regression equation (i.e., predicts the dependent variable). This table demonstrates the reliability of the regression model’s predictions for the dependent variable. The below table 5 shows a significant impact of Job satisfaction and Job security on Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals, as the significance value is 0.033, which is smaller than 0.05.

Table 6:Coefficients

Coefficients ^a					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		

1	(Constant)	20.484	1.169		17.517	.000
	Organizational Liability	-.119	.055	-.119	-2.146	.033
a. Dependent Variable: Job satisfaction and Job security						

The below table is the coefficient table. Table 6 of the Coefficients in the model demonstrates how effectively Job satisfaction and Job security have impacted the Organizational Liability of Women Managers at Private Multi-Specialty Hospitals. The table highlight that the regression model shows a “significant value of 0.000 (the significance value is less than 0.05).”

c) To evaluate the correlation between the compensation and rewards & Personal Commitment of Women Managers at Private Multi-Specialty Hospitals.

The purpose is to determine whether or not there is a connection between the salary and benefits that women managers at private multi-specialty hospitals get and their level of personal commitment.

Table 7: Descriptive Statistics

Descriptive Statistics			
	Mean	Std. Deviation	N
Compensation and Rewards	17.7063	3.26585	320
Personal Commitment	21.2155	3.03191	478

The below table 7 defines the descriptive statistics of the Compensation and rewards and Personal Commitment of Women Managers at Private Multi-Specialty Hospitals. The mean score of compensation and rewards is 17.7063, whereas the score of Personal Commitment of Women Managers at Private Multi-Specialty Hospitals is 21.2155.

Table 8:Correlations

Correlations			
		Compensation and Rewards	Personal Commitment
Compensation and Rewards	Pearson Correlation	1	.126*
	Sig. (2-tailed)		.024

	N	320	320
Personal Commitment	Pearson Correlation	.126*	1
	Sig. (2-tailed)	.024	
	N	320	478
*. Correlation is significant at the 0.05 level (2-tailed).			

The below table 8 defines the correlation between the compensation and rewards and Personal Commitment of Women Managers at Private Multi-Specialty Hospitals, and “there is a statistically significant correlation between compensation and rewards and Personal Commitment of Women Managers at Private Multi-Specialty Hospitals” because the sig value is 0.024 (i.e., sig value is less than 0.05).

d) To analyze the Gender Bias in Management in Private Multi-Specialty Hospitals.

To do research on the gender bias that exists in management positions in private hospitals that provide many specialties.

Table 9:Crosstabulation

Where are you working currently * Do you feel the judgment & decisions taken are generally biased? Crosstabulation							
Count							
		Do you feel the judgment & decision taken are generally biased?					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Where are you working currently	Lower Management	26	38	15	9	9	97
	Middle management	29	46	24	11	10	120
	Top Management	20	41	14	20	8	103
Total		75	125	53	40	27	320

Table 9 shows that of 320 respondents, 97 respondents are working at top-level management, out of which 26 respondents strongly disagree regarding the question “Do you feel the judgment & decision taken are generally biased?”, 38 agree, 15 are neutral, 9 agree, and 9 strongly agree for the same. 120 respondents are working in middle-level management, out of which 29 respondents strongly disagree regarding the question, “Do you feel the judgment & decision taken are generally biased?”, 46 agree, 24 are neutral, 11 agree, and 10 strongly agree for the same. 103 respondents are working at Top level management, out of which 20 respondents strongly disagree regarding the question “Do you feel the judgment & decision taken are generally biased?”, 41 agree, 14 are neutral, 20 agree, and 8 strongly agree for the same.

Table 10:Chi-Square Tests

Chi-Square Tests			
	Value	df	Asymptotic significance (2-sided)
Pearson Chi-Square	8.666 ^a	8	.371
Likelihood Ratio	8.287	8	.406
N of Valid Cases	320		
a. 0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 8.18.			

The below table 10 shows that the chi-square test was applied between the two questions regarding Where you are currently working, and do you feel the judgment & decision taken are generally biased? After applying the test, “the significance value is greater than 0.05.” This shows a significant no association between working currently and the judgment & decisions taken are generally biased, which means there is no Gender Bias in Management in Private Multi-Specialty Hospitals.

6. Discussion

Using both primary and secondary sources was necessary for developing an understanding of the issue and achieving the study's objective. Literature review reveals that “job satisfaction is a crucial component in the quality of life for working women” at a Multi-Specialty Hospital, as studied by Naaz Gorowara and Rani (2022). The effects of stress on the work-life balance of women in the healthcare industry, including how it affects their family duties, were also studied by Prasad and Raveendran (2019), who also considered the long-term implications of their findings. Kaur and Narulas (2020) looked into physicians’ job satisfaction and capacity to strike a balance between work and personal life. The relationship between the Two Dimensions of Employee Engagement (Job and Organizational Engagement) and things like job participation, job satisfaction, and organizational citizenship behavior was also investigated by (Swarnalatha et al., 2016). (Andrade et al., 2022) found little “difference between male and female workers” when they examined “extrinsic and intrinsic

factors, work connections, and work-life balance determinants” across occupations. The affective commitment was found to moderate the association between WPLC and burnout in a call center setting, as (Geraldes et al., 2018) studied. Researchers (Wei et al., 2021) looked into how congruence between individual and institutional values influenced the connection between nurses’ loyalty to their employers and their plans to leave. Using a comparative correlational research methodology, (Kasimoglu 2021) evaluated the views of organizational commitment among health sector employees based on demographic variables and job characteristics. When leaders’ self-ratings diverge from the ratings they receive from others (e.g., subordinates, peers), (Braddy et al., 2020) investigated the potential for different consequences for men and women. See how unconscious prejudices manifest themselves in the modern workplace.

While going through the result, table 2 defines the descriptive statistics of the facilities provided to women managers (mean = 20.9781) and organizational liability regarding women managers at private multi-specialty hospitals (mean = 20.9). While table three shows a significant value of 0.044 for the correlation between the facilities provided to women managers and organizational liability regarding women managers at private multi-specialty hospitals. Going further, table 4, 5, and 6 follow the result for objective 2. Table 4 (model summary) provides the “R-value for the simple correlation is 0.119,” which reflects how much of the overall variance in the dependent variable, the impact of job satisfaction and job security on organizational liability regarding women managers at private multi-specialty hospitals. Similarly, table 5 demonstrates the significant impact of job satisfaction and job security on organizational liability regarding women managers at private multi-specialty hospitals with the help of the significance value is 0.033. Immediately after that, tables 7 and 8 follow objective 3, where table 7 defines the descriptive statistics of the compensation and rewards (mean = 17.7063) and personal commitment of women managers at private multi-specialty hospitals (mean = 21.2155), and table 8 defines the correlation between the compensation and rewards, and personal commitment of women managers at private multi-specialty hospitals with the significant value is 0.024. Further, table 9 and 10 follows objective 4, where table 9 shows that of 320 respondents, 97 respondents are working at top-level management, out of which 26 respondents strongly disagree regarding the question “do you feel the judgment & decision taken are generally biased?”, 38 agree, 15 are neutral, 9 agree, and 9 strongly agree for the same. 120 respondents are working in middle-level management, out of which 29 respondents strongly disagree regarding the question, “Do you feel the judgment & decision taken are generally biased?”, 46 agree, 24 are neutral, 11 agree, and 10 strongly agree for the same. 103 respondents are working at Top level management, out of which 20 respondents strongly disagree regarding the question “Do you feel the judgment & decision taken are generally biased?”, 41 agree, 14 are neutral, 20 agree, and 8 strongly agree for the same. Similarly, table 10 shows that the chi-square test was applied between the two questions regarding Where are you working currently, and do you feel the judgment & decision taken are generally biased? After applying for the test, the significance value (0.371) is greater than 0.05.

7. Conclusion

The conclusion is organized after reading the complete study, the discussion, and the results. The following are some final thoughts based on the work of numerous authors in the past. How someone feels about their work life has a direct impact on how happy they are in their “employment (including: compensation, working conditions and opportunity to develop human capacity, opportunity for career growth).” Despite the fact that nurses as a

whole maintain a healthy work-life balance, hospitals rarely make the effort to implement formal work-life management policies. Negative yet significant effects on work-life balance and job satisfaction can be attributed to this conflict. Disagreement can also have a knock-on effect on job satisfaction by preventing a healthy work-life balance. It is clear that work-life balance is the key to reducing workplace stress and increasing job satisfaction. Income and employee classification were revealed to be significant predictors of job and organization satisfaction. In contrast to Job Satisfaction and Organizational Behavior, which have a significant impact on both Job and Organizational Engagement, Job Involvement exclusively affects Job Engagement. The fraction of employees that consistently give their all is proportional to their wage and industry. On average, women are less satisfied with their jobs than men are, and they place a higher value on factors like “autonomy, work stress, education, and employment relationship, while men place a higher value on factors like coworker relations, the negative impact of discrimination and harassment at work, weekend work, marital status, and supervisory status.” It was found that both men and women valued not having their work negatively affect their personal life, having nice interactions with their superiors, feeling secure in their jobs, making a constructive contribution to society, and receiving fair pay and benefits. Both the duration and intensity of work-related psychological labor loads (WPLC) are correlated with burnout (i.e., exhaustion and cynicism). The emotive commitment acts as a buffer between the skepticism measured by the two WPLC aspects. Organizational commitment and turnover intention are all negatively correlated with one another, and individual values both directly and indirectly mediate this relationship. Participants reported high levels of affective commitment but only moderate levels of commitment to the organization as a whole. Gender, age, professional seniority, position, and length of employment all play a role in how employees view their organization’s commitment. Women who overestimated their leadership abilities were viewed less favorably by their managers and were seen as more likely to get derailed in their careers. However, when males exaggerated, they saw fewer unfavorable outcomes (than women). While it can be concluded from primary data that there is a statistically significant correlation between the Facilities provided to Women Managers and Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals. There is a significant impact of Job satisfaction and Job security on Organizational Liability regarding Women Managers at Private Multi-Specialty Hospitals. There is a statistically significant correlation between compensation and rewards and the Personal Commitment of Women Managers at Private Multi-Specialty Hospitals. There is no Gender Bias in Management in Private Multi-Specialty Hospitals.

Abbreviations

SPSS- statistical package for social science

OC- organizational commitment

WPLC- work-personal life conflict

Statements and Declarations:

Ethics Approval and consent to participate

The questionnaire was approved in the Departmental research committee by all the members available at Amity Institute of Hospital Administration in the Amity University, Noida and validated the questionnaire

ethically by experts. Director has given the letter for going to the hospitals of Delhi NCR. Prior permission is taken from the hospital before collecting the data and any information shared by the employees which affects the goodwill of the hospital are used in the study with prior permission from the hospital management. No personal or patient info was asked or shared during the research.

Competing Interests

The author declares that they have no competing interests.

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Author contributions

All authors of the article are responsible to the design and implementation of the research to the analysis of the results and to the writing of the manuscript. All authors read and approved the final manuscript.

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