Investigating the Association between Workaholism and Occupational Ethics with the Mediating Role of Work-Family Conflict among Medical Staff Members of Health Centers in Bojnourd County, Iran (2018-2019)

Leila Reisy[1], Behrouz Barati [2], Soliman Ahmadboukani [3], Mostafa Ghalavand [4*]

1- PhD, Dept. of Midwifery, Faculty of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran.
2- MA in Career Counseling, Faculty of Education Science and Psychology, Allame Tabatabai University, Tehran, Iran.
3- PhD Student in Counseling, Faculty of Education Science and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran.
4- MA in Career Counseling, Faculty of Education Science and Psychology, Allame Tabatabai University, Tehran, Iran.

Article Info

Abstract

Background: Considering the crucial role of healthy communication and adherence to the ethical principles of workplace, this study aims to investigate the association between workaholism and occupational ethics with the mediating role of work-family conflict among the medical staff members of health centers in Bojnourd County.

Material and Methods: This is a descriptive-correlational study. The statistical population of this study included all members of medical staff at Bojnourd medical centers in 2018-2019, among which 200 individuals were selected through convenience sampling. Data were collected using the demographic questionnaire, workaholism questionnaire, work-family conflict questionnaire, and the occupational ethics scale. The data were analyzed using the Pearson's correlation coefficient and path analysis through SPSS19.0 and AMOS21.0.

Results: According to the results of this study, workaholism and work-family conflict have a direct negative effect on occupational ethics; in contrast, workaholism has a direct positive effect on work-family conflict. The results also show that work-family conflict plays a mediating role in the relationship between workaholism and occupational ethics (P <0.001).

Conclusions: In line with other findings, the results verified the mediating role of family-work conflict between workaholism and occupational ethics. The ethical nature of the work performed by medical staff members at medical centers stresses the necessity of paying more attention to occupational, individual, and family damage and conflicts.

Keywords: Occupational Health, Work, Family Conflict, Medical Staff

Introduction

Nursing, medicine, and caregiver-patient relationships are the responsibilities in which the manner of communication with patients is of great importance. Proper communication between medical staff and patients as well as the seriousness and collective nature of the work are the ethical aspects of occupations, such as nursing and medicine, which reduce anxiety and worry in patients and lead to the improvement of their therapeutic process [1]. Therefore, it could be asserted that nursing and medicine are occupations based on ethics. Occupational ethics refer to the rules and standards that imply ethical behavior in an occupation [2]. The ultimate goal of medicine is to improve the livelihood of humans, which could be achieved through scientific and ethical care as well as proper communication with patients [3]. Medical staff members make an

endeavor to provide individual patients with care as well as a healthy relationship, because any illness requires physical and psychosocial care [4]. The primary responsibility of health care staff is to inform patients about illness, care, and treatment and also to establish an effective therapeutic relationship by empathizing with and addressing patient concerns, as well as providing them with comfort and support, with ultimate seriousness in their work [1, 5]. In addition, medical staff members experience many problems in the hospital setting that cause emotional reactions, thereby increasing personal and interpersonal problems in the workplace and the family [6]. In the nursing occupation, similar to other occupations, work-family conflict has been reported [7]. This variable consists of two distinct but related concepts, including work interface with the family and family interface with work [8]. Work-family conflict is associated with a wide range of negative outcomes, including low levels of psychological well-being, job and marital dissatisfaction, poor performance, reduced organizational commitment, as well as irregular attendance and ethical problems at work [9, 10]. In a study, the relationship among work-family conflict, work ethics, and job stress in nurses were assessed [1]. The review of some studies shows that work-family conflict is associated with some of the personal characteristics and problems of the staff. Workaholism is one of the personal characteristics and problems [11]. Nursing and medicine are susceptible to this phenomenon, which emerges when individuals become involved in their jobs due to intrinsic motivations, in addition to external rewards [12]. Workaholism is defined as the tendency to work hard (the behavioral dimension) and mentally even when one is not at work [13, 14]. For workaholics, work is high on the list of priorities, and workaholics do not allocate enough time to the family due to job requirements and uncontrollable compulsions, or needs; hence, their interpersonal relationships are broken down [15]. Other consequences of this occupational condition include work-family imbalance, life and work dissatisfaction, interpersonal conflicts, and the lack of cooperation due to the limitation of social skills [16]. Research verifies the relationship between workaholism and marital stress in nurses [11]. In fact, work-family conflict and Workaholism are the same ones that cause poor performance in health care personnel. Few studies have focused on the role of occupational and familial variables on occupational ethics. Therefore, this research is conducted to show the necessity of psychological interventions in the nursing and medical community to improve their quality of life. The purpose of the present study is to investigate the relationship between workaholism and occupational ethics with the mediating role of work-family conflict in medical staff members.

Materials and Methods

This study used a descriptive-correlational method. The study population consisted of all members of the medical staff, including nurses, physicians, practical nurses, clinics, and offices of Bojnourd County, which were selected by convenience sampling. The statistical sample of the study was not restricted by sex and age. Thus, the members of the medical staff of both sexes and different ages were included. The subjects were required to have at least one child to participate in the study. In correlation studies, the researcher considers the minimum sample size of 200 for the structural equation modeling and path analysis [17]. To carry out the present research, after necessary coordination with the hospitals, clinics, and private offices of physicians in Bojnourd County, the aim of the present research was explained to them, which was to improve the conditions and quality of the personnel and the work life of the medical staff, in order to obtain their opinion. Hospital and clinic authorities as well as their personnel collaborated with the researcher. The following questionnaires were used to collect necessary information.

Work Addiction Scale (WART): This questionnaire with the precise title of "Work Addiction Risk Test" is a 25-question questionnaire developed by Robinson (1999). Using this questionnaire, the subjects were asked to choose one of the options that best described their work conditions. This questionnaire is rated based on a four-point Likert scale ranging from "never true"(1) to "always true"(4). The sum of a person's scores ranges from 25 to 100, where high scores indicate addiction to overwork. The questionnaire has also 5 subscales, including compulsive tendencies, control, impaired communication/self-absorption, inability to delegate work, and self-worth. In the research conducted by Askari and Nori [18], high validity was obtained for the addiction risk test. In addition, the Cronbach's alpha was 0.92, and the content validity of the questionnaire was significant at P <0.01.

Work-family conflict scale: The 18-item multidimensional questionnaire of work-family conflict, introduced by Carlson et al, is a questionnaire used to measure the severity of the work-family conflict. This scale measures the six dimensions of work-family conflict [19]. Higher test scores on this scale indicate greater work-family conflict. This questionnaire is rated based on a

four-point Likert scale ranging from "never true"(1) to "always true"(5). The sum of a person's scores ranges from 18 to 90. Carlson et al reported an 87% reliability coefficient for this test [19]. In Iran, Motashari et al reported a 91% reliability coefficient for this test using Cronbach's alpha [20].

Occupational ethics scale: The occupational ethics questionnaire developed by Gregory C. Petty contains 23 items [21]. In Petty's perspective, occupational ethics consist of four dimensions, including attachment to and interest in work, perseverance and seriousness at work, healthy and human relationships at work, as well as collective spirit and participation at work, with the scores for the mentioned variables ranging from 1-6, 7-12, 13-17, and 18-23, respectively. The options of this Likert-sacle questionnaire include completely disagree, disagree, neutral, and completely agree, with the scores related to the options being 1, 2, 3, 4, and 5, respectively. For the whole scale, the minimum and maximum scores were 23 and 115, respectively. Higher

scores are indicative of more occupational ethics. Accoring to its appropriate theoretical foundations and expert confirmation, this questionnaire was shown to have necessary content validity. Moreover, this questionnarie has no reverse questions. Salehi et al [22], in their study, evalauted the face, content, and structure validity of the questionnaire and confirmed its reliability by calculating the Cronbach's alpha coefficient.

Data analysis was performed using descriptive statistics and path analysis with SPSS19.0 and AMOS21.0. Furthermore, the significance level was set at 0.05.

Results

The sample included 200 people (116 females and 84 males). The mean age of women and men was 31.42 and 34.51, respectively. In total, 57.5% of the respondents had a bachelor's degree, 23% had a above diploma degree, 17% had a master's degree, and 2.5% had a PhD.

Table 1. Mean and standard deviation of work-family conflict, workaholism, and occupational ethics in the medical staff members of Bojnourd County in 2018-2019

Variable	Mean ± SD	1	2	3
Occupational ethics	92.33 ± 8.01	1		
Work-family conflict	70.71 ± 11.54	**-0.475	1	
Workaholism	64.15 ± 10.85	**-0.420	**0.387	1

* P<0.05 ** P <0.01

The mean and standard deviation for the variables of occupational ethics, family-work conflict, and workaholism were 92.33±8.01, 70.71±11.54, and 64.15±10.85, respectively. According to the results of the Pearson's correlation coefficient, there was a significant negative correlation among occupational ethics, work-family conflict (P≤ 0.01),

and workaholism (P ≤0.01). In contrast, there was a significant positive correlation between work-family conflict and workaholism (P ≤0.01).

The estimates of the direct effect coefficients of the exogenous variable have been presented in Table 2.

Table 2. Estimates of the direct effect coefficients of the exogenous variable of workaholism on the intermediate dependent variable (work-family conflict) and the main dependent variable (occupational ethics) in the medical staff members of Bojnourd County in 2018-2019

Hypothesis path	Standard coefficient (β)	Non-standard coefficient (Estimate)	Standard error (S.E)	T-statistics (CR)	Significance level (P)
Workaholism on occupational ethics	-0.28	-0.205	0.048	-4.30	0.001
Workaholism on work family conflict	0.39	0.411	0.069	5.91	0.001
Work family conflict on ethics	-0.37	-0.255	0.045	-5.68	0.001

* P<0.05 ** P <0.0001

According to Table 2, calculated t-values for the impact of workaholism on occupational ethics, impact of workaholism on work-family conflict, and impact of work family conflict on ethics are -4.30, 5.91, and -5.68, respectively; based on this finding, one could say that workaholism has a significant positive correlation with occupational ethics.

In addition to the direct correlation between workaholism and occupational ethics, there is an indirect relationship between workaholism and professional ethics through the mediation of work-family conflict, which has been tested using the Bootstrap method. The estimates of the indirect effect coefficients of the exogenous variable have been presented in Table 3.

Table 3. Bootstrap results from the indirect relationship among variables in the model in the medical staff members of Bojnourd County in 2018-2019

Path			Indirect effects	Standardized indirect effects (β)	P-value	Upper bounds	Lower bounds	R²	
								Work-family conflict	Occupational ethics
Workaholism	Work-family conflict	Occupational ethics	-0.105	-0.145	0.01	-0.081	-0.207	0.15	0.29

According to Table 3, workaholism and work-family conflict can predict 29% of changes in occupational ethics in medical staff members, which is of an average level. In addition, the mediating effect of work-family conflict on the relationship between workaholism and occupational ethics is significant at the level of 0.01; thus, one could say that this variable plays a partially mediating role in the relationship between workaholism and occupational ethics.
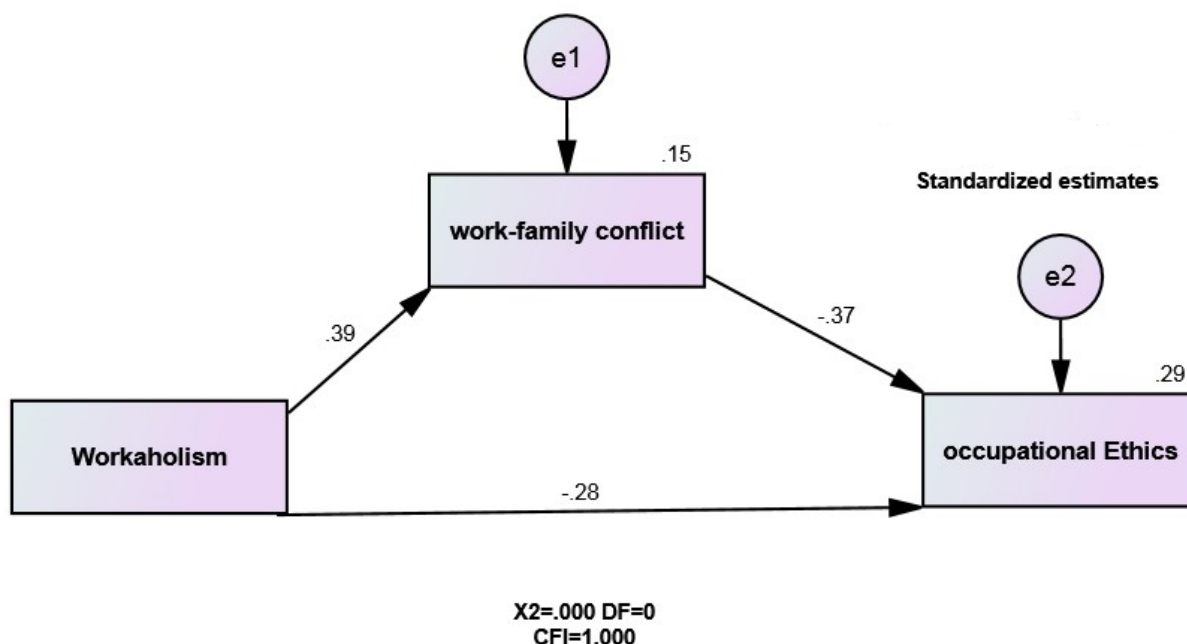
Fig.1. Numbers in the standard mode (Partial Mediation)

Discussion

This study was conducted to investigate the relationship between workaholism and occupational ethics with the mediating role of work-family conflict in the medical staff members of health centers in Bojnourd County. The findings of this study show that work-family conflict has a direct negative effect on occupational ethics. A similar study was conducted by Marchese et al [23]. It was found out that if employees were not able to balance work demands and family responsibilities, in addition to tolerating stress, we would observe a drop in ethical considerations.

In the same vein, Burke [24] reported a decline in organizational ethics, evading work responsibilities, impairment of effective communication, and emotional breakdown with clients, as the consequences of work-family conflict. The inability to strike a balance between work and family pressures causes stress at work as well as among family members and prevents one from fulfilling the requirements of both roles. Role incompatibility leads to increased stress in employees, depression at work, jeopardizes the establishment of personal bonds at home, and reduces efficiency and performance at work [25]. Under such conditions, individuals face a cognitive conflict in defining their identity with the organization. In addition, the amount of organizational commitment decreases because occupational commitment and ethics require energy and passion [26]. In other words, the level of energy and passion in individuals decreases with conflicts they suffer, and as a result, work ethics fall.

The findings also indicated that workaholism has a direct negative effect on the occupational ethics of medical staff members. Abbasi et al [11] reported a negative correlation between workaholism and social skills in nurses, which is in line with the present study. The reason is that the need to work for workaholics is extremely intense, which damages their health, reduces their vitality, and disrupts their interpersonal relationships and social roles [27]. In addition, workaholism causes physical and psychological stress, thereby leading

to burnout in physicians by creating a negative mood and fatigue [16]. Thus, workaholism could desirably affect the quantity of work, but it could negatively affect passion and human relationships at work.

In the end, the present study showed that work-family conflict plays a mediating role in the relationship between workaholism and occupational ethics. In this sense, workaholism leads to the reduction of occupational ethics by increasing work-family conflict. The results of the study by chaufeli showed that job conflicts mediate the relationship between workaholism and job demands (emotional, mental, and organizational demands) in physicians [16], having been in line with the present study. Workaholism as well as excessive mental and physical engagement by physicians and nurses in their work lead to work interference with family affairs, with this providing the possibility for more family conflict and more time spent at work. In addition, the inability to change and improve conflicting and stressful conditions and bringing them with oneself into the workplace create a state of burnout and lack of self-efficacy, with the continuation of which usually being to the detriment of one's job and occupational role, which ultimately reduce passion and ethics at work. This study was conducted on medical staff at the medical centers of Bojnourd County, which should be extended to other statistical populations.

Conclusion

The results of this study, in line with other research, showed the direct and indirect effects of workaholism, through work-family conflict, on the occupational ethics of medical staff members. Therefore, the findings of this study imply the importance of individual, occupational, and family variables on following work ethics.

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