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## Identifying Work-Family Conflict among Nurses: A Qualitative Study

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### Abstract

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Working women face stress due to the multiple roles they need to handle to achieve work and family life satisfaction when there is no full support from their spouses. Conflict will arise when they cannot balance their tasks at the workplace and their home. Nurses have many responsibilities in their workplace while needing to manage their families as well. Work-family conflict occurs when workplace responsibilities interfere with family life, such as inflexible working hours, work overload, interpersonal conflict at work and unsupportive supervisors in the organization. This study hopes to identify the scenario of work family conflict among nurses in public sector and outline some strategies for the enhancement of their well-being. Ten respondents were chosen based on purposive sampling. The study was conducted among various levels of nurses at Sarawak General Hospital. Findings from the interviews show that three factors contribute to work family conflict among nurses, namely workload, work shift and position. Recommendations have been proposed based on respondent feedback as well as researchers' view such as reducing work family conflict through work family segmentation, support from family (husband, children and other family members) and self-commitment which comprises the elements of work priority, positive attitude, open communication and intention to work.

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**Keywords:** Work-family conflict; Workplace; Nurses; Interpersonal conflict.

## **1. Introduction**

Work-family conflict has been conceptualized by Greenhaus and Beutell (1985) as the basis of conflict. In recent years, there has been an increasing interest in the conflict between work and family life domains and the conflict experienced by individuals between their roles in the family and at work which is called work-family conflict. According to the statistics in 2010 from the Department of Public Service, Malaysia, women comprise 50% of the work force labor of whom 70% are married. When people start to work, they face issues of juggling work and family. Balancing work and family is a challenge in an adult's life. The positive outcome of combining work and family is enriching. However, if they fail to manage both, it results in conflict. Inter-role conflict is a form of role conflict in which the sets of opposing pressures arise from participation in different roles. Kahn (1964) has defined role conflict as the "simultaneous occurrence of two (or more) sets of pressures such that compliance with the other".

Data from Malaysian employees revealed that overall, the women experience more work interference with family than interference with work. A study of female Malaysian operators, clerks, secretaries, nurses and physicians found that physicians experienced the greatest work-family conflict (Aminah, 1998; 1999). Another study was done specifically among female nurses and their husbands found that nurses experienced varying degrees of conflict in trying to meet the demands of work and family roles (Aminah, 1999). Different levels and types of jobs do have their own conflicts; therefore employees need to balance their work with their multiple roles. In this context, nurses are also involved in conflict. The well-being of the nurse will determine the overall function of the healthcare delivery system. The nursing profession is one of the service professions that requires a high degree of emotional labor when nurses are expected to display emotions that convey caring, understanding, empathy towards patients and their loved ones (Nik Safiah, 2010). Nursing involves human skills implying the need for both creativity and competence. In the organizational perspective, work environments among nurses include changing work patterns, lengthy shifts, workloads and added overtime. These aspects coupled with the increased acuity of patients and complexity of care set the stage for fatigue in nurses contributing to an increase in work-family conflict and stress in their work.

Furthermore, work schedules which include longer working hours have been associated with higher musculo-skeletal and needle-stick injuries in nurses (Trinkoff, et al., 2006). Some nurses perceive long work days (12 hour shifts) as a benefit by reducing the number of staff hand-offs and increasing continuity of care. They also prefer fewer days at work and therefore less commute time and easier scheduling of home life responsibilities (Richardson, et al. 2007). A study of critical care nurses on work-family conflict and stress recommended that the use of 12 hour shifts should be minimized and no more than 12 hours should be worked in a 24 hour period (Scott, et al., 2006). Working overtime has been associated with an increase of work-family conflict and stress if the shift is longer than 12.5 hours (Rogers, et al., 2004). Nurses on night shifts have reported high levels of stress, physical and mental exhaustion (Dorrian, et al., 2006). Another study among nurses reported that the nurses used

their half an hour of break during the shifts to take a rest or meals (Rogers, et al., 2004). This shows the differences of levels of stress or work family conflict among nurses.

### *1.1 Research Problem*

Based on the most 25 top most stressful jobs in the world, those working as medical professionals reported among the highest stress levels. The same trend also occurs in Malaysia where the level of stress among nurses is high (42.3%) as indicated by Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM). Dissatisfaction and under performance occurs due to stress and work-family conflict. This contributes to accidents in the workplace and complaints among the public such as slow and ineffective service. Heavy workload in the public sector compared to private might also lead to conflict from work transferred to home and from home transferred to work (Berita Harian 2011). Medical, Surgical, Orthopaedics and maternity nurses have heavy workloads and extensive responsibilities due to the large number of inpatients all year around but limited number of facilities to accommodate patients. They must care for unstable patients, carry out procedures accurately and react to extremely urgent matters (Erlen & Sereika 1997), although their decision latitude is often insufficient to cope effectively with these demands (Sawatzky 1996). Study on work-family conflict is not new in Malaysia because it has been researched in Peninsular Malaysia from as early as the 1990s. Among the pioneers in this research area is Aminah (1995-2011) who has conducted various studies on work-family conflict; followed by Noor (2002), Aizzat and Khor (2008) and Maimunah and Mariani (2008). However, there a dearth of studies carried out in Sarawak, what more among nurses.

### *1.2 Research Objectives*

Due to this, this study is vital to get the view of nurses in Sarawak. Thus, this research objective is to understand the factors that contribute to work-family conflict among nurses in the Sarawak General Hospital and to suggest strategies to reduce work-family conflicts.

## **2. Literature Review**

### *2.1 Job-Related: Job Type, Work Time, Role Overload*

Research has identified a link between job type and conflict levels. Employees in managerial and professional positions report higher levels of work interference with family (WIF) than those working in non-managerial and non-professional positions (Duxbury & Higgins, 2003). Although researchers disagree over whether work hours are actually increasing (Jacob & Gerson, 1998; Robinson & Godbey, 1997) by most accounts, people report feeling more rushed today than they did 30 years ago (Hochschild, 1997; Jacobs & Gerson, 1998; Robinson & Godbey, 1997) and over 60% of American workers report wanting to work fewer hours (Bond, Galinsky & Swanberg, 1998). A reason is that long hours may have negative consequences for families and for workers who struggle to balance the demands of work and family roles (Hochschild, 1997). Work-family researchers have assumed that time committed to work contributes to conflict between employees' work and non-work roles (Duxbury et al., 1994; Gutek, Searle & Klepa, 1991).

Another line of research has examined job involvement as an antecedent of work-family conflict. Job involvement means a measure of an individual's psychological response or attitude to his or her job (Dunham, 1984). It has been recognized that individuals may be actively participating in one role while simultaneously feeling distracted by thoughts, emotions and demands that are tied to another role (Ashforth, Kreiner & Fugate, 2000). Aminah (2003) examined the relationship between role overload experienced at work and work-family conflict among Malaysian physicians in public hospitals. The study found that 87.7% of the physicians experienced moderate to heavy workload which could be attributed to the relatively high frequency of on-calls and an increase in which number of outpatients to be attended to and the increase in the number of patients in the ward leading to a high number of patients in the ward leading to a high patient to physician ratio. The physicians also experienced a considerable intensity of work-family conflict and the conflict tended to increase with an increase in the workplace. Other researchers have also demonstrated a significant relationship between role overload and work-family conflict (Bacharach, Bamberger and Conley, 1991; Fu and Shaffer, 2001). In a study by Memon, Ting, Salleh, Kasuma, Yacob (2016), their interview findings also indicate that heavy workload is one of the major factors contributing to job stress and dissatisfaction. As far as sale and customer care are concerned, it is virtually impossible to meet the huge targets assigned to them.

### *2.2 Family-Related: Presence of Family, Dual Earner Family, Dependent Care*

Family pressures and demands are the greatest predictors of family to work conflict (Greenhaus and Parasuraman, 1999). The many role demands imposed by the family domain create a number of opportunities for conflict of pressure that can ultimately affect one's work. Work-family conflict increases as one's obligations to the family expand through marriage and the arrival of children. Studies have shown that family involvement is related to work-family conflict. Family involvement refers to the degree to which individuals identify with their family, the relative importance of the family to individuals' self-image and self-concept and individuals' commitment to their family (Yogev and Brett, 1985).

### *2.3 Individual-Related: Domestic Responsibility, Gender Role Orientation*

The incorporation of values into the work conflict research is important because life role values are central to organizing meaning and action for working people (Carlson & Kacmar, 2000). Values motivate action and are the basis from which individuals define their roles (Schwartz, 1994). Another individual-related antecedent of work-family conflict that has not been much studied is gender role orientation. This refers to the beliefs individuals hold about normal roles of men and women in meeting family and work responsibilities (Harris & Firestone, 1998). Conceptually, gender role orientation is seen as ranging on a continuum from traditional gender role orientation whereby the roles of men and women are seen as distinct and separate, to a focus of non-traditional gender role orientation characterized by role sharing between men and women. A study conducted on female nurses and their husbands by Aminah (1999) found that nurses experienced varying degrees of conflict in trying to meet the demands of work and family roles. About two-thirds of the nurses experienced moderate to high

intensity of conflict. The husband's gender role orientation ranged from traditional to egalitarian with slightly less than three-quarters of them holding traditional to egalitarian orientation and slightly more than a quarter holding egalitarian orientation. Significant negative relationship was found between husband's gender role orientation and wives' work-family conflict. This indicates that women whose husbands hold more egalitarian orientation tend to experience less work-family conflict.

#### *2.4 The Consequences: Job-Related – Job Performance, Commitment Turnover*

Several studies have examined the relationship between job performance and work-family conflict with mixed results. Frone et al. (1997) found a significant relationship using a self-rated measure of job performance. Aryee (1992) used a self-rated measure of work quality and found that it was related to job-parent conflict but not job-spouse or job-homemaker conflict. Netemeyer et al. (1996) used a self-rated measure of sales performance and found non-significant results. Likewise, non-significant results were reported by Carmeli (2003) and Bhuaiian et al. (1997). One of the job-related outcomes of work-family conflict is burnout. Burnout is a combination of feelings of being emotionally drained (emotional exhaustion), the development of negative attitudes and feelings towards the recipients of care (depersonalization) and a growing devaluation of self-competence and overall achievement in the job (reduced personal accomplishment) (Maslach, 1993) A study by Bacharach et al. (1991) on nurses and engineers has shown that increased job burnout is an important direct consequence of work-family conflict.

#### *2.5 Family-Related-Marital Satisfactions, Family Dissatisfaction*

Marital satisfaction refers to the marital quality and stability between both spouses. A majority of studies found that work-family conflict was negatively related to family satisfaction (Aryee, Luk, Leung & Lo, 1999; Chiu, 1998; Frone, Barnes & Farrel, 1994; Mathews, Conger & Wickrama, 1999; Rice et al., 1992). Few studies have focused on the well-being of employees resulting from work-family conflict in the East as compared to the West. In Malaysia, two studies by Aminah (2003) on 206 female clerical staff in commercial banks in the Klang Valley and Aminah (1996) on 120 female secretaries in Selangor found that women who experienced higher levels of WIF were satisfied with family life and were in turn less satisfied with life in general. Warde et al. (1996) found moderate levels of satisfaction with parental functioning.

#### *2.6 Individual-Related – Psychological Physical, Life Satisfaction*

Researchers believe that individual outcomes include life satisfaction and psychological stress which may impinge on an individual's well-being. Another consequence of work-family conflict is psychological health which is an indicator of well-being. Burke and Greenglass (1999) and Major, Klein and Ehrhart (2002) found that work-family conflict was related to greater psychological distress whereas Frone (2000) found that both FIW and WIF were positively related to anxiety disorders, mood disorders and substance disorders. A study of female bank employees in Malaysia by Aminah (2003) found that WIF led to psychological distress which in turn led to reduced life satisfaction. Chan, Lai, Ko and Boey (2000) in their study of professionals in Singapore found that work-family conflict was a

source of stress whereby stress was viewed as involving excessive demands made on professionals resulting in disturbances of the psychological system besides those of physiological and social systems.

### **3. Research Methodology**

This study used the qualitative descriptive approach to research utilized by Gaudine and Beaton (2002). Description draws upon the ordinary vocabulary of people to convey ideas about things, people and places, including what is, or was going on, as well as what people are involved in, and or do (Strauss & Corbin, 1998). The interview session was conducted at the Sarawak General Hospital with two representatives that were working at the Surgical Ward, ward which is one of the critical units with a high percentage of patients all year round, which is statistically proven by the records. The questions were semi-structured and related to the objectives of the research. There were two representatives from Orthopaedics, four representatives from the medical ward and two from the maternity ward. The population for this study consisted of nurses working shifts in public hospitals under the Ministry of Health in Kuching, Sarawak. This hospital, under the Ministry of Health in Sarawak, was identified as suitable since such hospitals provide all types of healthcare services. For this study, the definition for nurses was adopted from the Malaysian Nurses Association (MNA), a professional nurses organization for Malaysian Nurses. The nurses in this study comprised community nurses, a Staff Nurse and Nursing Sister and Matron. These representatives came from different units as the participants individuals with particular expertise and willing to cooperate in order to complete the study.

The participants' areas of expertise of nursing practice, included that of past nursing management roles, covering eldercare, childcare, primary health, emergency and general medical and surgical. The themes guiding the interviews were first, the informant's demographic information, followed by work related and family related questions. The participants in this study were aged between 27-58 years. All participants were female of different ethnicity and the mean number of years' experience as a nurse was 10 years and one month. Interviews are the most common self-reporting method of gathering data in qualitative research (Polit and Tatano Beck, 2006). Only ten respondents were selected for this study due to time limitation and well as schedule constraints among the respondents. For practical reasons Crouch and McKenzie (2006) propose that less than 20 participants in a qualitative study helps a researcher build and maintain a close relationship, and thus, improve the "open" and "frank" exchange of information. In fact, this can help also mitigate some of the bias and validity threats inherent in qualitative research.

The interview schedule provides a list of consistency in participant interviews as well as a measure of focus in the ensuing dialogue (Bryman & Bell, 2003). The interviews were conducted in locations of convenience to the participant where privacy was carefully maintained. Prior to commencing the interview, some time was spent ensuring the participants' comfort and confidence in the process. Each respondent was informed earlier about the interview session and the research information. These potential participants were provided with an opportunity for more detailed elaboration and discussions

of the study with the researcher prior to seeking their written informed consent. In their published report, Gaudine and Beaton (2002) have not made explicit their criterion for selection of participants, other than noting that selection of participants was based on convenience. The term and professional title “nurses” was not central to a participant’s selection into research. The participants and the researcher approached the term functionality, rather than specifically. By functional application it is meant that the participants all had professional responsibilities that involved the management of nursing services and practices. The interviews in this study varied significantly in length from 30 to 45 minutes, depending on the length of the participant’s responses to questions, and the number of examples that they were able to provide.

All interviews began by asking participants to describe any conflict they have or have had with their organization. Participants were then asked to describe factors that eased and worsened the conflict they had described. The final questions posed concerned the description of their suggestion and recommendation to overcome any related problem. Whilst Gaudine and Beaton (2002) focused on personal outcomes, in the present study this question was posed to include personal, professional or organizational outcomes. After conducting the interview, the input was reviewed with the participants verbally to ensure that the input received was similar with the participants’ answers. This was done to ensure that the data was reliable for the study.

#### **4. Findings and Discussion**

The demographic of the respondents are as below:

**Table 1.** Respondent Demographic

<b>Respondent</b>	<b>Race</b>	<b>Position</b>	<b>Ward</b>	<b>Age</b>	<b>No of children</b>	<b>Age of youngest child</b>	<b>Helper</b>
R 1	Malay	Staff nurse	Surgical	28	2	1	-
R 2	Iban	Community nurse	Surgical	42	4	6	-
R 3	Iban	Staff nurse	Medical	27	2	2	-
R 4	Malay	Staff nurse	Medical	51	3	16	-
R 5	Chinese	Matron	Maternity	58	3	16	-
R 6	Iban	Nursing Sister	Maternity	53	5	22	Yes
R 7	Malay	Nursing Sister	Orthopaedic	48	3	15	Yes
R8	Bidayuh	Nursing Sister	Orthopaedic	38	3	15	-
R 9	Chinese	Matron	Surgical	56	4	25	-
R 10	Chinese	Nursing Sister	Medical	47	2	12	Yes

The participants comprised Malay, Iban, Bidayuh and Chinese. The range of age was between 27 to 58 years old. The average number of participants’ children was 3, while the average youngest age of the children was 1. The majority of them did not have house help (maid). This finding is consistent with research among working women in Peninsular Malaysia where 70% do not hire helpers (Aminah et al, 2005, Noor, 2006).

#### 4.1 Factors contributing to work-family conflict

The interviews revealed three themes contributing towards work-family conflict among nurses, namely workload; work shift and position. This finding has identified the important components that have contributes to work family conflict. Table 1 illustrated the main theme that contributes to work-family conflict.

#### 4.2 Workload as one of the major variables for the work stress

Findings from the data collected, workload is the major factors that contribute to work family conflict. From the interview, it is shown that most of the respondents are agreed that workload is the most important factor that contributes to work family conflict such as statement they have many task to be done immediately. Examples of the statement are as below:

Respondents comment supporting the theme;

*“Stressful due to workload - We have so many things to do in one time for example during festive seasons; we have to face double workload as well as insufficient numbers of staff. It can be called as unreasonable work load for us.*

*JJ, Malay, Staff Nurse*

*I have so many things to do, this indirectly affect my health. Due to that situation, I cannot manage my work and feel stressful. Sometimes, I have to done many tasks immediately as per order by my superior.as the senior superiors also have to ensure everything runs smoothly.*

*JK, Chinese*

Nurses like other female employees are faced with the demands of work and home responsibilities as their main daily tasks. Due to that, if they cannot manage their work balance, it will affect on their work- family conflict. From the interview, they also mentioned about they have many workloads during night shift. It is because; sometimes there are insufficient staffs during that shift. According to Iran Ministry of Health, nurses in Iran are mainly women. As of 2009, it was reported that 79.5% of Iranian nurses are female (ISNA, 2009). Female nurses that work in a critical situation in hospitals encounter higher conflict in their lives due to long hours of work per week, working overtime, high workloads, time pressures, death and life situation of the patients (Adibhajbagheri et al., 2004).

#### 4.3 The differences in work shift

Some of the respondents mentioned that work shift leads to work family conflict. This is due to the acceptance of the family. Below statement support the above.



*Sometimes we need to work extra hours due to the patient's health. For example, the shift ends at 4 pm. The patient suddenly collapsed at 3.55pm, I need to settle the patient before I left from work.*

*Claudia, Iban, Staff Nurse*

*I have some argument with my husband if I need to work extra. This happened especially I need to extend my working hours for example when the patients collapsed, so I have to stay in order to ensure that the patients will get treatment immediately.*

*ZH, Malay, Nursing sister*

Therefore, nurses need to work around the clock to ensure patient have continue medical care and their vital signs is persistently monitor by a group of skilled professional and able to intervene if necessary. Thus, the working hours for all the nurses are very much difference from the standard working hour compared to other organization and company. There are two types of working hours for nurses; the standard and the non standard working hours. This includes shift work, night work and standby emergency call as extended working hours. In Malaysia, the shift system typically operates over morning from 7am to 2pm, afternoon shift id from 2pm to 9pm and night duty shift is from 9pm to 7pm.

#### *4.4 Unclear instruction from immediate Supervisor*

Position in this context is referred to the post as matron or senior supervisor. Two respondents held the position as matron. According to them, being as a matron involved the management and their staff. Whereby in this context the instruction or information is always top down and matron will be the mediator between the management or the specialist and the nurses. Hence these factors contribute to stress if there are not able to deliver, communicate or understand the instruction. On the other part, convincing the nurses is crucial in understanding the instruction given by the management or specialist. Example of the statements is below:

*I need to handle many things at one time for example doing the administration and clinical task. Sometimes I need to confront the Doctors and also at the same time supervise and monitor the staff nurse.*

*JK, Chinese, Matron*

*Being a senior matron makes me stressful as I cannot comply the instruction orders by the doctors.*

*PJ, Bidayuh, Nursing Sister*

This refers to the attitude of the supervisor or manager on how they identifying the needs of their employees which might reduce the wok-family conflict (Allen, 2000; Anderson et al., 2002; Frone et al. 1997; Goff et al., 1990; Thompson et al., 1999). In any organization, the supervisors are very important to ensure that the core is exposed and practiced by the employees. This is to ensure that the employees able to adapt with the schedule (Thomas and Ganster, 1995)

## **5. Conclusions and Recommendations**

The study is to identify the scenario of work family conflict among the nurses in public sector and outline some strategies for the enhancement of well-being among them. Ten respondents have been chosen in this study based on purposive sampling. Study was conducted among various levels of nurses at Sarawak General Hospital. Findings from the interviews shown that there are three factors contribute work family conflict among nurses, namely workload, work shift and position. Meanwhile strategies that has been practiced by the respondent in reducing work family conflict were work family segmentation, support from family (husband, children and other family members) and of self commitment which comprises the elements of work priority, positive attitude, open communication and intention to work. Observation based on the perspective of PEST shows that the scenario of working environment is controllable and manageable. The respondent are among the public sector which are more stabilize, serve for government which is not really struggling for competitiveness. Therefore the respondent feels that working is in need for the economy of the family with a conducive working environment, less political issue and harmonies work culture. However in term of technology, it should be enhance and upgrade in order to be in line with the current needs.

In order to enhance the wellbeing of the nurse, the element of social and economic need to be improved. Continuously training in term of enhancing knowledge, skills and competencies is crucial in order to equip them with the current needs. Since the feedback shows that element of technology need to be improved, therefore related training on technology based need to be enhanced. Creating awareness and continuously training is very important to ensure that the nurse is well trained to take care of the patients. Training also should be beyond work task such as parenting and other soft skill, such as time management will expose the nurses on a better way to manage life, work and family.

Other issues that need to be revise or introduced is job sharing. This is because job sharing can reduce the burden of the work. Poelmans and Caligiuri (2008) define job sharing as a specific form of part time work or reducing working schedule whenever employee share the same job. This is important because some of the nurses need to fetch their children or bring their family to clinic. By having this sharing concept, it helps to maintain the consistency of delivering the service to the patient.

The employer and human resource officer should have a good record system to record staff's request leave for holiday, study and visiting their parents. The manager also should be more flexible

when dealing with the emergency situation. The manager should create awareness among the staff on the procedure for requesting annual leaves. According to Poelmans and Caligiuri (2008), flexible working hours is refer to allow employees to vary their work schedule within certain ranges and dimensions in accordance to this differing need. In this context, the employee needs to work 8 hours (standard) and 7 hours (shift) a day.

In conclusion, the scenario of work family conflict among nurses in Sarawak General Hospital is manageable. This is due to most of the nurses doing not have any pending job. Apart from it, the strategies that have been practiced such as work-family segmentation, family support and self-commitment help these nurses in balancing the demand of work and family. Government and the policy maker should give more attention to the well-being of the nurses since nurse contribute to the growth of the service industry of the country and family institution.

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