Work-life Conflict Factors Influencing the Married Female Nurses: An Empirical Study in Erode District

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Abstract

Working women are challenged by work and family commitments on each day in all the careers. Women working throughout the week are struggling to balance their family and work commitments. When a woman is able to manage her personal and professional life she becomes more committed to her office work. As a result, she is able to achieve success in her career. Further, it will also help her in leading a healthy and peaceful life. Nurses play the major role in health care and thus it is necessary that their needs have to be taken care and a congenial atmosphere is to be created to work with utmost satisfaction. Therefore, the concept of Work-Life Balance along with its implications is a core issue that must be investigated. Married Female nurses struggle with highly demanding familial, personal and societal duties to be performed in their day-to-day life. Any imbalance in their life causes job and family stress leading to health related problems. In order to understand the work-life balance challenges and the various conflict factors influencing the work-life balance, the present study has been proposed to be undertaken. A sample of 200 married female nurses working in Private and Government Hospitals in Erode District were selected and a structured questionnaire was used to collect the information from the respondents. A factorial model has been applied to identify the major work-life conflict factors by KMO Bartlett's Validity test and the Correlation Matrix. The Principal Component Analysis method was also applied to extract the major factors by Varimax rotation. The variables identified are the vital factors which can be concentrated on more by the female nurses in order to avoid work-life conflicts to ensure a balanced life.

Keywords: Conflict, Commitment, Psychological Well-being, Work-life Balance

1. Introduction

Working women always have to discharge multiple duties, for they need to balance their work and life. According to Aryasri [1] more than 53 % of the working women strive to maintain work-life balance. In the service sector like health care industry, where nurses play a major role in health care are known for rendering regular night duties too. In fact, the role of nurses has grown multifarious from being mere health care takers to health educator, assisting in the diagnostic activities and so on. All these result in both mental and physical work pressure among them. In this backdrop,

the concept of work-life balance has been investigated among married female nurses in the Indian context.

2. Work-Life Balance

Beauregard [2] defined work-life balance as "satisfaction and good functioning at work and at home, with a minimum of role conflict". Lambert [3] defined burnout as a "syndrome where the worker experiences emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment". The feeling of helplessness to manage the conflict between work and family obligations

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is the main source of occupational stress and also ends in occupational and personal dissatisfaction. So the issue of work-life balance among female nurses especially, married need to be recognized as these people are vitally important to the society.

3. Review of Literature

Mirzaee S, Zamanian Z, Hasan Zadej [4] probed the impact of work shifts and mental workload on chronic fatigue among female nurses in intensive care units. Kilpatrick and Lavoie-Tremblay [5] asserted that the job related stress was higher in nurses working in rotating shift patterns than nurses who work in fixed shifts. Ezzedeen and Ritchey [6] explored coping strategies adopted by executive women in family relationships to maintain career-family balance. Faisal Hanif1 & Raza Naqvi [7] confirmed that the workfamily conflicts are negative and significantly related to employee job satisfaction, performance and psychological wellbeing. Dilek and Zeynep [8] examined the extent to which work overload, irregular work schedules, long hours of work and overtime work of nurses were related to their work-family conflicts and satisfaction.

According to Udea [9] when a woman is capable of managing her personal and professional life, then only she can devote to her office work. Yadhav [10] confirmed that work-life balance remains a major issue for employed women in hospitals. Tarannum, Kiran [11] found a better job satisfaction among nurses of government sector in comparison to nurses belonging to private sector. In these circumstances, it is the responsibility of especially the married nurses to identify the factors which bring work-life conflicts, so that they can schedule their activities in such a way to balance their family and professional life and hence the present study has been undertaken in Erode District.

4. Objectives

The present study is undertaken with the following objective:

• To identify the major factors that brings work-life conflict among the married female nurses.

5. Methodology

5.1 Data Source and Sampling Design

The present study is based on primary data obtained from 200 married female nurses selected from various six taluks of Erode District by adopting a convenience random sampling method. The sample comprises 125 married women nurses working in private hospitals and 75 married women nurses working in government hospitals. A well structured questionnaire is used to collect the information from the respondents in the study area. A factorial model has been applied to identify the major work-life conflict factors by KMO Bartlett's Validity test and the Correlation Matrix. The Principal Component Analysis method has also been applied to extract the major factors by Varimax rotation. The variables identified are the vital factors which can be concentrated on more by the female nurses in order to avoid work-life conflicts and ensure balanced life.

5.2 Analysis of Work-life Conflict Factors through Factor analysis

Lambert et al. [12] stated that to identify the work-life conflict factors, an exploratory research on the major work conflict factors would help the women in reducing their stress and also balance their family and work life. Hence, for the present study, the opinion of the female nurses in the Erode District was collected with the help of a questionnaire by including various statements with a five point scale (Strongly Agree SA, Agree A, Neutral N, Disagree DA, Strongly Disagree SD) as given in Annexure I.

6. Analysis and Interpretation

The collected data is tabulated and analysed by using a Multi-Variate Statistical technique, Exploratory Factor Analysis and the major factors are identified and the entire results are shown in Tables 1 to 3. Brett Williams et al. [13] confirmed the five step Exploratory Factor Analysis (EFA) protocol for pursuing relevant research.

Table 1 shows the Bartlett's test of Sphericity and KAISER MEYER OLKIN measure of sample adequacy which were used to test the appropriateness of the factor model. The KMO index ranging from 0 to 1, with however, not less than 0.50 validates the employment of factor analysis [13, 14, 15]. Therefore, the value of KMO statistics (.529) was large and affirms the appropriateness of the technique for analyzing the correlation matrix. As the

Table 1. KMO & Bartlett's test of sphericity

Kaiser-Meyer-Olkin Adequacy.	.529	
Bartlett's Test of Sphericity	Approx. Chi-Square	2.607E3
•	Df	105
	Sig.	.000

Data Source: Primary Data

correlation between the variables are satisfactory, the results are further derived from the diagramatic representation of Scree Plot and the subsequent tables (Figure 1).

From Table 2, it can be observed that the labelled "initial Eigen values" gives the EIGEN values. The EIGEN value

for a factor indicates the 'total variance' variable to the factor. From the extraction sum of squared loadings, it can be learnt that the I factor accounted for a Initial eigen value of 3.757 which was 15 percent; the II factor accounted for the eigen value of 1.877 which was 14.526 percent; the III fac-

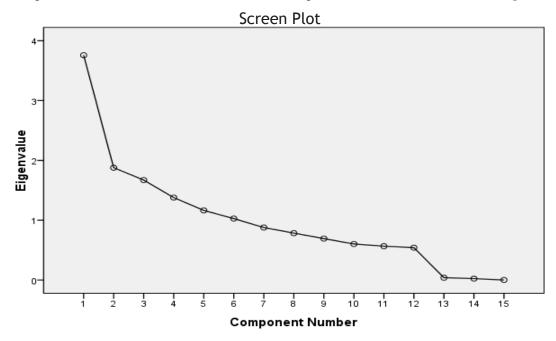


Figure 1. The Scree plot shows Eigen Values on Y axis and Components on X axis and the components which are with eigen values above 1 are considered as the extracted factors.

Table 2. Total variance explained

Component No	Initial Eigen values			Extra	Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings			
-	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %		
1	3.757	25.048	25.048	3.757	25.048	25.048	2.278	15.190	15.190		
2	1.877	12.515	37.563	1.877	12.515	37.563	2.179	14.526	29.716		
3	1.671	11.139	48.703	1.671	11.139	48.703	2.049	13.657	43.373		
4	1.378	9.184	57.887	1.378	9.184	57.887	1.629	10.858	54.231		
5	1.164	7.757	65.644	1.164	7.757	65.644	1.546	10.305	64.536		
6	1.027	6.848	72.492	1.027	6.848	72.492	1.193	7.956	72.492		
7	.877	5.849	78.342								
8	.784	5.227	83.569								
9	.693	4.617	88.186								
10	.602	4.015	92.201								
11	.566	3.772	95.973								
12	.541	3.605	99.578								
13	.039	.258	99.836								
14	.024	.158	99.994								
15	.001	.006	100.000								

Data Source : Primary Data ;

Extraction Method: Principal Component Analysis.

tor accounted for the eigen value of 1.671 which was 13.657 percent and the IV factor accounted for the variance of 1.378 which was 10.858 percent. Factor V accounted for the initial eigen values of 1.164 which was 10.305 percent; the VI factor accounted for the eigen value of 1.027 which was 7.56 percent with a total cumulative variance of 72.492 percent.

6.1 Determination of Factors Based on Eigen Values

In Exploratory Factor Analysis, only factors with Eigen values greater than 1.00 are retained and the interpretation is facilitated by identifying the variables that have large loadings on the same factor. Hence, those factors with high factor loadings in each component i.e. values greater than 0.5 were selected as exhibited in Table 3.

Based on Table 3, those six factors extracted with the variables of values above. 5 are selected and named separately as shown in Table 4.

It is evident from Table 4 that the variables 7 and 14 were grouped together as factor I which accounted for 15.190 % of the total variance and had been named as Management Attitude and Level of Family Responsibilities. The variables 8 and 15 were grouped as fa ctor II with the total variance of 14.526 % and had been named as Level of Family Life Sacrifice. The variables 6 and 13 were grouped under factor III with the total variance of 13.657 % and had

been named as Household Commitments and the variables 4, 5 and 10 were grouped under factor IV with the total variance of 10.858 % and had been named as Capacity to Postpone Family Commitments. The variables 2, 9, and 11 were grouped under factor V with the total variance of 10.305 % and had been named as Level of Work Pressure and Leave Availability. The variable 1 was grouped under factor VI with the total variance of 7.956 % and had been named as Recognition by the Supervisors.

7. Findings

From the analysis, it is evident that out of 15 factors analysed, VI component factors were extracted through the analysis. They were named as Management Attitude and Level of Family Responsibilities, Level of Family Life Sacrifice, Household Commitments, Capacity to Postpone Family Commitments, Level of Work Pressure and Leave Availability, and Recognition of Supervisors respectively.

8. Suggestions

Based on the findings, the following suggestions have been made:

i) The management of hospitals can show concern to the nurses in case of emergencies.

Table 3. Rotated component matrix

	Component							
	1	2	3	4	5	6		
VAR00001	012	015	.032	056	.048	.857		
VAR00002	120	.180	009	.268	.533	.310		
VAR00003	.183	.394	.255	.400	.132	.143		
VAR00004	.066	069	.056	.631	.411	187		
VAR00005	.239	.049	.049	.637	.185	183		
VAR00006	.060	.138	.969	.045	.073	.032		
VAR00007	.944	.075	.024	.135	015	071		
VAR00008	.109	.957	.131	.052	.162	.004		
VAR00009	.312	.122	.017	.034	.626	.251		
VAR00010	180	.155	098	.694	277	.282		
VAR00011	034	.169	.157	.034	.678	174		
VAR00012	.483	.173	.169	262	.214	.306		
VAR00013	.055	.139	.969	.004	.084	.009		
VAR00014	.941	.100	.045	.106	.029	041		
VAR00015	.104	.958	.128	.047	.159	003		

Source: Primary Data

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization. Rotation converged in 16 iterations.

Table 4. Naming of factors extracted

Factor & % of Total Variance	Variables	Rotated factor loading		
I (15.190%) Management Attitude and Level of Family	7. In this hospital, the management does not encourage leaves availed for family related matters.	.944		
Responsibilities	esponsibilities 14. My responsibilities at home reduce the effort that I can devote to job.			
II (14.526%) Level of Family Life Sacrifice	I avoid personal needs some times because of my work.	.957		
•	15. I cannot be able to work on time due to my family commitments	.957		
		.958		
III (13.657%)	6. I would carry official work to home some times	.969		
Household Commitments	13. The household duties prevents me from getting enough sleep to perform my job well	.969		
IV (10.858 %)	4. I put personal life on hold for work.	.631		
Capacity to Postpone Personal	5. I would change my personal plans frequently because	637		
Commitments	of my work pressures 10. The stress at home reduces my work efficiency	.694		
V (10.305 %) Level of Work Pressure and Leave	My job reduces the effort that I provide to commitments at home.	.533		
Availability	9. My personal life suffers because of work pressures.	.626		
	11. I need to take plenty of leaves to fulfill my family needs	.678		
VI (7.956 %) Recognition by the Supervisors	 To get noticed in my hospital, I need to put work constantly ahead of my family life. 	.857		

- ii) Nurses can plan their family work in advance so that the conflicts of work and family can be avoided.
- iii) Leave can be sanctioned to workers on a scheduled basis so that personal commitments can be fulfilled.

9. Conclusion

Working women are stressed by work and family commitments on each day especially, nurse. So it is very important for the nurses to identify the major factors which cause the work-life conflict in order to lead a balanced life. This paper highlights the factors which create the conflict among the married female nurses in their work and family life, which if concentrated on would enable them to avoid such issues.

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Annexure I

Opinion on the Work - Life conflict factors based on your personal experience (5-Strongly agree, 4-Agree, 3-Neutral,2-Disagree,1-Strongly disagree)

SNo	Work- life conflict factors	SA	A	N	DA	SDA
		(5)	(4)	(3)	(2)	(1)
1	To get noticed in my hospital, I need to put work constantly a head of my family life.					
2	My job reduces the effort that I provide to commitments at home.					
3	The good companion at job makes me to perform better and vice versa at homes					
4	I put personal life on hold for work.					
5	I would change my personal plans frequently because of my work pressures					
6	I would carry official work to home some times					
7	In this hospital, the management does not encourage leaves availed for family related matters.					
8	I avoid personal needs some times because of my work.					
9	My personal life suffers because of work pressures.					
10	The stress at home reduces my work efficiency					
11	I need to take plenty of leaves to fulfil my family needs.					
12	I get distracted at work thinking at home and personal worries.					
13	The household duties prevents me from getting enough sleep to perform my job well					
14	My responsibilities at home reduce the effort that I can devote to job.					
15	I cannot be able to work on time due to my family commitments					