



The effect of nurses' work-family conflicts on their work performance

Hemşirelerin iş-aile yaşam çatışmasının iş performansına etkisi

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ABSTRACT

Aim: This research was conducted to determine the effect of nurses' work family life conflict on job performance.

Methods: The population of this cross-sectional study consists of nurses (N=900) working at Turgut Özal Medical Center. In the study, the sample selection method was not used, and the whole universe was tried to be reached. The study was completed with 278 nurses who voluntarily participated in the study. Work-Family Conflict Scale and Task Performance Scale were used as data collection tools.

Results: In the study, the total mean score of the Work-Family Conflict Scale of the nurses was 31.89±7.47, and the mean score for the sub-dimensions was 19.28±4.65 for Work-Family Conflict, 12.61±4.72 for Family-Work Conflict. As a result of this research, the total mean score of the nurses' Task Performance Scale was determined as 45.50±7.11. It was determined that the work-family conflict of nurses did not affect their job performance ($R^2=0.011$, $p>0.05$).

Conclusion: Nurses were found to have moderate work-family conflict and their task performance was found to be higher than the average. In addition, it was determined that the work-family conflict of nurses did not affect their job performance.

Keywords: nurses; work performance; work-family conflict

ÖZET

Amaç: Bu araştırma, hemşirelerin iş aile yaşam çatışmasının iş performansına etkisini belirlemek amacıyla yapıldı.

Yöntem: Kesitsel olarak yapılan bu araştırmanın evrenini, Turgut Özal Tıp Merkezi'nde çalışan hemşireler (N=900) oluşturmaktadır. Araştırmada örneklem seçim yöntemine gidilmeyip, evrenin tamamına ulaşılmaya çalışılmıştır. Araştırma, araştırmaya gönüllü olarak katılan 278 hemşire ile tamamlanmıştır. Veri toplama araçları olarak, İş-Aile Yaşam Çatışması Ölçeği ve Görev Performansı Ölçeği kullanıldı.

Bulgular: Araştırmada, hemşirelerin İş-Aile Yaşam Çatışması Ölçeği toplam puan ortalaması 31.89±7.47, alt boyutlarına ilişkin puan ortalamaları ise İş-Aile Çatışması 19.28±4.65, Aile-İş Çatışması 12.61±4.72'dir. Bu araştırma sonucunda, hemşirelerin Görev Performansı Ölçeği toplam puan ortalaması ise 45.50±7.11 olarak belirlendi. Hemşirelerin iş-aile yaşam çatışmasının iş performansını etkilemediği belirlendi ($R^2=0.011$, $p>0.05$).

Sonuçlar: Hemşirelerin orta düzeyde iş-aile yaşam çatışması yaşadıkları saptandı ve görev performansları ortalamanın üstünde yüksek olarak bulundu. Ayrıca, hemşirelerin iş-aile yaşam çatışmasının iş performansını etkilemediği belirlendi.

Anahtar kelimeler: iş performansı; hemşireler; iş-aile yaşam çatışması

Introduction

Working life and family life form a significant part of human life. It is suggested that these two domains can affect each other both positively and negatively (Yıldırım et al., 2014). As both spouses in the family work and increasingly get more involved with their jobs, they are obliged to perform both work-related and family-related roles and tasks simultaneously. However, conflicts can occur when the responsibility for multiple roles is incompatible with work-related and family-related demands (Boyar et al., 2005). The work-family conflict is described as a case of the inter-role conflict in which fulfilling the work or family role gets harder due to the effect of other roles. This conflict can be evaluated on the basis of two aspects, that is, (i) the time-related factors in the development of work and family roles and (ii) the psychological effect of the satisfaction or pressure, which is generated by a role, on the other role (Voydanoff, 1988). Greenhaus and Beutell (1985) defined the work-family conflict as a type of inter-role conflict in which pressures on work and family were not in line with each other in certain respects. This conflict implies that certain expectations and demands cannot be met with the limited available time and energy (Adams et al., 1996). It is put

forward that the work-family conflict continues in circumstances in which expectations related to a particular role do not correspond to the requirements of other roles, thereby reducing the productivity in that particular role (Ha & An, 2015). Hu et al. (2019) stated that different norms and responsibilities were in place in work and family and the work role could make the fulfillment of family roles harder, and this, in turn, would pave the way for work-family conflict. Factors affecting the work-family conflict are listed as the pressure in the work setting, long and irregular work hours, excessive workload, and conflicts in the work setting (Karatepe & Karadas, 2016).

It is asserted that the work-family conflict is a significant factor affecting the employees' both physical health and mental health (Galletta et al., 2019; Pien et al., 2020; Raffenaud et al., 2020). Also, the work-family conflict can affect the work performance negatively, and in turn, the work performance can have implications on work satisfaction and turnover rates (Karatepe & Kılıç, 2007). According to Karatepe and Bekteshi (2008), allocating time to work or family longer than anticipated in an effort to fulfill a role as requested or required lowers the work performance and exerts a negative effect on life satisfaction. Ashfaq et al. (2013), stated that the work

performance of employees in the banking sector was affected by the work-life conflict and excessive workload. Most research studies put forward that the work-family conflict and work performance were negatively correlated (Lin, 2008). Soomro et al. (2018), suggested that when the work-family conflict arose due to the excessive workload (i.e. the case in which employees brought work assignments home), this situation would lead to work stress. Accordingly, the stress produced by the negative spillover effect of the work on the family can affect the work performance.

Nursing which is one of the professions with a fast work tempo, heavy workload, and intense work stress is primarily a female-dominated profession. Repercussions of the challenges of the nursing profession on family life and its negative effects on wifehood and motherhood roles produce the work-family conflict (Yıldırım et al., 2014). In the study performed by Hanif and Naqvi (2014) on members of the nursing staff in the Pakistani health sector, it was stated that nurses experienced work-family conflicts as they were required to be present at hospitals to be prepared for a patient's critical situation.

Nurses' heavy workload and challenging work conditions can change their work performance by affecting their work and family lives. Thus, this research was designed to identify the effect of nurses' work-family conflicts on their work performance. It is considered that this study will make a contribution to the relevant literature on the topic. This study was planned as it was thought that nurses' work-family conflicts would affect their work performance. This research was conducted to find out about the effect of nurses' work-family conflicts on their work performance.

In the research, answers to the below questions were sought:

- What do the levels of nurses' work-family conflicts look like?
- What do the nurses' work performance levels look like?
- What is the effect of nurses' work-family conflicts on their work performance?

Methods

Research aim and type

This study was conducted as cross-sectional research to identify the effect of nurses' work-family conflicts on their work performance.

Population research location and period

The research was carried out at Turgut Özal Medical Center in Turkey from 1 April 2022 to 1 June 2022.

Research population and sample selection

The research population was comprised of all nurses working at Turgut Özal Medical Center in Turkey (N=900). In the research, a sample selection method was not specifically used, rather, efforts were made to include the entire population in the sample. In this context, this study was finalized with 278 nurses who volunteered to participate in the research.

Data collection tools

The research data were collected with the Personal Information Form prepared by the researcher, the Work-Family Conflict Scale, and the Task Performance Scale.

Personal information form

Personal information form had 10 questions designed to find out nurses' descriptive and professional characteristics such as age, gender, marital status, the status of having any child, education level, work position, service unit, work duration

(year), weekly work hours, and the duration of working at the same hospital (year).

Work-Family Conflict Scale (WFCS)

WFCS developed by Netemeyer et al., (1996) has two sub-scales aiming to measure the level of the work-family conflict resulting from the employee's working life (WFC) and the level of family-work conflict stemming from the employee's family life (FWC). Answers given by a respondent to statements in the WFCS are rated from 1 to 5 (1: I absolutely disagree, 5: I absolutely agree). Cronbach's alpha coefficients for the original version of the WFCS were 0.88 and 0.89 (Netemeyer et al., 1996). The validity and reliability study for the WFCS in Turkish was performed by Efeoğlu and Özgen (2007). Cronbach's alpha coefficients for the Turkish form of the WFCS and its WFC and FWC sub-scales were successively 0.82, 0.88, and 0.85 (Efeoğlu & Özgen, 2007). In the current research, Cronbach's alpha coefficients were found as 0.86, 0.92, and 0.87 consecutively for the WFCS and its two above sub-scales.

Task Performance Scale (TPS)

Developed by Goodman and Svyantek (1999) to evaluate an employee's current performance and promotional prospects, the TPS has nine items and no sub-scale. Each performance item is rated as per a seven-point Likert scale (1: I absolutely disagree, 7: I absolutely agree). Each of these performance items that are used by the supervisor in the employee evaluation measures to what extent employees reflect their own features. A low score given by a supervisor for a TPS item shows that the employee does not have the relevant feature whereas a high score given by a supervisor for a TPS item indicates that the employee is equipped with the relevant feature (Goodman & Svyantek, 1999). The validity and reliability study for the TPS in Turkish was conducted by Kül and Sönmez. In the study by Kül and Sönmez (2021), Cronbach's alpha coefficient was found as 0.94 for the TPS. In the current research, Cronbach's alpha coefficient was 0.85 for the TPS.

Research variables

Predictor variable: Nurses' work-family conflicts

Predicted variable: Nurses' work performance

Data collection

Due to the ongoing COVID-19 pandemic, the research data were collected with the questionnaire form that was prepared online via Google Forms and was sent to nurses working at Turgut Özal Medical Center and volunteering to participate in the research.

Statistical analysis

The research data were analyzed with the Statistical Package for Social Science (SPSS) 25.0. The descriptive statistics (number, percentage, arithmetic mean, standard deviation) and the Simple Linear Regression with the Enter Model were used in the evaluation of research data.

Ethical principles of the research

The ethical endorsement for the research was obtained from the Health Sciences Non-Invasive Clinical Trials Ethics Committee of İnönü University of Turkey (Date: 29-03-2022, No: 2022/3299). Also, written permission to perform the study was received from Turgut Özal Medical Center

Results

The findings of this research that was conducted to identify the effect of nurses' work-family conflicts on their work performance were presented below:

Table 1. The breakdown of nurses' descriptive and professional characteristics (n=278)

Descriptive characteristics	n	%
Gender		
Female	233	83.8
Male	45	16.2
Marital status		
Married	163	58.6
Single	115	41.4
Status of having any child		
Yes	147	52.9
No	131	47.1
Education level		
Health vocational high school	11	4.0
Associate program	37	13.3
Bachelor's program	189	68.0
Master's program/Ph.D. program	41	14.7
Work position		
Care nurse	242	87.1
Nurse in charge of the service	36	12.9
Service unit/clinic		
Internal medicine	87	31.3
Surgery	33	11.9
Special units (intensive care, operation room, emergency, hemodialysis, and so on)	158	56.8
	X±SD	
Age (year)	33.34±7.97	
Number of children	0.99±1.08	
Duration of working as a nurse (year)	11.25±8.55	
Duration of working at the same hospital (year)	7.62± 6.95	
Work hours per week	43.96±8.60	

Table 1 displayed the breakdown of nurses' descriptive and professional characteristics. Of all participant nurses, 83.8% were female, 58.6% were married, 52.9% had children, 68% held a bachelor's degree, 87.1% worked as care nurses, and 56.8% worked at special units. Besides, the mean age was 33.34±7.97 years, the mean duration of working as a nurse was 11.25±8.55 years, and the mean of weekly work hours was 43.96±8.60 for participant nurses.

Table 2 exhibited the breakdown of mean scores obtained by nurses from the WFCS, WFCS sub-scales, and the TPS. It was discerned that the mean of nurses' WFCS scores was 31.89±7.47 points, and hence, the nurses had medium-level work-family conflicts, and additionally, the means of their WFC and FWC sub-scale scores were respectively 19.28±4.65 and 12.61±4.72 points (Table 2). Besides, it was identified that the mean of nurses' TPS scores was 45.50±7.11 points, and thus, the nurses had high-level work performance (Table 2).

Table 3. The regression analysis on the effect of nurses' work-family conflicts on their work performance

Model	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
	B	SE	Beta	t	Sig.	Lower Bound	Upper Bound
Constant	44.140	1.945		22.699	0.000	40.312	47.968
Work-Family Conflict	0.148	0.95	0.97	1.555	0.121	-.039	.335
Family-Work Conflict	-.119	0.94	-0.79	-1.264	0.207	-.303	.066
	R .107^a	R² .011	F 1.593	P 0.205*			

p<0.05*

Predictors (Constant): Nurses' WFCS scores, WFC sub-scale scores, and FWC sub-scale scores

Predicted Variable: Nurses' TPS scores

Table 2. The breakdown of mean scores obtained by nurses from the WFCS, WFCS sub-scales, and the TPS

Scale	Min-max scores to be obtained from the original version of the scale	Min-max scores obtained by nurses from the scale in the current research	Mean±SD
WFCS	10-50	10-50	31.89±7.47
WFC sub-scale	5-25	5-25	19.28±4.65
FWC sub-scale	5-25	5-25	12.61±4.72
TPS	9-63	9-56	45.50±7.11

Table 3 indicated the Simple Linear Regression utilized to identify the effect of nurses' work-family conflicts on their work performance. Nurses' WFCS scores, WFC sub-scale scores, and FWC sub-scales scores were included in the regression model as predictor variables. However, the predictor variable, nurses' WFCS scores, was excluded by the regression model, and accordingly, this predictor variable was not exhibited in Table 3.

In the regression model, the predicted variable was nurses' TPS scores, in other words, the work performance. To precisely identify the predictor variables that had statistically significant effects on the predicted variable of work performance, the Simple Linear Regression with the Enter Model was used. However, it was found that variables selected as predictors had no statistically significant effect on work performance ($R^2=0.011$, $p>0.05$).

Discussion

The findings of this research that was conducted to identify the effect of nurses' work-family conflicts on their work performance were discussed in light of the relevant literature.

In this study, it was found that nurses had medium-level work-family conflicts. Additionally, it was discerned that nurses experienced work-to-family conflicts more than they had family-to-work conflicts. It is considered that having an excessive workload and serving during busy work hours cause nurses to have stress and tension and prevent them from fulfilling their responsibilities in their family lives. Also, in a research study by Wang and Tsai, it was identified that nurses experienced work-to-family conflicts more than they had family-to-work conflicts (Wang & Tsai, 2014). Moreover, in the study by Gürel et al., (2017) it was found that nurses had medium-level work-family conflicts. In a research study carried out in China in 2021, it was discerned that emergency nurses had work-family conflicts above the medium level (Wu et al., 2021). On the other hand, in a research study by Polat et al., (2018) it was identified that nurses had low-level work-family conflicts.

Along with this finding, it is considered that nurses satisfied all requirements of their work with a high sense of responsibility. Besides, it is thought that nurses were competent in all domains of their work and fulfilled their tasks perfectly. Likewise, in a study performed in Turkey by Kül and Sönmez (2021), it was identified that nurses had high-level work performance. Additionally, in another research study, it was stated that the employee performance scores obtained by nurses were slightly above the medium level (Özer, 2019).

Lastly, in the current research, nurses' work-family conflicts did not affect their work performance. Along with this finding, it is considered that nurses as professionals did not fail to realize the difference between professional life and family life and managed to sustain their family lives by adapting to their work lives. In a similar vein, in the research study by Wang and Tsai (2014), it was identified that the work-family conflict had no statistically significant effect on work performance. Also, in the research study by Meliala et al. (2020), it is stated that emergency nurses experienced high-level work-to-family conflicts, however, they still exhibited high-level work performance. On the other hand, in the research study by Kengatharan and Kunatilakam (2020), it was found that work-family conflict was negatively associated with the employee's work performance.

Conclusion and Recommendations

In this research, it was discerned that nurses had medium-level work-family conflicts. Next, nurses had high-level work performance. Lastly, it was identified that nurses' work-family conflicts did not affect their work performance. In light of these results, it can be recommended that similar studies about the research topic be performed with different and larger samples.

Conflict of Interest

No conflict of interest has been declared by the authors.

Acknowledgements

We thank all the participants who contributed to this study.

Sources of Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Ethics Committee Approval

The ethical endorsement for the research was obtained from the Health Sciences Non-Invasive Clinical Trials Ethics Committee of İnönü University of Turkey (Date: 29-03-2022, No: 2022/3299). Also, written permission to perform the study was received from Turgut Özal Medical Center.

Informed Consent

Informed consent was obtained from all individual participants included in the study. In the top side of the survey, which was submitted to the participants, there was information about the purpose and content of the study and voluntary basis of the study.

Peer-review

Externally peer-reviewed.

Author Contributions

F.E.: Literature Search, Design, Supervision, Critical Review, Concept, Writing Manuscript, Materials, Data Collection and Processing.

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