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Impact of Family Health Outcomes and Work Balance on Health Services Organizations' Workplace Attendance

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Abstract

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by

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MA/MS, Austin State University, 2012

BS, University of Texas at Tyler, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

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Abstract

Work-life balance (WLB) is employees' ability to effectively manage between job obligations and everyday life activities involving family, health, and social life. Successful WLB has become increasingly important to healthcare administrators due to staff shortages and essentials of job performance, attendance, and satisfaction. The purpose of this quantitative study was to determine if there was a correlation between WLB, workplace stress, and employee workplace attendance. The two research questions were correlational; the dependent variable was workplace attendance, and the independent variables were workplace stress and WLB. The compensation theory served as the foundation for the study, in which both family and employee workplaces shared the same environment and had a compensation effect on each other. Using data from the Inter-University Consortium for Political and Social Research, this quantitative study involved using regression analysis to ascertain correlations between family health outcomes and WLB on employee workplace attendance. Using a sample size of 3,684 the study showed no significant relationship between family health outcomes and employee workplace attendance scores. The study also found a close relationship between variables and a statistical significance between family health outcomes and WLB scores. The study contributes to positive social change by impacting healthcare at the organizational level, where policies can be formulated to address the implications of work-life balance and family health outcomes on workplace attendance.

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Dedication

To my parents who could not see the completion of this work I dedicate this mission that has developed into a passion. My children Ruby, Daniel, and Linley, who I want to demonstrate that whatever that is inside of you can come to pass.

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I am indebted to a number of persons without whose cooperation this study could not have been possible. Sincere and profound gratitude goes to the following:

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Section 1: Foundation of the Study and Literature Review

Work balance is an employee's ability to effectively manage between job obligations and everyday life activities such as family, health, and social life (Gragnano et al., 2020). In addition, family health outcomes are also important factors that significantly affect employees' work-life balance (WLB). According to Der Feltz-Cornelis et al. (2020), employees may face stress in the workplace, which may negatively impact their health. Karimbil (2019) stated workplace stress is among the most common reasons that lead to employee work-life imbalance. In many cases, healthcare workers may get overworked in hospitals, which may result in stress and psychological issues. Under such circumstances, healthcare workers may be forced to stay away from daily work duties to feel better, increasing absenteeism in the workplace. Christianson (2018) proposed managers should devise measures to mitigate workplace stress, especially for healthcare workers in a sensitive work field.

According to Karimbil (2019), stress in the workplace strongly connects with increased employee productivity, job attendance, satisfaction, and performance. Effective work balance alleviates employee stress, resulting in increased employee workplace performance and attendance (Žnidaršič & Bernik, 2021). Gragnano et al. (2020) and Žnidaršič and Bernik (2021) have reported serious personal health-related issues when employees work long hours. They stated it is important for employers to determine ways to decrease stress in the workplace, which may lead to low WLB and performance.

Gragnano et al. (2020) stated an increased imbalance between family life and work balance results in imperfections, reduced workplace performance, and attendance.

Gragnano et al. (2020) investigated the impact of family health outcomes and work balance on increased employee performance and workplace attendance. Soomro et al. (2018) investigated whether less stressed employees will have more productivity and reduced absenteeism. This research may inform healthcare administrators about work-balance practices and strategies that may enhance employee workplace performance (Soomro et al., 2018).

Problem

Tuğsal and Ülgen (2017) stated the more time spent in the workplace, particularly when the job is demanding, the higher the chances of employee burnout, which may lead to stress and absenteeism. According to Mohd et al. (2021), emotional exhaustion among employees may force them to skip work for personal reasons, such as attending to family issues and recovering from exhaustion. Tuğsal and Ülgen (2017) argued a lack of balance between social life and work may result in workplace stress for employees. If an employee effectively addresses family needs and works at a reasonable time frame in the workplace, there are higher chances of less stress and increased work-life imbalance. For example, the COVID-19 pandemic increased stress on healthcare workers responsible for caring for patients. Increasingly, work balance is difficult for healthcare workers because they often work extra hours due to the rising numbers of COVID-19 patient admissions in hospitals (Gragnano et al., 2020).

Ajayi (2018) reported healthcare professionals may be stressed in the workplace due to inadequate or poor management resulting in productivity from their subordinates. This pressure may eventually lead to emotional problems and employee burnout.

According to Ajayi (2018), emotionally broken employees may result in low workplace output. In addition, emotionally unstable employees may also fail to attain a WLB as they seek methods to mitigate their problems. Failure to attain a WLB may lead to low organizational output and increased absenteeism (Tarmidia et al., 2019). This study involved ascertaining whether employee attendance and stress contribute to work balance. Although researchers have investigated satisfaction and workplace performance, there is a research gap concerning the need for more research studies about implementing workplace practices and policies that may influence family health outcomes and affect employee workplace performance, attendance, and WLB. This study addressed this gap by determining how work stress was associated with workplace attendance and impacted employees' work balance and satisfaction.

Purpose of the Study

This quantitative study involved determining if there was a correlation between work balance, workplace stress, and employee workplace attendance. According to Mohd et al. (2016), workplace stress and work balance are essential in terms of enhancing employee attendance and performance. The insights of healthcare administrators concerning strategies that help healthcare workers attain satisfying family health outcomes may enhance WLB. Organizations aim to obtain the best from their employees regarding work engagement, performance, and attendance to increase their performance (Žnidaršič & Bernik, 2021).

The dependent variable was workplace attendance, and the independent variables were workplace stress and WLB. According to Karimbill (2019), stress in the workplace

may prompt employees to stay away from their job as they seek measures to address their issues. Similarly, Tarmidia et al. (2019) indicated an organization could not run well with stressed employees. Ajayi (2018) indicated organizations with stressed employees have a higher rate of work-life imbalance. Therefore, this research involved determining if there is a relationship between the impact of stress and workplace attendance in healthcare organizations and WLB.

Research Questions and Hypotheses

RQ1: What is the relationship between family health outcomes and workplace attendance among workers in healthcare facilities?

$H_0$1: There is a statistical significance between family health outcomes and employee workplace attendance scores.

H_a1: There is no statistical significance between family health outcomes and employee workplace attendance scores.

RQ2: What is the relationship between WLB and workplace attendance among workers in healthcare facilities?

$H_0$2: There is no statistical significance between family health outcomes and work balance scores.

H_a2: There is a statistical significance between family health outcomes and work balance scores.

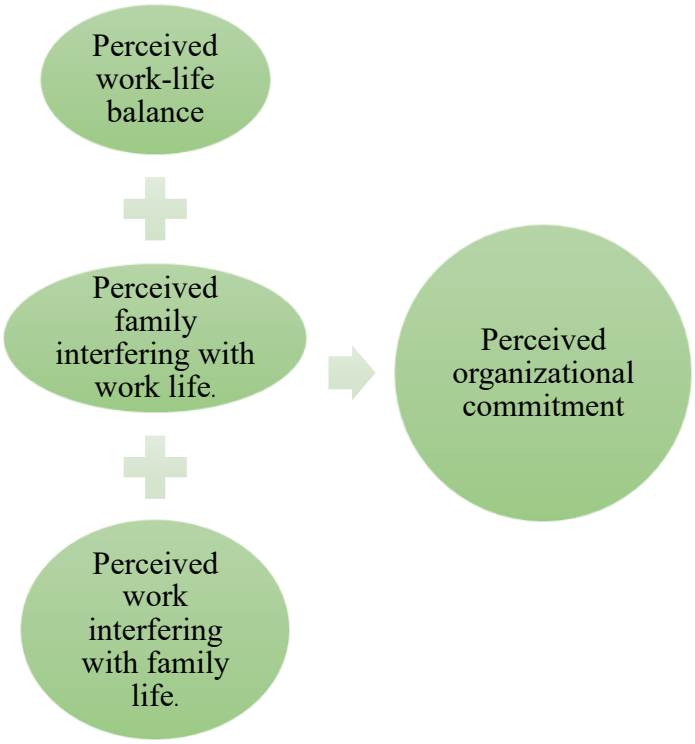
Theoretical Foundation

The theory that grounded this research is the compensation theory. According to Khateeb (2021), the compensation theory is that there should be a balance between work

engagement and family health outcomes for better workplace performance and job satisfaction. Family and employee workplaces share the same environment and have a compensation effect on each other (Khateeb, 2021). The compensation theory was used to show the relationship between workplace performance and family health outcomes. Employees compensate for one area of their life over another if they lack a balance between work and home. Healthcare administrators may benefit from understanding the importance of helping employees balance work and home life. In addition, the compensation theory relates to this study concerning how individuals compensate for their family health outcomes and work balance because of perceived organizational commitment, which leads to increased employee performance, work engagement, and attendance (see Figure 1).

Figure 1

Compensation Theory: WLB



Nature of the Study

The dependent variable was workplace attendance, and the independent variables were workplace stress and work-life balance. The linear regression model was applied in this research to calculate correlation coefficients in order to find statistical significance of variables. I accessed Inter-University Consortium for Political and Social Research (ICPSR) data for my planned research design. I obtained data on family life practices concerning workplace performance, family health outcomes, and attendance. This site had the data needed for my study.

Literature Search Strategy

Various databases were employed to effectively understand the impacts of family health outcomes and employee workplace attendance on work balance to obtain information regarding the research topic. I used the following Walden University search engines and databases: such as PubMed, Medline, and Google Scholar. Articles with substantial information concerning research questions were identified and obtained. Keywords were: *family health outcomes*, *job satisfaction*, *work-life policies*, *work-life balance*, *employee work engagement*, *workplace attendance*, and *employee work performance*. The primary method to obtain articles was using databases. The search included only articles published between 2019 and 2021 with relevant information regarding the research topic.

Literature Review Related to Key Variables and/or Concepts

The primary purpose of this literature review was to synthesize research studies completed by other scholars regarding the impacts of workplace stress, family health outcomes, and WLB. The dependent variable was workplace attendance, and the independent variables were workplace stress and WLB. Accordingly, the literature review was divided into various subtopics as follows.

WLB and Employee Workplace Attendance

According to Žnidaršič and Bernik (2021), WLB is a term used to describe actions and processes undertaken by a person to effectively balance between work responsibilities and personal life activities, family responsibilities, and roles involving religion, friends, and communities. Work-family balance is division of efforts to ensure

equal output in the workplace and family-related matters. The two terms seem identical, but WLB is broader than work-family balance (Žnidaršič & Bernik, 2021). Family health outcomes refer to individual stability and failure to contract various diseases due to good work-balance practices. Mohd et al. (2016) stated employee output may vary from 73% on Mondays to 80% on Fridays. These percentages may be lowest on Saturdays and Sundays, with an estimated 31% and 22%, respectively. This information indicates that long working hours for employees may stimulate them to become absent during the last days of the week.

The percentage reduction from 80% on Fridays to 31% on Saturdays results from perceived employee tiredness after a long week of engagement and participation in the workplace (Irawanto et al., 2021). On Fridays, employees may still have energy and enthusiasm to work, but on the weekends, such enthusiasm lowers because workers feel tired and perceive that weekends are meant for relaxing away from workplace duties. Irawanto et al. (2021) conducted a study to measure satisfaction between WLB and work stress during COVID-19 in Indonesia and indicated that balancing work and family life is hard, but successful stability between family and work leads to enjoyable and conflict-free work environments. Additionally, Soomro et al. (2018) explored the relationship between family-work conflict, work-family conflict, and WLB and concluded that WLB is essential for a healthy society. Therefore, employers and supervisors in organizations should emphasize strategies to enhance WLB to ensure a sustainable increase in employee productivity, attendance, and performance.

According to Althammer et al. (2021), in their study about mindfulness interventions promoting WLB, various actions from both employers and supervisors may ensure employees attain stability in terms of their WLB. Mindfulness is among the top strategies employees and employers can employ to ensure WLB. According to Althammer et al. (2021), mindfulness interventions can enhance WLB and the rate at which people regulate their attention toward a specific subject. These strategies involve cultivating positive behavior, feelings, and emotions. Additionally, these strategies ensure positive relationships and enhance employees' mental and physical health. Althammer et al. (2021) indicated state of mind and wellbeing of employees due to mindfulness interventions ensure enhanced work performance and attendance.

Additionally, Feeney and Stritch (2019) investigated impacts of employee take-up of leave policies, WLB, and alternative work scheduling and used data from a 2011 survey and a nationwide sample of state government workers. Various strategies, such as flexible working hours, may impact employee attendance and performance. Feeney and Stritch (2019) explained organizations may boost employee performance by emphasizing gender differences. Women may be less effective than men in terms of certain tasks and vice versa. For example, jobs that require more strength should be assigned to men in the workplace because men can meet requirements. Therefore, an understanding and caring manager would train such employees to perfect their skills rather than fire them. In addition, training employees can improve efficiency and employee loyalty, increasing performance and efficiency. Irawanto et al. (2021), who conducted a quantitative study with 472 Indonesian workers forced to work from home during the COVID-19 pandemic,

indicated that a balance between family and work effectively improves employee performance.

Žnidaršič and Bernik (2021) explained organizations can enhance WLB through increased part-time work, holidays, and flexible arrival times. These authors conducted quantitative data analysis with 343 participants who were workers from various companies in Slovenia and indicated part-time work and holidays ensure employees are detached from normal work activities to focus on personal issues and activities. These actions ensure that employees were content with their personal lives and attend to social life and functions away from the work environment. Žnidaršič and Bernik (2021) noted if an employee's social life is fully or sufficiently adequate, these employees will have increased work performance and attendance, ensuring a sustainable WLB. Feeney and Stritch (2019) investigated the impact of employee leave policies, WLB, and alternative work scheduling and concluded that a balance between family and work through flexible policies is essential for enhanced employee performance.

Family-centered interventions can also be applied to enhance WLB. According to Kerdpitak and Jermsittiparsert (2020), families play an important part in achieving WLB. These authors conducted a systematic review of the effects of WLB and workplace stress on turnover intentions after obtaining 277 usable questionnaires from a total 0f 300 employees in 13 Thailand companies. Kerdpitak and Jermsittiparsert indicated families are essential in terms of enhancing health outcomes for communities and individuals who are employees in various firms. According to Barnes et al. (2020), if families are content, they will support their family member's work goals, which increases work productivity

and performance. Feeney and Stritch (2019) investigated impacts of employee leave policies, WLB, and alternative work scheduling among state government workers in 2011 and indicated policies that increase employee-family interactions might positively impact employee performance and attendance.

Obrenovic et al. (2020) conducted an empirical study on a sample size of 277 company employees in Bahrain. Using a five-point Likert-scale questionnaire, Obrenovic et al. advocated for work-conflict mitigation to enhance work-life balance. In addition, work-family conflicts can be a crucial aspect in terms of determining employee performance in the work environment. According to Obrenovic et al. (2020), firms can enhance their employees' attendance by preventing work-family conflicts. Althammer et al. (2021) focused on mindfulness interventions to promote WLB and performance. Emotionally stable employees are most effective and productive in the workplace (Althammer et al., 2021; Obrenovic et al., 2020).

Family Health Outcomes and WLB

Various researchers have found significant relationships between WLB and the health of employees' families. For example, Rodríguez-Sánchez et al. (2020) conducted a case study analysis on a multinational company and indicated that WLB and family health outcomes are essential for enhanced workplace performance, attendance, job satisfaction, and retention of existing employees. According to Gragnano et al. (2020), among 318 employees who completed an online questionnaire, they claimed organizations should better understand relevant family issues that directly impact employee performance. Some family issues may include health insurance for employees

and family members, enhancing satisfaction and attendance. Additionally, increases in work engagement and positive perceptions of firms will result in increased employee attendance in the workplace.

Poulose and Sudarsan (2018) indicated psychological wellbeing and safety significantly impact their performance in the workplace. For example, if employees are psychologically disturbed, they might reduce production and engagement rates in organizations, resulting in low workplace attendance (Kelliher et al., 2019). Therefore, employers and work leaders should aim to alleviate employees' psychological restlessness to increase efficiency in terms of production and workplace attendance in organizations (Obrenovic et al., 2020).

Mortality Rates and Employee Attendance

Long working hours may harm hundreds of employees yearly (BBC News, 2021). The World Health Organization (WHO, 2021) reported approximately 745,000 employees succumbed to stroke and heart-related diseases in 2016 due to long working hours. The Coronavirus pandemic elevated this number, with employees in the healthcare sector having to work close to 84 hours a week (Irawanto et al., 2021). The inability of many healthcare facilities to hire more employees results in overworking the available workforce to meet increased patient demands. This results in many healthcare workers being affected by heart-related and psychological problems (Der Feltz-Cornelis et al., 2020).

Groenewold et al. (2020) focused on increased health-related workplace absenteeism and highlighted mortality rates concerning workplace attendance and

performance. COVID-19 had a higher impact on employees' health status in many healthcare organizations. Some healthcare workers contracted the disease in the line of duty and succumbed to the virus. Such instances instilled fear in other workers concerned about returning to normal work without proper protection tools and equipment. Irawanto et al. (2021) indicated health-related issues could result in an increased mortality rate that negatively impacts employee workplace attendance.

Workplace Stress and Employee Attendance

Ajayi (2018) researched employee workplace stress among Nigerian employee bank employees via a sample size of 150 employees from the Nigerian bank industry and indicated that stress contributed to decreased employee performance and attendance, as well as increased error rates. According to Ajayi (2018), related health problems such as emotional disorders, depression, and anxiety increase chances of workplace stress. Tarmidia et al. (2019) conducted descriptive research on the impact of organizational culture and work stress on employee performance and found a positive correlation between workplace stress and employee attendance and performance.

Mushfiqur et al. (2018) studied the WLB challenges in Nigerian female doctors via 43 structured interviews and focus groups with eight participants and indicated factors such as cultural expectations, lack of support relations, stressful workplaces, and limited participation resulted in complicated workplace environments that affected attendance. Kerdpitak and Jermsittiparsert (2020) also investigated the role of workplace stress and WLB on employee turnover intentions among 300 employees and with 277 usable

questionnaires, and indicated that WLB and workplace stress significantly influence employee turnover intentions and attendance in the workplace.

Compensation Theory Research

This study involved using the compensation theory. Khateeb (2021) stated family and employee workplaces share the same environment and have a compensation effect on each other. Therefore, employees must effectively balance working hours and time spent with their families. Failure to obtain an equilibrium could increase workplace stress, absenteeism, and higher mortality rates that directly impact employee performance and attendance. An effective balance between employee workplace and family may influence workplace attendance and performance (Kasau, 2017).

Variables Related to the Research Gap

Researchers have conducted many studies on job satisfaction and workplace performance. However, there exists a research gap concerning the implementation of workplace practices and policies that impact family health outcomes, employee workplace performance, attendance, and WLB. This study involved addressing this gap by examining how work stress associates with workplace attendance and impacts employees' WLB and satisfaction.

Literature Review Conclusion

Research findings on the role of family health outcomes and WLB are numerous, and the two variables have a significant impact on employee job attendance. Žnidaršič and Bernik (2021), Obrenovic et al. (2020), Barnes et al. (2020), Kelliher et al. (2019), and Althammer et al. (2021) suggested the importance of family health outcomes and

workplace attendance and their impact on employee performance, WLB, and productivity.

Definitions

Family health outcomes: Health conditions of family members and employees in terms of stress, depression, and other related disorders that may result from a lack of WLB (Barnes et al., 2020).

Mindfulness: Psychological process of being aware of personal thoughts and feelings occurring at a particular moment (Althammer et al., 2021).

Work-family balance: Ensuring equal outputs in workplace and family-related matters (Žnidaršič & Bernik, 2021).

Work-life balance (WLB): Actions and processes undertaken by a person to balance work responsibilities and personal life activities, responsibilities, and roles involving religion, family, and community (Žnidaršič & Bernik, 2021).

Workplace attendance: Employees showing up for duty and conducting duties per set guidelines (Mohd et al., 2016).

Workplace stress: Psychological, physical, and emotional responses that may arise involving an employee's ability to meet job demands (Der Feltz-Cornelis et al., 2020).

Assumptions

An assumption concerned secondary data collected for this study that participants reported their information and opinions wholly and honestly. According to Muthanna and Alduais (2021), honesty in research results in correct and accurate results. If researchers

can obtain informed responses from respondents, they can adequately analyze and make sufficient conclusions involving the study subject. In addition, there is control over WLB, and organizations may enact measures that impact WLB for employees.

Scope and Limitations

This was a quantitative study that involved collecting secondary data. Data were obtained from the ICPSR. I accessed secondary data from this organization on work, family, and health studies (WFHS; ICPSR 36158) that applied to the research. In addition, Data Sharing for Demographic Research (DSDR), housed within the ICPSR allowed secondary data for analysis. DSDR is a research data information repository that follows findable, accessible, interoperable, and reusable (FAIR) principles, including data reuse optimization. DSRD involves availing generalized population data with effective external validity that researchers and organizations can use for analysis and research. The ICPSR was the agency providing data for this research.

Analysis of variables involved using a linear regression model and coefficient of variation. I determined if there was a statistical significance between variables. The study involved using secondary data. According to Sherif (2018), secondary data are limited because they may not specifically answer research questions being addressed by researchers. In addition, use of secondary data may be limited because researchers may need more information to make informed conclusions.

Significance

I aimed to determine the impact of family health outcomes and employee attendance on WLB. WLB and family health outcomes influence employee attendance

and performance (Mohd et al., 2016). This research was important because results may provide healthcare administrators and managers with various mechanisms they can employ in the workplace to stabilize employees' WLB and workplace attendance.

Furthermore, this study may impact scholars and researchers by advancing knowledge in their respective fields. Scholars may benefit from research because they may obtain essential knowledge regarding WLB, health outcomes, and employee work attendance. Researchers may also benefit from this study by gaining important insights regarding WLB and employee workplace attendance.

Summary and Conclusion

Family health outcomes and workplace attendance are essential in terms of ensuring employee WLB. The literature review indicated that WLB and employee health outcomes are essential for enhancing workplace attendance. Furthermore, according to Žnidaršič and Bernik (2021), psychological factors also impact employees' WLB. This study involved determining the influence of family health outcomes, workplace stress, and attendance on employee performance and WLB. Section 2 includes information about the population, power analysis, methodology, ethical considerations, and validity.

Section 2: Research Design and Data Collection

Section 1 included information about the problem, purpose, and literature review as well as variables associated with workplace stress, WLB, and workplace attendance in health service organizations. This quantitative study involved determining if there was a correlation between WLB, workplace stress, and employee workplace attendance in healthcare service organizations. The dependent variable was workplace attendance, and the independent variables were workplace stress and WLB. According to Karimbill (2019), stress in the workplace may prompt employees to stay away from jobs as they seek measures to address their issues. Tarmidia et al. (2019) indicated organizations might struggle to obtain a maximum output with stressed employees. Ajayi (2018) indicated organizations with stressed employees have a task of ensuring such employees remain productive in the organization. The WHO (2016) indicated that close to 745,000 employees succumbed to a stroke and heart-related diseases. These problems resulted from long working hours experienced by employees in the workplace.

This section includes the methodology, research design, and data analysis. I used logic inquiry to explain whether the study method was qualitative or quantitative. I also addressed the research population and setting, as well as data collection procedures and methods. Furthermore, I also addressed procedures for the study and data analysis methods. Last, Section 2 includes ethical issues. Results of this study may provide healthcare administrators and managers with various mechanisms to stabilize employees' WLB and attendance. Furthermore, this study may provide information to scholars and researchers by advancing knowledge in their respective fields.

Research Design and Rationale

This quantitative study involved using direct care staff in a large nursing home facility with sites throughout the U.S. to determine the relationship between the dependent and independent variables. Hypothesis testing was performed on data obtained from the ICPSR. According to Warne (2020), hypothesis testing is a standard statistical tool applied to detect whether a variable has the potential to occur from an identified distribution. This research design was used to assess whether relationships between variables were statistically significant. Warne insinuated that hypothesis testing is used to determine the relationship between a single dependent variable and one or more independent variables. Workplace stress and WLB were tested to determine whether they impacted workplace attendance. Hypothesis testing aided in analyzing vigor of evidence from outcomes.

Apart from fit statistics applied during hypothesis testing, descriptive statistics were also used to supplement inferential statistics. Descriptive statistics were essential in this study in order to summarize attributes of the data set in contrast to inferential statistics that evaluate if the data can be generalized to the broader population. Descriptive statistics used to define unweighted frequencies were used under the assumption that all qualifying criteria possessed equal significance.

Methodology

Study Population

The population for this study was direct care staff in a large nursing home with sites throughout the country. A total population of 3,684 caregivers were involved in the

study who completed the survey, which was included in the original research and used in this study as secondary data. Caregivers were involved in daily activities in healthcare facilities and adequately provided required information regarding WLB, health outcomes, and workplace stress.

Sampling and Sampling Procedure

Employee attendance in the workplace can be affected by various factors. These factors may include workplace stress, family health outcomes, and WLB. Statistical data used in this research originated from various healthcare facilities in the U.S. Data included an analysis of 3,684 direct care staff in large nursing home sites throughout the nation.

A sampling strategy was essential in determining the validity and accuracy of the study. The simple sampling technique was used for the study because it was less costly and easy to apply. Sample size calculations and research power analysis were determined using significance level (α), power (1-β), effect size, and statistical analysis. Data for the study were publicly available without access restrictions.

Power Analysis

I used the publicly available G*Power analysis calculator version 3.1.9.7 to determine whether changes in family health outcomes, workplace stress, and WLB were significant to establish a significant effect on a small sample size. Calculation results from this power analysis effectively yielded the study's predictive power and sample size. Using G*Power, I calculated a sample size of 1492 as having adequate statistical power to determine small effects.

Operationalization of Variables

I investigated the impact of workplace stress, family health outcomes, and WLB as independent variables and how they affected employee workplace attendance, which was the dependent variable using various healthcare organizations in the U.S. and inferential statistics supplemented by descriptive statistics in order to explore relationships between study variables. I used a hypothesis-testing model. To establish connections, I determined whether a particular variable positively or negatively correlated with employee workplace attendance. In addition, WLB was quantified in terms of employee working hours, while employee workplace stress was measured via employee satisfaction scores. Employee attendance was quantified using employee turnover rates.

Secondary Data Analysis Methodology

This research involved using secondary data for analysis. Data were obtained from the ICPSR. I accessed secondary data from this organization on WFHS (ICPSR 36158) that applied to the research. In addition, Data Sharing for Demographic Research (DSDR), housed within the ICPSR allowed secondary data for analysis. DSDR is a research data information repository that follows FAIR principles. DSDR involves availing generalized population data with effective external validity that researchers and organizations can use for analysis and research. After requesting ICPSR data, it became readily available for this study and analysis.

Data Analysis Plan

Using the Statistical Package for Social Sciences (SPSS) version 28, a connection between dependent and independent variables was established. Therefore, there was a need to check whether to accept or reject null hypotheses. Inferential and descriptive statistics were used to determine if there were statistically significant correlations, which indicated a practical hypothesis testing model analysis. In addition, SPSS also allowed ease of determination of the adjusted goodness of fit model, not to mention the confirmatory factor analysis. Confirmatory factor analysis is a complicated statistical approach that was applied to validate or confirm the internal structure of the study that was achieved through reliability. Consequently, this was used to determine which variables were highly correlated with each other ($p = 0.001$, $p = 0.005$). I did not alter the primary dependent and independent variables throughout the study to ensure consistency of results.

Research Questions and Hypotheses

RQ1: What is the relationship between family health outcomes and workplace attendance among workers in healthcare facilities?

$H_0$1: There is a statistical significance between family health outcomes and employee workplace attendance scores.

H_a1: There is no statistical significance between family health outcomes and employee workplace attendance scores.

RQ2: What is the relationship between WLB and workplace attendance among workers in healthcare facilities?

$H_0$2: There is no statistical significance between family health outcomes and work balance scores.

H_a2: There is a statistical significance between family health outcomes and work balance scores.

External Validity

External validity refers to how individuals can utilize the results of a study in different research settings or outside the study context (Patino & Ferreira, 2018). The data for this study was related to the research problems accompanied by an efficient choice of search terms. Using the SPSS model was influential in the study because it helped to determine the correlation between the dependent and independent variables and determined which was most significant. According to Kerdpitak and Jermsittiparsert (2020), overworked employees may develop psychological and emotional instability, and emotional and psychological stability improves employee health status.

Internal Validity

Internal validity in research represents the extent to which the results of a study represent the truth in the study population. In addition, internal validity also makes it possible to make conclusions about causal relationships (Cuncic, 2021). Based on the study variables, the study sought to establish a connection between the dependent and independent variables. For example, through data collection, the study provided information that was analyzed to identify whether there was connection between workplace stress and employee work balance. In addition, the data analyzed whether there was a relationship between work balance and employee workplace attendance.

Cumcic (2021) stated that the study should be internally valid to meet the three main criteria. These criteria state that the cause should precede the effect of the study in terms of time. Additionally, internal validity should indicate a simultaneous variation. This variation means that a change in the dependent variable should simultaneously affect the independent variable. Lastly, there should be no other explanations for the observed relationship.

Ethical Procedures

I did not need to obtain consent from participants because I was not involved in collecting primary data. Secondary data were obtained from databases where were publicly available. In addition, there was no display of personal information, ensuring the confidentiality of the participants. Furthermore, the resources used in the study were effectively cited, ensuring that other people's work was only used by giving credit. Because this study used secondary, open-sourced data, approvals to use the data were not required. In addition, the data was obtained after Walden University's IRB committee provided approval for the researcher to obtain and use the data. Furthermore, the data was kept on a secure server, not shared with anyone, and the data will be deleted after the study has been completed.

Summary

Section 2 includes an explanation of the research methodology for this study. I highlighted the study design, sampling techniques, ethical procedures, research questions, and hypotheses. In addition, I provided an outline of the study and how methodology and

inferential statistical analysis were conducted. In Section 4, I focus on hypothesis testing and reporting of study findings.

Section 3: Presentation of the Results and Findings

This quantitative study was used to determine if there was a correlation between WLB, workplace stress, family health outcomes, and employee workplace attendance. This study involved adding more knowledge to the field and used a significant data sample for accuracy. Findings of this study may provide information for future researchers on whether family health outcomes, workplace stress, and workplace attendance affect employee WLB.

I chose the ICPSR as my data source due to its association with the DSDR. This repository permitted access to valuable data that professionals have vetted. Moreover, the data source contributed to the validity of research involving generalized population data aligned with FAIR principles. The repository contributed to my study since I used it to acquire data for my research concerning whether employee workplace attendance, family health outcomes, and workplace stress impact WLB.

Insights of healthcare administrators relating to approaches that assist them in satisfying family health outcomes may improve WLB. Mohd et al. (2016) stated employee performance and attendance are highly influenced by employee WLB and workplace stress. Nevertheless, most organizations have high expectations for their workers regarding attendance, performance, and engagement in order to maximize productivity and increase profits (Žnidaršič & Bernik, 2021). Further, work-family imbalance may affect marital life and cause negative implications (Yucel, 2017; Zhou et al., 2018). Therefore, it was essential to determine interventions healthcare administrators

use to manage their employees in order to ascertain whether satisfactory family health outcomes are crucial in terms of improving WLB.

For this research, I used dependent and independent variables to determine whether employee workplace attendance and stress affect their work balance within a large extended care facility with sites throughout the U.S. The independent variables are employee WLB, workplace stress, and family health outcomes, while the dependent variable is employee workplace attendance scores. To determine relationships, I analyzed variables through fit statistics to determine whether there was a correlation between these variables.

The study was guided by two research questions and respective null and alternative hypotheses, which were:

RQ1: What is the relationship between family health outcomes and workplace attendance among workers in healthcare facilities?

$H_0$1: There is a statistical significance between family health outcomes and employee workplace attendance scores.

H_a1: There is no statistical significance between family health outcomes and employee workplace attendance scores.

RQ2: What is the relationship between WLB and workplace attendance among workers in healthcare facilities?

$H_0$2: There is no statistical significance between family health outcomes and work balance scores.

H_a2: There is a statistical significance between family health outcomes and work balance scores.

Section 3 includes a detailed statistical evaluation performed on primary datasets collected from the ICPSR and analyzed using linear regression, an inferential statistics method. Also, this section includes secondary data and participants' baseline demographic and descriptive attributes. This section also includes information about statistical assumptions and analysis findings, including relevant figures and tables showing results. I summarize results of research questions and transition to Section 4.

Data Collection of Secondary Data Set

Data Gathering Time Frame and Discrepancies in Secondary Data

Data for research were collected from the ICPSR website, where secondary data were accessed. ICPSR data involved workplace stress, family health outcomes, and WLB according to 3,684 direct care staff working in a large nursing home with sites throughout the country. Caregivers' involvement in daily healthcare activities within the institution and completing surveys for the study were crucial in terms of providing data. During data collection for this study, no discrepancies were observed; some unnecessary variables that did not add value to this study were excluded.

ICPSR data were used to show computation of the population sample, and power analysis was established via statistical analysis, effect size, power (1-β), and significance level (α). G*Power was used to verify whether variations in terms of work attendance, workplace stress, and family health outcomes had meaningful impacts on caregivers' WLB. Results of the power analysis generated a sample size and predictive power for

research. From collected data, a sample size of 1,492 was computed and found adequate to determine minimum effects. This sample size was sufficient to process the required statistical power calculated using G*Power.

Collecting Data for Research Questions

Data collected from the ICPSR website was used to model statistical tests in order to compute the relevance of variables by defining correlation coefficients. I assessed employee working time in hours, search for another job, intention to leave a health institution, job role ambiguity, job role conflict, workplace stress, job satisfaction, and organizational commitment. Table 1 includes 10 questions that are part of the survey questionnaire and categorized into two sets intended to collect data on how work can be associated with employees' personal or family life. Responses to questions are summarized in Tables 2, 11, and 12, which show correlations between workplace attendance and family health outcomes, workers' decision-making regarding WLB, and employees' perception of making work a top priority. Also, Table 8 includes responses to the 10 questions in order to identify the relationship between employees' perception of work alongside job strain in terms of fulfilling daily tasks and influencing WLB.

Table 1

Ten Questions from the ICPSR Website Categorized into Work and Family Health Outcomes

	Question Item	Subscale	Relationship to Attendance	Numerical Designation
1.	Do the demands for healthcare services interfere with your personal or family time?	Work	0	1.1
2.	Does the working time make it challenging to accomplish personal or family roles?	Work	1	1.2
3.	Are there things you want to do at home but cannot do due to job demands?	Work	1	1.3
4.	Do work responsibilities produce a strain	Work	1	1.4

	that hinders the fulfillment of personal or family roles?			
5.	Are you forced to change your personal or family activities due to work-related duties?	Work	0	1.5
6.	Are there work-related activities that are impacted by personal or family demands and relationships?	Family health outcomes	0	2.1
7.	Do you procrastinate work responsibilities due to home demands consuming more time?	Family health outcomes	-1	2.2
8.	Do you fail to complete work responsibilities due to the demands in your personal or family life?	Family health outcomes	0	2.3
9.	Does your home life interfere with work responsibilities like working overtime, completing daily tasks, and reporting on time?	Family health outcomes	1	2.4
10.	Is your capacity to conduct job-related duties affected by family-related strain?	Family health outcomes	1	2.5

Note. Relationship in attendance: 0 = no relationship. 1 = positive relationship

-1 = negative relationship

These questions were used to capture variables related to work balance and family health outcomes of the managers and non-managers.

Demographic Attributes of the Population

The population was categorized using two subgroups coded as depicted in Table 2. Sample 1 mainly comprised healthcare employees, such as nurses, who responded to family health outcomes and work items to assess off-job and on-job aspects related to the variables. The off-job measures in the secondary data constituted the degree of relationship agreement on workplace stress, family health outcomes, and work-life balance. Managers within the identified healthcare institution that constituted Sample 2 responded to a different set of questions that comprised the second set of questionnaires. In contrast to sample 1, this group of respondents was not required to respond to organizational commitment, role ambiguity, and role of conflict scales, yet all the other

constructs were the same. However, two new items were added to sample 2's questionnaire, which comprised depression and symptomology scales.

Table 2

Demographic Characteristics of the Population

	Sample 1 (Healthcare employees)	**Sample 2 (Managers)**
Total cases	2892	792
Response rate	81%	54%
Completed questionnaire	182	162
Married	157	130
Living with children	93	65
Female	182	66
Male	-	96
Average age	43	45

Table 2 shows that the higher percentage both for sample 1 and 2 are married whereby in sample 1 they are 157 while in sample 2 they are 130. In sample 1 all 182 respondents are female while in sample 2 66 are female and 96 are male. The Table shows the level of commitment that the respondents has when it comes to family despite being in the healthcare premises. Balancing family and work can be tough which could cause an impact on the health outcomes. The average age of the respondents was 43 and 45 which is the middle age where parents are committed to their growing families.

Descriptive Characteristics of Population

As mentioned earlier, the population comprised data from 3,684 direct care staff within a large healthcare institution with sites throughout the United States. Table 3 shows the sample population using the manager indicator variable, indicating that 78.5% were not managers compared to 21.5% who were managers, and their unweighted

frequencies were 2,892 and 792, respectively. No missing data indicated a precision of the findings containing no bias. This data was essential in evaluating work balance and family health outcomes at different levels of an organization.

Representation of the Sample Population

Table 3

Manager Indicator Variable

Number	Description	Estimated Frequency	Percentage
0.	Non-Manager	2,892	78.5
1.	Manager	792	21.5
	Total	**3,684**	**100**
	Valid Cases - 3,684		
	Total Cases - 3,684		

The internal consistency, discriminant validity, and scale dimensionality of the final form of the samples were evaluated using the confirmatory factor analysis that permitted the estimation of two models. A one-factor model was applied to compare and involve specifying family health outcomes and work items to an individual factor. In contrast, a two-factor model was used to represent the hypothesized family health outcomes-work framework. The single items were allowed to load in the second model. Still, no correlated measurement biases or cross-loadings were tolerated as the loading took place on the hypothesized factors.

Table 4 suggested a perfect fit for the two-factor indices from the fit statistics performed on the two models using confirmatory factor analysis. The univariate analysis supports the correlation between family health outcomes, workplace attendance, and work balance illustrated in table 1. One factor analysis was employed to test how the mean work balance changes according to the family health outcomes. Consequently, the

results indicated that two fit models are adequate to the sampling attributes, as demonstrated by the adjusted goodness of fit index model (AGFI). The model scales between .49 and .37, along with the goodness of fit index (GFI) that varied between .68 and .60. The strength of the sampling characteristics is supported by the comparative fit index and Tucker-Lewis index that influence the adequate fitness of the models considering that AGFI and GFI might suffer from inconsistencies.

Table 4

Estimates of Fit Statistics for the One-Factor and Two-Factor Models in RQ1

Indices	***Df***	**χ^2**	**TLI**	**CFI**	**AGFI**	**GFI**
Sample 1 (n = 2892)						
One factor	35	369.37**	0.55	0.65	0.37	0.60
Sample 2 (n = 792)						
One factor	35	288.66**	0.55	0.66	0.49	0.68

Note. ** = $p < 0.01$. TLI = Tucker-Lewis model. CFI = Comparative fit model. AGFI = Adjusted goodness-of-fit model. GFI = Goodness-of-fit model.

The simultaneous comparison of each sample's parameter specification was conducted to obtain the indices' fit estimates in the invariance series. The outcome indicated that the Tucker-Lewis Index, comparative fit index, and goodness of fit index contributed to the baseline model's adequate fit ranging beyond .90, as illustrated in Table 5. Consequently, the secondary data estimated the index that confined the factor loadings to be invariant across indices. Moreover, the secondary data established that variation in fit between the baseline and the index was $\chi^2(20, N = 530) = 58.52, p < .01$), suggesting a possible absence of invariance. Since this study's large sample size, invariance constraints were a priori false. Hence, the fit model was instrumental in

measuring the invariance in research question two and establishing a good fit for the factor loadings invariant index across groups.

Table 5

Tests of Invariance Assessment in RQ2

Indices	df_{diff} [b]	$\chi 2_{diff}$ [a]	*df*	χ^2 *(n=530)*	TLI	CFI	GFI
Factor variances invariant, factor correlations, and factor loadings	42	158.03**	144	389.77**	0.91	0.92	0.90
Factor correlations and factor loadings	22	64.19**	124	295.93**	0.93	0.94	0.92
Factor loading invariant	20	58.52**	122	290.26**	0.93	0.94	0.90
Baseline model	-	-	102	231.74**	0.94	0.95	0.93

Note. = $p < 0.01$. b = Variation in degrees of freedom between the baseline and a given index. a = Variation in the chi-square statistic between the baseline and a given index Diff = Difference. Empty cells = No computation.

Results

Descriptive Statistics

The unweighted frequencies indicated that 214 staff only worked an hour or two, 167 employees worked about half a day or shift, and 84 workers performed an entire weekend day or shift, establishing that participants worked weekend shifts. These unweighted frequencies, illustrated in Table 6, corresponded to 5.8%, 4.5%, and 2.3%, respectively, while there was low missing data as 4 or 0.1% needed to know the proper response. The analysis determined the respondents' perceived control over their work schedule and whether they had a choice about when to take days off or vacations. Based on the results obtained and derived from 3,684 valid cases, the unweighted frequencies indicated that most employees had control and choice over when to take days off or

vacation, as some managers worked for an hour or two over their shifts. The validity and credibility of these findings are high as no missing data indicates that the entire sample population answered this question from the questionnaire form. Establishing whether healthcare workers had control over decisions made in changing full-time or part-time shifts in their present positions, the findings were pinned on 3,387 valid cases. The missing data was slightly higher than in most questions, and 7.8% had no idea, while 0.3% did not respond to the question. Generally, the employees stated that they had little control over decisions made in changing full-time or part-time shifts.

Purification Assessment

Table 6

Employees who Worked Weekend Shifts

Hours Worked	Unweighted Frequency	Percentage
Hour or two	214	5.8
Half-day or shift	167	4.53
Entire weekend or shift	84	2.28
Don't know	4	0.1

The results indicated an iterative confirmatory process to obtain the final forms of the family health outcomes and work measures. The initial repetitive process entailed correlating a pool of 43 family health outcomes and work items to a two-factor confirmatory index for samples 1 and 2. The two-factor model, illustrated in table 7, represents 21-item family health outcomes and 22-item work factors. Items with high standardized loadings exceeding .90 were deleted in this study to investigate the procedure of developing valid and reliable measures of the variables. Additionally, the deletion involved items with excessively redundant wording compared to others, with standardized loadings <.50. As a result, the initiative consistently ensured across-factor

relationship assessment bias or within-factor correlated measurement error. The scale development also involved deleting items by analyzing the expected change values, and the modification model values loaded higher on family health outcomes than on the desired work.

The results ascertained that items with very high factor loadings were expendable, contributing to within-factor relationship assessment bias and item wording. Caution was taken to ensure that strain-based, time-oriented, and general demand conceptualization was maintained during the application of heuristics. Generally, the conceptualization was forwarded from iteration to iteration as long as they satisfied the desired item retention heuristic levels. Eventually, 11 family health outcomes and 13 work items remained for the successive repetition that involved a slightly varied set of heuristics. In this second iteration, the deletion of items focused on reflected redundancy concerning wording; other constructs had standardized factor loadings < .60, had within-factor loadings equal to cross-factor loadings, and persistently illustrated correlated measurement biases. The second repetition resulted in 6 family health outcomes and 7 work items, and the last iteration removed three additional constructs and the remaining five-item that constituted the final scales.

Statistical Assumptions

Table 7

Two-Factor Confirmatory Index

	First Iteration	**Second Iteration**
Family health outcomes	21 Items	11 Items
Work balance	22 Items	13 Items
High standardized loadings	> .90	-
Low standardized loadings	< .50	< .60

Correlational tests were performed to evaluate statistical assumptions in the normalcy of the variance. The secondary data predicted that there would be a higher correlation between work and the employee working time in hours, workplace stress, and the Maslach Burnout Inventory (MBI) than with family health outcomes. However, in this study, similar predictions were analyzed using t-tests between dependent reciprocity where the family health outcomes interactions were compared with the work balance interactions. The relationship between the family health outcomes' employee working time in hours interactions compared to the work employee working time in hours and the workplace stress interaction of family health outcomes compared to the work-workplace stress interactions. For the first sample, work was highly correlated to the employee working time in hours and workplace stress than family health outcomes. Family health outcomes are assumed to highly impact work balance after the correlation.

The corresponding t-test results from sample 1 correlations shown in table 8 were t (179) = 4.05, $p < .01$ for the employee working time in hours, $t(179) = 4.19$, $p < .01$ for workplace stress, and $t(179) = 2.96$, $p < .01$. For the second sample, similar results were attained indicating that changes in the employee working time in hours, and workplace stress would result in major changes in work balance than in family health outcomes, and the index results would highly fluctuate. The corresponding t-test results from the second sample's correlations for the Employee working time in hours was $t(154) = 7.62$, $p < .01$, for workplace stress $t(154) = 2.77$, $p < .01$, and for MBI $t(154) = 4.24$, $p < .01$.

Results for RQ1 Statistical Analysis

Table 8

Corresponding t-Test Results

	Sample 1			Sample 2		
	df	***t(stat)***	***P***	***df***	***t(stat)***	***p***
Employee working time in hours	179	4.05	0.01	154	7.62	0.01
Workplace stress	179	2.96	0.01	154	2.77	0.01
MBI	-	-	-	154	4.24	0.01

In establishing the healthcare workers' control over work hours, the results indicated the data was slightly skewed to the left, as noted in the median, which was greater than the mean. Thus, the skewness of the data suggests the possibility of negative family health outcomes resulting from the workers' control over work hours. Descriptive statistics illustrated in Table 11 supported the statistical assumptions as they sought to establish whether the employees make numerous decisions due to their job responsibilities. The Likert scale results based on 3,684 valid cases displayed in Table 9 reveal no missing data, an indicator of the high credibility of the results. Generally, the results from the participants indicated that they made most of the work-related decisions, which could impact their family health outcomes and workplace attendance. This data is further supported by the results displayed in table 2 that indicated meaningful work attendance outcomes.

Table 9

Results of Whether Employees Make Many Decisions about Workplace Attendance

Number	Description	Estimated Frequency	Percentage
1.	Extremely false	21	0.6
2.	False	139	3.8
3.	Neither	320	8.7
4.	True	1,976	53.6
5.	Very True	1,228	33.3
	Total	**3,684**	**100**
	Valid Cases - 3,684		
	Total Cases - 3,684		

The t-test results discussed under the statistical assumptions section show no meaningful relationship between family health outcomes and employee workplace attendance scores. Notably, the test results in samples 1 and 2 suggested that work was less correlated to family health outcomes but highly related to the MBI. As such, the null hypothesis, which states that there is no statistical significance between family health outcomes and employee workplace attendance scores, was accepted. When the test results of 3.09 were checked in the z-table, a p-value of 0.4990 was obtained, which was greater than the alpha value of 0.01, showing that the data was statistically insignificant, leading to the acceptance of the null hypothesis.

Summary Results for RQ1

The first research question aimed to answer whether there was an existing relationship between family health outcomes and healthcare workers' workplace attendance scores. To determine the relationship, the researcher conducted a t-test analysis using the t-values (182) and the p-value $p < .01$. And the results were 3.09. Since the resulting p-value exceeded 0.10, it showed that the results were due to chance, and

there was no statistical correlation between the variables. Therefore, it was clear that healthcare workers' workplace attendance scores were not correlated with family health outcomes, as corroborated by the Tucker-Lewis Index acceptable fit for one-factor analysis shown in table 6. Work attendance outcomes in table 2 further supported these findings. Since the *p*-value is less than 0.01, the null hypothesis for research question 1 was accepted and the alternate rejected. The t-values indicated there was no statistical significance between family health outcomes and employee workplace attendance scores.

Results for RQ2 Statistical Analysis

The second research question purposed to ascertain the correlation between family health outcomes and employee work-life balance scores. The results revealed an insignificant proportion of missing data based on 3,683 valid cases. Table 10 indicates that most respondents believed work was a top priority, which implies potential implications for family health outcomes. The internal consistency estimates illustrated in table 11 display very high-reliability coefficients for work balance, an aspect that supports the judgment procedure to be constant and the outcomes reliable. Most importantly, the test of invariance assessment showed acceptable fit indices that support the alternative hypothesis (see table 7). Workplace stress, family health outcomes, and work-life balance levels are represented by the high estimated frequency of the employees who view making work a top priority and contributed to rejecting the null hypothesis and accepting the alternative hypothesis. The alternative hypothesis stated a statistical significance between family health outcomes and employee work-life balance scores.

Table 10

Analysis of Employees' Perceptions of Making Work a Top Priority

Number	Description	Estimated Frequency	Percentage
1.	Very true	284	7.7
2.	True	1,386	37.6
3.	Neither	1,034	28.1
4.	False	866	23.5
5.	Extremely false	113	3.1
	Missing Data		
	Not participated	1	0.0
	Total	**3,684**	**100**
	Valid Cases - 3,683		
	Total Cases - 3,684		

Table 10 shows results for an analysis of employees' perception of making a top priority. The perception that an employee has in making their work a priority has an impact on the results of their work. The highest percentage was 37.6 which stated that the statement was true followed by 28.1% as neutral. The major percentages show that there is an equal probability that the perception that employees hold to their work could affect the way they commit to the work and the balance that they get which could affect the health of their families.

Table 11

Internal Consistency Estimates for Work Balance

Sample	Work Balance		
	Construct α	Reliability Coefficient	Mean
1	0.88	0.88	0.60
2	0.87	0.86	0.58

Note. Mean = Mean-variance computed estimate. Construct α = construct reliability.

Findings were obtained regarding whether work was stressful and impacted the workers' capacity to attend to their personal or family obligations. The results in Table 12 show missing data to be negligible, and most participants indicated that they had no strain in fulfilling personal or family obligations. Otherwise, the outcomes of the employees not being strained by their work are supported by the participation of the health workers in the medical experiment. Other related results to the impact of work on individual or family activities were derived based on 3,684 valid cases where their work strained only 31.4%. However, 47.8% of the participants did not change personal or family issues due to work-related matters, in contrast to 20.8% who were undecided.

Table 12

Analysis of Workplace Stress in Fulfilling WLB

Number	Description	Estimated Frequency	Percentage
1.	Extremely false	227	6.2
2.	False	1,532	41.6
3.	Neither	766	20.8
4.	True	933	25.3
5.	Very true	224	6.1
	Missing Data		
-7	Not participated	1	0.0
-4	No idea	1	0.0
	Total	**3,684**	**100**
	Valid Cases - 3,682		
	Total Cases - 3,684		

Table 12 shows that 933 and 224 cases among the valid responded to true and very true respectively. For category 3, there are those that are neutral on the impact of workplace stress in fulfilling work-life balance. Whereas category 1 and 2 are those that responded to extremely false and false with the highest number of 532. The responses

given clearly shows that even though workplace stress does not impact balance, to some extent it does considering the neutral, true and very true cases. The case could be very true to those that have families and they have to be committed to them as much as they are committed to their work.

Summary Results for RQ2

The second research question determined whether there was any correlation between family health outcomes (quantified in terms of employee satisfaction, workplace stress levels, and working time in hours) and healthcare workers' work-life balance scores. The null hypothesis was rejected, stating there was a statistical significance between family health outcomes and healthcare workers' work-life balance scores. The results for employees' perception of making work a top priority had a high validity as only one respondent contributed to the missing data. The findings are supported by the high-reliability coefficients for work balance displayed in table 13. Besides, the t-test results indicated a close relationship between family health outcomes and employee work balance. Most importantly, the test of invariance assessment showed acceptable fit indices, shown in Table 5, that support the alternative hypothesis. Workplace stress, family health outcomes, and workplace attendance levels are represented by the high estimated frequency of the employees who view making work a top priority (see Table 10) and contributed to rejecting the null hypothesis and accepting the alternative hypothesis, which states that there is a statistical significance between family health outcomes and work balance scores.

Summary

This section includes statistical findings and results involving secondary evidence about health, family, and work from the ICPSR website. A total of 3,684 direct care staff provided vital data that were analyzed to establish correlations between work attendance, health outcomes, and WLB. Descriptive statistics show how the Likert scale was used to tabulate and analyze questionnaire responses.

Section 3 also includes statistical results that helped answer the two research questions. Results of RQ1 showed no significant statistical relationship between family health outcomes and healthcare workers' workplace attendance scores. T-test results showed a score of 3.09, which was greater than the p-value, thus meaning it was statistically insignificant. Statistical findings were shown in Table 8, which also showed that most workers had little control over their shifts, as well as Table 11, which showed employees made decisions on their own. Therefore, t-test results led to acceptance of the null hypothesis for RQ1 as the *p*-value showed no significant relationship between family health outcomes and employee workplace attendance scores.

For RQ2, most questionnaire respondents reported that work strain affected their work effectiveness as they prioritized their jobs and had to make changes to their personal lives to adapt to work. Therefore, t-tests indicated a close relationship between variables and subsequently rejection of the null hypothesis for RQ2. Section 4 includes findings and results.

Section 4: Discussion

This quantitative study involved establishing whether there was any significant relationship between family health outcomes, work balance, and employee workplace attendance.

For RQ1, t-test values were obtained while determining correlations between family health outcomes and healthcare employees; workplace attendance, with t (182) = 3.09 and $p < .01$. This suggests that the health outcomes for worker families can have an impact on their workplace attendance. De Paiva et al. (2020) investigated the nature of family or individual sickness absence among healthcare workers in Brazilian hospital settings among a sample of 559 health employees who did not attend their jobs for at least 1 day in the year, and found that absenteeism was most common among women and nursing professionals. Major diseases that affect family health outcomes include injury, poisoning, mental and behavioral disorders, and musculoskeletal issues. Workers in healthcare facilities who reported that they and their families had poor health were more likely to report frequent absenteeism from work.

Findings in the present study showed that workplace attendance was higher among employees with little or no family health issues. Mohanty et al. (2020) suggested when a worker has a family member with a health condition that requires significant care, they may be more likely to miss work in order to provide that care. According to Power (2020), family caring comes with added responsibilities such as taking time off to take family members to medical appointments. It may also include providing support at home and coordinating with other family members or healthcare professionals to manage

conditions. Additionally, when a worker has a family member with a health condition, they may also experience anxiety and emotional stress as a result, which can negatively impact their own physical and mental wellbeing. This can lead to increased absenteeism and decreased productivity in the workplace.

Results demonstrated a significant relationship between workplace attendance and employee health, which may be affected by family circumstances. An et al. (2020) investigated effects of work-family conflict and job satisfaction on employee performance, and found that when employees have family members with a serious illness, they may experience emotional stress and mental health issues, which can lead to increased absenteeism. Moreover, lack of supportive workplace policies and culture can exacerbate challenges faced by workers with family health concerns. Negative family health outcomes can lead to reduced employee job satisfaction. Consequently, employees may experience work stress, which can result in increased absenteeism and reduced productivity.

For RQ2, t-test values were obtained while determining correlations between family health outcomes and healthcare employees' workplace attendance, with t (179) = 4.19, and $p < .01$. This suggested that the WLB of employees can have an impact on their workplace attendance. This research suggested that when workers in healthcare facilities have a good balance between their work and nonwork responsibilities and activities, they are more likely to be present and engaged with work, which can lead to improved job performance, productivity, and job satisfaction. Boamah et al. (2022) found healthcare

workers who reported higher levels of WLB were less likely to report absenteeism from work.

Findings of the present study showed workplace attendance in healthcare staff was higher among employees with WLF. Khalil et al. (2022) investigated WLB and burnout among nurses in Saudi Arabia and found nurses who had better WLB had lower levels of burnout while nurses who reported higher levels of role overload and underload were more likely to report burnout. Saygili et al. (2020) found staff nurses in Turkey who reported higher levels of WLB had lower levels of burnout and higher levels of workplace attendance. There is a relationship between WLB and absenteeism among nurses.

Mohd et al. (2016) associated employee workplace stress with such factors as poor management and design of work systems and jobs, lack of control over work processes, poor management, unsatisfactory work environments, and absence of support from management and workmates. The most stressed employees in workplaces include those working under excessive demands and pressures in roles that are not matched with their capacity and skills. Organizations play an instrumental role in causing stress for their workforce as they aim to optimize employee attendance, work performance, and engagement to facilitate maximum profitability. In the healthcare sector, administrators are working on strategies that can assist employees in terms of achieving satisfactory family health outcomes, which is critical in fostering WLB. Workplace balance may contribute to high employee absenteeism as workers attend to their personal affairs (Karimbill, 2019; Tarmidia et al., 2019; Žnidaršič & Bernik, 2021).

Results indicated a statistically significant relationship between employee and family health outcomes, WLB, and workplace attendance. Tugsal and Ulgen (2017) indicated that the higher probability of employee burnout contributes to higher stress levels and lower workplace attendance scores. Results suggest healthcare workers considered work a top priority (see Table 12). Mohd et al. (2021) revealed exhaustion among workers obligates them to be absent from work. These employees skip work to attend to personal issues like recovering from exhaustion or attending to family matters.

Decision-making has been identified as a critical component in terms of organizational performance, as quality decisions are linked with improved resource and time management that lead to increased productivity. Conversely, poor decisions are associated with inadequate time and resource use, misunderstandings, and mistakes (Tugsal & Ulgen, 2017; Žnidaršič & Bernik, 2021). Results indicated that healthcare employees make numerous work-related decisions, which leads to an imbalance between work and social life that could result in workplace stress. Consequently, it becomes hard for healthcare employees to maintain WLB as they are forced to work extra hours. Gragnano et al. (2020) emphasized workers need to address their family issues. Thus, findings point to relevance of employees working reasonable amounts of time to increase their chances of attending work and reducing their possibility of suffering from workplace stress.

The study defines work balance as a worker's capacity to effectively manage everyday activities that constitute social, health, and family life alongside their job responsibilities. Der Feltz-Cornelis et al. (2020) showed family health outcomes

significantly influence workers' workplace attendance. Employees' negative health outcomes can result from workplace stress. Descriptive statistics conducted to analyze healthcare employees' control over work hours revealed skewness in data fostered due to median scores which were greater than mean values. While these findings support healthcare workers' capacity to make work-related decisions, they also highlight their vulnerability to workplace stress that could impact family health outcomes and attendance. Consequently, the study contributes to knowledge concerning the impact of family health outcomes and WLB on healthcare organizations' workplace attendance by showing positive correlations between variables.

Another critical aspect investigated in this study is the relevance of job function in providing a work-life balance. Work-life balance is essential in offering employees flexibility that permits them, workers, to have higher job satisfaction, increased well-being, and reduced workplace stress. These observations can be linked to Karimbil (2019), who insinuates that work-life balance increases employee performance, job satisfaction, job attendance, and productivity as it alleviates stress. More studies (Gragnano et al., 2020; Žnidaršič & Bernik, 2021) point to the adverse implications arising from personal health-oriented issues resulting from long working employees. A standard deviation of the data from the healthcare employees suggests a normal distribution of the data, indicating high chances of reoccurrence of the analyzed managerial and support functions. From the data, most healthcare workers performed support functions, indicating possible negative implications on their workplace attendance and work-life balance.

Managerial functions are defined within the study as comprising finance, human resources, marketing, and business operation roles that are classified as the main activities within healthcare organizations. On the other hand, support functions constitute medication administration, ongoing care provision, communication with family members, implementation of treatment plans, and conducting diagnostic and medical assessment tests. From the non-randomized job functions, 40.5% of the healthcare workers performed managerial functions, while 58.7% focused on support functions. Further examination using the manager indicator variable indicated that 21.5% of the healthcare employees had the potential to be managers, in contrast to 78.5%, who were possibly non-managers. Considering that the managers make most organizational decisions, this data points to possible variations in workplace stress, workplace attendance, and family health outcomes on the employees' work-life balance.

The research is grounded on the compensation concept that seeks to comprehend better how work-life balance and family health outcomes impact healthcare organizations' employee workplace attendance. Khateeb (2021) provides insights into how the theory is applied in the study by sharing the same environment in employee and family workplaces with a common compensation impact on each other. As applied in the study, the compensation theory reveals an existing correlation between family health outcomes and work-life balance. These observations are supported by the meaningful relationships examined across the first and second samples, comprised of employees and managers, respectively. Only organizational satisfaction and commitment to work did not yield any

meaningful correlations between family health outcomes and work-life balance from the measures applied to work-life balance and family health outcomes.

The compensation theory further demonstrated the relationship between family health outcomes and work-life balance, as illustrated in table 2. The table shows a negative relationship between employee satisfaction and work balance, and Family Health Outcome at both sample sizes of 792 and 2892 and both alphas of 0.93 and 0.94. This means that the variable Employee Satisfaction is negatively affected by the Work balance and Family Health Care at any given sample size. Most workers find it hard to balance work, personal life, and Family Health care. They are either staying late for work and neglecting their personal life and the health of their loved ones or themselves, resulting in the inverse relationship between the individuals. Workplace stress and employment working time in hours are both positively correlated to work balance. Employers who have the highest work balance have endless stress in their lives and usually spend most hours at work. The same applies to work stress and family health outcome, except that now employees working house are negatively related to family health care outcomes. The compensation theory is further demonstrated by work attendance that is positively correlated to both work balance and family health care outcome, meaning those who come to work the most have a high tendency to balance their work with their personal life as well as having their health care issues rising due to too much commitment to working.

More evidence is offered by table 6, which showed how sample size affects the test statistics for most of the tests, beginning with the goodness of fit and chi-square, to

mention a few. From the output shown in the table, the higher the sample size, the larger the test statistics, and vice versa is expected, though not proved. This also means that, for the tests to be close to accurate, the largest sample size should be used to improve the confidence level of the results to any user. Table 7 has been provided to show how the various indices change with changes in tests. The values of the indices have also been observed to be changing with various tests, from chi-square, Goodness of fit, and more and more. The test with the highest indices values is recommended best for the analysis. Various tests are useful for specific types of analyses, and the best criteria to choose is to find which has the highest index.

Table 10 showed t-test results for the various variables at different degrees of freedom. Notably, the t-test statistic is more when the degree of freedom is 154 than when the degree of freedom is 179 for the variable working hours. Conversely, the opposite is happening to workplace stress because, at the degree of freedom of 179, the test statistic is larger than when the degree of freedom is 154. Statistical significance comes with a higher t-test statistic value, which calls for a higher sample size and a higher degree of freedom.

The results in table 13 show internal consistency estimates for work attendance. These estimates show how reliable and consistent the workers have been in their attendance. Setting reliability indices to be 0.88 and 0.86, only 0.6 and 0.58 of the workers, on average, have been consistent in their attendance. This indicates that if we raised the reliability index to 0.95, it would not be surprising that the average attendance would drop to about 0.3 or less. This is consistent with both sample 1 and sample 2. On

the other hand, if we lower the reliability index, we are likely to get a higher percentage of people who have consistently attended work. This shows a negative relationship between the reliability index and the work attendance means.

Limitations of the Study

The study was limited in quantifying employee working time in hours, workplace stress levels, and employee satisfaction scores which were part of the variables for the family health outcomes and work-life balance. According to Rahman (2017), quantifying all social variables is more likely to elicit eliciting deeper insights into designing, administering, and interpreting assessments as well as exploring the participant's behavior, perceptions, feelings, and understanding. In this study, the variables would have assisted in getting in-depth insights about the research questions, which would have contributed to a better conclusion that would add to the existing knowledge gap. In addition, since the employee working time hours, workplace stress, and employee satisfaction are the basic units of family health outcomes, work balance, and work attendance, quantifying these variables would have made the relationship between them more transparent. Also, the quantification would have evaluated how non-redundant they are compared with other factors investigated in the study.

The second limitation presented in the failure of the study to utilize linear regression analysis would have permitted better comprehension of the strength of the correlation between workplace stress, work attendance, and work-life balance. Kumari and Yadav (2018) argue that although correlation provides a quantitative way of measuring the degree of a relation between two variables, a linear regression analysis

describes this relationship more accurately. When conducting such an analysis, the goal is to determine the strength and direction of the correlation between the variables, as well as to develop a model that can predict one variable based on the value of the other variable. In this study, linear regression would have improved the validity of the inferences as the model has a higher potential of determining the predictors for the target variable. Also, linear regression would have assisted in predicting the impact of workplace stress, workplace attendance, and family health outcomes on work-life balance. In addition, the failure to use linear regression limits the study from predicting future trends that could be valuable in developing strategies for ensuring that healthcare employees have a healthy balance between work and life.

While the research sought to establish the correlation between the independent and dependent variables, it fell short in differentiating which sample had higher levels of workplace stress, work-life balance, family health outcomes, and workplace attendance. Gogtay and Thatte (2017) posit that any association between two variables should be assessed not just for the strength and direction (as given by the correlation coefficients), but also by whether the relationship is significant. According to Chen et al. (2018), a small correlation coefficient is likely to achieve statistical significance without being meaningful even if the sample size is sufficiently large. As such, distinguishing how the variables impact the managers and employees is relevant in recommending sample-oriented approaches to mitigate absenteeism and work-life balance. In addition, recommending specific strategies for the managers and the employees would have improved the validity of the inferences considering that the results from this study

indicate that these two groups have varying job functions. The findings show that a higher percentage of healthcare employees are dedicated to providing support functions, while the remaining few offers managerial roles.

Recommendations

Future studies on family health outcomes, work-life balance, and work attendance should adopt the linear regression analysis. Such studies will benefit from the scatterplot data that would make it easier to establish whether there is a linear correlation that would suggest a practical linear regression model analysis (Kumari &Yadav, 2018). In addition, using the statistical model permits the application of Carl Pearson's Bivariate Correlation that would assist in establishing the variables that are greatly related to each other. Therefore, the findings will be consistent as the researcher will not change the independent and dependent variables during the entire analysis.

Another recommendation involves recruiting human subjects who can provide easily quantifiable data. Using human subjects improves the trustworthiness of the inferences made since when the research is properly controlled, they can verify the conclusions (Hand, 2021). The use of human subjects is recommended in future studies considering that these participants offer opportunities for discovering factors, concepts, or processes that might be linked to work-life balance, family health outcomes, and workplace attendance. Moreover, the researchers can use interviews to collect data and, from such interviews, establish other factors that can be used to draw the correlation between the variables.

While the findings were expected to give a projection of how the independent variables interact with attributes like productivity, attendance, and performance, the failure of the study to quantify employee working time in hours and employee satisfaction scores presented a gap for future studies. Thus, future studies should consider quantifying aspects such as employee working hours, attendance, and employee satisfaction scores to determine which variable impacts the managers' and employees' work-life balance. More so, it is recommended that the studies focus on establishing if work-life balance can be linked with employee productivity and performance.

The findings in this research established that healthcare employees have varied functions; as such, the impact of work-life balance, and family health outcomes cannot be the same for all job groups. Hence, there needs to be more knowledgeable research for determining which among the two job groups (manager and employees) is adversely impacted by the independent variables or whether their impact is uniform across all job functions. Such discoveries will be essential in strategizing appropriate mitigation measures. For instance, the findings from such studies will be critical in determining whether approaches designed for managers will be effective when applied to employees.

Implications for Professional Practice and Social Change

The study provided information to healthcare administrators about potential areas where strategies to mitigate workplace absenteeism arising from workplace stress, work-life imbalance, and family health outcomes may be directed. The significance of such information was illustrated by how different job functions are impacted by such attributes as the roles outside of work, the nature of the role or job, and the duration and frequency

of work. These observations are supported by several studies (Der Feltz-Cornelis et al., 2020; Gragnano et al., 2020; Mohd et al., 2016) that indicated the relevance of maintaining a good work-life balance considering that more time spent at work may result in workplace stress, absenteeism, lower performance, job dissatisfaction, and mental health issues.

Therefore, the findings in this study are exceedingly critical for healthcare administrators as work-life balance mainly stems from scheduling conflicts and the lack of time. Work-life balance, as applied in this study, does not entail a division of time spent at home and work equally, but instead, it has been employed to suggest an employee's satisfaction with both social and work life (Mohd et al., 2016). The imbalance is the work-life conflict that makes healthcare workers stressed, overloaded, or overwhelmed by the pressures of multiple roles. Hence, these findings will assist healthcare administrators by showing them the relevance of appropriately scheduling their employees' roles so they may not feel overwhelmed when performing their professional tasks.

Most significantly, the findings in this study point to the need for modification of organizational culture to permit the transformation of healthcare institutions in a manner that will allow changes to occur gradually over time. According to Tarmidia et al. (2019), such changes comprise the elimination of multiple roles from an individual's prescribed tasks leading to high energy expenditure and higher demands in fulfilling the activities resulting in role overload as the workers fail to perform their jobs comfortably and effectively. The modification of the organizational culture will also facilitate the

mitigation of work-family conflicts, which are caused by responsibilities and demands interfering with family roles. Such changes are expected to improve work-life balance, as the results from this study indicate a statistically significant relationship between the independent and dependent variables.

The findings from this study may be impactful at the organizational level, where policies can be formulated to address the implications of work-life balance and family health outcomes on workplace attendance. According to Chaudhuri et l. (2020), employees tend to have better attendance at work when they have access to flexible work arrangements and other work-life balance policies. Such policies can also help employees manage their stress and mental health, which can lead to better attendance. They help employees manage their personal and family responsibilities in a way that allows them to be more focused and present at work. As guided by the compensation theory, workers can attain job satisfaction. Organizations realize optimal performance if employees balance family health outcomes and work engagement. Employees who experience work-life conflict tend to compensate one area of their life with another. For example, they might try to compensate work with family issues to gain a balance or vice versa. Therefore, it is recommended that healthcare administrators use these findings to design policies that permit employees to achieve work balance and subsequently enhance work attendance.

Conclusion

According to the study, the most stressful employees work under excessive demands and pressures in roles that do not match their capacity and skills. The results established that administrators in the healthcare sector are developing strategies to help

employees achieve satisfactory family health outcomes, which is critical in fostering work-life balance. The findings also revealed a statistically significant link between family health outcomes, work-life balance, and workplace attendance. Otherwise, the results indicated that healthcare employees made numerous work-related decisions, a factor associated with a work-life imbalance that exposes them to workplace stress.

The study was limited in its ability to quantify employee working hours, workplace stress levels, and employee satisfaction scores, all of which were variables for family health outcomes and work-life balance. Also, the use of linear regression analysis in the study would have allowed for a better understanding of the strength of the correlation between workplace stress, work-life balance, and work attendance. Notably, human subjects improve the trustworthiness of the inferences made because, when properly controlled, they can validate the conclusions about work-life balance, family health outcomes, and workplace attendance. Future research should consider quantifying aspects such as employee working hours, workplace stress levels, and employee satisfaction scores to determine which variable impacts managers' and employees' attendance.

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