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### Challenges of Work-Family Conflict: A Cross Sectional Study of Nurses' Perception Working in District Sargodha, Pakistan

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#### ABSTRACT

Working women assume various social roles at workplace as well as at home and so are the nurses. This prompts the ascent of work-family conflict. Work-family conflict happens when work environment obligations meddle with everyday life like restrictive working time, heavy workload, relational clash at work and lack of support from family members. The study goal is to look into the nurse's views of work-family conflict in District Sargodha and to explore how workplace challenges complicate the expected roles of women in nursing profession. Keeping in view the gap in literature and nature of the research question, this study follows a positivistic epistemology. This quantitative study utilizes a survey research design and led by the utilization of multi-stage sampling consisting of 150 nurses from five public and private hospitals of district Sargodha. For the purpose of data collection, a structured questionnaire consisted of forty-six items was developed. Cronbach alpha reliability of the tool is (0.987) after getting its face and content validity; it was pretested on the population having same characteristics of the population under study. Later, online Google form was uploaded to gather information from the respondents. Finding from the study showed that most of the nurses ranged age from 31-34, almost half of the nurses have done BSC in nursing, and more than half of the nurses were married and having 1-3 children and were working in rotating shifts, having experience of 6-10 years. Results from correlation analysis showed a strong positive connection among higher work demands and higher work family conflict. While higher family demands are found positively correlated related with higher family work conflict.

**Keywords:** Family Conflict, Work Demands, Family Demands, Nurses Role conflict.

#### INTRODUCTION

Female employment and family life difficulties have become increasingly important to examine for the sake of family success, particularly in developing economies. WFC (work-family conflict) is a problem that has arisen as a result of recent trends of rising living standards as a result of economic expansion, globalization, and equal rights for male and female concentration on work-related concerns. Workplace and family issues were the most important factors in employees' lives (Khan & Khan, 2014: 318) Employees' job and family life were two key aspects of their lives. Professional women, single working mothers, and married women were the ones who were most affected by family and work life conflicts. Working women, in fact, have two types of responsibilities, which has significantly increased their responsibilities. As a

result of the stress caused by working schedules, job pressure, and the organization's atmosphere, the performance of one area will almost surely suffer (Mazerolle *et al.*, 2008: 519).

Nursing profession is very challenging and emotionally draining. Since they are frontline workers who serve as boundary spanners their attitudes and behaviors may have a profound impact on the efficiency of healthcare provided to the patients (Othman *et al.*, 2017: 117) Being women nurses are required to perform both domestic and work duties. Nurses are prone to high workplace demands which conflict with their family obligations, causing them to be divided between work and family commitments. They can no longer satisfy all realms without making a compromise. Nurses who are facing work family conflict usually blame their job and working

conditions (Burke & Greenglass, 1999: 329) Hospital employees appear to be at a higher risk of work-life conflicts as a result of working conditions such as insufficient organizational support, night shifts, physical work, long working hours, and limited working flexibility (Grzywacz *et al.*, 2006: 416) WFC has two effects on the nursing profession First, nurse's fears about WFC could develop the current nursing deficient by keeping individuals from entering into the field or rushing their exit. Nurses frequently quote (WFC) as a reason for leaving the profession and students also quote it as reasons for not pursuing a career in the field (Greenhaus *et al.*, 2001: 415). Second, WFC is linked to an adverse consequence including poor job satisfaction, fatigue, burnout, and depressive symptoms or mental distress. The health-care provider's poor performance has been attributed to the same results and has been linked to medical errors. Thus, WFC can damage a nurse capacity to deliver excellent care (Killien, 2004: 22). Nurse's demand is intensified in many developing countries by a shortage caused by low wages, gaining and limited work options for nurses (Ekici & Aycan, 2008). Nurses in many first and second-world nations have better working conditions, but it is more complicated in developing nations due to some taboos and values. This leads to conflict, low job satisfaction, poor employee's performance and mental health issues (Elfer & Dearnley, 2007: 269).

### STATEMENT OF THE PROBLEM

Multiple responsibilities at work and in the home may have various cultural implications in different nations. Because women's social roles in Pakistani culture are still largely conventional, it may be more difficult than ever for them to strike a balance between work and family commitments (Hanif & Naqvi, 2014: 103). WFC is a concern for nurses and it's possible that it's one of the reasons for the scarcity of nurses in Pakistan (Khan & Khan, 2014: 320). Most of the studies have been done in western nations, thus; the goal of this research is to find out how nurses in the area of Sargodha, Pakistan felt about workplace and family conflict.

### RATIONALE OF THE STUDY

The challenges of WFC have been studied comprehensively and multidimensional piece of literature is available to study the subject. However, the same has been neglected when seen through the narrow

prism of the nursing profession (Eunice *et al.*, 2018: 612). The fact that nursing profession is one of the most demanding and tedious professions (Khan & Khan, 2014: 320) qualifies the argument that a detailed look into the WFC with regards to nursing profession warrant a dedicated research effort to unearth the entrenched impediments with an aim to highlight its theoretical and practical implication for the social whole.

### RESEARCH OBJECTIVES

- To explore the work family conflict among nurses in relation to their work family demands
- To find out association between how domestic and workplace attributes impact nurse's perception of work and family conflict.

### LITERATURE REVIEW

The work and family spheres once regarded to represent two distinct paradigms (Pall, 2012: 280) but researchers today have a different perspective in the concept. Family and work can both affect and interface with one another (Farhadi *et al.*, 2013: 113). WFC is a two-way street wherein work can make inconvenience in family and vice versa (Pall, 2012). Particularly, WFC is viewed as "inter-role conflict in which the general obligations of the job, the time dedicated to it and the strain it creates meddle with maintaining family related duties" (Farhadi *et al.*, 2013: 113). The main concept of WFC has been associated with a wide range of unfavorable consequences having poor work attitude, inadequate work performance, family frustration, decreased psychological wellbeing, and behavioral and physical symptoms of distress (Frone, 2003: 145). Further Takeuchi & Yamazaki (2010) stated that work and family obligations can both be physically and mentally challenging, which can lead to tension or strain between the two domains.

Family demands and expectations are most common sources of work-family conflict (Greenhaus & Parasurman, 1999) the multiple role expectation put by the family area makes a scope of room for pressure conflict which may affect one's employment. WFC develops as one responsibility to the family grows as a result of marriage and a birth of a child (Sabil *et al.*, 2016, p.109). According to Kim & Ling, (2001) Family characteristics (such as parental demands) can influence work to family conflict. Employees with obligations of dependent care were also shown to be at higher risk of caregiver stress (Carnicer *et al.*, 2004).

Perhaps the most constant indicator of WFC is work expectations. Obligatory and sudden extra time, rotating shifts, unreasonable work, working quick, work rush or having numerous interferences are some of the other work demands relating to WFC (Akkas *et al.*, 2015). Workplace demands hold a significant influence in deciding how professional life affects family life (Blanchard *et al.*, 2009). Previous research has found that workplace characteristic, including work demands, extensive working hours and shortage of staff are all related to increased WFC (Burke, 2002).

To include another layer to work-family debate it is critical to think about nurses. Working at various scales and how they deal with WFC. Burke, (1999) investigated WFC, life partner backing and nursing staff prosperity among nurses in North America during a period of consolidation and downsizing. WFC was accounted by nurses to be fundamentally higher than FWC. Yildirim & Aycan, (2008) conducted a study among Turkish female nurses to see how job demands influenced WFC, job and family satisfaction according to the results irregular working schedule were observed to be significant indicators of WFC and also job and family satisfactions was related with WFC. Hanif & Naqvi, (2014) conducted a study among Pakistani nurses in order to check the association among WFC, work satisfaction, work performance and mental health. WFC has been demonstrated to have a negative impact on employees work satisfaction, work performance and mental health. Khan & Aunbareen (2014) investigated the effects of working women conflict and how it affects Pakistani nurses job satisfaction. According to the finding of their study working hours showed a favorable correlation with WFC and influence nurses' job satisfaction. Zulfiqar *et al.*, (2013) conducted research among Pakistani nurses to identify the impacts of time, strain and behavioral conflict on job satisfaction their study showed that time and behavior conflict were major predictors of decreased job satisfaction.

### **THEORETICAL FRAMEWORK**

Role Strain theory served as the foundation for this research. Everyone is involved in a variety of various role connections, each with its own set of responsibilities. Role strain according to Goode (1960) is a natural result of the difficulties in achieving all these desperate role demands. Kahn *et al* (1964) used the role theory framework to explain the issue of WFC and defined it as type of multi-

role conflict in which workplace and household realm role constraints are commonly contradictory and involvement in the job domain affect the engagement in family space and the other way around. Role strain arises in the nursing profession when nurses try to balance limited time and energy with many personal and professional commitments. Strain-based conflict might happen when the "performance of one obligation causes difficulty to flow over into the performance of the other" (Simon *et al.*, 2004: 208). Mullen, (2016) stated that nurses, who are committed to their patients often priorities the needs of the other over their own and in some cases their own families.

### **METHODOLOGY**

#### **Design**

A quantitative research approach for this study was chosen because quantitative methods are especially useful in testing hypothesis, look at the cause-and-effect relationship (Strauss & Corbin, 1998). Specifically, survey method was used to understand the perception of nurses regarding the phenomena being studied.

#### **Sampling**

Multi-stage sampling was used as a sampling technique. In first stage six government and private hospitals were selected through simple random sampling. Target was three government and three private hospitals located in district Sargodha namely, DHQ Teaching Hospital, THQ Bhalwal and THQ Silanwali and three private hospitals Niazi Medical Complex, Doctor Hospital Bhalwal and Mubarak Hospital. Purposive sampling was employed in the second stage of sampling to recruit a sample of 150 nurses from randomly selected hospitals. Twenty-five nurses were selected from each of the hospital. The sole condition for inclusion was that nurses have worked in this position for at least six months. The justification for using this sampling technique was that due to pandemic situations there were time limitations and as well as schedule constraints. As all nurses were fulfilling the research objectives. So, researcher collected the data from those respondents who were easily available at the randomly selected research site.

#### **Measure**

The structured questionnaires were developed based on a review of published literature. Data were collected through personal visits. There were 21 items in the questionnaire, covered socio-demographic characteristics, work related factors, family related

factors and work family conflict. Specifically, seven items of sociodemographic characteristics covered age, family type, marital status, no of children, work schedule of last month, average working hour per day and working experience and four items of work-related demands were assessed by statements starting from “Because of the responsibilities of my job I have to change arrangements with my family members”, to the statement “My work limits me from going to occasions with my family”. While four items of family-related demands were assessed by statements starting from “My family obligations prevent me from working as much as I would like” to the

statement “Because I am so overwhelmed by my family commitments it is difficult for me concentrate at work”. And four items of work family conflict were assessed by statements starting from “My work impedes me from investing sufficient energy with my family.” to “When work and family obligations collide I usually priorities work.” The scale contains three items, ranging from 1 (agree) to 3 (disagree), with a total score of 1 to 3.

#### Data Analysis

SPSS version 26 was used to code, collect and analyze data. Descriptive statistics such as frequencies and percentage were used for data analysis.

## RESULTS

Table 1. Demographic Characteristics of Respondents.

Sr #	Variables	Frequency (f)	Percentage (%)
1	Age		
	25-35	78	52.0%
	36 - 45	39	26.0%
2	46-55	33	22.0%
	Family Type		
	Nuclear	107	71.3%
3	Joint	43	28.7%
	Marital Status		
	Single	35	23.3%
4	Married	96	64.0%
	Divorced/Widow	19	12.7%
	Number of Children		
5	0	38	25.3%
	1-3	82	54.7%
	4-6	26	17.3%
	7 or more	4	2.7%
6	Work Schedule of Last Month		
	Morning Shift	57	38.0%
	Evening Shift	28	18.7%
7	Rotating Shifts	65	43.3%
	Average Working Hour per Day		
	6-12 hours	150	100%
Experience	More than 6 months	16	10.7%
	1-5 years	34	22.7%
	6-10 years	59	39.3%
	More than 10 years	41	27.3%

As the tables shows nurses having age between 25 - 35 (f=78, 52%) were greater in number as compared to nurses having age 36 - 45 (f=39, 26%). Moreover, as the table shows nurses having age 46 - 55 and above were (f=33, 22%). Vast majority of nurses were from nuclear family system (f=107, 71.3%), while (f=43, 28.7%) were

from joint family system. More than half of the nurses (f=96, 64%) were Married, while (f=35, 23.3%) respondents were single and (f=19, 12.7%) were divorced or widow. More than half of the nurses i.e. (f=82, 54.7%) were having 1-3 children, while (f=38, 25.3%) have 0 children, moreover (f=26, 17.3%) were having 4-6

children, and (f=4, 2.7%) were having 7 or more number of children. Under half of the nurses i.e. (f=65, 43.3%) were working in rotating shift since last month, while (f=57, 38%) were working in Moring shift, similarly (f=28, 18.7%) were working in night shift since last month. All the respondents (f=150,100%) were working 6 to 12 hours per day. Under half of the nurses i.e. (f= 59,

39.3%) were those having 6-10 years of experience, likewise (f=41, 27.3%) were those having more than 10 years of experience. Furthermore, (f=34, 22.7%) were those having 1-5 years of experience, and (f=16, 10.7%) were newly appointed nurses having less than 1 years of experience.

Table 2. Showing Frequency and Percentage of the respondents regarding Work Demands.

	Statements	Agree	Neutral	Disagree
1	Because of the responsibilities of my job, I have to change arrangements with my family members	95 63.3%	33 22.0%	22 14.6%
2	Due to my work duties, it is tough for me to do household chores and errands	92 54.1%	40 26.7%	18 12.0%
3	I need to strict the number of things I do with my family to fulfill the demands of my job	91 60.7%	39 26.0%	20 13.3%
4	My work limits me from going to occasions with my family	93 62.0%	38 25.3%	19 12.7%

In reference to statement no 1 significant number of nurses i.e. (f=95, 63.3%) agree with the statement that because of the responsibilities of their job they have to change arrangements with their family members. While (f=33, 22%) give neutral response to the statement and (f=22, 14.6%) were disagree with the statement.

In reference to statement no 2 more than half of the nurses i.e. (f=92, 54.1%) agree that because of their work duties it is tough for them to do household chores and errands. While (f=40, 26.7%) give neutral response to the statement and (f=18, 12.0%) were disagree with the statement.

In reference to statement no 3 more than half of the nurses i.e. (f=91, 60.7%) agree with the statement that they need to strict the number of things they do with their family to fulfill the demands of their job. While (f=39, 26.0%) give neutral response to the statement and (f=20, 13.3%) were disagree with the statement.

In reference to statement no 4 more than half of the nurses i.e. (f=93, 62.0%) agree with the statement that their work limits them from going to occasions with their family. While (f=38, 25.3%) give neutral response to the statement and (f=19, 12.7%) were disagree with the statement.

Table 3. Showing Frequency and Percentage of the respondents regarding Family Demands.

	Statements	Agree	Neutral	Disagree
1	My family obligations prevent me from working as much as I would like	12 8.0%	22 14.7%	116 77.4%
2	At the end of the day there isn't enough time to do the things I want at home	81 54.0%	35 23.3%	34 22.7%
3	Due to the workload, I have at home, I am extremely tired at work	22 14.7%	35 23.3%	93 62.0%
4	Because I am so overwhelmed by my family commitments it is difficult for me concentrate at work	12 8.0%	31 20.7%	107 71.3%

In reference to statement no 1 vast majority of nurses i.e. (f=116, 77.4%) disagree with the statement that their family obligations prevent them from working as much as they would like. While (f=22, 14.7%) give neutral

response to the statement and (f=12, 8.0%) were agree with the statement.

In reference to statement no 2 more than half of the nurses (f=81, 54.0%) agree with the statement that at the

end of the day there isn't enough time to do the things they want at home. While (f=35, 23.3%) give neutral response to the statement and (f=34, 22.7%) were disagree with the statement

In reference to statement no 3 more than half of the nurses i.e. (f=93, 62.0%) disagree with the statement that due to the workload they have at home, they are extremely tired at work. While (f=35, 23.3%) give neutral response to the statement and (f=22, 14.7%) were

disagree with the statement.

In reference to statement no 4 more than half of the nurses i.e. (f=107, 71.3%) disagree with the statement that because they are so overwhelmed by their family commitments it is difficult for them concentrate at work. While (f=27, 18.0%) respondents give neutral response to the statement and (f=12, 8.0%) respondents were agreed with the statement.

Table 4. Showing Frequency and Percentage of the respondents regarding Work Family Interface.

Statements		Agree	Neutral	Disagree
1	My work impedes me from investing sufficient energy with my family.	88 58.7%	46 30.7%	16 10.7%
2	My work regularly meddles with my family obligations	86 57.3%	49 32.7%	15 10.0%
3	Because of my personal and family obligations my work performance suffers	19 12.6%	39 26.0%	92 61.4%
4	When work and family obligations collide I usually priorities work	93 62.0%	28 18.7%	29 19.4%

In reference to statement no 1 more than half of the nurses i.e. (f=88, 58.7%) agree with the statement that their work impedes them from investing sufficient energy with their family. While (f=46, 30.7%) give neutral response to the statement. Moreover (F=16, 10.7%) were disagree with the statement.

In reference to statement no 2 more than half of the nurses i.e. (f=86, 57.3%) agree with the statement that their work regularly meddle with my family commitments. While (f=49, 32.7%) give neutral response to the statement and (f=15, 10.0%) were disagree with the statement. In reference to statement no 3 more than half of the nurses (f= 92, 61.4%) disagree with the statement that because of their personal and family obligations their work performance suffers. While (f=39, 26%) give neutral response to the statement, and (f=19, 12.6%) were agree with the statement.

In reference to statement no 4 more than half of the nurses i.e. (f= 93, 62.0%) agree with the statement that when work and family obligations collide, they usually priorities work While, (f=28, 18.7%) give neutral response to the statement and (f=29, 19.4%) disagree with the statement.

**DISCUSSION AND CONCLUSION**

This study explained the perceptions of work-family

conflict of nurses in district Sargodha and explored its relationship with work and family related factors. We found that work family conflict was more evident among nurses aged 25-35 and married having 1-3 children. The result of the study proved that as compared to family demands work demands are more strongly associated with work family conflict. One of the most important aspects of the nursing profession is shift work as the results showed most of the nurses were working in rotating shifts working 6-12 hours per day. These finding are consistent with the findings of (Kasuma, 2016: 114). There are certain obstacles; for someone with little children, night employment is quite tough; they must accept significant debt in order for their children to be cared for by others so that they may work at night. (Alhani and Shan, 2018: 81). Most of the nurses (63.3%) reported that because of the responsibilities of their job they have to change arrangements with my family members. Similarly, (54.1%) reported that due to their work duties it is tough for them to do household chores and errands. Likewise, (62.7%) were agree that they need to strict the number of things they do with their family to fulfill the demands of their job. Furthermore, (62.0%) agree that they that their work limits them from going to occasions with their family. these results are consistent with the results of (Wu Y, *et al.*, 2021).

According to the results family obligations have no notable effect on WFC. As (77.4%) disagree that their family obligations prevent them from working as much as they would like. Also (54.0%) agree that at the end of the day there isn't enough time to do the things they want at home. Similarly, (62.0%) nurses disagree that due to the workload they have at home, they are extremely tired at work. Furthermore, (71.3%) disagree that because they are so overwhelmed by their family commitments it is difficult for them concentrate at work. These findings are consistent with the findings of (Frone, 2000, Lu *et al.*, 2008)

Overall nurses tend to have higher WFC than FWC. Finding from the study showed that nurses in general face more clash in the family space as most of the nurses (58.7%) agree that their work impedes them from investing sufficient energy with their family. Similarly, (57.3%) agree their work regularly meddle with my family commitments. Moreover, (62.0%) agree that when work and family obligations collide, they usually priorities work. Another important finding was that (61.4%) disagree that because of their personal and family obligations their work performances suffer. These findings are in line with the findings of (Takeuchi and Yamazaki, 2010: 165)

Even though conflict between workplace and family domains is bi-directional. This study found that it is not necessary for the population under study to experience both types of conflict i.e., WFC and FWC. Nurses under investigation stated to have higher WFC than an almost nonexistent FWC. Workplace and family obligations are often intertwined in eastern culture including Pakistan. Beliefs, values and cultural standards all take part in WFC. Work is seen as an important part of maintaining a good family life in eastern culture. Therefore, the family realm is treated as more flexible than the professional realm. So, it can be concluded that as compared to family demands, work demands are more strongly associated with WFC.

#### RECOMMENDATION

- Work family conflict should continue to be researched further. In particular, a national study of nurses and the profession should be conducted. The nursing profession's collective voice ought to be heard in Pakistan.
- Further research could look into other characteristics as moderating elements in the association among job demands and job outcomes.

#### LIMITATIONS

- The data was collected from chosen government hospital in District Sargodha and only nurses from these government and private hospitals were targeted. As a result, the study may not be generalized to the entire Pakistani nursing industry.
- The sample size is insufficient to reflect the reality of nursing profession in Pakistan.
- Survey method was used for collecting the data. However, different methods such as interview and group discussion might have been employed.

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