



## THE RELATIONSHIP BETWEEN WORK-FAMILY CONFLICT AND JOB SATISFACTION AMONG FAMILY MEDICINE PHYSICIANS IN SAUDI ARABIA

**Alali, Mohammed Jassim**  
**Almustafa, Yassmeen Majid**  
**Alokail, Jawaher Abd Alaziz**

### Abstract

Work-family conflict is a prevalent issue among healthcare professionals, particularly physicians, and has been associated with various negative outcomes, including reduced job satisfaction. This study aimed to investigate the relationship between work-family conflict and job satisfaction among family medicine physicians in Saudi Arabia. A cross-sectional survey design was employed, and data were collected from a sample of 250 family medicine physicians working in primary healthcare centers in Riyadh, Saudi Arabia. The survey included the Work-Family Conflict Scale and the Job Satisfaction Survey. Descriptive statistics, Pearson's correlation, and multiple linear regression analyses were conducted to examine the relationships between variables. The results revealed a significant negative correlation between work-family conflict and job satisfaction ( $r = -0.68$ ,  $p < 0.001$ ). Multiple linear regression analysis showed that work-family conflict significantly predicted job satisfaction ( $\beta = -0.64$ ,  $p < 0.001$ ), after controlling for demographic variables. The findings highlight the importance of addressing work-family conflict to improve job satisfaction among family medicine physicians in Saudi Arabia. Recommendations for healthcare organizations and policymakers are discussed, including the implementation of family-friendly policies, flexible work arrangements, and support programs for physicians.

*Keywords: work-family conflict, job satisfaction, family medicine physicians, Saudi Arabia, primary healthcare*

### Introduction

Work-family conflict is a common challenge faced by healthcare professionals, particularly physicians, who often struggle to balance the demands of their work and personal lives. Work-family conflict occurs when the roles and responsibilities of work and family domains are incompatible, leading to strain and negative spillover effects (Greenhaus & Beutell, 1985). The medical profession is characterized by high workload, long working hours, and emotional demands, which can exacerbate work-family conflict (Alsubaie et al., 2019). This conflict has been associated with various negative outcomes, such as burnout, job dissatisfaction, and intention to leave the profession (Shanafelt et al., 2016).

In Saudi Arabia, the healthcare system has undergone significant reforms in recent years, with a focus on expanding primary healthcare services and improving the quality of care (Almalki et al.,



2011). Family medicine physicians play a crucial role in providing comprehensive and continuous care to patients and their families (Albejaidi, 2010). However, the demanding nature of their work, coupled with cultural and societal expectations, can lead to high levels of work-family conflict among these physicians (Alharbi et al., 2020).

Job satisfaction is a key indicator of employee well-being and has been linked to various organizational outcomes, such as job performance, productivity, and retention (Judge et al., 2017). Among physicians, job satisfaction has been associated with the quality of patient care, patient satisfaction, and health outcomes (Domagała et al., 2018). Studies have shown that physicians who experience higher levels of work-family conflict tend to report lower levels of job satisfaction (Wang et al., 2019).

Despite the growing recognition of the importance of work-family balance and job satisfaction in the medical profession, there is limited research examining these issues among family medicine physicians in Saudi Arabia. This study aims to address this gap by investigating the relationship between work-family conflict and job satisfaction among family medicine physicians in Saudi Arabia. The findings of this study can inform the development of strategies and interventions to support the well-being of family medicine physicians and improve the quality of primary healthcare services in the country.

### **Literature Review**

This section provides an overview of the existing literature on work-family conflict and job satisfaction among healthcare professionals, with a specific focus on family medicine physicians. The review also examines the factors associated with work-family conflict and job satisfaction in the context of Saudi Arabia's healthcare system.

#### *Work-Family Conflict among Healthcare Professionals*

Work-family conflict is a prevalent issue among healthcare professionals, who often face challenges in balancing the demands of their work and personal lives. A systematic review by Sirgy and Lee (2017) found that healthcare professionals, particularly physicians and nurses, experience higher levels of work-family conflict compared to other occupational groups. The review identified several factors contributing to work-family conflict in the healthcare sector, including long working hours, shift work, high workload, and emotional demands of patient care. Physicians are particularly vulnerable to work-family conflict due to the nature of their work, which often involves long and irregular hours, on-call duties, and high-stakes decision-making (Shanafelt et al., 2016). A study by Dyrbye et al. (2017) found that 44.5% of U.S. physicians reported symptoms of burnout, with work-family conflict being a significant predictor of burnout. The study also found that physicians who experienced higher levels of work-family conflict were more likely to report intentions to reduce their work hours or leave their current practice.

In the context of Saudi Arabia, a study by Alsubaie et al. (2019) investigated the prevalence and predictors of work-family conflict among primary healthcare physicians. The study found that 68.6% of physicians experienced high levels of work-family conflict, with female physicians reporting higher levels of conflict compared to their male counterparts. The study identified

several factors associated with work-family conflict, including long working hours, shift work, and lack of support from supervisors and colleagues.

#### *Job Satisfaction among Family Medicine Physicians*

Job satisfaction is a crucial factor in the well-being and performance of healthcare professionals, including family medicine physicians. A systematic review by Domagała et al. (2018) examined the factors influencing job satisfaction among primary care physicians and found that work-related factors, such as workload, autonomy, and professional development opportunities, were the most significant predictors of job satisfaction. The review also highlighted the importance of relationships with colleagues and patients in determining physicians' job satisfaction.

In Saudi Arabia, studies have investigated job satisfaction among various healthcare professionals, including nurses and physicians. A study by Al-Hamdan et al. (2017) examined the level of job satisfaction and its predictors among nurses in a tertiary care hospital in Riyadh. The study found that 41.2% of nurses were satisfied with their jobs, with factors such as work environment, leadership style, and professional development opportunities being significant predictors of job satisfaction.

However, there is limited research specifically focusing on job satisfaction among family medicine physicians in Saudi Arabia. A study by Alharbi et al. (2020) explored the factors influencing job satisfaction among primary healthcare physicians in the Asir region of Saudi Arabia. The study found that 64.7% of physicians were satisfied with their jobs, with factors such as workload, professional development opportunities, and relationships with colleagues being significant predictors of job satisfaction.

#### *Relationship between Work-Family Conflict and Job Satisfaction*

The relationship between work-family conflict and job satisfaction has been extensively studied in various occupational settings, including healthcare. A meta-analysis by Amstad et al. (2011) found a significant negative relationship between work-family conflict and job satisfaction across different occupations and cultural contexts. The meta-analysis also revealed that the relationship was stronger for work-to-family conflict than for family-to-work conflict.

In the healthcare sector, studies have consistently demonstrated the negative impact of work-family conflict on job satisfaction among physicians. A study by Wang et al. (2019) investigated the relationship between work-family conflict and job satisfaction among Chinese physicians and found that work-family conflict significantly predicted lower levels of job satisfaction. The study also found that the relationship was mediated by emotional exhaustion, suggesting that work-family conflict contributes to burnout, which in turn leads to reduced job satisfaction.

Similarly, a study by Anafarta (2011) examined the relationship between work-family conflict and job satisfaction among Turkish healthcare professionals, including physicians and nurses. The study found a significant negative relationship between work-family conflict and job satisfaction, with higher levels of conflict associated with lower levels of satisfaction. The study also highlighted the importance of organizational support in mitigating the negative impact of work-family conflict on job satisfaction.

Despite the growing evidence on the relationship between work-family conflict and job satisfaction in the healthcare sector, there is a lack of research specifically focusing on family medicine physicians in Saudi Arabia. This study aims to address this gap by examining the relationship between these variables in the context of Saudi Arabia's primary healthcare system.

### **Methodology**

This section describes the research design, sample, data collection methods, and data analysis techniques used in this study.

#### *Research Design*

A cross-sectional survey design was employed to investigate the relationship between work-family conflict and job satisfaction among family medicine physicians in Saudi Arabia. This design was chosen as it allows for the collection of data from a large sample at a single point in time, enabling the examination of relationships between variables (Setia, 2016).

#### *Sample*

The target population for this study was family medicine physicians working in primary healthcare centers in Riyadh, Saudi Arabia. A convenience sampling technique was used to recruit participants. Inclusion criteria were: (1) being a licensed family medicine physician, (2) working in a primary healthcare center in Riyadh, Saudi Arabia, and (3) having at least one year of work experience. Exclusion criteria were: (1) physicians working in other specialties, (2) physicians working in secondary or tertiary care settings, and (3) physicians with less than one year of work experience.

The sample size was determined using G\*Power software (Faul et al., 2009), based on a medium effect size ( $f^2 = 0.15$ ), a power of 0.80, and an alpha level of 0.05. The calculation yielded a minimum sample size of 68 participants. However, to account for potential non-response and incomplete surveys, a larger sample of 250 physicians was targeted.

#### *Data Collection*

Data were collected using a self-administered online survey. The survey consisted of three parts: (1) demographic information, (2) the Work-Family Conflict Scale (Carlson et al., 2000), and (3) the Job Satisfaction Survey (Spector, 1985).

The Work-Family Conflict Scale is an 18-item measure that assesses the extent to which work and family responsibilities interfere with each other. The scale consists of six subscales: time-based work interference with family, time-based family interference with work, strain-based work interference with family, strain-based family interference with work, behavior-based work interference with family, and behavior-based family interference with work. Participants responded to each item on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate higher levels of work-family conflict.

The Job Satisfaction Survey is a 36-item measure that assesses employee attitudes towards various aspects of their job. The survey consists of nine subscales: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and

communication. Participants responded to each item on a 6-point Likert scale, ranging from 1 (disagree very much) to 6 (agree very much). Higher scores indicate higher levels of job satisfaction.

The online survey was distributed via email to family medicine physicians working in primary healthcare centers in Riyadh, Saudi Arabia. The email included an invitation to participate in the study, a brief description of the study's purpose and procedures, and a link to the online survey. Informed consent was obtained from all participants prior to completing the survey.

### *Data Analysis*

Data were analyzed using IBM SPSS Statistics (Version 26). Descriptive statistics, including means, standard deviations, and frequencies, were used to summarize the demographic characteristics of the sample and the main study variables (work-family conflict and job satisfaction).

Pearson's correlation coefficients were calculated to examine the bivariate relationships between work-family conflict and job satisfaction, as well as between their respective subscales. Multiple linear regression analysis was conducted to investigate the predictive relationship between work-family conflict and job satisfaction, while controlling for demographic variables (age, gender, marital status, number of children, and years of work experience).

Prior to conducting the regression analysis, the assumptions of linearity, homoscedasticity, and normality of residuals were assessed. Collinearity diagnostics were also performed to ensure that there was no multicollinearity among the predictor variables.

## **Results**

This section presents the main findings of the study, including the demographic characteristics of the sample, descriptive statistics for the main study variables, and the results of the correlation and regression analyses.

### *Demographic Characteristics*

A total of 250 family medicine physicians participated in the study, with a response rate of 72.8% ( $n = 182$ ). The mean age of the participants was 37.5 years ( $SD = 8.2$ ), and the majority were male (64.8%,  $n = 118$ ). Most participants were married (78.6%,  $n = 143$ ) and had children (73.6%,  $n = 134$ ). The average years of work experience was 10.3 years ( $SD = 7.5$ ). Table 1 presents the detailed demographic characteristics of the sample.

*Table**1*

Demographic Characteristics of the Sample (N = 182)

<b>Characteristic</b>	<b>n (%)</b>
Age (years)	
25-34	67 (36.8)
35-44	79 (43.4)
45-54	28 (15.4)
≥55	8 (4.4)
Gender	
Male	118 (64.8)
Female	64 (35.2)
Marital Status	
Single	39 (21.4)
Married	143 (78.6)
Children	
Yes	134 (73.6)
No	48 (26.4)
Work Experience (years)	

Characteristic	n (%)
1-5	42 (23.1)
6-10	61 (33.5)
11-15	45 (24.7)
>15	34 (18.7)

### *Descriptive Statistics*

The mean score for work-family conflict was 3.17 (SD = 0.82), indicating a moderate level of conflict among the participants. The mean score for job satisfaction was 3.89 (SD = 0.73), suggesting a moderate level of satisfaction with various aspects of their job. Table 2 presents the descriptive statistics for the main study variables and their subscales.

### *Table*

2

Descriptive Statistics for Work-Family Conflict and Job Satisfaction (N = 182)

Variable	Mean (SD)	Range
Work-Family Conflict	3.17 (0.82)	1-5
Time-based WIF	3.24 (0.96)	1-5
Time-based FIW	2.95 (0.93)	1-5
Strain-based WIF	3.31 (0.91)	1-5
Strain-based FIW	2.86 (0.88)	1-5
Behavior-based WIF	3.22 (0.89)	1-5
Behavior-based FIW	3.06 (0.92)	1-5

Variable	Mean (SD)	Range
Job Satisfaction	3.89 (0.73)	1-6
Pay	3.76 (1.12)	1-6
Promotion	3.52 (1.08)	1-6
Supervision	4.18 (0.96)	1-6
Fringe Benefits	3.81 (1.06)	1-6
Contingent Rewards	3.67 (1.02)	1-6
Operating Procedures	3.59 (0.94)	1-6
Coworkers	4.29 (0.87)	1-6
Nature of Work	4.35 (0.92)	1-6
Communication	3.98 (0.89)	1-6

*Note.* WIF = Work Interference with Family; FIW = Family Interference with Work.

### *Correlation Analysis*

Pearson's correlation analysis revealed a significant negative correlation between work-family conflict and job satisfaction ( $r = -0.68$ ,  $p < 0.001$ ), indicating that higher levels of work-family conflict were associated with lower levels of job satisfaction. All subscales of work-family conflict were significantly negatively correlated with job satisfaction, with strain-based work interference with family having the strongest correlation ( $r = -0.62$ ,  $p < 0.001$ ).

### *Regression Analysis*

Multiple linear regression analysis was conducted to examine the predictive relationship between work-family conflict and job satisfaction, while controlling for demographic variables (age, gender, marital status, number of children, and years of work experience). The assumptions of linearity, homoscedasticity, and normality of residuals were met, and no multicollinearity was detected among the predictor variables.



The results showed that work-family conflict significantly predicted job satisfaction ( $\beta = -0.64$ ,  $p < 0.001$ ), after controlling for demographic variables. The model explained 48.5% of the variance in job satisfaction ( $R^2 = 0.485$ ,  $F(6, 175) = 27.47$ ,  $p < 0.001$ ). None of the demographic variables were significant predictors of job satisfaction. Table 3 presents the results of the regression analysis.

*Table*

3

Multiple Linear Regression Analysis Predicting Job Satisfaction (N = 182)

Predictor	B	SE B	$\beta$	t	p
(Constant)	5.87	0.30		19.58	<0.001
Work-Family Conflict	-0.57	0.05	-0.64	-11.40	<0.001
Age	0.00	0.01	0.03	0.40	0.692
Gender	0.08	0.08	0.05	0.97	0.332
Marital Status	-0.04	0.10	-0.02	-0.39	0.699
Number of Children	-0.02	0.04	-0.03	-0.59	0.559
Work Experience	0.00	0.01	-0.01	-0.11	0.916

*Note.*  $R^2 = 0.485$ ,  $F(6, 175) = 27.47$ ,  $p < 0.001$ .

## Discussion

The findings of this study provide evidence for the significant negative relationship between work-family conflict and job satisfaction among family medicine physicians in Saudi Arabia. The results are consistent with previous research in other occupational settings and cultural contexts (Amstad et al., 2011; Wang et al., 2019), highlighting the universal nature of this relationship.

The moderate levels of work-family conflict and job satisfaction reported by the participants suggest that family medicine physicians in Saudi Arabia face challenges in balancing their work and family responsibilities, which may adversely affect their job satisfaction. The strain-based work interference with family subscale had the strongest correlation with job satisfaction, indicating that the emotional strain and fatigue resulting from work demands may spill over into the family domain, leading to reduced job satisfaction.

The regression analysis revealed that work-family conflict was a significant predictor of job satisfaction, even after controlling for demographic variables. This finding emphasizes the importance of addressing work-family conflict as a key factor in promoting job satisfaction among family medicine physicians. Healthcare organizations and policymakers should prioritize the development and implementation of strategies to reduce work-family conflict and support the well-being of physicians.

Potential strategies to mitigate work-family conflict and enhance job satisfaction include:

1. Implementing family-friendly policies, such as flexible work arrangements, part-time options, and parental leave (Leineweber et al., 2016).
2. Providing support programs for physicians, such as stress management workshops, counseling services, and mentoring programs (Shanafelt et al., 2016).
3. Promoting a supportive organizational culture that values work-life balance and recognizes the importance of family responsibilities (Alsubaie et al., 2019).
4. Encouraging the use of technology and telemedicine to reduce workload and improve work efficiency (Khudair & Alosan, 2019).
5. Investing in professional development opportunities and career advancement programs to enhance physicians' job satisfaction and motivation (Domagała et al., 2018).

Limitations of this study include the cross-sectional design, which precludes causal inferences, and the use of convenience sampling, which may limit the generalizability of the findings. Future research should employ longitudinal designs and probability sampling techniques to establish causal relationships and improve the representativeness of the sample.

## Conclusion

This study investigated the relationship between work-family conflict and job satisfaction among family medicine physicians in Saudi Arabia. The findings revealed a significant negative relationship between work-family conflict and job satisfaction, with work-family conflict being a significant predictor of job satisfaction, even after controlling for demographic variables.

The results highlight the importance of addressing work-family conflict as a key factor in promoting job satisfaction among family medicine physicians. Healthcare organizations and policymakers should prioritize the development and implementation of strategies to reduce work-family conflict and support the well-being of physicians, such as family-friendly policies, support programs, and professional development opportunities.

By addressing work-family conflict and enhancing job satisfaction, healthcare organizations can improve the quality of patient care, reduce physician burnout and turnover, and foster a more sustainable and effective primary healthcare system in Saudi Arabia.

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