Caspian Journal of Health Research
"Caspian J Health Res"

Research Paper: Relationship Between Work-Family Conflict and Perceived Organizational Support Among Nurses of Kurdistan University of Medical Sciences

Boshra Ebrahimi[1] , Obeidollah Faraji[2] , Bijan Nouri[2] , Sina Valiee[3,4*]

1. Student Research Committee, Kurdistan University of Medical Sciences, Sanandaj, Iran.
2. Social Determinants of Health Research Center, Research Institute for Health Development, Kurdistan University of Medical Sciences, Sanandaj, Iran.
3. Clinical Care Research Center, Research Institute for Health Development, Kurdistan University of Medical Sciences, Sanandaj, Iran.
4. Department of Nursing, School of Nursing and Midwifery, Kurdistan University of Medical Sciences, Sanandaj, Iran.

ABSTRACT

Background: Due to the importance of work-family conflict, it is necessary to find its relationship with organizational variables like perceived organizational support. Therefore, the present study investigated the relationship between work-family conflict and perceived organizational support in nurses of Kurdistan University of Medical Sciences.

Materials & Methods: The present study was a descriptive cross-sectional study conducted on 300 nurses working at educational hospitals of Kurdistan University of Medical Sciences, Iran. A three-part questionnaire including demographic information, Carlson's family-work conflict, and perceived organizational support of Eisenberg was used. Descriptive statistics and analytical statistical tests (Mann-Whitney and Kruskal-Wallis) and Spearman correlation coefficient were used.

Results: The majority of the participants were female (64.2%) and married (55.9%). Work-family conflict was slightly higher than the mean. The dimensions of time-based work-family conflict (10.79±2.95) and strain-based work-family conflict (10.66±2.72) had the highest scores compared to other dimensions of work-family conflicts. Perceived organizational support was less than mean and there was a negative correlation between work-family conflict and perceived organizational support (r=-0.21, P=0.001).

Conclusion: The present study showed the importance of paying attention to reducing work-family conflict by increasing perceived organizational support. Therefore, reducing the dimensions of work-family conflict is necessary and organizational managers should increase organizational support for nurses and thus reduce the conflict between nurses and family work.

Keywords: Nurse, Conflict, Work, Family

* **Corresponding Author:**
Sina Valiee, PhD.
Address: Clinical Care Research Center, Research Institute for Health Development, Kurdistan University of Medical Sciences, Sanandaj, Iran.
Tel: +98 (918) 8734619
E-mail: valiee@muk.ac.ir

1. Introduction

From the beginning of human life, special attention has been paid to the phenomenon of work [1] and the concepts of work and family have the strongest connection with the person and society, so that creating a balance between them is of great importance [2]. If the relationship between work, life, and family is not managed, there is a conflict of work and family that can cause irreparable damage to the person, organization, and society [3]. Among the occupations, nurses are more exposed to work-family conflict due to their job conditions such as the number of shifts, hard work, long working hours, and night shifts [4]. Nursing is a profession that requires uninterrupted activity [4, 5]. Nurses are under pressure due to the high workload and the shortage of nursing staff and must play their role simultaneously as effective members of the family [6]. Over the past decade, the work-family conflict has become one of the most important topics in research on organizational behavior and human resource management in nurses. The work-family conflict has been proven to be directly related to employees' working lives, public health, and employees' well-being [7]. Also, work-family conflict plays a negative role in organizational performance and adaptation strategies [8, 9].

The inability to balance the needs of the two roles of life i.e., work and-family can lead to problems such as absenteeism, leaving the service, and reducing organizational commitment or less efficiency in the workplace [10]. Also, the occurrence of stressful events in the workplace subconsciously affects a person's behavior in the private living environment, so that the incompatibility in performing one role causes problems in playing another role [11]. In general, the simultaneous activity of people in the two areas of work and family and playing multiple roles such as a spouse, job role, and parental roles, leads to a kind of intra-individual conflict called work-family conflict [12].

This conflict is equally important for people and organizations. For organizations it can lead to reducing productivity and job satisfaction, increased latency and absenteeism of employees, increased redundancies and reduced organizational commitment. For people, it plays as a major source of stress resulting in negative consequences such as increased risk to the health of the working mother and father, the inefficient performance of maternal, paternal, and spousal duties, increased marital satisfaction, and increased mental health. It also has negative consequences for people such as anxiety and depression and for their interpersonal relationships such as increased family conflict and divorce [9, 13-15].

Many factors may affect the occurrence of work-family conflict, among which organizational factors are the main influential factors. In an age when organizations and work environments face many challenges and pressures every day and the employees of these organizations bear a lot of workloads and struggle with problems; organizational support may be a good remedy for these challenges and pressures [16]. Perceived organizational support is the degree to which an organization attaches importance to a person's efforts and physical and mental health and helps him or her in stressful and difficult situations [17]. It is the amount of the organization's commitment to the employees [18]. Organizational support is the general feeling and belief of people that the organization values the cooperation, help, and support of its members and is concerned about their happiness and future [14, 19]. In contrast to perceived support, employees increase their efforts, actions, loyalties, and commitments in helping the organization achieve its goals and aspirations [20]. Researchers consider perceived organizational support as an operational manifestation of social exchange theory; in fact, social exchange is perceived as the core of the psychological process underlying organizational support [21]. This theory forms an important part of sociology and psychology and is one of the most important paradigms for understanding employees' behavior [22]. Although studies have examined work-family conflict and organizational factors, the relationship between these two variables has been less studied in nurses. Based on the literature review, no study was found to investigate the relationship between work-family conflict and perceived organizational support in Iranian nurses. Therefore, this study was aimed to find the relationship between work-family conflict and perceived organizational support in nurses working in Kurdistan University of Medical Sciences hospitals.

2. Materials and Methods

Study design and study population

The present descriptive cross-sectional study was performed on all nurses working in Kurdistan educational hospitals in 2019. Those who hold an associate or higher degree in nursing, had willingness to take part in research, didn't have an experience of psychological crisis in the last 6 months, and having at least one year of work experience were included to the study. Exclusion criteria were not completing all the questions on the questionnaire. Considering that in the results of Zheng and Wu study [23]

the correlation coefficient of work-family conflict and organizational support was -0.24, considering confidence levels of 99% and statistical power of 95% a sample size of 300 nurses was calculated. The sample were selected using multistage stratified random sampling method; each of the four educational hospitals was considered as one stratum, the sample was allocated proportionally to the number of nurses in each hospital. At each hospital nurses were selected by simple random sampling.

Study instrument and data collection

The nurses were assured that the answers given were considered confidential and would be stored and analyzed without name or address. After providing the necessary explanations to the nurses about the research goals and taking informed consent from the participate, a three-part questionnaire including demographic information, family-work conflict, and perceived organizational support was provided to them. The Perceived Organizational Support Questionnaire of Eisenberg et al. includes eight specific questions [24]. The validity of the Persian version of perceived organizational support questionnaire has been approved by Asgari et al. and the reliability of questionnaire was obtained using Cronbach's alpha coefficient of 0.84 [25]. The questionnaire consisted of 8 items based on the Likert-type scale (strongly disagree, 1; disagree 2; have no opinion, 3; agree, 4; strongly agree; 5. The higher the score (range 8-40, mean 24), the more the person enjoys the organizational support perceived by the relevant organization. The Work-Family Conflict questionnaire was developed in 2000 by Carlson et al. [26]. The scale consists of 18 items and assesses the six dimensions of work-family conflict; The first dimension is the time-based work-family conflict (the amount of time spent doing the job and reduces the time spent for the family). The second dimension is time-based family-work conflict (the amount of time spent on family activities and reduces time spent at work); The third dimension is strain-based work-family conflict (the amount of energy spent on work and energy expenditure on family activities); The fourth dimension is the strain-based family-work conflict (the amount of energy expended on family activities and the reduction of energy expenditure for work); Fifth dimension, behavior-based work-family conflict (interference of work behaviors and norms in family behaviors and norms) And the sixth dimension measures behavior-based family-work conflict (the interaction of family behaviors and norms with work behaviors and norms). This questionnaire is based on a Likert scale of five options from strongly disagree to strongly agree (strongly disagree: 1 disagree: 2 neither agree nor dis-

agree: 3 agree: 4 strongly agree: 5). The score of each dimension was calculated as the sum of the scores of the questions of the relevant dimension and the total score of the questionnaire was calculated as the sum of the scores of all dimensions. The score reneges from 18 to 90 and a high score (close to 90) indicates the existence of a high work-family conflict and a low score (close to 18) indicates a low work-family conflict. Each dimension has 3 questions, range 3-15 (mean 8). In the study by Watai et al., the reliability of the questionnaire in six subscales was between 0.77 and 0.92 [27]. Carlson et al. reported a reliability coefficient with Cronbach's alpha between 0.78 and 0.87 [26]. To determine the reliability of the questionnaire in current study, it was given to 30 nurses who did not participate in the study. The Cronbach's alpha was obtained as 0.863 for the work-family conflict questionnaire and 0.74 for the perceived organizational support questionnaire.

Statistical analysis

Descriptive indicators such as mean, Standard Deviation (SD), and frequency were used to describe variables. Non-parametric statistical tests including Mann-Whitney U test, Kruskal-Wallis, and Spearman correlation coefficient was used to evaluate the association between study variables. The significance level was considered less than 5%. STATA software version 12 was used for data analysis.

3. Results

In the present study, 64.21% of the subjects were female and 35.79% were male. The Mean±SD age of the study participates was 31.29±6.2, the mean duration of marriage was 7.11±6.17, and the mean years of work experience was 7.1±5.97. More than half of the subjects (55.89%) were married. The spouse job of most of the subjects (45.93%) was employee and the spouse education of 51.7% was bachelor. About 17% of the participants were working in the emergency department, and 82.67% of participants had rotating shifts. Most participants (66.06%) owed a home. The level of education of most participants was bachelor (88.67%) (Table 1).

The total work-family conflict (54.18±11.2) was slightly higher than the mean score (range 18-90, mean 54). Based on the results of work-family conflict in the dimensions of time-based work-family conflict (10.79±2.95) and strain-based work-family conflict (10.7±2.72) was higher than mean (range 3-15, mean 8). There was a significant relationship between spouse income (P=0.02) and income level (P=0.001) with work-family conflict. There was not a significant relationship

Ebrahimi B, et al. Work-Family Conflict and Perceived Organizational Support. Caspian J Health Res. 2021; 6(4):137-146.

139

Health Research

Table 1. Demographic characteristics of the study population

Variable		No. (%)
Sex	Male	107(35.79)
	Female	192(64.21)
Marital status	Single	123(41.41)
	Married	166(55.89)
	Divorced	5(1.68)
	Widow	3(1.01)
Number of children	0	211(70.33)
	1	58(19.33)
	2	28(9.330
	3	3(1.0)
Spouse job	Unemployed	29(16.86)
	Employee	79(45.93)
	Self employed	37(21.54)
	Colleague	27(15.70)
Spouse education	High school	4(2.33)
	Diploma	24(13.95)
	Associate Degree	15(8.72)
	Bachelor	89(51.74)
	Masters	29(16.86)
	PhD	11(6.40)
Spouse income	Less than expenses	57(33.14)
	Equal to expenses	104(60.47)
	More than expenses	11(6.40)
Caring for the elderly in the family	Yes	52(17.33)
	No	248(82.67)
Caring for the disabled in the family	Yes	19(6.33)
	No	281(93.67)
Work status	Fixed	52(17.33)
	Rotation	248(82.67)

Ebrahimi B, et al. Work-Family Conflict and Perceived Organizational Support. Caspian J Health Res. 2021; 6(4):137-146.

Variable		No. (%)
Type of employment	Mandatory service	79(26.33)
	Contractual	40(13.33)
	Provisional	107(35.67)
	Permanent	74(24.67)
Parents alive	Father is alive	19(6.38)
	Mother is alive	56(18.79)
	Father is died	3(1.01)
	Both are alive	212(71.14)
	Both are died	8(2.68)
Parental involvement in the care of children during shifts	Yes	45(34.62)
	No	85(65.38)
Parental involvement in helping with household chores during shifts	Yes	56(33.94)
	No	109(65.38)
Type of housing	Rent	129(43.0)
	Owing	171(66.06)
Income	Less than expenses	101(33.67)
	Equal to expenses	188(62.67)
	More than expenses	11(3.67)
Education	Associate Degree	9(3.0)
	Bachelor	266(88.67)
	Masters	24(8.0)
	PhD	1(0.33)
Organizational position	Nurse	283(94.33)
	Supervisor	8(2.67)
	Head nurse	5(1.67)
	Matron	4(1.33)

CJHR

between demographic characteristics and organizational position with work-family conflict. The perceived organizational support of nurses was 18.7 ± 5.41 (range 8-40, mean 24). The results also showed that perceived organizational support has a significant relationship with spouse income (P=0.004), organizational position (P=0.005) and income level (P=0.05).

Based on the results, the total score of work-family conflict had a significant and negative relationship with perceived organizational support (r= -0.21 and P=0.0002). Also, time-based work-family conflict (r= -0.38 and P=0.0001) and strain-based work-family conflict (r=

-0.34 and P=0.0001) had a significant and negative relationship with perceived organizational support (Table 2).

4. Discussion

According to the results, work-family conflict was slightly higher than mean in nurses. In this regard, it was consistent with the study of Samani et al., Zheng and Wu, and Hesabi et al. [14, 23, 28]. But it was inconsistent with the results of Rastegarkhaled and Mohammadi study [29] that unlike other studies, family-work conflict was higher than work-family conflict. In present study, the work-family conflict in two dimensions

Ebrahimi B, et al. Work-Family Conflict and Perceived Organizational Support. Caspian J Health Res. 2021; 6(4):137-146.

141

Table 2. The relationship between work-family conflict with perceived organizational support

Work-Family Conflict	Mean±SD	Perceived Organizational Support	
		r	P
Time-based work-family conflict	10.79±2.95	-0.38	0.0001
Time-based family-work conflict	9.15±2.42	-0.1	0.07
Strain-based work-family conflict	10.66±2.72	-0.34	0.0001
Strain-based family-work conflict	7.0±2.65	0.04	0.46
Behavior-based work-family conflict	8.28±2.54	-0.02	0.69
Behavior-based family-work conflict	8.28±2.66	-0.04	0.4
Total score of work-family conflict	54.18±11.2	-0.21	0.0002

(time- based and strain-based) were more than the mean. In this study, the women consisted higher proportion of study participants and there was no difference between work-family conflict in terms of nurses' gender. The occupation of most of the spouse participants in the study was the employee. Couples who are both employed must play both the role of the employed person and the role of the person who is responsible for the home and family, that might result in the work-family conflict. Most of the participants in the study stated that their parents are not involved in caring for their children and doing housework, which also increases the work-family conflict. When parents help their children with childcare and household chores during shifts, their children will experience less stress, be more physically and mentally relaxed, and have more time to look after other things in life they will have. Employees, especially female nurses, should try to balance their roles in the family and work with the help of various support sources, while considering their different roles in the family. Organizational managers should also give more support to nurses, especially female nurses.

The results of this study showed that nurses experience work-family conflict was equal in two dimensions of time-based work-family conflict and strain-based work-family conflict. This finding was inconsistent with the results of the Hesabi et al. study who found that work-family conflict in terms of stress was greater than work-family conflict in terms of time and behavior [28]. In Iranian societies, usually people work more than the obliged amount per week to afford their living expenses. Increased working hours and not having enough time to take care of family affairs may make them experience more conflict in terms of time. In this regard, since 2008, the issue of improving the productivity law and reducing

the working hours of nurses has been seriously included in the program of the Ministry of Health and Medical Education [30]. Nurses endure more work-family conflict in terms of stress due to working in unusual conditions, insomnia, and related problems, being in contact with patients and painful situations, and problems arising from taking on parental roles. In this study, stress-based family-work conflict was one of the influential areas in work-family conflict in nurses, which was inconsistent with the results of Hesabi et al. [28]. Therefore, due to the high working hours of nurses, nursing managers should try to increase the number of staff and reduce the working hours of nurses. Also, due to the high workload and its effect on the conflict between work and family in nurses, improving the ratio of nurses to beds can reduce the workload and exhausting work-family conflict in nurses. Also, due to the relationship between the income and income of the spouse and the work-family conflict, financial support is necessary to appropriate than nurses. The responsibilities that a person has as a working person are completely different from family responsibilities, so playing each of these roles requires its own behavior and attitude. Individuals should try to treat the behavior they have towards their family differently from the behavior they play in their job role in order to avoid work-family-based behavior interactions.

Based on the results, perceived organizational support was less than the mean score and was related to the income, organizational position and income of the spouse. In the study of Robaee et al., perceived organizational support in nurses of hospitals of Shahid Beheshti University of Medical Sciences was also reported to be low [31]. Perceived organizational support is the degree to which employees believe that the organization values their participation, cares about their well-being, and meets their

Ebrahimi B, et al. Work-Family Conflict and Perceived Organizational Support. Caspian J Health Res. 2021; 6(4):137-146.

emotional and social needs [25, 31]. The existence of fairness and superior support, organizational rewards, and suitable job conditions lead to increased organizational support perceived by employees [31, 32]. Low perceived organizational support also negatively affects the level of effort, performance, loyalty, and commitment of employees in helping the organization to make its goals and aspirations [23]. Therefore, nursing managers should try to prove proper communication, their participation in various organizational processes, and use their opinions to improve the organization, taking into account nurses' understanding of organizational support.

The results showed that work-family conflict had a significant and negative relationship with perceived organizational support, which was consistent with the results of the study by Samani et al. and Zheng and Wu [14, 23]. The study of Caesens et al. showed that poorly perceived organizational support causes conflict in teachers' workplaces [32]. In a South Korean study of factory workers, perceived organizational support and sensitivity to justice played a role in the tendency to leave job [33]. As the conflict between work and family escalates, people feel that the organization does not treat them as human beings whose needs are important to the organization. Therefore, their perception of organizational support decreases. Organizational support of employees has a positive effect on the performance of employees' work commitments [23]. Therefore, as long as organizations reduce the work-family conflict for their employees, it will increase people's satisfaction with the performance of the organization and will increase the organizational support perceived by employees.

On the other hand, work-family conflict is equally important for people and organizations. For organizations, because it is associated with reduced productivity, reduced job satisfaction of employees, increased delays and absences of employees, increased redundancies and reduced organizational commitment. For people as a major source of stress, negative consequences such as increased risk. For the health of the working mother and father, the inefficient performance of maternal, paternal, and spousal duties increases marital satisfaction and mental health [7-9]. This makes the work-family conflict a social issue; Because it affects both the family and the individual's work and work environment; Therefore, it needs attention from various organizations, especially health organizations whose staff, including nurses, deal with patients' lives.

5. Conclusion

The present study revealed that work-family conflict was slightly higher and perceived organizational support was lower than the average. The work-family conflict in total and in the dimensions of time-based work-family conflict and strain-based work-family conflict has a significant and negative correlation with perceived organizational support. There was a significant relationship between spouse income and income level of nurses with work-family conflict.

This study had some limitations including Lack of co-operation of some nurses in completing the questionnaire and returning incomplete questionnaires was one of the limitations of this study. For more complete results, it is better to study with a larger sample size. It is suggested that the study be conducted among nurses working in private and social security centers and compared with nurses working in public hospitals. It is also possible to conduct a study between staff working in clinical wards of hospitals and staff working in administrative wards of hospitals and compare the results.

Ethical Considerations

Compliance with ethical guidelines

The study was approved by the Ethics Committee of Kurdistan University of Medical Sciences (Code: IR.MUK.REC.1398.026).

Funding

Authors' contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgements

Ebrahimi B, et al. Work-Family Conflict and Perceived Organizational Support. Caspian J Health Res. 2021; 6(4):137-146.

143

Reference

[1] Giddens A, Sutton PW. Sociology. Cambridge: Polity Press; 2009. https://books.google.com/books?id=cC2qkgEACAAJ&dq

[2] Baghban I, Fatehizadeh M, Melkiha M, Naghavi A. [Balancing between family and work life (Persian)]. Isfahan: Kankash Publication; 2010. http://opac.nlai.ir/opac-prod/bibliographic/1925104

[3] Obrenovic B, Jianguo D, Khudaykulov A, Khan MAS. Work-family conflict impact on psychological safety and psychological well-being: A job performance model. Front Psychol. 2020; 11:475. [DOI:10.3389/fpsyg.2020.00475] [PMID] [PMCID]

[4] Stimpfel AW, Sloane DM, Aiken LH. The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. Health Aff (Millwood). 2012; 31(11):2501-9. [DOI:10.1377/hlthaff.2011.1377] [PMID] [PMCID]

[5] Hoeve YT, Jansen G, Roodbol P. The nursing profession: Public image, self-concept and professional identity. A discussion paper. J Adv Nurs. 2014; 70(2):295-309. [DOI:10.1111/jan.12177] [PMID]

[6] Alhani F, Ojian P. [Work-family conflict in nurses and its accompaniment with their quality of life (Persian)]. J Educ Ethics Nurs. 2013; 2(1):21-5. [DOI:20.1001.1.23225300.1392.2.1.5.4]

[7] Liu JY, Low SP. Work-family conflicts experienced by project managers in the Chinese construction industry. Int J Proj Manage. 2011; 29(2):117-28. [DOI:10.1016/j.ijproman.2010.01.012]

[8] Taylor BL, DelCampo RG, Blancero DM. Work-family conflict/facilitation and the role of workplace supports for US Hispanic professionals. J Organ Behav. 2009; 30(5):643-64. [DOI:10.1002/job.605]

[9] Jennings JE, McDougald MS. Work-family interface experiences and coping strategies: Implications for entrepreneurship research and practice. Acad Manage Rev. 2007; 32(3):747-60. [DOI:10.5465/amr.2007.25275510]

[10] Fu CK, Shaffer MA. The tug of work and family: Direct and indirect domain-specific determinants of work-family conflict. Pers Rev. 2001; 30(5):502-22. [DOI:10.1108/EUM0000000005936]

[11] Amstad FT, Meier LL, Fasel U, Elfering A, Semmer NK. A meta-analysis of work-family conflict and various outcomes with a special emphasis on cross-domain versus matching-domain relations. J Occup Health Psychol. 2011; 16(2):151-69. [DOI:10.1037/a0022170] [PMID]

[12] Shabaniebahar G, Farahani A, Bagherian Fasel F. [Determine the relationship between Work-family conflict and quality of life of vice chairmen of the board of directors of sport the province (Persian)]. J Sport Manage Mot Behav. 2012; 8(15):109-22. [DOI:10.22080/JSMB.2012.423]

[13] Ghislieri C, Gatti P, Molino M, Cortese CG. Work-family conflict and enrichment in nurses: Between job demands, perceived organisational support and work-family backlash. J Nurs Manag. 2017; 25(1):65-75. [DOI:10.1111/jonm.12442] [PMID]

[14] Samani HRO, Dibaji S M, Sadeghi M. Investigating the relationship between work-family conflict with perceived organizational support, job stress and self-mastery in expatriate workers. Res Clin Psychol Couns. 2011; 1(2):151-70. https://www.sid.ir/en/journal/ViewPaper.aspx?ID=245087

[15] Hammer LB, Cullen JC, Neal MB, Sinclair RR, Shafiro MV. The longitudinal effects of work-family conflict and positive spillover on depressive symptoms among dual-earner couples. J Occup Health Psychol. 2005; 10(2):138-54. [DOI:10.1037/1076-8998.10.2.138] [PMID]

[16] Damghanian H, Babayi F, Ghamshidi L. [Investigating perceived organizational support considering social capital (Persian)]. Organ Resour Manage Res. 2016; 5(4):73-89. https://ormr.modares.ac.ir/article-28-12044-en.html

[17] Rhoades L, Eisenberger R. Perceived organizational support: A review of the literature. J Appl Psychol. 2002; 87(4):698-714. [DOI:10.1037/0021-9010.87.4.698] [PMID]

[18] Narang L, Singh L. Role of perceived organizational support in the relationship between HR practices and organizational trust. Glob Bus Rev. 2012; 13(2): 239-49. [DOI:10.1177/097215091201300204]

[19] Ghazali H, Nashuki NM, Othman M. The influence of Perceived Organizational Support (POS), Perceived Supervisory Support (PSS) and Organizational Commitment (OC) towards intention to leave or intention to stay: A case of casual dining restaurants in Klang Valley, Malaysia. Int J Acad Res Bus Soc Sci. 2018; 8(9):1884-1902. [DOI:10.6007/IJARBSS/v8-i9/4869]

[20] Cho J, Treadway DC. Organizational identification and perceived organizational support as mediators of the procedural justice-citizenship behaviour relationship: A cross-cultural constructive replication. Eur J Work Organ Psychol. 2011; 20(5):631-53. https://psycnet.apa.org/record/2011-24277-003

[21] DeConinck JB. The effect of organizational justice, perceived organizational support, and perceived supervisor support on marketing employees' level of trust. J Bus Res. 2010; 63(12):1349-55. [DOI:10.1016/j.jbusres.2010.01.003]

[22] Gurbuz S, Turunc O, Celik M. The impact of perceived organizational support on work-family conflict: Does role overload have a mediating role? Econ Ind Democracy. 2013; 34(1):145-60. [DOI:10.1177/0143831X12438234]

[23] Zheng J, Wu G. Work-family conflict, perceived organizational support and professional commitment: A mediation mechanism for Chinese project professionals. Int J Environ Res Public Health. 2018; 15(2):344. [DOI:10.3390/ijerph15020344] [PMID] [PMCID]

[24] Eisenberger R, Huntington R, Hutchison S, Sowa D. Perceived organizational support. J Appl Psychol. 1986; 71(3):500-7. [DOI:10.1037/0021-9010.71.3.500]

[25] Asgari B, Poesoltani Zarandi H, Aghaei N. [Relationship of percived organizational support with function of personel of gevernances in west provinces of Iran (Persian)]. Sport Physiol Manage Investig. 2013; 2(1):19-28. https://www.sid.ir/fa/journal/ViewPaper.aspx?ID=307705

[26] Carlson DS, Kacmar KM. Work-family conflict in the organization: Do life role values make a difference? J Manage. 2000; 26(5):1031-54. [DOI:10.1177/014920630002600502]

[27] Watai I, Nishikido N, Murashima S. [Development of a Japanese version of the Work-Family Conflict Scale (WFCS), and examination of its validity and reliability (Japanese)]. J Occup Health. 2006; 48(3):71-81. [DOI:10.1539/sangyoeisei.48.71] [PMID]

[28] Hesabi M, Maghsoudi S, Emami Sigaroudi A, Leili EK, Monfared A. [Work-family conflict among nurses working in Gilan University of Medical Sciences (Persian)]. Women Stud Sociol Psychol. 2015; 13(4):123-52. [DOI:10.22051/JWSPS.2015.2243]

[29] Rastegarkhaled A, Mohammadi M. [Study of work-family conflict among female and male nurses in Sabzevar city and its relationship with job satisfaction (Persian)]. Women Strateg Stud. 2013; 16:59-96. http://www.jwss.ir/article_12151.html?lang=en

[30] Ghasemi E, Zoksei SR. Productivity law for clinical workers of health system. Rasht: Jungle-Javedaneh Publication; 2018.

[31] Robaee N, Atashzadeh-Shoorideh F, Ashktorab T, Baghestani A, Barkhordari-Sharifabad M. Perceived organizational support and moral distress among nurses. BMC Nurs. 2018; 17:2. [DOI:10.1186/s12912-017-0270-y] [PMID] [PMCID]

[32] Caesens G, Stinglhamber F, Demoulin S, De Wilde M, Mierop A. Perceived organizational support and workplace conflict: The mediating role of failure-related trust. Front Psychol. 2019; 9(9):2704. [DOI:10.3389/fpsyg.2018.02704] [PMID] [PMCID]

[33] Kim CY, Lee JH, Shin SY. Why are your employees leaving the organization? The interaction effect of role overload, perceived organizational support, and equity sensitivity. Sustainability. 2019; 11(3):657. [DOI:10.3390/su11030657]

Ebrahimi B, et al. Work-Family Conflict and Perceived Organizational Support. Caspian J Health Res. 2021; 6(4):137-146.

145

This Page Intentionally Left Blank