

# The Determination of the Relationship Between the Organizational Support Perceived by Nurses and the Work-Family Conflict\*

## Hemşirelerde Algılanan Örgütsel Destek ile İş-Aile Çatışması Arasındaki İlişkinin Belirlenmesi

Merve Öz Sayım<sup>1</sup>, Aysun Türe<sup>2</sup>

<sup>1</sup>Bozüyük State Hospital, Bilecik, Türkiye

<sup>2</sup>Eskişehir Osmangazi University, Faculty of Health Sciences, Department of Nursing Management, Eskişehir, Türkiye

\*This study was produced from the thesis titled "Determination of the Relationship Between Perceived Organizational Support and Work-Family Conflict in Nurses", which was completed in 2022 at Eskişehir Osmangazi University Health Sciences Institute, Department of Nursing.

**Cite as:** Öz Sayım M, Türe A. The determination of the relationship between the organizational support perceived by nurses and the work-family conflict. Journal of Health and Nursing Management. 2024;11(2):302-312.

**DOI:** 10.54304/SHYD.2024.15689

### Abstract

**Aim:** This study was conducted descriptively with the aim of determining the relationship between perceived organizational support and work-family conflict among nurses.

**Method:** The population of the study consisted of nurses working in a university hospital in Eskişehir province (N:923), and the sample (N:432) consisted of nurses. Data was collected using the "Personal Information Form", "Perceived Organizational Support Scale", and "Work-Family Conflict Scale." The collected data was analyzed using the appropriate statistical programs.

**Results:** In the study, it was found that the overall mean score of the "Perceived Organizational Support Scale" in nurses was below the mean value of "2.61 (SD=0.67)", and the overall mean score of the "Work-Family Conflict Scale" was below the mean value of "3.41 (SD=0.82)". It was found that perceived organizational support and work-family conflict differed according to variables such as age, years of work experience in the profession, years of work experience in the institution, work type, and weekly working hours for nurses. A negative and significant relationship was found between perceived organizational support and work-family conflict among nurses ( $r=-0.39$ ;  $p<0.05$ ). According to the regression model, it was determined that perceived organizational support had a low-level significant effect on work-family conflict ( $B=-0.481$ ;  $t=-8.86$ ;  $p<0.05$ ).

**Conclusion:** It was found that perceived organizational support in nurses reduces work-family conflict. In this context, it is recommended that healthcare organizations adopt supportive management policies that are family-friendly and do not ignore individual demands in order to reduce work-family conflict.

**Keywords:** Perceived organizational support, work-family conflict, nursing.

### Öz

**Amaç:** Bu araştırma hemşirelerde algılanan örgütsel destek ile iş-aile çatışması arasındaki ilişkinin belirlenmesi amacı ile tanımlayıcı olarak gerçekleştirilmiştir.

**Yöntem:** Araştırmanın evrenini Eskişehir ilinde bulunan bir üniversite hastanesinde çalışan (N:923) hemşire, örneklemini ise (N:432) hemşire oluşturmuştur. Veriler "Kişisel Bilgi Formu", "Algılanan Örgütsel Destek Ölçeği", "İş-Aile Çatışması Ölçeği" ile toplanmıştır. Elde edilen veriler uygun istatistiksel programlar kullanılarak analiz edilmiştir.

**Bulgular:** Araştırmada hemşirelerde "Algılanan Örgütsel Destek Ölçeği" genel puan ortalamasının "2,61 (SS=0,67)" ortalama değerinin altında, "İş-Aile Çatışması Ölçeği" genel puan ortalamasının "3,41 (SS=0,82)" ortalama değerinin altında olduğu saptanmıştır. Algılanan örgütsel destek ve iş aile çatışmasının, hemşirelerin yaş, meslekteki çalışma süresi, kurumdaki çalışma süresi, çalışma şekli ve haftalık çalışma saati değişkenlerine göre farklılık gösterdiği bulunmuştur. Hemşirelerde algılanan örgütsel destek ile iş-aile çatışması arasında negatif yönlü ve anlamlı ilişki olduğu belirlenmiştir ( $r=-0,39$ ;  $p<0,05$ ). Regresyon modeline göre algılanan örgütsel desteğin iş-aile çatışması üzerinde düşük düzeyde anlamlı etkisi bulunduğu saptanmıştır ( $B=-0.481$ ;  $t=-8.86$ ;  $p<0.05$ ).

**Sonuç:** Çalışmada, hemşirelerde algılanan örgütsel desteğin iş-aile çatışmasını azalttığı saptanmıştır. Bu doğrultuda sağlık organizasyonlarının iş-aile çatışmasını azaltmak için aile dostu ve bireysel talepleri göz ardı etmeyen destekleyici yönetim politikaları benimsenmesi önerilebilir.

**Anahtar Sözcükler:** Algılanan örgütsel destek, iş-aile çatışması, hemşirelik.

**Corresponding author / Sorumlu yazar:** Merve Öz Sayım ▪ merveozoffice@gmail.com

**Received / Geliş:** 26.12.2023 ▪ **Accepted / Kabul:** 27.08.2024 ▪ **Published Online / Online Yayın:** 31.08.2024

## Introduction

The concept of organizational support gains importance in meeting needs such as the respect and approval of individuals who expect support in the work environment (Altaş, 2021). Organizational support includes arrangements that care about the happiness of individuals working within the values of the organization (Eisenberger et al., 1986).

According to the organizational support theory, the relationship between employees and their organizations is nourished by the mutual exchange of positive emotions between them (Stinglhamber et al., 2020). Individuals develop a general perception of the extent to which their contribution to their organizations is valued (Kurtessis et al., 2017). Perceived organizational support is defined as “all of the perceptions developed based on the awareness of individuals' contributions to the organization and consideration of their happiness” (Ring, 2011). Employees with a high perception of organizational support show more effort related to work, resulting in increased in-role job performance and new role performances that help the organization. It also reduces the intentions of individuals to leave their jobs, and their levels of burnout and work-family conflict (Kurtessis et al., 2017; Gao et al., 2020; Wang & Wang, 2020).

Today, due to the ever-changing dynamic structure of life, the work-family conflict experienced by individuals is recognized as an important problem. Therefore, organizations need to consider both work and family roles in the work environment (Osorio et al., 2014; French et al., 2018). These roles can be a source of well-being for individuals, but they can also be a source of conflict if the roles are not balanced (Wattoo et al., 2018).

Work-family conflict occurs as a result of the fulfilment of responsibilities in one area while responsibilities in another area are not met (Greenhaus & Beutell, 1985). Netemeyer et al. (1996) defines work-family conflict as the demands arising from work life and lack of time and problems preventing the realization of responsibilities belonging to family life. Parasuraman and Simmers (2001) define the concept of work-family conflict as “the occurrence of work and family life roles at the same time and the difficulty faced by individuals to adapt to this situation”.

When examining the studies which have been carried out, it is observed that employees with high levels of perceived organizational support experience lower levels of work-family conflict (Casper et al., 2002; Foley et al., 2005). When understanding and empathy are shown towards employees' family responsibilities, the individual's psychological resources for coping with stress increase, thus reducing the conflict between their stress and job demands (Goh et al., 2015).

Healthcare workers, especially nurses, are at risk of work-family conflict. This is because employees experience high levels of physical, cognitive, and emotional challenges (Cortese et al., 2010). In the nursing profession, it is believed that improving healthcare services and care quality (Cho & Han, 2018), ensuring patient safety (Yeh et al., 2021), increasing performance (Asbari et al., 2020), reducing intentions to leave the job (Chen et al., 2018), and reducing conflict and communication problems are related to reducing work-family conflict. The level of perceived organizational support plays a significant role among the factors causing work-family conflict (Gürbüz et al., 2013; Chandler, 2021). It is known that nurses who experience high levels of work-family conflict have higher physical and psychological expectations from work, lower levels of autonomy, and receive less support from both work and family life (Zhang et al., 2017). Due to the lack of studies examining the relationship between perceived organizational support, which is one of the important indicators of the working environment (Robae et al., 2018), in nurses in Turkey and work-family conflict, this study was conducted with the aim of determining the relationship between perceived organizational support and work-family conflict among nurses.

## Method

**The Purpose and Type of the Study:** This descriptive and correlational study was conducted to determine the relationship between perceived organizational support and work-family conflict among nurses working in a university hospital.

### The Study Questions:

- What is the level of perceived organizational support among nurses?
- What are the levels of work-family conflict among nurses?
- Is there a difference in the levels of perceived organizational support and work-family conflict among nurses based on socio-demographic and work-related variables?

- What is the relationship between the level of perceived organizational support and work-family conflict among nurses?
- What is the impact of nurses' perceived organizational support levels on their work-family conflict levels?

**The Place the Study was Carried Out, its Characteristics and Time:** The study was conducted face-to-face with nurses who had agreed to participate in it, between November 2021 and March 2022, at a university hospital in Eskişehir province.

**The Population and Sample of the Study:** The population of the study consisted of nurses (n=923) working in a university hospital in Eskişehir province. The sample size of the study was calculated using the well-known sample calculation formula " $n = Nt^2 * pq / d^2 * (N-1) + t^2 * pq$ ". In this formula; N = Number of individuals in the target population, n = Number of individuals in the sample, p = Frequency of occurrence of the event under investigation (0.50 was chosen to reach the maximum sample size), q = Frequency of non-occurrence of the event under investigation (q = 1-p = 1- 0.5 = 0.5), t = The theoretical value obtained from the t table at a certain level of significance (t = 1.96 for  $\alpha = 0.05$  with  $\infty$  degrees of freedom), d = The  $\pm$  sampling error accepted based on the frequency of the event (d = 0.05). Accordingly, the minimum sample size was determined to be 271. A total of 432 nurses who agreed to participate in the study were reached.

**The Data Collection Tools and Method Used in the Study:** The study data was collected using three different data collection tools. The "Personal Information Form", "Perceived Organizational Support Scale" and "Work-Family Life Conflict Scale" were used. The necessary permissions were obtained for the scales that were used.

*The Personal Information Form:* This is comprised of 9 questions including information about the age, gender, marital status, educational status, years of working in the profession, years of working in the institution, working hours per week, the department of employment and manner of employment of the nurses included in the study.

*The Perceived Organizational Support Scale:* The "Perceived Organizational Support Scale" developed by Eisenberger et al. (1986) and later shortened by Armstrong-Stassen & Ursel (2009) to 10 items was used in order to determine the level of perceived organizational support by employees. The validity and reliability of the scale in Turkish was conducted by Akkoç et al. (2012) The scale consists of 10 items. The validity and reliability of the Perceived Organizational Support Scale in the field of nursing was conducted by Türe and Yıldırım (2018). As a result of the analysis conducted by Türe and Yıldırım (2018), the factor load of the fourth item was found to be low and this item was removed, resulting in a scale consisting of 9 items. The scale was scored using a 5-point Likert system. Items 5 and 8 of the 9-item scale are reverse-scored. The Cronbach alpha coefficient of the Turkish validation study was 0.93, the Cronbach alpha coefficient of the validity and reliability of the scale in nursing was 0.88 and this study was 0.83. The scale has no sub-dimensions and cut-off points. As the score obtained from the scale increases toward 5, perceived organizational support is considered to be high, and as the score decreases toward 1, perceived organizational support is considered to be low.

*The Work-Family Life Conflict Scale:* The Work-Family Life Conflict Scale developed by Netemeyer et al. (1996) was used to measure the work-family life conflict levels of employees. The scale was translated into Turkish by Efeoğlu (2006). The scale consists of two sub-dimensions aiming to measure the levels of work-family conflict arising from work life and family-work conflict arising from family life. The work-family conflict dimension, which aims to determine the level of conflict reflected from work to family, was used in this study. The scale consists of 5 items. The answers were collected using a 5-point Likert scale (1=Strongly disagree, 5=Strongly agree). The Cronbach alpha coefficient of the original scale was 0.88, the Cronbach alpha coefficient of the Turkish validation study was also 0.88 and the Cronbach alpha coefficient of this study was 0.86.

**The Collection of Data:** Data was collected between November 2021 and March 2022 by interviewing nurses who had agreed to participate in the study. As the study was based on the voluntariness and willingness of the participants, the questionnaire was not applied to nurses working in the hospital where the study was conducted, and who declared that they did not want to participate in the study.

**The Analysis of the Data:** The data was transferred to the IBM SPSS Statistics 26 program and the analyses were completed. The Kolmogorow-Smirnov Test (n>30) was first applied to the scores in the normality test of the scale scores. As a result of the test, it was seen that the scores did not meet the assumption of normal distribution (p<0.05). The Kolmogorow Smirnov Test alone is not sufficient to decide whether the scores are suitable for normal distribution. However, when the skewness (POS: 0.29; WFC: -0.80), kurtosis (POS: 0.14; WFC: 0.10), and histogram graphs of the scores were examined, it was seen that the values were between  $\pm 3$ . Skewness and kurtosis coefficients between  $\pm 3$  indicate that the distribution is normal (Alpar, 2020). An independent sample t-test was used to compare the scale scores according to the variables of gender, marital status, and type of work, and one-way analysis of variance (ANOVA) was used to compare the scale scores according to the variables of age groups, education level, working period in the profession, working period in the institution, weekly working hours and type of clinic. When a significant difference was found in the ANOVA test, Tukey post hoc test

was used in paired comparisons to determine which groups the difference was between. The Pearson correlation test was used to determine the relationship between work-family conflict and perceived organizational support in the evaluation of the correlation coefficient, 0.00-0.29 is a low-level relationship, 0.30-0.69 is a medium-level relationship, 0.70-1.00 is a high-level relationship  $r = -$  is a negative relationship,  $r = +$  is a positive relationship (Gürbüz & Şahin, 2018). Regression analysis was used to determine the effect of perceived organizational support on work-family conflict.

**The Ethical Aspect of the Study:** In the study, permission and institutional pre-approval for using the scales were obtained via email. Ethical committee approval number E-25403353-050.99-192643 dated 25.05.2021, institutional approval number E-31568761-804.01-245427 dated 05.11.2021, and informed consent of the participants were obtained, and data was collected.

**The Limitations of the Study:** The limitations of the study include its limitation to the sample of nurses working in the university hospital included in the study scope and its inability to be generalized.

## Results

**Table 1. Distribution of Nurses According to Socio-Demographic and Working Life Characteristics (N: 432)**

	Groups	N	%
<b>Gender</b>	Female	327	75.7
	Male	105	24.3
<b>Marital status</b>	Married	205	47.5
	Single	227	52.5
<b>Age groups</b>	18-23 years	70	16.2
	24-29 years	254	58.8
	30 + years	108	25.0
<b>Academic Status</b>	Medical Vocational High School	80	18.5
	Associate degree	82	19.0
	Bachelor's degree	252	58.3
	Master's degree	18	4.2
<b>Time Worked in the Profession</b>	1-5 years	257	59.5
	6-10 years	113	26.2
	11 years +	62	14.3
<b>Time Worked in the Institution</b>	1-5 years	291	67.4
	6-10 years	96	22.2
	11 years +	45	10.4
<b>Manner of Work</b>	Shifts	174	40.3
	Daytime	51	11.8
	Daytime and shifts	207	47.9
<b>Working hours per week</b>	40 hours	145	33.6
	Over 40 hours	287	66.4
<b>Clinic Employed in</b>	Internal unit	121	28.0
	Surgical unit	124	28.7
	Intensive care unit	144	33.3
	Emergency	43	10.0

The socio-demographic characteristics of the 432 nurses participating in the study were examined. 75.7% of them are female and 52.5% are single. 58.8% of the nurses are in the age group 24-29. 58.3% of the participants have a bachelor's degree; 59.5% have 1-5 years of experience in the profession; 67.4% have 1-5 years of experience in the institution; 47.9% work in day and shift patterns (daytime and shifts); 66.4% work more than 40 hours per week; and 33.3% work in intensive care units (Table 1).

**Table 2. Mean Scores of Perceived Organizational Support Scale and Work-Family Conflict Scale**

Scores	N	Min.	Max.	Median	$\bar{X}$	SS	Skewness	Kurtosis	Kolmogorov-Smirnov (p)
Perceived Organizational Support Score	432	1.00	5.00	2.56	2.61	0.67	0.29	0.14	<0.001
Work-Family Conflict Score	432	1.00	5.00	3.40	3.41	0.82	-0.80	0.10	<0.001

Min: The minimum score that can be obtained from the scale, Max: The maximum score that can be obtained from the scale,  $\bar{X}$ : Average SS: Standard Deviation

According to Table 2, the mean score of perceived organizational support scale is "2.61 (SD=0.67)" and the mean score of work-family conflict scale is "3.41 (SD=0.82)".

According to Table 3, it was found that there was no significant difference ( $p>0.05$ ) in the mean scores of the Perceived Organizational Support Scale based on the variables of gender, marital status, education level and the clinic employed in. However, there was a significant difference ( $p<0.05$ ) in the mean scores of the Perceived Organizational Support Scale among nurses based on age, years of experience in the profession, years of experience in the institution, working patterns, and weekly working hours. The mean scores of the perceived organizational support among nurses aged 18-23 and over 30 were significantly higher than those in the 24-29 age group. Nurses with 11+ years of experience in the profession had significantly higher mean scores of perceived organizational support than those with 1-5 and 6-10 years of experience.

**Table 3. Comparison of Perceived Organizational Support Scale and Work-Family Conflict Scale Mean Scores with Nurses' Socio-Demographic and Work-Life Characteristics (N: 432)**

	n	POS	WFC
		Mean (SD)	Mean (SD)
<b>Gender</b>			
Female	327	2.63 (0.63)	3.39 (0.75)
Male	105	2.54 (0.76)	3.45 (0.99)
	t/p	1.25/0.213	-0.62/0.536
<b>Marital Status</b>			
Married	205	2.59 (0.63)	3.41 (0.84)
Single	227	2.63 (0.70)	3.40 (0.79)
	t/p	-0.59/0.553	0.05/0.963
<b>Age Groups</b>			
a-18-23	70	2.73 (0.76)	3.30 (0.92)
b-24-29	254	2.51 (0.65)	3.53 (0.81)
c-Aged 30 or over	108	2.78 (0.60)	3.20 (0.74)
	F/p	7.798<0.001	6.779/0.001*
	Diff.	a.c>b	b>c
<b>Academic Status</b>			
a-Medical Vocational High School	80	2.69 (0.67)	3.44 (0.78)
b-Associate Degree	82	2.57 (0.64)	3.39 (0.93)
c-Bachelor's/Postgraduate Degree	270	2.60 (0.68)	3.40 (0.80)
	F/p	0.759/0.469	0.067/0.935
<b>Time Worked in the Profession</b>			
a-1-5 years	257	2.59 (0.72)	3.41 (0.83)
b-6-10 years	113	2.56 (0.53)	3.51 (0.74)
c-11 + years	62	2.81 (0.67)	3.20 (0.88)
	F/p	3.400/0.034*	3.016/0.049*
	Diff.	c>a.b	b>c

SD: Standard Deviation, F:One Way ANOVA. Diff. (Difference)= Tukey Test

\* $p<0.05$ ; \*\* $p<0.01$

**Table 3. Continued**

	n	POS	WFC
		Mean (SD)	Mean (SD)
<b>Time Worked in the Institution</b>			
a-1-5 years	291	2.59 (0.70)	3.43 (0.83)
b-6-10 years	96	2.54 (0.54)	3.47 (0.76)
c-11+ years	45	2.89 (0.66)	3.13 (0.86)
F/p		4.784/ <b>0.009**</b>	2.988/ <b>0.049*</b>
Diff.		c>a.b	a.b>c
<b>Manner of Work</b>			
a-Shifts	174	2.49 (0.59)	3.51 (0.78)
b-Daytime only	51	2.96 (0.67)	3.00 (0.86)
c-Daytime and shifts	207	2.63 (0.69)	3.42 (0.81)
F/p		10.359/<0.001	7.888/ <b>0.001</b>
Diff.		b>a.c	a.c>b
<b>Working Hours per Week</b>			
40 hours	145	2.83 (0.69)	3.26 (0.88)
More than 40 hours	287	2.50 (0.63)	3.48 (0.77)
t/p		4.06/<0.001	-3.81/<0.001
<b>Clinic Employed in</b>			
a-Internal department	121	2.67 (0.67)	3.27 (0.85)
b-Surgical department	124	2.63 (0.68)	3.45 (0.76)
c-Intensive care	144	2.50 (0.66)	3.48 (0.79)
d-Emergency	43	2.76 (0.64)	3.43 (0.94)
F/p		2.53/0.057	1.57/0.195

SD: Standard Deviation, F:One Way ANOVA. Diff. (Difference)= Tukey Test

\*p<0.05; \*\*p<0.01

Nurses with 11+ years of experience in the institution had significantly higher mean scores of perceived organizational support than those with 1-5 and 6-10 years of experience.

Nurses working in continuous day shifts had significantly higher mean scores of perceived organizational support than those working in shifts and shifts patterns (daytime and shifts), and nurses working 40 hours per week had significantly higher mean scores of perceived organizational support than those working over 40 hours per week.

According to Table 3, it was observed that there was no significant difference ( $p>0.05$ ) in the mean scores of work-family conflict among nurses based on the variables of gender, marital status, education level and clinic employed in. However, significant differences ( $p<0.05$ ) were found in the mean scores of the Work-Family Conflict Scale among nurses based on age, years of experience in the profession, years of experience in the institution, working patterns, and weekly working hours. Nurses in the 24-29 age group had significantly higher mean scores of work-family conflict compared to those in the 30+ age group. Nurses with 6-10 years of experience in the profession had significantly higher mean scores of work-family conflict compared to those with 11+ years of experience. Nurses working in institutions for 1-5 and 6-10 years had significantly higher mean scores of work-family conflict compared to those working for 11+ years. Nurses working in shift patterns (day and night shifts) had significantly higher mean scores of work-family conflict compared to those working in continuous day shifts and nurses working over 40 hours per week had significantly higher mean scores of work-family conflict compared to those working 40 hours per week.

**Table 4. The Relationship Between the Perceived Prganizational Support and Work-Family Life Conflict Scales of the Nurses (N: 432)**

The scale	Work-Family Life Conflict	
	r	-0.393
<b>Perceived Organizational Support</b>	p	<0.001
	n	432

r: Pearson correlation coefficient

According to Table 4, a moderately significant negative linear relationship was found between nurses' perceived organizational support scores and work-family conflict scores ( $r=-0.39$ ;  $p<0.05$ ). Therefore, as nurses' perception of organizational support increases, the level of work-family conflict decreases.

**Table 5. The Effect of Perceived Organizational Support on Work-Family Conflict in Nurses (N: 432)**

Independent Variable	B	Std. Error	Std. Beta	t	P	95.0% Confidence Interval for B	
						Lower	Upper
Constant	4.665	0.146		31.879	<0.001	4.378	4.953
Perceived Organizational Support	-0.481	0.054	-0.393	-8.865	<0.001	-0.588	-0.375
Model Summary:		R <sup>2</sup> =0.393	R <sup>2</sup> =0.155	Adj R <sup>2</sup> =0.153		F <sub>(1 430)</sub> =78.588	<0.001

Dependent Variable=Work-Family Conflict

B: Regression coefficient; SH: Standard error of the regression coefficient;  $\beta$ : Standardized regression coefficient; t: Independent two-sample t-test statistic; F: F=One Way ANOVA; p: Significance level; R<sup>2</sup>: Coefficient of determination, explaining the variance in the dependent variable; Adj R<sup>2</sup>: Adjusted R<sup>2</sup>.

The explained variance adjusted for errors.

It was determined according to Table 5 that the model showing the effect of perceived organizational support on work-family conflict is appropriate ( $F(1, 430) = 78.59$ ;  $p < 0.001$ ). 15.3% of the variance in work-family conflict is explained by perceived organizational support ( $Adj. R^2 = 0.153$ ). According to the regression model, perceived organizational support has a low-level significant effect on work-family conflict ( $B = -0.481$ ;  $t = -8.86$ ;  $p < 0.001$ ). A high level of perceived organizational support leads to a decrease in work-family conflict.

## Discussion

The aim of this study was to determine the relationship between nurses' perceived organizational support and the work-family conflict they experience. In the literature, there are different studies that indicate that nurses' perceived organizational support is at a low (Robaee et al., 2018; Terzi & Polat, 2020), moderate (Zan & Altuntaş, 2019) and above average level (Derin et al., 2020). The findings of this study are consistent with studies in the literature indicating that nurses' perceived organizational support level is low. The reason for this could be attributed to differences in nurses' workloads, working hour arrangements, levels of independent decision-making in their work, the extent to which nurses' needs for recognition and respect are met, and supportive policies within the organization.

When nurses' perceived levels of organizational support were compared according to sociodemographic and job characteristics, the findings of this study revealed differences based on age groups. This situation could be attributed to the different demands and perspectives of nurses based on their age groups, and the varied understanding of the level of support provided by the organization between newly joined, younger employees and those who have been in the profession for many years. In the study, it was observed that nurses who have longer working experience in both the profession and the institution have a higher perception of organizational support. In a study by Gorji et al. (2014), it was found that as nurses' years of experience in the profession increased, their perception of organizational support also increased. It is thought that nurses with longer professional experience adapt to the profession over the years, gain experience, and may be assigned to less shift-intensive and less intense units. In a study by Gupta et al. (2016), it was found that there were significant positive relationships between the duration of working in the institution and nurses' perception of organizational support. Similarly, it is believed that nurses who have worked in the same institution for a long time become familiar with and accustomed to the institution, feel more of a sense of belonging to their workplace, and therefore encounter fewer problems.

In the study, it was found that nurses who work continuous day shifts and have a weekly working time of 40 hours or less per week had higher levels of perceived organizational support. The nursing profession often involves rotating shift work, including night and day shifts, which is the most common shift system, and it has been found that nurses working in this way have lower perceptions of organizational and work environment factors (Gómez-García et al., 2016). This situation may be attributed to nurses working in continuous day shifts having a more regular lifestyle, less workload due to more nurses being present in daytime clinics during weekdays, and the work system requiring them to plan their personal lives around work schedules. In a study conducted with 996 nurses in China, it was found that nurses working 40 hours or more per week had higher levels of fatigue compared to those working less than 40 hours, and their perceived organizational support strengthened the relationship between resilience and fatigue (Liu et al., 2020). This may be due to the fact that the majority of nurses working more than 40 hours per week are composed of those who predominantly work in day-night shift rotations, work weekends, are new graduates and young nurses, which may have negative effects on sleep patterns and physical fatigue due to long working hours.

The findings of this study are consistent with studies in the literature indicating that nurses' work-family conflict levels are below average (Yeh et al., 2021). When the work-family conflict levels of nurses were compared according to socio-demographic and work-related characteristics, it was found that the highest level of work-family conflict was observed in nurses aged between 24-29. In a study by Lambert et al. (2015), it was found that work-family conflict decreased with increasing age. This could be due to younger nurses putting more effort into establishing a good career in their profession, therefore prioritizing their work life over family life roles, and being involved in more overtime and shift work. Additionally, it is thought that nurses in the 18-23 age group perceive conflicts at a lower level due to the excitement of starting a new career.

In the study, it was observed that nurses working in shift rotations, including night shifts, and those working for 40 hours or more per week experience a higher level of work-family conflict. Fang's study (2017) found that the frequency of night shifts could increase the level of work-family conflict. This could be due to nurses working in shift rotations and night shifts spending more time away from home. Additionally, nurses working continuous day shifts may have a more regular lifestyle, spend more time with their families, and be at home at the same time as other family members. In a study by Lembrechts et al. (2015), it was found that as nurses' working hours increased, their experience of work-family conflict also increased. This may be because nurses working 40 hours per week are able to allocate the necessary time to both work and family domains, and they may be less exposed to the negative effects of increased workload due to overtime.

The study also shows that nurses with a high level of perceived organizational support experience lower levels of work-family conflict. Grant-Vallone and Ensher (2001) found that organizational support is an important factor in work-family conflict and that there is a negative relationship between them. In a study by Cortese et al. (2010), supportive management was found to reduce nurses' work-family conflict and, therefore, reduce nurses' work-related demands. Ghislieri et al. (2017) conducted a study with 500 nurses working in a hospital in Italy to investigate the relationship between work relationships (perceived organizational support, supervisor and colleague support, work-family reaction) and job demands (workload, emotional dissonance) with work-family conflict and enrichment. The study revealed a positive relationship between work-family conflict and job demands and supervisor reaction, and a negative relationship between perceived organizational support and work-family conflict.

According to the findings of this study, it is observed that perceived organizational support has a negative and significant impact on work-family conflict. Ekmekci et al. (2021) suggest that perceived organizational support can reduce conflicts related to both work and family life for nurses. This may be because nurses who are supported by their organizations are less affected by conflicts in the work environment and do not perceive work-life balance as a source of conflict due to the organization's efforts to regulate working conditions.

## Conclusions and Recommendations

The study found that perceived organizational support among nurses reduces work-family conflict. In this context, it is evident that the work environment of nurses should be supportive and their attitudes toward work need to be positively regulated. Hospital administrators should exhibit fairness in their behavior, support nurses' personal and professional development, and regulate working hours according to international standards. When determining personnel policies in hospitals, attention should be paid to not overlooking employees' personal goals and values, and policies should aim to reduce work-family conflict. It is recommended that training sessions be organized for employees on coping with work-family conflict and achieving work-life balance.



**Author Contribution:** The authors declare their contributions to the article as follows; study idea and design: AT, MÖS; Data collection: MÖS; Analysis and interpretation of the results: AT; Preparation of the candidate article: MÖS, AT. The results of all writings were reviewed and the final version of the article was given.

**Ethics Committee Approval:** Eskişehir Osmangazi University Non-invasive Clinical Research Ethics Committee approval was obtained (Date: 25.05.2021 - Number: E-25403353-050.99-192643).

**Conflict of Interest:** The authors declare that there is no conflict of interest.

**Funding:** The authors declare that the study has no financial support.

**Informed Consent:** Informed consent of the participants were obtained.

**Yazarlık Katkısı:** Yazarlar makaleye katkılarını şu şekilde beyan etmektedir; çalışma fikri ve tasarımı: AT, MÖS; Veri toplama: MÖS; Sonuçların analizi ve yorumlanması: AT; Aday makalenin hazırlaması: MÖS, AT. Tüm yazarlar sonuçları gözden geçirdi ve makalenin son halini onayladı.

**Etik Kurul Onayı:** Eskişehir Osmangazi Üniversitesi Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu tarafından onaylanmıştır (Tarih: 25.05.2021 - Karar No: E-25403353-050.99-192643).

**Çıkar Çatışması:** Yazarlar herhangi bir çıkar çatışması olmadığını beyan ederler.

**Finansal Destek:** Yazarlar, çalışmanın finansman desteği olmadığını beyan ederler.

**Katılımcı Onamı:** Katılımcıların bilgilendirilmiş onamları alınmıştır.

## References

- Akkoç, İ., Çalışkan, A. & Turunç, Ö. (2012). Örgütlerde gelişim kültürü ve algılanan örgütsel desteğin iş tatmini ve iş performansına etkisi: Güvenin aracılık rolü. *Celal Bayar Üniversitesi, İktisadi ve İdari Bilimler Fakültesi*, 19(1), 105-135.
- Alpar R. (2020). *Spor, sağlık ve eğitim bilimlerinden örneklerle uygulamalı istatistik ve geçerlik-güvenirlilik*. (6. ed.). Ankara, Türkiye: Detay Yayıncılık.
- Altaş, S. S. (2021). Sağlık çalışanlarının örgütsel özdeşleşme, örgütsel bağlılık, örgütsel güven ve örgütsel destek algıları arasındaki ilişkiler. *İşletme Araştırmaları Dergisi*, 13(1), 875-891.
- Armstrong-Stassen, M. & Ursel, N. D. (2009). Perceived organizational support, career satisfaction, and the retention of older workers. *Journal of Occupational Organizational Psychology*, 82(1), 201-220. <https://doi.org/10.1348/096317908X288838>
- Asbari, M., Purwanto, A., Sudargini, Y. & Fahmi, K. (2020). The effect of work-family conflict and social support on job satisfaction: A case study of female employees in Indonesia. *International Journal of Social and Management Studies*, 1(1), 32-42.
- Casper, W. J., Martin, J. A., Buffardi, L. C. & Erdwins, C. J. (2002). Work-family conflict, perceived organizational support, and organizational commitment among employed mothers. *Journal of occupational health psychology*, 7(2), 99. <https://doi.org/10.1037/1076-8998.7.2.99>
- Chandler, K. D. (2021). Work-family conflict is a public health concern. *Public Health in Practice*, 2, 100158. <https://doi.org/10.1016/j.puhip.2021.100158>
- Chen, H., Li, G., Li, M., Lyu, L. & Zhang, T. (2018). A cross-sectional study on nurse turnover intention and influencing factors in Jiangsu Province, China. *International Journal of Nursing Sciences*, 5(4), 396-402. <https://doi.org/10.1016/j.ijnss.2018.09.012>
- Cho, H. & Han, K. (2018). Associations among nursing work environment and health-promoting behaviors of nurses and nursing performance quality: A multilevel modeling approach. *Journal of Nursing Scholarship*, 50(4), 403-410. <https://doi.org/10.1111/jnu.12390>
- Cortese, C. G., Colombo, L. & Ghislieri, C. (2010). Determinants of nurses' job satisfaction: the role of work-family conflict, job demand, emotional charge and social support. *Journal of nursing management*, 18(1), 35-43. <https://doi.org/10.1111/j.1365-2834.2009.01064.x>
- Derin, N., Demirtaş, Ö. & Doğan, T. G. B. (2020). Vizyoner liderlik davranışlarının örgütsel destek aracılığıyla örgütsel vatandaşlık davranışları üzerindeki etkisi: Psikolojik rahatlığın düzenleyici rolü. *Pamukkale University, Journal of the Institute of Social Sciences*, (41), 550-562. <https://doi.org/10.30794/pausbed.693214>
- Efeoğlu, İ. E. (2006). *İş-aile yaşam çatışmasının iş stresi, iş doyumu ve örgütsel bağlılık üzerindeki etkileri: İlaç sektöründe bir araştırma* (Doktora Tezi). Çukurova Üniversitesi Sosyal Bilimler Enstitüsü. Adana, Türkiye.
- Eisenberger, R., Huntington, R., Hutchison, S. & Sowa, D. (1986). Perceived organizational support. *Journal of Applied psychology*, 71(3), 500. <https://doi.org/10.1037/00219010.71.3.500>
- Ekmekci, O. T., Xhako, D. & Camgoz, S. M. (2021). The buffering effect of perceived organizational support on the relationships among workload, work-family interference, and affective commitment: A study on nurses. *Journal of Nursing Research*, 29(2), e140. <https://doi.org/10.1097/JNR.0000000000000419>
- Fang, Y. X. (2017). Burnout and work-family conflict among nurses during the preparation for re-evaluation of a grade A tertiary hospital. *Chinese Nursing Research*, 4(1), 51-55. <https://doi.org/10.1016/j.cnre.2017.03.010>

- Foley, S., Hang-Yue, N. & Lui, S. (2005). The effects of work stressors perceived organizational support, and gender on work-family conflict in Hong Kong. *Asia Pacific Journal of Management*, 22(3), 237-256. DOI: 10.1007/s10490-005-3568-3
- French, K. A., Dumani, S., Allen, T. D. & Shockley, K. M. (2018). A meta-analysis of work-family conflict and social support. *Psychological Bulletin*, 144(3), 284-314. <https://doi.org/10.1037/bul0000120>
- Ghislieri, C., Gatti, P., Molino, M. & Cortese, C. G. (2017). Work-family conflict and enrichment in nurses: between job demands, perceived organizational support and work-family backlash. *Journal of Nursing Management*, 25(1), 65-75. <https://doi.org/10.1111/jonm.12442>
- Giao, H. N. K., Vuong, B. N., Huan, D. D., Tushar, H. & Quan, T. N. (2020). The effect of emotional intelligence on turnover intention and the moderating role of perceived organizational support: Evidence from the banking industry of Vietnam. *Sustainability*, 12(5), 1857. <https://doi.org/10.3390/su12051857>
- Goh, Z., Ilies, R. & Wilson, K. S. (2015). Supportive supervisors improve employees' daily lives: The role supervisors play in the impact of daily workload on life satisfaction via work-family conflict. *Journal of Vocational Behavior*, 89, 65-73. <https://doi.org/10.1016/j.jvb.2015.04.009>
- Gómez-García, T., Ruzafa-Martínez, M., Fuentelsaz-Gallego, C., Madrid, J. A., Rol, M. A., Martínez-Madrid, M. J. & Moreno-Casbas, T. (2016). Nurses' sleep quality, work environment and quality of care in the Spanish National Health System: Observational study among different shifts. *BMJ Open*, 6(8), e012073. <https://doi.org/10.1136/bmjopen-2016-012073>
- Gorji, H. A., Etemadi, M. & Hoseini, F. (2014). Perceived organizational support and job involvement in the Iranian health care system: A case study of emergency room nurses in general hospitals. *Journal of Education and Health Promotion*, 3(1), 58. <https://doi.org/10.4103/2277-9531.134760>
- Grant-Vallone, E. J. & Ensher, E. A. (2001). An examination of work and personal life conflict, organizational support, and employee health among international expatriates. *International Journal of Intercultural Relations*, 25(3), 261-278. [https://doi.org/10.1016/S0147-1767\(01\)00003-7](https://doi.org/10.1016/S0147-1767(01)00003-7)
- Greenhaus, J. H. & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76-88. <https://doi.org/10.2307/258214>
- Gupta, V., Agarwal, U. A. & Khatri, N. (2016). The relationships between perceived organizational support, affective commitment, psychological contract breach, organizational citizenship behaviour and work engagement. *Journal of Advanced Nursing*, 72(11), 2806-2817. <https://doi.org/10.1111/jan.13043>
- Gürbüz, S. & Şahin, F. (2018). *Sosyal bilimlerde araştırma yöntemleri*. Ankara, Türkiye: Seçkin Yayıncılık.
- Gürbüz, S., Turunc, O. & Celik, M. (2013). The impact of perceived organizational support on work-family conflict: Does role overload have a mediating role?. *Economic and Industrial Democracy*, 34(1), 145-160. <https://doi.org/10.1177/0143831X1243823>
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A. & Adis, C. S. (2017). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management*, 43(6), 1854-1884. <https://doi.org/10.1177/0149206315575554>
- Lambert, E. G., Minor, K. I., Wells, J. B. & Hogan, N. L. (2015). Leave your job at work: The possible antecedents of work-family conflict among correctional staff. *The Prison Journal*, 95(1), 114-134. <https://doi.org/10.1177/0032885514563284>
- Lembrechts, L., Dekocker, V., Zanoni, P. & Pulignano, V. (2015). A study of the determinants of work-to-family conflict among hospital nurses in Belgium. *Journal of Nursing Management*, 23(7), 898-909. <https://doi.org/10.1111/jonm.12233>
- Liu, L., Di Wu, L. W., Qu, Y. & Wu, H. (2020). Effort - reward imbalance , resilience and perceived organizational support : A moderated mediation model of fatigue in Chinese nurses. *Risk Management and Healthcare Policy*, 13, 893-901. <https://doi.org/10.2147/RMHP.S259339>
- Netemeyer, R. G., Boles, J. S. & McMurrin, R. (1996). Development and validation of work-family conflict and family-work conflict scales. *Journal of Applied Psychology*, 81(4), 400-410. <https://doi.org/10.1037/0021-9010.81.4.400>
- Osorio, P. C. F., Quelhas, O. L., Zotes, L. P. & Shimoda, E. (2014). Critical success factors in project management: An exploratory study of an energy company in Brazil. *Global Journal of Management and Business Research*, 14(10), 38-50.
- Parasuraman, S. & Simmers, C. A. (2001). Type of employment, work-family conflict and well-being: A comparative study. *Journal of Organizational Behavior*, 22(5), 551-568. <https://doi.org/10.1002/job.102>
- Ring, J. K. (2011). The effect of perceived organizational support and safety climate on voluntary turnover in the transportation industry. *International Journal of Business Research and Management*, 1(3), 156-168.
- Robaee, N., Atashzadeh-Shoorideh, F., Ashktorab, T., Baghestani, A. & Barkhordari-Sharifabad, M. (2018). Perceived organizational support and moral distress among nurses. *BMC Nursing*, 17(1), 1-7. <https://doi.org/10.1186/s12912-017-0270-y>
- Stinglhamber, F., Ohana, M., Caesens, G. & Meyer, M. (2020). Perceived organizational support: The interactive role of coworkers' perceptions and employees' voice. *Employee Relations: The International Journal*. <https://doi.org/10.1108/ER-05-2018-0137>
- Terzi, B., & Polat, Ş. (2020). Hemşirelerin algıladıkları destek düzeyleri ve etkileyen faktörlerin incelenmesi. (Examining the perceived support levels of nurses and the factors affecting them) *Adıyaman University Journal of Medical Sciences*, 6(1), 59-67. <https://doi.org/10.30569/>

Türe, A. & Yıldırım, A. (2018). Algılanan örgütsel destek ölçeğinin hemşirelikte geçerlik ve güvenilirliği. *Sağlık ve Hemşirelik Yönetimi Dergisi*, 5(1), 9-18. <https://doi.org/10.5222/SHYD.2018.009>

Wang, Q. & Wang, C. (2020). Reducing turnover intention: perceived organizational support for frontline employees. *Frontiers of Business Research in China*, 14(1), 1-16. <https://doi.org/10.1186/s11782-020-00074-6>

Wattoo, M. A., Zhao, S. & Xi, M. (2018). Perceived organizational support and employee well-being: Testing the mediatory role of work-family facilitation and work-family Conflict. *Chinese Management Studies*, 12, 469-484. <https://doi.org/10.1108/CMS-07-2017-0211>

Yeh, T. F., Chang, Y. C., Hsu, Y. H., Huang, L. L. & Yang, C. C. (2021). Causes of nursing staff burnout: Exploring the effects of emotional exhaustion, work-family conflict, and supervisor support. *Japan Journal of Nursing Science*, 18(2), e12392. <https://doi.org/10.1111/jjns.12392>.

Zan, S. Y. & Altuntaş, S. (2019). The effect of nurses' perceptions of organizational support on organizational cynicism. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 12(2), 100-106.

Zhang, Y., Punnett, L. & Nannini, A. (2017). Work-family conflict, sleep, and mental health of nursing assistants working in nursing homes. *Workplace Health & Safety*, 65(7), 295-303. <https://doi.org/10.1177/2165079916665397>