



New Trends and Issues Proceedings on Humanities and Social Sciences



Volume 4, Issue 2 (2017) 128-138

ISSN 2421-8030

www.prosoc.eu

Selected Papers of 1st International Congress on Nursing (ICON-2017) 16 – 18 March 2017 Grand Park Lara Convention Center, Lara – Antalya, Turkey

Factors that influence nurses' work-family conflict, job satisfaction and intention to leave

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Suggested Citation:

Ekici, D., Cerit, K. & Mert, T. (2017). Factors that influence nurses' work-family conflict, job satisfaction and intention to leave. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 4(2), pp 128-138. Available from: www.prosoc.eu

Selection and peer review under responsibility of Prof. Dr. Nesrin Nural, *Karadeniz Technical University*, Turkey
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Abstract

The purpose of this study was to determine nurses' WFC, job satisfaction and intention to leave the job in a private hospital. Nurses who have difficulty in balancing their work and family responsibilities, and who are dissatisfied with their jobs, leave the institution where they work. This study attempted to explain casual relationships among nurses' workload, managerial support, WFC, working conditions, work environment, work structure, job satisfaction and intention to leave, and the factors influencing intention to leave by using Structural Equation Modelling. The population of the study included 98 nurses working in a private hospital. The nurses working shifts reported statistically higher levels of work to family conflict and workload than those working constantly during the daytime. On the other hand, no difference was found in managerial support between the groups. Managerial support and workload explained 48% of WFC. Work structure alone explained 44% of job satisfaction. Job satisfaction and WFC explained 17% of the variance in intention to leave. Nurses who have difficulty in balancing their family role and responsibilities because of intense work pressure, intend to leave their current job and to work in another organisation which offers better working conditions with lower workload and more managerial support. Work structure of nurses should be reorganised in order to enhance their job satisfaction. While achieving this, it is beneficial to involve nurses in decisions about their activities, to distribute tasks clearly, and to evaluate and reward performances impartially.

Keywords: Nurse; work family conflict; job satisfaction; intention to leave.

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1. Introduction

Nurses are considered to be the main workforce in the process of protection and promotion of health and improvement in individual's health in case of illness; however, in recent years nursing shortage has frequently been a concern (Aiken et al., 2011). The literature indicates that nurses who have difficulty in balancing their work and family responsibilities, and who are dissatisfied with their jobs, leave the institution where they work (Coomber & Barribal, 2007; Hayes et al., 2006). In order to stop the increase of nurse turnover rates in hospitals, it is essential to determine the factors that influence nurses' work-family conflict (WFC), job satisfaction and intent to leave and to take the necessary precautions before this situation escalates.

1.1. Work-family conflict

Work-family conflict is a type of inter-role conflict resulting from the pressure created by concurrent demands of work and family roles (Greenhaus & Beutell, 1985). Work-family conflict occurs when work demands restrain individuals from fulfilling responsibilities and roles related to family. Role demands are significant factors for WFC. For example, conflicts related to work roles result from the stress experienced because of work demands and expectations such as timelessness and especially work overload. In previous studies, employees experience time-based WFC as they spend more time at work (Greenhaus & Beutell, 1985; Anafarta, 2011; Yildirim & Aycan, 2008). The literature has found a positive and strong relationship between WFC and work demands such as working hours, workload, and irregular working hours (Anafarta, 2011; Yildirim & Aycan, 2008; Simunic & Gregov, 2012; Patel et al., 2008). In particular, employees who work shifts cannot attend activities related to their families and this situation prevents them from fulfilling their familial roles and responsibilities. Support provided by the manager is another significant factor influencing WFC. Studies indicate that presence of managerial support considerably decreases WFC (Yildirim & Aycan, 2008; Anderson et al., 2002; Burke & Greenglas, 1999). If the manager supports his/her employees when needed, they can balance their work and family roles more easily.

1.2. Job satisfaction and intention to leave

Job satisfaction is defined as 'the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values' (Locke, 1969, p. 316). Studies report that WFC negatively influences job satisfaction (Anafarta, 2011; Yildirim & Aycan, 2008; Simunic & Gregov, 2012; Heinen et al., 2013; Spector et al., 2007; Poelmans, 2005). According to the studies about the factors influencing nurses' job satisfaction, the influential factors include autonomy over nursing practices, involvement in the decision-making process of the institution, impartial evaluations and rewards, and opportunities for professional development (Coomber & Barribal, 2007; Hayes et al., 2006; Boles et al., 2003). Two major outcomes of job dissatisfaction are absenteeism and quitting one's job (Coomber & Barribal, 2007; Hayes et al., 2006; Heinen et al., 2013). Since replacing an employee with a new one is an incremental cost, turnover is an undesired situation for organisations. The literature indicates that many factors may influence the reasons why nurses leave their jobs; specifically job dissatisfaction, inadequate pay for the work done, overworking and non-flexible working hours, heavy workload, WFC are reported to have important impacts (Coomber & Barribal, 2007; Anafarta, 2011; Patel et al., 2008; Lu et al., 2005). Nurses, who are unhappy and disappointed with their institutions, leave and start work in another hospital which causes an increase in turnover rates of the institutions. Qualified staff leaving increases nursing costs and workloads in hospitals, thus negatively affecting the quality of patient care (Aiken et al., 2008).

1.3. Purpose and the theoretical model and hypotheses

The purpose of this study was to determine nurses' WFC, job satisfaction and intention to leave the job in a private hospital. Moreover, we sought to evaluate the factors explaining WFC, job satisfaction and intent to leave. Factors such as workload, shift work status, managerial support, motivation for the job, work demands and support were explored. Managerial support (mansup) and workload are independent variables affecting WFC. Work structure (workstrc), work environment (workenv) and

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working conditions (workcon) are independent variables explaining job satisfaction (sat). WFC (wfc) is a mediator variable explaining job satisfaction and intention to leave the job (intleave). Intention to leave the job is the dependent variable to be explained. Within the framework of this model, causal relationships between variables are theoretically determined, and the hypotheses are as follows:

Hypothesis 1 (H1) =Managerial support influences WFC negatively (Yildirim & Aycan, 2008; Anderson et al., 2002; Burke & Greenglas, 1999).

Hypothesis 2 (H2) =Workload influences WFC positively (Anafarta, 2011; Yildirim & Aycan, 2008; Patel et al., 2008).

Hypothesis 3 (H3) =Work structure influences job satisfaction positively (Coomber & Barriball, 2007; Hayes et al., 2006; Patel et al., 2008; Lu et al., 2005).

Hypothesis 4 (H4) =Work environment influences job satisfaction positively (Hayes et al., 2006; Patel et al., 2008; Heinen et al., 2013).

Hypothesis 5 (H5) =Working conditions influence job satisfaction positively (Hayes et al., 2006; Patel et al., 2008; Spector et al., 2007; Lu et al., 2005).

Hypothesis 6 (H6) =WFC influences job satisfaction negatively (Yildirim & Aycan, 2008; Simunic & Gregov, 2012; Spector et al., 2007; Poelmans, 2005).

Hypothesis 7 (H7) =WFC influences intention to leave the job positively (Simunic & Gregov, 2012; Patel et al., 2008; Heinen et al., 2013; Spector et al., 2007).

Hypothesis 8 (H8) =Job satisfaction influences intention to leave the job negatively (Coomber & Barriball, 2007; Hayes et al., 2006; Anafarta, 2011; Patel et al., 2008; Lu et al., 2005).

2. Method

2.1. Study design and samples

This study utilised the causality and descriptive method. This study attempted to explain casual relationships among nurses' workload, managerial support, WFC, working conditions, work environment, work structure, job satisfaction and intention to leave, and the factors influencing intention to leave by using Structural Equation Modelling (SEM). The population of the study included 98 nurses working in a private hospital which had 93 beds and a JCI (Joint Commission International) Quality Certificate. All nurses working in the hospital were asked to participate in the study without any sampling. Response rate in the survey was 97%.

2.2. Ethical considerations

A written application with the explanation of the study's purpose and method was submitted to the hospital where the study was conducted. The data were collected after receiving approval. Oral consent from the nurses was taken after explaining the study's purpose. After being informed about data privacy, the participants were asked not to write down their names, and advised to fill out the surveys at their convenience. The duration of data collection was set at two weeks. The participants were instructed to put their filled out survey in a box which was placed in the hospital.

2.3. Instruments

A five section questionnaire was used to collect the data. The first section questioned the participants' demographic characteristics.

In the second section, in order to determine work demands, 'shift work status' was assessed with the question 'Do you work shifts?'. The participants replied to this question with 1: No, I work during daytime or 2: Yes, I work shifts. In that section, the 11-item 'The Individual Workload Perception Scale', developed by Duxbury and Higgins (1994) and adopted to Turkish by Aycan and Eskin (2005), was used to measure workload. The scale includes aspects regarding workload, flexibility and control

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experiences. It includes items such as 'I am overwhelmed by my responsibilities and workload', 'I have to work a lot and long hours'. Participants answered on a 5-point Likert scale anchored with 1 (strongly disagree) and 5 (strongly agree). Higher scores indicate higher work demands and lower flexibility. Cronbach's alpha coefficient for the scale was .80 in this study.

In the third section, the 10-item 'Supervisor Support Scale', developed by Galinsky, Bond and Friedman (1996) and adopted to Turkish by Ayca and Eskin (2005), was used. The scale items evaluate the support provided to employees in fulfilling their work and family responsibilities. It involves two types of support: emotional support which is a form of empathising and informal support which includes providing convenience and assisting the employee in meeting his/her family expectations including arranging working hours. 'Supervisor Support Scale' is also a 5-point Likert scale where 1 is never and 5 is always. Higher scores indicate higher levels of support. Cronbach's alpha coefficient for this scale was .82 in this study.

In the fourth section, 7-item 'Work to Family Conflict Scale', developed by Netemeyer, Boles and McMurrion (1996) and adopted to Turkish by Ayca and Eskin (2005), was used to measure WFC. The scale is a 5-point Likert scale where 1 is strongly agree and 5 is strongly disagree. Higher scores indicate higher levels of conflict. Cronbach's alpha coefficient for this scale was .83 in this study.

The fifth section included the factors influencing job satisfaction. After reviewing the relevant literature, we used economic, structural and psychological factors influencing job satisfaction (Coomber & Barriball, 2007; Anafarta, 2011; Patel et al., 2008; Lu et al., 2005). In the end, the factors were categorised into three dimensions: 1) working conditions (job security, charges, working hours and leave of absence, etc.) with 6 items, 2) work environment (relationships with managers and co-workers, sufficient equipment, physical conditions like heating, etc.) with 5 items, and 3) work structure (involvement in decision making, autonomy, opportunities for development and promotion, admiration, impartial evaluation and rewards, distribution of tasks, etc.) with 7 items. The nurses were asked to indicate to what extent their expectations were met by the institution on a 7-point scale ranging from 1 (minimum) to 7 (maximum). In order to determine the level of 'Job satisfaction' one question was added to the scale. The participants were asked to rate their work according to their own values, ideals and purposes, from 0 (not at all satisfied), 5 (satisfied) to 10 (absolutely satisfied) (Dolbier et al., 2005). The nurses were also asked to rate their intention to leave from 0 (I definitely think about leaving my job), 5 (I sometimes think about leaving my job) to 10 (I don't have any intention to leave my job).

2.4. Data analysis

The data were analysed using LISREL 8.80 and SPSS 20.0 software programmes. Mean scores obtained from the scales and standard deviations were calculated and in order to determine the differences between mean scores according to demographical data, independent-samples *t*-test, Mann-Whitney U Test, One-Way ANOVA and Kruskal-Wallis Test were performed.

A two phase approach was adopted for the analysis of the model, thus the measurement model and structural model were tested separately (Loehlin, 2004). In the first phase, CFA was performed in LISREL to obtain parameter estimates of each scale, and to determine the appropriate measurement model. In the second phase, analyses related to the structural model were performed by establishing the casual relationships in the proposed theoretical model. In this phase, after excluding the factors which were statistically insignificant and making the suggested corrections in LISREL, the final model explaining intention to leave was re-established. To evaluate model fit, chi-square (χ^2) / Degree of Freedom (df), Adjusted Goodness of Fit Index (AGFI), Goodness of Fit Index (GFI), Normed Fit Index (NFI), Non-Normed Fit Index (NNFI), Comparative Fit Index (CFI) and Root-Mean-Square Error of Approximation (RMSEA), Standardised Root Mean Square Residuals (SRMR) were calculated. Cronbach's alpha coefficients for reliability of the measurement tools were calculated in SPSS 20.0.

3. Results

3.1. Demographic data

Out of 98 participants, 83 (88%) were clinical nurses, and 11 (12%) were head nurses and supervisor nurses. 40 (42%) graduated from vocational high school, 55 (58%) from university. While 78 (82%) were nurses, 17 (18%) were nurse-midwives. 26 (27%) were working during the daytime, while 69 (73%) worked shifts. The average duration of being present at hospital, which included rest periods, was 54 (± 5.64) hours or more in a week. 38 (40%) of the participants were married and their spouses were also working, and 26 (28%) had children. The average age of the participants was 30.88 (± 6.71) years, and the average working duration at the job was 10.46 (± 6.88) years. While 32% of the nurses were dissatisfied with their job, 52% were moderately satisfied, and 16% were satisfied. When intention to leave was analysed, 46% of the participants were seriously contemplating leaving, 35% thought about leaving from time to time, and 19% did not intend to leave. To analyse whether there was a difference between the nurses working during the daytime ($n = 26$) and shifts ($n = 69$), Mann Whitney U test was performed on WFC, workload and managerial support. Workload ($z = -2,66$; $p < 0.01$) and WFC ($z = -1,71$; $p < 0.05$) were higher among the nurses working shifts. On the other hand, no difference was found in managerial support between the groups ($p > 0.05$).

3.2. SEM results

In the first phase of our two phased approach, the measurement models with 6 factors (managerial support, workload, working conditions, work environment, work structure and WFC) were validated using corrective measures so as to produce acceptable fit indices. Items which were statistically insignificant (with a t value under 1.96) and error variances which were related to another item's error variance, were excluded from the measurement models. Number of excluded items was as follows: 6 items from workload, 4 from managerial support, 2 from WFC, 1 from work structure, and 4 from working conditions. After identifying the appropriate measurement models, we proceeded to the second phase in order to perform analyses related to the structural model. In that phase, the theoretical model was tested by establishing causality between the variables (Figure 1).

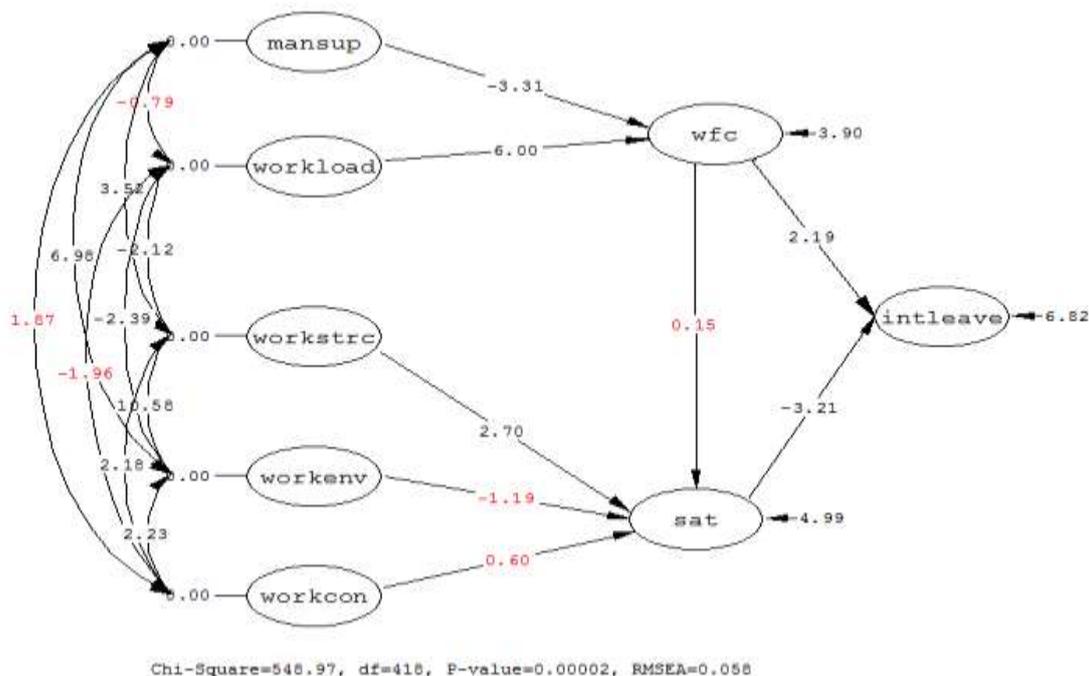


Figure 1. Testing the structural equation model (SEM) and theoretical model: correlations between factors and t values.

According to the results, the relationship between job satisfaction and the factors of work environment (H4: rejected) and working conditions (H5: rejected) were not statistically significant (t values respectively: 0.60, 1.19) (Figure 1). These factors were excluded in the final model. The relationship between WFC and job satisfaction (H6: rejected) was not statistically significant ($t = 0.15$) (Figure 1), so this relationship was not identified in the final model (Figure 2). Goodness-of-fit and correction indices were evaluated for the final model which was re-established after revision. Items and error variances, which were correlated with each other, were determined in the correction indices. Correlation between errors violates the assumption that errors are independent in the SEM (Joreskog & Sorbom, 2004). For this reason, among items with correlated errors, 6 items, which had the largest contribution to the decrease of chi-square values, were respectively excluded from the model (3 items from managerial support, 1 workload, 2 work structure).

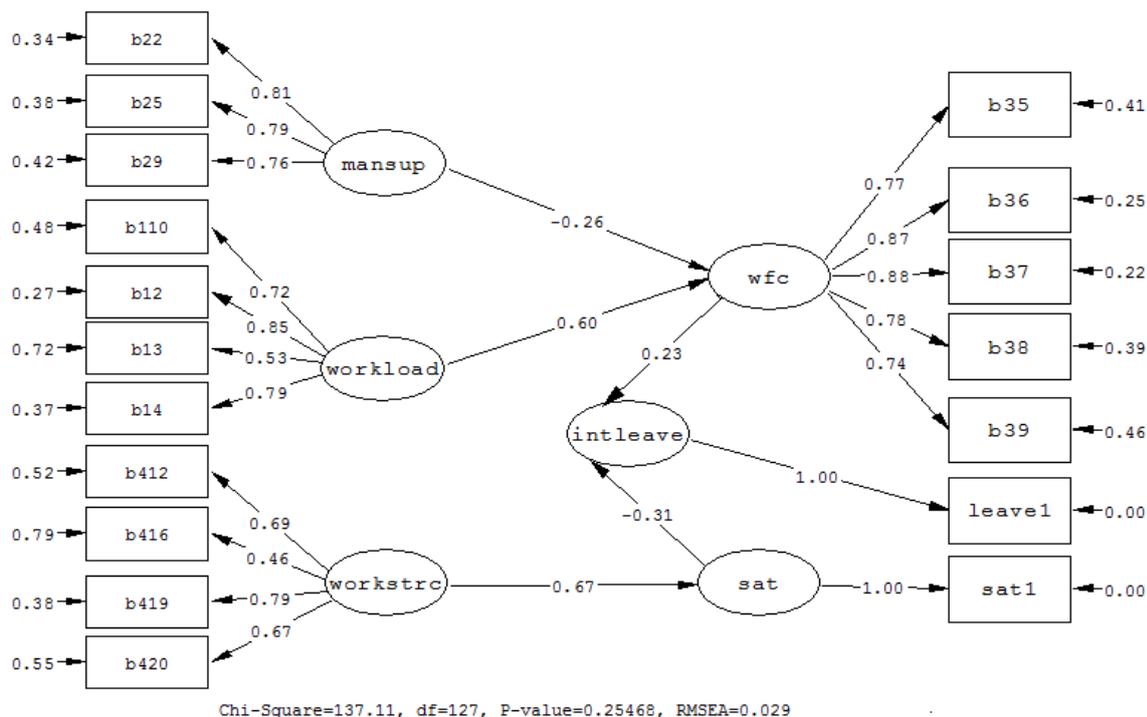


Figure 2. Standardised loadings for the final model

In the final model validated by using SEM analysis, correlations between factors of the model and standardised coefficients (regression coefficients) of the items are shown in Figure 2. Goodness-of-fit indices of the validated model were as follows: χ^2/df (137.11/127) was 1.08 (<2: good fit); RMSEA was 0.029 (good fit) and SRMR was 0.076 (acceptable fit); GFI was 0.86 (poor fit); AGFI was 0.81 (poor fit); NFI was 0.90 (acceptable fit); NNFI was 0.98 (good fit); CFI was 0.98 (good fit). Structural equations of the model are presented in Table 1.

Table 1. Structural Correlations and Equations for the Final Model

Structural correlations	Standard Errors	R ²	Structural equations	
Mansup + Workload	WFC	0.48	0.47	WFC = -0.25mansup + 0.58workload
Workstrc	Sat	0.56	0.44	Sat = +0.67workstrc
WFC + Sat	Intleave	0.82	0.17	Intleave = +0.24wfc - 0.31sat

According to the analysis of structural equations, workload was the most influential factor for WFC (H2: accepted), and a one-unit increase in workload associated a 0.58-unit increase in WFC. Managerial support factor influenced WFC negatively (H1: accepted), and a one-unit increase in managerial support caused a 0.25-unit decrease in WFC. These two factors together explained 47% of variance in WFC.

Work structure influenced job satisfaction positively (H3: accepted), and this factor alone explained 44% of job satisfaction. Job satisfaction had a negative impact on intention to leave (H8: accepted), and a one-unit increase in job satisfaction caused a 0.31-unit decrease in intention to leave. WFC influenced intention to leave positively (H7: accepted), and a one-unit increase in WFC caused a 0.24-unit increase in intention to leave. Job satisfaction and WFC together explained 17% of intention to leave. Cronbach's alpha coefficients were as follows: 0.82 for managerial support factor; 0.80 for workload factor; 0.83 for WFC factor; and 0.722 for work structure factor (4 items).

4. Discussion

Studies show that, on the one hand, nurses leave their jobs due to unfavourable working conditions; on the other hand, intention to leave increases among nurses who have to overwork because of nursing shortages. The purpose of this study was to determine the role of job satisfaction and WFC in explaining the nurses' intention to leave their job.

4.1. WFC

According to this study, the nurses working shifts reported statistically higher levels of WFC and workload than those working constantly during the daytime ($p < 0.05$). The nurses were working an average of 54 (± 5.64) hour shifts per week in the hospital where the study was conducted. According to the literature, long working hours increase WFC (Amstad et al., 2011). Long working hours, including nights and weekends, and inability to participate in family activities prevent employees from fulfilling their familial roles and responsibilities. This situation shows us that nurses experience time-based WFC, as they waste more time at work due to shift working. Moreover, a large amount of work to be done during working hours and nursing shortages produce higher workloads for nurses. In this study, greater workloads were found to increase WFC. This finding supports the results of other studies (Anafarta, 2011; Yildirim & Aycan, 2008; Simunic & Gregov, 2012; Amstad et al., 2011; Hill et al., 2004).

Another finding was that managerial support reduced WFC. According to the literature, the presence of managerial support considerably decreases WFC of employees (Anderson et al., 2002; Burke & Greenglas, 1999; Duxbury & Higgins, 1994; Blomme et al., 2010). If a manager provides informal support (such as shift arrangements) when needed at work, employees balance their work and family roles more easily. But managerial support is not specific to a job or profession; it is connected to organisational culture or the manager's personal attitudes and behaviours (Poelmans, 2005).

4.2. Job Satisfaction

Job satisfaction occurs when employees' expectations from the job are met. It is the level of employees' contentment felt with not only the nature of the work, but also the opportunities provided to them. We found in this study that 32% of the participants were dissatisfied with their jobs, while 52% were moderately satisfied and 16% were satisfied. Aiken et al. (2011) reported in their study that Japan had the highest rate of dissatisfied nurses (66%), followed by China (55%), South Korea (50%) and UK (42%).

As stated in the literature, factors such as work environment and working conditions along with work structure have an impact on job satisfaction (Coomber & Barriball, 2007; Hayes et al., 2006; Boles et al., 2003; Lu et al., 2005). When the theoretical relations were tested in our study, there was no significant correlation between job satisfaction and the factors of work environment (H4), work condition (H5) and WFC (H6), and these factors were excluded from the final model. Consequently,

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work structure was the only factor which explained job satisfaction, and it included items of autonomy, participation in decisions, distribution of tasks, impartial performance evaluation and rewards. Furthermore, the items related to work structure were found to explain job satisfaction markedly (44%).

Studies argue that factors such as autonomy and participation in decisions have significant influences on employees' job satisfaction (Hayes et al., 2006; Lu et al., 2005). Autonomy refers to the ability of professionals to make independent decisions about their subject areas, and to implement their activities independently in accordance with these decisions. Autonomy also involves the authority to observe and evaluate the implementations without permission and confirmation from anyone. It is important for nurses to participate in decisions about their work and to have autonomy, in other words to be able to add their creativity into their work. Thus, nurses will be satisfied with their jobs if they can add their creativity into work instead of doing routine work.

Hughes et al. (2002) stated that factors such as the lack of clear performance expectations, unclear distribution of tasks, and role ambiguity influence work performance and job satisfaction negatively. It is important to clarify the responsibilities that nurses should fulfil, and to acknowledge their work (Hayes et al. 2006; Boles et al. 2003). Employees who are not admired experience ambiguity about how their work is perceived. This ambiguity influences their job satisfaction negatively. Thus to appreciate the achievements of nurses in return for their work and to give them rewards they deserve will influence nurses' job satisfaction positively. This argument is consistent with our finding that showed factors concerning work structure such as clear distribution of tasks, impartial performance evaluation and rewards had a significant impact on job satisfaction.

According to the results, H6 about the significant impact of WFC on job satisfaction was rejected. Relevant studies conducted in Australia, Canada, New Zealand, England and the USA have demonstrated that WFC has an important effect on job satisfaction; however, those conducted in Asia and Latin America argue that it does not have an important effect (Anafarta, 2011; Hill et al., 2004; Brough & Kalliath, 2009). The different results are attributed to cultural differences in the literature; in individualistic societies like the USA, England, and Canada, WFC significantly impacts job satisfaction, whereas in collectivist societies like Asia, Turkey, and Latin America, it does not directly impact job satisfaction (Anafarta, 2011; Spector et al., 2007; Hill et al., 2004). Job and life satisfaction are important for individuals in individualistic societies to feel good about themselves because WFC directly affects job satisfaction (Spector et al., 2007). WFC levels of nurses' increase when they cannot get enough social support from their families (Van der Heijden et al., 2009). In Turkey, due to collectivist family structure which includes social support from family, nurses are not thought to experience negative feelings about their jobs, even if they experience WFC.

4.3. Intention to Leave

In this study, the average age of the participants was 30.88 (± 6.71) years, and 46% of them were seriously intending to leave their jobs. In a study conducted in five countries (the USA, Canada, England, Scotland, and Germany) by Aiken et al. (2011), intention to leave rates of nurses under 30 years old were between 29-54%. In another study conducted in 10 European countries by Heinen et al. (2013), the nurses working in Finland had the highest rate of intention to leave (49%), followed by Ireland and UK (44%). In our study, job satisfaction and WFC explained 17% of the nurses' intention to leave. According to the relevant studies, there is a correlation between job satisfaction and intention to leave, and the nurses with low job satisfaction seek to leave the institution as soon as possible (Aiken et al., 2011; Coomber & Barriball, 2007; Hayes et al., 2006; Heinen et al., 2013; Spector et al., 2007). Also it is stated in the literature that experiencing WFC increases nurses' intention to leave their job (Blomme et al., 2010; Van der Heijden et al. 2009) however, nurses experiencing family-work conflict do not have intentions to leave their job (Van der Heijden et al., 2009). These results imply that nurses who have difficulty in balancing their family role and responsibilities because of intense work pressure, intend to leave their current job and to work in another organisation which offers better working conditions with lower workload and more managerial support.

5. Conclusion

According to the analyses of theoretical correlations tested in the study, there was no correlation between job satisfaction and the factors of work environment (H4), working conditions (H5) and WFC (H6), and the factors were excluded from the final model. Managerial support and workload explained 48% of WFC. Work structure alone explained 44% of job satisfaction. Job satisfaction and WFC explained 17% of the variance in intention to leave. Goodness of fit indices of the final model were calculated as follows: $\chi^2/df = 1.08$; RMSEA = 0.029; SRMR = 0.076; GFI = 0.86; AGFI = 0.81; NFI = 0.90; NNFI = 0.98 and CFI = 0.98. To sum up, the fit between the data and the final model of measurement tool was good.

5.1. Implication for Nursing Health Policy

Today, due to the fact that nursing shortage is an important problem, strategies to keep current nurses in the institution should be developed by focusing on WFC and job satisfaction factors that impact leaving. Work structure of nurses should be reorganised in order to enhance their job satisfaction. While achieving this, it is beneficial to involve nurses in decisions about their activities, to distribute tasks clearly, and to evaluate and reward performances impartially. Moreover, if managers support nurses in balancing WFC and lightening workload, rate of intention to leave will be reduced. Consequently, these results will provide significant contributions both to the literature and the clinical work environments.

5.2. Limitations of the Study

One of the most important limitations of the study is that the population for the study is from just one hospital. This limitation prevents generalising the results. Still, 98% of the nurses working in the hospital participated, illustrating how well the study represents the total population. Therefore, further studies with larger samples are recommended. In our study 17% of the variance in the intention to leave was explained. Even if this rate is an important contribution to the literature, a major part of intention to leave was not explained. However, WFC and job satisfaction can be explained with higher rates (respectively 47% and 44%). We suggest that intention to leave the job can be better explained in further studies by adding different variables to the model.

The study population comes from a collectivist culture, so the results concerning WFC and job satisfaction are limited due to cultural differences. Thus, these results should be compared to samples from individualistic cultures.

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