

The Relationship between Nurses' Perception of Job Demand and their Satisfaction with the Work Family Balance

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Abstract:

Background: Nurses, like other female employees, are faced with the demands of work and home responsibilities as their main daily tasks. Attempting to understand role overload as perceived by RNs in the acute care setting needs to be a consideration for hospital administrators and nursing leaders as they are problem solver and develop strategic plans to promote care quality in the acute care setting. **Aim:** The present study aimed to examine the relationship between nurses' perception of job demand and their satisfaction with the work family balance. **Setting:** The study was carried out at two hospitals in Menoufia governorate, Egypt, namely Shebin El-Kom University Hospital, and Teaching Hospital. **Sample:** A total number of 160 nurses in the study units who agreed to participate in the study from the selected study hospitals in Menoufia governorate constituted the study sample (78 nurses from University Hospital, and 82 nurses from teaching hospital). **Tool:** The following tools were used: job demand scale and Satisfaction with the work-family balance scale. **Results:** The results indicated that there was a significance negative correlation between nurses' overall perception of job demand and their overall satisfaction with the work-family balance. **Conclusion:** The study concluded that nurses' overall perception of job demand is associated with nurses' satisfaction with the work-family balance. **Recommendations:** It's recommended that hospital management needs to be conscious of this status of female nurses and provide a reasonable workload to help these women achieve work-family balance which could be enhanced by rearranging work conditions to reduce excessive workload and irregular work schedule.

Key words: Job demand, satisfaction with work family balance, Nurses.

Introduction:

Throughout the history of nursing, the role of the nurse has become increasingly more complex and demanding⁽¹⁾ and that because of increased patient acuity, more and rapidly changing technology and equipment, and continuous healthcare reorganization.^(2,3) Nurses struggle to balance different roles outside of the workplace. The demand of multiple roles might become incompatible with or overwhelming if the nurse perceives the roles are too complex.⁽⁴⁾ Work demands among nurses including work overload, overtime work, irregular work schedules, and long work hours are associated with work-to-family conflict, which in turn are negatively related to job and life satisfaction.⁽⁵⁾

The registered nurse (RN) is a prime example of a professional with multidimensional and multiple roles.⁽³⁾ Nurses assume multiple roles not only in the professional setting, but also in their personal lives. When the number of roles increases, role stress also increases.⁽⁴⁾ The role of RNs as still delivering patient bedside care, but also collaborating with the multidisciplinary team, including physicians and other medical staff.⁽⁶⁾ Because of the expanded role, RNs must spend more time on supervisory and administrative tasks and assume a leadership role.⁽⁷⁾ Role overload is one of the major reasons RNs leave the profession^{8,9} and also negatively affects job satisfaction.^(8,10)

Work/life balance, in its broadest sense, is defined as a satisfactory level of involvement or 'fit' between the multiple roles in a person's life.⁽¹¹⁾ A cross-sectional research has found that higher workloads are associated with both negative affect at work and negative affect at home.⁽¹²⁾ Research carried out by De Cola & Riggins surveyed 2203 nurses in 11 different countries and found that one of the factors which would influence the decision to stay or leave nursing was improved work-life balance.⁽¹³⁾

Van Der Hei Jden et al.,⁽¹⁴⁾ examined relationships of work-home interference (WHI) with job demands and health among nurses. Data strongly support that the higher nurses' job demands, the higher their levels of WHI, and the more likely the possibility that general health deteriorates may occur over time. The researcher explained that, a strain-based conflict exists when it is difficult to fulfil the requirements in one role due to stressors in the other role. For example, tiredness at work occurs as a consequence of lack of sleep because of child care responsibilities at home. At the same time, a nurse confronted with a high workload and emotionally demanding interactions with patients. The frequent or intense exposure to these demands may result in strain and chronic stress that cannot easily be 'turned off' once the nurse goes home. The consequence may be that the nurse has sleepless nights, and does not recover adequately from the demands faced during the workday, which may eventually lead to a state of breakdown or ill health.

Work-life balance initiatives such as changes the duration of shifts, decrease in weekend work, flexible working arrangements, including choice and control over shift patterns, and provision of childcare and paternity/maternity leave, can reduce

work-family conflict, which in turn can increase work productivity, job satisfaction and psychological wellbeing⁽¹⁵⁻¹⁹⁾ and reduce sickness absence and employee turnover.⁽²⁰⁾ Research indicates that organizational support, particularly management support, is one of the most effective factors associated with reduced perceptions of work-family conflict,^(21,22) and can directly, and indirectly through influencing perceptions of work-life balance, increase perceptions of job satisfaction.⁽²³⁾

Significance of the study:

According to Peeters, et al.,⁽²⁴⁾ pressures from the job and family domains are often incompatible, giving rise to imbalance. Additionally, factors that lead to mental stress and work pressure are unlimited workload and improper work-life balance. Indeed, studies have proven that factors like improper work-life balance, and work pressure have greater impact on job satisfaction which is absolutely important for the smooth functioning and successful upcoming of the health care industry. So, work-life balance requires a concerted effort to address the nature of the work and how it can be done in the most effective way, as well as tools that manage workload and devices, encourage engagement, and help employees navigate the work-life divide.

Aim of the study:

The aim of the current study was to examine the relationship between nurses' perception of job demand and satisfaction with work family balance among hospital nurses.

Research questions:

- What is the overall staff nurses' perception level of job demand?
- To what extend staff nurses satisfied with the balance of family and work life?

- Is there a relation between staff nurses' perception of job demands and their satisfaction with the work family balance?

Subjects and Methods:

Design:

A quantitative, descriptive, cross-sectional research design was utilized to achieve the aim of the current study.

Settings:

The study was conducted in specialty units at two hospitals in Menoufia governorate, Egypt, namely Shebin El-Kom University Hospital, and Teaching Hospital

Subjects:

A convenient sample of 160 nurses who working at the critical units in the above mentioned setting was recruited to fulfil the purpose of the study and have at least one year of experience working in the unit and accept to participate in the study (78 from University Hospital, and 82 from teaching hospital).

Tools:

In order to fulfil the aim of the study, the following tools were used:

- **Tool (I): Job Demands Scale:** Job demands were measured with a seven-item scale measuring quantitative work load.⁽²⁵⁾ This scale captured employee perceptions of the quantity of work assigned. The seven items are how much workload do you have? How much of a reduction in the workload do you experience? How much time do you have to think and contemplate? How many projects, assignments, or tasks do you have? How much time do you have to all your work? What quantity of work do others expect you to do? How many lulls between heavy workload periods do you have? Total scores range from 7- 35. Scores more than 26.25 indicated the perception of high job

demand, scores from 21 to 26.25 indicated a perception of moderated job demand, while scores less than less than 21 indicated a perception of low job demand.

- **Tool (II): Satisfaction with the work–family balance scale:** It was developed by Valcour⁽²⁶⁾ to measure satisfaction with work–family balance. Items were rated on a five-point Likert scale ranging from 1 indicating very dissatisfied to 5 indicating very satisfied. The five items were (a) the way you divide your time between work and family life, (b) the way you divide your attention between work and home, (c) how well your work life and your personal or family life fit together, (d) your ability to balance the needs of your job with the needs of your personal or family life, and (e) the opportunity you have to perform your job well and yet be able to perform home-related duties adequately. Valcour determined the first two items refer to the individual's time and attention or energy available to meet work and family demands. The final three items refer to the individual's ability to integrate the demands of work and personal or family roles. According to Valcour, all five items are consistent with a resources-and-demands theoretical framework and other research on balancing the work and family role. The measure received pilot testing and the items underwent assessment for the degree to which each item fit the construct definition. Total scores range from 5- 25. Score less than 15, from 15 to 18.75, and from 18.75 to 25 pointed to low satisfaction, moderate satisfaction, and high satisfaction respectively.

Content validity and reliability:

The two instruments used in the study were well documented with adequate reliability coefficients. They have been administered in different populations in a variety of studies including registered nurses and healthcare organizations. In the first tool, significant correlations were found between this scale and objective demands reported by nurses, such as patient load and the percentage of their time taken with patient contact. These findings provide evidence of the scale's construct validity within a sample of nurses. The alpha coefficient measuring internal consistency of the scale was found to be 0.80 among a sample of 198 nurses in the United States.⁽²⁷⁾ In relation to the second tool, the alpha reliability coefficient for the scale is .93.

Field work:

Data collection was carried out from July 2013 to September 2013, covered 3 months. Data were collected via self-administered questionnaires. All staff nurses in the study units who accepted to participate in the study were enrolled in the study. Before distributing the questionnaire, the researcher met with the subjects and explained the purpose of the study and the components of the tools, as well as the method of filling it. Each nurse was asked to respond to the questionnaire which takes between 5-10 minutes to complete it. Subjects of the study were reassured that the information obtained would be confidential while distributing the questionnaire sheets.

Pilot Study:

A pilot study was conducted on 10 participants from each study setting that were not used for the final study. It was done to test the clarity and applicability of the study tools and the average time needed to complete the questionnaires. The outcome was

collected and necessary corrections were modified.

Administrative and ethical considerations:

Data were collected after official permissions were obtained from the directors of the selected hospitals after directing letters from the faculty of nursing Menoufia University. These letters were clarifying the aim of the study to help in its conduction and facilitate data collection. Each participant was notified about the purpose of the study and about the right to accept or refuse to participate. Complete confidentiality of any obtained information was ensured.

Statistical analysis:

Data entry and analysis were done by using statistical package for the social sciences (SPSS Version 11.0). Data was presented using frequencies and percentage, mean and standard deviation and correlation. Chi-square test was used for assessing the level of job demand and level of satisfaction with work family balance among hospital nurses and their relation to the participants' socio-demographic characteristics. Pearson's correlation test was used to measure relationship between nurses' job demand and satisfaction with work family balance among hospital nurses. A statistical significant difference indicated at $p \leq 0.5$.

Results:

Table (1): Shows the demographic characteristics of the study sample. The table showed that the total number of the study staff nurses was 160 representing 51.3% & 48.8% of them at University and Teaching Hospitals respectively; the mean age of the sample was 31.506+ 8.752; more than half (55%) of them had undergraduate nursing diploma; the majority of the study sample (69%) was married; and

more than half (55%) of them had less than 5 yrs of the current specialty unit experience.

Table (2): Presents staff nurses' perception level of job demand. The highest percentage of staff nurses have a lot perception level of job demand related to the following items: how much workload do you have? How much time do you have to do all your work? (31.9% & 42.5 respectively). The highest percentage of staff nurses have some perception level of job demand related to the following items: How much time do you have to think and contemplate? What quantity of work do others expect you to do? How many projects, assignments, or tasks do you have? (42.5, 45.6, 34.4 & respectively).

Table (3): Shows that, generally, the highest percentage of total nurses (48.8%) at the study hospitals perceived a statistically significant higher level of job demands ($X^2=101.60$ & $p<0.001^*$).

Table (4): Presents that there were statistical significant differences between nurses' perception level of job demand and most of their socio-demographic characteristics. Where, the highest percentages of nurses who were working at Teaching Hospital, aged less than 30 years old, had Bachelor degree in nursing, and were single, representing 52.4%, 56.9%, 81.8%, and 74.3% respectively, had highly statistically significant high perception of job demand than other categories of nurses groups ($X^2=101.60$, $p= 0.00$; $X^2=60.60$, $p= 0.00$; $X^2=36.20$, $p= 0.00$; and $X^2=60.63$, $p= 0.00$) respectively.

Table (5): Demonstrates that the highest percentage of staff nurses (30.0%) was very dissatisfied with the item How much workload do you have?, while the (37.5%) of staff nurses have a moderate dissatisfaction with the item How much of a reduction

in the workload do you experience? The highest percentage of Staff Nurses (46.3%, 40.6%) was neither satisfied nor dissatisfied with the items how much time do you have to think and contemplate? How much time do you have to do all your work? respectively.

Table (6): Shows that, generally, the highest percentage of total nurses (56.2%) at the study hospitals perceived a statistically significant lower satisfaction level with the work-family balance ($X^2= 72.37$ & $p<0.001^*$).

Table (7): Demonstrates that the highest percentage of nurses who were aged less than 30 years old, had Bachelor degree in nursing, and were married representing 66.7%, 65.9%, and 58.4% respectively, had highly statistically significant low perception of satisfaction with the work-family balance than other categories of nurses groups ($X^2=60.60$, $p= 0.00$; $X^2=36.20$, $p= 0.00$; and $X^2=50.63$, $p= 0.0$) respectively.

Table (8): Points to statistical significant negative correlation between nurses' overall perception of job demands from one side and their overall satisfaction with the work-family balance ($r = -1.02^*$ & $p<0.001^*$).

Discussion:

This study was a quantitative, descriptive study that aimed at examining the relationship between nurses' perception level of job demand and their satisfaction with work family balance.

According to the present study findings, there was a statistically significant higher perception level of job demands among nurses. This finding might be because nurses basically have to work in critical situation that includes dealing with high workloads and time pressures, number of hours worked, shift work,

death and life situation, and stressful and demanding responsibilities.⁽²⁸⁾ Care in an acute care setting continues 24 hours a day, 7 days a week, 365 days a year, regardless of holidays, weekends, or even times of disaster. Nurses work long shifts and overtime to provide adequate staffing levels.^(29, 30)

Moreover, this result may be attributed to first; the demand for nurses is increasing as a result of population aging.⁽³¹⁾ Second, the supply of nurses is not adequate to meet the current demand, and the shortage is projected to grow more severe as future demand increases and nursing schools are not able to keep up with the increasing educational demand.⁽³²⁾ When a nursing shortage occurs, the workload increases for those who remain on the job.⁽³³⁾ Third, in response to increasing health care costs, hospitals reduced their nursing staffs and implemented mandatory overtime policies to meet unexpectedly high demands, which significantly increased nursing workloads. Fourth, increasing cost pressure forced health care organizations to reduce patient length of stay. As a result, hospital nurses today take care of patients who are sicker than in the past; therefore, their work is more intensive.⁽³⁴⁾ There are several important consequences of high nursing workload. Research shows that a heavy nursing workload adversely affects patient safety.⁽³⁵⁾ Furthermore; it negatively affects nursing job satisfaction and, as a result, contributes to high turnover and the nursing shortage.⁽³⁶⁾

The present study has revealed the highest percentage of nurses, who were working at Teaching Hospital, had highly statistically significant high perception of job demand. This result might be attributed to that, at Teaching Hospital, the excessive work load is accompanied by staff nurses shortage.

So, nurses were submitted to work mandatory extra hours and might be forced to take more consequent days of night shifts without adequate break time that added further stress to an already stressful work practice environment.

Additionally, the results showed that the highest percentage of nurses who were aged less than 30 years had highly statistically significant high perception of job demand. This finding might be due to that, new nurses at their beginning years of employment, might be faced with "reality shock" as a result of confrontation by shortage of resources, lack of training and other organizational constraints which hinder the using and applying their recently educated and acquired knowledge and skills. Consequently, they perceive a high level of job demand and stress. This result was in accordance with that of Renzi, et al.,⁽³⁷⁾ who reported that for many new graduates the transition from nursing student to a professional in practice is marked by tension. In the same time, Letvak⁽³⁸⁾ found that older nurses are confident in their abilities and are capable of meeting the demands of hospital nursing. However, in contradiction with the finding of the present study, Morter⁽³⁹⁾ revealed no significant correlation between roles overload and age of the RN.

The present study has revealed that the highest percentage of nurses who had bachelor degree in nursing had highly statistically significant high perception of job demand. The present study result is consistent with that of Morter⁽³⁹⁾ who revealed positive correlation between level of education and role overload ($r = .15$; $p = < .05$). That is, with increased level of education, role overload perception increases. Moreover, The study has pointed to that the highest percentage of nurses who were single had highly statistically significant high perception

of job demand. Wong et al.,⁽⁴⁰⁾ reported that married nurses had significantly better mental health, fewer symptoms of "depression, social dysfunction and feelings of inadequacy" than nurses who were unmarried. Married nurses may receive support and understanding from their spouses, and thus buffer them from building up stresses at work.

The present study findings revealed that the highest percentage of total nurses at study hospitals perceived a statistically significant lower satisfaction level with the work-family balance. The challenge of balancing work and family has increased for RNs in recent years due to the major changes in healthcare, reorganizations of hospitals, and the nursing shortage.^(41,42) Research conducted by Lagerstrom et al.⁽⁴³⁾ explained nurse' daily experiences of work-family roles and investigated the consequences of interference between family and work roles. This research concluded that nurses experienced threats to their health as a result of striving to balance work and family roles. The growing literature emphasized the importance of managers and supervisors for instilling good work-life balance practices.⁽²²⁾ Perceptions of work-life balance are associated with perceptions of job satisfaction and psychological wellbeing.^(23,44)

In addition, findings reported that the highest percentage of nurses who were married, aged less than 30 years, and had bachelor degree in nursing had highly statistically significant low perception level of satisfaction with the work-family balance. It could be related to suffering of those young and married nurses from the combination of poor economy and high occupational and extraprofessional demands "conflicting demands" due to child raising and many other domestic

duties and family obligations. In addition, unstable work schedule of more concern to those nurses than for older ones, as it might reflect negatively on nurses' private life and thus increase the potential for work/family conflict.

The same finding was reported by Cinamon and Rich⁽⁴⁵⁾ who found that as experience grows, work-life conflicts decline. Those who are work-oriented make accommodations that meet their need for challenges while allowing for career enrichment and those who are family-oriented will seek accommodations to minimize conflicts with family requirements.⁽⁴⁶⁾ The study by Kim and Ling, indicated that if men provide greater support in terms of household chores and childcare, work-family conflict would not be a major problem for working women.

The present study has pointed to statistical significant negative correlation between nurses' overall perception of job demands and their overall satisfaction with the work-family balance. This finding is in total agreement with Morter,⁽³⁹⁾ who revealed a negative relationship between job work-family balance satisfaction and role overload ($\beta = -.30$, $p < .01$). That is, as job work-family balance satisfaction increased, perceptions of role overload decreased. Also, this result is in according with the findings of Cortese et al.,⁽²³⁾ who reported that high work demands are associated with higher perceptions of work-family conflict and in turn with lower perceptions of job satisfaction.

In the same line, Yildirim and Aycan⁽⁵⁾ explained that, working long hours, evenings and weekends limits the time that employees are available for family activities. Therefore, the higher work demands, such as work overload, long and irregular hours of work per week, irregular work

schedules, and overtime work would be associated with higher work-to-family conflict among nurses. Nurses whose excessive work demands interfere with their family responsibilities are likely to feel torn

apart between the two domains and unable to satisfy both without compromise. This is expected to result in their dissatisfaction with life. Furthermore, nurses experiencing work-to-family conflict are likely to blame their jobs and working conditions for this, and feel dissatisfied with their jobs, as well.

Conclusion:

The current study concluded that there is a negative relationship between nurses' perception of job demands and their overall satisfaction with the work-family balance.

Recommendations:

It is recommended that managers and leaders of healthcare organizations should:

- Encourage and help nurses to develop their time and stress management skills to be able to buffer potential negative effects of increasing and enduring job demands, and a too high level of work-home interference.
- Ensure RNs' working conditions are reasonable by supporting the nursing workload with appropriate staffing ratios, increasing support staff for non-nursing tasks, and offering flexible scheduling options.
- Demonstrate commitment to creating a flexible workplace that supports work life balance by considering employees' needs and requests, and be willing to pilot or trial new initiatives and implement more flexible working arrangements.

- Ensure flexible working hours' schedules, rosters and leave arrangements to accommodate their family and personal responsibilities, without detriment or penalty.
- Consider improving the work environment which includes supportive communication with managers and coworkers, family-friendly workplace, and peer support as a mean for decrease role overload which in turn affect work-family balance.

Table (1): Demographic characteristics of study participants (n=160)

Items	No.	%
Age of Nurses:		
18-29 years	72	45
30-39 years	52	32.5
≥ 40 years	36	22.5
Mean + SD	31.506+ 8.752	
Nursing Educational level:		
Diploma	88	55
Associate Degree	28	19.5
Bachelor Degree	44	27.5
Marital Status:		
Married	125	78.1
Single	35	21.9
Hospital:		
University Hospital	78	48.8
Teaching Hospital	82	51.3
Working Units of The Nurses:		
Intensive Care Unit	37	23.1
Neonatal Care Unit	24	15
Hemodialysis	31	19.4
Emergency	21	13.1
Incubator	20	12.5
Burn	27	16.9
Current Units Experience:		
Less than 5 yrs	88	55
≥ 5 yrs	72	45

Table (2): Staff Nurses' Perception Level of Job Demand (n=160)

Variables	Hardly any		A little		Some		A lot		A great deal		M	SD	X ²	P
	no.	%	no.	%	no.	%	no.	%	no.	%				
▪ How much workload do you have?	34	21.3	8	5.0	34	21.3	51	31.9	33	20.6	3.26	1.41	29.6	.000*
▪ How much of a reduction in the workload do you experience?	13	8.1	56	35.0	48	30.0	32	20.0	11	6.9	2.78	1.04	51.1	.000*
▪ How much time do you have to think and contemplate?	20	12.5	38	23.8	68	42.5	25	15.6	9	5.6	3.26	1.04	64.9	.000*
▪ What quantity of work do others expect you to do?	11	6.9	17	10.6	73	45.6	38	23.8	38	23.8	3.44	1.001	78.3	.000*
▪ How much time do you have to do all your work?	8	5.0	18	11.3	48	30.0	68	42.5	18	11.3	2.83	1.061	78.8	.000*
▪ How many projects, assignments, or tasks do you have?	14	8.8	35	21.9	55	34.4	44	27.5	12	7.5	3.03	1.072	43.9	.000*
▪ How many lulls between heavy workload periods do you have?	36	22.5	59	36.9	53	33.1	10	6.3	2	1.3	2.27	.9230	80.3	.000*

Table (3): Overall Staff Nurses' Perception Level of Job Demand (n=160)

Variable	High		Moderate		Low		X ² test	P-value
	no.	%	no.	%	no.	%		
Total Job Demands Scores	78	48.8	67	41.9	15	9.3	101.60	0.00*

* Statistically significant at $p \leq 0.05$

Table (4): Overall staff nurses' Perception level of Job Demand according to their demographic data (n=160)

Variables	Overall Perception level of Job Demand						Significance test	
	High		Moderate		Low		X ² test	P-value
	no.	%	No.	%	No.	%		
Hospitals:								
▪ University Hospital (n=78)	35	44.9	28	35.9	15	19.2	101.60	0.00*
▪ Teaching Hospital (n=82)	43	52.4	39	47.6	0	0		
Units:								
▪ Intensive Care Unit (n=37)	15	40.5	18	48.7	4	10.8	7.85	0.17
▪ Neonatal Care Unit (n=24)	11	45.8	8	33.3	2	8.3		
▪ Hemodialysis (31)	22	71	5	16.1	4	12.9		
▪ Emergency (21)	11	52.4	6	28.6	4	19		
▪ Incubator (20)	8	40	11	55	1	5		
▪ Burn (27)	11	40.7	16	59.3	0	0		
Age (years):								
▪ 18-29 years (n=72)	41	56.9	28	38.9	3	4.2	60.60	0.00*
▪ 30-39 years (n=52)	22	42.3	17	32.7	3	5.8		
▪ ≥ 40 years (n=30)	12	40	10	33.3	8	26.7		
Nursing qualification								
▪ Diploma (n=88)	28	31.8	51	58	9	10.2	36.20	0.00*
▪ Associate (n=28)	14	50	12	42.8	2	7.2		
▪ Bachelor (n=44)	36	81.8	4	9.1	4	9.1		
Nursing experience (years):								
▪ < 5 yrs (n=88)	48	54.5	35	39.8	5	5.7	1.60	0.21
▪ >5 yrs (n=72)	30	41.7	32	40.4	10	13.9		
Marital status:								
▪ Married (n=125)	52	41.6	61	48.8	12	9.6	60.63	0.00*
▪ Single (n=35)	26	74.3	6	17.1	3	8.6		

*Statistically significant at $p \leq 0.05$

Table (5): Staff Nurses' Satisfaction with the Work–Family Balance (n=160)

Variables	Very Dissatisfied		Moderate Dissatisfied		Neither Satisfied nor Dissatisfied		Moderately Satisfied		very Satisfied		M	SD	X ²	P
	no.	%	no.	%	no.	%	no.	%	no.	%				
	▪ How much workload do you have?	48	30.0	32	20.0	35	21.9	31	19.4	14				
▪ How much of a reduction in the workload do you experience?	10	6.3	60	37.5	45	28.1	44	27.5	1	.6	2.69	.966	79.4	.000*
▪ How much time do you have to think and contemplate?	25	15.6	31	19.4	74	46.3	29	18.1	1	.6	2.79	.940	87.0	.000*
▪ What quantity of work do others expect you to do?	32	20.0	37	23.1	42	26.3	45	28.1	4	2.5	2.70	1.15	33.7	.000*
▪ How much time do you have to do all your work?	14	8.8	25	15.6	65	40.6	50	31.3	6	3.8	3.06	.986	76.9	.000*

Table (6): Total Satisfaction with the Work–Family Balance Scores (n=160)

Variables	Highly satisfied		Moderate satisfied		Low satisfied		X ² test	P-value
	no.	%	no.	%	no.	%		
Total Satisfaction with the work–family balance scores	23	14.4	47	29.4	90	56.2	72.37	0.00*

* Statistically significant at $p \leq 0.05$

Table (7): Overall Nurses' Satisfaction with the Work–Family Balance according to their Socio-Demographic Characteristics (n=160)

Variables	Overall Satisfaction with the work–family balance						Significance test	
	High		Moderate		Low		X2 test	P-value
	no.	%	no.	%	no.	%		
Hospitals:								
▪ University Hospital (n=78)	6	7.7	24	30.8	48	61.5	0.10	0.75
▪ Teaching Hospital (n=82)	17	20.7	23	28.1	42	51.2		
Units:								
▪ Intensive Care Unit (n=37)	8	21.6	12	32.4	17	46	7.85	0.17
▪ Neonatal Care Unit (n=24)	4	16.7	6	25	14	58.3		
▪ Hemodialysis (n=31)	2	6.5	9	29	20	64.5		
▪ Emergency (n=21)	4	19	8	38.1	9	42.9		
▪ Incubator (n=20)	1	5	6	30	13	65		
▪ Burn (n=27)	4	14.8	6	22.2	17	63		
Age (years):								
▪ 18-29 years (n=72)	9	12.5	15	20.8	48	66.7	60.60	0.00*
▪ 30-39 years (n=52)	8	15.4	14	26.9	30	57.7		
▪ ≥ 40 years (n=30)	4	13.3	16	53.3	9	30		
Nursing qualification:								
▪ Diploma (n=88)	16	18.2	24	27.3	48	54.5	36.20	0.00*
▪ Associate (n=28)	1	3.6	14	50	13	46.4		
▪ Bachelor (n=44)	6	13.6	9	20.5	29	65.9		
Nursing experience (years):								
▪ < 5 yrs (n=88)	11	12.5	25	28.4	52	59.1	1.60	0.21
▪ >5 yrs (n=72)	38	52.8	22	30.5	12	16.7		
Marital status:								
▪ Married (n=125)	17	13.6	35	28	73	58.4	50.63	0.00*
▪ Single (n=35)	6	17.1	12	34.3	17	48.6		

* Statistically significant at $p \leq 0.05$ **Table (8): Relationship between Nurses' Perception level of Job Demand and their Satisfaction with Work-Family Balance (n=160)**

Overall Perception Level of Job Demand	Overall Satisfaction with the work–family balance	
	r-value	P-value
		-1.02

* Statistically significant at $p \leq 0.05$

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