

## The Relationship between Socio-Demographic Characteristics and Work-Family Conflict among Staff Nurses at Ismailia General Hospital

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### Abstract

**Background:** Nurses expose to a variety of job and family demands causing work family conflict. It is the overlapping of home and work roles that may lead to interface in the roles at home, or cause problems at work. These conflicts can occurs as a result of factors related to work domain including hours worked, frequency/amount of overtime, or factors related to family domain including marital status, or family caring responsibilities. Hence, the role of socio-demographic characteristics is resided. **Aim of the study:** assess the relationship between socio-demographic characteristics and work-family conflict among staff nurses at Ismailia General Hospital. **Material and methods:** a descriptive correlational design was conducted on all staff nurses (270) using a questionnaires assessing their socio-demographic characteristics and work-family conflict at all departments and units in Ismailia General Hospital. **Results:** staff nurses scored moderate level of work-family conflict, and 84.8 percent of them were female, caring for children and elderly in the family, with one to eleven years of experience and caring for five to eight patients. There is no statistical significant difference among total work-family conflicts scores of staff nurses in relation to their socio-demographic except working shift and number of patients. **Conclusion:** totally all socio-demographic characteristics cause no significant difference with work-family conflict except working late shift and five to eight patients for nurse which is the highest applicable patient/nurse ratio as a nursing assignment for the shift. **Recommendations:** All staff nurses should be started training programs on stress and time management techniques to help in manage work family conflict with its two directions.

**Key words:** Family interference with work, Socio-demographic characteristics, Work-Family Conflict, Work interference with family.

### 1. Introduction

Nursing is considered an inherently demanding occupation. Nurses are not only exposed to a variety of job demands such as high emotional expectations of patients, demanding and nonstandard job schedules and work overload but also often lack adequate resources to deal with these demands (Lembrechts, Dekocker, Zanoni,

& Pulignano, 2015). In many developing countries, demands on nurses are exacerbated by shortage in the number of nurses due to factors such as ageing, poor salaries and limited career prospects for nurses (Mason, Leavitt, & Chaffee, 2013).

Staff nurse refers to any individual qualified as a nurse or midwives that is registered to practice nursing or midwifery,

and is capable of assuming responsibility and accountability for this practice. A registered nurse must have received education and training in an accredited nursing school to fulfill their role. Hence, it is expected that personal and work characteristics could interfere with nurses' life. Personal and social background characteristics include the following demographic as age, gender, marital status and number of children. Work characteristics are such as hospital, ward/department, years of nursing experience, responsibility, and work hours (**Nabirye, Brown, Pryor, & Maples, 2011**).

Excessive occupational demands have the potential to spill over to nurses' family life, resulting in work–family conflict, “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible” (**Greenhaus & Beutell, 1985, p. 77**). Work-family conflict is bidirectional, so that stress in work can lead to spillover of stress into the family domain and vice versa. The conflict divided between roles into three separate categories: time based conflict, strain based conflict, and behavior based conflict (**Bradley, 2013**).

Antecedents to work–family conflict originating in the individual domain: Some personal attributes (such as personalities,

work or family identity, and skills) are also found to be related to work-family conflict (**D'Argent, 2014**). For example, loss of control and neuroticism relate positively to conflict. On the other hand, self-esteem has been shown to buffer against work–family conflict (**Bradley, 2013**).

Antecedents originating in the work domain: including hours worked, frequency/amount of overtime, autonomy in work and task challenge, work load and management support and recognition, role overload at work, and income level (**Bradley, 2013**). When employees feel pressure from an intensive workplace environment, non-supportive workplace environment and working longer hours it creates work-to-family conflict and family-to-work conflict (**Raza, Eeden-Moorefield, Grzywacz, Linver, & Lee, 2018**).

Antecedents originating from the family domain that affect work–family conflict experienced include marital status, size and development stage of family, family stressors, and family involvement (**Bradley, 2013**). Spending more time on family matters reduces the time one spends in working for the organization one is employed in, leading to lower work productivity. However, because of work commitments, individuals cannot spend the required and desired amount of time on household matters leading to

conflicts in one's mind, which is then reflected in their other facets of life (Sharma, 2016).

There are other indirect factors that are created because of work–life conflict and they further increase the imbalance; limited resources, in terms of time, money, psychological and physical energy. Individuals try to perform their multiple duties and roles using these resources. Individuals are not stressed when the resources meet their needs. This mismatch leads to disturbances at the work and family fronts, Technology, One can now work from home and keep in touch with everyone in just a click using the electronics and telecommunication equipment (Sharma, 2016).

There are number of negative consequences are associated with both work interference with family and family interference with work, which can have negative repercussions in three domains of an employee's life including individual (e.g., increased psychological distress, depression, somatization, and substance dependence disorders), familial (e.g., marital, parental, and family dissatisfaction), and work (e.g., occupational dissatisfaction, burnout, and low job performance). Hence, difficulties in one area often influence stability of the other (Bradley, 2013; D'Argent, 2014).

### 1.1. Significance of the study

As a result of these consequences in addition to less numbers of studies targeted the both work–family conflict and socio-demographic characteristics of staff nurses, this study aimed to assess the relationship between socio-demographic characteristics and work-family conflict among staff nurses at Ismailia general hospital.

### Hypothesis

- Socio-demographic characteristics of staff nurses cause statistical significant difference in work-family conflict. S
- Socio-demographic characteristics of staff nurses have statistical significant correlation with work-family conflict.

## 2. Subjects and Methods

### 2.1. Research Design: R

A descriptive correlational design was used to conduct this study.

### 2.2. Setting of the study: S

The study is conducted at all departments and units (11) at Ismailia General Hospital in Ismailia City that classified into: outpatient departments (Dialyses Unit, Emergency Department,

and Outpatient Department); inpatient critical departments (Cardiac Care Unit, Hepatic Intensive Care Unit, Intensive Care Unit, and Neonatal Intensive Care Unit); inpatient noncritical departments (Surgery and Orthopedics Department, Obstetric Department, Operations unit, and Pediatric Department),

### **2.3. Subjects** **S**

Staff nurses working in the previously mentioned setting participated in the study, excluding newly hired staff nurses with less than one year of experience with sample size 270 staff nurses.

### **2.4. Tools of data collection** **T**

A questionnaire sheet was used for data collection. It is divided into two main parts:

**First part: socio demographic characteristics of staff nurses:** It consisted of three factors: personal characteristics (nurses' age, sex and level of education); family characteristics (marital status, number of children, elderly and children with special needs); work characteristics (income, unit, years of experience, working shift and number of patients).

**Second part: work-family conflict scale:** it was developed by **Carlson et al. (2000)** and used to measure participant's work-

family conflict through two directions; work interfering with family (WIF) and family interfering with work (FIW). The scale consists of 18 items divided into 6 subscales which include 3 items in each subscale to assess each combination of type and direction of work-family conflict including: time-based WIF, time-based FIW, strain-based WIF, strain-based FIW, behavior-based WIF, and behavior-based FIW. A five-point Likert scale used with responses of strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5) (**Carlson et al., 2000**). The mean scores which ranged between (1.00-2.33), (2.34-3.66), and (3.67-5.00) were classified as low, moderate and high levels of WIF, FIW, and WFC depending on the items concerned (**Lee & Hung 2005**). The work-family conflict scale had reported internal consistency reliabilities of time-based WIF (0.87), time-based FIW (0.79), strain-based WIF (0.85), strain-based FIW (0.87), behavior-based WIF (0.78), and behavior-based FIW (0.85) (**Carlson et al., 2000**). The scale has been translated into Arabic by the researcher followed by back translation.

### **2.5. Data collection** **D**

An official permission was obtained from the manager of Ismailia General Hospital for collecting the data from staff

nurse. The data were collected using self-instructed questionnaire after explaining aim and nature of the study and how to fulfill it. The study is conducted over six months from august 2018 to January 2019.

## **2.6. Ethical considerations**

The staff nurses permission was obtained using informed written consent after the presentation and approval of the faculty research ethics committee and clarifying the aim and procedure, using proper channels of communication to staff nurses. Any individual included in the study has the right to refuse to participate in the study or withdraw from the study at any time. The confidentiality of the participants' responses was guaranteed by the anonymity of the questionnaires.

## **2.7. Data analysis**

Data were analyzed using the statistical package of social science (SPSS) program, version 20 for windows. All data were normally distributed and were expressed in number and percentage, and mean  $\pm$ standard deviation (SD). ANOVA and T test was used for comparison of variables with continuous data. Correlation co-efficient test was performed to evaluate the correlation between continuous

variables. Statistical significance was set at  $p < 0.05$ , and 0.01 level.

## **3. Results**

Table (1) shows socio-demographic characteristics of staff nurses. It was found that most of the staff nurses were female (84.8%) with associate degree (82.6%). Regarding family characteristics, it was found that the highest percentages of staff nurses (84.8) were female and have children (77.6%). For work characteristics, the highest percentages of nurses (98.3%) have years of experience from one to less than eleven years, working at three shifts (56.3%), and caring for five to eight patients (44.4%).

Table (2) shows means and standard deviations of work-family conflict among staff nurses. It was found that time and strain based work interference with family scored means ( $4.11 \pm 0.81$  and  $4.11 \pm 0.85$  respectively) higher than time and strain based family interference with work ( $2.71 \pm 0.81$  and  $2.95 \pm 1.01$  respectively). However, behavior based family interference with work scored means ( $3.07 \pm 0.87$ ) higher than behavior based work interference with family ( $2.92 \pm 0.86$ ). In addition, the mean score of work interfering with family ( $3.71 \pm 0.62$ ) was higher than mean score of family interfering with work ( $2.91 \pm 0.58$ ). Totally, work-

family conflict of staff nurses scored moderate level ( $3.31 \pm 0.51$ ).

Table (3) clarifies relationship between socio-demographic characteristics among nurses and work-family conflict. It was found that all socio-demographic characteristics cause no statistical significant difference with work interference with family except educational qualification (baccalaureate), marital status (divorced), and in patient critical units. All socio-demographic characteristics cause no statistical significant difference with family interference with work except educational qualification (diploma), and enough income. Totally all socio-demographic characteristics cause no statistical significant difference with work-family conflict except working shift (late) and number of patients groups with nursing assignment 17-20, followed by 5-8 patients at shift.

Table (4) shows correlation between work family conflict and sociodemographic characteristics of staff nurses. It was found that there was no statistical significant correlation between work-family conflict and sociodemographic characteristics of staff nurses except years of experience which has negative correlation with work interference with family.

#### **4. Discussion**

The aim of this study was to assess the relationship between socio-demographic characteristics and work-family conflict among staff nurses at Ismailia general hospital. Regarding personal characteristics, it was found that most of the staff nurses were female. This result is in accordance with the study conducted by **Mastalerz (2019)**, **Weiss (2019)**, and **Tohemer (2019)** who reported that a majority of the staff nurses were female. This indicates that nursing is a female dominated profession. In addition, the highest percentages of staff nurses in current study aged from twenty to less than thirty years record the highest percentage. This result was disagreed with **Tohemer (2019)** and **Hatam, Jalali, Askarian and Kharazmi (2016)** who reported that more than half of the nurses were between the ages of twenty six to thirty five. Also, most nurses were with associate degree. This is in accordance with the study conducted by **Hlongwane (2015)** and **Melius (2012)** who reported that the majority of the nurses had an associate degree in nursing.

For family characteristics, it was found that single nurses record the highest percentage. This result is in accordance with the study conducted by **Hlongwane (2015)** who reported that more than half of nurses are single followed by married nearly one third. In addition, it was found that the highest percentages of married staff have children. This result is in agreement with **Akca and Selen (2015)** who reported

that the most of nurses had at least one child at home.

Concerning, work characteristics, it was found that staff nurses working at inpatient critical units record the highest percentage. This result agrees with **Sobas-Gonzalez (2013)** who reported that nurses were mainly assigned to critical care nursing. Whereas, it disagrees with **Bunnaman (2014)** and **Tuttas (2013)** who reported that participants were mainly assigned to the medical or surgical wards.

The current study was also indicated that income isn't enough for the highest percentage of staff nurses. This may be as a result of that staff nurses usually haven't time to another adding job. This is in addition to the low salary of nursing compared to other careers. In addition, the highest percentages of nurses have years of experience from one to less than eleven years. This result is supported by **Sobas-Gonzalez (2013)** who reported that the majority of nurses had one to five years of experience. Staff nurses caring for five to eight patients record the highest percentage. This is closely related to standard of accepted patient/staff ratio.

Regarding work-family conflict among staff nurses, this study revealed that time and strain based work interference with family scored means higher than time and strain based family interference with

work. These results may be due to time consumed and stress created by work responsibilities may affect home responsibilities causing conflict. This is supported by **Allen et al. (2019)** who reported that variables within the employee's work domain (e.g., job stress, hours at work) are more strongly predictive of work interfering with family. However, the current study results indicated that behavior based family interference with work scored means higher than behavior based work interference with family. This result may be because the home related behaviors that depend on simple and informal relationships may fail in work domain that needs formal relationships more. This is supported by **Matthews et al. (2011)** who reported that behavior based family interference with work average also leans towards more conflict.

Regarding staff nurse's total work-family conflict the mean score of work interfering with family was higher than mean score of family interfering with work. This result agrees with **Sobas-Gonzalez (2013)** who reported that nurses experience work-family conflict more than family-work conflict. Totally, work-family conflict of staff nurses was mainly at moderate level. This result is in agreement with **Raffenaud (2018)** who reported that work-

family conflict for the nurses was in the moderate range.

Regarding relation between socio-demographic characteristics among nurses and work-family conflict the current study shows that all socio-demographic characteristics cause no statistical significant difference with work interference with family except educational qualification (baccalaureate), while there was statistical significant difference between educational qualification (diploma) and family interference with work. These results don't coincide the result of **Alhani & Mahmoodi-Shan, (2018)** who reported that nurses with lower levels of education correlate with higher levels of work-to-family conflict compared to that higher levels of nursing education was associated with increased family-work conflict. This result may be because higher degree education nurses assigned to managerial roles in addition to their direct patient care. This is supported by **Raffenaud, (2018)** who reported staff nurses who assigned to leadership and management roles reported greater work-family conflict than their non-management nursing counterparts.

The current study shows that marital status (divorced) cause statistical significant difference with work interference with family. This result is in accordance with **Alhani & Mahmoodi-Shan (2018)** who

reported that nurses' marital and family needs and responsibilities experience greater work-to-family conflict than their single counterparts. Also, the current study showed that in patient critical units cause statistical significant difference with work interference with family. This is expected result because critical units known as stressful units. This is supported by **Dacey (2019)** who reported that intensive care unit is the critical unit that put nurses in stressful situations and leads to increase work family conflict.

The current study shows that working shift (late) cause statistical significant difference with work interference with family, family interference with work and total work family conflict. These results were in accordance with the study conducted by **Baker (2018)** who reported that mothers who endorsed nonstandard hours (evenings, overnights, weekends, etc.) endorsed higher levels of the family conflict with statistical significant difference. Previous studies have found a positive and strong relationship between work interference with family and family interference with work and work demands such as irregular working hours. In particular, employees who work changing shifts cannot attend activities related to their families, and this situation prevents



them from fulfilling their familial roles and responsibilities (**Anafarta, 2011**).

Also, we found all socio-demographic characteristics cause no statistical significant difference with family interference with work except enough income. These results are in accordance with the study conducted by **Greer (2011)** who reported that individuals who earned a higher income reported more family interference with work. This result may be because working elsewhere need more time causing conflict. In addition, number of patients groups with nursing assignment 17-20 patients at shift which also cause difference related to family interference with work and total work family conflict. This is supported by **Lindeman (2010)** who reported that Exposure to work stressors that may be caused by increased number of patients consistently predicted higher levels of work family conflict. High nurse-to-patient ratios often lead to nurse stress and fatigue and contribute to increased patient accidents and injuries (**Raffenaud, 2018; Stimpfel & Aiken, 2013**). This also, supported by **Ekici, Cerit, & Mert (2017)** who reported that the large amount of work to be done during nursing shortages produce higher workloads for nurses. In this study, greater workloads were found to increase WFC.

Regarding correlation between work family conflict and sociodemographic characteristics of staff nurses, it was found that there was no statistical significant correlation between work-family conflict and sociodemographic characteristics of staff nurses except years of experience with work interference with family. These results were in accordance with the study conducted by **Greer (2011)** who reported that years of experience in the unit, were significant in explaining the variance in work family conflict.

## **5. Conclusions**

Socio-demographic characteristics cause no statistical significant difference with work-family conflict that is at moderate level, except working late shift with five to eight patients for nurse that is the highest applicable patient/nurse ratio as a nursing assignment for the shift. However, marital status only causes statistical significant for work interference with family, and educational qualifications cause statistical significant difference for work interference with family and family interference with work. In addition, years of experience are the only characteristic that has statistical significance correlation with work interference with family.

## 6. Recommendations

- All staff nurses should be started training programs on stress and time management techniques to help in manage work family conflict with its two directions.
- In addition, other measures could be used to improve work family conflict such as training older staff on leadership and managerial functions to be more capable to work as a nurse in charge on late and night shifts, this should be completed by fair distribution of them besides to baccalaureate degree nurses on late and night shifts to provide both administrative and clinical tasks.
- Also, fairly distribution of number of shifts on staff nurses regardless their marital status is recommended. This is in addition to giving suitable chances for staff nurses to work at all shifts not only late or night shift.

## 7. Acknowledgements

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Table (1): Sociodemographic characteristics of staff nurses (n=270)

		No.	%
<b>Personal characteristics</b>			
<b>Sex</b>	Male	41	15.2
	Female	229	84.8
<b>Age (years)</b>	20- <30	228	84.5
	30 - <40	35	13
	40 and more	7	2.6
<b>Educational qualification</b>	Diploma of Nursing	33	12.2
	Associate degree	223	82.6
	Baccalaureate degree	14	5.2
<b>Family characteristics</b>			
<b>Marital status</b>	Single	145	53.7
	Married	123	45.6
	Divorced	2	0.7
<b>Children</b>	None	28	22.4
	Have	97	77.6
<b>Having elderly at home</b>	Yes	90	33.3
	No	180	66.7
<b>Having children with special needs at home</b>	Yes	6	2.2
	No	264	97.8
<b>Work characteristics</b>			
<b>Income</b>	Enough	110	40.7
	Not enough	160	59.3
<b>Unit/Department</b>	Inpatient critical care units	108	40.0
	Inpatient non critical departments	81	30.0
	Outpatient departments	81	30.0
<b>Years of Experience</b>	1- <11	241	89.3
	11- <21	24	8.8
	21 and more	5	1.9
<b>Working shift</b>	Morning	29	10.7%
	Late	62	23.0%
	Night	27	10.0%
	Working at the three shifts	152	56.3%
<b>Number of assigned patients at shift</b>	1-4	117	43.3
	5-8	120	44.4
	9-12	27	10.0
	13-16	2	0.7
	17-20	4	1.5

*Table (2): Means and standard deviations of work-family conflict among staff nurses (n=270)*

<b>Work-family conflict factors</b>	<b><math>\bar{X} \pm SD</math></b>
Time based work interfering with family	4.11±0.81
Strain-based work interfering with family	4.11±0.85
Behavior-based work interfering with family	2.92±0.86
Work interfering with family	3.71±0.62
Time based family interfering with work	2.71±0.81
Strain-based family interfering with work	2.95±1.01
Behavior-based family interfering with work	3.07±0.87
Family interfering with work	2.91±0.58
Total work-family conflict	3.31±0.51

*Table (3): Relationship between socio-demographic characteristics and work-family conflict among staff nurses (n=270)*

		WIF	Test	FIW	Test	WFC	Test
		$\bar{X} \pm SD$		$\bar{X} \pm SD$		$\bar{X} \pm SD$	
<b>Sex</b>	Male	3.81±0.70	T=1.182	2.94±0.70	T=0.118	3.38±0.60	T=0.734
	Female	3.70±0.61	P< 0.278	2.91±0.56	P< 0.731	3.30±0.49	P< 0.392
<b>Educational qualification</b>	Diploma	3.47±0.56	F=3.802 <b>P&lt; 0.024</b>	2.94±0.48	F=0.172 <b>P&lt; 0.024</b>	3.21±0.43	F=0.936 P< 0.393
	Associate degree	3.73±0.63		2.91±0.60		3.32±0.53	
	Baccalaureate	3.96±0.47		2.83±0.49		3.40±0.41	
<b>Marital status</b>	Single	3.82±0.62	F=4.705 <b>P&lt; 0.010</b>	2.94±0.64	F=0.432 P< 0.650	3.38±0.55	F=2.668 P< 0.071
	Married	3.59±0.60		2.88±0.51		3.23±0.46	
	Divorced	3.83±0.55		2.72±0.08		3.28±0.31	
<b>Number of children</b>	None	3.52±0.63	T=0.523	2.85±0.47	T=0.161	3.18±0.47	T=0.493
	Have	3.61±0.59	P< 0.471	2.89±0.52	P< 0.689	3.25±0.45	P< 0.484
<b>Elderly at home</b>	No	3.70±0.62	T=0.142	2.91±0.60	T=0.019	3.31±0.52	T=0.095
	Yes	3.73±0.62	P< 0.707	2.92±0.55	P< 0.889	3.33±0.49	P< 0.758
<b>Children with special needs</b>	No	3.69±0.62	T=0.026	2.91±0.57	T=0.596	3.30±0.50	T=0.110
	Yes	3.64±0.90	P< 0.871	3.11±0.25	P< 0.441	3.38±0.50	P< 0.741
<b>Unit/department</b>	Inpatient critical	3.81±0.55	F=5.215 <b>P&lt;0.006</b>	2.83±0.63	F=2.918 P<0.056	3.32±0.51	F=0.228 p<0.796
	noncritical	3.53±0.75		3.03±0.57		3.28±0.60	
	Outpatient	3.77±0.52		2.90±0.50		3.34±0.42	
<b>Income</b>	Enough	3.69±0.67	T=0.260	3.02±0.54	T=6.618	3.36±0.51	T=1.329
	not enough	3.73±0.59	P< 0.611	2.84±0.60	<b>P&lt; 0.010</b>	3.28±0.51	P< 0.250
<b>Working shift</b>	Early	3.39±0.51	F=4.409 <b>P&lt; 0.005</b>	2.94±0.53	F=3.089 <b>P&lt; 0.028</b>	3.16±0.37	F=3.701 <b>P&lt; 0.012</b>
	Late	3.88±0.52		3.09±0.51		3.49±0.43	
	Night	3.74±0.58		2.77±0.50		3.25±0.44	
	Three shifts	3.70±0.66		2.86±0.62		3.28±0.56	
<b>Number of patients</b>	1-4	3.72±0.56	F=1.680 P< 0.155	2.75±0.58	F=7.866 <b>P&lt; 0.000</b>	3.24±0.47	F=3.225 <b>P&lt; 0.013</b>
	5-8	3.75±0.66		3.08±0.55		3.42±0.53	
	9-12	3.44±0.74		2.86±0.48		3.15±0.53	
	13-16	4.11±0.16		1.89±0.00		3.00±0.08	
	17-20	3.89±0.00		3.36±0.50		3.63±0.25	

\*. P is significant at the <0.05 level. \*\* P is significant at the <0.05 level

*Table (4): Correlation between work-family conflict and sociodemographic characteristics among staff nurses (n=270)*

		Age	Years of Experience	Number of patients
<b>Work interference with family</b>	R	-0.112-	-0.135-*	-0.078-
	P value	0.066	<b>0.027</b>	0.201
<b>Family interference with work</b>	R	-0.014-	0.030	0.114
	P value	0.818	0.619	0.061
<b>Total work family conflict</b>	R	-0.076-	-0.065-	0.018
	P value	0.212	0.289	0.774

\* Correlation is significant at the  $P < 0.05$  level. \*\*Correlation is significant at the  $P < 0.05$  level

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