

**INTENSITY OF WORK-FAMILY CONFLICT: A DESCRIPTIVE CROSS -SECTIONAL  
STUDY AMONG MARRIED NURSES WORKING IN A TERTIARY CARE HOSPITALS  
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**ABSTRACT**

**Introduction:** Work-family conflict (WFC) is an inter-role conflict in which role pressures from the work and family domains leads to varying degree of conflict. Nurses, when experiencing different dimensions of WFC influence the quality of their professional performance. So, this study aims to identify the intensity of work-family conflict among married nurses. **Methods:** A descriptive cross-sectional study was conducted with 90 married nurses selected through non-probability consecutive sampling and the data was collected through structured self-administered questionnaire with standard tool of WFC questionnaire and Brief Cope Questionnaire from 2076/02/19 – 2076/02/32. The data was analyzed through various descriptive using IBM SPSS 20. **Results:** The findings of the study revealed that out of 90 married nurses, median age was 25.50 years. Concerning the intensity of WFC, 16.7% reported high intensity of WFC, majority of married nurses 76.6% reported moderate intensity of WFC whereas 6.7% reported low intensity of WFC. Similarly, work interference with family is highest than family interference with work in each of the three dimensions of WFC. **Conclusions:** It is concluded that the married nurses are experiencing varying degrees of WFC. Therefore, it is essential that health organization authorities should take measures to improve nurses' professional life quality by intervening effective coping strategies and stress management programme to ensure positive attitude and maintain balance between the conflicting demands of family and work.

**KEYWORDS:** *Work-family conflict; married nurses; teaching hospitals.***INTRODUCTION**

Work-family conflict (WFC) a form of inter-role conflict in which role pressures from the work and family domains are incompatible and is a part of everyday routine bringing significant effect on every day functioning.<sup>[1,2,3]</sup> Evidence shows that work-life conflict among women is probably higher now than it was before especially in developing country like Nepal since managing family is the prime responsibilities of women.<sup>[4,5]</sup>

The nursing profession requires a high degree of emotional labour which becomes difficult in the presence of WFC affecting overall health, productivity, satisfaction levels, and turnover intentions<sup>6</sup> which is often neglected because of the tradition bound society.<sup>[3,4,5]</sup>

Nurses as a frontline worker plays an important role in managing the patients which is challenging task. However, it is still unclear regarding the intensity of work-family conflict among married nurses in Nepal

which brings this as sensitive issues. Therefore, the present study aims to find out the intensity of work family conflict among married nurses in teaching hospital, Bharatpur.

**METHODS**

Descriptive cross-sectional design was used to assess the intensity of Work-family conflict among married nurses working in Teaching Hospitals, Bharatpur.

**Sample Size**

To calculate the sample size, we used Yamne (1967) formula for finite population

$$N = \text{Target Population} = \text{married nurses}$$
$$N = (\text{married nurses with inclusion Criteria}) : \text{CMCTH (chitwan medical college and teaching hospital} = 58 + \text{CMOSTH (college of medical sciences teaching hospital)} = 52$$

Total married nurses (N) = 110.

Permissible error (e) = 5 %

$$= 5/100 = 0.05.$$
Sample size (n) =  $N/1 + (Ne^2)$  (Yamne, 1967)

$$\begin{aligned}
 &= 110/1 + (110 (0.05)^2) \\
 &= 110/ 1 + (110 \times 0.0025) \\
 &= 110 / 1.275 \\
 &= 86.27 = 87 \\
 (n) &= 87 \cong 90.
 \end{aligned}$$

Thus, the required sample from CMCTH and CMOSTH was 90.

Total of 90 nurses were selected using non- probability convenient sampling. First total population was identified and sampling frame was prepared after visiting every general and critical wards of Chitwan Medical College Teaching Hospital (CMCTH) and College of Medical Sciences Teaching Hospital (CMOSTH) with administrative approval, then sample size was calculated and the subjects were selected until designated sample size was reached. Subjects were selected from CMCTH and CMOSTH respectively.

Work-family conflict questionnaire (Carlson, Kacmar & Williams, 2000)<sup>[7]</sup> was used to assess the work family conflict of the nurses and analysis was done as:

- High( $\geq 75\%$  of total score)
- Moderate (50-75% of total score)
- Low( $< 50\%$  of total score)

The pre-testing of the validated tool among 10 married nurses from surgical, ENT ward and Coronary care unit

**Table 1: Respondents' intensity of work –family conflict.**

Intensity of work – family conflict	Frequency	Percentage (%)
High ( $\geq 75\%$ of total score)	15	16.7
Moderate (50-75% of total score)	69	76.6
Low ( $< 50\%$ of total score)	6	6.7
Total	90	100

Median = 59.50, IQR = (Q3-Q1) = 66-52, Minimum = 35, Maximum = 82

Table 2 shows the mean score with their mean percentage on different domains of respondent's WFC. The obtained mean score with mean percentage is highest in time-based work interference with family  $11.76 \pm 2.04$  (78.4%) while the mean score with mean percentage is lowest in Strain-based family interference with work  $8.61 \pm 2.5$  (57.4%).

(CCU) of CMOSTH. The reliability of the standard tools, Work-family conflict scale is 0.70 (Carlson, Kacmar & Williams, 2000). Prior to data collection, Ethical approval was obtained from CMC- Institutional review Committee (IRC) and CMOSTH- IRC, Bharatpur, Chitwan. Written informed consent was taken from each respondent by clarifying the purpose of the study prior to data collection. Each Participants were allowed to have a voluntary choice for participation. Confidentiality of the information was maintained by giving code number and not disclosing the information and using the information only for the research purpose. Data were collected by the researcher herself during the period of 2076/02/19 – 2076/02/32 from the married nurses of CMCTH and CMOSTH. The collected data was checked for accuracy, utility and completeness. Corrections were implemented during central editing. The obtained data was entered in excel sheet and analyzed in SPSS (statistical package for social sciences) 20. Descriptive statistics (mean and percentage) were used to describe the quantitative study variables.

## RESULTS

The respondents' intensity of WFC which shows 16.7% experienced high intensity of WFC, 76.6% of respondents' experienced moderate intensity of WFC, while only 6.7% of respondents experienced low intensity of work-family conflict as shown (Table1).

Therefore, WFC was highest in time-based work interference with family while lowest in strain-based family interference with work. Similarly, work interference with family is highest than family interference with work in each of the three dimensions of WFC.

**Table 2: Respondents' Work-family Conflict based on Different Domains.**

Domains of Work-Family Conflict	Number of Items	Maximum Possible Score	Obtained Score Range	Mean Score $\pm$ SD	Mean %
Time-based work interference with family	3	15	6-15	$11.76 \pm 2.04$	78.4
Time-based family interference with work	3	15	5-14	$9.00 \pm 2.3$	60.0
Strain-based work interference with family	3	15	3-15	$11.02 \pm 2.36$	73.46
Strain-based family interference with work	3	15	3-15	$8.61 \pm 2.56$	57.4
Behaviour-based work	3	15	6-14	$9.72 \pm 2.21$	64.8

interference with family					
Behaviour-based family interference with work	3	15	5-14	9.27±2.20	61.8
<b>Total</b>	<b>18</b>	<b>90</b>	<b>35-82</b>	<b>59.38±9.63</b>	<b>65.98</b>

Questionnaire were distributed among the participants which showed that out of 90 respondents, half of the respondents (50%) belonged to age group  $\geq 26$  years, where another half (50%) belonged to  $<26$  years. Majority of respondents (67.8%) have completed PCL nursing, whereas remaining of them had completed Bachelors in Nursing. Similarly, more than half of the respondents (52.2%) were from College of Medical Sciences Teaching Hospital (COMSTH), while 47.8% were from Chitwan Medical College Teaching Hospital (CMCTH). Majority of respondents (61.1%) were working as Staff nurse, 27.8% as Senior Staff nurse and 11.1% as nursing officer. Likewise, (58.9%) had work

experience of more than 3 years. Concerning currently working unit, majority of respondents (63.3%) were working in general wards like Medicine, surgery, orthopedics, pediatrics, cabin, Psychiatry, ENT, etc. while 36.7% were working in Critical care units like MICU, GICU, SICU, PICU, NICU, Neurosurgery ICU, etc. Almost all the respondents worked for  $\geq 48$  hours per week. Most of the respondent (76.7%) felt night shift to be difficult. Approximately half of respondents (51.1%) had children where, majority of the respondents (78.3%) had one child. Regarding Marital disputes, less than half of the respondents (42.2%) experienced it because of work.

**Table 3: Respondents' Socio-demographic Characteristics.**

Variables	Frequency	Percentage (%)
<b>Age in year</b>		
<26	45	50
$\geq 26$ <i>Median = 25.50, IQR=(Q3-Q1) = 28-23.75, Min=20, Max:35</i>	45	50
<b>Educational Status</b>		
PCL nursing (completed)	61	67.8
Bachelors in Nursing (completed)	29	32.2
<b>Present working hospital</b>		
CMCTH	43	47.8
CMOSTH	47	52.2
<b>Professional Designation</b>		
Staff Nurse	55	61.2
Senior Staff Nurse	25	27.8
Nursing Officer	10	11.1
<b>Current working unit</b>		
General wards	57	63.3
Critical Care Unit	33	36.7
<b>Work experience in current unit</b>		
<Median	45	50
$\geq$ Median <i>Median=1.25, IQR=(Q3-Q1)=3-0.90, Min=0.1, Max=10.0</i>	45	50
<b>Most Difficult Shift</b>		
Morning	11	12.2
Evening	10	11.1
Night	69	76.7
<b>Duration of Marriage</b>		
<2 years	30	33.3
$\geq 2$ years <i>Median=2, IQR=(Q3-Q1)=6.25-1.00, Min=0.4, Max=16.0</i>	60	66.7
<b>Number of children(n=46)</b>		
One child	36	78.3
Two Children	10	21.7
<b>Experiencing marital disputes because of work</b>		
Yes	38	42.2
No	52	57.8
<b>Frequency of marital disputes (n=38)</b>		
Frequently	2	5.3

Occasionally	36	94.7
<b>Total</b>	<b>90</b>	<b>100</b>

## DISCUSSION

The study findings revealed that most of the respondents (74.5%) who were working as staff nurse had highest intensity of WFC than those of nursing officers (7.0%) which is contradictory with the findings which shows that nurse managers and nurse executives experience significant high WFC than staff nurses.<sup>[8]</sup> The inconsistency in the findings might be due to different work settings, workload, inadequate sample and poor organizational support.

Similarly, the present study revealed 16.7% experienced high degree of WFC, majority of respondents (76.6%) experienced moderate intensity of WFC whereas only 6.7% experienced low intensity of WFC which is not supported by the study findings from Leineweber et al. (2014)<sup>[8]</sup> showing that about one-third of the RNs experienced low degree of WFC, 40% experienced medium degree of WFC whereas less than one-quarter experienced high degree of WFC. The differences in the result might be due to heavy workload, role ambiguity, prolonged and irregular shifts, poor organizational support, differences in individual perception and tolerance capacity of an individual.

In addition, the study finding from Joseph G. et al. revealed that 50% nurses reported chronic work interference with family (occurring at least once a week); another 41% reported episodic work interference with family (occurring less than 1–3 days per month). In contrast, 52% of nurses reported episodic family interference with work, and 11% reported chronic family interference with work.<sup>[9]</sup> Likewise, the study finding from Mache S et al. (2015) among 727 physicians working in German Hospital revealed that Clinical doctors working in German hospitals perceived high levels of work family conflict.<sup>[10]</sup>

This study adds to the dearth of information available regarding WFC and coping strategies among married nurses. Despite of this, it has some limitations. Firstly, WFC was assessed among the married nurses with limited sample size. Further this study recommended to find out the essential measures that should be initiated from every level to improve nurses' professional life quality by intervening effective coping strategies techniques to ensure positive attitude and maintain balance between their work and family, which will eventually bring satisfaction in work and family life thus, maintaining standard and effective nursing service as well as sustainable family relationship.

## CONCLUSIONS

Based on the findings and interpretation of the study, conclusion has been drawn that Work-family conflict is a form of inter-role conflict in which role pressures from

the work and family domains are incompatible in some respect. The study provided a new perspective to initiate the measures from every level to improve nurses' professional life in bringing satisfaction in work and family life. Thus, maintaining standard and effective nursing service as well as sustainable family relationship.

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