



# Relationship Between Work-Family Conflict and Job Satisfaction of Medical Staff after Implementing the Health System Development Plan

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Received 2017 July 31; Revised 2018 June 19; Accepted 2018 June 19.

## Abstract

**Background:** The staff performance in health care system is related to their satisfaction. The aim of this research is to investigate the relationship between the work-family conflict and the job satisfaction of medical staff after implementing the health system development plan (HSDP).

**Methods:** Amongst the 350 staff of Damghan Vellayat hospital, 150 of them have been selected in 2016 by random sampling. Two questionnaires, “staff satisfaction” and “work-family conflict”, have been used as the data gathering tool after implementing the HSDP.

**Results:** A total of 48.8% of the respondents were female and 52% of them were male and had a mean age of 34.5. The relationship between staff satisfaction and job dimensions has been determined significantly by Pearson correlation coefficient ( $r = 0.463$ ,  $P = 0.000$ ). In addition, the relationship between staff satisfaction and conflict with family were significant ( $r = 0.245$ ,  $P = 0.000$ ). The difference between men and women in job improvement and job ( $P = 0.027$ ) stress factors were significant ( $P = 0.07$ ). Among all the men, 95.4% of them have gotten more than 50 scores (this indicates the job importance in comparison to family life). Therefore, the job importance in comparison to family life is more in the male staff.

**Conclusions:** According to the findings, gender, job category, lack of sufficient educations, and the physical place as well as job dimensions have a direct relationship with job satisfaction and its conflict with family and work relation after implementing the health system development plan.

**Keywords:** Conflict, Health Care, Hospital

## 1. Background

The main concern of most people today in modern life is concentrated on two scopes; work and family (1). Most of them put their time and energy on their job or home affairs (2). If the family and work are being considered separately, our understanding of them will be incomplete. Life and work concepts have the most and strongest link with the individual and society; thus, making the interaction between them is so valuable and important (3).

According to Greenhaus, work-family conflict is a kind of intra-role conflict in which the stress of roles in a different scope of the life and work will result in a two-sided conflict between work and life (4). Based on this, there are three types of conflict; a time-based conflict, which occurs

when the disorder is occurred in the consumed time in a scope because of facing with the other scope needs such as life. The stress-based conflict, which occurs when a role performance is decreased due to the opposite role of stressfulness; such as fatigue during work due to insomnia or baby care and house work (4). Generally, incompatibility between the individual role in the family and the individual role as a staff will result in conflict. The needs and requirements of work and family environment are not consonant and the staff is not able to make the link between them. Sometimes, the work issues interfere with the family ones and sometimes the family problems prevent it from working well (5, 6).

The healthcare system is always developed for increas-

ing the efficiency and effectiveness, making the justice and making accessibility of all people to them as well as implementing health system development plan (HSDP) is the reform, which is used to improve the aims of health care system and its positive results have been fruitful after many years following financial resource supply. However, lack of strategic decisions in the human resource management scope has resulted in the dissatisfaction of the medical ward staff. The staffs job satisfaction is always considered as the main factor in their productivity level of and achieving to the organizational aims (7).

Employee satisfaction level indicates the positive or negative attitude of employees towards their own profession influenced by many factors (8). Employee satisfaction of health and medical employees can have a direct impact on the quality of service provided to clients. Paying attention to this issue is in fact paying attention to the health of society (9). In a study conducted to examine the employee satisfaction of medical staff after the implementation of the health system reform in health care workers in Golestan province, Iran, the results showed that employee satisfaction of the medical staff is at the moderate level of burnout and many of them were not satisfied with the high workflow of hospital and lack of consistency between workflow and received wages (8).

Some control stressful aspects by the staff of medical care will put their effects on the staffs personal and work life, (such as high workload, patient death, high working hours, lack of human resource, requirements for updating patient hospitalization files, using hospital information recording system software, and totally, the disordering of all these factors with implementing the hospital accreditation plans) as well as the density of these pressures (10, 11), due to the fact that these pressures have a direct relationship with depression, fatigue, and physical symptoms as well as can affect the care quality potentially. Finally, they will result in satisfaction decrement in the family, work leaving, and increment in lack of human resource crisis (10-12).

Since May 2014, the health care system reform plan was implemented in public hospitals across the country. Its main point was that the ultimate goal of these measures was a reallocation of resources and budget in the form of comprehensive care system package and increasing the participation of people in receiving health care (13). However, the progress of development of health care system reform plan is on the staff of the medical staff, which should pay attention to their issues.

The current research is the first in Iran, which investigated the relationship between work-family conflict and job satisfaction of medical staff after implementing the HSDP as well as its results can be applied in approving suit-

able conflict prevention plan and increasing the satisfaction of medical ward staff job based on the economic condition.

## 2. Methods

### 2.1. Population and Sampling Method

This research is an analytic-descriptive study and of correlation type, which has been approved by the Ethics committee of Semnan University of Medical Sciences. Research population includes the entire staff of Damghan Vellayat hospital (350 staff) who have been working since 2016. Sampling has been conducted based on staff number through random classification. Therefore, the hospital wards have been categorized into 13 wards and some samples have been selected by simple random sampling. The sample size has been selected 150 through the below formula.

$$N = NZ^2pq/Nd^2 + z^2pq$$

All of the participants have signed the consent form.

### 2.2. Research Tool

Two questionnaires have been used in this research. The first one is the staff satisfaction questionnaire, which includes 5 questions and 5 subscales (aims and policies with 4 questions, the promotion opportunities with 2 questions, the wage with 3 Qs, work place physical conditions with 7 Qs, education with 1 question) were based on the Likert five-scale spectrum. The subscales include completely agree (5), agree (4), no idea (3), disagree (2), and completely disagree (1). Getting the score 34 from this questionnaire indicates dissatisfaction among the staff of healthcare system after implementing the health system development plan (14).

The second one is a work-family conflict questionnaire. This tool has 24 questions and 6 subscales (job contribution with 6 questions, the level of job stress with 6 questions, the level of management support with 5 Qs, the level of staff support with 3 Qs, and family and job with 5 questions) were based on the Likert five-scale spectrum. The subscales include completely agree (5), agree (4), no idea (3), disagree (2), and completely disagree (1). Getting less than 48 scores from this questionnaire indicates a conflict between family and work in staff (14).

The reliability of both questionnaires have been confirmed through content validity that has been stated by the expert panel. At first, both tools didn't have the reliability and validity. Therefore, they have been studied experimentally in a small group (n = 10) chosen from the aim of the

group in the form of an interview by the researcher in order to investigate the individual capabilities, their understandings, and attitudes as well as investigating the alternatives. In this level, the achieved information on the questionnaire has been analyzed and the final corrections have been conducted. Then, a qualitative evaluation of formal validity has been conducted for ensuring the toll validity and reliability as well as for finding the difficulty in expressions and words understanding, the appropriateness and desired relations of the cases, the fuzziness possibility, and misunderstandings from the expressions among the aim of the group and some of the expert. The content validity, which is conducted to ensure that test content represents the construct, which measure has been determined by both qualitative and quantitative method. Therefore, the data has been gathered. The first questionnaire validity/ reliability has been measured 0.89 through Cronbach's Alpha by doing the mentioned levels as well as it has been measured 0.9 through Cronbach's Alpha for the second questionnaire after implementing the health system development plan.

Analysis: SPSS 22 as well as Pearson and Chi-square software's have been used to analyze the data. In addition, to examine the existence of a relationship and its level between two variables of family and work conflict and family-work and its dimensions with employee satisfaction questionnaire variables, the nonparametric Spearman was used.

### 3. Results

Descriptive analysis of data showed that employees had a mean age of  $34.5 \pm 7.69$ . In addition, 48.4% of them were female and 51.6% of them were male, and 29.6% of respondents were working in health care area, 47.2% in of them were working in the service area, and 23.1% of them were working in the administrative area. Out of all women, 83.6% obtained a score of more than 15 (high conflict between work and family activities). Out of all men, 76.9% obtained a score of more than 15 (high conflict between work and family activities); despite the fact that the relationship between gender and job conflict is not meaningful ( $P = 0.347$ ). In the financial administrative area (96%) individuals obtained a score greater than 15 (high conflict between work and family activities). In the service field, 84.3 present obtained a score greater than 15 (high conflict between work and family activities). No significant difference was found between different gender ( $P = 0.347$ ) and different job fields ( $P = 0.097$ ) in term of total work and family conflict scores (Table 1).

Out of all women, 96.7% obtained a score of more than 50 (indicating high importance of job compared to family

**Table 1.** Comparison Between Gender and Job Fields and the Total Score of Work and Family Conflict<sup>a</sup>

	Total Work and Family Conflict Scores		
	Less than 15	More than 15	P Value
<b>Gender</b>			0.347
Female	10 (16.4)	51 (83.6)	
Male	15 (23.1)	50 (76.9)	
Total	25 (19.8)	101 (80.2)	
<b>Job field</b>			0.097
Medical	8 (25)	24 (75)	
Administrative and financial	1 (4)	24 (96)	
Service	8 (15.7)	43 (84.3)	
Total	17 (15.7)	91 (84.3)	

<sup>a</sup>Values are expressed as No. (%).

life). Out of all men, 95.4% obtained a score of more than 50 (indicating high importance of job compared to family life). No significant difference was found between different gender ( $P = 0.801$ ) and different job fields ( $P = 0.557$ ) in term of total job dimension scores (Table 2). In the medical field, 96.9% obtained a score greater than 50 (indicating importance of work compared to family life). In the financial administrative field, 95.8% obtained a score greater than 50 (indicating importance of work compared to family life). In the service field, 96.1% obtained a score greater than 50 (indicating importance of work compared to family life).

**Table 2.** Comparison Between Gender and Job Fields and the Total Score of Job Dimensions<sup>a</sup>

	Total Job Dimension Scores		
	Less than 15	More than 15	P Value
<b>Gender</b>			0.801
Female	2 (3.3)	59 (96.7)	
Male	3 (4.6)	62 (95.4)	
Total	5 (4)	121 (96)	
<b>Job field</b>			0.557
Medical	1 (3.1)	31 (96.9)	
Administrative and financial	1 (4.2)	23 (95.8)	
Service	2 (3.9)	49 (96.1)	
Total	4 (3.7)	103 (96.3)	

<sup>a</sup>Values are expressed as No. (%).

Spearman nonparametric was used to evaluate the relationship among predictor variables of job dimensions and employee satisfaction (Table 3). Significant correlation

was found between employee satisfaction and all job dimensions. Table 4 demonstrates the correlation between family work conflict scores and the different dimensions of employee satisfaction. It is clear that there is a significant correlation between work-family conflict and training and physical conditions of workplace.

#### 4. Discussion

Since, one of the main aims of occupational health experts is to improve the staffs' job satisfaction and decrease work and family conflicts so that they can decrease the staffs' absences, decrease dissatisfaction from the organization, increase commitment to the job, and increase staff contributions in work. Therefore, this research has been conducted to investigate the relationship between work-family conflict and job satisfaction of medical staff after implementing the HSDP (15).

The balance between personal life and working life has a positive and significant effect on the staff quality of life in the hospital (15). Almouti (2003) has reported in his research, that the higher the workload, the better the quality of life (16). Other research results indicate that there is a significant and negative relationship between workload and quality of life, thus, the quality of life is decreased by an increment in workload.

Since, the higher workload is the most stressful factor among the nurses and hospital medical staff. It is evident that individual quality of life is affected and decreased by an increment in workload, stress, and decrement in the productivity. Therefore, the management should pay more attention to the hospital staffs' high workload and identify the jobs with a high workload to increase the productivity and quality of life as well as increase the staff performance. If a staff gets more support by management and the colleagues, he/she will have less job conflict and stress as well as his/her job satisfaction will be increased (17, 18).

Understanding staff needs, creating a supportive atmosphere, and creating the trust among them will possibly increase job satisfaction (19). Research results confirmed the result of Carlson and Peru (1999), Ray Miller (1994) indicated that support can decrease work environment threatened feeling by affecting work environment desirability and wellbriety as well as weaken the role of the expectations, ambiguities, and conflicts in family and work relation in alienation from work (20). These research results have indicated that the women working in medical and health system experience more conflict in family and work as well as in their different work dimensions. Since, accepting different roles such as spouse role, mother role, and work role in employed women will result in different role expectations and force them in satisfying these roles

as well as role needs in family and work; also, since the role of a mother is one of the main roles of a woman in the society, these will affect the mothers role willingly or unwillingly. This can affect their psychical and mental health. Therefore, it needs more attention (21).

Amongst the different job categories in the hospital, the staff of the administrative ward have experience more family and work conflict after implementing the health system development plan. Different variables such as ability, authority, control of the work environment and the positive relationship among the staff can ensure their control ability and occupational health increment (22, 23).

The result is significant in investigating the relationship and its level among the predictable variables of family-work conflict and its dimension with job satisfaction as well as the correlation between the sum of conflict and education factors with the sum of physical conditions.

Giving needed information regarding the implementation of communicated guidelines to doctors and staff is a requirement of this plan. Therefore, the newest needed guidelines and educational files must be uploaded on the site of the accreditation bureau in the field of health system development to be studied timely by the staff.

It is better for the education to be an effective solution in the form of time manage training in family-work conflict problem solving so that the individual can support the staff to make a balance between the given roles through optimum time dividing among his/ her roles (3). Furthermore, Coelho DA et al. indicated that increasing knowledge for the risky factors in the work is essential in terms of physical, mental, and social supports as one of the most important factors in improving the work condition for job promotion (24).

Most of the time staff training is problematic, although it has lots of advantages. It happens when the individual doesn't have enough motivation for the courses and they only participate in them for disclaimer or receiving related certificates as well as for obtaining its material advantages or creating a condition in the organization, in which there is no possibility for applying the material learned in the workplace or there are the conflicts between the staff and organization top officials.

To solve these problems, the training of all staff can be conducted if the organization has needed facilities. Otherwise, the training can be expanded from the organization high level to the low level to create a common language between the staff and organization officials.

In the health care system development plan, improving the qualitative and quantitative hospital residence services is the main step in increasing satisfaction of the clients and service providers as well as defining patient residence service standards and integrating it, is necessary.

**Table 3.** Correlation Between Employee Satisfaction and Job Dimensions

	Objectives and Policies	Promotion Opportunities	Wages	Physical Conditions of Workplace	Training
Employee satisfaction, r (P Value)	0.211 (0.046)	0.435 (0.000)	0.451 (0.000)	0.591 (0.000)	0.694 (0.000)

**Table 4.** The Relationship between Employee Satisfaction and Variables Family-Work Conflict

	Objectives and Policies	Promotion Opportunities	Wages	Physical Conditions of Workplace	Training
Family-work conflict, r (P Value)	0.021 (0.842)	0.185 (0.081)	0.042 (0.695)	0.270 (0.010)	0.451 (0.000)

Stordeur et al. (2001) investigated the burnout factors among nurses. The results have indicated that the level of stress caused by physical environment and role ambiguity has a direct relationship with increment in the level of fatigue (25). In addition, the work and family problems are more in women as well as the results that indicate it (26).

Long working hours, high workload, lack of job security, high workplace noise, too much heat or cold at workplace, job hazards and possibility of injury, working methods, inadequate facilities for work, low light and the existence of toxic gases in the workplace, the relationship with superior colleagues and subordinates at work, and work conflicts are of the main factors in stress creation in the hospital spaces (27-29).

The limitation of the current research is mainly due to geographical limitations in developing sampling, which can affect the evaluated factors. Furthermore, the possibility of having different stressful experiences from others can decrease the staff satisfaction. It can be advisable to do more researches in this field with larger and more variable samples in a wider geographical region.

#### 4.1. Conclusions

According to the findings, the role of gender, job category, lack of sufficient educations, and the role of physical place as well as job dimensions (i.e. the level of job conflict, the level of job stress, the level of management support and the level of staff support) have a direct relationship with job satisfaction and its conflict with family and work relation after implementing the health system development plan. Also, more attention to these factors is necessary for the staff and solving them will result in stress decrement, satisfaction increment, and the increment in care quality.

#### Acknowledgments

This research is an analytic-descriptive and correlation type, which has been approved by the

IR.SEMUMS.REC.2016.70 moral code in Semnan University of Medical Sciences. The authors acknowledge the research and technology vice chancellor of Semnan University of Medical Sciences for financing supports as well as all of Damghan Vellayat hospital staff who contribute them in conducting this research.

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