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**WORK-FAMILY CONFLICT AND COPING BEHAVIOUR:
A STUDY OF MARRIED NURSES**

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WORK-FAMILY CONFLICT AND COPING BEHAVIOUR: A STUDY OF MARRIED NURSES

By

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In the Name of Allah, the Beneficent, the Merciful. Peace and Blessings Upon His Messenger and Servant, Muhammad. There is No god but Allah and Muhammad is His Apostle.

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WORK-FAMILY CONFLICT AND COPING BEHAVIOUR: A STUDY OF MARRIED NURSES

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October 1997

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The aim of the research was to examine the work-family conflict of married women nurses and analysed their coping strategies. It was hypothesised that shiftwork would heightened the intensity of work-family conflict. Data from 243 nurses were collected from one of the hospitals in Kuala Lumpur, using self administered questionnaire. Descriptive statistics and t-test analysis were utilised to analyse the data.

Overall the nurses experienced low to moderate level of work-family conflict intensity. From the t-test analysis, it was found that there was no significant

difference between the mean of the work-family conflict experienced by the nurses who worked on shift schedule and those who worked during normal hours.

The most frequently adopted coping strategy was Type III (reactive role behaviour) strategy. This entails organising well and working hard to meet all the role demands expected of them. The next strategy which was regularly used in managing the work-family conflict was the Type II (personal role redefinition) which involves changing their own attitudes and perceptions of role expectations. Type I structural role redefinition which involves an active attempt to deal directly with role senders and lessen the conflict by mutual agreement on a new set of expectations was found to be the least popular coping strategy.

Abstrak Projek Penyelidikan yang dikemukakan kepada Jabatan Pendidikan Pengembangan, Fakulti Pengajian Pendidikan, Universiti Putra Malaysia sebagai memenuhi sebahagian daripada keperluan untuk mendapatkan Ijazah Master Sains (Pembangunan Sumber Manusia).

KONFLIK ANTARA PERANAN KERJA DAN KELUARGA SERTA STRATEGI DAYA TINDAK: KAJIAN TERHADAP JURURAWAT YANG BERKAHWIN

Oleh

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Penyelidikan ini bertujuan untuk mengkaji konflik antara peranan kerja dan keluarga bagi jururawat yang telah berkahwin serta menganalisis strategi pengurusan konflik tersebut. Adalah dijangkakan bahawa kerja giliran akan memberi kesan yang positif terhadap tahap konflik pekerjaan-keluarga. Data dari 243 jururawat dari sebuah hospital di Kuala Lumpur telah diambil menggunakan soalselidik yang diurus sendiri. Analisis statistik diskriptif and ujian-t telah digunakan untuk menganalisis data.

Secara keseluruhan jururawat-jururawat dalam kajian mengalami tahap konflik antara peranan kerja dan keluarga ditahap rendah hingga sederhana. Daripada ujian-t, keputusan menunjukkan bahawa tidak ada perbezaan nilai purata konflik antara peranan kerja dan keluarga yang bererti diantara jururawat yang bekerja secara giliran dan yang bekerja pada waktu biasa.

Strategi daya tindak yang paling selalu digunakan ialah Jenis III strategi reaktif. Ia melibatkan perancangan rapi dan seseorang perlu bekerja keras untuk memenuhi segala tuntutan yang diharapkan. Stategi seterusnya yang selalu digunakan untuk menangani konflik pekerjaan-keluarga ialah Jenis II pendefinisian semula peranan secara peribadi yang melibatkan pengubahan sikap dan pesepsi diri terhadap tuntutan peranan. Jenis I pendefinisian semula peranan secara struktur adalah yang paling kurang digunakan. Ini melibatkan pendefinisian semula harapan orang lain supaya tuntutan yang berkonflik terhadap seseorang berkurangan.

CHAPTER 1

INTRODUCTION

The Problem and Its Context

Health is an integral part of socio-economic development. The provision of improved health services will not only lead to a better quality of life through general improvement of health conditions but an increase in productivity due to reduction of lost of working hours through illness. As such health has always been on the nation's development agenda since the First Malaysia Plan(1965-1969) until the present Seventh Malaysia Plan (1996-2000). One of the development thrusts of the Seventh Malaysia Plan was to improve the quality of life of the citizens. Health which is one of the vital components for a better quality of life is thus given a priority. However the delivery of efficient and quality health services depends to a large extent on the availability and quality of human resources.

Within a span of two decades Malaysia has been successful in bringing about a socio-economic transformation of the society which has enabled all Malaysians to enjoy a better quality of life. In the 1960s, Malaysia was preoccupied with the

objective of creating sufficient jobs in the labour surplus economy. However in the 1990's the economy is facing a serious problem of labour shortage.

Currently the public health service is facing a shortage of medical (doctors, dentist, and pharmacists) and allied health professionals (medical assistants and nurses) and is expected to persist until the year 2000. Even though the doctor-population ratio decreases slightly between 1990 and 1992, the nurse-population ratio increases from 1:1535 to 1:1585 during the same period (MTR 6MP, Government of Malaysia, 1993). By the year 2000 the public health sector is forecasted to face a shortage of 2739 nurses (staff nurses, community nurses, assistant nurses, and midwives) (RM 7, Government of Malaysia, 1996). This is mainly due to the rapid growth of private hospitals and expansion in public health facilities, as a result of increased demand for more and better health services arising from substantial income growth in the economy. The more attractive pay and better working environment had also lured them to leave the public service to join the private sector. Various steps were undertaken by the government in order to overcome the shortage of manpower. As a short-term measure, more foreign nurses were recruited to fill the vacancies in public and private health institutions.

Despite the shortage of manpower, the public health sector is expected to improve the quality of its services. With the shortage of personnel, the contribution to growth and excellence must inevitably come from improvements in productivity and efficiency. For effective functioning of the organisation, the psychological health of the workforce is critical (Fallon, 1997). Therefore attending to the needs of the

individual's psychological well being has to be an integral part of the organisation. The challenge to the health sector is not only to be able to retain the qualified and experienced manpower but being able to attract and recruit new ones.

Females constituted 49.8 percent of the total Malaysian population of 19.7 million in 1994. The percentage of the females who were in the working-age group(15-64 years) was 48 percent but they accounted for only one third of the total labour force (7MP, Government of Malaysia, 1996). Even though the labour force participation rate for female has been increasing from 37.2 percent in 1970 to 45.8 percent in 1990 and 47.1 percent in 1995, the present female labour participation rate is inadequate. In the face of labour shortage,integration and mobilisation of women in the existing development process is inevitable in order to fully utilise the available human resources.

The relatively low participation of women despite the increase in their educational attainment and buoyancy of the job market had been identified as due to several constraints. The dual and often competing responsibilities of family and career restrict the mobility and increased the participation of women in the labour market; social norms and prejudices regarding the role and status of women in society and in the labour market restrained their involvement in economic activities; and Labour laws and legislation that were not consistent with the dynamic changes in the labour market (7MP, Government of Malaysia, 1996). In addition to these, Aminah (1995b) added that the lack of support for traditional tasks performed by women poses a constraint to women's participation in the labour force. The

genderdisation of domestic work places women to be responsible for household work including child care. As such these household responsibilities did not diminish when they participated in gainful employment outside the home.

In Malaysia,nursing is a female dominated job. Married nurses will face conflicts arising from multiple roles that they have to perform. The role expectations of work and family domains are not always compatible, creating conflicts between work and family life. The normative expectations of society which traditionally suggest that women should still maintain their roles as mother and homemaker to the fullest extent, while at the same time maintaining their roles as employees are very demanding. Many negative outcomes were related to these conflicts such as lower job satisfaction and family satisfaction which was in turn significantly related to life satisfaction (Aminah, 1996a; Higgins et al., 1992), absenteeism at work (VandenHeuvel and Wooden, 1995) and health and well being (Adams et al., 1996).

The nurses are normally required to work alternating multiple shifts. Shift work was found to be related to increased role conflict between work and family, disruption of family roles and psychosomatic complaints (Staines and Pleck, 1984), increased burnout as a consequence of work-family conflict (Bacharach et al., 1991) and affected marital stability (White and Keith, 1990).

In order to manage or reduce the amount of conflict, they used coping strategies. Mediating the relationship between role strain (the individual's appraisal of the level of conflict between roles and the degree of overload experienced from

attempting to meet multiple role demands) and emotional stress were various coping resources and responses that served to prevent, avoid or control emotional stress, or manage problems causing distress (Monat and Lazarus, 1985; Guelzow et al., 1991, Paden and Buehler, 1995; Parasuraman et al., 1992). Thus there will be ongoing need for programs that provide individuals with skills which would enable them to more effectively manage and less destructively cope with the stressful experiences at work and at home (Fallon, 1997).

In the future, the dual-income lifestyle will become more prevalent in Malaysia. For these women, the prime working years have been a combination and sequencing of homemaking and paid labour. This implies that the years of heaviest family responsibilities coincide with the years most heavily invested in building a career. Thus the study on the effect of combining employment with family responsibilities and the coping strategies of the married nurses would contribute towards understanding the predicament of employed married women.

For the employed married women to be productive at their work place while at the same time being able to carry out their responsibilities at home, they need to be able to balance the demands of these two domains. The issue of work-family balance is not just an issue of personal problem but it is also of corporate and government concerns because the impact of work-family conflict is far reaching, affecting not only the personal lives of the workers and their families but their work performances (Kinnunen et al., 1996). If work-related problems and responsibilities interfere with family-related obligations, these unfulfilled obligations may begin to interfere with

day-to-day functioning at work. Therefore all the parties involved have to address the issue of the work-family conflict and find ways to overcome the problem. The human resource personnel of organisations have to identify factors at the workplace that have the potential to increase work related stress that can impinge on family life.

Human resource development will be the most challenging in the years to come. For Malaysia to achieve a status of a developed nation by the year 2020, strong and sound human resource development policies and programs are fundamental requirements to its success.

Statement of Problem

Nursing is a very worthy but demanding profession that calls upon its members for the ultimate form of giving and the unselfish caring for others. Ongoing demands of patients,superiors and coworkers can however create stress even for the hardiest of nurses. For married nurses with children, they have added responsibilities as the wife, mother, and homemaker. Concerns about combining full-time employment with adequate performance in the child-care and housekeeper roles seem to have been the major constraints faced by employed mothers. The role expectations of these two domains are not always compatible,creating conflicts between work and family life.

Work family conflict as a source of stress had been linked to many undesirable effects. Among these were reduced life satisfaction (Aminah, 1996a),

burnt out (Higgins et al.,1992), increased health risk for employed parents (Bacharach et al.,1991), poorer performance of the parenting role (Kelly and Voydanoff, 1985), and decreased productivity at work (Greenhaus and Beutell, 1985).

In order to manage the conflicting pressures of their work and family responsibilities, these individuals continually develop perceptual or behavioural coping strategies. Ineffective coping mechanisms were shown to affect stress levels (Guelzow et al., 1991 and Guinta and Compas, 1993) and physical symptomatology (Paden and Buehler, 1995). How an individual copes with the demands and responsibilities of multiple domains would provide a better understanding of ways the individual responds to stress in their daily life. Given that individuals can experience stress from the two spheres, better ways of coping with the stress they experience must be managed from both the individual and organisational perspectives (Fallon, 1997).

For the married nurses,balancing the demands of work and home responsibilities are their principle daily tasks and can be demanding and stressful. Nursing is a career as a professional caregiver. As such the well-being and health of caregivers are critical to enhancing the care that they provide to their patients.

Despite the fact that more married women were drawn into Malaysian's labour market, relatively few studies were undertaken to investigate the problems of balancing work and family responsibilities. Although work-related stress is common

to all occupations,nursing is characterised by relatively intense stress, high job turnover, and early burnout (Jackson et al., 1986 and Bacharach et al., 1991). Hence this study was undertaken to determine the level of work-family conflict intensity of married nurses and to analyse their coping strategies in managing the conflict .

Objective

General Objective

The objective of the study is to investigate the intensity of work family conflict experienced by married female nurses at one of the hospitals in the Klang Valley and to analyse their coping behaviour in managing the conflict.

Specific Objectives

The specific objectives of the study were as follows:

1. To determine the intensity of the work-family conflict experienced by the nurses.

2. To examine the differences in the intensity of work-family conflict between the shift and non-shift nurses.

3. To analyse the types of coping strategies used in managing the work-family conflict.

Significance of Study

This study would reinforce the cognition of work-family interactions and the interdependence of work and family roles. Therefore it is not just an individual's issue but also of organisation and government concern.

It would help an individual to be aware of the sources of conflict between work and family life and the level of intensity of work-family conflict one is experiencing. This awareness can be a powerful motivator for an individual to take positive actions.

The findings would offer suggestions for formulation of human resource development policies and practices that would help individuals balance the demands of paid work and home responsibilities.

The results would offer the organisation suggestions of continuing education programs that would provide individuals with skills which would enable them to manage more effectively stressful experiences at work and at home.

Assumptions

The primary assumption in this study was that work and family domains were the two most central realms of the married women.

The individuals in the study were assumed to have similar levels of commitment to their job and family. Those who regarded their employment as jobs and those who regarded as careers may exhibit dissimilar evaluations of their job and off-job lives.

The nurses were assumed to be females.

Limitations

The respondents in the study were nurses who were working in a semi-government hospital that served as a teaching hospital to one of the local universities. The work demand and work environment may not necessarily be similar to the other types of hospitals, government, or private hospitals that exist in the country. Thus the findings of the study may not be generalised to all the nurses in Malaysia.

This study was only gauging the level of work-family conflict experienced by the employed wife of dual-earner family who had at least one child and they were living together.

The focus of the study was the level of interrole conflict experienced due to the effect of work on housework and family responsibilities. Other non-work roles such as involvement in community work, religious organisations, or health and recreational clubs were not considered.

Only the general choice of coping strategies were assessed from the respondents. The type of interrole conflict (worker-wife, worker-mother, or worker-homemaker) was not specified to them.

Definition of terms

Coping: the nature of responses that individuals adopt to manage or reduce stress.

Interlope conflict: it is a form of conflict in which role pressures associated with membership in one organization are in conflict with pressures stemming from membership in other organizations.

Personal role redefinition: involves changing the person's perception of his or her role demands rather than attempting to change the environment.

Reactive role behavior: attempts to meet all the role demands experienced.

Structural role redefinition: involves redefining the expectations held by other people so that fewer conflicting demands are placed upon the person and a new set of behaviors is expected from that person by members of the role set.

Work-family conflict: a form of interlope conflict in which the demands of, time devoted to and strain created by the job interfere with performing family related responsibilities.