A Study On Work-Family Conflict Among Female Nurses

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ABSTRACT

Work and family conflict occurs when there are incompatible demands between the work and family roles of an individual that makes participation in both roles more difficult. The study is about Work-Family Conflict among Nurses in Coimbatore Hospitals. The main objective of the study is to identify the influence of personal profile of nurses on various variables of Work-Family Conflict and to know whether marital status influences the factors of the work family conflict. For this purpose, a sample of 150 is collected from the respondents based on survey method. The statistical tools like Anova and t-test were used for analysing the data. This Study Suggest that generating awareness towards Work Family Conflict may help them to handle it. They can inculcate the art of time management by mentor through some programs. The management can arrange for family tours, picnics or for a get together at periodic intervals. This would help to increase the rapport with the nurses. The hospital management can also provide proper training like different methods to toggle the patients' tension, stress free activities, yoga, etc. The study reveals that Work-Family conflict of nurses is influenced more by work and family role variables. Mostly the Family Social support influences the work family conflict than Work Place support. While taking care of the health of others, it is important that nurses should learn and use the methods and techniques to take care of their own health also.

Keywords: Rapport, Time Management, Work Family Conflict

1. INTRODUCTION

1.1 WORK-FAMILY CONFLICT

The study is about Work-Family Conflict among Nurses in Coimbatore Hospitals. Research on work-family conflict has been conducted primarily in Western industrialized nations, most notably in the United States, but economic and business globalization has made work-family issues increasingly important in developing countries. In India almost all researches on working ambiance, i.e. quality of work life, work stress, work life balance, retention strategies, work culture/climate, job evaluation, talent management, policy formations etc., are directly or indirectly connected with Work-Family Conflict.

India is an extremely pronatalistic society, and the desire to have a male child is greatly stressed and is considered by some to be a man's highest duty, a religious necessity, and a source of emotional and familial gratification. Because male children are desired more than female children, they are treated with more respect and given special privileges. Male children are raised to be assertive, less tolerant, independent, self-reliant, demanding, and domineering. Females, in contrast, are socialized from an early age to be self-sacrificing, docile, accommodating, nurturing, altruistic, adaptive, tolerant, and religious and to value family above all. In rural areas, low-income women have always worked outside the home. In urban areas, there has been a substantial increase in the number of middle-class and upper-class women working to supplement their husbands' incomes. In a traditional Indian family, the wife is typically dependent, submissive, compliant, demure, non-assertive, and goes out of her way to please her husband. Women are entrusted with the responsibility of looking after the home and caring for the children and the elderly parents and relatives. But in the modern Indian Family, the women are not dependent on their husband. They give an equal contribution in earning money, managing and caring their family. Women have been enhancing their status in education and taken a considerable part in industries as well. In the recent times as we see the twin-strikes couples sharing family burdens in livelihood make a fretful situation with time demands, stress, role conflict etc., at Work and Family ends up with Work-Family Conflict. Coimbatore city hospitals have taken for the current study; and respondents are nurses who essentially contribute as the backbone of the hospitals.

1.2 STATEMENT OF THE PROBLEM

What is the meaning of life? To be happy and useful. There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle. A human being must have occupation if he or she is not to become a nuisance to the world. Life grants nothing to us mortals without hard work. To run a life a man has to work for money, and being a social animal a man also needs a family. Researches in Social Studies also depict the consequences of work and work related aspects and the same in the family domain.

In this context, it would be more relevant to make an attempt to study the level of Work-Family Conflict which may help the hospitals to concentrate on nurses work style, to provide a high level of job satisfaction, and reduce the problems related to them in the working environment which may help them to handle their family roles and responsibilities successfully without much stress. Many studies recognized that

extensive pressures arising from the work environment and from the family environment can produce high levels of work-family conflict for many employees. In this study, the individual i.e. nurse is focused instead of the industry and there by different variables have taken in each domain (i.e., work and family) and identified the degree of conflict he/she experience between his/her work and family roles.

The researcher has to find a model in this study on nurses in Coimbatore. Nurses' are selected for this study, just because of the significance of their role in the workplace, due to their responsibility and demands of their work. It has been under prediction that the allegiance and job nature of them undeniably affect their family life and may influence their work life and work involvement very badly without excluding productivity.

1.3 INDUSTRY PROFILE

1.3.1 NURSING IN INDIA

The ancient records of India indicate the principles and practices of nursing. They are so clear, intelligent and scientific, that many of them might fit into any of the modern textbooks. The nurses have been usually young men, and only in special cases, women were taken for conducting childbirth. The progress of nursing in India was obstructed by the low status of women, the caste system, illiteracy and political unrest.

Military nursing was the earliest type of nursing. In 1664 the East India Company started a hospital for soldiers in a house at Fort St. George, Madras. The first sisters were sent from St Thomas' Hospital, London to this military hospital.

In 1797 a Lying-in-Hospital (maternity) for the poor of Madras was built with the help of subscriptions by Dr. John Underwood. In 1854 the Government sanctioned a training school for midwives in Madras. Florence Nightingale was the first woman to have great influence over nursing in India and had a close knowledge of Indian conditions, especially the army. She was interested in the nursing service for the civilian population, though her first interest was the welfare of the army in India.

In 1865, Miss Florence Nightingale drew up some detailed "Suggestions on a system of nursing for hospitals in India". Graduates were sent out from the Nightingale School of Nurses at St. Thomas Hospital, England to start similar schools in our country. St Stephens Hospital in Delhi was the first one to begin training the Indian girls as nurses in 1867.

In 1871, the first School of Nursing was started in Government General Hospital, Madras with 6 months Diploma Midwife program with four midwife students. Four lady Superintendents and four trained nurses from England were posted to Madras. Between 1890 and 1900, many schools, under either missions or government, were started in various parts of India. In the early twentieth century, National Nursing Associations were started.

In 1897, Dr. B. C. Roy did great work in raising the standards of nursing and that of male and female nurses.

In 1908, the trained nurses association of India was formed as it was felt necessary to uphold the dignity and honor of the nursing profession. In 1918, training schools were started for health visitors and

dais, in Delhi and Karachi. Two English nurses Miss Griffin and Miss Graham were appointed to give training to and to supervise the nurses.

In 1926, Madras State formed the first registration council to provide basic standards in education and training. The first four year basic Bachelor Degree programs were established in 1946 at the college of nursing in Delhi and Vellore.

With the assistance from the Rockefeller Foundations, seven health centers were set up between 1931 - 1939 in the cities of Delhi, Madras, Bangalore, Lucknow, Trivandrum, Pune and Calcutta.

In 1947, after the independence, the community development programs and the expansion of hospital service created a large demand for nurses, auxiliary nurse midwives, health visitors, midwives, nursing tutors and nursing administrators.

The Indian Nursing Council was passed by our ordinance on December 31, 1947. The council was constituted in 1949.

In 1956, Miss Adrenwala was appointed as the Nursing Advisor to Government of India. The development of Nursing in India was greatly influenced by the Christian missionaries, World War, British rule and by the International agencies such as W.H.O. UNICEF, Red Cross, UNSAID etc.

The first master's degree course, a two-year postgraduate program was begun in 1960 at the College of Nursing, Delhi. In 1963, the School of Nursing in Trivandrum, instituted the first two years post certificate Bachelor Degree program.

The associations such as the International Council of Nurses, the nurses' auxiliary of the CMA of India, the T.N.A.I. Indian nursing council and State level Registration Council are closely connected with the promotion and the upliftment of the nursing profession.

1.4 NEED FOR THE STUDY

➢ India is a country of diversified cultures, traditions and habits where the nurse has to act as stabilizing element to mitigate the suffering which has been accentuated and accelerated.

➢ This study is designed to explore the work-family conflict among nurses. Because, A nurse is an indispensable partner of the medical team and a valuable link between the doctors and the patients. She has more roles and responsibilities in her family also. She is to take care of hospital duties as well as her family roles. The hospital role will give impact in her family role and vice versa. She is in a situation to play a multiple role in both the environment. She has to balance her responsibilities in both Family and Work.

2 REVIEW OF LITERATURE

Hemlatha and Suryanarayana (1983)[1] concluded through a study of "Role interventions of married working women" that women's problems were greatly influenced by the age and socio-economic status of working women and husband's nature, children's age and number, family type and the nature of work and work timings. Husband's understanding and cooperation were very important to lessen the working women's problem.

A study by **Asha (1994)[2]** entitled 'Job satisfaction among women in relation to their family environment', analyzed whether the social- psychological characteristics of the family had any effect on the job satisfaction of women employees. The findings of the study revealed that job satisfaction among women employee was related to their perception of family environment.

Manju K. Ahuja (2007)[3] examined the antecedents of turnover intention among information technology road warriors. They named IT professionals as Road warriors, who spend most of their work makes a week away from home at a client site. They developed and tested a model that is context-specific to the road warrior situation. The model highlighted the effects of work–family conflict and job autonomy, factors especially applicable to the road warrior's circumstances. They suggested that work–family conflict is a key source of stress among IT road warriors because they have to juggle family and job duties as they worked at distant client sites during the week. The context of the IT worker matters to turnover intention, and that model were adapted to the work context would more effectively predict and explain turnover intention.

Timothy A. Judge et. al., (2006)[4] investigated the effect of work–family conflict on the emotions of guilt and hostility, and the implications of work–family conflict and these emotions for job satisfaction and marital satisfaction. Results revealed that within individuals, family-to-work conflict experienced at work, and work-to-family conflict experienced at home, were positively associated with guilt and hostility at work and at home, respectively. In addition, state hostility mediated the negative effect of work-to family conflict at home on daily marital satisfaction. Finally, cross-level interaction effects were observed such that work–family conflict more strongly affected the emotions of those scoring high on trait guilt and trait hostility.

Parasuraman and Simmers (2001)[5] investigated the impact of work and family role characteristics on WFC and indicators of psychological well being among self-employed and organizationally employed women and men, drawing a sample of 386 adult graduate students enrolled in evening MBA courses in four urban Universities and individuals enrolled in continuing professional development courses in two other universities in north eastern United States. They also insisted that employment type and gender had independent main effects on several of the study variables. Self-employed persons enjoy greater autonomy and schedule flexibility at work, and report higher levels of job involvement and job satisfaction than those employed in organisations. However, they also experience higher levels of WFC and lower family satisfaction than organisational employees.

Kelly D. Hennessy (2005)[6] designed the Work/Family Conflict - Self-Efficacy Scale (WFC-SES) (Cinamon, 2003) to measure an individual's belief in her or his ability to manage work-family and family-work conflict. He examined the factor structure, reliability, and validity estimates for the WFC-SES. In a

sample of 159 working mothers, results showed evidence of satisfactory estimates of internal and external validity. Exploratory analysis suggested that work/family conflict self-efficacy may mediate the relationship between work/family conflict and outcomes such as work and family satisfaction and work stress. The WFC-SES may be used to understand better the role that self-efficacy can play in the relationship between conflict and negative outcomes.

2.2 OBJECTIVE OF THE STUDY

➢ To identify the influence of personal profile of nurses on various variables of Work-Family Conflict.

➢ To find out the extent of Work-Family Conflict existing among female nurses in Hospitals, Coimbatore.

➢ To know whether marital status influences the factors of the work family conflict.

2.3 SCOPE OF THE STUDY

The Scope of the study is confined to Female Nurses who are working in orthopedic departments. This study highlighted the work- family conflict among nurses in Coimbatore City. The study is taken as a representative in character in reflecting the Conflict between work and family among the nursing community of the whole state and a study of their condition would reasonably reflect the general conditions of the services of the nursing professions as a whole. The study, therefore, has made a typical attempt to access the work family conflict among nurses in Coimbatore city of Tamilnadu.

2.4 LIMITATIONS OF THE STUDY

However, the study is also hedged with some limitations. The time spent with Nurses to get details for the in-depth interview was considerable. Also the time spent with Nurses to fill the questionnaire was limited. The normal sampling errors found in such techniques are also associated with this study. Further, the conclusions drawn from the study are applicable only to the area studied i.e. Coimbatore city or any other similar situation and wide generalization to other dissimilar areas is not desirable.

3. RESEARCH METHODOLOGY

The methodology followed for conducting the study includes the objective of the study, specification of research design, sample design, data collection, questionnaire design, and statistical tools used for analyzing the collected data.

3.1 RESEARCH DESIGN

The research study is descriptive in nature. It has been used for analyzing the work – family conflict which exists in the Hospital. Descriptive study is a research study that describes the characteristics of any individual or of groups. Here it describes the characteristics in terms of the various variables of Work Family Conflict. The major descriptive research is used to fact finding of different kinds.

3.2 SAMPLE DESIGN

From the universe of Coimbatore hospitals, Researcher has selected 10 hospitals for collecting data. Around 15 nurses were selected randomly from each of 10 major hospitals to have a 150 sample respondents in the study using Simple Random Sampling Technique.

3.3 DATA COLLECTION

Primary Data

The field survey method was employed to collect the primary data from the selected sample respondents. For this purpose, direct face-to-face interview was employed to collect the data from the respondents. Hence, the researcher maintained a good relationship with the hospital head nurses and ward nurses.

Secondary Data

Secondary data were also collected in the study from the Indian Medical Association and International Council of Nurses. Published data related to the Work Family Conflicts of Nurses and opinion about the hospital services were collected from the respective hospital survey. Apart from this data, leading journals and magazines related to women nurses were also referred for this study.

4 Data Analysis & Interpretation

ANOVA

TABLE NO: 4.1

AGE Vs WORK INVOLVEMENT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	6.318	3	2.106	12.352	.000
Within Groups	24.891	146	.170		
Total	31.209	149			

Interpretation

The above table shows about the comparison between age and work place involvement. The F value is at 12.352 and the level of significance is at 0.000 which is lesser than 0.05. It's inferred that there is a significant relationship between age and work involvement.

TABLE NO: 2
DESIGNATION vs WORK PLACE SUPPORT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.931	5	.186	4.450	.001
Within Groups	6.024	144	.042		
Total	6.955	149			

Interpretation

The above table shows about the comparison between designation and work place support. The F value is at 4.450 and the level of significance is at 0.001 which is lesser than 0.05. It's inferred that there is a significant relationship between designation and work place support.

TABLE NO: 3
EDUCATION QUALIFICATION vs WORK ROLE CONFLICT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	3.299	2	1.650	16.018	.000
Within Groups	15.139	147	.103		
Total	18.438	149			

Interpretation

The above table shows about the comparison between education qualification and work role conflict. The F value is at 16.018 and the level of significance is at 0.000 which is lesser than 0.05. It's inferred that there is a significant relationship between qualification and work role conflict.

TABLE NO:4
EXPERIENCE vs WORK ROLE CONFLICT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.657	2	.829	7.259	.001
Within Groups	16.780	147	.114		
Total	18.438	149			

Interpretation

The above table shows about the comparison between experience and work role conflict. The F value is at 7.529 and the level of significance is at 0.001 which is lesser than 0.05. It's inferred that there is a significant relationship between experience and work role conflict.

TABLE NO:5

FAMILY INCOME vs FAMILY SOCIAL SUPPORT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.924	4	.231	1.991	.099
Within Groups	16.819	145	.116		
Total	17.742	149			

Interpretation

The above table shows about the comparison between family income and family social support. The F value is at 1.991 and the level of significance is at 0.099 which is greater than 0.05. It's inferred that there is no significant relationship between family income and family social support.

TABLE NO: 6

FAMILY MEMBERS vs FAMILY SOCIAL SUPPORT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	2.374	3	.791	7.517	.000
Within Groups	15.368	146	.105		
Total	17.742	149			

Interpretation

The above table shows about the comparison between family members and family social support. The F value is at 7.517 and the level of significance is at 0.000 which is lesser than 0.05. It's inferred that there is a significant relationship between family members and family social support.

TABLE NO: 7
MONTHLY INCOME vs WORK ROLE CONFLICT

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	4.497	3	1.499	15.699	.000
Within Groups	13.941	146	.095		
Total	18.438	149			

Interpretation

The above table shows about the comparison between monthly income and work role conflict. The F value is at 15.699 and the level of significance is at 0.000 which is lesser than 0.05. It's inferred that there is a significant relationship between income and work role conflict.

INDEPENDENT SAMPLES T-TEST

TABLE NO: 8

FAMILY TYPE Vs FAMILY INVOLVEMENT

		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig. (2-tailed)
Family Involvement	Equal variances assumed	5.819	0.017	-3.348	148	0.001
	Equal variances not assumed			-3.06	57.397	0.003

Interpretation

The above table shows about the comparison between equal variance assumed and not assumed with family type and family involvement were the t value is at -3.348 which is less than then the table value at 0.195. Its inferred that there is a significant relationship between family type and family involvement.

TABLE NO: 9

FAMILY TYPE Vs FAMILY ROLE CONFLICT

		Levene's Test for Equality of Variances				
		F	Sig.	t	Df	Sig. (2-tailed)
Family Role Conflict	Equal variances assumed	4.86	0.029	0.038	148	0.969
	Equal variances not assumed			0.036	58.913	0.972

Interpretation

The above table shows about the comparison between equal variance assumed and not assumed with family type and family role conflict were the t value is at 0.038 which is less than then the table value at 0.195. Its inferred that there is a significant relationship between family type and family role conflict.

TABLE NO: 10

FAMILY TYPE Vs WORK- FAMILY CONFLICT

		Levene's Test for Equality of Variances		T Test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Work Place Support	Equal variances assumed	8.194	0.005	0.262	148	0.794
	Equal variances not assumed			0.321	104.078	0.749
Work Role Conflict	Equal variances assumed	1.308	0.255	-4.884	148	0
	Equal variances not assumed			-4.578	59.672	0
Work Involvement	Equal variances assumed	2.008	0.159	-1.826	148	0.07
	Equal variances not assumed			-1.686	58.282	0.097
Family Social Support	Equal variances assumed	1.836	0.177	0.724	148	0.47
	Equal variances not assumed			0.658	56.907	0.513
Family Involvement	Equal variances assumed	5.819	0.017	-3.348	148	0.001
	Equal variances not assumed			-3.06	57.397	0.003
Family Role Conflict	Equal variances assumed	4.86	0.029	0.038	148	0.969
	Equal variances not assumed			0.036	58.913	0.972

Interpretation

The above table shows about the comparison between equal variance assumed and not assumed with family type and work- family conflict were the t value is at 0.262 which is greater than then the table value at 0.195. Its inferred that there is no significant relationship between family type and work place support. The t value is at -4.484 which is lesser than then the table value at 0.195. Its inferred that there is a significant relationship between family type and work role conflict. The t value is at 0.159 which is lesser than then the table value at 0.195. Its inferred that there is a significant relationship between family type and work involvement. The t value is at 0.177 which is lesser than then the table value at 0.195. Its inferred that there is a significant relationship between family type and family social involvement. The t value is at 0.017 which is lesser than then the table value at 0.195. Its inferred that there is a significant relationship between family type and family role conflict. The t value is at 0.029 which is lesser than then the table value at 0.195. Its inferred that there is a significant relationship between family type and family role.

5.1 FINDINGS

Findings through Percentage Analysis

- Most of the respondents are from the age group of below 25 years.

- Majority of the respondents are married in this survey.

- Majority of the respondents are graduates in this survey.

- Majority of the respondents are having less than 5 years of experience in this survey.

- Most of the respondents are working as staff nurse.

- Majority of the respondents are earning from 5001-10,000.

- Majority of the respondents are having 4 members I their family.

- Majority of the respondents belong to nuclear family.

- Majority of the respondents are working spouse in this survey.

- Most of the respondents strongly agree about acceptance on motivation at work place due to good friends and their relationship with the colleagues and peers is smooth and co-ordinal.

- Majority of the respondents strongly agree for not working for long hours, on overtime and even on holidays and most of the respondents disagree about spending enough time to personal interest.

- Maximum of the respondents agree for full commitment to their job and most of them agree about work as the most important part in life.

- Majority of the respondents agree for family members adjust themselves in any unusual situations demanded by my job and most of them accept for elders at home are found supportive to my family.

- Maximum of the respondents agree about satisfaction with their fulfilment of family commitments.

Findings through Anova

- There is a significant relationship between age and work involvement.

- There is a significant relationship between designation and work place support.

- There is a significant relationship between qualification and work role conflict.

- There is a significant relationship between experience and work role conflict.

- There is no significant relationship between family income and family social support.

- There is a significant relationship between family members and family social support.

- There is a significant relationship between income and work role conflict.

- There is a significant relationship between family type and family involvement.

- There is a significant relationship between family type and family role conflict.

Findings through T-test

- There is no significant relationship between family type and work place support.

- There is a significant relationship between family type and work role conflict.

- There is a significant relationship between family type and work involvement.

- There is a significant relationship between family type and family social involvement.

- There is a significant relationship between family type and family role.

5.2 SUGGESTIONS

- The company can reduce the overtime of the employees so that the level of satisfaction on job can be increased which leads to increase in productivity.

- Employees need recognition and encouragement. They deserve to be treated with deep respect in society. A nurse takes gentle care of patients to save their lives or cure their illness just as a loving mother or a sister or a member of the family.

- Nurses should learn and use the methods and techniques to take care of their own health also.

- Generating awareness towards Work Family Conflict may help them to handle the problems

- The management can arrange for family tours, picnics or for a get together at periodic intervals. This would help to increase the rapport with the nurses. This would also help the hospital management to know personally the family members of the nurses which in turn would help to create a cordial relationship with the members. This leads to a proper balance between work and family involvement.

- The hospital management should also provide proper training like different methods to toggle the patients' tension, stress free activities, yoga, etc.

- In families where parents are working, the children suffer. This is a crucial problem for women nurses. The hospital industries may have crèche facilities near the working ambience, which may help nurses to reduce the stress in children care.

4.3 CONCLUSION

The obtainable facts all the way through study with literature review on hands, it can be reckoned that Work-Family Conflict is a well-known social and psychological phenomenon. Work-Family conflict is widely witnessed in western nations, and nowadays its ogle falls in India. In Indian economy hospital industry has its own connotation and nurses are positioned at the heart of the hospital industries whose style of work is totally poles apart from others.

Work-Family Conflict of nurses is influenced more by Work and Family Role Variables. Mostly the Family Social Support influences the Work Family Conflict than Work Place Support. Human Resources Management in Hospital industry focuses various issues on nursing practices and policies. Now this in turn focuses on individual's healthy life in-contour to the family. With regard to practical implications, these domino-effects suggest that hospital industry should be concerned with work to family or family to work conflict as a cause of stress in the lives of their employees, and as a looming liability in terms of health care

costs and productivity. Indeed, one impetus for hospitals to proffer at workplace are family-supportive programmes (e.g, flextime, child care assistance, etc.,) and for employed parents to devise such programmes, which has been a gauge to reduce the prevalence of these conflicts. Results show that if work-family conflict reduces job and family contentment of the nurse's increases.

Nurses need recognition and encouragement. They deserve to be treated with deep respect in society. A nurse takes gentle care of patients to save their lives or cure their illness just as a loving mother or a sister or a member of the family. She does service to humanity and so she is called as a 'Sister'. Issues relating to their working conditions and other welfare measures should receive sympathetic consideration. While taking care of the health of others, it is important that nurses should learn and use the methods and techniques to take care of their own health also.

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