

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

Unnimaya M S^{1*}, Christina Tony²

ABSTRACT

The present study was conducted to investigate the influence of work family conflict on work engagement and organizational citizenship behaviour among healthcare professionals. The sample of the study was 120 healthcare professionals in which 60 married and 60 unmarried healthcare professionals for quantitative method. The data was collected from individuals in Kerala. Work-Family Conflict scale developed by Netemeyer et al. (1996), Utrecht Work Engagement Scale developed by Schaufeli et al., (2006) and Organizational Citizenship Behavior-Checklist developed by Suzy Fox and Paul Spector (2009). The collected data were analyzed using appropriate statistical technique such as t- test and Pearson correlation coefficient. The findings from the study reveals that there is significant difference in work family conflict and work engagement among married and unmarried healthcare professionals. Also, work family conflict is negatively correlated with work engagement and organizational citizenship behaviour among healthcare professionals and work engagement is positively correlated with organizational citizenship behaviour among health care professionals.

Keywords: *Work Family Conflict, Work Engagement, Organizational Citizenship Behaviour*

The growing demands on healthcare workers, compounded by the complexities of current healthcare systems, necessitate a thorough understanding of the elements that influence their performance and well-being. This study investigates the complex links between work-family conflict, work engagement, and organizational citizenship behavior (OCB) in this essential workforce. Comprehending these interactions is important in formulating tactics to augment staff contentment, mitigate burnout, and foster a nurturing organizational environment, hence augmenting patient care and organizational efficacy.

Work-family conflict is defined as “a form of interrole conflict in which the role pressures from the work and family domains are mutually incompatible in some respect” (Greenhaus & Beutell, 1985). Work-family conflict consists of bidirectional components. These are known as work-to-family conflict (WFC) and family-to-work conflict (FWC), which are respectively the effects of family involvement on the workplace and the negative effects of work on the

¹Clinical Psychology Postgraduate, Christ Autonomous College Irinjalakuda, Thrissur

²Head of the department of Psychology, Christ Autonomous College Irinjalakuda, Thrissur

*Corresponding Author

Received: May 20, 2024; Revision Received: May 27, 2024; Accepted: May 31, 2024

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

family. High work-family conflict (in either direction) has detrimental effects on employees, their families, and their organizations.

Work engagement is commonly thought to be the polar opposite of burnout. Employees that are engaged feel a strong, productive connection to their work and believe they can handle the responsibilities of their position, in contrast to those that experience burnout. Work engagement denotes the degree to which a person shows self-preference in job tasks to promote connections between self and job, which can increase role performance through cognitive, emotional, and physical self-investment (Kahn,1990). Based on the work engagement theory, this study believes that the work engagement theory should be classified into cognitive engagement, emotional engagement, and physical engagement.

In the late 1980s, the term 'Organisational citizenship behaviour (OCB)' was coined. Any spontaneous action carried out by an employee, as wanted by them, and not required by the organization or even requested by superiors, is referred to as organizational citizenship behavior. Many people are familiar with the basic definition of organizational citizenship behavior, which is defined as going above and beyond or "the extra mile" to assist others at work. According to Organ (1988) "organizational citizenship behaviour is an individual's discretionary behavior which is not directly or explicitly recognized by the formal reward system and it in the aggregate that promotes the effective functioning of the organization."

Need and significance of the study

In order to address the issues facing this crucial industry, research on the impact of work-family conflict on organizational citizenship behavior (OCB) and job engagement among healthcare workers is essential. Healthcare workers frequently struggle to balance the demands of their personal and professional lives, so it's important to understand how work-family conflict affects their working relationships. The study aims to offer insights into the variables influencing employee well-being and organizational success in the healthcare sector by illuminating this intricate interplay. This research is important because it has the potential to increase worker satisfaction, organizational policies and practices, and patient care delivery quality.

In today's organizational research, the investigation of how work-family conflict affects healthcare professionals' work engagement and organizational citizenship behavior (OCB) is crucial. The idea of work-life balance is one of its most important topics, and it is especially pertinent in high-stress settings like the healthcare industry. The goal of the project is to identify solutions that can improve work-life balance for healthcare professionals by exploring the effects of work-family conflict. This will help to lower stress levels and lower the likelihood of burnout among these professionals.

REVIEW OF LITERATURE

Zhenya Liu et al. (2023) were conducted a study on the relationships among social network degree centrality, job satisfaction, work engagement and organizational citizenship behavior (OCB) among nurses. The study was conducted among 254 nurses working in 10 nursing units in two hospitals in China. Data collected using e Nurses' Organizational Citizens' Behavior Scale, Utrecht Work Engagement Scale 9 Item (UWES-9 item), Job satisfaction was measured using the Short Form Minnesota Satisfaction Questionnaire and Social network degree centrality was assessed using 7 items scale. Results shows that social network degree centrality was positively associated with job satisfaction, work engagement and organizational citizenship behavior, and job satisfaction and work engagement had significant positive

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

relationships with organizational citizenship behavior. Furthermore, social network degree centrality influenced organizational citizenship behavior via several mediating effects such as job satisfaction and work engagement.

Nilda Huaman et al. (2023) were conducted an explanatory model of work-family conflict and resilience as predictors of job satisfaction in nurses: the mediating role of work engagement and communication skills. The study was conducted among 431 Peruvian nurses. Data were collected using a self-reported form of the Job Satisfaction Scale, communication skills, work engagement, work-family conflict, and resilience. Results shows an inverse relationship between work family conflict with communication skills and work engagement also shows that resilience had an influence on communication skills and work engagement. In addition, the model explains 71% of job satisfaction. Also, the results indicate the influence of work-family conflict and resilience through the mediating role of work engagement and work-family conflict on job satisfaction.

L J Labrague, C A Ballad & D C Fronda (2021) were conducted a study on Predictors and outcomes of work–family conflict among nurses. Data were collected using the work–family conflict scale, job satisfaction index, perceived stress scale, the two single-item measures of turnover intention, and a single-item measure of care quality. Results shows that nurses experience moderate levels of work–family conflict. Nurses age, education, facility size, and hospital location predicted work–family conflict. Work–family predicted job satisfaction, job stress, intention to leave the organization, and perceived quality of care.

Phornpimon Aodton, Thitinant Wareewanich & Thitinan Chankoson (2021) were conducted a study on the mediation of work engagement between job satisfaction and organizational citizenship behavior among healthcare professionals using job satisfaction scale developed by Anderson, Coffey & Byerly (2002), organizational citizenship behavior scale developed by Yoon & Suh (2003) and the scale of work engagement with short version (UWES-9) developed by Schaufeli, Bakker, and Salanova (2006). Findings have shown that job satisfaction has a positive effect on the employee engagement of healthcare professionals in the workplace and on the organizational citizenship behavior.

Shingirayi F. Chamisa, Temba Q. Mjoli & Tatenda S. Mhlanga (2020) were conducted a study on psychological capital and organisational citizenship behaviour in selected public hospitals in the Eastern Cape Province of South Africa. The study was conducted among 228 nurses from public hospitals in the Eastern Cape Province, South Africa using psychological capital questionnaire (Luthans, Youssef, Avolio, 2007) and the organizational citizenship scale by Podsakoff, Mackenzie, Moorman and Fetter (1990). The findings of the study confirm that psychological capital has a significant positive relationship with organisational citizenship behaviour.

Hamed Zandian, Afshan Sharghi & Telma Zahirian Moghadam (2020) were conducted a study on quality of work life and work-family conflict: a cross-sectional study among nurses in teaching hospitals. The study was conducted among 378 nurses working in six Iranian teaching hospitals using 53-item Quality of Work Life scale and the 18-item Work-Family Conflict scale. Results shows that total of 93% of participants experienced moderate or high levels of work-family conflict and 83% had a low or moderate quality of work life. Quality of work life decreased with increasing work-family conflict.

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

Vibhuti Gupta (2019) was conducted a study on impact of perceived organizational support on organizational citizenship behaviour on health care and cure professionals. Data collected using 24-item Organizational Citizenship Behavior scale devised by Podsakoff, MacKenzie, Moorman, and Fetter (1990) and Perceived Organisational Support was measured using the seven-item short scale. Results shows that perceived organisational support has a positive impact on the organisational citizenship behaviour of employees.

Syed Jilani (2019) was conducted a study named “Does organizational justice affect the organizational citizenship behavior of health professionals and have an impact on job satisfaction and turnover intention in the healthcare organization?”. A sample of 53 healthcare professionals consisting of general practitioners, doctors, nurses and healthcare assistants was studied using Organizational justice scale comprising of 20 items (Niehoff and Moorman, 1993), Organizational Citizenship Behavior instrument (Podsakoff et al., 1990), Job satisfaction comprising of 10 items (Goetz et al., 2013) and Turnover intention scale comprising of 6 items (Bothma and Roodt, 2013). The results shows that procedural justice and interactional justice had positive correlations with organisation citizenship behaviours. A positive correlation was found between all types of organisational justice and job satisfaction. A negative correlation was found between all types of organisational justice and turnover intention.

Sari Mansour and Diane-Gabrielle Tremblay (2018) were conducted a study on the mediating role of work engagement between psychosocial safety climate and organisational citizenship behaviours among 562 staff working in the health sector in Quebec (Canada). Data collected using 12 items scale established by Hall et al. (2010) to measure psychosocial safety climate, work engagement measured using the Utrecht Work Engagement Scale (UWES) (Schaufeli et al., 2006). Organizational citizenship behavior measured using the two-dimensional OCB scale, namely altruism and compliance (Lambert et al., 2008). The results show that the psychosocial safety climate increases engagement. However, it has no direct effect on organisational citizenship also vigour, dedication and absorption all mediate the relationship between psychosocial safety climate and altruism and compliance; however, the indirect link between climate and altruism through absorption is not significant.

HalaGabr Mahmoud (2017) was conducted a study on Job crafting and Work Involvement as a Mediator to Promote Head Nurses' Organizational Citizenship Behavior at Mansoura University Hospitals. The study was conducted among all head nurses (n=122) who working in all general units at three Mansoura University Hospitals namely; Main University Hospital, Emergency Hospital, and Specialized Medical Hospital. Data were collected using Job Crafting Scale (JCS), Head Nurse' Organizational Citizenship Behavior Questionnaire (HNOCBQ) by Podsakoff et al. and Job Involvement Questionnaire (JIQ) developed by Kanungo. Results shows that there was statistically significant correlation between head nurses job crafting and job involvement and their organizational citizenship.

Stefanie Mache et al. (2016) was conducted study on work family conflict in its relations to perceived working situation and work engagement among 564 clinicians specializing in different medical fields. Self-administered questionnaires, including the COPSOQ and the UWES- Scale were administered. Results shows significant relationships between physicians' work engagement and their job satisfaction as well as between job stress and work family conflict. Moreover, perceived job stress moderated the effect of high job demands on work

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

family conflict. In addition, significant gender differences have been found in perceived stress levels, work family conflict and work engagement.

Lynelle Coxen, Leoni van der Vaart & Marius W. Stander (2016) were conducted a study on authentic leadership and its influence on workplace trust and organisational citizenship behaviour among public health care employees in South Africa. Data were collected using Authentic Leadership Inventory (ALI) (Neider & Schriesheim, 2011), Workplace Trust Survey (WTS) (Ferres, 2003) and Organisational Citizenship Behaviour Scale (OCBS) (Rothmann, 2010). The results indicated that authentic leadership has a significant influence on trust in all three referents, namely the organisation, the supervisor and co-workers. Trust in the organisation and in co-workers positively influenced organisational citizenship behaviour. However, authentic leadership did not have a significant influence on organisational citizenship behaviour. Finally, authentic leadership had a significant indirect effect on organisational citizenship behaviour through trust in the organisation and trust in co-workers. Trust in the organisation was found to have the strongest indirect effect on the relationship between authentic leadership and organisational citizenship behaviour.

Stefanie Mache et al. (2015) were conducted a study on managing work–family conflict in the medical profession: working conditions and individual resources as related factors. Study was conducted among 727 physicians working in German hospitals using Copenhagen Psychosocial Questionnaire, the WFC Scale, the Brief Resilient Coping Scale and the Questionnaire for Self-efficacy, Optimism and Pessimism. Results shows that clinical doctors working in German hospitals perceived high levels of WFC. Sociodemographic differences were found for age, marital status and presence of children with regard to WFC. No significant gender differences were found. WFCs were positively related to high workloads and quantitative job demands. Job resources and personal resources were negatively associated with physicians' WFCs. Interaction terms suggest that job and personal resources buffer the effects of job demands on WFC.

METHODOLOGY

Objectives of the study

- To find out the difference in work family conflict among married and unmarried health care professionals.
- To find out the difference in work engagement among married and unmarried health care professionals.
- To find out whether there is any relationship between work family conflict and work engagement among health care professionals.
- To find out whether there is any relationship between work family conflict and organizational citizenship behaviour among health care professionals.
- To find out whether there is any relationship between work engagement and organizational citizenship behaviour among health care professionals.

Hypotheses

- H1: There is no significant difference in work family conflict among married and unmarried health care professionals.
- H2: There is no significant difference in work engagement among married and unmarried healthcare professionals.

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

- H3: There is no significant relationship between work family conflict and work engagement among health care professionals.
- H4: There is no significant relationship between work family conflict and organizational citizenship behaviour among health care professionals.
- H5: There is no significant relationship between work engagement and organizational citizenship behaviour among health care professionals.

Sample

The present study consisted of 120 healthcare professionals from Kerala. Among them 60 were married healthcare professionals and 60 were unmarried healthcare professionals. Here convenient sampling method was used in this study.

Inclusion and exclusion criteria for unmarried healthcare professionals

Inclusion criteria

- Healthcare professionals such as medical and dental staff, nurses, professions allied to medicine such as clinical psychologists, dieticians, physiotherapy etc, and paramedics.
- Healthcare professionals who are unmarried.
- Healthcare professionals belonging to the age 21-60.
- Healthcare professionals who have minimum 2 years of experience.
- Healthcare professionals inside Kerala.

Exclusion criteria

- Healthcare professionals below the age of 20 and above 60.
- Healthcare professionals who are married.
- Healthcare professionals who have less than 2 years of experience.
- Healthcare professionals outside Kerala.

Measures

The following tools were used:

- **Personal data schedule**

A personal data schedule was developed by the researcher was used for the researcher for the collection of data. Personal details like name, age, gender and education were included in the data sheet.

- **Work-Family Conflict scale**

Work-Family Conflict was measured using a scale developed by Netemeyer et al. (1996).

- **Utrecht Work Engagement Scale**

The UWES-9 (Schaufeli et al., 2006) is a 9-item self-report scale has three subscales such as vigor (VI), dedication (DE), and absorption (AB).

- **Organizational Citizenship Behavior-Checklist**

The 42-item OCB-C questionnaire was created by Suzy Fox and Paul Spector (2009) with the purpose of determining how frequently employees engage in organizational citizenship behaviors. After that, it was condensed and trimmed down to 36 items, and then to 20 items. In this study, 20 item scale was used.

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

Procedure

The data for the study were collected from healthcare professionals in India ages ranging from 21-60 years. Here, data collection was done using convenient sampling method. Data were gathered using both offline and online methods. The willing participants were given printed questionnaires as part of an offline data gathering process. Additionally, the Google forms for the questionnaires were shared online via a variety of social media sites, including Instagram and WhatsApp. Both the offline and online surveys begin with instructions, criteria for participation in the study, and informed consent. The participants were instructed on the study's purpose and informed of their participation rights. In addition, the participants were made aware that their participation in the study was entirely optional and that they might leave at any time if they so desired. Finally, before moving on to the questionnaire phase, the participant's informed consent was acquired using a Google form and a paper pencil questionnaire.

Statistical Analysis

The statistical techniques used are Pearson Product Moment Correlation and Independent sample 't' test using SPSS software.

Ethical considerations

- Participants were notified that their responses were kept confidential.
- Prioritizing the dignity of research participants.
- The research participants' and organizations' anonymity has been guaranteed.
- The researcher safeguarded the right to privacy of the participants.

RESULT AND DISCUSSION

H1: There is no significant difference in work family conflict among married and unmarried health care professionals.

Table 1 Mean, standard deviation, t value and level of significance obtained by the married and unmarried healthcare professionals in work family conflict.

Variable	Marital status	Mean	Standard deviation	t value	Significance
Work family conflict	Married	26.250	8.725	2.756	0.001
	Unmarried	22.133	7.599		

Table 1 indicates the mean, standard deviation, t value and level of significance among married and unmarried healthcare professionals. The mean score and standard deviation of work family conflict among married healthcare professionals are 26.250 and 8.725. The mean score and standard deviation of work family conflict among unmarried healthcare professionals are 22.133 and 7.599. The corresponding t- value of work family conflict is 2.756 and significance is 0.001. In order to test the significant difference between two groups t-test was employed. And it was found that there is significant difference in work family conflict among married and unmarried healthcare professionals.

From the result, it is evident that there is a significant difference in work-family conflict between married and unmarried healthcare professionals. Married healthcare professionals experience more work-family conflict than unmarried healthcare professionals. A number of factors contribute to this significant difference among these groups. Healthcare professionals who are married and have other responsibilities at home, like taking care of their children or

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

taking care of household chores, frequently struggle with role conflict. They might also feel more stressed and burdened emotionally as a result of having to support their families and conform to social expectations. Healthcare professionals who are single, on the other hand, usually have fewer demands outside of work and greater freedom and autonomy. There may be less pressure on them to put their family obligations ahead of their jobs, which would reduce work-family conflict.

H2: There is no significant difference in work engagement among married and unmarried healthcare professionals.

Table 2 Mean, standard deviation, t value and level of significance obtained by the married and unmarried healthcare professionals in work engagement.

Variable	Marital status	Mean	Standard deviation	t value	Significance
Work engagement	Married	3.516	1.282	-3.462	0.001
	Unmarried	4.233	0.963		

Table 2 indicates the mean, standard deviation, t value and level of significance among married and unmarried healthcare professionals. The mean score and standard deviation of work engagement among married healthcare professionals are 3.516 and 1.282. The mean score and standard deviation of work engagement among unmarried healthcare professionals are 4.233 and 0.963. The corresponding t- value of work engagement is -3.462 and significance is 0.001. In order to test the significant difference between two groups t-test was employed. And it was found that there is significant difference in work engagement among married and unmarried healthcare professionals.

From Table 2, it was evident that there is a significant difference in work engagement among married and unmarried healthcare professionals. Unmarried healthcare professionals experience a higher level of work engagement than married healthcare professionals. Married healthcare professionals may have other responsibilities other than work. They may have to fulfil other roles outside of work, which limits their ability to fully immerse themselves in their work. Married healthcare professionals may face difficulties balancing work and personal life; this may lead them to feel stressed and burn out, which decreases their engagement in work. Unmarried healthcare professionals have greater work engagement than married healthcare professionals. Because they have fewer responsibilities other than work compared to married individuals, they may have to devote more time and commitment to their work, which may increase their engagement with work. Overall, due to their independence, flexibility, and lack of outside pressures, single healthcare professionals may have certain advantages when it comes to work engagement, even though marriage can undoubtedly offer many benefits and support networks.

H3: There is no significant relationship between work family conflict and work engagement among health care professionals.

Table 3 Correlation between variables work family conflict and work engagement.

Variables	1	2
Work family conflict	-	-0.504**
Work engagement	-0.504**	-

** correlation is significant at the 0.01 level (2-tailed).

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

Table 3 indicates the coefficient of correlation between work-family conflict and work engagement. It depicted that work-family conflict and work engagement have a strong negative correlation with high significance ($r = -0.504, p < 0.01$). In health care professionals, it indicates that when work-family conflict increases, work engagement tends to decrease.

People may feel exhausted from balancing the demands of work and family obligations, which will lower their ability to participate fully in their work tasks. This makes it difficult for people to fully invest themselves in their work roles, resulting in lower levels of engagement. Reduced work engagement may be a result of poor boundary management between the work and family domains. It can be difficult for people to completely detach from family issues while at work and vice versa if they have trouble drawing boundaries between their personal and professional lives. Their overall work performance and engagement levels may suffer as a result of this blurred boundary, which can make it difficult for them to concentrate and give their tasks their full attention. Reduced work engagement may also result from role conflict brought on by competing expectations for work and family responsibilities. Individuals may feel more stressed and frustrated when they are trying to balance the demands of their jobs with their family responsibilities. Their sense of commitment to their work and job satisfaction may be damaged by this role conflict, which will eventually lower their desire to participate fully in their work.

H4: There is no significant relationship between work family conflict and organizational citizenship behaviour among health care professionals.

Table 4 Correlation between variables work family conflict and organizational citizenship behaviour.

Variables	1	2
Work family conflict	-	-0.301**
Organizational citizenship behaviour	-0.301**	-

** correlation is significant at the 0.01 level (2-tailed).

Table 4 indicates the coefficient of correlation between work-family conflict and organizational citizenship. It depicted that work-family conflict and organizational citizenship have a strong negative correlation with high significance ($r = -0.301, p < 0.01$). In health care professionals, it indicates that when work-family conflict increases, organizational citizenship behaviour tends to decrease.

People's willingness and capacity to go above and beyond their formal job requirements may be hindered by the strain and stress that comes from juggling the competing demands of their work and family responsibilities. This stress may cause people to prioritize their family and self-care needs over their discretionary efforts toward achieving organizational goals, which will lower their motivation to participate in organizational citizenship behaviour. In addition, people may find it difficult to recognize opportunities for organizational citizenship behaviour due to the role conflict that results from attempting to balance the demands of the family and work spheres.

H5: There is no significant relationship between work engagement and organizational citizenship behaviour among health care professionals.

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

Table 5 Correlation between variables work engagement and organizational citizenship behaviour.

Variables	1	2
Work engagement	-	0.492**
Organizational citizenship behaviour	0.492**	-

** correlation is significant at the 0.01 level (2-tailed).

Table 5 indicates the coefficient of correlation between work engagement and organizational citizenship. It depicted that work engagement and organizational citizenship have a positive correlation with high significance ($r = 0.492$, $p < 0.01$). In health care professionals, it indicates that when work engagement increases, organizational citizenship behaviour also increases.

Healthcare professionals who exhibit high degrees of passion, enthusiasm, and immersion in their work are classified as engaged. They also show a stronger predisposition towards engaging in activities that support the overall success and functioning of the healthcare organization. Moreover, chances for professional growth, open lines of communication, and supportive leadership are critical for fostering work engagement and OCB among healthcare workers. Work engagement and OCB are positively correlated when healthcare organizations place a high priority on these elements because employees feel appreciated, supported, and empowered to participate in ways beyond their official job positions.

SUMMARY AND CONCLUSION

The present study was conducted to find out the influence of work family conflict on work engagement and organizational citizenship behaviour among healthcare professionals.

The objectives of the study were to find out the difference in work family conflict, work engagement and organizational citizenship behaviour among married and unmarried health care professionals. Also to examine whether there is any relationship between work family conflict and work engagement among health care professionals and also to find out relationship between work engagement and organizational citizenship behaviour among health care professionals.

The present study consisted of 120 healthcare professionals from India. Among them 60 were married healthcare professionals and 60 were unmarried healthcare professionals. Here convenient sampling method was used in this study. The participants had to fill out the consent form, personal data sheet, and three questionnaires. The questionnaires used for the study were Work-Family Conflict scale developed by Netemeyer et al. (1996), Utrecht Work Engagement Scale developed by Schaufeli et al., (2006) and Organizational Citizenship Behavior-Checklist developed by Suzy Fox and Paul Spector (2009). The collected data were analyzed using appropriate statistical technique such as t- test and Pearson correlation coefficient.

Implication of the study

The investigation of the impact of work-family conflict on organizational citizenship behavior (OCB) and work engagement in healthcare professionals is essential to comprehending the intricate relationship between work and personal life and how it affects employee performance and behavior in the healthcare sector.

By knowing how work-family conflict affects organizational citizenship behavior and work engagement can greatly enhance worker wellbeing in healthcare environments. Organizations

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

may foster a more positive and harmonious work environment that supports employees' general well-being by recognizing and resolving the issues that contribute to work-family conflict. The study's findings have a direct impact on patient care quality. Healthcare personnel who are more involved in their jobs and practice organizational citizenship are more likely to give high-quality care, which leads to better patient outcomes, satisfaction, and overall healthcare service delivery. Ensuring patients receive optimal treatment can be a direct result of activities that promote work engagement and organizational citizenship behavior. The implications also extend to organizational effectiveness. Healthcare organizations can increase their overall performance by creating a work environment that minimizes work-family conflict and encourages positive work behaviors like engagement and organizational citizenship behavior. Improved cooperation, communication, and collaboration are facilitated by higher employee engagement and organizational citizenship behavior, which eventually improves organizational performance and results. Moreover, this study also has implications for developing a positive organizational culture. Healthcare organizations may cultivate a culture that values and promotes workers' work-life balance and well-being by acknowledging and resolving the effects of work-family conflict on job engagement and organizational citizenship behaviour. Positive organizational environments foster commitment, loyalty, and a sense of community among employees, which makes the workforce more cohesive and effective.

The study's implications, in summary, highlight the significance of resolving work-family conflict and encouraging job engagement and organizational citizenship behaviour among healthcare workers. These efforts not only benefit employees by enhancing their well-being, but they also have a favorable impact on patient care quality, organizational effectiveness, and overall organizational culture in healthcare settings.

Limitations

Limitations of the study includes:

- The sample size was limited to 120. A large sample would give wider scope for generalizing the result.
- As the study was time bound and had to be completed in a limited period of time the sample size and area was restricted.
- The truthfulness of the study depends on the honesty of those who filled the questionnaire.

In the quantitative study, the results are limited as they provide numerical description rather than detailed narrative and generally provide less elaborate accounts of human perception.

Suggestions for future studies

- More sample size can be helpful in generalizing the result.
- More geographical area may be covered for future studies.
- More variables could be added to assess more detailed characteristics about the population.
- Also, the effect of other demographic variables on the main variables can be explored for future research.

CONCLUSION

The findings from the study reveal that there is a significant difference in work family conflict and work engagement among married and unmarried healthcare professionals. Also, work family conflict is negatively correlated with work engagement and organizational citizenship

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

behaviour among healthcare professionals and work engagement is positively correlated with organizational citizenship behaviour among health care professionals.

REFERENCES

- Aodton, P., Wareewanich, T., & Chankoson, T. (2021). The mediation of work engagement between job satisfaction and organizational citizenship behavior: a study of healthcare sector. *International Journal of Entrepreneurship*, 25, 1-11.
- Chamisa, S. F., Mjoli, T. Q., & Mhlanga, T. S. (2020). Psychological capital and organisational citizenship behaviour in selected public hospitals in the Eastern Cape Province of South Africa. *SA Journal of Human Resource Management*, 18, 12.
- Coxen, L., Van der Vaart, L., & Stander, M. W. (2016). Authentic leadership and organisational citizenship behaviour in the public health care sector: The role of workplace trust. *SA Journal of Industrial Psychology*, 42(1), 1-13.
- Fox, S., Spector, P. E. (2011). Organizational citizenship behavior checklist (OCB). <https://paulspector.com/assessments/pauls-no-cost-assessments/organizationalcitizenship-behavior-checklist-ocb-c>
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of Conflict between Work and Family Roles. *Academy of Management Review*, 10(1), 76. <https://doi.org/10.2307/258214>
- Gupta, V. (2019). Impact of perceived organisational support on organisational citizenship behaviour on health care and cure professionals. *Management Dynamics*, 35-44.
- Huaman, N., Morales-García, W. C., Castillo-Blanco, R., Saintila, J., Huancahuire-Vega, S., Morales-García, S. B., Calizaya-Milla, Y. E., & Palacios-Fonseca, A. (2023). An Explanatory model of work-family conflict and resilience as predictors of job satisfaction in nurses: The mediating role of work engagement and communication skills. *Journal of Primary Care & Community Health*, 14, 215013192311513. <https://doi.org/10.1177/21501319231151380>
- Huang, S. Y. B., Huang, C., & Chang, T. (2022). A new concept of work engagement theory in cognitive engagement, emotional engagement, and physical engagement. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.663440>
- Jilani, S. (2019). *Does organizational justice affect the organizational citizenship behaviour of health professionals and have an impact on job satisfaction and turnover intention in the healthcare organization?* (Doctoral dissertation, Dublin Business School).
- Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of management journal*, 33(4), 692-724.
- Labrague, L. J., Ballad, C. A., & Fronda, D. C. (2020). Predictors and outcomes of work-family conflict among nurses. *International Nursing Review*, 68(3), 349-357. <https://doi.org/10.1111/inr.12642>
- Liu, Z., Chen, C., Cui, H., & Hu, Y. (2023). The relationship between nurses' social network degree centrality and organizational citizenship behavior: The multiple mediating effects of job satisfaction and work engagement. *Heliyon*, 9(9), e19612. <https://doi.org/10.1016/j.heliyon.2023.e19612>
- Mache, S., Bernburg, M., Vitzthum, K., Groneberg, D. A., Klapp, B. F., & Danzer, G. (2015). Managing work-family conflict in the medical profession: working conditions and individual resources as related factors. *BMJ open*, 5(4), e006871.
- Mache, S., Bernburg, M., Groneberg, D. A., Klapp, B. F., & Danzer, G. (2016). Work family conflict in its relations to perceived working situation and work engagement. *Work*, 53(4), 859-869.

Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals

- Mahmoud, H. G. (2017). Job crafting and work involvement as a mediator to promote head nurses' organizational citizenship behavior at Mansoura University Hospitals. *International Journal of Nursing Didactics*, 7(12), 01-09.
- Mansour, S., & Tremblay, D. G. (2018). The mediating role of work engagement between psychosocial safety climate and organisational citizenship behaviours: a study in the nursing and health sector in Quebec. *International Journal of Human Resources Development and Management*, 18(1-2), 51-71.
- Netemeyer, R. G., Boles, J. S., & McMurrin, R. (1996). Development and validation of work–family conflict and family–work conflict scales. *Journal of applied psychology*, 81(4), 400.
- Organ, D. W. (1988). *Organizational Citizenship behavior: The good soldier syndrome*. Lexington, MA: Lexington Books.
- Schaufeli, W. and Bakker, A. (2004). UWES Utrecht Work Engagement Scale Preliminary Manual. Occupational Health Psychology Unit Utrecht University, Utrecht. https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual_UWES_English.pdf
- Zandian, H., Sharghi, A., & Moghadam, T. Z. (2020). Quality of work life and work-family conflict: a cross-sectional study among nurses in teaching hospitals.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Unnimaya, M.S. & Tony, C. (2024). Influence of Work Family Conflict on Work Engagement and Organizational Citizenship Behaviour among Healthcare Professionals. *International Journal of Indian Psychology*, 12(2), 2775-2787. DIP:18.01.242.20241202, DOI:10.25215/1202.242