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Original Investigation

Work-Family conflict, Social support and Job satisfaction: A Cross-Sectional study of Nurses in Pokhara

Divya Adhikari¹ | Bal Ram Bhattarai¹ | Santosh Kumar Gurung¹* | Sunita Sharma² | Pooja Bhandari²

1 School of Business, Pokhara University, Nepal; 2 School of Health and Allied Sciences, Pokhara University, Nepal

ABSTRACT

INTRODUCTION: Research in the field of nursing has long attempted to address the issue of job dissatisfaction. However, there is scant empirical evidence on work-family conflict and social support in the context of Nepal, both of which are important factors in determining job satisfaction among nurses. Hence, this study examined the role of work-family conflict and social support in determining job satisfaction among nurses in Pokhara. **MATERIALS AND METHODS:** A descriptive, cross-sectional and correlational study was conducted with a purposive sample of 210 nurses from 10 (public and private) hospitals in Pokhara. Using a Likert-based self-administered structured questionnaire, work-family conflict, social support, and job satisfaction were measured using three separate scales. SPSS 21.0 was used for the correlation and regression analysis of the hypothesized relationships between the variables. **RESULTS:** The findings revealed that nurses' job satisfaction was significantly lowered by family-to-work conflicts but not by work-to-family conflicts. The results also demonstrated that social support from management and peers significantly increased nurses' job satisfaction. **CONCLUSIONS:** The study concluded that nurses experienced relatively low levels of work-to-family conflict. However, the responsibilities of the home can still affect their job satisfaction. The findings also revealed that social support from both management and coworkers significantly improves nurses' job satisfaction. Implications and suggestions for future study are also presented.

Keywords: Job satisfaction, nurses, social support, work-family conflict

INTRODUCTION

The issue of healthcare workers job satisfaction, particularly among nurses, has gained recent scholarly interest [1-4]. This is particularly significant given the potential adverse effects on nurses job satisfaction resulting from heightened workloads, shift patterns, and reduced staffing levels [5-8]. Similarly, nurses exhibit a higher prevalence of mental health disorders compared to other general populations due to factors such as heavy workloads, patient morbidity and mortality, lack of support from family and colleagues, and demanding daily work schedules [9]. The prevalence of mental health disorders among medical professionals is influenced by various factors, such as burnout, work-family conflict, social support, and role strain [10,11]. Women frequently experience the dual challenge of balancing work and family obligations. The potential factors contributing to their diminished job satisfaction may include the challenges of being separated from their children and a lack of support from their family or colleagues [12]. Work-family conflict is a type of inter-role conflict that arises when the demands of one role create challenges in fulfilling the responsibilities of another role [13].

Workplace social support refers to an individual's perception of being cherished, esteemed, and having their welfare attended to within a social network characterized by reciprocal obligations [14]. Likewise, job satisfaction refers to a state of pleasurable or positive emotions that arises from the evaluation of one's job or job-related experiences [15,16].

Previous research has dedicated significant attention to the examination of work-family conflict [17-19] and the role of social support [20]. A substantial body of nursing literature in Nepal has conducted comprehensive investigations on the topic of work satisfaction [21-27]. For example, a research conducted by Shrestha et al. [21], showed that individuals who viewed themselves as significant assets to the healthcare system reported greater levels of work satisfaction. In a similar vein, another study discovered that organizational and administrative policies have a significant role in forecasting levels of work satisfaction[22]. Similarly, a prior study, showed that nurses job satisfaction was influenced by several factors, including interpersonal connections, physical infrastructure, working environment, financial and non-

financial rewards, organizational efficacy, and opportunities for training and professional growth [23]. A separate investigation, revealed that nurses were motivated to remain employed at public teaching hospitals due to the presence of financial incentives and fringe benefits. Conversely, in private teaching hospitals, nurses were encouraged to stay primarily by opportunities for professional growth, fringe benefits, and positive relationships with colleagues [24].

There are factors with significant role in the retention of nurses, which included, punctual disbursement of salaries, positive interpersonal dynamics within the workplace, a feeling of organizational pride, sufficient provision of supplies and equipment, the maintenance of a safe working environment, possibilities for professional growth, and the presence of a supportive matron [25]. However, these studies have not investigated the issues, such as work-family conflict and social support that influence the levels of job satisfaction among nurses in Nepal. Moreover, there is a paucity of data about the comprehensive assessment of work satisfaction among nurses on a national scale. Therefore, the present study examined the correlation between work-family conflict, social support, and job satisfaction of nurses in hospital settings, given the significant levels of work and family-related stress experienced by nurses. This study may also assist policymakers in formulating strategies that effectively boost nurse's job satisfaction, hence improving the overall quality of nursing care nationwide.

MATERIALS AND METHODS

Study design and setting:

A descriptive cross-sectional study was conducted in 10 public and private hospitals. Among ten hospitals, three were public hospitals, and seven were private hospitals having occupancy of more than 100 beds. Majority of private hospitals were included because of their highest concentration, among which few were teaching hospitals training medical students and affiliated nursing schools. These hospitals provided 24-hour services incorporating medical and surgical specialties. The study was conducted during the period of March to August 2021.

Participants, sample size and sampling technique:

The study involved 210 nurses who were selected using a purposive sampling technique.

Data collection procedure and study variables:

Data were gathered from nurses employed in different departments of hospitals, including emergency, maternity, ICU, surgery, medicine, gynaecology, paediatric, and post-operative. The data collection methods involved, utilization of Google Forms and the physical distribution of a structured self-report questionnaire. These approaches were chosen to enhance the response rate, maintain consistency, and ensure completeness and accuracy of the collected data. Nurses who possessed a minimum of a PCL degree in nursing and had current clinical responsibilities at different hospitals for a duration of at least one year within the same institution were included in this study.

Basic demographic information, including the respondent's age, work experience, marital status and designation, was collected in the first section of the questionnaire. The subsequent portions of the questionnaire assessed work-family conflict, social support and job satisfaction.

The final structured questionnaire had 27 Likert-scale items. Work-Family Conflict Scale, was utilized for the purpose of measuring work-to-family and family-to-work dimensions [28]. The present study used only ten items of bi-directions of conflict using a rating scale that ranged from 1 to 5 (1 being strongly disagree and 5 being strongly agree) as the focus of the study was on highlighting the work-to-family and family-to-work conflict. Similarly, the items were slightly modified because of cultural differences in Nepal. Similarly, social support was assessed using the items used in the earlier work [29]. Three items of supervisor support and four items of supportive colleagues measured with a 5-point Likert scale ranging from 1 to 5, wherein 1 being very dissatisfied and 5 being very satisfied was used. Likewise, Mueller and McCloskey's Satisfaction Scale, was used to examine nurses levels of satisfaction on the job [30]. Ten items covering the domains such as the relationship with patients and coordinators, responsibility, autonomy and professional growth, job content, professional relationship and recognition from management were used to assess job satisfaction based on the need and context of the study.

The tool was developed through a comprehensive examination of existing literature and subsequently validated by incorporating feedback from a panel of experts. The reliability of the tool was also demonstrated by Cronbach's Alpha values of 0.950 for work-family conflict, 0.907 for social support, and 0.895 for job satisfaction. Additionally, a pilot study was undertaken on a subset of ten percent of nurses at Lake City Hospital and Critical Care Pvt. Ltd., which was excluded from the study.

Statistical analysis and data management:

The data was entered into Excel before being exported to SPSS 21.0 for statistical analysis. The demographic data were summarized by means and percentages and other descriptive statistics. The relationship between the

variables was analyzed statistically via correlation and regression. A p-value of less than 0.05 was considered significant.

Ethical consideration:

The Participants gave written consent before data collection. The study's purpose and safety were explained. Responses were kept confidential and anonymous. Participants were also informed that this study's results would be used for academic purpose only.

RESULTS

Demographic Profile of Participants

Table 1 displays participant demographic information. Age, years of work, marital status, and job designations were some demographic characteristics. Table 1 shows that, the largest percentage of respondents, 114 (54.3%) fall within the age group of below 25 years, the highest percentage of respondents, 94 (44.8%), had below 5 years of work experience, and 134(63.8%) of the respondents were designated as staffs.

Table 2 depicts that the mean value of work-family conflict was less than 3.5, indicating that the respondents slightly

Table 1| Participants' demographic profiles (n = 210)

Categories	Number (%)
Age	
< 25 years	114 (54.3)
25 - 35 years	63 (30.0)
>35 years	33 (15.7)
Years of Work	
<5 years	94 (44.8)
5-10 years	87 (41.4)
>10 years	29 (13.8)
Marital Status	
Single	80 (38.1)
Married	130 (61.9)
Designation	
Staff	134 (63.8)
Supervisor	38 (18.1)
In charge	38 (18.1)

Table 2| Mean Value Analysis of Three Constructs

Variables	Mean	Std. Deviation
Work-family conflict	2.76	0.836
Social support	3.97	0.385
Job satisfaction	4.05	0. 356

Table 3| Pearson Correlation Matrix

		Job satisfaction	Work-family conflict	Family work conflict	Supportive management	Supportive colleagues
Job satisfaction	Pearson Correlation	1	-0.079	-.207**	0.069	0.089
	Sig. (2tailed)		0.254	0.003	0.002	0.005
	N	210	210	210	210	210
Work-to-family conflict	Pearson Correlation	-0.079	1	.401**	0.018	0.031
	Sig. (2tailed)	0.254		0	0.8	0.652
	N	210	210	210	210	210
Family-to-work conflict	Pearson Correlation	-.207**	.401**	1	-0.094	0.061
	Sig. (2tailed)	0.003	0		0.173	0.383
	N	210	210	210	210	210
Supportive management	Pearson Correlation	0.069	0.018	-0.094	1	0.112
	Sig. (2tailed)	0.002	0.8	0.173		0.106
	N	210	210	210	210	210
Supportive colleagues	Pearson Correlation	0.089	0.031	0.061	0.112	1
	Sig. (2tailed)	0.005	0.652	0.383	0.106	
	N	210	210	210	210	210

**. Correlation is significant at the 0.01 level (2-tailed)

disagreed with the statement. The mean value of social support was more than 3.5, indicating that the respondents slightly agreed with the statement. Additionally, the mean value of job satisfaction was more than 4, which shows that the respondents had higher levels of job satisfaction, which is suggestive that the respondents mostly agreed with the statements to measure the variables.

Table 3 shows that each of the four independent variables significantly affects job satisfaction. Only three variables—

family-to-work conflict, management support, and colleague support—correlated with job satisfaction at p-values less than 0.01.

Regression analysis

To determine how well one variable could predict another, simple linear regressions were calculated. Table 4 depicts the percentage of variance in the outcome variable that could be accounted for by the adjusted R^2 value.

The results of regression analysis demonstrated that job satisfaction was significantly predicted by family-to-work

Table 4 | Output of Regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients			Model summary		ANOVA	
	B	Std. Error	Beta	t	Sig.	R Square	Adjusted R Square	F	Sig.
(Constant)	4.023	.254		2.856	.000	.305	.280	13.656	.000
Work-to-family conflict	-.002	.026	-.005	-070	.945				
Family to work conflict	-.076	.027	-.080	2.767	.006				
Supportive management	.20	.047	.20	.278	.001				
Supportive colleagues	-.005	.044	-.007	-.106	.916				

conflict and supportive management. The p-values for the significant predictors were all less than 0.01, indicating that the results were statistically significant. With an F-value of 13.656 and a p-value below 0.01, the overall result showed that the combination of variables predicting job satisfaction was also statistically significant. The adjusted R2 value was .280, indicating that 28% of the variation in job satisfaction was explained by the factors affecting variables included in the regression analysis

DISCUSSION

The present study examined the relationship between work-family conflict, social support, and job satisfaction of nurses in hospital settings. The study statistically confirmed that work-family conflict and social support are two of the most significant predictors of job satisfaction. The study categorized work-family conflict into two sections: the conflict between the workplace and the home and the conflict between the home and the workplace. The results of the present study demonstrated that although work-family conflict is negatively correlated with job satisfaction, however, does not affect job satisfaction. However, several prior studies have demonstrated that work-family conflict significantly affects job satisfaction negatively [31-35]. Likewise, the study also revealed that family-to-work conflict negatively correlated with job satisfaction. The results are also in line with prior study [31,33,35,36]. However, the findings are contradictory to the results of [37,38], which showed that family-to-work conflict does not have a negative effect on job satisfaction. The results also revealed a significant relationship between support from management and job satisfaction which was also supported by earlier findings [20, 26, 27, 39,40]. The findings also demonstrated that support from colleagues was important for job satisfaction. Nurses who receive support from their colleagues tend to experience less job-related stress and are more satisfied with their job. The results align with the previous studies [41-43].

CONCLUSIONS

The study also suggests that nurses who receive encouragement from their superiors and peers are more likely to be satisfied with their jobs. The findings, also highlights the need for a family-friendly workplace that helps nurses manage their professional and personal lives simultaneously. The results have practical implications for the nurses in Nepal. In order to reduce nurse turnover and burnout, it is crucial to increase job satisfaction. This can be achieved by offering task flexibility, management and peer support. However, this study has some limitations. Future studies might take into account additional factors, like the relationships nurses have with their patients, that affect how satisfied they are with their jobs. Similarly, further studies should continue to investigate this issue and devise methods for developing a nurturing workplace that understands and supports nurses needs.

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