

The Association Between Social Adjustment and Work-Family Conflict and Organizational Citizenship Behavior in Clinical Staff of the Khatam-al-Anbia Hospital in Salmas in 2019

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Abstract

Background: Clinical staff are particularly prone to work-family conflict due to their professional nature and require interdisciplinary collaboration and social adjustment to increase their job motivation and achieving success in teamwork.

Objectives: The current study aimed to investigate the association between social adjustment and work-family conflict as well as organizational citizenship behavior (OCB) in hospital clinical staff.

Methods: This descriptive correlational study was conducted on all (n=115) nurses and midwives working in Khatam-al-Anbia Hospital in Salmas in 2019. Data were collected using 4 questionnaires of (1) demographic information, (2) social adjustment, (3) work-family conflict, and (4) organizational citizenship behavior. Data were analyzed using SPSS version 16 by Pearson correlation, independent t-test, and one-way ANOVA.

Results: Most of the employees were female (84.5%), married (67.3%), had a bachelor's degree (90%) and had work experience of 8.77 ± 7.18 years. There was a significant indirect association between social adjustment and work-family conflict ($r = -0.21$, $p = 0.05$). There was no significant association between social adjustment and OCB ($r = -0.06$, $p = 0.65$).

Conclusion: This study demonstrated an indirect association between social adjustment and work-family conflict in hospital clinical staff. Therefore, nursing managers can improve the quality of patient care by developing employees' adaptation skills programs intended to reduce their work-family conflict.

Keywords: social adjustment, work-Family conflict, organizational citizenship behavior, hospital staff

Introduction

Social adjustment is a process comprised of relationships between individuals, groups, and cultural elements based on a mutually satisfactory approach [1]. Some researchers argued that social adjustment is equivalent to social skills, and the development of social skills means awareness about how to communicate with others, sent messages, and how to improve communication methods to create an effective and practical way of communication [2]. Due to the nature of their

profession, nurses are constantly interacting with patients, their families, physicians, and different levels of hospital managers. Hence, having social skills of effective communication is necessary for nurses to promote the health of patients and better teamwork [3].

According to the viewpoints of health care managers and researchers, social adjustment has an effective role in the success or failure of clinical staff and hospital managers in creating motivation and teamwork of clinical staff.

Therefore, training clinical staff is focused on improving their adaptation to workplace problems. However, few studies have investigated promoting social adjustment and its consequences in clinical staff [4]. Social adjustment is a reflection of one's satisfaction from interaction with others, and social incompatibility can increase job stresses [5], which may cause work-family conflict for nurses.

Work-family conflict is a kind of intra-role conflict in which the pressures resulting from work and family roles are incompatible on both sides. This concept refers to the negative interaction between work and family and occurs when there is a contradiction between reality and expectations, which disrupts and reduces the functioning of their role in the workplace or at home [6]. Clinical staff are exposed to work-family conflict due to high workloads resulting from insufficiency of staff and excessive expectations from work and family environments, which causes problems in relations with the family, neglecting patient care, and ignoring personal needs as well as physical and mental health [7]. Clinical staff who experience severe work pressure are unable to establish a balance between their role in the family and work responsibilities, which increases their tendency to leave their jobs [8].

The negative consequences of work-family conflict may subtly influence the individual and organizational components of health and well-being. Hence, paying attention to work-family conflict, as a phenomenon that roots in people's perception, is an important responsibility for researchers in order to describe and explain this phenomenon to provide evidence for addressing its consequences [9]. In the meantime, it seems important to pay attention to parameters, such as organizational citizenship behavior (OCB), to explain the effects of work-family conflict.

OCBs include voluntary and role-based behaviors of employees in the organization. Although these behaviors are not official duties of employees and therefore are not rewarded by the organization, they can improve the effectiveness and efficiency of the organization, which is the main reason for its importance [10].

Based on their ethical commitments and in line with psychological aspects of care, clinical staff perform behaviors such as altruism while caring

for patients and their families. When OCBs are widespread, health staff support each other, try to reduce their problems, share their knowledge, or resolve their conflicts [11]. Directing staff toward serving organizational goals not only can reduce such errors but also will result in providing high-quality services in good spirits [12].

Some studies investigated the association between social skills and social adjustment [13] and the association between emotional intelligence and social skills in adolescents [14]. Also, the effectiveness of health staff in terms of admitting patients and commitment to social adjustment and social phobia of physically handicapped has been investigated [15]. Lakatash et al. (2019), in an interventional study titled "The Effectiveness of Social Competence Training based on Fellner Model on Communication Skills and Social Adjustment of Nurses in the Psychiatric Ward", noted that increasing communication skills and social adjustment of nurses are essential parts of their continuous education, which can be effective in promoting the general health of the community [16]. Work-family conflict is key for effectively promoting job satisfaction [17], job performance [18], preventing neck and back pain [19], and job enrichment of nurses [20]. Since spouses/wives of the majority of clinical staff also work in hospitals, couples are faced conflicts in their concurrent roles [21]. Although social adjustment is emphasized in the literature, the association between social adjustment, work-family conflict, and OCB of health staff has not been studied. The current study aimed to investigate the association between social adjustment and work-family conflict as well as organizational citizenship behavior in hospital clinical staff.

Methods

In this descriptive-correlational study, 115 health staff (i.e., nurses and midwives) working in Khatam-al-Anbia Salmas Hospital in West Azerbaijan Province from July 2019 to January 2020 are studied. Using a census approach, all nurses and midwives staff were included in the present study. Inclusion criteria included having a bachelor's degree or higher in nursing or midwifery, willingness to participate in the research, and working as a nurse or midwife in the hospital. Written informed consent was obtained from all participants.

Data were collected using 4 questionnaires of (1) demographic information (e.g. ward, education level, gender, job title, working hours in the month, type of shift works, work experience, marriage status, and birthplace), (2) social adjustment, (3) work-family conflict, and (4) organizational citizen behavior.

Bell's Adjustment Inventory scale was used to assess the social adjustment. It contains 32 items with yes, no, and don't know answers. A yes or no answer has a score of one and zero, respectively. The total score ranges from zero to 32, and the higher the score, the better the social adjustment [1]. The validity and reliability of this questionnaire are confirmed by Mikaeili et al., with a Cronbach's alpha of 0.84 [22]. In the present study, a Cronbach alpha of 0.86 was obtained.

Work-family conflict was evaluated using Netemeyre and Boles Questionnaire (1996). It comprises 10 items, the first five items evaluate work-family conflict, and the rest are about family-work conflict [23]. Items are scored on a seven-point Likert scale ranging from 1 (strongly disagree) to seven (strongly agree). The total score, either for the first five items or the rest, ranges from 7 to 35, and higher scores indicate more work-family conflict. The validity and reliability of this questionnaire are evaluated by

Malekis et al. (2008), with a Cronbach's alpha of 0.89 [24]. In the present study, a Cronbach alpha of 0.92 was obtained.

OCB was evaluated using Lee and Allen's organizational questionnaire [25]. It contains 16 items, with the first 8 items are designed to evaluate citizenship behaviors toward colleagues, and the second 8 items are intended to evaluate OCB. Items are scored on a seven-point Likert scale ranging from one (never) to seven (always). The total score ranges from 16 to 112. Higher scores indicate greater citizenship behavior. The validity and reliability of this questionnaire are evaluated by Mahdad et al. (2009), with a Cronbach's alpha of 0.93 [26]. In the present study, the reliability was evaluated using Cronbach's alpha (0.89). Descriptive indicators, such as mean and standard deviation, and Pearson correlation test, independent t-test, and one-way ANOVA test were used to analyze the data. Statistical significance was considered when $p\text{-value} < 0.05$.

Results

Most of the participants were female (84.5%), married (67.3%), had a bachelor's degree (90%), and had a mean work experience of 8.77 ± 7.18 years (Table 1).

Table 1: Characteristics of clinical staff participating in the present study

Variable	Class	Frequency (%)	Min and Max (for quantitative variables)	Mean (SD)
Gender	Male	17 (15.5)		
	Female	93 (84.5)		
Marriage status	Single	36 (32.7)		
	Married	74 (67.3)		
Age	-	-	22-54 year	33.03(8.05)
Job title	head nurse	15 (13.6)		
	Staff	11 (10)		
	Nurse and midwife	84 (76.4)		
Working hour per month	-	-	88-250	172.35(2057)
Work experience	-	-	1-26 year	8.77(7.18)
Education level	Bachelorette	99 (90)		
	M.Sc.	11 (10)		
	Nurse	100 (90.9)		
Clinical staff	Midwife	10 (9.1)		
	Salmas	87 (79.1)		
Birthplace	Other cities	23 (20.9)		

The mean overall social adjustment score was 14.35 ± 4.02 . Also, the mean total work-family

conflict score of clinical staff working in Khatam-al-Anbia Hospital in Salmas was 38.31 ± 14.35 .

The mean OCB was 83.84 ± 19.46 (Table 2). The Kolmogorov-Smirnov test was applied to test for a normal distribution. The Pearson correlation test revealed a weak significant inverse association between social adjustment and total work-family

conflict score ($r=0.21$, $p=0.04$). However, there was no significant association between social adjustment and the total score of OCB ($r=0.06$, $p=0.65$) (Table 2).

Table 2: The association between social adjustment and work-life conflict and organizational citizenship behavior in clinical staff of the Khatam-al-Anbia Hospital in Salmas in 2019

Social adjustment		Mean	SD	Pearson correlation	P value
Work-family conflict	Work-family	20.98	8.04	-0.168	0.07
	Family-work	17.33	7.86	-0.141	0.14
	Total score	38.31	14.25	-0.21	0.043
Organizational citizenship behavior	Towards colleagues	42.16	9.36	-0.42	0.66
	Towards organization	41.62	12.18	-0.45	0.645
	Total score	83.84	19.46	-0.06	0.651

Comparing mean social adjustment score based on education level showed a statistically significant difference ($t=1.051$, $p=0.039$), but such association was not observed for other

demographic variables. There was no significant association between social adjustment and variables such as age, work experience, and monthly work hours (Table 3).

Table 3: The association between demographic variables and social adjustment in clinical staff of the Khatam-al-Anbia Hospital in Salmas in 2019

Social adjustment	Demographic characteristics	Mean	SD	Test statistics	P value
Occupation	Nurse	14.48	4.01	1.033 ^c	0.803
	Midwife	13.1	4.12		
Education	Bacheloriate	14.48	4.16	1.051 ^c	0.039
	M.Sc.	13.00	1.93		
Gender	Male	14.47	2.91	0.129 ^c	0.079
	Female	14.33	4.21		
Age		-	-	0.137 ^a	0.153
Job title	Clinical staff	14.25	4.24	0.771 ^b	0.465
	Head nurse	15.46	3.09		
	staff	13.63	3.47		
Monthly working hour		-	-	0.43 ^a	0.656
Work shift	Morning	14.55	3.66	0.045 ^b	0.987
	Evening	14.23	3.85		
	In rotation	14.26	4.35		
Work experience		-	-	0.107 ^a	0.265
Birthplace	Salmas	14.42	4.05	0.357 ^c	0.446
	Other cities	14.08	4.01		
Married status	Single	13.69	4.67	$t=1.201^c$	0.116
	Married	14.67	3.66		
Spouse employment status	Yes	14.80	3.70	-0.009 ^c	0.697
	No	14.81	3.85		
	Zero	13.91	4.39		
Number of children	1	14.88	4.07	1.162 ^b	0.328
	2	15.26	3.15		
	3	12.40	2.07		

a: The value of r statistics is in the Pearson correlation test.

b: The value of F statistics in one-way analysis of variance.

c: The value of t statistic in independent t -test.

Discussion

The current study aimed to investigate the association between social adjustment and work-

family conflict and OCB in hospital clinical staff. The findings revealed a weak significant inverse association between social adjustment and work-

family conflict. So that those with higher social adjustment had better social skills and consequently had acceptable performance in managing work-family conflict. Although no similar study is performed in Iran, some national and international studies have investigated this issue in non-clinical settings. For instance, the findings reported by Afshar et al. (2018) are consistent with the present study, which reported a significant association between social adjustment and academic anxiety of students [27].

Concerning this finding, it can be argued that providing health care requires interdisciplinary cooperation. Therefore, those who can better interact with the members of the medical team are more adaptable and therefore will experience less conflict. In the same vein, McCoy (2013) stated that social adjustment is a reflection of one's satisfaction from interacting with others, and social incompatibility can increase job stresses. It should be noted that in addition to the association between social adjustment and work-family conflict, there are factors that can effectively affect the work-family conflict. Arizi et al. (2014) noted that the level of individual control over working hours and flexibility of the work plan affect the individual's experience of family-work conflict [5]. High job demands and low personal skills cause a state of psychological pressure that may cause family-work conflicts [28]. Burholt et al. (2013) also reported similar findings, which lack of social skills causes social and emotional inconsistencies that in turn lead to many consequences such as loneliness, lack of self-esteem, and mental health risk [29].

Our findings also showed no significant association between social adjustment and OCB in the health staff of Khatam-al-Anbia hospital in Salmas. Although no study has previously investigated the association between social adjustment and OCB, which means finding no study to compare the results, our literature review showed that OCB is a strong commitment and tendency towards sacrificing to achieve the mission of the organization, which indicates that the employee's responsibilities are in line with organizational benefits [29]. In this line, it can be argued that hospital clinical staff consider social adjustment as a way to attract more support from managers and eliminating their conflicts and

stresses. Hence, after obtaining the necessary support, they do not pay more attention to the higher goals of the organization. In other words, according to researchers, social adjustment cannot determine the voluntary behaviors of clinical staff. Besides, as reported by Kazemipour et al. (2012), voluntary behaviors of clinical staff are due to their commitment to professional ethics and the spiritual status of the hospital environment [24].

Conclusion

The findings of the present study showed that with increasing social adjustment, work-family conflict decreases. Hence, nursing managers can improve the quality of patient care by developing employees' adaptation skills programs intended to reduce their work-family conflict. Such programs not only can improve the quality of patient care but also reduce the professional stresses of hospital clinical staff. The findings of the present study can be embedded in university curriculums, for instance, as patient education or management principles of effective principles. In addition, the findings can be used to manage conflicts in hospitals, improving team works, and promoting effective communication with patients and their families.

Since the research community of the present study was limited to the clinical staff of the Salmas Hospital, it is suggested that an experimental study be performed to evaluate the effect of social adjustment promoting interventions on work-family conflict in a larger sample size.

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Conflict of interest

The authors declare no conflict of interest.

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