

## **SEM approach to explore Work Life Balance: A study among nurses of Multispecialty Hospitals**

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### ***Abstract***

*SEM method was adopted to evaluate influence of various work-related factors to Work to family conflict (WFC) and relation of WFC with job satisfaction and Turnover Intension. This is a descriptive, cross sectional study, 214 nurses having more than 2 years of experience working in multispecialty hospitals were included in the study. Result showed that; 79.4 percent of nurses had Work to family conflict. Most significant work related predictors were: Adequate salary, Relationship with co workers, Career advancement opportunities, Physical facilities for patient care, Recognition for the good work, Relationship with Physicians, Autonomy in patient care, Relationship with in- charges, System of working hours (shifts), Job stress and Work load. WFC showed mediating effect between work related factors and Job satisfaction and Turnover Intention among the nurses.*

### **Key words:**

Nurses  
Work to Family conflict  
Work related factors  
Job satisfaction  
Turnover Intention

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### **1.0 Introduction**

Vast changes in the health care system have dramatically affected the day-to-day work lives of most of the hospital employee's especially nursing staff. Nursing is a profession in which dedication to the wellbeing of patients is of paramount importance than all the other aspects of life say her own family and life outside the family and work. Family and

work are the two important domains of almost all working men and women life. Finding an acceptable balance between work and family is a challenge for almost all nursing staffs of multispecialty hospitals. A nurse's ability to balance multiple life-roles is directly related to her physical , mental well-being and her career performance and success. When conflicts

between family and work domains occur, there are potentially adverse effects for families, organizations and also on individuals (Andrews & Withey, 1976). Now Health care organizations are facing problems with providing quality health care to the patients (Franklin, 2014). The lack of Work life balance (WLB) might have negative effect on the productivity and intention to leave among the nurses. The concept of Work Life Balance, along with its implications, is a core issue that must be investigated (Mathew, 2011) among the nurses, as there is a need of large number of nursing professionals in both developing and developed countries.

## **2.0 Back ground**

The term Work Life Balance has three vital components – ‘work’, ‘life’ and ‘balance’. That is, “work” is normally conceived of in this context as paid employment while “life” includes activities outside the work. According to Skinner and Pocock (2008), ‘life’ activities outside the domain of paid work, include, family, friends and community, thus, subsuming ‘family’ issues. The term ‘balance’ too, has variety of meanings. Work – life balance can be defined as the “degree to which an individual is able to simultaneously balance the temporal, emotional and the behavioral demands of both paid work and family

responsibilities” (Hill, Hawkins et al., 2001). Various literatures have been shown that Poor Work-life balance is because of individual factors, family and various work relate factors of the working individual. Having imbalance/conflict in work life might influence negatively on absenteeism, low performance and job satisfaction resulting in intention to leave the job.

According to Yildirim and Aycan(2008); among nurses irregular work schedules and workload were the significant predictors of Work to Family Conflict (WFC) and WFC influence lower job and life satisfaction. According to Cortese and Colombo (2010) supportive management, emotional charge and job demand of nurses were the main predictors for WFC and also established the link between WFC and Job satisfaction. Ford, Heinen (2007), and others found that along with job, family stress also having strong effects on WFC and satisfaction. Ghislieri, Gatti and others (2016) established the relationship of WFC with job demands, supervisor backlash and organizational support. Having Work family conflict shown on impact on psychological health and job satisfaction (Sharma, et al., 2016). Co-worker support (Mauno and Ruokotainen, 2017) is important to manage work family conflict. Over time work has also an impact on WLB (Watanabe and Yamauchi,

2016). By considering this theoretical background the researchers have developed specific objectives:

- To measure Work to Family Conflict(WFC) and Family to Work Conflict(FWC) among nurses
- To identify Work related predictors to Work- to- family conflict(WFC)
- To identify the relationship of WFC with job satisfaction and Turnover Intention.

### 3.0 Methodology

The study design was descriptive and cross sectional with the aim to find out the proportion of nurses having Work life conflict and to explore various work related factors contributing to it and to find consequences of Work life conflict on behavioral intention. A questionnaire was developed, which consisted of items to measure WLB, various “Work related factors” and items to measures “Satisfaction” and “intention to leave” behavior and demographic details. To measure WLB standardized scale of Netemeyer, Boles and McMurrian (1996) was used and various Work related factors were identified from various similar studies carried out on nursing profession

as well as on other profession and few factors were identified by discussion with nurse friends. A sample of size 214 nurses working in various multispecialty hospitals having minimum of 2 years of experience were included in the study. Only female nurses were included in the study though responses from 5 male nurses were received it was excluded because the number was too small. Collected data was analyzed by descriptive statistical methods such as frequency, percentage, mean and standard deviation. To establish relationship between various predictors with WLB and WLB with Satisfaction and Intention to leave Structural Equation Modeling technique (SEM) was performed.

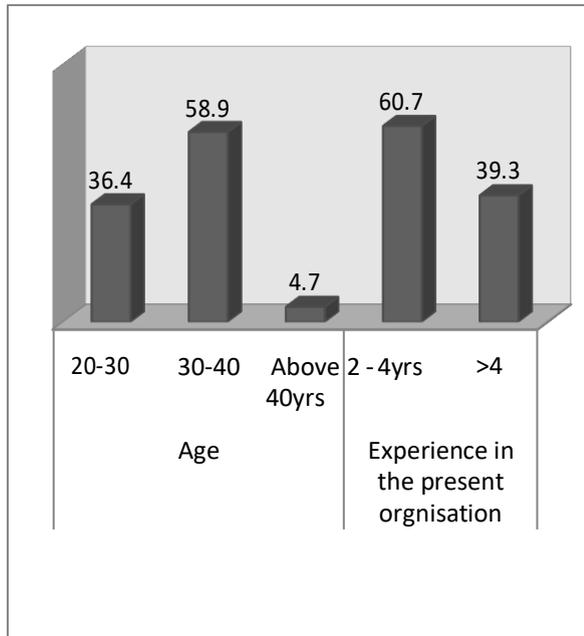
### Results and Discussion

#### Demographic description of respondent nurses

Majority, 58.9 percent of nurse respondents were belonged to 30 to 40 years of age group, 36.4 percent of them belonged to below 30 years of age group and 4.7 percent of them were above 50 years. of age. Experience wise, 60.7 percent of them had 2 to 4 years of experience in the present organization and 39.3 percent of them had more than 4years of experience. (Fig 1)

Fig1: Age and experience wise distribution of respondents

**4.2 Measuring Work Life Balance (WLB)**



To measure the degree of WLB, scale developed by Netemeyer, Boles and McMurrian (1996) was used. Their scale consists of ten items; five items measure the construct Work to Family Conflict (WFC) and five items measure the construct Family to Work Conflict (FWC). Items were rated on 7 point rating scale from 1(strongly agree) to 7 (strongly disagree). Higher the score measures the balance and lower the score measures imbalance or conflict. Responses of 5 items were averaged to measure WFC and FWC. Mean score 4 and below measures presence of WFC and similarly FWC. Presence of at least WFC or FWC

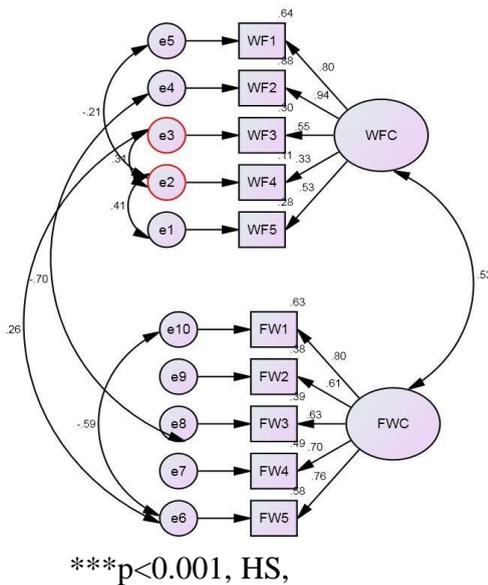
measures presence of Work life conflict. Items of WFC and FWC showed reliability index, cronback alpha, as 0.814 and 0.815 respectively.

**Confirmatory Factor Analysis (CFA) of Scale**

To test the validity of adopted scale to measure WLB among nurses CFA was performed and result are shown in Table no. 1 and Fig 2. In CFA or SEM method, ensuring the model fit is very important. According to Hair et al.,(1998) and Shumacker and Lomax, (2004), specific indices appropriate are chi square/d.f, GFI, AGFI, RMSEA, NFI and CFI and were represented in the Table 1. Model fit indicators exhibited a good fit, as chi square/d.f <3, GFI, CFI and TLI were greater than 0.9, AGFI and NFI were greater than 0.8 and, RMSEA is less than 1 (Hair et al., 1998), between the data and conceptualized model. Almost all the items have showed good factor loading (>0.5) except for WF4 with factor loading 0.33. However since model showed that WF4 was highly significant (p<0.001), showing significant contribution to measure WFC like other items, decided to retain the item in the scale and decided that the scale is valid to measure the WLB among nurses working in the multispecialty hospitals in South India.

**Table 1: CFA results of WLB scale**

Path	Standardised factor loading	p	Fit Indicators	value
WF5 <sup>a</sup> <--- WFC	0.53	***	chi square/d.f	2.29
WF4 <--- WFC	0.33	***	GFI	0.91
WF3 <--- WFC	0.55	***	AGFI	0.86
WF2 <--- WFC	0.94	***	CFI	0.92
WF1 <--- WFC	0.80	***	RMSEA	0.08
FW5 <--- FWC	0.76	***	TLI	0.95
FW4 <--- FWC	0.70	***	NFI	0.84
WF3 <--- WFC	0.63	***	-	-
WF2 <--- WFC	0.61	***	-	-
WF1 <--- WFC	0.80	***	-	-



**Fig 2: CFA of WLB Scale**

**Prevalence of WFC, FWC and WLB**

65.5percent of respondents agree that “the demands of their work interfere with home and family of their life”. More than 70percent agree that “the amount of time their job takes up makes it difficult to

fulfill their family responsibilities” and “things they want to do at home do not get done because of the demands of their job”. More than 80 percent of the respondents had work related strain because of it they could not fulfill family duties. And they had to make changes in family activities (Table 2). It was clear that majority, 79.4(4:1) percent, of the respondents had Work to family conflict. 4 out of every 5 nurses experienced difficulty in family activities due to spill over of their work responsibilities on family.62.1 percent agreed that “demands of their family interfere with work related activities”. 57.5percent had to “put off doing things at work because of demands of the time at home”. 64percent agree that “things what

they wanted to do at work don't get done because of the demands of the family". 50.5percent of the respondent's home life interferes with their responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime. 43.9percent of the respondent's family related strain interferes with their ability to perform job related duties (Table 2). Over all 43.9percent of the respondents had Family – to - work Conflict (Table 3), approximately 2 out of every 5 nurses were suffering with FWC.

Nurses suffering with WFC were 2 fold more compare to FWC. Interestingly out of 43.9percent of nurses with FWC, 40.6percent were suffering with WFC also. So people having exclusively FWC were only 3.3percent, which is almost negligible compare to WFC (Table no 3). Over all, prevalence of Work life conflict (82.7%) was high among nurses, that is, every 4 out of 5 nurses had Work life conflict. Out of 4, those who were suffering from WFC, approximately 2 of them were suffering with both FWC and WFC.

**Table 2: Descriptive results of WFC and FWC**

Code used in the CFA	Items	STROGLY AGREE	AGREE	SLIGHTLY AGREE	NEUTRAL	SLIGHTLY DISAGREE	DISAGREE	STRONGLY DISAGREE	Mean ± S.D
		1	2	3	4	5	6	7	
WF1	The demands of my work interfere with my home and family life	10.7	35.0	6.5	13.1	18.7	11.2	4.7	3.46±1.79
WF2	The amount of time my job takes up makes it difficult to fulfill my family responsibilities	10.7	25.7	26.6	12.6	7.0	7.5	9.8	3.41±1.78
WF3	Things I want to do at home do not get done because of the demands my job puts on me	4.2	28.5	21.0	19.2	17.8	6.5	2.8	3.49±1.47
WF4	My job produces strain that makes it difficult to fulfill family duties	11.2	21.0	33.6	17.3	6.1	7.9	2.8	3.21±1.48
WF5	Due to work-related duties, I have to make changes to my plans for family activities	33.2	21.0	23.4	4.7	6.5	8.4	2.8	2.67±1.72
<b>Work - to - Family Conflict</b>									<b>3.25±1.25</b>

FW1	The demands of my family or spouse/partner interfere with work-related activities.	11.7	14.0	16.8	19.6	6.5	17.3	14.0	4.03±1.95
FW2	I have to put off doing things at work because of demands on my time at home	0.0	16.4	16.4	24.8	9.3	16.8	16.4	4.43±1.70
FW3	Things I want to do at work don't get done because of the demands of my family puts on me	3.7	22.0	10.7	27.6	12.1	18.2	5.6	4.0±1.64
FW4	My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime	0.0	14.5	24.3	11.7	10.7	17.8	21.0	4.56±1.8
FW5	Family-related strain interferes with my ability to perform job-related duties	0.9	11.2	6.1	25.7	17.3	21.0	17.8	4.81±1.6
<b>Family - to - Work Conflict</b>									<b>4.37±1.32</b>
<b>Work Life Balance</b>									<b>3.25±1.25</b>

**Table 3: Prevalence of Work Life Imbalance**

	Frequency	Percent	WFC	FWC	Over all Work Life Imbalance
WFC ONLY	83	38.8	170(79.4%)	94(43.9%)	177(82.7)
FWC ONLY	7	3.3			
BOTH	87	40.6			
BALANCE	37	17.3			
Total	214	100			

**To identify Work related predictors to Work- to- Family Conflict (WFC)**

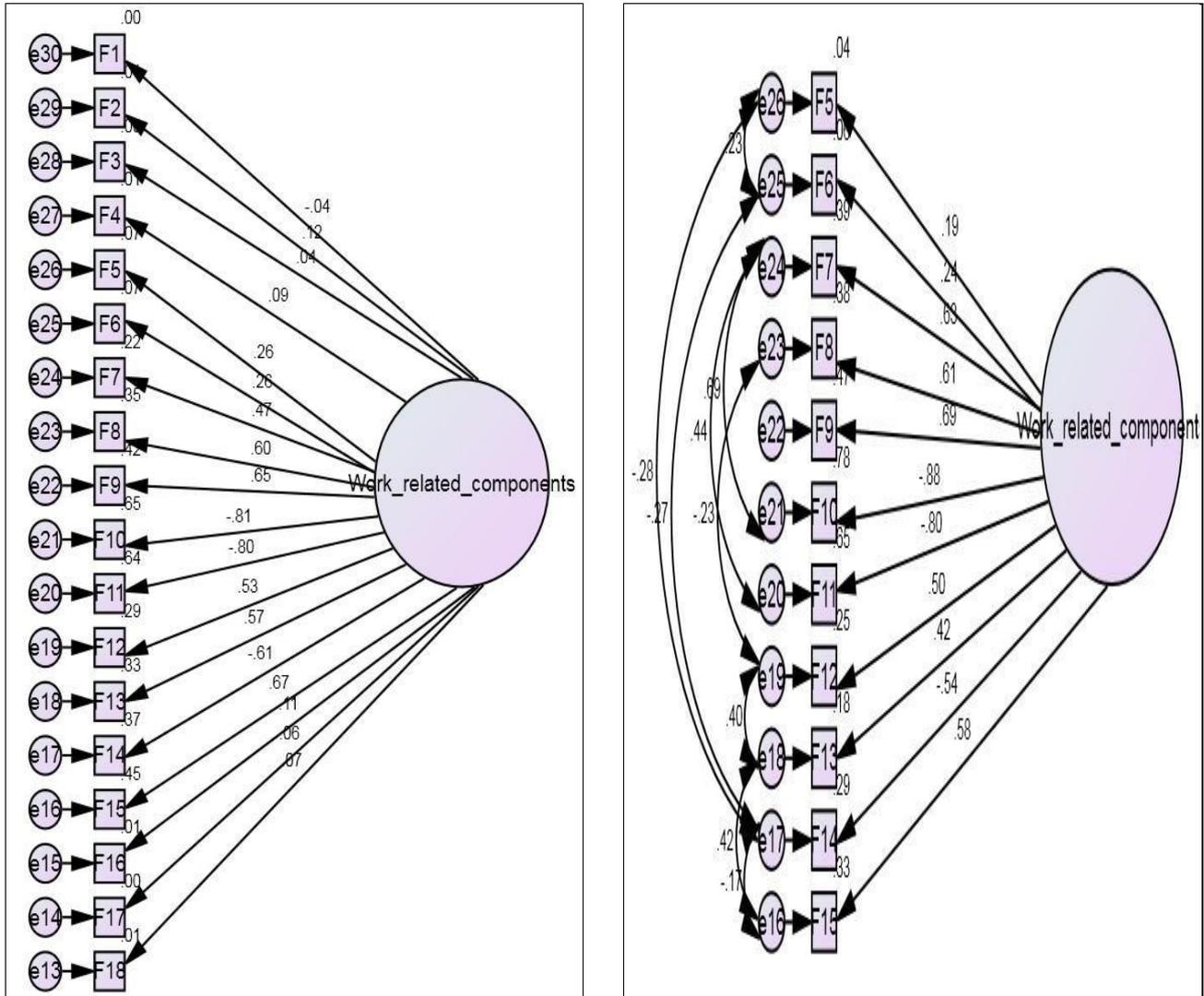
**CFA of Work related factors**

Total of eighteen factors were identified and given in table no. 4. Respondents were asked to rate the extent of presence of these factors by 5 point rating scale strongly agree (5) to strongly disagree (1). CFA was performed to identify the most relevant work related factors. In Model 1(Fig3), CFA was performed considering all the eighteen factors. Path diagram (Fig3) showed that F1, F2, F3, F4, F16,

F17, and F18 were poorly loading. These factors were deleted and CFA was performed (model 2 in fig 3) again on reduced number of factors. Results were satisfactory; eleven factors F5 to F15 were having significant ( $p < 0.001$ ) satisfactory loadings. All the fit indices were satisfying the requirements. (Refer 4.2.1). Factors F5 to F15 were the significant factors defined under the work related construct.

**Table 4 Work related factors considered for CFA**

<b>Work related factors</b>	
F1: Friendly atmosphere in the work place	<b>F10: Good relationship with co workers</b>
F2: Work support from the others (co workers)	<b>F11: Autonomy in patient care</b>
F3: Interruptions due to other than nursing routine work	<b>F12: Career advancement opportunities.</b>
F4: Secured environment in the work place	<b>F13: Heavy workload</b>
<b>F5: System of working hours (shifts)</b>	<b>F14: Physical facilities for patient care</b>
<b>F6: Recognition for the good work</b>	<b>F15: Adequate salary</b>
<b>F7: Job stress</b>	F16: Safety in the work place



<b>F8: Good relationship with In charges</b>	F17: Job security
<b>F9: Good relationship with Physicians</b>	F18: Presence of Standard Operating Procedure (SOP'S)

**Fig. 3 CFA results of work related factors**

**Table 5: CFA results of work related factors**

Path	Standarised factor loading	p	Fit Indicators	
F5 <--- Work related components	0.19	***	chi square/d.f	2.770
F6 <--- Work related components	0.24	***	GFI	0.922
F7 <--- Work related components	0.63	***	AGFI	0.854

Path	Standarised factor loading	p	Fit Indicators	
F8 <---- Work related components	0.61	***	CFI	0.929
F9 <---- Work related components	0.69	***	RMSEA	0.091
F10 <---- Work related components	-0.88	***	TLI	0.888

← Path	Satndardised factor loading	P	Fit Indicators	
F11 Work related components	- 0.80	***	NFI	0.895
F12 ← Work related components	0.50	***		
F13 ← Work related components	0.42	***		
F14 ← Work related components	-0.54	***		
F15 ← Work related components	0.58	***		

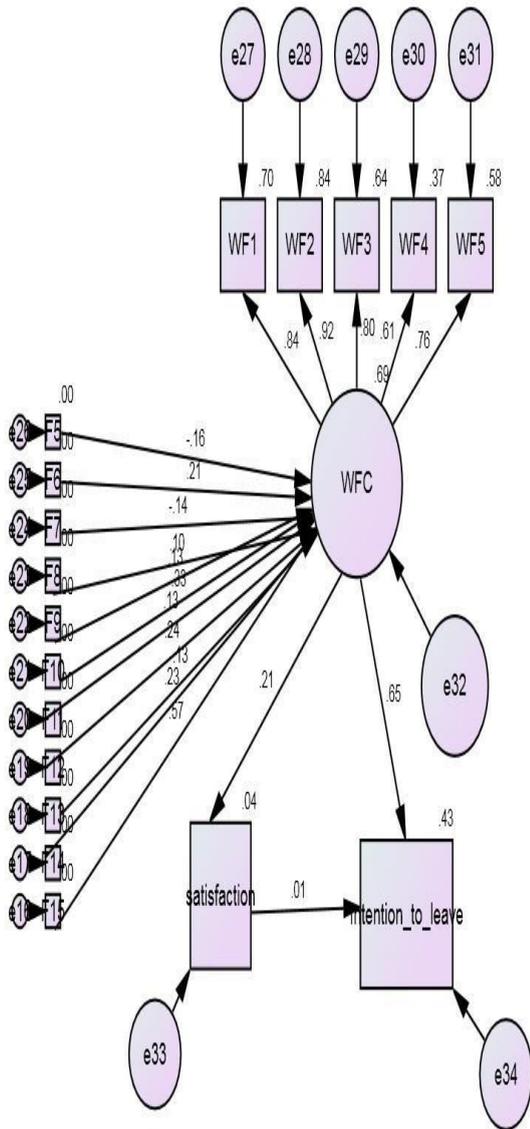
\*\*\*p<0.001, HS,

### Relationship between various works related factors and WFC

By performing CFA for all the eighteen factors, CFA could identify eleven factors which explain the work related constructs. Eleven factors were “System of working hours (shifts)”, “Recognition for the good work”, “Job stress” ,”Good relationship with In charges”, “Good relationship with Physicians”, “Good relationship with co workers”, “Autonomy in patient care”, “Career advancement opportunities”, “Secured environment in the work place”, “Physical facilities for patient care”, and

“Adequate salary”. To identify predictors of WFC among these eleven factors SEM analysis was carried out. Fit indices of SEM analysis satisfied the required criteria (refer 4.2.1, table 6). Most significant positive predictor of WFC, with high regression weight, was “Adequate salary” ( $\beta = 0.57, p<0.001$ ), followed by “Good relationship with co workers” ( $\beta = 0.33, p<0.001$ ), “Career advancement opportunities” ( $\beta = 0.24, p<0.001$ ), “Physical facilities for patient care” ( $\beta$

=0.23,  $p < 0.001$ ), “Recognition for the good work” ( $\beta = 0.21, p < 0.01$ ), “Good



**Fig. 3 SEM results of a model**

relationship with Physicians " ( $\beta = 0.13, p < 0.01$ ), “Autonomy in patient care” ( $\beta = 0.13, p < 0.01$ ), and “Good relationship with In charges” ( $\beta = 0.10, p < 0.05$ ). Predictors with negative regression weights were “System of working hours

(shifts)” ( $\beta = -0.16, p < 0.001$ ) “Job stress” ( $\beta = -0.14, p < 0.001$ ), “Heavy workload” ( $\beta = -0.13, p < 0.001$ ) (Table 6)

All these predictors if categorized arbitrarily according to their regression weights, First Category contain only one factor: “Salary”. Adequate salary positively contributes to Work to family balance among the nurses. In India, especially in private sector salary is a main issue; nurses are not paid with appreciable remuneration for the amount work they perform in the organization. Category 2 contains: Relationship with co workers, Career advancement opportunities, Physical facilities for patient care and Recognition for the good work. Presence of these in the organization leads a better Work to family balance among the nurses. Rest of the factors including factors with negative regression weights, grouped into category 3, which contains: relationship with Physicians, Autonomy in patient care, Relationship with in- charges, System of working hours (shifts), Job stress and Work load. Physician nurse relationship, In- charge and nurse relationship, and Freedom in patient care were the third level predictors of the WFC among nurses. Job stress, heavy workload and dissatisfaction in the system of working hours were inversely contributed to WFC.

### **Relationship between WFC and Job Satisfaction**

To measure Satisfaction level of nurses, 3 items scale developed by Cammann, et al., (1983). Items were rated on 5 point rating scale from 1(strongly disagree) to 5(strongly agree). Sample item is “All in all, I am satisfied with my job”. Responses of 3 items were averaged to measure job satisfaction. Reliability measure Cronback alpha of this scale was 0.805.

SEM Result (Table 6, Fig 3) showed significant relation between Work – to – family conflict and Job satisfaction ( $\beta = 0.21$ ,  $p < 0.01$ ). Presence of Work-to-family conflict leads to lower job satisfaction. Many studies have shown that job satisfaction leads to better job performance, commitment towards the organization and Well being of the self. There are literatures related to job satisfaction of nurses and its impact on individual and organization as a whole such as Job Satisfaction and Turnover Intention, Job Satisfaction and performance, Job Satisfaction and subjective well being, Work Stress, Mental Health, Healthy Lifestyle Behaviors, Occupational Commitment, work environment (Faris. et al., 2014; Leigh, Jacqueline, 2014; Mazurek, et. al., 2013;

Wang, Lin, et al., 2012; Begat, I, et al., 2005; Lu et al., 2005). In the present study it was clearly shown that, from the table 7, regression weights of all the eleven work related factors were more with WFC compare to Job satisfaction. This observation helped to conclude that WFC mediates the relation between work related factors and job satisfaction.

### **Relationship between WFC and Turnover intention**

Turnover intention (Intention to leave) among nurses was measured by single item:” How often have you seriously considered quitting your current job over the past 6 months” and asked to rate on 5 point rating scale: Never (5), rarely, some time, most of the time, often and extremely often (1), higher score explains less extent of turnover intention and less the score denotes turnover intention is high.

SEM Result (Table 6, Fig 3) showed that there is a significant relation between WFC and turnover intention ( $\beta = 0.65$ ,  $p < 0.001$ ). Higher the Work – to- family conflict leads to high level of Turnover intention among the nurses. Further it can be observed that, influence of WFC was more on Turnover intention than on Job

satisfaction. Many literatures have shown that most of the work related factors directly influence Turnover intention of the nurses. Present study clearly showed that (Table 7), regression weights of eleven work related factors were more with WFC compare to Turnover intention. This result concludes that WFC mediates the relation between work related factors and Turnover intention among nurses.

**Relationship between Job Satisfaction and Turnover intention**

Previous studies (Faris. et al., 2014) have concluded that there is relationship between Job satisfaction and Turnover intention, those who are satisfied less likely to leave the job. But in the present study, surprisingly, showed that there is no significant relationship between job satisfaction and turnover intension ( $\beta = 0.01, p > 0.05$ ). So among the nurses, they are satisfied or not, WFC was predictor for Turnover intention.

**Table 6: Results of SEM analysis to identify the predictors to WFC and impact of this on satisfaction and intention to leave**

Path	Standardised regression weights	P value	sig	Fit Indicators	
WFC <-- F5: System of working hours (shifts)	-0.16	0.000	***	chi square/d.f	2.48
WFC <-- F6: Recognition for the good work	0.21	0.000	***	GFI	0.95
WFC <-- F7: Job stress	-0.14	0.001	***	AGFI	0.84
WFC <-- F8: Good relationship with In charges	0.10	0.023	**	CFI	0.96
<-- F9: Good	0.13	0.002	***	RMSEA	0.071

WFC	-	relationship with Physicians					
WFC	<--	F10: Good relationship with co-workers	0.33	0.000	***	TLI	0.87
WFC	<--	F11: Autonomy in patient care	0.13	0.002	***	NFI	0.82
WFC	<--	F12: Career advancement opportunities.	0.24	0.000	***		
WFC	<--	F13: Heavy workload	-0.13	0.003	***		
WFC	<--	F14: Physical facilities for patient care	0.23	0.000	***		
WFC	<--	F15: Adequate salary	0.57	0.000	***		
satisfaction	<--	WFC	0.21	0.003	***		
Intention_ to_leave	<--	WFC	0.65	0.000	***		
Intention_ to_leave	<--	satisfaction	0.01	0.897	NS		

\*\*\* HS and \*\* sig. NS=not significant

**Table 7 Regression weights of indirect effects of work related factors on Satisfaction and Intention to leave behavior.**

Work related factors	Standardised Regression weight		
	Direct effect	Indirect effect	Indirect effect
	WFC	satisfaction	Intention to leave
F5: System of working hours (shifts)	-0.165	-0.035	-0.108
F6: Recognition for the good work	0.206	0.043	0.135
F7: Job stress	-0.141	-0.030	-0.092

F8: Good relationship with In charges	0.098	0.021	0.064
F9: Good relationship with Physicians	0.134	0.028	0.088
F10: Good relationship with co workers	0.333	0.070	0.218
F11: Autonomy in patient care	0.134	0.028	0.088
F12: Career advancement opportunities.	0.236	0.050	0.154
F13: Heavy workload	-0.127	-0.027	-0.083
F14: Physical facilities for patient care	0.234	0.049	0.153
F15: Adequate salary	0.566	0.119	0.370

## Conclusion, implication and limitations

### Conclusion

High Prevalence of Work – to – Family Conflict was observed. Adequate salary, Relationship with co workers, Career advancement opportunities, Physical facilities for patient care, Recognition for the good work, Relationship with Physicians, Autonomy in patient care, Relationship with in- charges, System of working hours (shifts), Job stress and Work load were important work related predictors of WFC. WFC mediates the influence of work related predictors with Job satisfaction and Turnover intension among the nurses.

### Implications

Turnover rate of nurses is increasing in recent years, which is partially due to increasing pressure on nurses for higher productivity expectations and working conditions in the hospitals. Improving nurse retention is highly difficult challenge to an employer. This study identified key

factors can be adopted by the organization by revising their HR policies and providing family friendly benefits to the nurses. Working conditions of the nurses can be improved in the form of salary, by enhancing interpersonal relationships through training programs and providing sufficient staff in the ward by maintaining nurse patient ratio and conducting training programmes in the form of Continue Medical Education (CMEs) to update them with recent advancements in the health care.

### Limitations

The present study discussed only work related factors and got good inputs in the form of significant predictors of WFC. But study completely ignored the presence of FWC and influence of various family related and individual factors. Further studies can be carried out in this focus to establish family and individual related predictors of FWC among the nurses.

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