Relationship between Female Nurses’ Work-family Conflict and their Age at Teaching Hospitals in Al-Nasiriyah City

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Abstract

Objective(s): To identify the level of work-family conflict in Female Nurses at teaching hospitals in Al-Nasiriyah City, and determine the relationship between Female Nurses’ work-family conflict and their age.

Methodology: A descriptive design study is conducted at Teaching hospitals of Al-Nasiriyah city during the period from November 1st 2020 to April 1st 2021 In order to determine the relationship between work-family conflict and the female nurses’ age. The study included 200 Nurses who work at Al-Nasiriyah teaching hospitals in Iraq. Data are collected through us of a questionnaire developed for the purpose of the study. The questionnaire consist of two parts: the first part includes the nurses’ demographic characteristics and the second part is related to female nurses’ work-family conflict scale. The reliability and validity of the questionnaire was determined through a pilot study and a panel of experts. The data was analyzed through the use of descriptive and inferential statistical analysis approaches.
Results: the study finding shows that nurses experience moderate level of work-family conflict and there was a positive statistical relationship between work family conflict and female Nurses’ age.

Conclusions: According to the findings of the current study, nurses have a moderate level of conflict. Also, there is a strong link between work-family conflict and female nurses’ age.

Recommendations: The study recommended to involve nurses in training courses to reduce work-family conflict. Also, initiating training program especially for senior long service Nurses that aim to teach them to handle work family conflict.

Keywords: Relationship, Work-Family Conflict, Age, Female Nurses

Introduction

Work-family conflict is becoming more prevalent in society, as it has significant implications for work, non-work, and personal outcomes like productivity, turnover, family well-being, health, stress and self-efficacy. Work-family conflict has an impact on important work, family, and personal life outcomes. Workplace results (e.g., job satisfaction, organizational commitment, and turnover) and family outcomes (e.g., marital satisfaction and family satisfaction), and personal outcomes related to physical health (e.g., physical symptoms, eating and exercise behaviors), and psychological health (e.g., stress and depressive symptoms, life satisfaction) (1).

Iraq has the task of managing the short-and long-term impacts of work-family conflict on population displacement as it begins a new recovery phase in 2019. Both displaced and non-displaced communities in Iraq have suffered as a result of these repercussions. Women's labor force participation in Iraq is low: only 12.3% of working-age women in Iraq were employed or searching for employment. In 2018, 12 percent of these women in the labor force were unemployed (looking for work) (2).

Presently, Nurses faces problems, risks and difficulties. This makes them more vulnerable to conflicts. As a result of what the profession imposes on them in terms of facing a great responsibility that includes many pressures of, working overtime, possibilities of communication, dealing with patients and companions, dealing with managers in the institution, so it is important to direct and highlight the study of nursing phenomena to stand on the current challenges.

Since women currently occupy most of the nursing profession and have responsibilities for work and family duties, it was necessary to shed the lights to take the bulk of the attention of the current study. In both women and men's lives, jobs and family are the most critical aspects. The growing societal importance of work-family conflict are one of the important areas, the body that
must be studied for an important segment that suffers a lot of these conflicts (3).

Work-family conflict and a lack of life-work balance, resulting in lower job satisfaction, poor job results, and a poor quality of life. It has been recognized that the amount of time spent at work leads to the conflict between the work and family responsibilities of employees (4).

Many work-related problems, such as organizational and professional discontent, as well as quitting the profession, have been reported also workload, stresses, scheduling, shift work, and other aspects of nursing work (5). Work-family and family-work conflict affects the often conflicting positions nurses play in their workplaces and in their communities (6).

This work-family conflict is referred to as an "inter-role conflict" in which the requirements of work and family life are conflicting to varying degrees (7). Nurses are often torn between their professional and personal commitments. This disparity that nurses face often has detrimental organizational and psychological effects that are damaging nurses, their organizations, their patients, and the profession as a whole (8).

Recently work-family conflict is critical aspects in females and males lives in modern societies, recently one of the five prominent psycho-social challenges in workplace is conflicting aspect (9).

Work interfering with family (WIF) and family interfering with work (FIW) has been described by science as two concepts distinct but interconnected kind from conflict. WIF is described as an inter-role conflict arising when workers are subjected to increasing work pressures that interfere with their family responsibilities. Employees are subjected to undue job stresses that interfere with their success in the family, which is described as an inter-role dispute. FIW happens when an employee is overworked (10).

WFC can happens in two forms: work interfering with family it symbolizes it (WIF) and family interfering with work it called (FIW) (11). WFC can be divided into two distinct life domains. But WIF is a type of interfering conflict in which work responsibilities obstruct family performance, while FIW is a type of interfering conflict in which family domain obstruct work performance (12).

**Methodology**

**The Study Design:** A descriptive study design, using the correlational approach, is conducted at Teaching hospitals in Al-Naysiriah City in Iraq from the period of the
November 1st 2020 to April 1st 2021. These hospitals are considered the most appropriate settings in which subject for the study can be selected.

**Study Sample:** Non probability, purposive, sample of 200 female Nurses, who worked at the teaching hospitals in Al-Al-Nasiriyah city are selected. Female Nurses have been selected from Al-Hussein Teaching Hospital, Al-Habobi Teaching Hospital and Bint-Al-Huda Teaching Hospital.

**Ethical Consideration:** The researcher obtained the formal consent of study participants and familiarized them with the overall goal of the study and confirmed participants that the confidentiality of their data will safeguarded and securely sustained during and following study participation.

**The Study Instrument:**
Data are collected through using a questionnaire developed after extensive review about related research for the purpose of the study. The questionnaire consists of Two parts: the first part is nurses' socio-demographic characteristic include the age and the second part is consist from 16 question regarding work-family conflict each question was score with (3) Agree , Somewhat agree (2) (1) Disagree. Data of the study were ordered according to three level of scale (High, Moderate, and Low) early stated which were scored as (3,2,1).

**Reliability**
The reliability of the questionnaire is determined through the use of test and re-test approach obtained through evaluating (20) nurses`. The samples were excluded from the original study. Reliability is concerned with the consistency and dependability of the research instrument to measure a variable. The Determination of the reliability of the study instrument is based on the Pearson correlation coefficient. It was determined through the use of the The internal consistency reliability of the instrument is determined through split - half technique and the computation of Cornbrash's Alpha Correlation Coefficient. The results of the reliability revealed that the Cornbrash's Alpha correlation coefficient is (r= 0.873) for nurses work family conflict

**Data Collection:**
After permission was obtained from all institutions, data collection performed through the use of designing the questionnaire as a means of the data collection process. The implementation was carried out at teaching hospitals in Al-Nasiriyah city during the period of 1th of January, 2021 to the 19th of March, 2021. All participants (200) female nurses were interviewed and informed about the study
purpose. Data are collected through the utilization of the study instrument and structured interview with female Nurses, through the use of the Arabic version of the questionnaire as means of data collection.

**Statistical Analysis:**

**Results**

Table (1): Distribution of the (200) Nurses According to their Age.

<table>
<thead>
<tr>
<th>Basic Information</th>
<th>Groups</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age groups</td>
<td>20 – 25</td>
<td>99</td>
<td>49.5</td>
</tr>
<tr>
<td></td>
<td>26 – 30</td>
<td>84</td>
<td>42.0</td>
</tr>
<tr>
<td></td>
<td>31 – 35</td>
<td>7</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td>36 – 40</td>
<td>8</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>41 and more*</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>200</td>
<td>100.0</td>
</tr>
</tbody>
</table>

$\bar{x} \pm S.D. = 26.5 \pm 0.813$

Freq.=Frequencies, % =Percentages, $\bar{x} \pm S. D =$Arithmetic Mean and Std. Dev. (S.D.)

This indicates that 99 (49.5 %) of the nurses are within age group of (20-25) years with the mean of (26.5) years.

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Table (2): Over all Evaluation of Nurses' Work-family conflict Scale Level of evaluation low, moderate, and high.

<table>
<thead>
<tr>
<th>Scale</th>
<th>MS</th>
<th>Level of Evaluation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Work and Family Conflict Scale</td>
<td>(16-26)</td>
<td>Low</td>
<td>13</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td>(27 - 37)</td>
<td>Moderate</td>
<td>187</td>
<td>93.5</td>
</tr>
<tr>
<td></td>
<td>(38 – 48)</td>
<td>High</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>200</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Table (3): Association between Nurses' Age and their Work-family Conflict

<table>
<thead>
<tr>
<th>Age of Nurses</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>N</th>
<th>Mean ±S.D.</th>
<th>(\chi^2)</th>
<th>d.f</th>
<th>P.value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 25</td>
<td>23</td>
<td>67</td>
<td>25</td>
<td>20</td>
<td>26.5 ± 0.813</td>
<td>170.549</td>
<td>199</td>
<td>0.004</td>
<td>S</td>
</tr>
<tr>
<td>26 – 30</td>
<td>26</td>
<td>42</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 – 35</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 – 40</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td></td>
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<tr>
<td>41 and more*</td>
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<td>1</td>
<td></td>
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</tbody>
</table>

This table shows the distribution of Nurses Work and Family Conflict Scale (WAFCS) of all study sample which reveal the majority of study sample which moderate level of evaluation and account for 187 (93.5%) of all study sample.

Mean= Arithmetic Mean , SD = Standard Deviation, \(\chi^2\) = Chi-square, No. = Number of frequencies, d.f. = degree of freedom, P-value= Probability value, Sig=significance.

S=Significant.

This table shows there is statistically significant differences between work and family conflict and (nurses age) at \(p > 0.05\), when analyzed by Chi-Square Tests.
Discussion

Table (1) show that Half of respondents ’, 99(49.5%) range from (20-25) years old. This result is consistent with a descriptive study in India that found that most workers in nursing are with a mean age 72(62.1) between 20-30 years old (10). It is also consistent with the study ‘‘Analysis of Work- family conflict in View of Nurses, carried out in Health Sector of Pakistan’’ The sample size was 143. It was the highest group of the respondent is around about 90 (62.94%) were about 20-29 years (13).

This can be attributed to the fact that most nurses who participated in this study are newly employed. Besides, the researcher targeted certain units and departments in the hospitals like emergency department, operation room, and intensive care unit, medical and surgical wards. Most of newly employed nurses are assigned in these units to get the required skills and experience.

Table (2) findings illustrated a descriptive evaluation of nurses’ work family conflict, through the analysis of the nurses’ work family conflict. The results showed that the responses of the participant were moderate level of evaluation and account for 187 (93.5%) of all study sample. nurses work and family conflict among all study sample. This result is consistent with a study conducted in Nigeria who reported that the respondents possess the ability to successfully handled or mange home affair with their work without any problem or each interfering with the other. The respondents in spite of their dual roles of working as well as attending to other family chores at home, do not really affect their ability at the work place. They possess the ability to successfully handled or mange home affair with their work without any problem or each interfering with the other (14).

Moreover, the study titled types and levels of conflicts experienced by Nurses in the Hospital settings carried out in Egypt. The study revealed that nurses experienced a moderate level of conflict according to the NCS scoring system (15).

The study described the level of conflict, conflict management styles, level of job satisfaction intent to stay and turnover among nurses in Thailand. The study shows that nurses had a moderated level of conflict and accommodation and this was used strategy to reduce conflict by nurses (16). A study conducted at the Federal University of Minas Gerais Hospital. They examine how nurses handle conflicts in the work environment. They have found that some participants emphasized the experience of
intrapersonal, interpersonal and intergroup type of conflict (16). A study that support the current study findings have found that nurses and developed a reliable and valid nursing conflict scale, and the nurses experienced a moderate level of conflict (17).

This result can be attributed to the fact that nurses like other female employees are face with the demands of work and home responsibilities as their main daily tasks. Due to that, if they cannot manage their work balance, it will affect their work-family conflict. Poor distribution of roles between work and family, family responsibilities, work pressures and responsibilities, position distribution of roles before nursing officers, tendencies between nurses and medical staff, lack of experience in managing conflicts by nurse. Thus, long hours of work per week, working overtime, high workloads, time pressures, death and life situation of the patients can be a powerful influence.

Table (3) shows there is a statistic significant difference between work and family conflict and nurses age. This can be attributed must participant are ranging from (20-25) and (26-30) have higher level of work-family conflict than other age. Newly employed nurses have less experience to how handle work-family conflict. Older age are more experience in adapt to Work-family conflict. This result is consistent with the study conducted in Florida shows significant differences between work and family conflict and nurses age at p value (−0.23 < .0001) (18).

Conclusions

According to the findings of the current study, nurses have a moderate level of conflict. Also, there is a strong link between work-family conflict and female nurses' age.

Recommendations

Nurses in selected hospitals need to employ effective the conflict management strategies to decrease the conflict between nurses. Initiating training program especially for newly working nurses that aim to teach them to handle work-family conflict. Nurse administrators and policymakers should implement various ways to help nurses find a balance between their work and personal life.
References


view of nursing technicians and auxiliaries.

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