Original Article

Comparison of relationship between quality of public life and quality dedicated working life in the presence of the mediator role of work conflict: A Multi-Group Analysis

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Abstract

Background and Purpose: The concepts of work and life have the strongest and most effective relationship with individuals and society, and making a balance between them can have a direct impact on the achievement of organizational goals. The purpose of this study was to compare the relationship between quality of public life and quality dedicated to working life in the presence of the mediator role of work conflict.

***Materials and Methods*:** This applied study was conducted by implementing a descriptive-analytical method in 2017. The study population consisted of 351 working women in the health sector of Mazandaran University of Medical Sciences, who were selected using stratified sampling method. The survey tool was a standard questionnaire which was used to collect the data, and then the collected data was analyzed by SPSS 24 and AMOS 22.

Results: The relationship between quality of public life and quality dedicated to work life in the job groups of women's healthcare providers (P=0.0009,t=3.592), nurses and midwives' job group (P=0.009,t=2.595), and women's technician/health expert working in health sector was significant (P=0.002, t=3.104). Whereas, there was no significant difference between the average quality of public life (P=0.117, F=1.788) and the quality dedicated to working life among the employees with different job titles (P=0.592, F=0.742). At the same time, the average of work conflicts was significantly different among different occupations (p= 0.009, F=3.152).

Conclusion: The results showed that the relationship between quality of public life and the quality dedicated to work life varies from one job group to another. As a result, with proper planning aiming at increasing the quality of public life, an increase in the quality dedicated to work life and a reduction in their work conflicts can be seen.

***Keywords*:** Quality Of Life; Quality of Working Life; Work Conflict.

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1. Introduction

The concepts of work and life have the strongest link with an individual and society, and balancing between them is of high value and importance (1). The overall health of an individual is influenced by the harmony and proportionality of these two domains. The existence of inconsistencies and conflicts between these two domains often results in disastrous consequences for the individual, family, organization, and society (2). Although it is expected that people can balance their work and family life (3), currently most of the organizational-behavioral experts believe that the effects of working too much and considering the imbalance between work and personal and family life of individuals, and also their adverse effects on quality of life create a set of factors that mutually reinforce each other, and as a result, the living conditions and health of humans and communities are at serious risk, such that the imbalance between work and life has become one of the greatest challenges of the present century (2,4). The World Health Organization defines the quality of life as the personal interpretation of each individual's condition of his life in the context of the culture and the value system in which he or she lives. Accordingly, the effects of a lot of work and an imbalance between the time of work and personal and family life have put the quality of life of many people and families at serious risk. (5)The quality of work life means the satisfaction of an employee of meeting his needs through the resources, activities, and outcomes that result from engagement in the workplace (6-7). At present, the success of organizations depends directly on the effective use of human resources, and the value system of the quality of work life focuses on investing in individuals as the most important variable in the strategic management equation, that is, meeting the needs of employees and improvement of long-term performance of the organization (8). Providing a high-quality working life and promoting the elements involved in an appropriate working life are needed to be designed in a long-term plan (9).Some researchers believe that playing multiple roles is beneficial to individuals and helps them maintain a social status and a sense of usefulness (10), while others argue that multiplicity of roles can endanger the health of individuals (11). In healthcare organizations, paying attention to the quality of public life with quality dedicated to work life of the various job groups – which are actually the providers of health services to the community – has a direct impact on the organizational goals achievements and maintaining and improving the health of these groups in the community. As a result, it is also effective confronting with the work-family conflict and finding solutions to the harmony and balance between work and family, and increasing the quality of individual work life has become an inevitable challenge for organizations. Although some studies have been conducted on the quality of life and work-family conflicts, so far there has not been conducted any research that compare the relationship between the quality of public life and the quality dedicated to work life by considering the role of work conflict for working women in different job groups. Most of the studies have so far been in a particular job category, including the medical staff (nurses and midwives or shift workers), and there has been no study in the field of personnel health sector. Therefore, the researcher decided to

compare the relationship between the quality of public life and the quality dedicated to working life with the role of mediator work conflict in working women in different working groups.

2. Materials and Method

This applied study was conducted through descriptive-analytical method in a 6-month period in 2017. Our population under study consisted of all working women in the health sector subset of Mazandaran University of Medical Sciences (including working women in healthcare centers of the city, urban health centers / rural health centers / health centers and health houses), including contractors, human resource plans, employment covenant, and formal employment. A total population of 4266 individuals were selected. According to Cochran's formula, the sample size was estimated to be 351 and the samples were selected by random Stratified sampling method. In this sense, 11 cities from 19 cities of Mazandaran province were selected through simple random sampling method (lottery) and the total population of women employed in these selected cities was determined. In the next step, using the random Stratified sampling with respect to the ratio of organizational posts and job titles, each group's weight (0.109) was estimated, and the sample size of each group was obtained. Finally, the subjects were selected in each group, and the response rate of participants (351 out of 380) was found to be 92.93%, and the basis for testing the research hypotheses was analyzed. The criteria for participation included being employed in healthcare centers for at least one year, having no experience of severe illness in the last 6 month, not being a student, and not having a second job. The research instrument was the Persian-versions of three standard questionnaires as follows:

The World Health Organization quality of life questionnaire which has 26 questions and 5 dimensions of physical health (7 items), mental health (6 questions), social relationships (3 questions), environmental health (8 items), and quality of life and general health (2 questions). The scoring system was based on a 5-point Likert scale. The content validity of the questionnaire was confirmed in the study by Shabanibahar and colleagues (5), and its reliability was estimated to be 0.837 in our study. Casio's quality of work life questionnaire with 29 questions and 6 components of material privileges (4 questions), education (6 questions), democracy in the organization (6 questions), participation in decision making (4 questions), job design (5 questions), and the organization's work space (4 questions). The score for the Likert spectrum was also 5 degrees from very low (score 1) to very high (score 5). The validity of the questionnaire was confirmed through Rahimian and colleagues (12), and its reliability was obtained using alpha-Cronbach as 0.843 in the current study.

Carlson's work-family conflict questionnaire has 18 questions in 2 dimensions of work-family conflict and family-work conflict, and each dimension has three components of time (6 questions), tension (6 questions), and behavior (6 questions). Its score is based on 5-point Likert-type scale, the validity of the questionnaire has been frequently approved in Iran, and using alpha Cronbach, the reliability was obtained to be 0.893 in the present study.

Some descriptive statistics (frequency, mean, variance, standard deviation), and inferential statistics techniques were used for data analysis through Amos 22 and SPSS-V24, and the comparisons were used for multi-group analysis of structural models (P<0.05) and Z Fisher test (Z>1.64). The normality of data was also confirmed using the Kolmogorov-Smirnov test, and the comparisons were performed using One-way analysis of variance (ANOVA), and P Value<0.05 was considered as statistically significant.

3. *Results*

Table 1. The frequency distribution of demographic variables is

Demographic variables		Frequency	percent	Demographic variables		Frequency	percent
Age	20-29	64	18.23	**Employment Status**	Human Resource Planning	27	7.69
	30-39	142	40.45		Contract staff	61	17.38
	40-49	131	37.33		Corporate staff	14	3.99
	50-59	14	3.99		Covenant staff	23	6.55
					Official staff	226	64.39
Education	Under the diploma	16	4.56	**Household members (individual)**	1	4	1.14
	Diploma	69	19.66		2	46	13.11
	technician	23	6.55		3	117	33.33
	Bachelor	161	45.87		4	142	40.46
	Masters	51	14.53		5	36	10.26
	P.H.D	31	8.83		6 people and above	6	1.7
Marital status		45	12.82	**Job title (job group)**	Health Care Providers (BEHVARZ)	101	28.77
	Single(unmarried)	302	86.04		Nurse	17	4.84
	Married	4	1.14		Midwife	61	17.38
	Divorced / Wife died				technician / Health Expert	102	29.06
					technician/ expert in other fields	39	11.11
					physician	31	8.83
Work experience	Less than 5 years	59	16.81	**Monthly income (Toman)**	Under 1.5 million	24	6.84
	6 to 10 years	73	20.8		1.5 to 2 million	217	61.82
	11 to 15 years	58	16.52		2 to 2.5 million	69	19.66
	16 to 20 years	73	20.8		2.5 to 3 million	22	6.27
	More than 20 years	88	25.07		3 to 3.5 million	8	2.28
					Above 3.5 million	11	3.13

The results of multi-group path analysis for explaining the relationship between quality of public life and work conflict with the quality dedicated to work life among the job groups showed that the relationship between quality of public life and quality dedicated to work life were significant in the job groups of women healthcare providers (P= 0.0009, t=3.592) , nurses, and midwives' job group (P=0.009, t=2.595), technician/health expert job groups working women in health sector (P= 0.002, t=3.104). But there was no significant relationship between quality of public life and the quality dedicated to working life in the job group of physicians (P=0.310, t=1.104) and technician / expert in other fields (administrative, financial, etc.) (P=0.241, t=1.172) for working women in health sector with mediator role of work conflict (P>0.05). There was a significant relationship between the quality of public life and work conflict in all women's job groups (healthcare providers, nurses, and midwives, technician/health experts (P=0.0009) and technician/expert group of non-health units) (P=0.039) except physicians (P=0.131) working women in the health sector (p<0.05). There was no significant relationship between work

conflict and the quality dedicated to work life in all job groups working women in health sector (health care providers (P=0.684), nurses and midwives (P=0.608), technician/health expert (P=0.887), technician/expert in other fields (P= 0.336), and physicians (P=0.657))(Table 2) .

Table 2. The results of multi-group path analysis for explaining the relationship between quality of public life and work conflict with the quality dedicated to work life among the job groups.

job group	factors	Standardized coefficients	t	P_ values*	Result
Healthcare Providers (BEHVARZ)	Quality of public life → Quality dedicated to work	0.51	3.592	0.0009	Significant
	Quality of public life → Work conflict	-0.40	-4.414	0.0009	Significant
	Work conflict → Quality dedicated to work life	0.06	0.407	0.684	Not significant
Nurse /Midwife	Quality of public life → Quality dedicated to work life	0.47	2.595	0.009	Significant
	Quality of public life → Work conflict	-0.68	-7.209	0.0009	Significant
	Work conflict → Quality dedicated to work life	0.08	0.513	0.608	Not significant
Technician / Health Expert	Quality of public life → Quality dedicated to work life	0.39	3.104	0.002	Significant
	Quality of public life → Work conflict	-0.32	-3.584	0.0009	Significant
	Work conflict → Quality dedicated to work life	0.01	0.141	0.887	Not significant
Technician/ Expert in other fields	Quality of public life → Quality dedicated to work life	0.30	1.172	0.241	Not Significant
	Quality of public life → Work conflict	-0.46	-2.069	0.039	Significant
	Work conflict → Quality dedicated to work life	0.30	0.963	0.336	Not significant
Physician	Quality of public life → Quality dedicated to work life	0.25	1.014	0.310	Not Significant
	Quality of public life → Work conflict	-0.20	-1.510	0.131	Not Significant
	Work conflict → Quality dedicated to work life	0.06	0.444	0.657	Not significant

*p< 0.05 = significant

The results of the main model with multi-group path analysis and standardized coefficients have been depicted for working women in the health sector, such as healthcare providers, nurses, and midwives, technician /health experts, technician /non-health experts, and physicians(Figure 1-5).

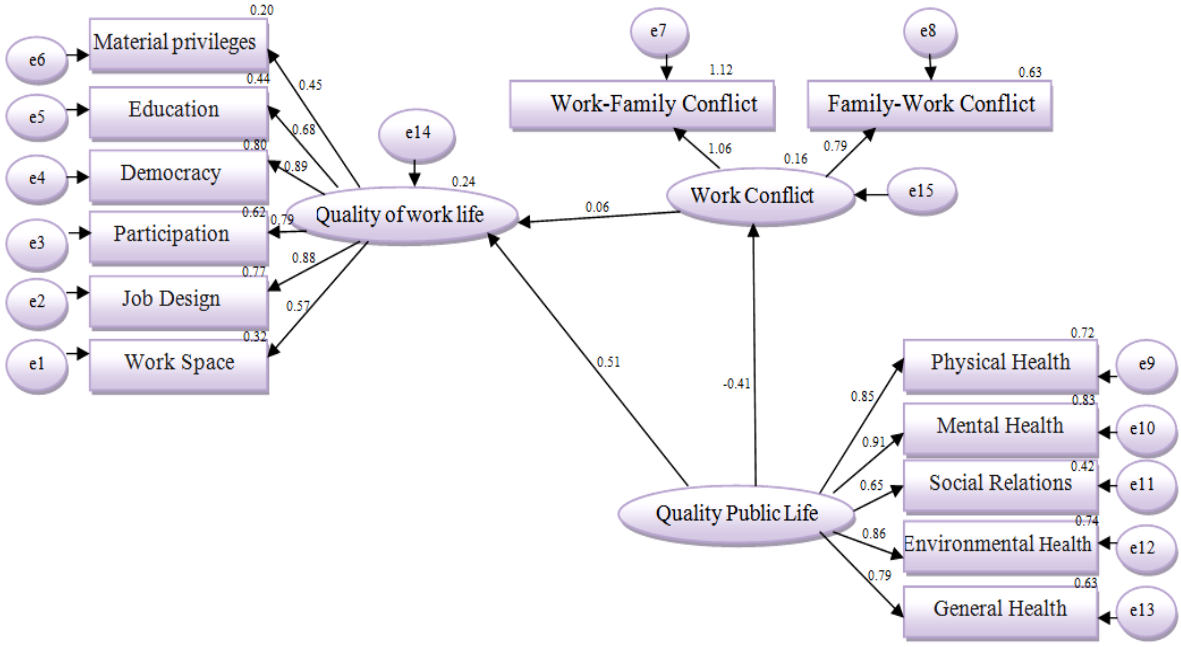

Figure 1. Main model with standardized coefficients for health care providers (Behvarz)

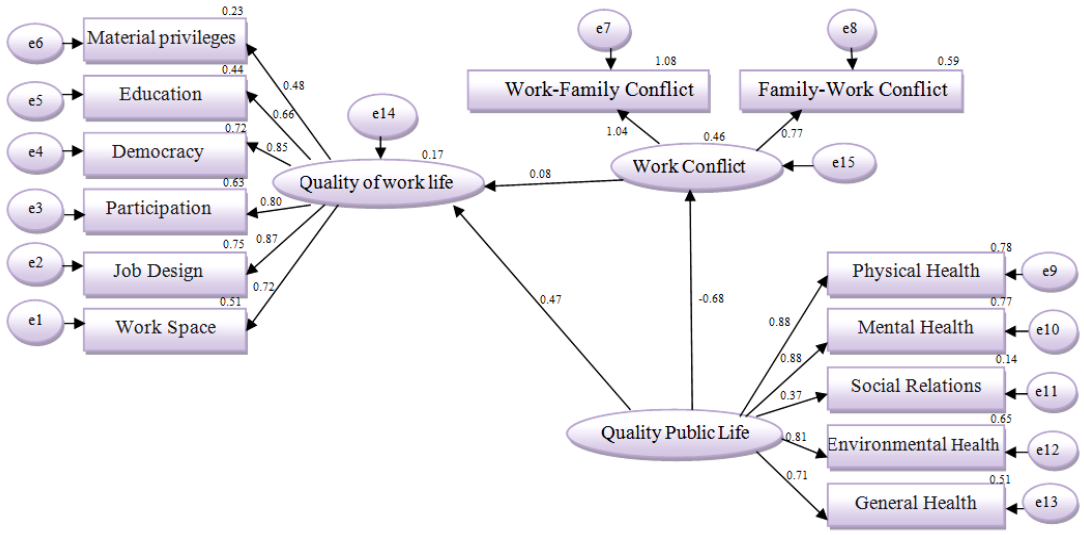

Figure 2. Main model with standardized coefficients for nurses and midwives

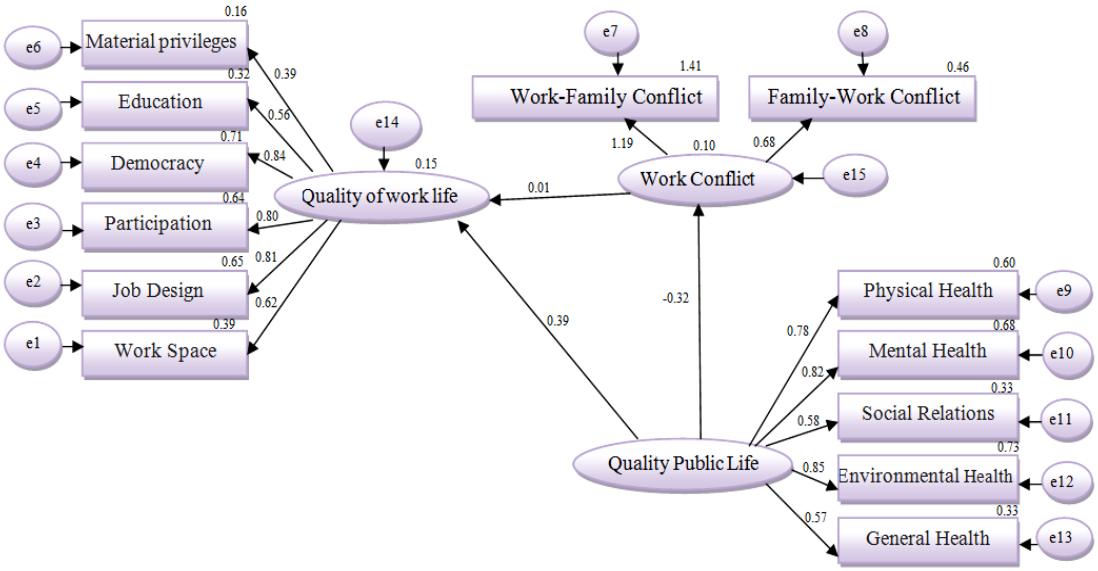

Figure 3. Main model with standardized coefficients for technician/health expert

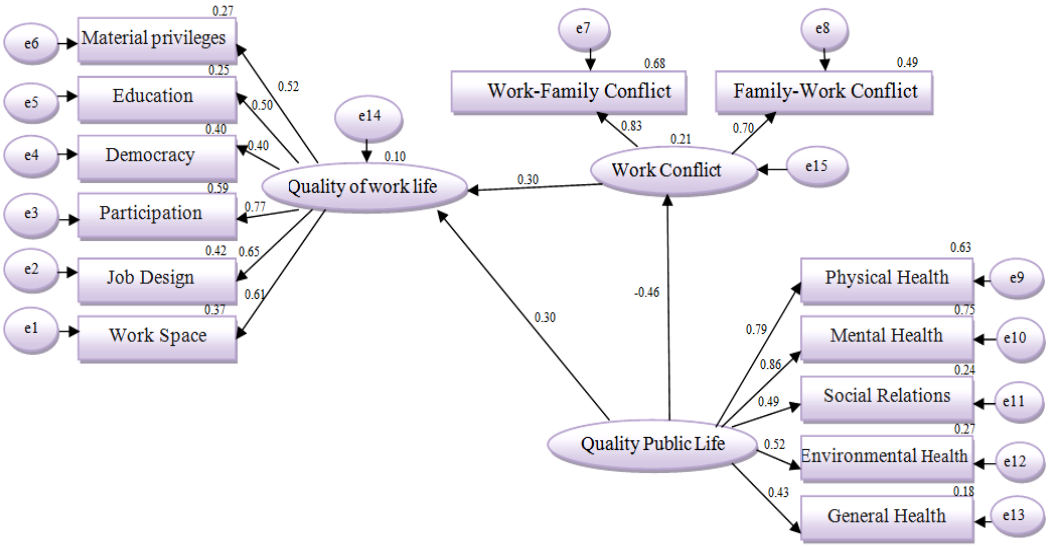

Figure 4. Main model with standardized coefficients for technician/non-health expert

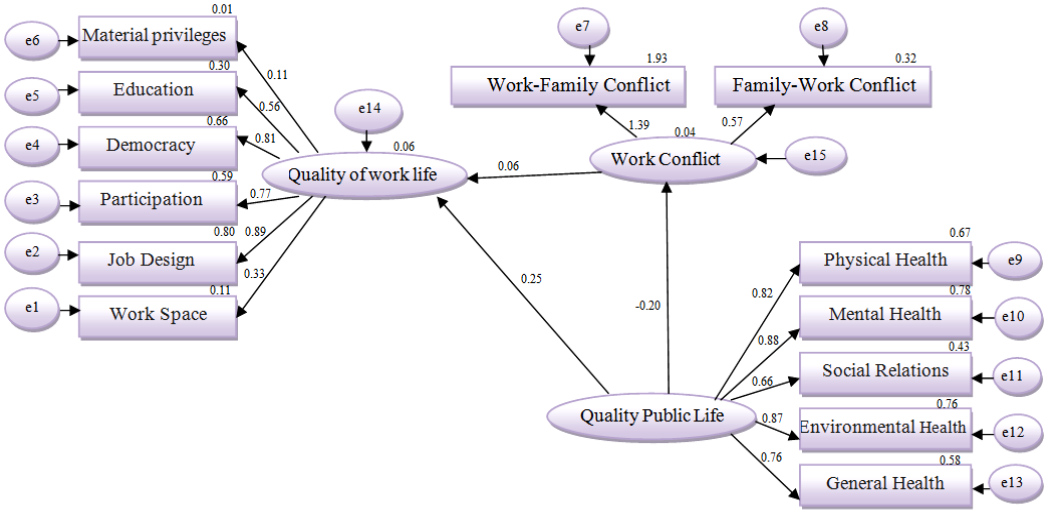

Figure 5. Main model with standardized coefficients for physicians

To investigate the moderating role of job title (healthcare provider, nurse, or midwife, technician/health expert, technician/non-health expert, and physician), which is in fact comparing the relationships obtained among several groups, Fisher Z test was used, and Z>1.64 indicated the difference between the two groups. In comparing the relationship between the quality of public life with quality dedicated to work life, there was a significant difference between the two groups of healthcare providers and women physicians (Z=1.948), as well as between the technician/health experts and women physicians (Z=1.966), and the job title (Z>1.64) played a moderating role in the relationship between quality of public life and quality dedicated to work life. This relationship was stronger for the nurses and midwife staff, that is the nurse and midwife title had influence on the relationship between quality of public life and quality dedicated to work life. Also, there was a significant difference in the relationship between the quality of public life and work conflict in two groups of women healthcare providers with nurses and midwives (Z=1.668), as well as in comparison between the two job groups of women technician/health expert with the nurses and midwives (Z=1.764). Furthermore, it was found that job title plays a moderating role in the relationship between quality of public life and work conflict, and this relationship is more effective in female nurses and midwives .In other words, the title of women nurses or women midwives affects the relationship between the quality of public life and work conflict(Table3).

Table 3. The results of comparing the relationships between quality of public life and work conflict and quality dedicated to work life based on Z values in different job group

Comparison of the job group	Factors	Z- value*	Result
Healthcare providers with technician/health experts	Quality of public life → Quality dedicated to work life	-0.317	Not Significant
	Quality of public life → Work conflict	-0.211	Not Significant
	Work conflict → Quality dedicated to work life	-0.231	Not significant
Healthcare providers with technician/non-health experts	Quality of public life → Quality dedicated to work life	0.562	Not Significant
	Quality of public life → Work conflict	-0.315	Not Significant
	Work conflict → Quality dedicated to work life	-0.802	Not significant
Healthcare providers with nurse/midwives	Quality of public life → Quality dedicated to work life	0.318	Not Significant
	Quality of public life → Work conflict	1.668	Significant
	Work conflict → Quality dedicated to work life	-0.197	Not significant
Healthcare providers with physicians	Quality of public life → Quality dedicated to work life	1.948	Significant
	Quality of public life → Work conflict	-1.228	Not Significant
	Work conflict → Quality dedicated to work life	-0.145	Not significant
Technician/health experts with technician/non-health experts	Quality of public life → Quality dedicated to work life	-0.744	Not Significant
	Quality of public life → Work conflict	0.155	Not Significant
	Work conflict → Quality dedicated of work life	-0.903	Not significant
Technician/health experts with nurse/midwives	Quality of public life → Quality dedicated of work life	0.141	Not Significant
	Quality of public life → Work conflict	1.764	Significant
	Work conflict → Quality dedicated to work life	-0.386	Not significant
Technician/health experts with physicians	Quality of public life → Quality dedicated to work life	1.966	Significant
	Quality of public life → Work conflict	-1.001	Not Significant
	Work conflict → Quality dedicated to work life	0.135	Not significant

*Z > 1.64 = significant

One-way analysis of variance (ANOVA) was used to compare the relationship between quality of public life and quality dedicated to work life in working women according to job groups. There was found to be no significant difference in the mean of quality of public life among working personnel with different job titles (p=0.117). Also, there was no significant difference in the mean of quality dedicated to work life among employees with different job titles (p= 0.592). There was also found to be no significant difference in the mean of quality of public life (P=0.117, F=1.788) and the quality dedicated to working life (P=0.117, F=1.788) among healthcare providers, nurses, midwives, health experts, non-health experts, and physicians. However, there was found a significant difference in the mean of work conflict among all job groups (p=0.009, F=3.152), which according to Duncan's sequel test, the mean of work conflict was equal in the groups of healthcare providers, nurses, and midwives, and equally in the job groups of health experts, non-health experts (experts in other fields), and physician (Table 4).

Table 4. Analysis of variance of the conflict variable in different job groups

Job groups	Number	Mean	Standard deviation	F	P_value*	Result
Healthcare Providers (BEHVARZ)	101	75.11a	22.71	3.152	0.009	Significant
Nurses	17	77.88a	24.04			
Midwives	61	70.92a	20.03			
technicians / Health Experts	102	68.09b	14.62			
technicians/ mom-health experts	39	65.23b	13.90			
physicians	31	65.45b	15.92			

*p< 0.05 = significant

4. Discussion

The issues of the quality of public life and its impact on the quality of work life are important and vital issues in today's organizations. The conflict and inconsistency between the requirements of family planning and work roles has created many problems for working women and their families in providing and meeting the needs and demands of both areas of their life. Structural equation modeling and multi-group analysis were used to compare

the relationship between the quality of public life variables and the quality dedicated to work life in working women. The findings of the study showed that there was a significant relationship between the quality of public life and the quality dedicated to work life among the women healthcare providers. The results were in line with the results of Niknam, Yousefichamazkotti, Hosseinkhani and Kabir (13-16). As for the relationship between the quality of public life and the quality dedicated to work life among women healthcare providers, it can be argued that paying attention to the quality of life of healthcare providers, who are in direct contact with people and are engaged in providing health services to the community, is an important and necessary issue. The results showed that there was a significant relationship between the quality of public life and the quality dedicated to work life group women technician/Health Expert working in the health sector. The results were in line with the results of Azizi, Bahrami, Rezakhani Moghaddam, Amiri, Sharifzadeh, Sakkaki, Dargahi, Saberi pour, Salemi, as well as the results of Sadeghi (17-26). Considering the significant relationship between the quality of public life and the quality dedicated to work life group of women technician/ Health Experts in the health sector, the performance and excellence of each institution and organization was found to depend on adequate motivation, effective effort, and proper staff, and since this job group is providing most of the health services in the health sector, it is important to consider the factors affecting the quality of public life, given the impact that it can have on the quality of their working lives.

Also, the findings of the present study showed that there was a significant difference between the quality of public life and the quality dedicated to work life for working women in the health sector according to job groups in the presence of the mediator role of work conflict. This result was consistent with the results of Oreyzi and colleagues (3), that investigated the relationship between work-family conflict and organizational variables of organizational justice and organizational commitment and subjective well-being including vitality in expatriate and normal work schedules considering the role of satellite and non-residential programs. Their findings showed that the two groups of satellite and day workers differed in terms of the level of work-family conflict, and this difference was associated with the average superiority of the expatriate group. Also, the results of research conducted by Binaiee (27) with the aim of comparing the quality of work life and quality of life in the shift workers and the daily work of the Shiraz petrochemical company showed that there was a significant difference between the quality of work life of the shift workers and the day workers, which was consistent with that of the current study. Also, Binaiee(27) showed that there was no significant difference between the quality of life of the two groups that did not match the result of the present study. The result of this study was consistent with the results of the study by Talaveri and colleagues (28) who compared the quality of life and work-family conflict between veterans and non-veterans, and showed that the quality of life and work-family conflict for veterans and normal persons working at the southern oil sites is almost the same, and these people have a good quality of life, which is also not consistent with the current research. It seems that the reason for this inconsistency can be the statistical society which was

mentioned in the aforementioned studies of the male group, but this study was conducted with the participation of working women in the health sector. So, it can be a reason to make a difference in result. Therefore, in explaining these results, it can be noted that work and family are two very close and related areas in which the issues and problems of each of these areas can be spread to another area, and the existence of tensions and problems in each area could result in problems in performing duties and roles for both areas, which could then end in dissatisfaction. The factors affecting the quality of life of the employees will have a direct impact on the work method and quality dedicated to work life of the employees. Therefore, the organizations of the present era should have a strategic look at their human resources, and consider them as intelligent and valuable asset, and pay more attention to improving the quality of their public life as well as the quality dedicated to their work life.

The total results showed that there is a significant relationship between the quality of public life and the quality dedicated to work life according to the job groups. The amount of this relationship in various job groups in the health sector is different. The issue of the quality of public life and its impact on the quality dedicated to work life in today's organizations is one of the most important and critical categories. Also, work-family conflict is an important phenomenon that affects both employees and their employers. Women who work in the health sector as providers of health services have a significant contribution in the health of the community, hence maintaining and improving their health conditions has a helpful role in community health. Therefore, it is suggested that organizations pay more attention to the environment they provide for employees, because the relationship between quality of public life and quality dedicated to work life has a significant impact on increasing the utility of organizations. It should be noted that future plans are being made to improve the quality of public life of working women, especially in healthcare centers. In particular, through doing effective organizational interventions in order to maintain a fair and supportive environment, and also reducing environmental stressors to increase the staff's ability to optimum management work and family responsibilities for working women, a small step can be taken to improve the quality of public life and work. Finally, these women will reach their ideal health conditions, because the ultimate goal of healthcare is to improve health conditions in all social groups.

Some of the limitations of this research were the use of self-report tools instead of observing the actual behavior, the implementation of questionnaires in the work environment, and the limitation of the research sample for working women in the health sector of Mazandaran province.

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Conflicts of interest

Authors declare no conflict of interest.

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