

## Original Article

## Work-family Conflict and Demographic Variables as Co-Variants of Life Satisfaction among Nurses from Selected Healthcare Facilities in the Ibadan Metropolis

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### Abstract

**Background:** Work family conflict has been associated with poor job related attitude and its negative impact on women career outcome. Despite its importance, limited studies have address its relationship to life satisfaction among Nurses working in Nigeria.

**Aims:** This study examined the role of work-family conflict and demographic variables of age and experience as correlates of life satisfaction among Nurses in healthcare facilities in the Ibadan metropolis.

**Method:** The study was a correlational study. A cross-section of Two hundred (200) consenting Professional Nurses conveniently sampled from primary, secondary and tertiary healthcare facilities in the Ibadan metropolis responded to a standardized questionnaire containing work-family conflict scale ( $\alpha = 0.83$ ), life satisfaction scale ( $\alpha = 0.77$ ) and socio-demographic questionnaire. Data was analysed with descriptive statistics and Pearson's correlation analysis at  $p \leq 0.05$ .

**Results:** Findings demonstrated that work-family conflict and age were negatively associated with life satisfaction of Nurses.

**Conclusion:** It was concluded that life satisfaction reduces with growing age and increased family related issues among the Nurses. Work flexibility, supervisory and organizational support were advocated for improved life satisfaction of Nurses.

**Key words:** Life satisfaction, Work-family conflict, Professional nursing, socio-demographic variables, health care facilities.

### Introduction

Life satisfaction, is the mental attitude and appraisal of fulfillment by one's standing in life (Linley, Maltby, Wood, Playwright & Heaving, 2009). Life satisfaction is conceptualized as positive examination of "the standard of one's life as a whole" (McDowell, 2010). It is expressed in individuals' finding life fulfillment in components such as having joy in life, finding meaning in life, consistency in achieving one's life goals, positive personality, sound health, financial security and social adjustment (Keser, 2005; Schmitter, 2003). Life satisfaction imbues individuals with the feeling of self confidence in numerous ways and in this manner emphatically

influences individuals overall well-being (Pasupuleti, Allen, Lambert & Cluse-Tolar, 2009). By and large well-being is assessed in terms of diverse life situation such as domestic, marriage, family and work (Professional calling). Professional calling affects individuals' well-being as it is positioned among the important antecedents of life satisfaction (Rothmann, 2010). Work has an impact on workers' life fulfillment. In the event that the work is meaningful and pleasant, which in turn give the worker higher level of life fulfillment.

Role of women as nurses, contributing to health care delivery has expanded all around the world (Salawu, 2004) resulting from liberalised

changes in the perceived gender roles of women and man in the society (Nwosu, 2012). Long and unpredictable work hours as well as challenging work conditions and work demand make nurses to have profound experiences of work family conflict (Awosusi, 2010). According to Barnett, gender role is becoming dynamic; women are now in proficient towards work life, while men are now more proficient towards family life. In numerous developing nations such as Nigeria, Nursing is a female ruled occupation. Working conditions for women as nurses is stressful (Awosusi, 2010, Yildirim, 2006; Salawu, 2004). For example, the work load is as higher for nurses as work in demanding work situations with a ratio 30-40 patients per nurse in daily shifts and 60-80 patients per nurse on night shifts (Yildirim, 2006; Yildirim & Oktay, 2005). Moreover, nurses are exposed to harassment, workplace violence from patients and their relatives which is compounded by risk of exposure to infections due to unsanitary workplace conditions. As a result of this trend, keeping up a balance between work and family obligations has reached challenging levels for nurses in the work place. Work demands and work-family conflicts are common associate resulting from contradictory interfering obligations in work and family context for women in professional nursing in Nigeria.

Literature trend have implicated work-family conflict in declining physical health and pathological mental outcome (Burke & Greenglass, 2001; Frone, 2000; Madsen et al, 2005), poor or reduced life satisfaction (Kossek & Ozeki, 1998). In Nigeria, results on the impact of work family conflict on nursing staff have been mixed in terms of beneficial or negative outcome (Ozor et. al., 2010) there is an increasing recognition of contextual differences in work-family conflict work and family issue, especially with respect to gender roles. This study investigates socio-demographic factors, family conflict and their relationship with life satisfaction in a sample of nurses in Ibadan.

### Literature Review

Role theory proposed that different social context numerous social domains are activated (e.g. families, communities, work) under which individuals play different roles and fulfill social obligations. Within each social role, there are expectations as regards the behaviour, norms, and duties to be carried out. Carrying out numerous

roles (e.g., being a spouse, mother, supervisor and mentor) leads to role conflict and overload. Role overload and conflict have been demonstrated to have consequential impact on psychological well-being, job satisfaction, and marital satisfaction (Coverman, 1989). Also, Goode (1960) developed the scarcity hypothesis to understand the conflict.

The scarcity hypothesis states that people have confined time, strength, and assets. Involvement in multiple roles means responding to more than one role responsibilities, undertaking numerous function duties calls for time, power, and diverse types of resources. The scarcity hypothesis proposed that when there are demands from numerous roles is more than the supply of time, energy, and other resources, the desire to meet with various role responsibilities is experienced as a form of role conflict or role overload (Byron, 2005; Carlson, Kacmar, & Williams, 2000) these lead to the experience of strain and distress (Casper, Martin, Buffardi, & Erdwins, 2002). Continuous stream of role conflict and work overload leads to poor family functioning, lower job satisfaction and subsequent reduced life satisfaction due to inability to fulfill job role responsibilities and family role responsibilities. In a study of work-family conflict among sport professionals through an on-line survey, Mazerolle, Bruening, Casa, and Burton (2008) found that long work hours and work-related travel contributed most toward the experiences of work-family conflict for both sexes.

### Method

The study adopts the correlation research design to carry-out the study using standardize questionnaire as research tools.

### Participants

The participants include Two hundred (200) female nurses between the ages of 21 and 46 years ( $M = 26.12$ ,  $SD = 7.02$ ). Male nurses, Trainee nursing students, hospital attendants and maids were excluded. The participants were conveniently sampled from 10 primary, 1 secondary and 1 tertiary health care facilities within the Ibadan metropolis. One Public Health centre (PHC) each was purposively selected from the Nine LGAs that constitute the urban Ibadan Metropolis. In addition, the only tertiary health facility and one of the three secondary facility within city were selected. Demographic characteristics revealed that the larger percentage (70.5%) were Registered Nurses (RN), 45

(22.5%) have first degree (BNSc.) in nursing and 7% had postgraduate qualification. 81.9% were married. Larger percentage works in the general out-patients (72.5%), and 18.3% worked at other specialized clinics and operating theatres. Most the respondents are in monogamous family (78.9%) and the average family size was 4.15 (S.D = 2.12).

### Research Instruments

Demographic Information obtained from the respondents includes age, marital status, work unit, educational qualification, family size and the level. Work family conflict was measured with the 5-item Work family conflict scale validated by Netemeyer, Boles and McMurrian (1996). Participants' response was rated on a 5-point likert scale ranging from 1- strongly agree to 5- strongly disagree. Sample items include "Demands of work affect my home and family life"; "Time spent at work makes it difficult for me to fulfill family responsibilities". Netemeyer et al (1996) reported meritorious reliability of 0.83 alpha and consistently the scale demonstrated a reliability 0.72 alpha in the current research. Life satisfaction was captured using satisfaction with life scale (SWLS) developed by Diener, Emmons, Larson & Griffin, (1985). Sample items include; 'I am satisfied with my life'; 'The conditions of my life are excellent'. The scale was scored on a 5-point likert scale, (1 = Strongly disagree' to 5 = Strongly agree). The scale have a good reliability (0.87 alpha) 0.77 reliability coefficient of was reported in this study. Increasing scores indicates higher life satisfaction.

### Procedure

The researcher obtained permission from the Nursing Administrators in the sample health facilities before the administration of questionnaires. The administration of the questionnaire was made voluntary i.e those who wanted to fill them. Verbal consent of respondents was sourced before questionnaire was administered on them. Ninety (90) questionnaires were distributed among nurses in the PHCs, while fifty (50) questionnaires was distributed in the secondary health facility and sixty (60) questionnaires in Tertiary facility. The principle of confidentiality was followed in the process of data collection. The questionnaires was administered to the respondent using convenient sampling technique. Of the two hundred and fifty questionnaires administered,

only two hundred were properly filled and returned which was used for the data analysis.

### Data Analysis

Data analysis was carried out with the aid of Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics (frequency count, mean and standard deviation) was used to give a snapshot of the basic characteristics of the respondents' demographics. Relationship between variables were tested using Pearson correlation and multiple regression analysis at 0.05 level of significance.

### Results

The association between work-family conflict and life satisfaction of Nurses was analysed using Pearson r correlation analysis and the summary result shown in Table 1.

The results obtained from the test are shown in Table1, shows that work-family conflict negatively correlated with life satisfaction ( $r = -.58, p < .01$ ). Life satisfaction was declining as work-family conflict was increasing. Results in Table 1 also revealed that there was no significant relationship between Nurses' age and life satisfaction ( $r = -.11, p > .05$ ). This suggests that Nurses' life satisfaction neither increase nor decreased based on their age. There was significant inverse relationship between years of experience and life satisfaction ( $r = -.17, p < .01$ ). This suggests that life satisfaction increased as the years of experience was decreasing. Further, the composite influence of socio demographic on life satisfaction was tested using multiple regression analysis. The result is presented in Table 2.

Table 2 revealed that age, years of experience, education, family size, marital status and work family conflict jointly predicted life satisfaction ( $R^2 = 0.12, F(6,194) = 4.45, p < .01$ ). Collectively, socio-demographic variables predicted 12% of change observed in nurses' life satisfaction. Age ( $\beta = -.15, t = -2.43, p < .05$ ) was significant independent predictor of life satisfaction. Increase in age was associated with declining life fulfilment. Work family conflict ( $\beta = -.56, t = -10.02, p < .01$ ) was significantly and independently associated with nurses life satisfaction. Marital status, educational attainment, years of experience and family size did not have significant independent influence on life satisfaction.

**Table1: Pearson Product Moment correlation showing the relationship between work-family conflict and life satisfaction**

Variables	Mean	S.D	N	r	p
Life satisfaction	19.55	3.78	200		
Work-family conflict	45.33	7.01	200	-.58**	<.01
Years of experience	3.97	4.10	200	-.17**	<.01
Age	26.12	7.02	200	-.11	>.05

\*\* Correlation is significant at the 0.01 level (2-tailed)

Source: Authors field study and Data computation

**Table 2: Summary of Multiple Regression Analysis showing the influence of age, years of experience, education, family size, marital status and work family conflict, on life satisfaction.**

Predictors	$\beta$	t	P	R	R <sup>2</sup>	F-ratio	Sig.
Age	-.15	-2.43**	.018				
Years of experience	-.09	-1.55	.193				
Education	.08	1.36	.174	.35	.12	4.45**	.001
Family size	-.13	-1.85	.097				
Marital status	-.14	-1.93	.083				
Work family conflict	-.56	-10.02**	.000				

\* $p < .05$ , \*\* $p < .01$

Source: Authors field study and Data computation

## Discussion

The result of this present study supported the research questions that there was significant relationship between work-family conflict and life satisfaction of Nurses. Findings of this study showed that work-family conflict were significantly and inversely related to life satisfaction among Nurses. This agrees with the findings of Adisa, Mordi, Mordi (2014) that interaction between workplace and domestic problems threaten health care workers work-family balance leading to poor job satisfaction and poor wellbeing. In the same vein, the finding is similar to Peng et al., (2011) who showed that demanding jobs such as nursing requires staff to spend more time at work, which negatively impacts on their health and general wellbeing. Far-reaching family issues were found to significantly affect workplace adjustment (Epie, 2010). The finding is also similar to Greenhaus, Beutell & Kahn (2003) who found out that life satisfaction was significantly dependent on work-family conflict. Results also showed that Nurses age did not correlate with life satisfaction which disagrees with Martin (2009) who confirmed that age is a positive correlate of life satisfaction and it increases with life fulfillment. Lastly, life

satisfaction was found to be inversely associated with years of experience. This was similar to the findings in Bond (2008) where higher life satisfaction was associated with lower year of experience.

## Conclusion and Recommendations

This study confirms that years of experience and work family conflict have reversed significant relationship with life satisfaction among Nurses in Ibadan. The inverse impact of Work family conflict on life satisfaction may have resulted from mismatch between demands and support; higher work demand and lesser supervisory support may be responsible for lower life satisfaction. Also increasing age was associated with declining life satisfaction. This must have result from increasing work load due to increasing responsibilities due to work experience and slowed career progression. This relationship suggests that flexible working arrangements should be in place among nursing staff. Nursing managers should revisit work schedule and arrangements, reduced handling times. Facilitating part-time and other nonstandard work arrangements and fostering an organizational culture that helps its staffs balance

work and family responsibilities. Since life satisfaction depends on lower work-family conflicts; it is recommended that social support and supervisory support should be provided for Nurses. The study had a number of limitations. The study is a correlational study thus causal-effect relationship could not be ascertained. The researchers also did not control for many variables that could confound our findings. Future studies should also include antecedents and consequences of family to work conflict. Other variables such as organisational variables (e.g justice perception) and individual level (e.g negative affectivity) factor that influence life satisfaction should also be included in future studies as control variables.

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