Mediating role of job satisfaction in the impact of work-life balance on turnover intentions of hospital nurses: A case study of government hospital in Free town, Sierra Leone

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ABSTRACT

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Hospitals are facing intense competition as a result of worldwide privatization in the healthcare sector. They face a multitude of obstacles posed by the corporate environment. Work-life balance is known to increase employees' focus at work. However, when there is an imbalance, employees feel pressured, which may influence absenteeism. There has been little research on the mediating effect of job satisfaction on the relationship between work-life balance and turnover intentions among nurses in Sierra Leone. The study aimed to evaluate its role on turnover intention among nurses in Connaught Hospital, Sierra Leone and the mediating role of job satisfaction in the relationship. A quantitative approach was employed in the research. Data was collected online via Google Forms and a total of 230 responses were used for analysis. The data was analyzed using SPSS version 20. Regression analysis was conducted to test the hypothesis. The findings revealed a partial mediation between the constructs. Hospital administrators and policy-makers should focus on strategies to improve job satisfaction among nurses, beyond solely addressing work-life balance concerns. Fair salary, recognition, career development opportunities, and a supportive work culture should all be prioritized to increase nurse satisfaction and minimize turnover intentions.

Keywords: Connaught Hospital; job satisfaction; turnover intention; work-life balance

1. INTRODUCTION

Hospitals are confronted with fierce rivalry as a result of worldwide privatization in the healthcare sector. They encounter a slew of challenges posed by the corporate environment, both locally and globally. Notwithstanding these challenges, hospitals compete to achieve their goals in the most effective and efficient ways possible. Hospital staff are additionally influenced by labor changes as a result of technological advancements and the industry's high level of rivalry. Shifts in employment behavior, workplace environment, family needs and work requirements are causing a rise in the number of dual-earner couples, single-parent households, and eldercare obligations. These substantial changes have a negative influence on organizational effectiveness. Nurses play a crucial role in hospitalized health care. They must be available 24 hours a day, seven days a week to satisfy the

needs of patients. Nurses, as one of the community's healthcare professionals, must provide effective treatment to patients and must be extremely patient (Molina-Mula and Gallo-Estrada, 2020).

Retaining employees in healthcare corporations to meet the rising demand is a significant concern (Sharma et al., 2020). Wine et al. (2020) highlighted that the issue of high turnover intention (TI) has now become a severe challenge for most organizations. Employee turnover has been shown to have a detrimental impact on organizational effectiveness. These detrimental impacts include significant financial costs, disturbance of workmates, extra work unit stress, a decrease in work-unit quality and a decrease in the ability to adapt to uncertain environments; losing skilled workers leads to a decrease in quality, productivity, innovation and competitiveness (Meler and Toygar, 2020). According to Obeng et al. (2021), TI is the level of mindset propensity that employees have to hunt for a new job elsewhere or an intent to leave a firm in the following months or years. Nurse TI appears to be more prevalent in private hospitals. Private health facilities have their own set of regulations, procedures, and obligations. TI for nurses is not just an issue in Sierra Leone, but a global one. One of the attempts to manage human resources is to reduce nurse turnover by taking into account the elements that drive the desire to change or leave an organization (Poku et al., 2022). Job satisfaction (JS) is a major determinant of intention to quit; the more satisfied workers are, the lower the probability of them wanting to leave (Bieńkowska et al., 2022). High turnover intention greatly affects organization; thus, every firm must give heed to the desire of nurses, particularly regarding the difficulty of balancing their jobs and private lives (Gebregziabher et al., 2020).

Work-life balance (WLB) serves as a bridge between the worlds of job and life outside of work (Thilagavathy and Geetha, 2020). It is viewed as a contributing driver with the power to guarantee long-term organizational growth. WLB can be defined as the level of nurses' satisfaction concerning work and life outside of work (Kelly et al., 2019). According to Agha et al. (2017), it relates to an individual's perception of the balance one achieves in both one's employment and personal life. WLB is an adjustment of the total amount of time that an individual devotes to doing one's work with the amount of time that an individual spends doing things that are unrelated to one's employment, such as spending time with family, relaxing and engaging in hobbies. The goal of WLB is to build and keep a friendly and healthy workforce by allowing people to balance work and family commitments (Kabir and Tirno, 2021). A high level of WLB, according to Grawitch et al. (2013), is when people notice coherence between their job and other facets of their lives. WLB benefits nurses, the healthcare industry and the population by addressing specific situations and enhancing the fulfilment of duties and objectives (Benito-Osorio et al., 2014). Nurses who have been able to find a suitable balance between work and family are more productive. According to Sheppard (2016), an efficient WLB program, along with extrinsic and intrinsic satisfiers, is required to enhance employees' workplace behavior. This is because both extrinsic and intrinsic satisfaction can lessen work-family friction, which reduces turnover intention. Measuring WLB is essential for retaining employees in an organization as low WLB can lead to reduced satisfaction, unavailability of workers, increased staff turnover, decreased productivity and less work quality (Martadiani et al., 2022; Bouwmeester et al., 2021). Hospitals that allow their nurses to balance work and family duties tend to have more productive nurses. This is because a healthy WLB allows the person to accomplish his or her duties efficiently and successfully. According to Boamah et al. (2022), it is important to provide extrinsic satisfaction as it was discovered to play a key influence in preserving WLB and can increase employees' focus at work. However, when there is an imbalance, employees feel pressured, which might increase absenteeism.

JS is an important metric in every organization since it affects nurses' job performance and morale. It relates to nurses' feelings and reactions to their jobs (Bakotić, 2016). In an organizational environment, it is an employee's overall perspective and response to their salary, working conditions and control, job advancements, social ties at work, recognitions and group relations outside of their work life (Sánchez-Hernández et al., 2019). Nurses' satisfaction can be measured through their attitudes, work performance, turnover rates, absenteeism, grievances and timeliness (Booysen, 2008). Previous research has found that employees' JS is influenced by a variety of factors such as income, work schedule, promotional prospects, co-worker support and supervision (Arokiasamy and Baba, 2019). According to Osmani and Gashi (2015), TI can be predicted by JS, indicating that the higher the level of JS, the lower the intention to leave. Empirical research suggests that JS has a negative influence on voluntary turnover in both industrialized and developing nations (Suganda, 2022).

Clark (2000) proposed a substitute theory for work-family balance known as the work/family border theory. According to this notion, each individual's duty happens in a specific realm of life. These realms are distinguished by physical, sequential or conceptual boundaries. The adaptability and penetrability of the barriers between people's job and family domains, according to this theory would affect the quality of adaptation, the thoughts of changes and the amount of conflict among relevant domains. When realms are consolidated, the transition becomes less stressful, yet family conflict may emerge. Borders, according to Clark (2000), are demarcating lines that separate domains by establishing where relevant domain behaviors begin and end. Borders can be physical (referring to the boundaries of the organization or the house), temporal (referring to work schedules or home obligations), or psychological (referring to norms developed by employees that determine the perspectives, behaviors, and emotions that are acceptable in either domain). Border theory according to Chaudhuri et al. (2020) is a novel take on the WLB issue.

There has been little research on the impact of WLB on JS and TI among nurses in Sierra Leone. Thus, this study aimed to investigate the mediating effect of JS in the relationship between WLB on TI among nurses. Figure 1 shows the conceptual model of the relationship between the constructs.
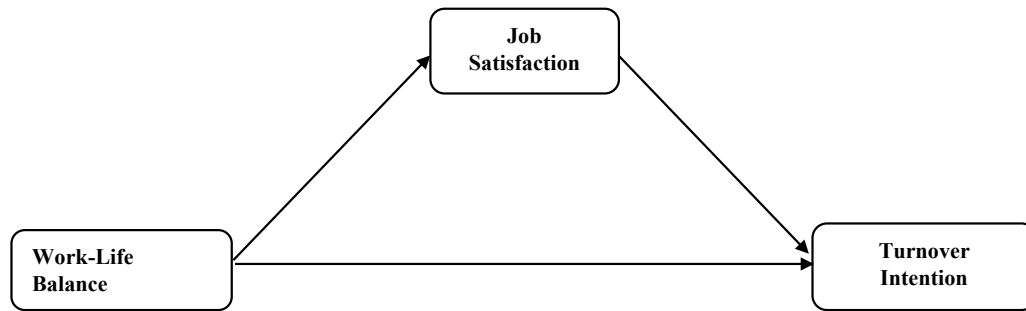
Figure 1. Research model

2. MATERIALS AND METHODS

2.1 Study area
Connaught Hospital is the city referral hospital located at the centre of the capital in Freetown. It operates 24 hours daily. The hospital offers regular medical clinics and specialty clinics. The hospital has 517 nurses operating in several wards such as ward one (paediatric surgery), ward two (cancer unit), ward three (male surgery), wards four and five (female surgery), ward six (dialysis), ward seven (male and female complex surgery), ward eight (paediatric ward), ward nine (intensive care unit) and, ward ten (male medicine). They also operate in the main operating theatre, the surgical unit, the dental unit, the rehabilitation unit, the mortuary unit, the obstetrics and gynaecology unit, the eye department, the laboratory and the blood bank.

2.2 Sampling and procedure
In this quantitative study, data were collected from nurses at the Connaught government hospital via a Google Forms link distributed with the help of the human resources department. During the research period, there were 517 registered nurses providing services to patients, which formed the research population. Full consent was obtained after participants were informed of the study objectives. A convenience sampling technique was employed. The sample size of 225 was determined using the statistical method $n = N/1 + N e^2$ (Dell et al., 2002). Meanwhile, five extra nurses were added to compensate for probable insufficiency, resulting in 230 nurses. Each questionnaire would take roughly 15 min to complete. The questionnaire link was active from March 1 to March 21, 2023. All responses received were valid.

2.3 Measures
The items were adopted from two studies and consist of three main sections. The first section on JS was adopted by Cem and Hesari, (2016) using nine items. TI was also adopted by Cem and Hesari, (2016) using three items, while WLB was adopted by using four items.

2.4 Data analysis
The IBM Statistical Package for Social Sciences (SPSS), version 20.0 was used to analyze the data. Before analysis, the data was checked for missing information. Outlier analysis was performed and descriptive statistics such as mean, standard deviation, and percentages were employed for the descriptive analysis. A validity test was carried out and factors were extracted using principal component analysis and varimax rotation. Factor analysis is widely regarded as one of the most effective techniques for establishing construct validity (Kang, 2013). A reliability test was conducted on valid items to generate a Cronbach's alpha value. A rule of thumb is that a coefficient ≥ 0.6 is considered acceptable (Daud et al., 2018). Following the fulfilment of all of the necessary assumptions for mediation analysis, the eligible dataset was employed for testing the hypotheses using correlation and regression analysis. The former was done using the Pearson coefficient correlation while the latter was conducted using Hayes Process Macro Model 4.

3. RESULTS

3.1 Demographic information
From the demographic characteristics (Table 1), most respondents (31.7%) were aged 34–40 years, 25.7% were between 26–33 years with the least number of respondents being over 41. The majority were married with work experience of 1–5 years (44.3%). The results also revealed that 32.6% of the nurses had children below 3 years of age with 33.9% indicating that they took their children to day-care. Regarding working schedules, 41.3% of the nurses worked full-time, 19.1% worked full-time including the weekends, and 16.1% worked part-time.

3.2 Descriptive analysis
Findings from the descriptive analysis (Tables 2, 3, and 4) revealed generally negative responses from the respondents regarding WLB and JS. A high TI was also observed.

3.3 Reliability and validity analysis
The results in Table 5 reveal the validity and reliability of WLB, JS and TI. To obtain a significant value for the factor loadings, a benchmark of 0.5 was set, as suggested by Gupta and Falk (2017). Extraction values less than 0.5 were removed one at a time until the recommended loadings were obtained. All constructs were considered valid without the need for extraction. The internal consistency was then calculated and the reliability values obtained were above the threshold of 0.5, as suggested by Khidzir et al. (2018).

3.4 Descriptive statistics and correlations
The results in Table 6 showed a significant correlation between WLB and TI (r = -0.532, $p<0.01$), JS and TI (r = -0.525, $p<0.01$) and WLB and JS (r = 0.552, $p<0.01$). These results meet the criteria for conducting mediation analysis.

3.5 Hypothesis testing

Figure 2 reveals the mediation results. The direct effect of WLB on TI was found to be statistically significant, which supports H1 (b = -0.5555 $p<0.001$). This result suggests that the higher the WLB, the lower the intention to leave the organization. Similarly, WLB had a positive and significant impact on JS which supports H2 (b = 0.5326, $p<0.001$). JS had a negative and significant effect on TI (b = -0.3601, $p<0.001$). Hence, JS partially mediates the influence of WLB on TI.

Table 1. Socio-demographic characteristics of nurses

Variable	Frequency	Percentage (%)
Age group		
18–25 years	55	23.9
26–33 years	59	25.7
34–40 years	73	31.7
41 years and over	43	18.7
Gender		
Male	94	40.9
Female	136	59.1
Marital status		
Single	96	41.7
Married	134	58.3
Educational level		
Diploma	52	22.6
BSc	91	39.6
Masters	87	37.8
Working experience		
1–5 years	102	44.4
6–10 years	52	22.6
11–15 years	46	20.0
16 years and over	30	13.0
Hierarchy		
SRN	69	30.0
SeCHN	58	25.2
Midwives	55	23.9
Nursing officer	48	20.9
Childcare		
None	39	17.0
Household member	44	19.1
Neighbours	28	12.2
Extended family	41	17.8
Day-care	78	33.9
Working time		
Part-time	37	16.1
Full-time	95	41.3
Full-time and nights	30	13.0
Full-time and work weekends	44	19.1
Full-time and work overtime	24	10.4

Table 2. Work-life balance

Item	Scale	N	Percentage (%)
I come home from work too tired to do the chores which need to be done.	Strongly disagree	80	34.8
	Disagree	49	21.3
	Neutral	46	20.0
	Agree	33	14.3
	Strongly agree	22	9.6
It has been difficult for me to fulfil my family responsibility because of the amount of time I spend on my job.	Strongly disagree	78	33.9
	Disagree	54	23.5
	Neutral	33	14.3
	Agree	48	20.9
	Strongly agree	17	7.4
I arrive at work too tired to function well because of the household work I have done.	Strongly disagree	78	33.9
	Disagree	57	24.8
	Neutral	33	14.3
	Agree	29	12.6
	Strongly agree	33	14.3
I have found it difficult to concentrate at work because of other family responsibilities.	Strongly disagree	79	34.3
	Disagree	58	25.2
	Neutral	24	10.4
	Agree	47	20.4
	Strongly agree	22	9.6

Table 3. Job satisfaction

Item	Scale	N	Percentage (%)
Given the work I do, I feel that I am not paid fairly.	Strongly disagree	70	30.4
	Disagree	57	24.8
	Neutral	23	10.0
	Agree	43	18.7
	Strongly agree	37	16.1
I am well rewarded financially for my work.	Strongly disagree	69	30.0
	Disagree	62	27.0
	Neutral	28	12.2
	Agree	29	12.6
	Strongly agree	42	18.3
I am satisfied with the amount of pay for my current position.	Strongly disagree	71	30.9
	Disagree	56	24.3
	Neutral	34	14.8
	Agree	38	16.5
	Strongly agree	31	13.5
I am satisfied with my working conditions.	Strongly disagree	83	36.1
	Disagree	52	22.6
	Neutral	28	12.2
	Agree	36	15.7
	Strongly agree	31	13.5
The benefits (insurance, medical, etc.) provided by the hospital are not satisfactory.	Strongly disagree	79	34.3
	Disagree	42	18.3
	Neutral	33	14.3
	Agree	43	18.7
	Strongly agree	33	14.3
I really enjoy the type of work I'm doing.	Strongly disagree	105	45.7
	Disagree	29	12.6
	Neutral	18	7.8
	Agree	56	24.3
	Strongly agree	22	9.6
My job performance improves from year to year.	Strongly disagree	94	40.9
	Disagree	43	18.7
	Neutral	34	14.8
	Agree	34	14.8
	Strongly agree	25	10.9
My job offers me a career path that I am pleased with.	Strongly disagree	99	43.0
	Disagree	45	19.6
	Neutral	30	13.0
	Agree	32	13.9
	Strongly agree	24	10.4
I feel a sense of pride and accomplishment as a result of the type of work I do.	Strongly disagree	97	42.2
	Disagree	46	20.0
	Neutral	25	10.9
	Agree	36	15.7
	Strongly agree	26	11.3

Table 4. Turnover intention

Item	Scale	N	Percentage (%)
I am presently searching for other jobs.	Strongly disagree	50	21.7
	Disagree	74	32.2
	Neutral	31	13.5
	Agree	35	15.2
	Strongly agree	40	17.4
In the last few months, I have seriously thought about looking for a new job.	Strongly disagree	43	18.7
	Disagree	76	33.0
	Neutral	36	15.7
	Agree	40	17.4
	Strongly agree	35	15.2
I intend to leave the hospital in the near future.	Strongly disagree	50	21.7
	Disagree	70	30.4
	Neutral	29	12.6
	Agree	51	22.2
	Strongly agree	30	13.0

Table 5. Validity and reliability

Variable	Indicator	Factor loadings	Cronbach's α
Work–life balance (WLB)	WLB 1	0.729	0.898
	WLB 2	0.758	
	WLB 3	0.789	
	WLB 4	0.747	
Job satisfaction (JS)	JS 1	0.506	0.927
	JS2	0.673	
	JS 3	0.697	
	JS 4	0.594	
	JS 5	0.647	
	JS 6	0.633	
	JS 7	0.642	
	JS 8	0.638	
	JS 9	0.649	
Turnover intention (TI)	TI 1	0.783	0.895
	TI 2	0.845	
	TI 3	0.855	

Table 6. Descriptive statistics and correlations among constructs

Construct	Mean	SD	1	2	3
TI (1)	2.75	1.25	1		
JS (2)	2.48	1.15	-0.525**	1	
WLB (3)	2.45	1.19	-0.532**	0.552**	1

Note: **Correlation is significant at the 0.01 level (2-tailed)
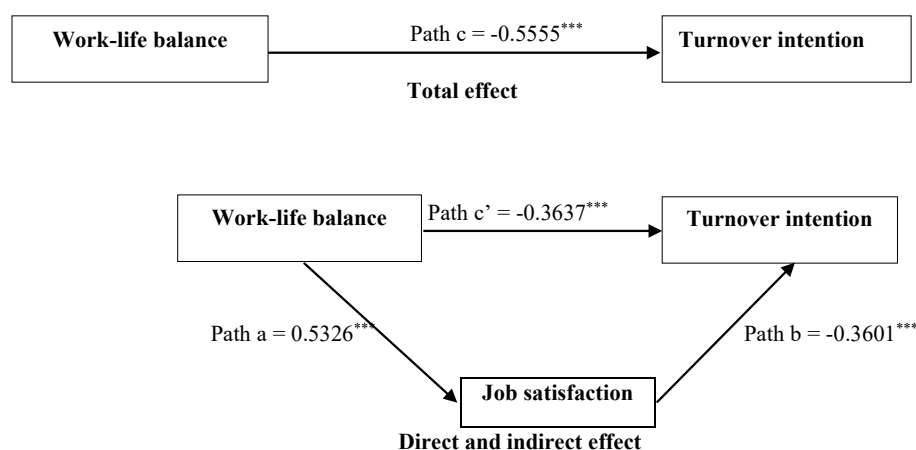
Figure 2. Mediation analysis
Note: n = 230, level of confidence = 95%, *$p<0.05$, **$p<0.01$, *** $p<0.001$. Number of bootstrap samples for percentile bootstrap confidence intervals: 5000.

4. DISCUSSION

WLB is one of the most important elements determining TI. To the best of our understanding, this is the first study to investigate a mediating effect between WLB and TI among nurses in Sierra Leone. The findings of the results showed a negative and significant effect of WLB on TI. This suggests that the better the work-life balance is, the lower the intention to leave the organization, which concurs with the findings of Fayyazi and Aslani (2015) and Li et al. (2022). Studies have shown that when WLB is a source of stress, it can lead to TI. A study by Obrenovic et al. (2020) suggests that a poor WLB is a source of stress and can lead to TI. TI is minimized when nurses are more satisfied with their work. Azhar et al. (2016) found that work-life

imbalance is a significant antecedent variable leading to TI and that nurse satisfaction can have a negative impact on TI.

The results showed that a good WLB has a positive and significant impact on JS supports the proposed hypothesis, which is consistent with the findings of Chan et al. (2020). In their study, they stated that when the job lacks specific intrinsic features (pay, compensation and leave allowances), the WLB is negatively affected. WLB does not mean that every hour of nurses' working lives should be scheduled or defined, instead, it implies a proper and flexible balance between activities to enable them to focus on their work, family, interests and thus giving their best in all they do. This is also consistent with the findings of a study conducted in a private hospital in Turkey, which argued

that work-life imbalance, has some negative effects on nurses' attitudes and behavior, which eventually reduces hospital performance (Ekici et al., 2017). However, a contrary finding was observed in a study conducted in Iran; the results of a modelling study on a group of nurses revealed that those with a greater WLB balance are less committed to their organizations (Bae, 2016).

The study further revealed that JS had a negative and significant effect on TI, which is congruent with the findings. Other studies also support our findings. According to Gebregziabher et al. (2020), Mahdi et al. (2012) and Suganda (2022), it was suggested that JS has a negative effect on TI implying that the higher the satisfaction level, the lower the intention to leave. This is applicable in both developed and underdeveloped countries (Suganda, 2022).

The findings of the present study have valuable implications for healthcare organizations. There should be coordination-based employment at work, which can assist in balancing work and family life. It can be accomplished by the implementation of family-friendly policies, supervisory supportive practices and the availability of family-oriented perks. Benefits for families should be implemented for nurses dealing with heavy workloads and conflicting family-related commitments. Family-oriented benefits include family-related remuneration, opportunities for individuals to spend appropriate time with family, maternity leave for females, child care programs, financial and non-financial rewards for employees who are fully devoted to their work, workplace recreational programs, and training to cope in difficult working conditions. Initiatives should be launched to promote WLB. Work-family issues are resolved by the effort of balancing work and family obligations. Nurses who commit their entire capacity at work and will be unable to demonstrate their presence at home. To overcome this, hospitals need to explore programs that encourage a balance of work and family-related demands. Lastly, our study highlights the importance of recognizing JS as a key mediator in the relationship between WLB and TI. Hospital administrators and policy-makers should focus on strategies to improve JS among nurses, beyond solely addressing WLB concerns. Fair salary, recognition, career development opportunities, and a supportive work culture should all be prioritized to increase nurse satisfaction and minimize TI.

5. CONCLUSION

The present research emphasizes the relationship between WLB, JS and TI among nurses at Connaught Hospital, Sierra Leone. By effectively addressing challenges relating to WLB and promoting JS healthcare, organizations can create a more dedicated and committed nursing workforce. The insights from this study will contribute to the development of TIs that promote the well-being and retention of nurses, ensuring that high-quality healthcare services are delivered in Sierra Leone and other regions.

Since the study was based on a questionnaire, there is a possibility of biased results that are difficult to eradicate. Therefore, it is recommended that future research use a combination of methodologies to gain a more comprehensive understanding. Although a significant result was obtained in the present study when considering the effect of WLB and JS on turnover rates, other factors such as income, professional equity in advancement, job security, stability, and training opportunities could have an effect, especially on young employees. Future studies should analyze these and how they affect TI.

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