

## **Prevalence of Work Family Conflict Among Nurses Working in the Teaching Hospitals in Anambra State, Nigeria**

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### **Abstract**

**Objective:** This study aimed at ascertaining the prevalence of work-family conflict and how it relates with the Nurses work characteristics. **Background:** Every Nurse has a work and family life. When there are interferences between the work and family roles, it could lead to work-family conflict. Work-family conflict impacts negatively on psychological safety and psychological well-being. **Methods:** The study was conducted at Nnamdi Azikiwe University Teaching Hospital (Nauth) and Chukwuemeka Odumegwu Ojukwu University Teaching hospital (Coouth) in Anambra State, Nigeria. Descriptive Survey design was adopted for the study and proportionate sampling technique was used. A sample size of 420 Nurses was utilized for the study (Coouth: n=138 and NAUTH: n=302). The instrument for data collection included work-family conflict questionnaire by Carlson et al (2000) and work design questionnaire for job characteristics by Morgeson and Humphrey (2006). The collected data was analysed using frequency, percentage, mean, standard deviation, fishers exact test and spearman correlation at 5% level of significance using SPSS 25. **Results:** Results showed that female Nurses were (86.2%) while male Nurses (13.3%). Majority were married (71.4%) and have 2-4 children (47.9%). There was high level of Work-Family Conflict (67.9%). Workload was seen as a major work-related factor that act as a determinant of Work-Family Conflict, and family related factor such as family/spouse support was positive and seen as a non-determinant of Work-Family Conflict. There is no significant association between the level of Work-Family Conflict and Nurses age groups, years of experience and different marital status. **Conclusions:** In conclusion, it is imperative for Nurse administrators to ensure that flexible work policies are implemented as this will help Nurses to work at their pace and also the policy makers should recruit more Nurses which would reduce the number of assigned tasks thereby minimize Work-Family Conflict.

**Keywords:** work-family conflict, prevalence, work condition, nurse, Nigeria

### **Introduction**

Every Nurse has a work and family life. Literature shows that there is a negative impact of work-family conflict on psychological safety and psychological well-being (Obrenovic et al., 2020). The nurses' work role involves patients' care, advocacy, counseling and several other roles. In addition, domestic activities including cooking, caring for the children and the elderly are all responsibilities of the working nurse. Maintaining balance between both roles could be challenging and very difficult as there would always be interferences (Venkatesan, 2021). The Nurse while trying to meet organizational goals and client's needs may have the work life infringe into his/her personal time meant for self and family and vice versa.

In order to make the family a place of rest and comfort, it will demand one's strong commitment by investing time and energy in family activities, and not allowing other priorities including work occupy and take much away from family interactions, which could be detrimental to the entire family members (*Family Matters: Commitment Is the Foundation of Family – Precious Blood Renewal Center*, n.d.). Consequently, no one would naturally be happy to see his/her home fail, and the nurse would not either. So, the nurse would not want to have his/her work schedule overstepping into the personal and family life to the end that he/she comes home feeling ill-tempered, feeling fatigued to do what personally he/she would have wanted to do, have his/her personal interest and time meant to be spent with family taken away, have personal plans altered, have difficulty fulfilling responsibility and have ambitions turn into mere dreams.

The healthcare profession generally is a tasking one especially as it deals directly with the issues of life and death. The nursing profession however is the most tasking as it could be regarded a key determinant to quality healthcare as they are closest to the patients having direct contact almost at every given time (Kengatharan & Kunatilakam, 2020; Rb et al., 2022). The profession is normally characterized by increasing workload, understaffing, demanding job schedule, unsatisfactory compensation, emotional experiences and expectations of patients and caregivers, work environment challenges, inadequate management support, inadequate infrastructures and resources (Asiedu et al., 2018; Kengatharan & Kunatilakam, 2020; Lateef & Mhlongo, 2021; Makola et al., 2015; Naija, 2023; Sayed Desouky Desouky et al., 2021; Wu et al., 2021) which make it highly challenging for the nurse to balance work and family life. Hence, when the nurse clocks out, he/she having been drained both physically and mentally in the workplace finds it is difficult to maintain soundness and coordination to meet his/her family and attend to their needs, which consequently results in work-family conflict.

Work-family conflict generally refers to a situation in which the work responsibilities and demands clash with family responsibilities and demands as a result of their incompatibility (Kengatharan & Kunatilakam, 2020). The arising pressure from both sides could be unfavourable and very challenging for workers to manage (Spell et al., 2009). Work-family conflict which could be time-based, strain-based or behavior-based (Beutell, 1985) is an inter-role conflict in which compliance to either the pressures of work or family role makes compliance to the other very difficult (*An Examination of Two Aspects of Work-Family - ProQuest*, n.d.). Specific to work interference in family life, the conflict occurs when a worker extends efforts to satisfying his/her employer and clients' demand at the expense of his/her personal/family demands (Ogbogu, 2013), and this could be more serious among Nurses.

Studies have shown a moderate to high level of Work-Family Conflict among Nurses (Zandian et al, 2020). In South-east Nigeria, a cross-sectional descriptive study on Burnout and Psychological distress among Nurses in a tertiary health institution, UNTH in Enugu State reveal high prevalence of Burnout and psychological distress among the Nurses which is an outcome of Work-Family Conflict (Okwaraji and Aguwa, 2013). This study aims to ascertain the prevalence of Work-Family Conflict and how it relates with the Nurses work conditions.

## **Methods**

This study is a cross-sectional descriptive survey conducted in the 2 teaching hospitals in Anambra State, Southeast Nigeria: Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi and Chukwuemeka Odumegwu Ojukwu University Teaching Hospital (COOUTH), Amaku, Awka.

NAUTH has 18 clinics and 17 wards (35 Units) while COOUTH has 13 clinics and 16 wards (29 units). The population included all the 620 nurses in both institutions: 195 in COOUTH and 425 in NAUTH. A sample size of 440 (inclusive 10% attrition rate) was used for the study, obtained using the Taro Yamane formular. The instrument for data collection included the work family conflict questionnaire by Carlson et al (2000) and work design questionnaire for job characteristics by Morgeson et al (2006). Face validity and content was done by experts. A pilot testing was done using 44 nurses in University of Nigeria Teaching Hospital Ituku-Ozalla. A reliability coefficient of  $\geq 0.7$  was obtained using the Cronbach Alpha. The ethical clearance was obtained from NAUTH, Nnewi. Questionnaires were distributed to the nurses in each unit in the teaching hospital using convenience sampling. Data collection lasted for two months. A sample size of 440 was reached, though only 420 was properly filled and hence utilized for the analysis. Frequency, percentage, mean and standard deviation were used to summarise the data while Spearman correlation and Fishers exact test were used to ascertain relationships at 5% level of significance; these were done using the SPSS 25 and Microsoft Excel.

## Results

Table 1: Socio-Demographic Characteristics of the Nurses n = 420

	Frequency	Percent	M±SD
<b>Age (in years)</b>			
≤ 20	10	2.4	
21-30	131	31.2	
31-40	150	35.7	
41-50	90	21.4	
51-60	37	8.8	
> 60	1	0.2	
No response	1	0.2	
<b>Gender</b>			
Male	56	13.3	
Female	362	86.2	
No response	2	0.5	
<b>Ethnicity</b>			
Igbo	399	95.0	
Hausa	5	1.2	
Yoruba	6	1.4	
Igala	2	0.5	
No response	8	1.9	
<b>Religious affiliation</b>			
Christianity	408	97.1	
Islam	6	1.4	
Tradition	3	0.7	
No response	3	0.7	
<b>Marital status</b>			
Single	105	25.0	

Married	300	71.4		
Widowed	7	1.7		
Divorced	4	1.0		
No response	4	1.0		
No. of children				
None	123	29.3		
1	42	10.0		
2-4	201	47.9		
5 and above	52	12.4		
No response	2	0.5		
If with children, who takes care of them while at work ( <i>n</i> = 295)				
My children are old enough	74	25.1		
My older child	46	15.6		
My relatives/mother siblings	54	18.3		
Maid	52	17.6		
Creche/school	68	23.1		
No response	1	0.3		
Highest Educational Qualifications				
	NAUTH	COOUTH	Frequency	Percent
- Diploma	60	51	111	26.4
- BNSC	161	78	239	56.9
- MSC	36	12	48	11.4
- PhD	4	-	4	1.0
- No response – 18		18	4.3	

Statistics Used: Frequency, Percentage, Mean & Standard deviation

Table 1 presents the demographic characteristics of the nurses. Their age mean and standard deviation was  $35.94 \pm 9.88$  and their modal age group 31-40 years (35.7%). Most of them are female (86.2%), majority were Igbos (95.0%) Christian (97.1%). Many were married (71.4%), majority having 2-4 children (47.9%) who are old enough to care for themselves (25.1%) or being taken care in a crèche/school (23.1%) while at work. Majority had BNSC qualification (56.9%) and Diploma certificate (26.9%).

Table 2: Work-Related Characteristics of the Nurses n = 420

	Frequency	Percent		
<b>Professional rank</b>				
NO 1	85	20.2		
NO 11	84	20.0		
SNO	110	26.2		
PNO	47	11.2		
ACNO	26	6.2		
CNO	33	7.9		
Assistant director	19	4.5		
Director	2	0.5		
No response	15	3.6		
<b>Nurses work unit</b>				
	NAUTH	COOUTH	FREQUENC	PERCENT
- Emergency Unit	22	13	35	8.3
- Surgical Ward	45	22	67	15.9
- Medical ward	35	17	52	12.3
- ICU/SCBU	33	15	48	11.4
- Padiatric Unit	42	20	62	14.7
- Maternity/Gynecological	50	23	73	17.3
- Nursing admin/All Clinic	57	28	83	19.7
<b>Years of working with this establishment</b>				
≤ 5 years		203		48.3
6-10 years		91		21.7
11-20 years		99		23.6
21 years +		27		6.4
		Frequency		Percent
<b>How many hours do you work in a day</b>				
4 hours		16		3.8
6 hours		218		51.9
8 hours		163		38.8
10 hours and above		12		2.9
No response		11		2.6
<b>How many patients do you serve on average, per shift</b>				
1-5		38		9.0
6-10		102		24.3
11-15		70		16.7
16-20		64		15.2
21-25		33		7.9
26-30		30		7.1
Above 30		46		11.0
No response		37		8.8
<b>Which shift do you do often</b>				
Rotational shift		249		59.3
Permanent day duty		133		31.7
Permanent night duty		13		3.1
Weekend duty		3		0.7
No response		22		5.2

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Weekend duty	3	0.7
No response	22	5.2

*Statistics Used: Frequency, Percentage, Mean and Standard Deviation*

From Table 2, presents the nurses' work-related characteristics. Majority of the Nurses worked 6 hours in a day (51.9%). Number of patients served per shift was between 6-10 patients (24.3%) and 11-15 patients (16.7%). Among the nurses, SN0's were more in number (26.2%) and N0 1 (20.2%). Nurses with less than 5 years working experience in the establishment (43.3%) and those that have 11-20 years experience (21.4%). Majority of nurses are working in the clinics (25.7%).

Table 3: Assessing Work-Family Conflict among the Nurses

n = 420

My work schedule often interferes with my family life	3.27±1.25
After work, I come home too tired to do some of the things I would like to do	3.89±0.98
On the job I have so much work to do that it takes away from my personal interest	3.26±1.11
Because my work is so demanding at times ,I am irritable at home	3.11±1.18
The demand of my job makes it difficult to be relaxed all the time at home	3.21±1.16
My work takes up time that I would like to spend with my family	3.36±1.25
Due to work-related duties, I frequently have to make changes to my personal plan	3.77±0.96
The amount of time my job takes up makes it difficult to fulfill family responsibility	3.28±1.19
Overall work-family conflict	3.39±0.77
High WFC (mean WFC score > 3.0) f(%)	285(67.9)
Low (mean WFC score ≤ 3.0) f(%)	135(32.1)

*Item with mean (M) > 3.0 represents the respondents' condition; Statistics used: Mean, Standard deviation, Frequency & Percentage*

Table 3: presents the results on the work-family conflict level among the nurses. Using mean and standard deviation of scaled data, the two most experienced forms of conflict among them were that ‘After work, I come home too tired to do some of the things I would like to do ( $3.89 \pm 0.98$ ) and ‘due to work-related duties, I frequently have to make changes to my personal plan’ ( $3.77 \pm 0.96$ ). The overall work-family conflict mean and standard deviation is ( $3.39 \pm 0.77$ ). Majority of the nurses experienced high level of work-family conflict (67.9%).

Table 4a: Assessing the Work-Related Domain of the Nurses. n = 420

Workload	Not at all	Rarely	Moderate	Most times	Always	M±SD
How often do you have so many tasks that you are prevented from working effectively	42	138	144	84	12	2.73±0.99
How often do you think you work under an unacceptable pressure	22	136	155	80	27	2.89±0.99
How often are you interrupted by other activities when carrying out a duty	42	146	122	90	20	2.76±1.05
Task Variety	SD	D	NAD	A	SA	
The job involving performing a variety of tasks	35	37	36	246	66	3.65±1.11*
The job is quite simple and repetitive	45	136	85	112	42	2.93±1.19
Job autonomy						
I have sufficient influence on decision that concern my work schedule	26	90	89	171	44	3.28±1.10*
I do not have so much influence on my own work, that I can delay issues that were planned	35	104	108	143	30	3.07±1.10*
The job can be done adequately by a person working alone without talking or checking with other staff	117	133	57	83	30	2.47±1.28
Organisational & Co-worker support						
The job requires a lot of co-operative work with other people	11	14	31	220	144	4.12±0.88*
Physician and other health care team cooperate with staff in the unit	11	36	46	236	91	3.86±0.94*
Nurses with whom I work show concern for each other	13	15	44	212	136	4.05±0.92*

Item with mean (M) > 3.0 represents the respondents' condition; Statistics used: Mean, Standard deviation, Frequency & Percentage

Table 4b: Work-Related Domain as a Determinant of Work Family Conflict

	Statistic	p-value
Workload		
How many hours do you work in a day	.011*	.824
How many patients do you serve on average, per shift	.072*	.157
Which shift do you do often: rotational, permanent day duty, permanent night duty & weekend duty	1.344**	.759
How often do you have so many tasks that you are prevented from working effectively	.384*	< .001
How often do you think you work under an unacceptable pressure	.294*	< .001
How often are you interrupted by other activities when carrying out a duty	.217*	< .001
Task variety		
The job involving performing a variety of tasks	.257*	< .001

The job is quite simple and repetitive	.143*	.003
Job autonomy		
I have sufficient influence on decision that concern my work schedule	.081*	.099
I do not have so much influence on my own work, that I can delay issues that were planned	.288*	< .001
The job can be done adequately by a person working alone without talking or checking with other staff	.129*	.008
Organizational & co-workers support		
The job requires a lot of co-operative work with other people	.176*	< .001
Physician and other health care team cooperate with staff in the unit	.169*	.001
Nurses with whom I work show concern for each other	.102*	.036

*Statistics Used: Spearman Correlation (\*) & Fishers Exact Test (\*\*)*

Table 4a and 4b presents the results on the work-related domain that acts as a determinant to work-family conflict among the nurses. The average number of patients served per shift (P=.157). Nurses that served more patients were predisposed to work family conflict and likewise those that had more workload. For organizational and co-workers support, nurses that had less support were predisposed to work-family conflict than those that had support.

## **Discussion**

The findings showed a high level (67.9%) of work-family conflict among the nurses with overall mean score of 3.39 above 3.0 average score. This indicates that work interference with family roles or responsibilities is high among nurses. This could be as a result of the fact that most respondents reported that due to work-related duties, they frequently have to make changes in their personal plans so as to meet up with their duties at work with a mean value of 3.77. Our finding is similar to an earlier finding by (Grzywacz et al., 2006) that reported that fifty percent of nurses reported chronic work interference with family. On the other hand, a related study outside Nigeria by (Latief et al., 2022) that found low prevalence of work-family conflict among civil workers in Egypt and Japan although it is higher in Egyptian than in Japanese women (23.7% vs. 18.2%) and men (19.1% vs. 10.5%). The wide disparity may be because the study population in our study is nurses while theirs is civil workers.

Job burnout is also seen as an indication of work-family conflict as majority of the respondents reported that after work, they return home too tired to do some of the things they would love to do. This reason is in line with the findings of (Ozor et al., 2016) which states that as work-family conflict increases, there is also an increase in reduced personal accomplishment and emotional exhaustion components of burnout. Gender factors could also be the reason for the high level of work-family conflict, as majority of the nurses are female (86.2%) and there is an understanding that women have greater home responsibilities and their allocation of more importance to family roles, therefore women struggle to meet up with the roles in their homes and that of the organization. Inability to meet up with the expectations will bring about work-family conflict as nurses responded that work schedule often interferes with their family life. This reason is in line with the findings of (Zurlo et al., 2020) which states that female nurses perceived significant higher levels of work-family conflict, anxiety, depression and somatization.

This current finding on the level of work family conflict among nurses is in line with the findings of (Zandian et al., 2020) on quality of work life and work-family conflict: a cross-sectional study among nurses in teaching hospitals in Iran, results showed a total of 93% of participants experienced

moderate or high levels of work-family conflict. Nursing is universal in practice; this makes it similar irrespective of the location. Work related conditions that act as a determinant of work-family conflict among the nurses showed that workload, performing a variety of tasks and poor co-workers support are the significant determinant of work-family conflict. Majority of nurses served between 6-10 patients a day. This implies that nurses that served more than six (6) patients in a shift had increased workload. The standardized number of nurse-patient ratio is 1:3 depending on the state of the patient; critically-ill patients may require 1 nurse: 1 patient (1:1), this is the recommended staffing ratio in the teaching hospitals (Nursing education and practice standard, 2009). Inability to meet up with this standard has been related to shortage in workforce, shortage in the number of nurses will lead to increased workload. This finding is in line with the study done by (Tayfur Ekmekci et al., 2021) on the buffering effect of perceived organizational support on the relationships among workload, work family interference and affective commitment: A study on nurses revealed that workload predicts affective commitment negatively and work-to family conflict positively.

Our findings, that workload is a determinant of work-family conflict is also in line with the findings done by (Sabil et al., 2016) on identifying work-family conflict among Nurses: a qualitative study to identify the scenario of work-family conflict among nurses in Sarawak general hospital Malaysia and findings from the data collected, is that workload is the major factors that contributes to work family conflict. Another study which is in line with this finding was done by (Yildirim & Aycan, 2008) on Nurses work demands and work family conflict; a questionnaire survey, results showed that work overload and irregular work schedules were the significant predictors of work-family conflict. For task variety, majority of nurses responded that the job involves performing a variety of tasks. A nursing job involves performing a variety of tasks which are carried out scientifically, knowing the scientific rationale for every action and the theory that guides the practice. Performing these tasks on patients accordingly can lead to exhaustion, thereby causing work-family conflict. This finding is in line with the work done by (Michel et al., 2011), on the antecedents of work-family conflict: A meta-analytic review which states that task variety as a component of work characteristics is an antecedent of work-family conflict.

Interestingly, cooperations from colleagues at work place has been found to reduce work family conflict and burnout(Norling & Chopik, 2020). Nurses that had less support from colleagues are predisposed to work family conflict. Colleagues have a unique opportunity to provide work facilitative support as they have a clearer understanding of the nature of stressors faced by their fellow employees. This finding is in line with the study done by (Mesmer-Magnus & Viswesvaran, 2009) on the role of the co-worker in reducing work family conflict: A review and directions for future research stated that altruistic employees are highly likely to receive co-worker support and such employees are less likely to experience work family conflict because co-workers helps reduce work family conflict.

For job autonomy, most of the respondents have sufficient influence on decisions that pertain to work schedule and not the job itself. This is encouraging because it will create an opportunity for the nurse to plan her duties to control work family conflict. Job autonomy is a key aspect of the job characteristics model. It indicates how much freedom employees have to arrange their own work schedules, decide the order of tasks, and exercise their initiative or judgment in completing their responsibilities. Specifically, job autonomy encompasses employees' authority and choices regarding work methods, arrangements, and standards, which distinguishes it from mere liberty, as it provides employees the chance to make decisions at work and contribute their opinions on their tasks(Nie et al., 2023). Provisions are made in the nursing department to request duties that suit the nurses before

the duty roster is drafted. Period of off duty can still be of benefit to the nurse without having or generating work family conflict.

### Conclusion

The major findings of this study showed that majority of the nurses experienced work-family conflict. Some work conditions related to work-family conflict included: having so many tasks that prevented them from working effectively, working under unacceptable pressure, being interrupted by other activities when carrying out a duty, job involving performing a variety of tasks, job being quite simple and repetitive and the nurse not having so much influence on the work.

### Recommendations

It is imperative for the employers of labor to consider the prescribed nurse-patient ratio in recruitment of nurses. This would not only improve nurses' productivity at work but reduce the interference of work in family activities, which also leads to an unhealthy society.

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