



# Relationship Between Work-Family Conflict Among Women Health Workers in Esfarayen City

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## ABSTRACT

**Introduction:** The increasing participation of both women and men in the workforce has presented a new challenge: establishing a balance between family and work roles and responsibilities. This challenge often manifests as work-family conflict, which can have detrimental effects on family life and workplace productivity. Overall, such conflict endangers the quality of life of employees. Women, in particular, are more susceptible to work-family conflict due to their multiple roles within the family. Additionally, women are more prone to experiencing depression. Given the significance of women's roles in both family and society, as well as the impact of cultural and organizational differences on work-family conflict, this research was designed to investigate the relationship between work-family conflict and depression among women health workers in Esfarayen City.

**Methods and Materials:** This descriptive-analytical study was conducted cross-sectionally on women health workers in Esfarayen City in North Khorasan Province in 2024. Using a random sampling method, the study included 251 individuals. The study data were collected using Netmir's Work-Family Conflict Questionnaire and the Beck Depression Inventory. Information was entered into SPSS24 software, and descriptive and analytical tests were used to analyze the data according to its normality or non-normality.

**Results:** Results showed a direct ( $r(251) = 0.308$ ) and significant ( $p = 0.001$ ) relationship between work-family conflict and depression, as well as between work-family conflict and history of depression ( $t(251) = 2.28$ ;  $p = 0.02$ ), job satisfaction ( $t(251) = -4.31$ ;  $p = 0.001$ ), shift work ( $t(251) = 5.23$ ;  $p = 0.001$ ), and wife's work shift ( $t(251) = 2.26$ ;  $p = 0.02$ ). Also, there was a significant difference between work-family conflict with the place of employment ( $F(251) = 8.18$ ;  $p = 0.001$ ) and education ( $F(251) = 6.61$ ;  $p = 0.002$ ). There was also an association between depression and a history of depression ( $Z(251) = -3.29$ ;  $p = 0.001$ ), specific drug use ( $Z(251) = -2.62$ ;  $p = 0.009$ ), job satisfaction ( $Z(251) = -2.90$ ;  $p = 0.004$ ), work shift ( $Z(251) = -2.62$ ;  $p = 0.009$ ), which was statistically significant. The correlation between depression and place of employment ( $p = 0.01$ ) and income ( $p \leq 0.05$ ) was found to be significant.

**Conclusion and Discussion:** According to the findings of this study, women with a history of depression who are dissatisfied with their jobs, work shift hours, have husbands who also work shifts, are employed in the field of therapy, and possess a bachelor's degree are more vulnerable to work-family conflict. Conversely, women experiencing work-family conflict, who have a history of depression, use certain medications, are dissatisfied with their jobs, and work shifts, and are employed in the treatment field are at a higher risk of developing depression. Therefore, it is suggested that more attention be given to these women in screening programs, population policies, and employee health interventions.

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