

Examining The Impact Of Work-Family Conflict On Turnover Intentions Among Healthcare Professionals: The Mediating Role Of Emotional Exhaustion And The Moderating Influence Of Career Commitment

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Abstract

Purpose: This study aims to analyze the impact of work-family conflict on turnover intentions of healthcare professionals, noting the mediating roles of emotional exhaustion as well as moderating effect of career commitment through the lens of the conservation of resources theory. **Methodology:** Data was collected via questionnaire from healthcare professionals of public and private sector hospitals. Statistical software was used for data analysis. **Findings:** The results showed that the positive relation between work-family conflict, emotional exhaustion and turnover intentions is low for healthcare professionals with higher career commitment than those with lower career commitment. **Originality:** This study is unique as it analyzed the moderating effect of career commitment on the relationship between work-family conflict, emotional

exhaustion and turnover intentions among the healthcare professionals. **Practical implications:** This study provides guidelines for organizational and individual interventions, indicating that withdrawal from the profession may be reduced by lowering work-family conflict and improving career commitment.

Keywords: Work-Family conflict, Emotional Exhaustion, Turnover Intentions, Career Commitment.

Introduction

Healthcare professionals are vital part of health system as they make global and national efforts to accomplish health related goals to meet the set targets (Iniciative, 2004). The health sector is facing main challenge of shortage of healthcare professionals and retention issues (Yumkella, 2006). As estimated, 7.2 million health professionals are lacking globally, and this number might double over the next several decades (Truth, 2013). High healthcare professional's turnover intentions have emerged as a major issue for the healthcare system's progress as instability of staff in healthcare organizations has many unfavorable consequences at both organizational and personal levels. The quality of health services could be affected by loss of experienced professionals, leading to patient dissatisfaction (Waldman et al. 2004).

Turnover intention is the likelihood of an employee to leave the job within certain time frame (Chao et al. 2015). Previous studies have shown that the best way to predict real turnover is by looking at an employee's intention to quit their present job (Bothma & Roodt, 2013). The decision of health-care workers to continue or leave their current job is highly associated with work-family conflict, job satisfaction, stress, and socio-demographic aspects, such as the number of working hours per week, age, type of institution, and working in a rural or urban region (Lu et al, 2017).The role of work-family conflict to encourage the employees to leave their job and look for employment somewhere else is significant and this proposition is well supported.

Faraji et al. (2015) revealed that turnover intentions are also associated with organizational commitment and its individual types (affective commitment, continuous commitment and normative commitment). Chang (1999) identified that career commitment is separate from other components of

organizational commitment and found to have moderating effect on the relationship between employee's perception of supervisory support and turnover intentions through affective commitment. Kim (2007) verified that career commitment can play a role in reducing the turnover intentions by studying the effect of organizational and career commitment on turnover intentions. Harun and Mahmood (2021) suggested that the relationship of work-family interface, emotional exhaustion and turnover intentions should be further investigated by considering different types of commitment. The present study fills the gap by investigating the impact of work-family conflict on turnover intentions among healthcare professionals through emotional exhaustion while considering career commitment as a moderator.

The goal of the present study is three-fold. First, it is to examine the influence of work-family conflict on turnover intentions. Second is to assess the mediating effect of emotional exhaustion between the relationship of work-family conflict and turnover intentions. Lastly, this study is to analyze the moderating role of career commitment on the relationship of emotional exhaustion and turnover intentions of healthcare professionals. This study could also provide insight for human resource managers of healthcare organizations to develop strategies to improve and maintain career motivation in order to reduce turnover among their employees (Alnıaçık, 2012).

As it is evident from many studies that work-family conflict has significant impact on the decision of employee to leave the job, the primary objective of present study is to investigate the relationship of work-family conflict and turnover intentions through emotional exhaustion. Moreover, as many studies proposed that the commitment to one's profession or organization is positively related to job performance and negatively related to turnover rate (Caricati et al. 2014) thus, the present study also aims to investigate how career commitment can moderate the relationship of emotional exhaustion and turnover intentions.

Work-Family Conflict and Turnover Intentions: Turnover intention is the conscious and intentional decision of an employee to leave his/her job (Tett & Meyer, 1993). In healthcare sector, inconsistent demanding working hours, insufficient salary, toxic environment affect the physical and mental wellbeing of the healthcare workers which triggers work-family conflict increasing the probability of their

withdrawal from their current jobs (Hung et al. 2018). It is confirmed by many studies that turnover intentions are found to be the most significant predictor of actual turnover (Griffeth et al. 2000).

The World Health Report (2006) highlighted that the health care is severely affected high staff turnover and low retention because it increases burden, diminishes team morale, delays work processes, and results in the loss of institutional knowledge.

Meta-analyses studies showed that a number of studies confirmed positive relationships between work-family interface and intentions to quit job (Allen, et al. 2000). Mowday, Porter and Steers (2013) showed that non work factors like family commitments and personal responsibilities increase the turnover intentions of the employees. On the basis of above arguments, the following hypothesis is being tested.

H₁: Work-Family conflict is positively related to turnover intentions.

Work-Family Conflict and Emotional Exhaustion: Work family conflict is a type of inter-role conflict in which there is some mutual incompatibility between the role demands of the family and work domains (Greenhaus et al. 1989). The nature of a healthcare professional's job tends to make it difficult to manage work and family duties, which increases the likelihood of conflicts arising between work and non-work commitments leading to emotional exhaustion (Montgomery et al. 2006). Maslach et al. (1997) proposed that the key component of burnout is emotional exhaustion which depicts feelings of tiredness and overextension, anxiety, irritation, and loss of the worker's resources.

Many previous studies have showed positive relation between work-family conflict and emotional exhaustion (Huynh et al. 2014). According to job demands-resources model, public health workers may experience physical and mental stress due to their demanding jobs which can lead to emotional exhaustion (Demerouti et al. 2001). According to this model, work family conflict is regarded as a job demand and is likely connected to emotional exhaustion, threatening the wellbeing of employees. On the basis of above arguments, the following hypothesis is being tested.

H₂: Work-Family conflict is positively related to emotional exhaustion.

Emotional Exhaustion and Turnover Intentions: Emotional exhaustion is a main dimension of burnout that refers to psychological stress that arises when job demands exceed the available job resources (Bakker, 2014). In healthcare settings, workload and demanding job expectations interferes with the work family life balance causing emotional exhaustion which in turn the increases the probability of turnover of health care professionals (Hämmig,2018).

According to Conservation of resources theory (Hobfoll,2001), employees who are emotionally exhausted find it difficult to focus on their work, which can lead to lower levels of overall job satisfaction or a higher intention to leave their job. On the basis of above arguments, the following hypothesis is being tested.

H₃: Emotional exhaustion is positively related to turnover intentions.

Work-Family conflict, Emotional exhaustion and Turnover intentions: Research studies conducted over the last two decades have shown a relationship between work-family conflicts and turnover intentions, burnout, and work satisfaction. It is discovered that work overload and constant stress can lead to work-family conflict which makes employees extremely exhausted and ultimately makes them desire to quit the job (Greenhaus & Beutell, 1985). In accordance with job demands-resources model and conservation of resources theory, emotional exhaustion may have a mediating role between the job demands and certain job attitudes such as job satisfaction and turnover intentions (López-Cabarcos, et al. 2021). On the basis of above arguments, the following hypothesis is being tested.

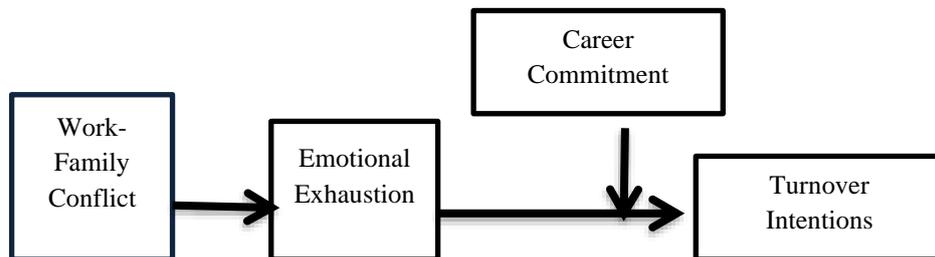
H₄: Emotional exhaustion mediates the relationship between work-family conflict and turnover intentions.

Career Commitment as a Moderator: Career Commitment can be defined as the degree of motivation of the individuals to continue working toward the job path they have selected and are currently pursuing (Herachwati & Rachma, 2018). Few past studies have discovered the career or organizational commitment have role in reducing the intentions of the employees to leave their jobs (Chang,1999; Kim, 2007). Lima et al.(2015) demonstrated that committed employees actively engage with their companies, positions, and professions to stay in the field, develop professionally, and overcome the

challenges. Chiara et al. (2019) proposed that professional commitment tends to help exhausted professionals, assisting them in coping with the emotional job stress and maintain a sufficient level of job satisfaction reducing their withdrawal from their professions. On the basis of above arguments, the following hypothesis is being tested.

H₅: Career Commitment moderates the relationship between emotional exhaustion and turnover intentions in such a way that increase in career commitment weaken the relationship.

Figure 1
Conceptual Framework



Research Methodology

This research study has been following deductive approach, quantitative method and positivism research philosophy through following headings:

Research Design: A research design is a comprehensive framework that outlines the techniques and methods for collecting and evaluating the necessary data; it serves as the foundation for the actual research plan (Zikmund et al., 2015). This research study collected data through questionnaires from the respondents with the consent of the reporting head of the respondents. The study has ensured the voluntary participation, confidentiality and anonymity of the respondents to take unbiased opinion in the questionnaire.

Population and Sample: The population of interest is the group of people with similar characteristics that the researcher intends to study. It is often not acceptable or practical to recruit each member of population for research studies due to limited time and resources, so the researcher includes a sample of population of interest in the investigations (Majid, 2018). A sample is the true representative of the whole population. This research study selects the healthcare sector as population and data was collected through questionnaire

from healthcare professionals working in the public and private hospitals across the reputed cities of Punjab, Pakistan.

Sample Size and Sampling Technique: Convenience non probability sampling technique was used for data collection as data is collected from healthcare professionals working in public and private hospitals. This sampling technique is widely utilized as it saves time, effort and is cost effective (Acharya et al., 2013). The sample size of 50 fully responded questionnaires was considered because it is pilot study, so it executed pilot data collection for obtaining decent understanding of research problem.

Instrumentation: The adopted and adapted questionnaires measured on 5-point Likert scale along-with results extracted from SPSS 25 analysis are as under:

Work-Family Conflict: Work-family conflict has been measured using an eight-item scale developed by Kopelman et al. (1983) to assess the extent of the inter-role conflict that occurs between work and family roles (work-family conflict). Responses are obtained using a 5-point Likert-type scale where 1= strongly disagree and 5 = strongly agree. A sample item is "My work schedule often conflicts with my family life".

Turnover Intentions: Turnover intention has been measured using a four-item scale by Jackofsky (1984) and it is unidimensional. Respondents were asked to indicate the frequency with which they are likely to quit their jobs on a five-point Likert scale ranging from 1 "strongly disagree" to 5 "strongly agree". A sample item is "I will quit my job soon".

Career Commitment: Career Commitment has been measured through a seven-item scale developed by Blau (1989) and has been widely used to examine individuals' commitment toward their occupations, profession, and careers. Responses are obtained using a 5-point Likert-type scale where 1 = strongly agree, 3 = unsure, and 5 = strongly disagree. A sample item is "I like this career too well to give it up".

Emotional Exhaustion: Emotional Exhaustion has been measured using the four-item scale developed by Wilk and Moynihan (2005). Responses are obtained using a 5-point Likert-type scale where 1 = strongly Disagree, 3 = neutral, and 5 = strongly agree. A sample item is ". I feel frustrated by my job".

Data Analysis and Results

Table 1 describes the frequencies of demographics of the respondents. Male respondents were 10.0% and female respondents were 90.0% in this study. 58.0% respondents were of age group of 23-25 years and 26.0% were of age group 26-28 years while 16.0% are 28 years and above. Among the respondents, 80% were single and 20 % were married. 72.0% respondents have done bachelor and 28% respondents have done masters. 40.0% respondents are associated with public health care organizations while 60.0% worked in private organizations.

Table 1 Demographics

	Frequency	Percent
Gender		
Male	5	10.0
Female	45	90.0
Age		
23-25 years	29	58.0
26-28 years	13	26.0
28 and above	8	16.0
Marital Status		
Single	40	80.0
Married	10	20.0
Level of Education		
Bachelor	36	72.0
Masters/M.Phil.	14	28.0
Organization		
Public	20	40.0
Private	30	60.0
Total	50	100.0

One-way Anova test is performed to identify the demographic variable that may have significant impact on dependent variable. This is important as one-way Anova test is required to control the effect of significant demographic on dependent variable. Table 2 shows that the p values of all demographic variables were greater than 0.05 which means all these variables have no significant impact on turnover intentions (Dependent variable) and were not controlled in this study.

Table 2 Control Variables

Demographics	Turnover Intentions	
	f statistics	p value
Gender	0.020	0.887ns
Age	0.327	0.723 ns
Marital Status	0.270	0.606 ns
Qualification	0.038	0.846 ns
Organization	2.257	0.140 ns

* p<.05, ** p<.01 *** p<.001, ns =non-significant

Reliability analysis is used to measure the reliability of scale and it provides the information about the relationship between the items in the scale (George & Mallery, 2018). Cronbach's Alpha value of at-least 0.70 is preferable as it reflects the consistency of the collected data. Table 3 shows that the Cronbach's Alpha values of all the variables in this study are satisfactory except the turnover intention variable whose value is less than 0.70.

Table 3 Reliability Analysis of variables

Variable Name	Mean	Cronbach's Alpha
Work-family conflict	3.492	0.875
Emotional exhaustion	3.180	0.917
Turnover intentions	3.135	0.200
Career commitment	2.423	0.802

Correlation analysis is used to show how two or more variables are associated with each other (Gogtay & Thatte, 2017). The value should be below 0.5(50%) to avoid multicollinearity (strong correlation between variables that may cause mixing of variables). Table 4 shows the correlation analysis of study variables and it is reflected from values that all the variables are significantly and positively related to each other in this study.

Table 4 Correlation Analysis of variables

	1	2	3	4
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1.	Work-Family Conflict			1
2.	Emotional exhaustion	0.754**		1
3.	Turnover Intentions	0.522**	0.577**	1
4.	Career Commitment	0.402**	0.476**	0.301* 1

ns = not significant, *p < .05, **p < .01, ***p < .001

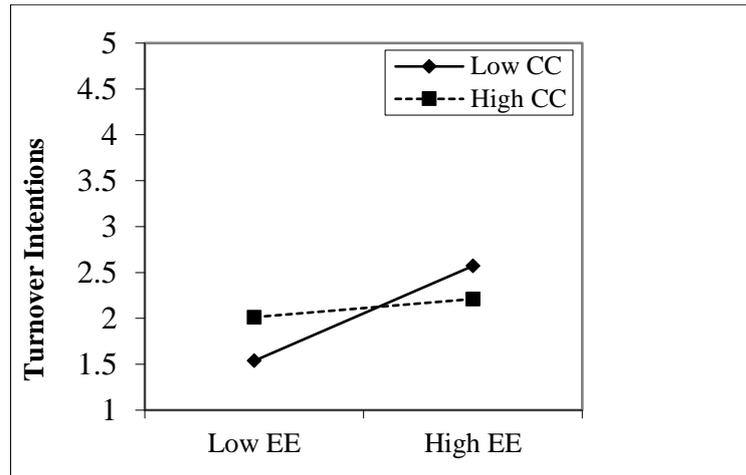
Regression analysis is used to estimate the impact of predicting variables on outcome variable. It helps to understand how a change in independent variables can cause a change in dependent variable. The Table 5 represents moderated regression analysis. In step 1, β values for independent variable and moderator are given demonstrating unit change in dependent variable with t values of 4.137, 0.255, -2.427 and aggregate $R^2 = 33.3\%$. In step 2, interaction term was regressed; it shows the β value of -0.209 and ΔR^2 of 7.6%.

Table 5 Moderated Regression Analysis

Predictors	Turnover Intentions		
	B	R^2	ΔR^2
Step 1			
Emotional Exhaustion (EE)	0.308*		
Career Commitment (CC)	0.029ns	0.333*	0.333*
Step 2			
EE*CC	-0.209*	0.409*	0.076*

The interaction plot shown in figure 2 depicts that in case of high career commitment, the association between emotional exhaustion and turnover intention is weaker as the dotted line has less steep slope, while the bold line lies above the dotted line with steeper slope which shows that in case of low career commitment situation, the association between emotional exhaustion and turnover intentions is stronger.

Figure 2 Interaction plots



For mediation analysis, Hayes (2012) process is used to determine the mediating effect of emotional exhaustion between work-family conflict and turnover intentions. In Step 1 of the mediation model, the regression of work-family conflict on turnover intentions, ignoring the mediator, was significant, $b = 0.4253$, $p < .001$. Step 2 showed that the regression of the work-family conflict on the mediator, emotional exhaustion, was also significant, $b = 1.1167$, $p < .001$. Step 3 of the mediation process showed that the mediator (emotional exhaustion) for turnover intentions was significant, $b = 0.2340$, $p = 0.0218$. Step 4 of the analyses revealed that, controlling for the mediator (emotional exhaustion), work-family conflict was less significant predictor of turnover intentions, $b = 0.1640$, $p = 0.2673$. The bootstrapping values are 0.0361 to 0.5929 with a 95 % confidence Interval excluding zero. A Sobel test was conducted and found full mediation in the model ($z = 0.2613$, $p = 0.0240$). It was found that emotional exhaustion fully mediated the relationship between work-family conflict and turnover intentions.

Table 6 Mediation Regression Analysis

	B	SE	t	p
WFC → TOI	0.4253	0.1004	4.2354	0.0001
WFC → EE	1.1167	0.1403	7.9589	0.0000
EE → TOI	0.2340	0.0986	2.3720	0.0218
WFC → TOI -EE	0.1640	0.1461	1.1227	0.2673

Bootstrap results for indirect effect	Indirect effect	LL95%CI	UL95%CI
	0.2613	0.0361	0.5929

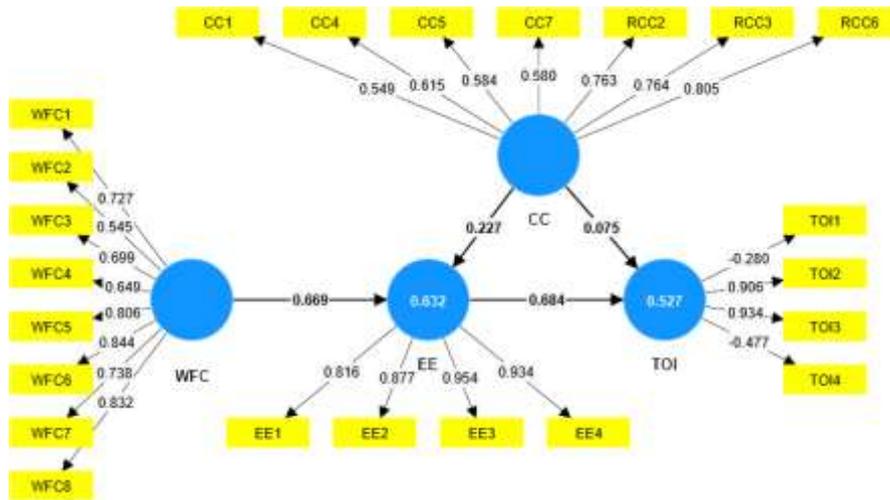
Confirmatory factor analysis is used to measure the degree to which a certain model fits the data and to estimate factor loadings (Hox, 2021). For CFA testing, the factor loading value should be greater than 0.6 and AVE value should be greater than 0.5 to show the validity of items of variable. Table 7 shows confirmatory factor analysis of study variables and reflects that AVE values of all variables are sufficient except for career commitment whose AVE value=0.453.

Table 7 Confirmatory Factor Analysis

Constructs	Cronbac h's alpha	Composite reliability (rho-a)	Composite reliability (rho-c)	Average variance extracted (AVE)
Career	0.801	0.836	0.850	0.453
Commitment	0.918	0.931	0.943	0.805
Emotional	0.166	0.887	0.370	0.500
Exhaustion	0.877	0.901	0.903	0.542
Turnover				
Intentions				
Work-Family				
Conflict				

The figure 3 represents a structural equation model (SEM) showcasing the relationships between latent variables (WFC, EE, CC, TOI) and their respective observed indicators (yellow boxes). Path coefficients and factor loadings indicate the strength and direction of the relationships.

Figure 3 Structural Equation Model



Discussion

The current study's findings provided new insights on the relationships between emotional exhaustion, work-family conflict, and turnover intentions, moderated by career commitment. The results of the study supported all the proposed hypothesis of present study.

The first hypothesis that the work-family conflict is positively related to turnover intentions (H_1) was accepted. The results were consistent with previous researches suggesting a relationship between work-family conflict and turnover intentions (Bajaba et al., 2022). Zhang, Rasheed and Luqman (2020) in a study found a direct relationship between work-family conflict and turnover intentions. When employees experience tough work conditions, high levels of work stress and a conflict between work and family life, they get confuse how to manage all these conditions and start considering leaving their current job. In medical context, job attributes such a demanding workload, extended work hours, and shift work is considered threats to work-family conflict which leads to turnover intentions among healthcare professionals.

The second hypothesis that the work-family conflict is positively related to emotional exhaustion (H_2) was also supported. Our results were in line with the findings of Zhang et al. (2020) that supported the association of work-family conflict with increased emotional exhaustion. Galletta et al., (2019) also found in the study that conflict of work and family demands is related to emotional exhaustion. When healthcare workers are overworked for prolonged period, they are unable to meet their family commitments. This work-family inter-role

causes depletion of their personal resources such as emotional and mental energy leading to emotional exhaustion.

Significant positive association has been found between emotional exhaustion and turnover intentions; thus, H₃ is accepted. This result is supported by previous studies that showed the significant positive relationship of emotional exhaustion and turnover intentions (López-Cabarcos, et al. 2021; Yanchus et al., 2017). The healthcare workers who are emotionally exhausted lack the energy to do their jobs effectively and they think that quitting their job would be the most appropriate way to deal with this loss of energy.

Emotional exhaustion is studied as a mediator in this study. The H₄ is accepted as the mediation effect of emotional exhaustion is significant between work-family conflict and turnover intentions according to results of the present study. Past studies (Gull et al., 2023; Wen et al., 2023) supported that the emotional exhaustion mediates the relationship of work-family conflict and turnover intentions. Work-family conflict has been a constant source of emotional exhaustion, which has been found to be a key mediator that leads to higher turnover intentions. The negative impact on emotional well-being is a pivotal mechanism by which work-family conflict turns into a desire to quit current job or to pursue alternative professions. Moderating role of career commitment in the relationship between emotional exhaustion and turnover intentions (H₅) was significant as per findings of this study. The impact of work-family conflict on turnover intentions via emotional exhaustion was shown to be reduced by career commitment, which acts as a buffer. The healthcare professionals who are truly committed to their career show persistence as they deal with challenges such as work-family conflict. Their steadfast dedication serves as a barrier, keeping them safe from the negative consequences of competing demands and they less likely feel the need to quit their work. Dorenkamp and Ruhle (2019) in a study showed that the highly committed employees have more job satisfaction and positive emotional well being. It is supported by other studies (Xu, Li & Wang, 2021) as well that employee's attachment to their career is related to their positive emotional experience and increased productivity that leads to lower turnover intentions.

Conclusion

This study aimed at investigating the relationship of work-family conflict, emotional exhaustion, and turnover intentions

in health care sector. The main purpose of this study is to explore the moderating effect of career commitment in the relationship between emotional exhaustion and turnover intentions. The results of study support that the higher career commitment and a lower work-family conflict can lead to lower levels of emotional exhaustion as well as lesser turnover intentions. This study implies that healthcare professionals who are highly committed to their career are better able to manage the pressure of balancing work and non-work responsibilities, which reduces their intention to leave their jobs. The study is cross-sectional due to limited time and resources and does not investigate cause and effects relationship. Further studies should use the longitudinal approach to study the changes in variables over time and to infer causal relationships. In this study, there is chance of bias and lack of generalization as data is collected via self-reported questionnaire from small segment of population of health professionals. A combination of qualitative and quantitative methodologies should be used in future researches to ensure deeper understanding of research model.

The sample size is not adequate in the present study and study focuses on fewer variables. Large sample size should be considered. Some other variables like those that career-family attitudes, work-family enrichment or workplace support could be examined in future research. This study is conducted on a broad segment of healthcare professionals from diverse genders, ages, and experience levels who work in private and public hospitals. Future research may thus be used to examine work-family conflict and turnover intentions for specific groups (such as female medical professionals). This study's first recommendation is that, an efficient human resource management must make their employee's care and support a higher priority in order to lower the turnover intentions of employees. The management should conduct training programs to educate managers and supervisors about the significance of work-family balance and train them to help their colleagues in maintaining work-life balance. The authorities should promote family friendly laws and policies that favor work-life balance such as affordable childcare and parental leave to assist healthcare professionals to perform their responsibilities efficiently. The authorities should encourage management and healthcare professionals to communicate freely. The feedback sessions should be frequently organized to discuss expectations, workload, and conflicts and adjust the

policies and practices accordingly. The healthcare authorities should create a supportive, positive work environment and give attention to mental health support services, such as counseling and resources for stress management and emotional stability. The efforts of healthcare professionals should be consistently recognized and acknowledged by the authorities to improve their morale and commitment to career. The management should arrange professional growth and skill development programs to boost job satisfaction and career commitment of employees in order to reduce turnover intentions.

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