

## How do the Working Conditions of a Healthcare Worker Affect Family Life?: Seeing Through the Eyes of Healthcare Worker Spouses

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### Abstract

**Aim:** In this study, it is aimed to evaluate the relationship between the working conditions of healthcare workers and their family life from the perspective of the spouses of healthcare workers.

**Method:** The research is a descriptive and cross-sectional study. The data of the study were collected from 146 physicians and nurse spouses in the form of an online questionnaire.

**Results:** It was determined that 68.5% of the participants were male, 69.9% of them were non-health personnel, 90.4% of them did not work shifts and the mean age was 41.79±7.74. It was determined that 74% of the health workers were nurses and 40.4% of them worked in internal clinics. The participants stated that they did not find their spouses' financial income sufficient (68.5%), they were generally unhappy when their spouses came home from work (75.3%), their sexual life was negatively affected (46.6%), and they sometimes felt nervous and tense because of their spouses' profession (52.1%). It was determined that there was a significant relationship between the clinics in which their spouses worked and their family and social lives being affected, allocating time for their children, their sexual lives being negatively affected, and being irritable, nervous and unhappy ( $p<0.05$ ). It was observed that the clinics that negatively affected the aforementioned conditions were mostly internal clinics, operating theatres, intensive care units and emergency services.

**Conclusion:** As a result, the opinions of the spouses of healthcare workers show that there is a significant relationship between job satisfaction and the family life of healthcare workers. In the study, it was found that the family life of healthcare workers working in intensive care, operating theatre, emergency service units and internal clinics was more negatively affected than those working in other clinics. It is recommended to organise health policies that will increase the job satisfaction of health workers and to make rotations between clinics in a way that does not negatively affect the working environment.

**Keywords:** Family, job satisfaction, health worker.

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### Özgün Araştırma Makalesi (Original Research Article)

**Geliş / Received:** 06.01.2024 & **Kabul / Accepted:** 07.03.2024

**DOI:** <https://doi.org/10.38079/igusabder.1415659>

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*ETHICAL STATEMENT: Ethics committee approval was obtained from İstanbul Gelişim University Ethics Committee Presidency with the decision dated 19.04.2023 and numbered 2023-04-86 to conduct the research.*

## **Sağlık Çalışanının Çalışma Koşulları Aile Hayatını Nasıl Etkiliyor?: Sağlık Çalışanı Eşlerinin Gözüyle Bakmak**

### **Öz**

**Amaç:** Bu çalışmada sağlık çalışanlarının çalışma koşulları ile aile hayatları arasındaki ilişkiyi, sağlık çalışanlarının eşlerinin bakış açısıyla değerlendirmek amaçlanmıştır.

**Yöntem:** Araştırma tanımlayıcı ve kesitsel bir çalışmadır. Çalışmanın verileri 146 hekim ve hemşire eşlerinden online anket şeklinde toplanmıştır.

**Bulgular:** Katılımcıların %68,5'i erkek, %69,9'u sağlık dışı personel, %90,4'ünün nöbet tutmadığı ve yaş ortalamasının  $41,79 \pm 7,74$  olduğu belirlenmiştir. Sağlık çalışanının %74'ü hemşire ve %40,4'ünün dahili kliniklerde çalıştığı tespit edilmiştir. Katılımcılar eşlerinin mali gelirini yeterli bulmadıklarını (%68,5), eşleri işten geldiklerinde genellikle mutsuz olduklarını (%75,3), cinsel hayatlarının olumsuz etkilendiğini (%46,6), eşlerinin mesleğinden dolayı kendilerini bazen sinirli ve gergin hissettiklerini (%52,1) ifade etmişlerdir. Eşlerinin çalışmış oldukları klinikler ile aile ve sosyal hayatlarının etkilenme, çocuklarına zaman ayırma, cinsel hayatlarının olumsuz etkilenme durumları, sinirli, gergin, mutsuz olma durumları arasında anlamlı ilişki olduğu tespit edilmiştir ( $p < 0,05$ ). Bahsedilen durumları olumsuz etkileyen kliniklerin daha çok dahili klinikler, ameliyathane, yoğun bakım ve acil servis olduğu görülmüştür.

**Sonuç:** Sonuç olarak, sağlık çalışanları eşlerinin düşünceleri; sağlık çalışanlarının iş doyumları ile aile hayatı arasında anlamlı ilişki olduğunu göstermektedir. Yapılan çalışmada yoğun bakım, ameliyathane, acil servis birimleri, dahili kliniklerde çalışan sağlık çalışanlarının diğer kliniklerde çalışanlara göre aile hayatlarının daha olumsuz etkilendiği bulunmuştur. Sağlık çalışanlarının iş doyumunu arttıracak sağlık politikalarının düzenlenmesi, klinikler arasında rotasyonların çalışma ortamını olumsuz etkilemeyecek şekilde yapılması önerilir.

**Anahtar Sözcükler:** Aile, iş tatmini, sağlık çalışanı.

### **Introduction**

Every job has certain obligations that must be met. The excessive workload given to individuals causes physical and psychological problems in individuals<sup>1</sup>. Workload causes job dissatisfaction and many negative outcomes in individuals<sup>2</sup>. Individuals spend most of their time in work environments. The negativities they have experienced in the working environment cause deterioration in the emotional states of the individuals and affect every environment they have lived in. In particular, health workers, who are based on human health, work in an intense stress environment because it is not possible to make up for the mistakes made<sup>3,4</sup>. In cases of extreme stress and anxiety experienced by healthcare professionals, their work life can be affected, as well as their social and family life. Kahn et al. They stated that conflicts between work and family usually arise when the individual is given more than one burdening role<sup>5</sup>. These roles are; employees,

parents, spouses, and especially children who are responsible for the care of their own parents in our culture. The individual may feel as if he or she is suffocating with these roles<sup>6</sup>. The reason why the individual experiences negativity with his or her family due to work is the multiple roles assigned to his or her, the workload, the intense stress he or she has experienced at work, anxiety and job dissatisfaction<sup>7,8</sup>. Looking at the literature, there are a limited number of studies on the family lives of health workers. Güzel ve Döndü examined the sexual function status of healthcare workers during the COVID 19 period<sup>9</sup>. Ouyang et al. found in their study a positive significant relationship between nurses' job satisfaction and marital quality<sup>10</sup>. When the literature is examined, no study has been found that evaluates how being a health worker affects family life from the perspective of spouses. In only one qualitative study, family members of healthcare workers working during the COVID 19 period were interviewed. It has been determined that the intensive and risky working conditions of health workers during the pandemic period also affect their family lives<sup>11</sup>. In this study, it is aimed to evaluate the relationship between the working conditions of health workers and their family life from the perspective of the spouses of health workers.

## **Material and Methods**

**Study Design:** The research is a descriptive and cross-sectional study.

**Sample of the Research:** 146 physician and nurse spouses who agreed to participate in the study constituted the sample of the study.

**Data Collection Method:** The data of the study were collected from the participants in the form of an online questionnaire between 03 July and 20 July 2023.

**Data Collection:** The data of the study were collected with a questionnaire form created by scanning the literature<sup>12,13</sup>. This questionnaire was revised by taking the opinions of three experts and presented to the participants. This questionnaire consists of 20 questions that determine the personal information of the health worker and his or her spouse and the thoughts of the health worker's spouse.

**Data Analyses:** IBM SPSS statistics 26.0 program was used for statistical analysis in the study. While evaluating the study data, in addition to descriptive statistical methods (mean, standard deviation, frequency, percent). The chi-squared test was used to evaluate the relationships between the variables. The results were evaluated at the 95% confidence interval and the significance level of  $p < 0.05$ .

**Ethical Considerations:** Ethics committee approval was obtained from Istanbul Gelişim University Ethics Committee Presidency with the decision dated 19.04.2023 and numbered 2023-04-86 to conduct the research. The participants to be included in the study were informed before the survey and a consent form was signed.

## Results

The personal data of the healthcare workers and their spouses and the opinions of the spouses of the healthcare workers are shown in Table 1. It was determined that 68.5% of the participants were male and the mean age was  $41.79 \pm 7.74$  years. It was determined that 74% of the healthcare workers were nurses, 40.4% worked in internal clinics, 71.2% did not work shifts and the mean age was  $41.12 \pm 7.50$  (Table 1).

**Table 1.** Personal data of the healthcare worker and their spouses, opinions of the healthcare professionals' spouses (n=146)

	n	%
<b>Gender of the healthcare worker's spouse</b>		
Male	100	68.5
Female	46	31.5
<b>Age of healthcare worker's spouse (Average)</b>	41.79±7.74	
<b>Age of healthcare worker (Average)</b>	41.12±7.50	
<b>Education level of the spouse of the healthcare worker</b>		
Primary education	2	1.4
High school	12	8.2
Associate degree	6	4.1
Bachelor degree	68	46.6
Graduate	58	39.7
<b>Occupation of healthcare worker</b>		
Doctor	38	26.0
Nurse	108	74.0
<b>Occupation of healthcare worker</b>		
Health personnel	44	30.1
Non-health personnel	102	69.9
<b>The unit where the health worker works</b>		

Internal clinics	59	40.4
Administrative units	38	26.0
Polyclinics	16	11.0
Surgical clinics	13	8.9
Emergency room	8	5.5
Operating room	6	4.1
Intensive care	6	4.1
<b>Child presence</b>		
None	28	19.2
1 child	46	31.5
2 children	60	41.1
3 children	12	8.2
<b>Health worker's duty status</b>		
On duty	42	28.8
Not on duty	104	71.2
<b>The status of the health worker's spouse on duty</b>		
On duty	14	9.6
Not on duty	132	90.4

Descriptive statistical methods (mean, standard deviation, frequency, percent)

The opinions of the spouses of the health worker are shown in Table 2.

**Table 2.** Opinions of the spouses of the healthcare worker (n=146)

	n	%
<b>My spouse's working conditions adversely affect our family</b>		
I disagree	44	30.1
I partially disagree	18	12.3
I'm undecided	50	34.2
I partially agree	12	8.2
I agree	22	15.1
<b>Does your spouse spend enough time with their children?</b>		
I have no children	24	16.4

Yes	54	37.0
No	16	11.0
Partially	52	35.6
<b>Do you look after your child while your spouse is at work?</b>		
I have no children	24	16.4
Yes	72	49.3
No	26	17.8
Sometimes	24	16.4
<b>How would you rate your spouse's financial income?</b>		
Sufficient	46	31.5
Insufficient	100	68.5
<b>Would you prefer your spouse not to work?</b>		
Yes	48	32.9
No	98	67.1
<b>The way my spouse works affects our social life negatively.</b>		
I disagree	30	20.5
I partially disagree	12	8.2
I'm undecided	42	28.8
I partially agree	34	23.3
I agree	28	19.2
<b>How do you usually assess your spouse's emotional state when your spouse comes home from work?</b>		
Happy	36	24.7
Unhappy	110	75.3
<b>Does your partner's job negatively affect your sex life?</b>		
Yes	68	46.6
No	78	53.4
<b>Do you feel tense and angry because of your spouse's job?</b>		
Yes	32	21.9
No	38	26.0
Sometimes	76	52.1

Descriptive statistical methods (frequency, percent)

The relationship between the opinions of the participants and the unit where their spouses work is shown in Table 3. The relationship between the views of the participants and the unit where their spouses work is shown in Table 3. The negative impact of their spouses' working style on their family and social lives, A significant correlation was found between spouses spending enough time with their children, the emotional state they experience when their spouses come home from work, the negative effects of their spouses' occupation on their sexual life, feeling tense and irritable due to their spouses' occupation and the unit they work in ( $p < 0.05$ )(Table 3).

**Table 3.** Evaluation of the relationship between the opinions of the participants and the unit where their spouses work (n=146)

	Emergency room	Operating room	Surgical clinics	Internal clinics	Administrative units	Polyclinics	Intensive care	p
<b>The way my spouse works affects our family negatively.</b>								
I disagree	-	-	3	12	19	10	-	<b>0.001</b>
I partially disagree	-	-	2	15	11	-	-	
I'm undecided	2	2	6	26	6	2	6	
I partially agree	4	4	-	-	2	2	-	
I agree	2	-	2	16	-	2	-	
<b>Does your spouse spend enough time with their children?</b>								
I have no children	2	-	4	13	3	-	2	<b>0.001</b>
Yes	4	-	4	19	19	8	-	
No	-	4	-	6	4	-	2	
Partially	2	2	5	21	12	8	2	
<b>The way my spouse works affects our social life negatively.</b>								
I disagree	-	-	2	5	17	6	-	<b>0.001</b>
I partially disagree	-	-	2	3	3	4	-	
I'm undecided	2	2	3	15	8	6	6	
I partially agree	4	4	2	20	4	-	-	

I agree	2	0	4	16	6	-	-	
<b>How do you usually assess your spouse's emotional state when your spouse comes home from work?</b>								
Happy	0	0	4	11	15	4	2	0.097
Unhappy	8	6	9	48	23	12	4	
<b>Does your partner's job negatively affect your sexual life?</b>								
Yes	6	6	5	29	16	4	2	0.033
No	2	-	8	30	22	12	4	
<b>Do you feel tense and angry because of your spouse's job?</b>								
Yes	2	6	4	8	10	2	-	0.001
No	-	-	4	15	15	4	-	
Sometimes	6	-	5	36	13	10	6	

The chi-squared test,  $p < 0.05$  was considered significant

## Discussion

There is no compensation for a mistake made by healthcare professionals, and the result of the mistake can affect human health and even lead to disability and death. Healthcare professionals working under this intense stress can become exhausted over time and reflect this to their family life. Kahn et al. They stated that conflicts between work and family usually arise when the individual is given more than one burden or role<sup>5</sup>. Akbolat et al., in their study with 300 health workers, found a significant inverse relationship between organizational commitment and work-family conflict. It was concluded that as the commitment of health workers to work increases, their commitment to their families will decrease<sup>12</sup>.

Looking at the literature data, Kumar et al. compared the male nurses working in the COVID service with the nurses working in other clinics in terms of their sexual functions, and found that the sexual functions of the nurses working in the COVID service were adversely affected<sup>13</sup>. Güzel and Döndü defined the sexual functions of healthcare workers during the COVID 19 pandemic period and found that their sexual functions were adversely affected<sup>9</sup>. Tekin et al., in the qualitative study conducted by healthcare professionals with their family members during the COVID 19 period, found that family members were also adversely affected due to the hard work and concerns of healthcare professionals<sup>11</sup>. Ouyang et al. found that as the job satisfaction of health workers increases, their family life will also be positively affected<sup>10</sup>.



In this study, nearly half of the participants (46.6%) stated that their spouses being a health worker affected their sexual life negatively. The study result is similar to the literature result<sup>9,13</sup>. At the same time, 75.3% of the participants stated that their spouses were generally unhappy when they came from work, and 52.1% of the participants stated that their spouses were sometimes angry and nervous. It can be said that their spouses' intense working environments and their inability to provide job satisfaction can also negatively affect their sexual life. Ouyang et al. found a positive and significant relationship in their study between the job satisfaction of health workers and their family relationships<sup>10</sup>. In this study, the rate of participants who do not find the financial income of their spouses sufficient is 68.5%. Insufficient financial income of health workers may have negatively affected their job satisfaction.

The relationship between the clinics where the healthcare professionals worked and the thoughts of the healthcare professionals was examined (Table 3). It was determined that there was a significant relationship between the clinics where their spouses worked and their family and social life being affected, spending time with their children, negatively affecting their sexual life, being nervous, tense and unhappy ( $p < 0.05$ ). It has been observed that the clinics that negatively affect the mentioned conditions are mostly internal clinics, operating room, intensive care and emergency services. The operating room, intensive care and emergency services are units that serve the patient group with high mortality and morbidity rates. Internal clinics are clinics that serve mostly geriatric patient groups who are hospitalized for a long time and have chronic diseases. These clinics may have affected the health workers' state of mind negatively by creating a burden of care. When we look at the literature, it is seen that there are studies that have a negative relationship between the burnout level of health workers and their job satisfaction<sup>14,15</sup>.

### **Ethical Considerations**

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### **Acknowledgments**

The authors sincerely thank all of the participants who participated in this study.

## Conflict of Interests

The authors declare no conflict of interests.

## Conclusion

As a result, the opinions of the spouses of health workers show that there is a significant relationship between the factors affecting the job satisfaction of health workers (insufficient financial income, intense working environment, high workload) and family life. In the study, it is seen that the units in which the health workers work are effective in affecting the family lives of the health workers. It has been found that intensive care units, operating rooms, emergency rooms with high morbidity and mortality, and internal clinics with long inpatient groups due to chronic diseases have a more negative impact on family life than other clinics. It is recommended to organize health policies that will increase the job satisfaction of health workers, and to make rotations between clinics in a way that does not adversely affect the working environment.

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