

Assessment of Work–Family Conflict and Some Associated Factors Among Healthcare Workers in King Abdulaziz University Hospital, Jeddah, K.S.A.: A Cross–Sectional Study 2025

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Abstract:

Background: Work–family conflict is an inter–role conflict that results from incompatibility of role pressures between work and family domains. Work overload consumes most of the individual’s time, commitment, and energy and decreases the individual’s ability to fulfill personal life demand. Covid–19 pandemic raised demand for health services which reflected on health care workers personal lives.

Objective: To assess work–family conflict and some of its associated factors among healthcare workers in King Abdulaziz University Hospital. Methodology: A cross–sectional research study. Participants had a valid Saudi Health Commission for health specialties registration, one year experience at work and lived with a family for at least one year. The sample size was 249, at 95% confidence level and a test power of 0.80 according to the literature. Cluster sampling technique was used for random selection. Work–family Conflict scale developed by Netemeyer et al was used. STAT software was used for analysis.

Results: Around two–thirds were younger than 40 years old, (57.98%) were males and (86.42%) were married. About (50%) had technician and assistant job title. (67.19%) participants were in the “high work–family conflict”, (24.21%) were in the “medium workfamily conflict”, and (8.60%) were in the “low work–family conflict”. The univariate analysis showed significant differences in scores by gender, age, marital status, technical title, period of service, number of night shifts per month and verbal and physical violence at workplace. The multivariate analyses revealed less work–family conflicts among females and those older than 40 years.

Discussion: Male had significant higher conflict because they are expected to share care and work with their partners at home. Over 40 years old had a lower conflict because most of them were in a relative balance of work and family and more capable of dealing with the conflict. The probable reason for higher scores among married workers may be due to sharing family responsibilities, like parenting and doing housework. Workers with higher technical titles had higher conflict because they have accumulated more knowledge and skills thus undertaking heavier tasks and time needed.

Conclusion: Hospital administrations should pay more attention to those who are male, younger than 40 years, married, highly titled jobs, working a high number of night shifts, and experiencing verbal physical violence in the workplace. Hospital administrators should develop family–friendly workplace policies.