Master of Science in Public Health

Assessment of Work Family Conflict and Role of Supervisory Support among Health Care

Workers of Public Hospitals in Rawalpindi City.

By

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Assessment of Work Family Conflict and Role of Supervisory Support among Health Care Workers of Public Hospitals in Rawalpindi City.

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To

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DECLARATION

In submitting this study, I certify that I have read and understood rules and regulations of school of public health and QAU regarding assessment procedures and offences and state that all work contained within this document is my own, apart from properly referenced and quotations.

I know that plagiarism is use or presentation of any work by others, whether published or not, and can include the work of other candidates. I also understand that any quotation from the published or unpublished works of other persons, including other candidates, must be obviously identified as such by being placed inside quotation marks and a full reference to their source must be provided in proper form.

This study is the result of an independent investigation. Where my study work is indebted to others, I have made acknowledgments.

I state that this work has not been accepted in substance for any other degree, nor is it currently being submitted in contention for any other degree.

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ABSTRACT

Introduction:

This study examines the relationships of work family conflict with Supervisory support. Past studies related work family conflict to demographics, little work is done on finding relationship of supervisory support to work family conflict. Based on both quantitative and qualitative literature reviews, mediation hypotheses were developed to test this relationship and finding associations between demographics, work family conflict and supervisory support

Objectives:

1. To determine work family conflict among healthcare workers of public hospitals in Rawalpindi

2. To determine Supervisory support among healthcare workers of public hospitals in Rawalpindi

3. To find out association between demographics, work family conflict, and supervisory support among healthcare workers of public hospitals in Rawalpindi

Methodology:

A Quantitative Cross-sectional study design, using Non probability Consecutive Sampling technique was used. A validated semi-structured questionnaire was administered to participating doctors. The questionnaire contained 3 sections with questions on the socio demographic factors, work family conflict, and supervisory support scales. Data were collected from 250 health care workers all doctors on different designations working in government hospitals. The data collected was analyzed with the help Statistical Package for Social Sciences (SPSS) Version 20.

Results:

Among total of 250 participants, 95(38%) are male and 155(62%) are females. Among respondents majority are post graduate residents 173 (69.2%), 32 (12.8 %) are senior registrar and 29 (11.6 %) are medical officers. Majority 163 (65.2 %) worked more than 48 hours/week. 208 (83.2 %) of the respondents are satisfied with their job. Association of work family conflict with supervisory support is found to be negative in our study (r = -.782, $p <$ .01).

Conclusion:

Supervisory support has no effect on work family conflict. Though marital status, number of children, husband/wife occupation, independent living, and designation and duty hours has positive association with work family conflict and living with in-laws, income status and work experience has negative association. This shows that work family conflict does not only depend on one factor but it's a cumulative effect of multiple factors and even if provided great supervisory support that will not reduce the conflicts between work and family.

Keywords:

Work Family Conflict, Supervisory Support, and Health Care Workers.

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INTRODUCTION

Incompatibility between work and family life is one of the main factors for dissatisfaction among health care workers. Many healthcare workers are moving abroad because of work family conflicts. A study conducted in Germany showed that many health care workers switched jobs from medical to non-medical fields (Fuss at el. 2008). Most common reason and psychological effect found was work family conflict. Health is a demanding field, in terms of time, energy and complete involvement. Workload, income, time these are some associated factors to work-family conflict (Bohrer at el. 2011). Many a times workload and income don't match and this puts extra pressure on individual. Work timings, duty in shifts also effects strongly on a person's psychological state. A study conducted in this regard demonstrated and compared job satisfaction and work hours (Bornschein at el. 2006). Many workers were not satisfied with their job working hours. Due to this many persons either switched their profession or choose to work in non-medical fields or they are planning to switch fields.

Work-Family Conflict (WFC) is defined as conflict in pressures from work and family that are not compatible (Barron at el. 2012). Work progress and outcomes are the one that are affected due this inter-role conflict. All these factors all together put a person in an undesirable state. It becomes very difficult to fulfill each responsibility. Conflicting demands of time and behavior than becomes a challenge.

The medical field is known for its intense and significant labor commitment. Clinic doctors frequently complain about their heavy workloads, lack of job management, and lack of autonomy (Mache at el. 2009). Additionally, doctors frequently note that high levels of WFC are associated with the family-founding life stage, which occurs during residency (Estryn-behar at el. 2011). Young doctors are more likely to be parents of young children and, as a result, face high family or parenting pressures, leading to high levels of WFCs. The demands of doctors' jobs have been proven to be strongly related to this workload (Veldhoven at el. 2012). Compared to the general community, doctors are more aware about WFC. Additionally, a heavy workload, the number of hours worked each day, the quantity and frequency of overtime, an unyielding work schedule, and the rarity of assistance from coworkers and managers might raise the possibility of employees having a conflict between their roles in the home and at work. Data about work-family conflict is lacking in medical profession (Tayfur at el. 2013). Occupational demands, organizational job variables, and physiological and psychological expenses associated with continuous physical and psychological effort are all related to WFC (Demerouti at el. 2013). Job control, feedback, social support at work, supervisor support helps to avoid WFC (Demerouti at el. 2012). Recently, there has been an increase in the number of female doctors working in the German clinical sector. However, neither the standards for family duties have changed nor been lowered. In several researches, women were found to have greater WFC scores than men. According to a study female doctors had WFC levels that were noticeably greater than those of male doctors (Ádám at el. 2009).

Supervisory support at work place is a critical factor in Work-Family conflicts. Supervisor plays an important role and has a significant effect on a person's behavior.

Any organization's success is greatly influenced by its workforce. Losing skilled individuals has a detrimental effect on how well firms run. Human resource managers work to retain personnel for extended periods of time in the current climate of intense competition in order to fully realize their potential. Support from supervisors lowers employees' intentions to leave (Newman at el. 2011). Support from the supervisor increases employee happiness and, as a result, reduces the likelihood of turnover. Studies demonstrate that assistance from supervisors has a favorable impact on employees' behavioral and attitude outcomes, which is related to the social exchange theory (Kang at el. 2015). Additionally, employee performance and work satisfaction are impacted by supervisor support. Employees who are happy with their jobs are more likely to stay on the job and perform well (Feyerabend at el. 2018). The degree to which employees acknowledge that their boss is encouraging and supportive of their performance and problems is referred to as supervisor support. The perception of supervisor support is equally essential for improving intentions and lowering turnover. Regarding plans for employee turnover, supervisory support requires emphasis (Choi at el. 2012). Intentions to leave the company are negatively impacted by both favorable and negative supervisory behavior, such as abuse (Richard at el. 2018).

A supervisor's presence significantly affects how happy employees are at work. The degree to which managers care about their staff members' well-being, emotions, and work contributes significantly to their level of job satisfaction. When compared to employees with less supportive supervisor behavior, employees with supportive supervisor behavior reported higher levels of job satisfaction. The effectiveness of supervisory assistance in promoting employee wellbeing, organizational commitment,

and work satisfaction was investigated. Employing a structural turnover model, supervisors' task- and people-oriented conduct influences the intents to turnover (Mathieu at el. 2016). Intentions to leave the job depend heavily on job satisfaction. Given that firms are required to provide challenging and rewarding work, managers place a high value on employee satisfaction. Job satisfaction is the person's happy emotional response to a specific job (Zito at el. 2018). The likelihood of turnover is significantly impacted by job satisfaction. Both the intention to leave and the actual leaving are influenced by job satisfaction. According to studies, the association between supervisory support and inclinations to leave the company is positively mediated by burnout and job satisfaction. A favorable mediator between managerial coaching and job performance, according to studies, is job satisfaction (Fukui at el. 2019).

Workplace commitments that interfere with daily life, such as limiting working hours, a heavy workload, interpersonal conflicts at work, and a lack of family support, can lead to work-family conflict. Work-family conflict (WFC) is a problem that has developed in response to current trends of improving living standards as a result of economic growth, globalization, and equal rights for males and females attention on work-related concerns. The most significant aspects of employees' life were workplace and family difficulties (Ali at el. 2018). The performance of one area will almost certainly deteriorate as a result of the pressure put on employees by their work schedules, their obligations, and the culture of the company. It's possible that attitudes and actions have a significant impact on how effectively patients receive healthcare (Othman at el. 2017). Hospital workers appear to be more susceptible to work-life problems as a result of their job duties, which include long hours, physical labor,

night shifts, and little organizational assistance. WFC is associated with negative outcomes such as low job satisfaction, exhaustion, burnout, and depressive symptoms or mental anguish. The same outcomes have been connected to the healthcare provider's subpar performance and medical blunders. Multiple obligations at work and at home may have varied cultural repercussions in different countries. The two can interact and have an impact on one another (Farhadi at el. 2013). Work-family conflict (WFC) is a two-way street in which work may cause family problems and vice versa. Work expectations are presumably the WFC indication that is most consistent. Other job requirements related to WFC include mandatory and unexpected overtime, rotating shifts, inappropriate work, working quickly, working in a rush, or having many interruptions. The demands of the workplace have a big impact on how work life affects family life. Previous studies have revealed a correlation between higher WFC and workplace characteristics like work expectations, long hours, and personnel shortages. In recent years, work-family balance (WFB) has been linked to increased employee commitment and job satisfaction, making it a crucial topic in human resource management to assist employees in striking a good balance between work and personal life (Carlson et al. 2009). Higher intentions to leave the company and absenteeism, as well as lower employee performance, have all been linked to an absence of balance, which is often seen as high levels of conflict between work and non-work domains (Eby et al. 2005). Recent work views WFB as a social construct that is influenced by both personal and environmental influences (Drobnic et al. 2010).

Today's world is one that is constantly evolving, characterized by a high level of professionalism, growing use of technology, pressure, and stress (Saxena et al. 2018).

Due to changes in the employment and family structure, such as dual-career couples and growing tendencies of nuclear families, responsibilities have increased for both men and women[48]. People spend their days acting in a variety of capacities, including those of husband, worker, and carer (Higgins et al. 2014). As a result, setting boundaries between work and family has become particularly challenging because of the rise in the usage of mobile devices, laptops, and email. The success of an organization depends on its people, and a happy staff is the most important resource for any business. A corporation needs personnel who can add to the value of the company). Employees that are happy at work are more productive, use fewer vacation days, demonstrate organizational commitment, and generally live happier lives (Dhir et al. 2020).

The supervisors' attention to and consideration of the employees' requests regarding their professional and personal lives constitutes the emotional support. It is a sort of instrumental assistance when managers take into account a worker's needs for both work and family in the course of regular tasks. While a supervisor's role-modeling behavior aims to integrate work and family through behavior on the job, creative work-family management assistance occurs when the supervisor takes initiative to rearrange the work to increase employee effectiveness both on and off the job. According to experts in the field of family-work, a supportive atmosphere fosters the development of resources like time, flexibility, and psychological well-being (DePasquale et al. 2020).

Among healthcare professionals, burnout is a rising issue. Around the world, workers are concerned about burnout. Burnout was added in the 11th edition of the

International Classification of Diseases in 2019, when the World Health Organization (WHO) formally recognized it as a disorder that occurs in the workplace.

Despite the paucity of national research on burnout in healthcare workers, those that do exist show frightening rates. For instance, from 2009 to 2019 burnout rates among physicians were between 40% and 54%, whereas among nurses they ranged between 35% and 45% from 2002 to 2016 (Park at el. 2022).

The current study's rationales are to pinpoint Work-Family Conflict (WFC) among healthcare professionals and to determine how supervisory support affects WFC.

Even though there is a dearth of national research on burnout in healthcare professionals, what little there is reveals alarming rates. For instance, burnout rates among physicians ranged between 40% and 54% from 2009 to 2019, whereas they did between 35% and 45% for nurses from 2002 to 2016. In our arrangements, the issue is of less interest. People in nations with scarce resources work hard to make their life. Psychological support and mental health are given very little weight. This study will help identify the role of supervisory support on work family conflict and will help in making work and family environment more productive and cheerful my making guidelines on role of supervisory support on work family conflict.

1.2. Objectives:

This study was conducted to achieve the following objectives:

1. To determine work family conflict among healthcare workers of public hospitals in Rawalpindi

2. To determine Supervisory support among healthcare workers of public hospitals in Rawalpindi

3. To find out association between demographics, work family conflict, and supervisory support among healthcare workers of public hospitals in Rawalpindi

CHAPTER-2

LITERATURE REVIEW:

Work-family conflict was viewed as a one-dimensional entity in seminal studies (Greenhaus at el., 1985). However, several research have looked at two bidirectional variants of this construct (Frone et al., 1992). For instance, according to Frone et al. (1992), there are two distinct but connected inter role conflict dimensions, including work to family conflict when an individual's job has an impact on their family lives and family to work conflict when a family member has an impact on an individual's work lives. Later, in 1996, Netemeyer et al. characterized these two aspects of work-family conflict. The definition of work to family conflict is "a form of inter role conflict in which the general demands of, time devoted to, and strain created by the job interfere with performing family-related responsibilities," while the definition of family to work conflict is "a form of interrole conflict in which the general demands of, time devoted to, and strain created by the family interfere with performing work-related responsibilities" (Netemeyer et al., 1996, p. 401).

Researchers have looked into the factors that lead to conflict between families and at work. Work-related, non-work-related, and demographic/individual traits are three kinds of factors that contribute to work-family conflict (Thomas et al., 1995). According to research, job-related antecedents result in work-family conflict, which may then result in outcomes in the family domain, whereas non-work-related antecedents result in family-to-work conflict, which may then result in outcomes in the work domain. Work-related stress and family problems, however, had less of an

impact on individual results (Kelloway et al., 1999). Indeed, although earlier studies (e.g., Greenhaus & Beutell, 1985; Khan et al., 1964) viewed work-family conflict as a unidimensional construct, more recent research has treated it as a larger construct made up of two related components (e.g., Frone et al., 1992; Frone, 2003; Gilboa et al, 2008; Kelloway et al. 1999). Gilboa et al. (2008), for instance, assessed the impact of several forms of job performance on the general construct of work family conflict in their meta-analysis. For their meta-analysis, they specifically treated the general constructs of work family conflict and work to family conflict as interchangeable terms (2008, p. 237). Similar to this, Allen et al. (2000) only looked at the construct of work family conflict, eliminating family to work conflict from their findings. Since work to family conflict is seen to be easily resolved by organizational policies and practices but family to work conflict is more likely to be out of an organization's control, work to family conflict was frequently the concept of interest for prior organizational researchers (Grzywacz & Butler, 2005; Mesmer-Magnus & Viswesvaran, 2006; Powell & Greenhaus, 2010). Therefore, rather than focusing on family to work conflict, this study is more interested in work family conflict.

Researchers have shown the harmful effects of work family conflict since it was first conceptualized, including decreased job/family/life satisfaction, organizational commitment and job performance, increased job/family stress, and increased turnover intention (e.g., Bedeian et al., 1988; Carlson & Kacmar, 2000; Frone et al., 1992; Frone et al., 1997; Major et al., 2002; Netemeyer et al., 2004). In their meta-analysis, Allen and his coworkers (2000) divided the effects of work-family conflict into three main categories: work-related, non-work-related, and stress-related effects.

Allen and his colleagues (2000) conducted a thorough literature analysis and selected seven work-related outcomes: job satisfaction, organizational commitment, intention to leave, absenteeism, job performance, career satisfaction, and career success (see Figure 1). These are the attitudes or actions that employees take in reaction to work-family conflict at work.

Figure 1: Work Family Conflict (WFC) and Its Outcomes (Allen et al., 2000, p. 280)

WORK RELATED OUTCOMES

- **Job satisfaction**
- **Organizational Commitment**
- **Intention to turnover**
- **Absenteeism**
- **Job performance**
- **Career satisfaction**
- **Career Success**

WFC

NON WORK RELATED OUTCOMES

- **Life satisfaction**
- **Marital Satisfaction**
- **Family satisfaction**
- **Family performance**
- **Leisure satisfaction**

STRESS RELATED OUTCOMES

- **General Psychological strain**
- **Somatic/physical Symptoms**
- **Substance abuse**
- **Family related stress**

Five non-work-related effects of work-family conflict include life happiness, marriage satisfaction, family contentment, family performance, and leisure pleasure, according to Allen et al. (2000). (See Figure 1). Social psychologists have regularly measured these factors and have continued to pay attention to them (e.g., Ford et al., 2007; Michel et al., 2009). However, since the Allen et al. study, family performance and leisure satisfaction have only sometimes been linked to work-family conflict in the literature. The Allen et al. meta-analysis found that life satisfaction was the most frequent and significant effect of work-family conflict. Higher levels of work family conflict were linked to poorer levels of life satisfaction across all study sample categories (e.g., Kossek & Ozeki, 1998). Work-family conflict has also been linked to lower levels of family and marital satisfaction (Netemeyer et al., 1997, for example) (e.g., Frone, Barnes & Farrell, 1994). Allen et al. (2000) introduced stress-related outcomes as a third category to their framework in addition to work-related and non-work-related outcomes. But unlike other stressors, which were rarely divided into either work-related or non-work-related outcomes, these stress-related variables might have been classed as either work-related (e.g., work-related stress) or non-work-related outcomes (e.g., family-related stress) (e.g., burnout, depression). Although work-family conflict is a significant concern for many working in the hotel industry, the concept of work-family conflict has only just begun to surface in literature related to the industry (c.f., Namasivayam & Mount, 2004). The necessity of business interventions, such as corporate daycare, to decrease potential family-related issues was stressed by Huffman and Schrock (1987) in the literature on hospitality. Among American hotel employees, Namasivayam and Mount (2004) assessed the degree of work-to-family and family-to-work conflicts as well as their impacts on

organizational commitment and job satisfaction. A conceptual model of work-family conflict among hotel managers was created by Mulvaney, O'Neill, Cleveland, and Crouter (2007). Similar to Allen's categorization (2000), their model identifies organizational, individual, and family outcomes as the three main outcomes of work-family conflict (Mulvaney et al., 2007). In particular, Karatepe and his colleagues empirically investigated the deteriorating impacts of work-family conflict on many sorts of outcomes in the Turkish hotel business (e.g., Karatepe & Kilic, 2009; Karatepe & Sokmen, 2006; Karatepe & Uludag, 2007).

According to Bhanthumnavian (2003), the supervisor should support employees in three ways: personally (for example, by demonstrating compassion, recognition, and care); educationally (for instance, by providing input or direction in work); and materially (for instance, by preparing a financial plan, helping, assets, and unmistakable help that is connected with work to enhance the subordinate's inspiration, execution, and adequacy). The relationship between the subordinate and the supervisor, whom the subordinate sees as making a substantial contribution to his or her professional development, is known as supervisory support. The commitment of the subordinates to the company's professional development prospects must be taken into account while analyzing such heartening elements as the supervisor's involvement in execution. Further research on Sattavorn (2018) suggests that supervisory support is strongly linked to organizational commitment in this way. The supervisor provides support by fostering "learning-friendly connections with others" (Mink, O.G., Owen, K.Q. & Mink, B.P. 1993). This hypothesis states that support from supervisors would encourage staff growth and development (Ellinger, A.D., Ellinger, A.E. & Keller, and S.B. 2003). Additionally, a recent meta-analysis

discovered that encouragement from superiors was associated with subjective job success in a favorable way (Ng & Feldman, 2014).

Due to the assistance of his supervisor at work, an employee must continue with his current career for the foreseeable future (Nagy et al., 2019). Through career development coaching, an ethical supervisor plays a crucial role in enhancing employee careers in organizations (Blokker e.t al., 2019). Given their high levels of freedom, workers may be encouraged to explore new innovations with courage by support from supervisors who show concern and care for their employees. As a result of their perceptions of themselves as more knowledgeable and creative, this condition significantly influences how effectively workers rate their own levels of self-efficacy (Wang dan Netemeyer, 2002). High-level self-efficient personnel are more likely to exert more effort and persist in the face of challenges or unfavorable meetings (Kreitner and Kinicki, 2004). A person with low self-efficacy, on the other hand, is able to give up any pretense and accept problems as proof that they are incapable of handling the situation. Higher levels of job self-efficacy will likely result in more alluring business-related mindsets. As a result, support for supervision is defined as an approach to employees that is encouraging, proactive, and helpful (Locke & Latham, 1984). Supporting managers are thought to as facilitators of priorities, and efficiency may suffer from a lack of such support. Recent studies indicate that organizational highlights may foster career happiness. According to Klehe et al. (2012), there are significant links between career flexibility and interest in dynamic, independent, management career support (data, counsel, and consolation) (Zikic & Klehe, 2006). The degree of people's beliefs in their own efficacy is represented by the effectiveness of self (Bandura, 1977). Self-efficacy has also been examined in a large range of other

job management contexts (Lent & Brown, 2013). Various elements may be included in career-related self-efficacy (Betz, 2007). They choose based on job content or work-related factors (such as experimentation and decision-making effectiveness; Lent, Ezeofor, Morrison, Penn, & Ireland 2016). (Such as mathematical self efficacy or occupational self-efficacy; Rigotti, Schyns, & Mohr, 2008) The study also revealed that self-efficacy is influenced by knowledge and employee happiness. According to Pinquart and his colleagues' investigation from 2003, individuals with higher levels of self-efficiency have better work satisfaction percentages. They discover that those with high self-efficiency are more content at work and less susceptible to unemployment. Higher levels of job self-efficacy will likely result in more alluring business-related mindsets. Salgado and Moscoso (2000) discovered that self-efficacy was positively connected with job satisfaction in a meta-analysis of studies on self-efficacy and hierarchical execution. According to the self-efficacy hypothesis, a person's belief in their own abilities motivates them to engage in the behaviors necessary to achieve the desired results and gives them the ability to exert more effort (Peyman et al., 2006). By providing supervisory support, a manager can increase employee satisfaction while lowering stress (Conrad, 2019). Van Yperen (1998) found that individuals with high self-efficiency are less likely than those with low self-efficiency to quantify the data they support. It's interesting to note that employees with poor self-efficacy production have uncertain career possibilities (Boone and De Brabander, 1997) and must wait until their superiors encourage them to act (Blau, 1987).. Extremely self-efficient people prefer to put in a lot of effort, and even when they encounter difficulties, they often view them as opportunities rather than as obstacles (Wang et al. 2019). Although these resources are limited, people can use

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them to obtain more important resources to meet their needs and produce positive results (Hobfoll 1989, 2001). When workers are monitored with assistance, their self-efficacy is increased and they are secure in receiving additional funding. Supervisory support has been evaluated using Greenhaus, Parasuraman and Wormley work (1990). The calculation tests the perspective of employees as to how much supervisory support they get in their jobs.

The item of the study was: "My supervisor cares about whether or not I achieve my career goals." Nine Items was ranked on a Likert scale of five points "strongly disagree" (1) to "strongly agree" (5).

CHAPTER-3

METHODOLOGY

In this study the main purpose was to find out association between demographics, work family conflict, and supervisory support among healthcare workers of public hospitals in Rawalpindi

3.1 Research Design: This was a quantitative, cross-sectional study.

3.2 Research Setting: This study was done in Public hospitals of Rawalpindi city.

3.3 Research question: What is the effect of supervisory support on work family conflict among healthcare workers?

3.4 Hypothesis: Supervisory support has positive effect on work family conflict

3.5 Null hypothesis: Supervisory support has negative or no effect on work family conflict

1.6 Measures:

All measures were evaluated on a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree).   Scales used will be Work Family Conflict Assessment Scale and Supervisory Support Assessment Scale.(1)

3.6.1 Work Family Conflict Assessment

The following things will be asked in the scale (7)

- My work schedule often conflicts with my family life

- After work, I come home too tired to do some of the things I'd like to do

- On the job, I have so much work that it takes away from my other interests

- My family dislikes how often I am preoccupied with my work while I'm at home

- Because my work is demanding at times I am irritable at home

- The demands of my job make it difficult to be relaxed all the time at home

- My work takes up time that I'd like to spend with my family

- My job makes it difficult to be the kind of spouse or parent that I'd like to be

3.6.2 Supervisory Support Assessment

The following things will be asked in the scale,

- My supervisor takes the time to learn about my career goals and aspirations

- My supervisor cares about whether or not I achieve my goals

- My supervisor keeps me informed about different career opportunities for me in the organization

- My supervisor makes sure I get the credit when I accomplish something substantial on the job

- My supervisor gives me helpful feedback about my performance

- My supervisor gives me helpful advice about improving my performance when I need it

- My supervisor supports my attempts to acquire additional training or education to further my career

- My supervisor provides assignments that give me the opportunity to develop and strengthen new skills

- My supervisor assigns me special projects that increase my visibility in the organization

3.7 Data Collection Procedure:

The non-probability consecutive sampling technique was used to collect the data. Data was collected from doctors of Government hospitals of Rawalpindi including Holy Family, Benazir Bhutto, District Head quarter, Rawalpindi institute of cardiology and Fauji Foundation Hospital. A validated semi-structured questionnaire was administered to participating doctors. The questionnaire contained 3 sections with questions on the socio demographic factors, work family conflict, and supervisory support scales. Data was collected from 250 health care workers all doctors on different designations working in government hospitals. The data collected was analyzed with the help Statistical Package for Social Sciences (SPSS) Version 20

3.8 Sample Selection

- **3.8.1 Inclusion criteria:**

    1. Experience > 2 years.

    2. Both gender Males and Females.

    3. Doctors in Public hospitals of Rawalpindi city.

- **3.8.2 Exclusion criteria:**

    1. Already diagnosed and taking medications for stress management.

3.9 Sample Size Calculation:

The sample size was calculated using OpenEpi Tool

Sample Size Formula $n = [DEFF*Np(1-p)] / [(d^2/Z^2_{1-\alpha/2}*(N-1)+p*(1-p)]$

Population size (for finite population correction factor or fpc) (N): 710, Hypothesized % frequency of outcome factor in the population (p):50%+/-5, Confidence limits as % of 100(absolute +/- %)(d): 5%

Design effect (for cluster surveys-DEFF): 1

Sample Size (n) for Various Confidence Levels

Confidence Level (%)	Sample Size
95%	**250**

3.10 Data Collection Tools:

Data was collected using a validated questionnaire. The questionnaire contained 3 sections with questions on the socio demographic factors, work family conflict, and supervisory support scales

3.11 Sampling Technique:

A Cross Sectional study was conducted among health care workers all doctors on different designations working in government hospitals. Data from respondents was collected, using non probability consecutive sampling technique.

3.12 Data Analysis:

Statistical Package for Social Science (SPSS) 20th version was used to analyze the data for statistical methods such as descriptive analysis, linear and multiple regression analysis. First, frequency analyses were conducted to identify demographic characteristics of respondents, while all study variables were examined by descriptive statistics in terms of means standard deviation, skewness, and kurtosis. Then, bivariate correlation analyses were used to investigate the nature and pattern of relationships between study variables. Lastly, a linear regression analysis was employed to test the research hypotheses.

3.13 Ethical Considerations:

Before the commencement of this research, ethical clearance and IRB approval was obtained from University. Oral consent was taken from hospitals and informed consent from participants, confidentiality in reporting, and confidentiality of information was ensured.

CHAPTER-4

RESULTS

This section provides a description of the results of data analyses and hypotheses testing in narrative and tabulated manners. First, demographic information of the participants is reported including gender, age, marital status, income status, number of children, husband occupation, living with in-laws or independent living, profession, job setting, work experience, designation, duty hours and job satisfaction. Second, descriptive statistics, such as means, standard deviations, skewness and kurtosis, followed by bivariate correlations are reported for all study variables. Lastly, the results of the tests of research hypotheses are provided.

4.1 Demographics of Respondents:

Surveys were collected from 250 doctors working in government hospitals of Rawalpindi. Table 1 presents the demographic characteristics of participants. Around 95 participants were male (38 %), whereas more than half of the respondents were female 155 (62 %). Approximately a third of the total respondents 87 (34.8%) were 26-30 years of age, while 105 (42 %) were 31-35 years old. With regard to marital status, 194 (77.6%) of the total respondents are married while 56 (22.4%) were unmarried. Nearly half of the respondents 117 (46.8) are living in joint family systems. More than half of the respondents 139 (55.6%) earn more than 1 lac per month. 98 (39.2 %) participants have work experience of more than 3 years while 91 (36.4 %) have work experience of more than 5 years. All respondents were doctors on different designations among them majority are post graduate residents 173 (69.2%), 32 (12.8 %) are senior registrar and 29 (11.6 %) are medical officers. Majority 163 (65.2 %) worked more than 48 hours/week. 208 (83.2 %) of the respondents are satisfied with their job. Please refer to Table 1 for the detailed frequency and percentages of participants demographics.

Table 1: Assessment of Demographic Data

		Frequency	Percentage
Gender	Male	95	38.0%
	Female	155	62.0%
Age	21-25 years	0	0.0%
	26-30 years	87	34.8%
	31-35 years	105	42.0%
	36-40 years	42	16.8%
	41-45 years	16	6.4%
	46-50 years	0	0.0%
Marital status	Single	56	22.4%
	Married	194	77.6%
Husband/Wife occupation	Doctor	68	27.2%
	Engineer	16	6.4%
	Self-Business	21	8.4%
	Nurse	0	0.0%
	Private Job	18	7.2%
	Unemployed	0	0.0%
	Lawyer	0	0.0%
	House Wife	71	28.4%
Living with in-laws	Yes	117	46.8%
	No	77	30.8%
Independent living	Yes	125	50.0%
	No	125	50.0%

Income status	Low (10-40k)	0	0.0%
	Lower-Middle (41-70k)	0	0.0%
	Upper-Middle (71-100k)	111	44.4%
	High Income (More than 100k)	139	55.6%
Profession	Doctor	250	100.0%
	Engineer	0	0.0%
	Self-Business	0	0.0%
	Nurse	0	0.0%
	Private Job	0	0.0%
	Unemployed	0	0.0%
	Lawyer	0	0.0%
Job setting	Government	250	100.0%
	Private	0	0.0%
Work experience	2 years	0	0.0%
	3 years	98	39.2%
	4 years	61	24.4%
	> 5 years	91	36.4%
Designation	Medical Officer	29	11.6%
	Post Graduate Resident	173	69.2%
	House Officer	0	0.0%
	Registrar	16	6.4%
	Senior Registrar	32	12.8%
	Assistant Professor	0	0.0%
	Associate Professor	0	0.0%
	Professor	0	0.0%
Duty hours	<36 hours/week	0	0.0%

	36 hours/week	61	24.4%
	48 hours/week	26	10.4%
	>48 hours/week	163	65.2%
Are you satisfied with your job?	Yes	208	83.2%
	No	42	16.8%

Table 2 provides the number of responses, minimums, maximums, means and standard errors, standard deviations, skewness statistics and standard errors, and kurtosis statistics and standard errors for the variables of interest. The dependent variable, work family conflict has a mean of 3.11 (SD = 1.589). On the other hand, the mean scores and standard deviations of supervisory support are 3.5 (SD = 1.5). This implies that the association of work family conflict and supervisory support in this study would be more salient than those in past studies. Since this study employs quantitative data analyses, two statistic values were checked to assess the normality of the distribution of the variables: skewness and kurtosis. Skewness is a measure of how responses are distributed, while kurtosis is a measure of how responses cluster around a central point for a standard distribution (Stern et al., 1977). A criterion from the literature is that a skewness statistic bigger than 3.0 or a kurtosis statistic bigger than 8.0 would imply that the distribution is non-normal (Kline, 2005). The skewness and kurtosis statistics for all variables in this study were within these acceptable ranges of normality. Please refer to Table 2.

Table 2: Descriptive Statistics of work family conflict and supervisory support

	N	Range	Min	Max	Mean	Std. Deviation	Skewness		Kurtosis	
	St.	St.	St.	St.	St.	St.	St.	Std. Error	St.	Std. Error
Gender	250	1	1	2	1.62	.486	-.497	.154	-1.767	.307
Age	250	3	2	5	2.95	.879	.674	.154	-.241	.307
MS	250	1	1	2	1.78	.418	-1.332	.154	-.228	.307
NOC	250	4	0	4	1.61	1.379	.186	.154	-1.287	.307
H/WO	250	8	0	8	3.28	3.243	.559	.154	-1.412	.307
LWI	250	2	0	2	1.08	.726	-.129	.154	-1.088	.307
IL	250	1	1	2	1.50	.501	.000	.154	-2.016	.307
IS	250	1	3	4	3.56	.498	-.227	.154	-1.964	.307
P	250	0	1	1	1.00	.000	.	.	.	.
JS	250	0	1	1	1.00	.000	.	.	.	.
WE	250	2	2	4	2.97	.871	.054	.154	-1.683	.307
DN	250	4	1	5	2.40	1.172	1.363	.154	.657	.307
DH	250	2	2	4	3.41	.856	-.893	.154	-1.039	.307
SWJ	250	1	1	2	1.17	.375	1.787	.154	1.202	.307
WFCSA	250	4	1	5	3.11	1.589	-.162	.154	-1.682	.307
SSSA	250	4	1	5	3.50	1.500	-.513	.154	-1.358	.307
Valid N	250									

(**Note**: N=Total number of participants, Min=Minimum, Max=Maximum, Std.=Standard, St.=Statistics, MS=Marital Status, NOC=Number of children, H/WO=Husband/Wife occupation, LWI= Living with in-laws, IL= Independent living, IS= Income status, P= Profession, JS= Job setting, WE= Work experience, DN=Designation, DH= Duty hours, SWJ= Satisfied with job, WFCSA= Work Family Conflict Scale Assessment, SSSA= Supervisory Support Scale Assessment**)**

4.3 Inferential Results

This study collected information on work family conflict and supervisory support from 250 healthcare respondents. For analysis, cases were excluded pair wise instead of list wise. Table 3 presents the correlations between study variables using Spearman's correlation. The dependent variable, work family conflict had negative relationships with most outcome variables. Consistent with the findings of analysis in this study, it has stronger negative relations to supervisory support as well ($r = -.782$, $p < .01$) proving our hypothesis to be incorrect. Work family conflict also have negative correlation to gender($r = -0.428$, $p < .10$), age ($r = -0.093.$, $p = .144$), living with in-laws($r = -0.092.$, $p = 0.148$), income status($r = -0.098.$, $p = 0.123$) and work experience ($r = -0.210.$, $p < .10$). Variables having positive correlation to work family conflict include marital status ($r = 0.252.$, $p < .10$), number of children ($r = 0.136$, $p = .032$), husband/wife occupation ($r = 0.447$, $p < .10$), independent living($r = 0.495$, $p < .10$), designation($r = 0.184$, $p < .10$), duty hours($r = 0.350$, $p < .10$) and job satisfaction($r = 0.505$, $p < .10$).

Table 3 : Correlations between study variables using Spearman's correlation

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
G	1.000	-.134*	-.144*	-.163*	-.546**	.081	-.288**	.014	-.083	-.351**	-.261**	-.001	-.428**	.235**
A	-.134*	1.000	.527**	.832**	.491**	.522**	.036	.530**	.729**	.213**	-.582**	.130*	-.093	-.111
MS	-.144*	.527**	1.000	.645**	.743**	.780**	.384**	.601**	.548**	.087	-.385**	-.015	.252**	-.191**
NOC	-.163*	.832**	.645**	1.000	.685**	.639**	.060	.650**	.691**	.213**	-.611**	.196**	.136*	-.288**
H/WO	-.546**	.491**	.743**	.685**	1.000	.557**	.317**	.261**	.399**	.144*	-.219**	-.015	.447**	-.356**
LWI	.081	.522**	.780**	.639**	.557**	1.000	-.240**	.537**	.503**	.022	-.693**	-.209**	-.092	.158*
IL	-.288**	.036	.384**	.060	.317**	-.240**	1.000	.137*	.099	.096	.393**	.235**	.495**	-.443**
IS	.014	.530**	.601**	.650**	.261**	.537**	.137*	1.000	.697**	.144*	-.515**	.186**	-.098	.059
WE	-.083	.729**	.548**	.691**	.399**	.503**	.099	.697**	1.000	.074	-.567**	.090	-.210**	.129*
DN	-.351**	.213**	.087	.213**	.144*	.022	.096	.144*	.074	1.000	.042	.272**	.184**	-.028
DH	-.261**	-.582**	-.385**	-.611**	-.219**	-.693**	.393**	-.515**	-.567**	.042	1.000	.322**	.350**	-.163**
SWJ	-.001	.130*	-.015	.196**	-.015	-.209**	.235**	.186**	.090	.272**	.322**	1.000	.505**	-.494**
WFC	-.428**	-.093	.252**	.136*	.447**	-.092	.495**	-.098	-.210**	.184**	.350**	.505**	1.000	-.782**

| SS | .235** | -.111 | -.191** | -.288** | -.356** | .158* | -.443** | .059 | .129* | -.028 | -.163** | -.494** | -.782** | 1.000 |

Note. Estimates of coefficient alpha reliability (α) appear in bold; *$p < 0.05$, **$p < 0.01$ (*. Correlation is significant at the 0.05 level (2-tailed),

**. Correlation is significant at the 0.01 level (2-tailed).). MS=Marital Status, NOC=Number of children, H/WO=Husband/Wife occupation,

LWI= Living with in-laws, IL= Independent living, IS= Income status, P= Profession, JS= Job setting, WE= Work experience, DN=Designation,

DH= Duty hours, SWJ= Satisfied with job, WFCSA= Work Family Conflict Scale Assessment, SSSA= Supervisory Support Scale Assessment

4.4 Supervisory Support and Work Family Conflict.

A research hypothesis was tested by simple regression analyses. Table 4 provides the result of regression models to test mediation effects of supervisory support work family conflict. The dependent variable work family conflict was regressed on predicting variable of supervisory support. The independent variable supervisory support significantly predicts work family conflict, $F (1, 248) = 401.58$, $P < 0.001$, which indicates that the variable has significant impact on work family conflict. Moreover the $R^2= 0.618$ depicts that the model explains 61 % of the variance in work family conflict. Additionally coefficients were assessed to ascertain the influence of variable on the criterion variable (work family conflict). Supervisory support has significant and negative impact on work family conflict ($B= -0.833$, $t= -0.20$, $p < 0.001$). Meaning that Supervisory Support has no role in work family conflict hence it proves our hypothesis to be wrong and unsupported. Our results match the results of Adams et al., 1996 and Carlson & Perrewe, 1999.

Table 4: Hypothesis Result

Hypothesis	Regression	B	t	p-value
H1	SS→WFC	-0.833	-0.20	0.000 *
R	0.618			
F(1 , 248)	401.58			

R= Variance, * $p < 0.01$(Correlation is significant at the 0.01)

**4.5 Assessment of Work Family Conflict Scale:**

Majority of the respondents have agreed on the work family conflict scale.

Table 5 and Figure 2 below shows the responses of respondents on work family conflict scale including the percentages.

Table 5: Work Family Conflict Scale with Response Percentages

	Strongly disagree	Disagree to some extent	Uncertain	Agree to some extent	Strongly agree
1.My work schedule often conflicts with my family life	29.6%	16.8%	3.6%	14.4%	35.6%
2.After work, I come home too tired to do some of the things I'd like to do	21.2%	22.0%	0.0%	21.2%	35.6%
3.On the job, I have so much work that it takes away from my other interests	29.6%	7.2%	0.0%	22.4%	40.8%
4.My family dislikes how often I am preoccupied with my work while I'm at home	32.8%	3.2%	11.6%	23.2%	29.2%
5.Because my work is demanding at times I am irritable at home	42.4%	3.2%	4.0%	28.0%	22.4%
6.The demands of my job make it difficult to be relaxed all the time at home	32.8%	16.8%	0.0%	17.6%	32.8%
7.My work takes up time that I'd like to spend with my family	26.4%	13.6%	0.0%	26.8%	33.2%
8.My job makes it difficult to be the kind of spouse or parent that I'd like to be	42.4%	8.0%	6.8%	9.6%	33.2%

Figure 2: Work Family Conflict Chart with responses percentages:
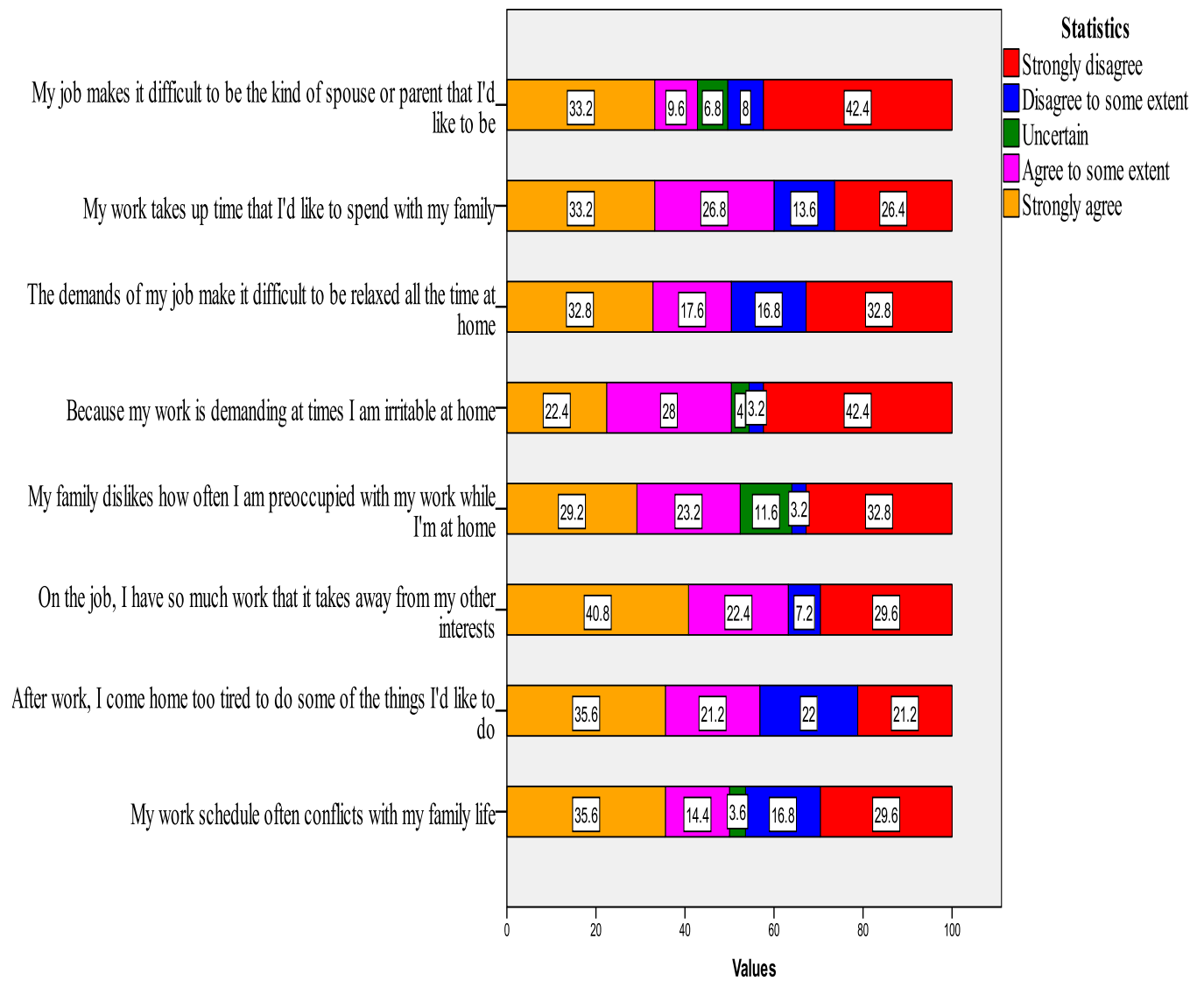
4.6 Assessment of Supervisory Support Scale:

Majority of the respondents have agreed on the Supervisory support scale as shown in Table 6 and Figure 3.

Table 6: Supervisory Support Scale with Response Percentages

	Strongly disagree	Disagree to some extent	Uncertain	Agree to some extent	Strongly agree
1.My supervisor takes the time to learn about my career goals and aspirations	16.4%	12.8%	14.0%	9.6%	47.2%
2.My supervisor cares about whether or not I achieve my goals	16.4%	9.6%	14.0%	27.6%	32.4%
3.My supervisor keeps me informed about different career opportunities for me in the organization	22.8%	10.4%	6.8%	27.6%	32.4%
4.My supervisor makes sure I get the credit when I accomplish something substantial on the job	18.8%	4.0%	6.4%	26.8%	44.0%
5.My supervisor gives me helpful feedback about my performance	18.8%	8.0%	6.4%	16.4%	50.4%
6.My supervisor gives me helpful advice about improving my performance when I need it	16.4%	16.8%	0.0%	28.0%	38.8%
7.My supervisor supports my attempts to acquire additional training or education to further my career	19.6%	16.8%	3.6%	24.4%	35.6%
8.My supervisor provides assignments that give me the opportunity to develop and strengthen new skills	22.8%	10.4%	3.6%	24.4%	38.8%

9.My supervisor assigns me special projects that increase my visibility in the organization	36.4%	0.0%	3.6%	27.6%	32.4%

Figure 3: Supervisory Support Chart with responses percentages:

Supervisory Support Scale Assessment
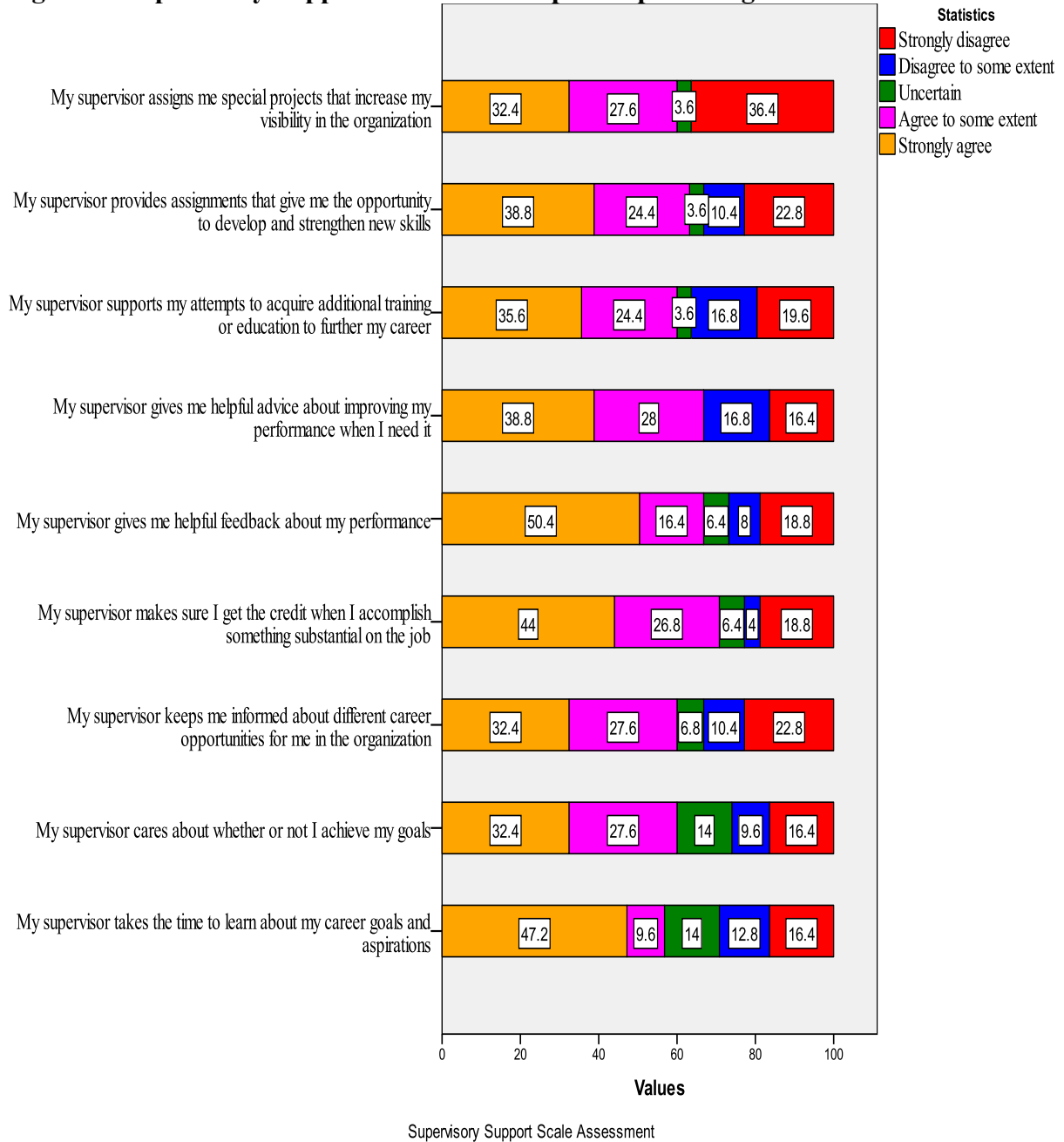
CHAPTER-5

DISCUSSION:

This study explained the perceptions of work-family conflict of doctors in government hospitals and explored its relationship with demographics and supervisory support. We found that work family conflict was more evident among doctors aged 31-35 and married. The result of the study proved that as compared to family demands work demands are more strongly associated with work family conflict. One of the most important aspects of the medical profession is extra working hours as the results showed most of the doctors were working more than 48 hours per week. These finding are consistent with the findings of (Sabil at el., 2016). Most of the doctors (35.6%) reported that because their work schedule often conflicts with their family life. Similarly, (35.6%) reported that after work, when they come home they are too tired to do the things they like. Likewise, (40.8 %) said that on the job, they have so much work that it takes away their other interests. Furthermore, (29.2%) strongly agreed that their family dislikes how often they are preoccupied with their work while I'm at home. these results are consistent with the results of (Tian, X.-F., & Wu, R.-Z. 2022). According to the results demanding nature of work have no notable effect on work family conflict as (42.4%) disagree that because of their work demand they get irritable at home. Also (32.8 %) agreed that the demands of their jobs make it difficult for them to be relaxed all the time at home. Similarly, (33.2 %) doctors agreed that their work takes up all the time that they would like to spend with their families. Furthermore, (42.4 %) disagreed that their job makes it difficult for them to be the kind of spouse or parents that they would like to be. These findings are consistent with the findings of (Arqam et al., 2022). Overall

doctors tend to have higher work family conflict. Finding from the study showed that healthcare workers in general face more clash in the family space. The results of supervisory supports from respondents are highly positive as (47.2%) agrees that their supervisor takes the time to learn about their career goals and aspirations. (32.4%) responded that their supervisor cares about whether or not they achieve their goals or not. Also results showed that (32.4%) supervisor keeps their trainees or junior doctors informed about different career opportunities for them in the organization. Most of respondents (44.0%) agreed that their supervisor makes sure that they get the credit when they accomplish something substantial on the job. Half of the respondent supervisors (50.4%) give them helpful feedback about their performance. While (38.8%) said that their supervisor gives them helpful advice about improving their performance when they need it. Also (35.6%) doctors responded that heir supervisor supports their attempts to acquire additional training or education to further their career. Furthermore, (38.8%) agreed that their supervisor provides assignments that give them opportunities to develop and strengthen new skills. While (36.4%) disagreed that their supervisor assigns them special projects that increase their visibility in the organization. These findings are contrary to study results of (Nyarko Ankomah at el, 2020), which shows that majority of respondents indicated that their supervisor does not take the time to learn about their career goals and aspirations (61%). With regards to career opportunities, another 61% indicated that their supervisor does not keep them informed about different career opportunities in their organization. For training and development opportunities, the majority of the sample (62%) indicated that their supervisor does not support their attempts to acquire additional training or education to further their career.   Our hypotheses suggest that Supervisory Support has positive effect on work family conflict was confirmed by the empirical data. The result pertaining to the relationship between Supervisory Support with

work family conflict provides empirical support for those of Bellavia and Frone [81] and Rogelberg and Steven [82]. But our results could not find any significant relationship between Supervisory Support and work family conflict, also our results Supervisory support has significant and negative impact on work family conflict (B= -0.833 , t= -0.20 , p < 0.001). Hence it proves our hypothesis to be wrong and unsupported which is in contrast with the results of Yadav at el., 2021 and Yang et al., 2018. This contradiction may be due to lack of family's supportive activities that supervisors in hospitals provide, and their most activities are concentrated on work supportive service.

Several studies found that the role of supervisor is very important to facilitate employees in delivering better service and achieving satisfaction in family and job and thus increase well-being (Sahin et al., 2021). A few studies found that supervisory support is an important source of social support in coping with problems associated with WFC (Mache et al., 2015; Farhadi at el., 2013; Yadav at el., 2021). Some researchers believe that the well-being of a family lies largely in the hands of high-level supervisors (Taib at el., 2018). But our findings suggest that supervisory support has no effect on work family conflict.

CHAPTER-6

CONCLUSION:

This research focused on supervisory support and work–family conflict among doctors in government hospitals of Rawalpindi city. The present study highlights the main sources of work–family conflict, including marital and income status, living with in-laws, long working hours and independent living. Work family conflict was found in majority of respondents along with Supervisory support but no association between them was found. Hence it proves our hypothesis to be wrong and unsupported. These results indicate that supervisor support has no role on work–family conflict. Given these findings, even with great supervisory support issues of work–family conflict remains the same. This study suggests that supervisory support with a long duty hours, low income and family responsibilities has no effect when it comes to work family conflicts. This shows that work family conflict does not only depend on one factor but it's a cumulative effect of multiple factors and even if provided great supervisory support that will not reduce the conflicts between work and family. There are several limitations of this study. The first limitation is that this research was conducted using a sample consisting solely of doctors. As a result any conclusions made may not be generalized to personnel in other settings. This suggests that the results of this study could have been different with other population group. A second limitation of this study was that it was not longitudinal, which hinders the ability to truly understand the consequences of work family conflict as they occur over time, and to design and test a suitable model which depicts these consequences with supervisory support. Finally, given the size of the sample used, it was not possible to include all the possible work, non-work and stress related consequences of work-family conflict in this study. As a result, only the most popular and well-researched consequences were examined.

CHAPTER-7

RECOMMENDATIONS:

Several recommendations and limitations have been identified through this study that may direct future studies.

LIMITATIONS: More researches on this subject should be conducted especially among doctors in all public and private hospitals. The findings of this study can be applied in hospitals, and can guide supervisor to tackle then needs of junior's doctors as per their family issues. Supervisors should design special and efficient supportive programs for their married doctors, because the results showed that the married doctors experience more work family conflict, and it is essential for supervisors to help them in coping with this kind of conflict. Majority of the respondents in the study sample were female, Supervisors should pay more attention to female doctors and conduct special training programs for them to increase their family skills and decrease the destructive effects of work family conflict. Experienced personeels including human resource experts and psychologist should organize specific workshops to teach the doctors how to establish a balance between work and family domains and cope with difficulties associated with conflicts in the work-family interface. These workshops are also important tools to make frontline doctors openly give suggestions regarding the better handling of work and family roles.

STRENGTHS: Finally, making efforts in decreasing duty hours and increasing their salary would be useful solutions for supervisors to cope with the problem. Mentioned findings will play essential role in guidance of higher authorities for implementation of supervisory support. Proper commitment and practices are essential aspect. This study depicts the prime findings related to Supervisor Support practices and the Work family Conflict.

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Annexure -A

Consent Form:

Title of study: Assessment of Work Family Conflict and Role of Supervisory Support among Healthcare Workers of Public Hospitals in Rawalpindi City.

Consent Form:

I am Tehreem Jabir, researcher of Quaid e Azam University. I am doing research study to find out the association between demographics, work family conflict, and supervisory support among healthcare workers of public hospitals in Rawalpindi .You will not have any direct benefit from this research. As a part of the research, I would like to ask you some information about you, your work and family and your supervisor .The information collected should be kept confidential and used only for this research purpose .you can refuse to participate in the study.

If you are willing to participate, kindly give me your consent.

I am willing to take part in this research.

Yes _____ No _____

Participant Signature: _____

Investigator Signature: _____   Date _____

Annexure –B

Questionnaire:

Consist of 3 sections namely, 1- Demographic Characteristics, 2- Work Family Conflict Scale, and 3- Supervisory Support Scale

Note: Kindly fill out and Complete All Sections.

Title of study: Assessment of Work Family Conflict and Role of Supervisory Support among Healthcare Workers of Public Hospitals in Rawalpindi City

1. **Demographic Characteristics:**

- Name: _____

- Age: _____

- Gender: Male ☐   Female ☐

- Marital Status: Married ☐   Unmarried ☐

- Husband/Wife Occupation: _____

- Living with In-Laws: Yes ☐   No ☐

- Independent Living: Yes ☐   No ☐

- Income: 10-40k ☐   41-70k ☐   71-100k ☐   >100k ☐

- Profession Medical: Yes ☐   No ☐

- Job setting: Government ☐   Private ☐

- Work Experience: 2yr ☐   3yr ☐   4yr ☐   5yr ☐   >5yr ☐

-
- Designation: _____

- Duty Hours: <36hr/wk. ☐   36hr/wk. ☐   48hr/wk. ☐   >48hr/wks. ☐

- Are you satisfied with your job: Yes ☐   No ☐

2. Work Family Conflict Scale

Please encircle the number that best represents your opinion.

	Strongly disagree	Disagree to some extent	Uncertain	Agree to some extent	Strongly agree
My work schedule often conflicts with my family life	1	2	3	4	5
After work, I come home too tired to do some of the things I'd like to do	1	2	3	4	5
On the job, I have so much work that it takes away from my other interests	1	2	3	4	5
My family dislikes how often I am preoccupied with my work while I'm at home	1	2	3	4	5
Because my work is demanding at times I am irritable at home	1	2	3	4	5
The demands of my job make it difficult to be relaxed all the time at home	1	2	3	4	5
My work takes up time that I'd like to spend with my family	1	2	3	4	5
My job makes it difficult to be the kind of spouse or parent that I'd like to be	1	2	3	4	5

3. Supervisory Support Scale

Please encircle the number that best represents your opinion.

	Strongly disagree	Disagree to some extent	Uncertain	Agree to some extent	Strongly agree
My supervisor takes the time to learn about my career goals and aspirations	1	2	3	4	5
My supervisor cares about whether or not I achieve my goals	1	2	3	4	5
My supervisor keeps me informed about different career opportunities for me in the organization	1	2	3	4	5
My supervisor makes sure I get the credit when I accomplish something substantial on the job	1	2	3	4	5
My supervisor gives me helpful feedback about my performance	1	2	3	4	5
My supervisor gives me helpful advice about improving my performance when I need it	1	2	3	4	5
My supervisor supports my attempts to acquire additional training or education to further my career	1	2	3	4	5
My supervisor provides assignments that give me the opportunity to develop and strengthen new skills	1	2	3	4	5
My supervisor assigns me special projects that increase my visibility in the organization	1	2	3	4	5

I am extremely thankful for your cooperation

Annexure –C

IRB LETTER:

AL-SHIFA SCHOOL OF PUBLIC HEALTH
PAKISTAN INSTITUTE OF OPHTHALMOLOGY
AL-SHIFA TRUST, RAWALPINDI

MSPH-IRB/14-22
27th Sep, 2022

TO WHOM IT MAY CONCERN

This is to certify that **Tehreem Jabir** D/O **Waheed Ud Din Jabir** is a student of Master of Science in Public Health (MSPH) final semester at Al-Shifa School of Public Health, PIO, Al-Shifa Trust Rawalpindi. He/she has to conduct a research project as part of curriculum & compulsory requirement for the award of degree by the Quaid-i-Azam University, Islamabad. His/her research topic which has already been approved by the Institutional Review Board (IRB) is **"Assessment of work family conflict and role of supervisory support among health care workers of public hospitals in Rawalpindi city"**.

Please provide his/her necessary help and support in completion of the research project. Thank you.

Sincerely,

Dr. Ayesha Babar Kawish
Head
Al-Shifa School of Public Health, PIO
Al-Shifa Trust, Rawalpindi