



UNIVERSITI PUTRA MALAYSIA

**INTERROLE CONFLICT AND SOCIAL SUPPORT:
A STUDY OF MARRIED WOMEN NURSES**

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**INTERROLE CONFLICT AND SOCIAL SUPPORT:
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By

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**Project Paper Submitted in Partial Fulfilment of the Requirements for the
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OCTOBER 1997

Supervisor : Prof. Madya Dr. Hjh. Aminah Ahmad

Faculty : Faculty of Educational Studies

The study focused on inter-role conflict and social support. The first objective of this study was to determine the intensity of inter-role conflict experienced by married women nurses in their total life space as they performed their multiple roles. Secondly, it examined the potential sources of social support they managed to garner from individuals within and without the work place in times of work-family conflict: spouse, friends and relatives, co-worker and boss/supervisor.

The sample size of 129 respondents was taken from the population of 615 eligible nurses meeting the criteria for the study. All instruments used were from previously developed instruments and adaptations of the instruments. Data collected from self-administered questionnaires were used to examine the work-family interface environment among the respondents.

The results showed that medium inter-role conflict intensities were experienced by majority of the nurses. The nurses received the highest amount of support from their spouses and the least from their bosses/supervisors. It is implied that social support could have been an important factor in reducing the level of experienced work-family conflict among the nurses.

Abstrak kertas projek yang dikemukakan kepada Fakulti Pengajian Pendidikan, Universiti Putra Malaysia sebagai memenuhi sebahagian daripada keperluan untuk Ijazah Sarjana Sains (Pembangunan Sumber Manusia).

**KONFLIK PERANAN DAN SOKONGAN SOSIAL:
SATU KAJIAN DI KALANGAN JURURAWAT WANITA BERKAHWIN**

Oleh

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Pengerusi : Prof. Madya Dr. Hjh. Aminah Ahmad

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Tumpuan kajian ini adalah pada konflik peranan dan sokongan sosial. Ojektif pertama kajian ialah untuk menentupasti intensiti konflik yang dialami oleh jururawat wanita berkahwin semasa memainkan pelbagai peranan dalam kehidupan mereka. Ojektif kedua ialah untuk mengenalpasti sumber-sumber sokongan sosial mereka yang tertentu daripada tempat kerja dan di luar tempat kerja. Iaitu daripada suami, rakan-rakan atau saudara mara, rakan sekerja dan “boss”/penyelia.

Saiz sampel seramai 129 responden dipilih daripada 615 orang jururawat yang memenuhi syarat-syarat kajian ini. Kesemua instrumen yang digunakan merupakan instrumen yang telah dibentuk dan adaptasi daripada instrumen sebelumnya. Data-data yang telah dikumpul daripada soal selidik secara urus-sendiri digunakan untuk mengkaji suasana konflik antara tempat kerja dan rumah responden.

Hasil kajian menunjukkan bahawa majoriti daripada jururawat mengalami intensiti konflik peranan yang sederhana. Mereka juga mendapat jumlah sokongan sosial yang paling tinggi daripada suami dan paling rendah daripada “boss” atau penyelia mereka. Ini menunjukkan bahawa sokongan sosial mungkin merupakan salah satu faktor yang penting untuk mengurangkan intensiti konflik peranan yang dialami oleh jururawat.

CHAPTER 1

INTRODUCTION

The Problem and Its Context

The Malaysian government in moving towards the creation of an industrialized nation by the year 2000 as envisaged in Vision 2020 has formulated various policies, strategies and development programs to achieve this goal.

In launching the Seventh Malaysian Plan (SMP), 1996-2000, the nation will enter the second phase of the Second Outline Perspective Plan (OPP2), 1991-2000. The SMP will embark on the achievement of its objectives as outlined. Besides emphasizing the creation of a just and united Malaysian society, it also focused on balanced national economic development. One area of focus is the development of its Human Resource Policy especially the development and participation of women in the labour market (Malaysia, 1996a).

The Malaysian government in the SMP recognizes the significant role that women can play in the socioeconomic development of the nation. Chapter 20 on Women in Development is a testimony on the commitment of the Malaysian government in bringing the role of women to the forefront of nation building and its realization of a balanced national economic development of gender in society and the formation of a just and united Malaysian society (Malaysia, 1996a).

The SMP builds upon the National Policy for Women of 1989. Under the Plan, a National Policy for Women was initiated. Reforms affecting the main issues of women like the status of women, injustices on women, parenting skills, family health care, counseling and leadership development will be monitored and implemented through the national machinery like the National Advisory Council on the integration of Women in Development (NACIWID), the Women's Affairs Division (HAWA) and the National Council for Women's Organizations (NCWO), a non-government organisation (Malaysia, 1996a).

During the SMP period (Malaysia, 1996a), the status of women in Malaysia will be enhanced through the implementation amongst others, the following strategies:

- promoting greater women participation in the labour force through the provision of more flexible working arrangements and support facilities

- reviewing labour legislation that inhibit the advancement of women in the economy like amendments to the Employment Act, 1955 to allow for greater part-time employment of women and the Income Tax Act, 1967 to provide for tax exemptions to employers for the establishment of child care centers or crèches at or near workplaces.

- implementation of commitments for the advancement of women pledged at international forums and conferences like the Beijing Declaration and the Platform for Action

- improving the health of women.
- strengthening the institutional capacity for the advancement of women through the setting up of crèches at or near the workplace and the availability of housing and transportation facilities between home and the workplace.
- providing more educational and training opportunities for women to improve their upward mobility in the labour market.

Malaysia's participation and adoption of the Beijing Declaration on women's issues raised at the Fourth World Conference in Beijing in 1995 points further to the commitment of the Malaysian government (Malaysia, 1996a). As agreed upon under the Platform for Action for the Advancement of Woman to the year 2000 in Beijing, the Malaysian government will include in its implementation the eradication of poverty, illiteracy and all forms of violence against women, inequality in education, training and employment and the creation of a more conducive working environment that is flexible and convenient for women to cope with their dual-career of work and family responsibilities.

The Malaysian government hopes to improve the quality of life for all Malaysians through the further improvement and development of health services in the country under the SMP. In line with this objective, there will be a high demand for health personnel like nurses by the year 2000 to improve the ratios of medical personnel to the Malaysian population in general.

It is projected that in 1996 (Malaysia, 1996b), out of a total population of about 20.5 million people in Malaysia, the proportion of the female population constitute 10.1 million compared to 10.4 million for males. During the Sixth Malaysia Plan (1990-1995), the rate for female labour force participation increased from 45.8% to 47.1%. Under the SMP (1996-2000), the labour force participation rate is expected to increase from 66.9% to 67.1%, with the rate for females increasing from 47.1% to 47.5%. The number of nurses in the labour force during the SMP is projected to increase from 32,401 nurses in 1995 to 50, 551 nurses by the year 2000. The projected output of nurses from training institutions as well as overseas could not meet the demand of nurses during the SMP period (1996-2000) as the projected output of nurses was 15, 411 nurses compared with the demand of 18, 150 nurses. By the year 2000, this would result in a shortage of 2,739 nurses (Malaysia, 1996a).

This ensuing shortage of nurses in the economy, especially in government and semi-government hospitals, will place undue stress on nurses resulting from heavier workload as well as increase work roles. The consequences of multiple roles, both in the work and family domains, will greatly increase work-family conflict among married women nurses.

Literature abounds regarding work-family conflict. Researchers have investigated it from various perspectives like antecedents and outcomes of work-family conflict (Frone et al., 1992), job satisfaction (Mohd. Kamil, 1993), job satisfaction, family satisfaction and life satisfaction (Aminah Ahmad, 1996b), role stress and strain (Berkowitz & Perkins, 1984; Cooke & Rousseau, 1984), role ambiguity (Kahn et al., 1964), coping behaviour (Aminah Ahmad, 1995b), social

support (Aminah Ahmad, 1996a; Greenglass et al., 1989; Etzion, 1984), and spillover effects (Barnett, 1994; Small & Riley, 1990; Crouter, 1984).

Locally, not much literature is available regarding interrole conflict and the provision of social support services to keep women in the workplace, especially married working women. While the SMP may be grand in its design to bring about changes in legislation and institutional work practices to help women cope with family-work responsibilities little emphasis was given to social support services of married working women in dealing with their multiple roles of worker, wife, homemaker and parent. What was emphasized in the SMP were legislative support like the amendments to the Employment Act, 1955 and the Income Tax Act, 1967, and organizational physical support services like child care or crèches. As such, policy makers in the public service still pays scant attention to the welfare of government employees in terms of non-monetary benefits like social support services.

The issue of social support from bosses, colleagues, spouse, family members and friends has been of increasing concern among social researchers. This is because social support from bosses or supervisors has been found to reduce work pressure (Roskies & Lazarus, 1980) and promote the well-being of workers (Thomas & Ganster, 1995). Glass and Estes (1996) indicated that support from supervisors and co-workers influenced women's exit and job change intentions and impacted on their participation in the labour market. It can do much for their psychological well-being in the workplace (Beehr, 1995). Support from spouse reduces work-family conflict (Berkowitz & Perkins, 1984; Aminah Ahmad, 1996a). Friends were also

important sources of emotional support for women with unsupportive spouses (Argyle & Henderson, 1985). Support from friends was considered as supplementary to support from family (Croog et al., 1972). Friends also function as confidants (O'Conner & Brown, 1984) for ventilation about work and family related problems. In the informal economy, individuals were more likely to turn to relatives for emotional, instrumental and financial support (Short, 1996).

Research has found that the dual-earner family, with both husband and wife working, is slowly replacing the traditional family pattern of the husband being the sole breadwinner of the family (Hanson & Ooms 1991; Spitze 1988). As a result, married women's participation in the workforce places great demands on them to perform multiple roles as spouse, worker, homemaker and parent leading to interrole conflict and role strain (Fatimah Abdullah 1985; Katz & Khan 1978), decreased life satisfaction (Aminah Ahmad 1995a) and symptoms of stress (Cook & Rosseau 1984) and burnout (Bacharach, 1991; Etzion, 1984). Drawing on the negative impact of work-family conflict facing married working women today, further research is needed to reconcile the work-family interface environment through social support.

Statement of Problem

The Malaysian Government, among its objectives as outlined in the Seventh Malaysian Plan (1996-2000), aims to uplift the general health of Malaysians by the year 2000. It has squarely placed this responsibility in the hands of health personnel of bringing its objectives into fruition. Nurses, being the 'backbone' of the health sector, will possibly be burdened with a heavier workload and work roles. This is

because the demands for their services will exceed their supply as forecasted in the Seventh Malaysian Plan (Malaysia, 1996a).

Recently, the government placed nurses under the critical support services category of the public sector. Their services, under the New Remuneration System, were complemented by an increased in monetary reward. This signified the Malaysian government's recognition of the importance of their services. However, such amendments to the salary structure of the nurses have not been met equally in non-monetary terms like the enhancement of social support services for nurses.

Nurses perform multiple roles as worker, homemaker, spouse and parent. As shift workers they are expected to experience work-family conflict due to competing demands from both work and family responsibilities. Research by Burke (1989) found that shift workers do experience work-family conflict. Scarcity approaches to multiple roles (Goode, 1960) implied negative influences of multiple role demands on one's energy. Multiple demands made on the nurses' limited energy supply may lead to experiences of work-family conflicts. Research has shown that negative influences of work-family conflict, were linked to such outcomes as role overload and job stress (Cooke & Rousseau, 1984), burnout (Bacharach et al., 1991), job satisfaction, family satisfaction and life satisfaction (Aminah Ahmad, 1996b). Women experiencing work-family conflict tend to cope using different strategies (Aminah Ahmad, 1995b) as well as draw support from various sources to cope with their multiple role demands (Aminah Ahmad, 1996a). Studies on social support in Western countries have found support as positively influencing an individual's work performance. Research on role conflict and social support done overseas may not be

applicable to local situations. The limited research done locally has focused on role conflict and social support among married women secretaries and researchers. In this research, the following questions will be addressed:

1. What is the intensity of work-family conflict experienced by married women nurses in government service?
2. Who are the providers of support in times of need?

Of particular interest in this study is the determination of the level of work-family conflict intensities and potential sources of social support among married women nurses in the context of their individual total life experiences.

Objectives

General Objective

To examine the intensity of work-family conflict experienced by married women nurses. The analysis focuses on social support they can garner from individuals within and without the workplace.

Specific Objectives

1. To measure the intensity of conflict resulting from multiple roles engaged in by married women nurses.

2. To examine the extent of social support married women nurses received from spouse, friends and relatives, co-workers and boss or supervisor.

Significance of Study

This study hopes to contribute towards current literature on role conflict and social support for married women nurses of the workforce. It may serve to provide better theoretical understanding of such support and where such support can be sourced. It builds upon existing theoretical human behaviour approaches towards the study of organizational behaviour. How social support can be communicated to help reduce interrole conflict among individuals. Interrole conflict among individuals spilling over into conflict between management and employee may be more amicably resolved through a supportive work environment.

From a communication perspective, it hopes to contribute to existing instruments of social support currently used by Malaysian researchers in the area of work-family conflict through the inclusion of two items that measures the frequency of support communicated to the focal person .

The findings may help in the formulation of effective hospital worker performance policies and their implementations. It may impinge on other policy areas that affect decision making, organizational productivity and administrative effectiveness. In areas such as worker supportive policies that help them in their coping behaviour of multiple roles like flexible work schedule, provision of child care crèches and care of sick children, job-sharing and family leave. Such family-

supportive policies in the work environment may directly affect employee control of their work-family interface leading to increased worker motivation, job-life satisfaction, optimum quality of work-family life plus possible reduced absenteeism and worker turnover in organizations.

Assumptions

It is assumed that social support, from both within and without the organization, is important to reduce interrole conflict intensities among married women in managing a dual-career of work and family life.

Nurses are selected as sample for the study based on the assumption that a majority of nurses in the public sector are women. Nurses also do shift duty work that impinge drastically on the arrangement of child care facilities and the mustering of social support in balancing their work-family roles. As such it is assumed that they are experiencing heightened interrole conflict in their multiple roles.

This study approaches work-family conflict from the perspective of humanistic orientation. It is concern for the individual through supportive behaviour. Hence, findings of this study hope to improve industrial relations between employer-employee as the nation moves towards the building of a more caring society.

Limitations

The researcher recognized that myriad variables work to alleviate the effects of work-family conflict. As such, this research is limited to that of social support

variables only. The selection of this variable is assumed to be of paramount importance to ease the effects of work-family conflict. Thus, operational definitions of this variable takes on meanings with regard to the perceived availability of support in helping to reduce the intensity of work-family conflict experienced by an individual.

No comprehensive theoretical framework exist as yet to explain satisfactorily how social support can work to reduce the effects of work-family conflict. The concept of social support is highly subjective. It is based on the perceptive interpretations of an individual that is highly personalized and cognitive in nature. Selected sources of social support measured were reflective of the literature reviewed and may have failed to measure support from other potential sources not mentioned in this study.

In using a self-report measure (questionnaire) from the nurses themselves, interpretations of the data may suffer from response consistency effects (Thomas & Ganster, 1995; Fallon, 1997) as the respondents were given about three weeks to answer. Since the questionnaires were given to the nurses through a superior, respondents' decisions to complete the questionnaire are unknown. Were their decisions to complete the questionnaire a function of their own initiative, co-workers decisions or husbands' decisions?

Due to the sensitive nature of questions about work-family conflict and social support, and the operational costs involved, other alternative methods of data collection like interviews were avoided. Thus, results of measures in the research

are open to questions of method variance since all the measures are taken from the same questionnaire (Duxbury & Higgins, 1991).

The research did not take into consideration the bidirectional nature of work-family conflict (Frone et al., 1992). Studying the influences of work to family conflict, it fails to tap for spillover effects of family to work conflict. Another limitation of the research is that it is a cross-sectional study, longitudinal studies may give rise to different effects of work-family conflict or social support as one passes through different life stages.

Lastly, the findings of this study is limited to the population of this sample only. It may not be generalized to other groups of women in other work categories, situations, or geographic location.

Definition of Terms

1. Role: the expected behaviour or duty of a married woman in the execution of her work or home tasks.

2. Interrole conflict: conflict that happens when pressures of role membership in an organization contradicts role pressures arising out of membership in other groups for the focal person. Over time, job pressures for the focal person as worker in an organization impinges on his role as spouse or parent at home. This provides an example of interrole conflict arising out of work-family conflict.

3. Work-family conflict: the extent of interrole conflict to which a married working woman experiences while performing multiple roles in the work-family interface environment. It is a specific type of interrole conflict in which work role demands are somehow incompatible with family role demands in terms of schedule conflicts, excessive work time (work spillover), and fatigue or irritability (Pleck et al., 1980). It is measured by eight items developed by Kopelman et al. (1983) based on a research done by Pleck et al. (1980).

4. Social support: the perceived availability of verbal or non-verbal helping behavior that is communicated to a married working woman from members of her social network. It is measured using four items from Caplan et al.'s (1975) support scale and two self-developed measures based on Letiecq et al.'s (1996) research. All six items intends to assess an individual's instrumental and socioemotional support. Letiecq et al.'s (1996) study categorized sources of social support into familial support (parents, other relatives), extra-familial support (friends, co-workers), and institutional support (church, professional helpers, teachers). In this study, social support is divided into three categories of support as follows:

- i. Workplace support refers to two dimensions of support. Support from the boss or supervisor and co-workers (staff and assistant nurses) at various levels of the organizational hierarchy.
- ii. Familial support refers to social support elicited from spouse.