

Original Article

## Effects of Work to Family Conflicts on Services and Individuals in Healthcare Professionals

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### Abstract

**Background:** Work on family conflict is a kind of conflict created between roles by the pressure of simultaneous role demands from work and family.

**Aim:** This study was conducted to determine the effect of work-family conflict of health personel on intention to leave job, job and life satisfaction. The population of the research consists of 588 health personel in a private University hospital in Istanbul. The data was collected in 6 categories: demographic characteristics, executive support, work-family conflict, workload, intention to quit and life satisfaction. As a result of the research, lack of manager support to the employees reduces the job and life satisfaction and increase work family conflict.

**Results:** Out of 588 participants 31% were auxiliary healthcare professionals, psychologists, physiotherapists, dietitians and 28% were nurses. A 75% were female, 67% were single and 33% were married. Age at the time of data collection was  $27.70 \pm 7.48$  and average working as healthcare professionals was  $6.22 \pm 6.81$  years.

The average time spent by participants to work was  $38.04 \pm 26.55$  minutes and the time spent to back to home is  $52.06 \pm 37.99$ . Life satisfaction and job satisfaction of doctors was higher than other professional groups and individuals included in other professional groups in the advanced analysis held has been determined that work load of nurses is greater than doctors and other professional groups. It is seen that work to family conflict and intention to quit job is greater in nurses compared to persons of other group. T-test revealed that supervisor support of female is lower than male and similarly job satisfaction of female is lower than male and this result is statistically significant ( $p < 0.001$ ). The correlation analysis revealed that the work to family conflict and work load of healthcare professionals ( $r: 0.44$ ) have a positively high correlation and the work to family conflict and supervisor support ( $r: -0.13$ ) and job satisfaction ( $r: -0.11$ ) have a negatively low correlation ( $p < 0.01$ ). The factors revealed by the correlation analysis that the job satisfaction and life satisfaction ( $r: 0.29$ ), supervisor support ( $r: 0.24$ ) of healthcare professionals are positively correlated; besides the job satisfaction and intention to quit job ( $r: -0.39$ ), work load ( $r: -0.16$ ) and work to family conflict ( $r: -0.10$ ) are negatively correlated in a low degree ( $p < 0.01$ ). It has been determined that the intention to quit job of professionals is negatively correlated with job satisfaction ( $r: -0.40$ ), life satisfaction ( $r: -0.25$ ) and supervisor support ( $r: -0.12$ ), but positively correlated with the work load ( $r: 0.16$ ) and work-family conflict ( $r: 0.14$ ) at a low degree ( $p < 0.01$ ). The intention to quit job of healthcare professionals is negatively affected by the job satisfaction and life satisfaction, while the increase in work to family conflict increases the intention to quit job. Any statistically significant effect of supervisor support and work load on the intention to quit job was not determined ( $p > 0.05$ ).

**Key Words:** family conflicts, services, individuals, Healthcare Professionals

## Introduction

Family structures have changed when women participated in working life, family structures with dual career or single parent have become widespread and the roles of woman and man in family have changed in this direction (Burke & El-Kot, 2010; Anafarta 2011). Job demands prevent an individual from fulfilling his/her family related roles and responsibilities in work-family conflict. For example, the conflict experienced about job role results from the pressure experienced by reason of abundance of job demands and expectations, particularly like excessive work load and lack of time. Previous studies indicate that women keep maintaining their triplet role (mother, wife and worker) even though they are employed (Aycan 2008). Women and men try to ensure gender based "modern" norms in working life, nevertheless spouses try to preserve traditional familial values (to prevent disruption of unity) in family life.

Most of women who take role in healthcare service have difficulties in balancing their job and family roles due to their long and irregular working hours, difficult working conditions and high work load. It is specified in the literature that there is a positive and strong relationship between job demands like working hours, work load and irregular working hours of the work to family conflict (Ekici et al. 2017; Šimunić & Gregov 2012; Anafarta 2011; Yıldırım & Aycan 2008; Patel et al. 2008).

Moreover, women professionals working by shifts prefer going to and from work in safe hours because of security issues (like robbery, kidnapping, rape) in metropolitans. In this case, working hours may vary as 12 hours (08:00-20:00), 16 hours (08:00-16:00-16:00-08:00) or 24 hours (08:00-08:00). Thus, healthcare professionals have to work in long and irregular working hours sometimes more than 40 hours in a week regardless of day and night with a high work load (Aksayan et al.2001; Alçelik et al. 2005; Yeşildal 2005; Yıldırım and Aycan 2008). For this reason, our study universe has been determined as Istanbul as a metropolitan city.

The researches indicate that the existence of supervisor support considerably reduces the work-family conflict (Ekici et al. 2017; Yıldırım & Aycan 2008; Anderson et al. 2002; Chu et al. 2002; Burke and Greenglas, 1999). If a supervisor gives informal support when required

for employees about their job (e.g. determination of working hours), employees may balance their job and family roles more easily. However, supervisor support is not specific to a certain job or professional group; it depends on corporate culture and individual attitudes and behaviors of the supervisor (Poelmans, 2005).

**Job Satisfaction and Intention to Quit Job:** Job satisfaction is the result obtained by a person in case he/she meets his/her job related expectations and expectations of the existing job (Locke 1969). Previous studies indicate that work to family conflict negatively affects the job satisfaction (Heinen et al. 2013; Šimunić & Gregov 2012; Anafarta 2011; Yıldırım & Aycan 2008; Spector et al. 2008; Poelmans, 2005). Accordingly, it is stated that work-family conflict and/or family-work conflict is correlated with job satisfaction, an employee's loyalty to and the significance attached to job and family roles play a significant role in the conflict being experienced. Two main results of job dissatisfaction is job absenteeism and quitting job (Heinen et al. 2013; Hayes et al. 2006; Coomber & Barriball 2006). Since the employment of new people in lieu of quitter employees is an additional cost element, turn over is an undesired situation for institutions. When individuals who are unhappy and disappoint with the institution they work in tend to quit this institution and start working in another hospital, this results in the increase in turn-over ratios of institutions.

## Material Method

**Research aim:** The main aim of our research is to determine the factors of work to family conflict, intention to quit job, job satisfaction and life satisfaction of healthcare professionals who work in a private university hospital located in Istanbul province. Moreover, job demands and supports like work load, working by shifts and supervisor support are considered as the factors that describe the work to family conflict, job satisfaction, intention to quit job and life satisfaction. Additionally, the differences between healthcare professional groups have been questioned in the sample. Our research questions are as follows:

1. Is there any difference between healthcare professional groups in terms of work load, supervisor support, work to family conflict, job satisfaction, intention to quit job and life satisfaction?

2. Is there any difference between women and men in terms of work load, supervisor support, work to family conflict, job satisfaction, intention to quit job and life satisfaction?

3. Is there any difference between healthcare professionals whose working hours are regular and irregular in terms of work load, supervisor support, work to family conflict, job satisfaction, intention to quit job and life satisfaction?

4. What are the factors which influence the work to family conflict, job satisfaction, intention to quit job and life satisfaction of healthcare professionals?

**The Universe and Sample :** The research universe is composed of a private university hospital located in Istanbul province. 700 individuals working in the hospital and volunteer in participating the study have been included in the research without applying to any sample. The hospital where the study would be held was applied in written form by specifying the aim and method of the research and then data gathering has been started after the application is approved. The aim of the research has been described for the participants included in the research sample, their oral consent has been obtained and the data gathering instrument has been distributed. 112 participants have been excluded from the sample because their data were deficient or empty and the data of 588 individuals has been used for research purpose with 84% answering ratio.

**Data Gathering Instruments:** A survey form composed of 6 chapters was used in data gathering. Demographic information of participants like age, sex, position, shift working situation, working year, marital status, number of children, working status of spouse were questioned in the first chapter. In the second chapter, 10 items “*supervisor support scale*” developed by Galinsky, Bond and Friedman (1996) and adapted to Turkish by Aycan and Eskin (2005) was used. The high score received from the fivefold likert type scale points out to high support. Internal consistency of the scale in this study is  $\alpha = 0.82$ .

In the third chapter, 7 items “*work to family conflict scale*” developed by Netemeyer, Boles,

and McMurrion (1996) and adapted to Turkish by Aycan and Eskin (2005) was used in order to determine the work to family conflict. The high score received from the fivefold likert type scale points out that the conflict is high. Internal consistency of the scale in this study is  $\alpha = 0.84$ .

In the fourth chapter, 11 items “*work load scale*” developed by Duxbury and Higgins (1994) and adapted to Turkish by Aycan and Eskin (2005) was used in order to determine the work load of healthcare professionals. The high score received in fivefold likert scale points out that work demands are high and flexibility is low. Internal consistency of the scale in this study is  $\alpha = 0.81$ .

In the fifth chapter, job satisfaction and intention to quit job of healthcare professionals have been questioned. Healthcare professionals were asked whether or not they are satisfied with their job and requested to evaluate their satisfaction level from 1 (totally dissatisfied) to 10 (highly satisfied). Their intention to quit job was ranked from 1 (I certainly intend to quit) to 5 (I never intend to quit).

6 items life satisfaction scale developed by Diener, Emmons, Larsen, and Griffin (1985) was used in the sixth chapter. The scale was adapted to Turkish by Aydın (1999). The participants have answered the items according to 5 likert (5: totally agree, 1: totally disagree). The high score received from the scale points out high life satisfaction. Internal consistency of the scale in this study is  $\alpha = 0.86$ .

## Results

**Demographic data:** Majority (184; 31%) of 588 healthcare professionals participating in the research is composed of auxiliary healthcare professionals, psychologists, physiotherapists, dietitians and 28% is composed of nurses (Table 1). 75% of participants is female and 25% is male, 67% is single and 33% is married. Their age average is  $27.70 \pm 7.48$  (min 18 - max 59). Average working year of healthcare professionals in the profession is  $6.22 \pm 6.81$  and their average working year in the institution is  $2.71 \pm 2.20$ .

**Table 1. Findings about Demographic Variables (n:588)**

Demographic attributes	Categories	Number	%
Duty	Nurse	162	28
	Health technician	105	18
	Patient advisor	79	13
	Doctor	58	10
	Other	184	31
Sex	Female	442	75
	Male	146	25
Position	Supervisor	55	9
	Not supervisor	533	91
Working hours	Regular	310	53
	Irregular	278	47
Number of Children	No child	443	75
	1 - 2 children	126	21
	3 and more children	19	4
Marital status	Married	191	33
	Single	397	67

**Table 2: Differences according to duty of healthcare professionals (n:588)**

	Work load	Supervisor support	Work to family conflict	Job satisfaction	Intention to quit job	Life satisfaction
<b>Doctor (n: 58)</b>	2.55±0.77	2.97±0.98	2.75±0.75	<b>6.47±1.99</b>	3.47±1.19	<b>3.40±0.74</b>
<b>Nurse (n:162)</b>	<b>2.68±0.77</b>	2.77±0.79	<b>2.87±0.80</b>	5.29±2.15	3.09±1.07	2.88±0.80
<b>Health technician (n:105)</b>	2.65±0.67	2.92±0.82	2.63±0.68	4.78±2.17	3.25±1.22	2.80±0.73
<b>Patient advisor (n:79)</b>	2.51±0.68	2.62±0.93	2.46±0.70	4.60±1.50	3.35±1.15	2.92±0.80
<b>Other (n:184)</b>	2.64±0.73	2.74±0.79	2.59±0.73	5.07±2.10	3.45±1.23	2.93±0.71
<b>F</b>	<b>5.451*</b>	2.282	<b>2.654**</b>	<b>8.228*</b>	2.373	<b>6.289*</b>

ANOVA; \* p&lt;0.001; \*\*p&lt;0.05

**Table 3: Differences between variables according to sex of healthcare professionals**

	Work load	Supervisor support	Work to family conflict	Job satisfaction	Intention to quit job	Life satisfaction
<b>Female (n:442)</b>	2.67±0.73	<b>2.72±0.78</b>	2.67±0.71	<b>4.99±2.10</b>	3.28±1.16	2.96±0.73
<b>Male (n: 146)</b>	2.62±0.77	2.99±0.85	2.62±0.78	5.68±2.04	3.37±1.24	2.88±0.86
<b>t</b>	0.649	<b>-3.244*</b>	-0.584	<b>-3.390*</b>	-0.754	1.100

Independent sample t test; \*p&lt;0.001

**Table 4. Differences between variables according to the fact that whether working hours of healthcare professionals are regular and irregular**

	Work load	Supervisor support	Work to family conflict	Job satisfaction	Intention to quit job	Life satisfaction
<b>Regular (n:310)</b>	<b>2.49±0.64</b>	<b>2.89±0.88</b>	<b>2.57±0.75</b>	<b>5.50±2.12</b>	<b>3.44±1.19</b>	<b>3.03±0.79</b>
<b>Irregular (n: 278)</b>	2.83±0.81	2.67±0.78	2.79±0.79	4.79±2.01	3.15±1.15	2.84±0.73
<b>t</b>	<b>-5.687*</b>	<b>3.273*</b>	<b>-3.569*</b>	<b>4.039*</b>	<b>2.917**</b>	<b>3.025**</b>

Independent sample t test ; \*p&lt;0.001; \*\*p&lt;0.05

Working hours of 310 participants (53%) of the study is regular and that of 278 is irregular. 9% of the participants work as a supervisor (Table 1). 315 participants of the study (54%) stated that their own supervisor is female and 225 (38%) stated that their supervisor is male, 48 participants did not answer this question. It has been determined that the time average spent by participants of the study to go to work is 38.04±26.55 minutes and the time spent to back to home is 52.06±37.99. Professionals stated that they spent minimum 10 minutes, maximum 150 minutes on the road. The question whether or not transportation to work is easy was answered by 465 individuals (79%) as easy and by 123 individuals (21%) as not easy. 368 individuals (63%) use the service specially provided by the institution for transportation.

**Differences between variables according to duty of healthcare professionals:** ANOVA analysis (Table 2) was conducted in order to determine if there is a difference between healthcare professionals participating in the research in terms of supervisor support, work to family conflict, work load, job satisfaction and intention to quit job (Table 2). Differences of professional

groups participating in the research were analyzed with ANOVA in table 2. Homogeneity of the groups was evaluated and once they were determined as homogenous, Tukey test was conducted to determine differences between the groups. According to Table 2, it has been determined that there are statistically significant differences to the highest degree in life satisfaction, work load and job satisfaction (p<0.001), there are statistically significant differences between the groups in the dimension of work to family conflict (p<0.05). However, any statistically significant difference was not determined between the groups in terms of supervisor support and intention to quit job (p>0.05). It has been determined that life satisfaction and job satisfaction of doctors are higher than the individuals included in other professional groups in the advanced analysis held. It has been determined that work load of nurses is greater than doctors and other professional groups. It is seen that work to family conflict and intention to quit job appear to a greater extent in nurses compare to those included in the other group.

**Differences between variables according to sex of healthcare professionals:** t test was conducted in order to determine if there is a difference between healthcare professionals participating in the research according to their sex in terms of job satisfaction, supervisor support, work to family conflict, work load, job satisfaction and intention to quit job (Table 3). According to the result obtained, supervisor support perception of female is lower than male and similarly job satisfaction of female is lower than male and this result is statistically significant ( $p < 0.001$ ). Any statistical difference was not determined between female and male in other dimensions ( $p > 0.05$ ). 258 of female's supervisors (64%) are female and 143 (36%) are male. It was determined that 92% of supervisors of nurses are female.

**Differences between variables according to the fact that whether working hours of healthcare professionals are regular and irregular :** Differences between variables according to the fact that whether working hours of healthcare professionals are regular and irregular were analyzed according to the independent sample t test. It has been determined according to the results obtained that the professionals with regular working hours obtain higher level of supervisor support, life satisfaction and job satisfaction than others, they experience lower degree of work to family conflict and work load, and their intention to quit job is lower in a statically significant degree (Table 4). Table 4. Differences between variables according to the fact that whether working hours of healthcare professionals are regular and irregular (about here)

It has been determined in the correlation analysis held that work to family conflict and work load of healthcare professionals ( $r:0.44$ ) have a positive high correlation and work to family conflict and supervisor support ( $r:-0.13$ ) and job satisfaction ( $r:-0.11$ ) have a negative low correlation ( $p < 0.01$ ). In the logistic regression analysis held to determine the factors affecting work to family conflict of healthcare professionals, the regression ratio showing intention to quit job, job satisfaction, work load and supervisor support was determined as  $R:0.500$ . The ratio of explanation of work to family conflict by independent variable is 25% ( $R^2:0.250$ ;  $F:45.008$ ;  $p < 0.001$ ). The effects of independent variables on work to family conflict were respectively determined as follow work

load is effective 46% ( $\beta:0.458$ ), supervisor support is effective -18% ( $\beta:-0.183$ ) and job satisfaction is effective -8% ( $\beta:-0.088$ ) and any statistically significant effect was not determined according to standardized Beta coefficients. It was determined that work load of healthcare professionals has a considerable positive effect and supervisor support and job satisfaction have a negative effect on work to family conflict.

**The factors affecting job satisfaction of professionals:** It has been determined in the correlation analysis held that the work to family conflict and work load of healthcare professionals ( $r:0.44$ ) have a positively high correlation and the work to family conflict and supervisor support ( $r:-0.13$ ) and job satisfaction ( $r:-0.11$ ) have a negatively low correlation ( $p < 0.01$ ). In the logistic regression analysis held to determine the factors affecting the work to family conflict of healthcare professionals, the regression ratio that shows the intention to quit job, job satisfaction, work load and supervisor support was determined as  $R:0.500$ . The ratio of explanation of the work to family conflict by independent variable is 25% ( $R^2:0.250$ ;  $F:45.008$ ;  $p < 0.001$ ). The effects of independent variables on the work to family conflict were respectively determined as follows: the work load is effective 46% ( $\beta:0.458$ ), supervisor support is effective -18% ( $\beta:-0.183$ ) and job satisfaction is effective -8% ( $\beta:-0.088$ ) and any statistically significant effect was not determined according to the standardized Beta coefficients. It was determined that the work load of healthcare professionals has a considerable positive effect and supervisor support and job satisfaction have a negative effect on the work to family conflict.

**The factors affecting the job satisfaction of professionals:** It was determined in the correlation analysis held that the job satisfaction and life satisfaction ( $r:0.29$ ), supervisor support ( $r:0.24$ ) of healthcare professionals are positively correlated; besides the job satisfaction and intention to quit job ( $r:-0.39$ ), work load ( $r:-0.16$ ) and work to family conflict ( $r:-0.10$ ) are negatively correlated in a low degree ( $p < 0.01$ ). The regression analysis was held to determine the factors which affect the job satisfaction of healthcare professionals. In the logistic regression analysis held to determine the factors affecting the job satisfaction of healthcare professionals, the regression ratio that shows the job satisfaction, work load, intention to quit job,

work to family conflict and supervisor support was determined as  $R:0.48$ . The ratio of explanation of the job satisfaction by these four independent variables is 23% ( $R^2:0.228$ ;  $F:31.756$ ;  $p<0.001$ ). According to the standardized Beta coefficients, independent variables are effective on job satisfaction in the ratio of intention to quit job as -33% ( $\beta:-0.329$ ;  $t:8.267$ ), supervisor support as 18% ( $\beta:0.179$ ;  $t:4.541$ ) and life satisfaction as 15% ( $\beta:0.148$ ;  $t:3.671$ ) ( $p<0,001$ ), and others have no significant effect ( $p>0.05$ ). While the job satisfaction of healthcare professionals is affected negatively by the intention to quit job, it is positively affected by supervisor support and life satisfaction.

**The factors affecting the intention to quit job of professionals:** It has been determined in the correlation analysis held that the intention to quit job of professionals is negatively correlated with job satisfaction ( $r:-0.40$ ), life satisfaction ( $r:-0.25$ ) and supervisor support ( $r:-0.12$ ), but positively correlated with the work load ( $r:0.16$ ) and work-family conflict ( $r:0.14$ ) at a low degree ( $p<0.01$ ). In the logistic regression analysis held to determine the factors affecting the intention to quit job of healthcare professionals, the regression ratio that shows the work load, work to family conflict, supervisor support, job satisfaction and life satisfaction was determined as  $R:0.444$ . The ratio of explanation of the intention to quit job by these independent variables is 20% ( $R^2:0.198$ ;  $F:26.456$ ;  $p<0.001$ ). The effects of independent variables on the intention to quit job according to standardized Beta coefficients were determined respectively as job satisfaction ( $\beta:-0.342$ ), life satisfaction ( $\beta:-0.148$ ) and work to family conflict ( $\beta:0.106$ ). The intention to quit job of healthcare professionals is negatively affected by the job satisfaction and life satisfaction, while the increase in work to family conflict increases the intention to quit job. Any statistically significant effect of supervisor support and work load on the intention to quit job was not determined ( $p>0.05$ ).

**The factors affecting the life satisfaction of professionals:** It has been determined in the correlation analysis held that the life satisfaction of professionals is positively correlated with the job satisfaction ( $r:0.29$ ) and supervisor support ( $r:0.20$ ), but negatively correlated with the work load ( $r:0.14$ ) and intention to quit job ( $r:-0,25$ ) at a low degree ( $p<0.01$ ). Any significant correlation was not found between the work to

family conflict and life satisfaction ( $p>0.05$ ). In the logistic regression analysis held to determine the factors affecting life satisfaction of healthcare professionals, the regression ratio that shows the job satisfaction, work load and supervisor support was determined as  $R:0.357$ . The ratio of explanation of life satisfaction by these three independent variables is 13% ( $R^2:0.129$ ;  $F:15.813$ ;  $p<0.001$ ). The effects of independent variables on life satisfaction according to standardized Beta coefficients were determined respectively as the job satisfaction ( $\beta:0.166$ ), intention to quit job ( $\beta:-0.161$ ), supervisor support ( $\beta:0.128$ ) and work load ( $\beta:-0.106$ ). Life satisfaction of healthcare professionals is affected positively by job satisfaction and supervisor support, but negatively affected by intention to quit job and work load.

## Discussion

In the research held to determine the factors of work to family conflicts, intention to quit job, job satisfaction and life satisfaction of healthcare professionals working in a private university hospital, it was determined that nurses have a greater work load and experience the work to family conflict to a greater extent compare to other profession groups ( $p<0.05$ ). It is suggested in previous studies held in the literature that nurses have greater work load than other profession groups due to the fact that majority of them are female and serve with insufficient number of personnel (Yıldırım and Aycan 2008; Ekici et al. 2017). On the other hand, job and life satisfaction of doctors ( $6.47\pm 1.99$  out of 10) is greater than other healthcare profession groups ( $p<0.001$ ). Job satisfaction implies the situation that job related expectations of professionals are satisfied. This is the situation if professionals are satisfied not only by nature of job but also the possibilities provided for professionals. This situation directly affects the life satisfaction. It is suggested that the difference between job and life satisfaction of doctors and other healthcare professionals is affected by the structure of job (autonomy, feedback etc.) and the possibilities they obtain. It was determined in a study held on doctors and nurses that nurses have lower job satisfaction than doctors (Anafarta 2011).

In the research, it was determined that healthcare professionals who work by shifts and irregularly have greater work load but less supervisor support than their colleagues ( $p<0.001$ ). This

situation points out that the number of personnel working by shifts in healthcare services is insufficient and supervisors do not support employees on this issue. Moreover, it was determined that people who have irregular working hours experience the work to family conflict to a greater extent and their job and life satisfaction is lower. The fact that particularly professionals working by shifts do not engage in family activities prevents them from fulfilling their familial roles and responsibilities. This situation negatively affects the job satisfaction and life satisfaction in professionals. Similarly, Blomme et al. 2010 determined in their study held on supervisors working in healthcare sector that flexible working hours decrease the work to family conflict and increase job satisfaction (Blomme et al. 2010).

Healthcare sector is a sector where female workers serve intensively. It was determined according to the variables in terms of female and male workers that supervisor support and job satisfaction of female workers is lower than male ( $p < 0.001$ ). Career progression and success goals expected from healthcare profession members are generally high performance and long working hours. Researchers suggest this is a male working model that is simulated as if it is positioned under a gender-neutral study model ( Hanappi-Egger, 2006 ). However, working women need longer leave periods than men (with respect to pregnancy, maternity and child care) by reason of household and motherhood roles expected from women by the society (Blomme et al. 2010). For this reason, this result obtained gives rise to the thought that particularly women working by shifts need greater support from their supervisors in order to support their housewife and motherhood roles. Another impressive result found in the research is that 64% of supervisors are female. According to this, it is understood that female supervisors do not considerably support female workers in balancing their job and family roles. Moreover, this explains the fact that the job satisfaction of women working by shifts who could not receive sufficient support from their supervisors is lower compare to men.

In the regression analysis held, the work load, supervisor support and job satisfaction explain the work to family conflict suffered by professionals in a ratio of 25%. It was determined in the analysis that the most important factor affecting the work to family conflict is the work

load. High job expectations increase the work to family conflict (Van Der Heijden et al. 2009). Similarly, the reasons dependent to the work load like unfair number of personnel increase the work to family conflict in a study held on nurses in Sweden in 2014 (Leineweber et al. 2014). It is stated in the literature that inflexible working hours increase the work to family conflict (Stoeva *et al* , 2002 ; Bellavia and Frone, 2005; Blomme et al. 2010). Supervisor support (particularly by one's own top supervisor) is another significant factor that affects the work-family conflict. If a supervisor gives support for employees about job when required, then the employees may balance their job and family roles more easily. Previous researches indicate that the lack of supervisor support increases the work-family conflict (Ekici et al. 2017; Blomme et al. 2010; Yildirim & Aycan 2008; Anderson et al. 2002; Chu et al. 2002). Intervention by the job related roles and responsibilities on family may negatively affect the job satisfaction of professionals. In the research held, job satisfaction of professionals negatively affects the work to family conflict (Ekici et al. 2017; Anafarta 2011; Blomme et al. 2010; van der Heijden et al. 2009; Patel et al. 2008).

Personal and organizational factors may influence the intention to quit job of healthcare professionals and may lead them to questioning of alternative job opportunities in other hospitals. Intention to quit job is described at a ratio of 20% in the research. According to the analysis held, the factors affecting the intention to quit job include the job satisfaction, work to family conflict and life satisfaction. On the other hand, the leading factors which affect the job satisfaction are the intention to quit job and supervisor support. According to this result, it is understood that the job satisfaction and intention to quit job of professionals are mutually affecting each other. It is specified in the researches held that job satisfaction has a significant influence on the intention to quit job ( Lu et al. 2005; Hayes et al. 2006; Yildirim and Aycan 2008; El-Jardali et al. 2009; Zhang et al. 2014). However, one of the significant factors affecting the intention to quit job is the fact that professionals cannot receive sufficient support from their supervisors in balancing their job and family roles. Anderson, Coffey and Byerly (2002) similarly states that the supervisor support is directly related with the job satisfaction, and job related negative conditions

decrease job satisfaction and increase desire to quit job. It is stated in previous studies that the leading factors which affect quitting job are the organizational reasons like leadership and supervisor support (Heinen et al. 2013; Hayes et al. 2006; El-Jardali et al. 2009). According to these results, it is suggested that supportive supervisors tend to decrease the work-family conflict of professionals by discussing family based problems with them and behaving flexibly if required on the subject of balancing job and family responsibilities.

Another factor that affects the intention to quit job is the work to family conflict. Loyalty of professionals to job and family roles and the importance they attach to this have a significant role in the conflict being experienced. It is suggested that professionals who experience the work to family conflict have the intention to quit job because job related responsibilities negatively affect fulfillment of familial roles by them (Yıldırım and Aycan 2008; Ekici et al. 2017). The other factors affecting the job satisfaction are supervisor support and life satisfaction while the factors affecting life satisfaction are the job satisfaction and supervisor support. This result also supports conclusion of the research held by Yıldırım and Aycan (Yıldırım and Aycan 2008). It is understood that supervisor support of healthcare professionals has a significant effect on satisfaction of professionals about their life and fulfillment of their expectations about life.

**Shortcomings of the Research:** One of the most important shortcomings of this study planned as descriptive is the fact that the research universe is limited with just one hospital. This restricts generalization of the results. However, access to 588 (84%) healthcare professionals working in the hospital and being volunteer in participating the research is important in the sense that the study well represents the universe. However, it is important to conduct advanced studies by which the universe and sample is represented to a greater extent. The work to family conflict were be able to be explained on the ratio of 25%, job satisfaction of 23%, intention to quit job of 20% and life satisfaction of 13%. These ratios significantly contribute in the literature but a great majority of variables dealt with were not able to be explained. Moreover, the other factors which have 75% effect on the work to family conflict and 80% on the job and life satisfaction and not included in the research and their effect

degrees were not analyzed. Qualitative studies may be conducted in order to determine the factors which affect the work and life satisfaction in the work to family conflict but not described in the study. It is considered that the intention to quit job may be described better by including different variables into the model in future studies.

**Conclusion:** Provision of effective and high quality healthcare services is considerably important in hospitals. It is determined in the present research that healthcare professionals mostly work by shifts and have intensive work load, so this increase the work to family conflict and intention to quit job of professionals and decrease their job and life satisfaction. One of the most significant findings of the research is that the job and life satisfaction of professionals who cannot receive sufficient support from their supervisor decreases but their work to family conflict increases. This study emphasizes how important the supervisor support is in fulfillment of job and family responsibilities. The findings of this study are significant in the sense that supervisors in the healthcare sector are made aware of the need for developing successful strategies so as to increase job satisfaction of healthcare professionals.

**Limitations of this study:** This study was only conducted in one hospital, which is considered to be a significant limitation.

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