

THE RELATIONSHIP BETWEEN NURSE'S WORK-FAMILY CONFLICT AND QUALITY OF WORK LIFE: TURKEY EXAMPLE

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Abstract

Objective: The study aims is to evaluate and determine to what extent work-family conflict affected the quality of work life of doctors working in the Public and University hospitals located within the borders of Tokat province.

Method: The study included nurses within the borders of Tokat province. The study included 292 nurses, 184 (63%) females and 108 (37%) males who were selected using the random sampling method. The Work Quality scale and Work-Family Conflict scale were used in the study. Correlation analysis was used to analyze the data. In the study, the data obtained using the face-to-face survey method were analyzed and interpreted on the SPSS (Statistical Package for the Social Sciences) program.

Findings: Of the participants 63% were female and 37% male. The rate of married and single participants was 58.9% and 41.1%. The mean age of the study sample was 34.4 years. A correlation analysis was made between work-family conflict and work life quality, a significant relationship was found between them ($p < 0.05$).

Result: According to analysis results, it was concluded that the role conflict of individuals in work and family areas was inevitable and the conflict adversely affected the work and life satisfaction of individuals. As job satisfaction increases, individuals' quality of life increases and they contribute positively to the health, psychological status and social environment of people.

Introduction

As a social being, an individual has many organizational and social roles. In recent years, rapid changes in globalization, technological, political, cultural and economic developments have changed individuals' perceptions about their roles. People are born and raised in a family. They have a job after a certain period in their life. Business life is a social environment in which individuals are often involved in their roles and realize their mental and physical activities (Çelmece and Işıklar 2016). Each individual is a member of

more than one system or social group in society; therefore, they have as many roles and responsibilities as the number of groups in which they belong. Conflict becomes inevitable when the energy, time or behavioral demands of the work role intersect with the roles of family or personal life. Work preventing the fulfillment of responsibilities towards the family leads to family-work conflict (Kossek and Lee 2017).

Role expectations are important factors in work-family conflicts. For example, the conflict related to the work role stems from pressure due to excessive demand and expectations of the work, especially the excessive workload and lack of time. Many studies found a positive and strong relationship between job demands, workloads, irregular working hours and work-family conflict (Burke 2002). Accordingly, excessive daily work hours, working at night and on weekends, prevented employees from participating in family activities, fulfilling their familial roles and responsibilities.

Particularly, health institutions are complex organizational structures with a matrix organization structure including members of numerous different professions, and where 24-hour uninterrupted service is provided. Nurses have difficulties in balancing work and family roles due to their long and irregular working hours, difficult working conditions and excessive workloads. Sometimes they have no other choice but to work more than 40-hour shifts per week, long and irregular work hours, at a low wage, in a high disease environment, with insufficient staff and great work load (Alçelik et al 2005; Sabil and Marican 2011).

In this organizational structure, the service encounters of patients and employees affect the organizational attitudes and behaviors of both employees and patients. While these moments and factors related to the organization affect the organizational behaviors of employees such as job satisfaction, job stress, work quality, commitment, leadership and trust, they are also able to affect the service quality perceptions and satisfaction of patients (Çelmeçe and Işıklar 2018). In addition to the intensive and uninterrupted work tempo, there are some work systems in these organizations, sometimes in the business environment that reflect on family life; sometimes family relations can reflect on work life and hence affect employees' work life quality (Tekindüz, Kurtuldu and Öksüz, 2015).

Work life quality is an important management process that includes factors directly affecting the efficiency and effectiveness of personnel. According to Nanjundeswaraswamy and Swamy (2013), work life quality is a positive work environment supported by issues such as employees' promotion opportunities, occupational safety and reward system. According to Sword and Partridge (2012), the evaluation of work conditions, employee satisfaction and dissatisfaction, productivity, social environment at work, management style, the relationship between work life and non-work life is, in short, a concept that includes the strengths and weaknesses in the whole work environment (Çelmeçe and Işıklar 2015).

As stated in studies on factors affecting employees' work life quality, work life quality is influenced by objective conditions such as demographic factors, wages and earnings in the work environment, work environment and conditions, management and organization of work, leaders, technology used in work, industrial relations, participation, employment security, social security and continuous education (Adıgüzel et al 2014; Çatak and Bahçecik 2015; Sirgy et al 2008). Therefore, the premises of work life quality should be examined. There are many different classifications in literature regarding factors affecting work life quality. The work life quality of the individual depends on many elements both at work and outside work. Work-family conflict is one of these elements.

The study aims to investigate the relationship between nurses' work-family conflict and work life quality. In line with this aim, the answers to the following questions will be sought:

Is there a relationship between nurses' work-family conflict and work life quality?

Does nurses' work-family conflict have an impact on their work life quality?

METHOD

The study was conducted in the relational screening model to determine the relationship between nurses' work-family conflict and work life quality. The population of the study consisted of nurses working at state and university hospitals located in Tokat city center. The study included 292 nurse, 184 (63%) females and 108 (37%) males who were selected using the random sampling method.

Measurement Tools:

Socio-demographic Data Form: There are 6 questions about socio-demographic and occupational characteristics such as age, gender, marital status, education level, occupation and working year.

Work-Family Conflict Scale: A scale, containing 5 statements in both dimensions, developed by Netemeyer, Boles and McMurrian (1996) was used to measure the level of conflict in the work-family, family-work lives of the study population. According to the reliability analyses made, the Cronbach alpha coefficient was reported to be 0.88 for work-family conflict and 0.89 for family-work conflict. The scale was adapted to Turkish by Efeoğlu (2006), and the Cronbach alpha coefficients were reported to be 0.83 for work-family conflict, and 0.88 for family-work conflict. Based on this adaptation, the statements in the scale were re-compared by researchers with the original scale, and rearranged in terms of meaning and content. In this study, the data set values for factor analysis were calculated as KMO = 0.829 and X² Bartlett test (45) = 2314.613 p <0.0001. According to the results of the factor analysis, the two-factor structure, each of them consisting of 5 items, was preserved, with the total variance 63.52%. The Cronbach Alpha reliability coefficients were calculated as 0.884 for work-family conflict, and 0.810 for family-work conflict.

Work Life Quality Scale: The Work Life Quality Scale was developed in 2001 by Sirgy, Efraty, Siegel and Lee . The scale consisted of 16 items related to the satisfaction of 16 needs. All the items of the scale measured the quality of work life in the workplace. The

first three items of the scale (1, 2, 3) measured the satisfaction of the need of health and safety. Items 4, 5 and 6 measured the satisfaction of family and economic needs. Items 7 and 8 aimed to measure the satisfaction of social needs. Items 9 and 10 measured the level satisfying the need for respect. Items 11 and 12 measured to that extent self-realization needs were satisfied. Items 13 and 14 measured the extent to which the need for information was satisfied. Questions 15 and 16 were intended to measure the satisfaction level of aesthetic needs. Sirgy, Efraty, Siegel and Lee (2001) made a confirmatory factor analysis to test the structure validity of the authentic scale, and revealed that the 16 items came from seven factors, and these seven factors came from a single factor. The Cronbach Alpha reliability coefficient of the Work Life Quality Scale was calculated as 0.78.

FINDINGS

Of the participants 63% and 37% were female and male. The rate of married and single participants were 58.9% and 41.1%. The mean age of the study sample was 34.4 years. Table 1 shows the mean values and standard deviations of the study variables.

Table 1: Mean Values and Standard Deviations of Variables

	\bar{X}	S.s
Work-Family Conflict	3.98	1.51
Family-Work Conflict	3.83	1.50
Work Life Quality	2.96	1.92

Table 1 shows the values of dependent and independent variables used according to the descriptive statistics obtained from 292 employees. Table 1 shows that the scores of the work-family conflict levels are higher than family-work conflict scores. Nurses' work life quality scores were at a moderate level.

The Pearson correlation analysis was applied to test the relationship between work-family conflict level and subscales of work-family conflict and family-work conflict, and work life quality. Table 2 shows the results of the correlation test.

Table 2: Correlation values of the relationship between nurses' work-family conflict / family-work conflict, and work life quality

Variables	1	2	3
Work-Family Conflict	-		
Family-Work Conflict	.428**	-	
Work Life Quality	.437**	.456**	-

**p<0.01

Table 2 shows that the Work-Family Conflict Scale is between the work-family conflict subscale and family-work conflict subscale $r = .428$ ($p < .01$) a moderately positive relationship between the work-family conflict subscale and work life quality was found $r = -.437$ ($p < .01$) between the family-work conflict subscale and work life quality $r = -.456$ ($p < .01$), the relationship was found to be moderately negative. Employees' family-work conflicts increased in line with the increase in work-family conflict. Additionally, as family-work conflict increased, work life quality of employees decreased too.

Table 3 presents the results of the regression analysis of the impact of employees' work-family conflicts on work life quality. Regression analyses were performed to reveal direct relationships between variables, and to express the power of the independent variables on dependent variables. In the regression analyses, Work Life Quality was considered as a dependent variable and Work-Family Conflict was considered as an independent variable, to study its effects on the dependent variable.

Table 3: Regression values the effect of nurses' work-family conflict on their work life quality

	Work Life Quality			
	β	t	F	p(sig)
Work-Family Conflict	-0,400	-4.525	20.476	0.000
R2 = 0.170				

* $p < 0.01$

As shown in Table 3, work-family conflict had a negative and significant effect on work life quality ($\beta = -0.40$; $p \leq 0.01$). Work-family conflict explained work life quality at 14% ($R^2 = .17$). According to these results, the level of work-family conflict of nurses negatively affected their work life quality.

DISCUSSION

Conflict between work and family life appeared as a result of the multiple roles that individuals have to play, and the increased responsibilities as a result of these multiple roles. Individuals fulfilling / trying to fulfill their responsibilities in the work life on the one hand, also try, on the other hand, to fulfill their responsibilities related to roles such as motherhood/fatherhood, spouse, etc. in the family life. In this case, it is inevitable for individuals to experience conflict.

Studies on work-family conflict are predominantly seen to be conducted in various areas in North America and West European countries (Anderson et al 2009; Trachtenberg, Anderson and Sabatelli 2009; Powell, Francesco and Ling 2009; Mortazavi 2009; Çetin, Urfalıoglu and Uysal 2008). This study, on the other hand, was conducted on nurses working at hospitals with heavy workloads, irregular work schedules and difficult working hours.

The study found that nurses experienced moderate work-family conflict that their work-family conflict mean is higher than their family-work conflict mean, and their work life quality was at a moderate level. This finding is supported by some of the studies found in literature (Anderson et al 2009; Cinamon and Rich 2005; Gareis 2009). In the study Anafarta (2011) conducted on 226 doctors and nurses, examining the relationship between work-family conflict and job satisfaction, it is seen that healthcare workers experience work-family conflict more than family-work conflict. In a study conducted by Mashe et al. on 727 doctors in Germany in 2015, doctors' work-family conflict rates were found to be higher than their family-work conflict rates. Studies Devi and Vel Rani (2017) conducted on women working in the informatics industry to research the role of social support in work-family conflicts, also found work-family conflict rates to be high. These findings supported our study.

A moderately negative relationship was found between work-family conflicts and work life quality of healthcare workers. The study Kıraç, Demir and Kahveci (2018) conducted with 225 healthcare workers in Konya found that work-family conflict negatively affected the quality of work life. A study by Tekingündüz, Kurtuldu ve Öksüz (2015) conducted on the work-family conflict, job satisfaction and job stress of healthcare workers revealed negative relationships between work-family conflict and job satisfaction. A study carried out by Md-Sidin, Sambasivan and Ismail (2010) regarding the relationship between work-family conflicts, work life quality, life quality on 335 workers found strong negative relationships between work-family conflict and quality of work life. In their study examining the relationship between work-family conflict and work life quality, Again Nkulenu (2015) and Kang and Deepak (2014) found that work-family conflict negatively affects the quality of work life. These findings supported our study.

CONCLUSION

The most essential necessities of individuals are their jobs and their families. If individuals attach too much importance to their work, their families will be harmed, and if they give too much importance to their families, they may hinder their work. Hence, allocating more shares to one of the two elements mentioned may adversely affect both concepts. In accordance with this, the relationship between work-family conflicts and quality of work life was attempted to be investigated. At the same time, which life area employees experience work-family and family-work conflicts the most was tried to be determined. Whether work-family and family-work conflicts had an impact on work life

quality was also investigated. As a result of the research, a significant negative relationship was found between work-family conflicts and family-work conflicts, and work life quality. A statistically significant difference was found in the conflicts between work-family conflicts and family-work conflicts. In this respect, the rate of conflicts reflecting from work to family was higher.

The health industry, which is the subject of the study, has an extremely critical importance in terms of the general welfare of the individual, society and the country, in our country, as in many other countries. The health industry, by its very nature, contains many elements that can cause work stress and create a ground for conflict. In terms of hospitals, employees confront with not only the physical needs of patients, but also their many demands, and are expected to serve with empathy and compassion. On the other hand, they are able to encounter situations such as excessive patient circulation, inadequate equipment, extensive working hours, follow-up of patients with life risk, emergencies, dealing with relatives of patients and disturbance of sleep patterns, which may have a maximum affect on stress. As the standards of patient care and treatment in healthcare institutions vary among themselves, carrying out even their ordinary duties causes intensive stress for healthcare personnel.

In this context, there is need for elements that will reduce the work-family conflict of nurses working at health institutions, and increase their work life quality. Managers should provide a participatory work environment where employees can feel comfortable by applying an 'open door policy' to their subordinates to improve work quality, minimize work stress and work-family conflict. Employees should share their ideas with their managers comfortably and feel that they are valued in the company they work for. In complex organizations where there are too many employees including health institutions, knowing that health workers are valuable for that institution will increase satisfaction, and they will be happier in both work and family life. At the same time, it is thought that the organizational and social support to be provided for the employee will increase the quality of work life and decrease work-family conflict.

One of the most frequently experienced stress factors in hospitals is the involvement of patients' relatives in the treatment and procedures. At this stage, getting a unit that can manage the relationship between nurses and their relatives to step in, or if there is such a unit, allowing it to take a more effective role, will help reduce the source of stress to a minimum.

Studies have also found that working hours were determining in work-family conflict. Accordingly, as the work hours decreased, the time pressure on the employee decreased making it easier to balance work and family life. Conversely; that is, when work hours increased, the time pressure on the worker increased and caused work-family conflict. It is thought that regulating nurses' work hours will lead to a decrease in work-family conflicts and increase the quality of work life.

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