Work-Family Conflict and Effect on Selected Demographics among Nurses from Selected Healthcare Facilities in Nairobi Metropolitan Area in Kenya

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Authors' Notes

This paper was part of a PhD thesis document at St Paul's University, Limuru in Kenya. Thanks to my supervisors for your guidance in inspiring to write this article. In addition, thanks to the nurses and Director of Nursing Services from Nairobi Metropolitan hospitals for your participation. Request for reprints should be sent to Mary Mudave, Postal address 1009 00200 Nairobi. Email address: Marymudave@gmail.com

Abstract

Globally, work-family conflict has been a concern in many organizations especially in the nursing profession where the impact is huge. This is clearly illustrated by studies done by researchers from different disciplines. Work-family conflict has contributed to work and family outcome which has either been positive or negative. Despite its importance, limited studies have

addressed work-family conflict in African context especially Kenya as pertains to the demographic variables. The study aimed to examine how work-family conflict related to demographic variables (gender, marital status, nurse position and nurses' age) among nurses in Nairobi metropolitan area, Kenya. The study was based on the role strain theory. Data collection was carried out from July 2020 to January 2021. The study used a mixed method design. The sample of the study was 284 nurses. Choosing of facilities was through purposive sampling, and the selection of nurses within the hospital was through stratified random sampling. A semi-structured questionnaire was used to collect qualitative and quantitative data from nurses. Data were analyzed through descriptive statistics, correlation analysis and the creation of categories. The results and findings showed that work-family conflict was associated with demographic variables and impacted nurses' performance at work and within the family domain. The study concluded that female nurses' experience on work-family conflict is slightly above male nurses, nurses in charge of units experience work-family conflict more than staff nurses due to the managerial positions they hold. Lastly, older nurses experienced more work-family conflict, possibly due to age, as they are less active or vibrant than young nurses. In addition, the energy level of older nurses was lower, affecting performance and productivity. The study recommended that there is a need to have a high level of teamwork between organizations, supervisors, co-workers, families and nurses.

Keywords: Work-family conflict, demographic variables, health-care facilities, Nairobi metropolitan area, outcome, productivity

Introduction

Work-family conflict is "a kind of inter-role interference in which the role pressures from the work and family fields are reciprocally incompatible in some way" (Greenhaus & Beutell,

p.76). The conflict between work and family leads to obvious negative emotions in individuals, which will decrease adults' subjective well-being (Yang, 2016). These negative emotions can lead to conflict at work and home and may lead to negative outcomes both at work and in the family domain.

Additionally, the conflict is in two ways, where work interferes with family (WIF) and where family interfere with work (FIW). Negative emotions brought about by work pressure will be transferred to families. The pressure of family taking care of children and shouldering the pension will also be brought into the work (Ju, 2016).

In China's urban and rural areas, gender differences are more obvious (Yang, 2017). More families believe that men should engage in social work with higher status, while women must take better care of the family (Zhang & Lin, 2014). Additionally, most Chinese provide grandparental care, including co-residential grandparenting, so their parents can work to make more income (Zhou et al., 2015). Usually, a grandmother spends far more time and energy on the grandchildren than the grandfather (Gross, 2011), which can make women at this age take on more psychological distress and pressure from life and therefore feel more decisive in the conflict.

According to Tayifur et al. (2021), the negative outcomes of work-family conflict identified in prior research include workplace consequences like dissatisfaction, burnout, voluntary turnover intention, and absenteeism. Additionally, nurses who encounter work-family tension tend to be less able to participate in family activities (e.g., household) and to perform family duties (e.g., parenting; (Tayifur et al., 2021). These may lead to anxiety and mental stress. In Africa, especially Kenya, women's role at home, the responsibilities that come with it, and the work pressures nurses face are aspects that affect performance. In recent years we have seen

more males in the nursing profession, though female nurses still dominate nursing. One study has reported that around 50% of nurses experience work-family conflicts (Grzwacz et al., 2007). Additionally, work-family conflict has essential areas that remain under-researched (Zhang et al., 2017).

Demographic Characteristics

Gender

A study done in Finland, the Netherlands, and the United Kingdom by Tammeli et al. (2017) showed that time-based WFC was among some causes of WFC among dual-earners. Another study in India showed that more Indian female nurses encountered psychological health and stress than their male counterparts (Sharma et al., 2016).

Studies from Belgium, United States, the Netherlands, South Korea, and other countries consistently conclude that the tremendous work pressure and less work flexibility will lead to more significant work-family conflict (Han et al., 2015; Schooreel & Verbruggen, 2016). In China, work pressure and flexibility affect the health and well-being of individuals and the family's decision-making. For example, young people are discouraged from having a second child due to work pressure and inflexibility (Zhang & Shi, 2019).

As China's employment pressure and structural employment conflict continue to escalate, the increasing work pressure of the younger generation has broken the balance between working families. At the same time, work inflexibility also gives some resistance to easing family conflicts (Jiang, 2015).

Under Chinese cultural background, the Chinese traditional gender concept is deeply ingrained, although the Chinese government advocates and promotes gender equality, the female social status has improved (Ren et al., 2019). However, there are many people who still have a

transitional idea about recognizing the freedom of work to women and yet still require them to be responsible for families (Zhang & Shi, 2019). This has led some women to simultaneously play the role of "householder" and "breadwinner".

Additionally, in terms of undertaking housework, although gender equality prompts men to participate in more housework, women still spend far more time on housework than men under the same subjective and objective conditions (Yang et al., 2015). Therefore, the concept of gender equality may not only ease women's troubles but also make them bear the burden of work and family simultaneously, which aggravates the contradiction between work and family for Chinese women (Wang et al., 2009).

Marital Status

Marital status appears as a variable that can affect individuals' psychological state and consequently burnout (Serkan et al., 2020). Furthermore, according to Serkan et al. (2020), nurses' burnout rate varies between 15% and 30%. This affects nurses' performance and productivity, leading to poor outcomes. In the literature reviews, studies determine a positive and statistically significant. Nurses can quit or not work effectively.

Some studies stated that single nurses have a statistically higher burnout level than married nurses (Yıldırımalp et al., 2014). In a study by Unruh et al. (2016), the results revealed that nurses with children, compared to others who have no children or are single, are faced with more frequent work-family conflict. Marital status in nurses can also affect the feeling of burnout. These may affect productivity, teamwork and the nurses' professional behavior.
A study conducted on female nurses and their husbands by Aminah (1999) found that nurses experienced varying degrees of conflict to meet the demands of work and family roles. About two-thirds of the nurses experienced moderate to high work-family conflict.

Nurses' Position

Leadership and supervisory positions have high expectations and tend to increase WFC among nurses holding those positions. This is because of the responsibilities that come with the positions they hold (Lembrechts, 2015). Some positions at the workplace, like nurse managers, may lead to role stress, hence causing the nurses to have less time with their family. This leads to a high level of WFCs (Lembrechts et al., 2015). Employees in managerial and professional positions report higher levels of work interference with family (WIF) than those working in non-managerial and non-professional positions (Duxbury & Higgins, 2003).

Nurses' Age

According to a study done in the Philippines by Labrague et al. (2017), nurses' age, education, facility size, and hospital location predicted work-family conflict and work–family predicted job satisfaction, job stress, intention to leave the organization, and perceived quality of care. Data from the 2002 National Study of the Changing Workforce indicate that managing work, personal, and family demands are easy or very easy for 69% of workers aged 60 and older versus 41% of younger workers. Older workers are also less likely to report negative spillover from work to family and from family to work (Roundtree, 2004).

According to a study done by Gordon et al. (2003), the findings showed that older women report less difficulty managing work and family than younger women (Gordon et al., 2003). Specifically, 34% of women between the age of 35 years and 50 years reported that balancing work and nonwork was challenging or very difficult compared with 19% of women older than 50. Gordon et al. (2003) also found that a more significant percentage of women between 35 and 50 years reported family interference from work and work interference from

family than women older than 50. Research has also suggested that the relationship between age and WFC is curvilinear. Specifically, Huffman et al. (2013) found an inverted-U–shaped curvilinear relationship that indicated that the youngest and oldest workers reported less WIF and less FIW.

Method

The primary purpose of this study was to analyze the effect of selected demographic variables on work-family conflict among nurses working in selected healthcare facilities within the Nairobi Metropolitan area, Kenya. A cross-sectional study was conducted in 4 public and four private healthcare facilities in the Nairobi Metropolitan area, Kenya, with a total population of 986 nurses. Data was collected in 2020 for six months. The study protocol was approved by St Paul University, government offices, hospital administration, NACOSTI and Daystar university's ethical office. The questionnaires were completed with a response rate of 90%.

Results

Quantitative Results and Discussion

The study was analyzed using both qualitative and quantitative data. The demographic information captured from the nurses were; gender, marital status, nurse position, age. The descriptive statistical tests conducted were frequency and percentages. These are discussed as follows:

Gender

The first demographic information was gender. Out of 282 nurses who participated in the study, more than three quarter of participants were female at 81% (n=228), while the remaining 19% (n=54) were male participants. The Director of Nursing services (DNS), on the other hand,

majority were female at 87.5% (n=7), while the remaining 12.5% (n=1) were male participants. This indicates that females head most hospitals' nursing departments. This validates the data that female nurses dominate the nursing profession in most hospitals in the Nairobi Metropolitan area.

Marital Status

The study was on work-family conflict, and marital status was a key family component. As presented in Figure 4.2, On marital status, 70% (n=197) of the participants were married, 25% (n=69) were single, 2.8 % (n=8) were divorced/separated, and 2.8% (n=8) were widowed. While for DNS, the participants who were married were 87.5% (n=7), while single were 12.5% (n=1). This shows that most of the respondents had family; hence they understood the subject, and the information provided on work-family conflict was credible for the subject of study.

Nurse Position

On nurse position or cadres, the least number of nurses were holding the position of unit in charge at 16.3% (n=46), followed by sisters at 21.6% (n=61), then senior nurses at 27.3% (n=77). The majority of the nurses were staff nurses at 34.8% (n=98).

Nurse's Age Category

On the age of the nurses, the nurses aged 21-30 years were the highest at 50.6% (n=139), 31-40 years at 31% (n=84), 41-50 years at 14.0% (n=38). 51-60 years at 3% (n=7), and lastly,> 61 years at 1.4% (n=5). For DNS, the youngest age was 26 years, and highest age was 65 years. The majority were 31-40 years [37.5% (n=3)], followed by 51-60 years [25% (n=2)]. This shows most of the nurses actively working are aged 21-30years, while DNS, the majority are 31-40 years old.

Table 4.1
Demographic Table for Nurses

Demographic characteristics table for gender, marital status, nurse position and nurse's age

	Characteristics	n	%
Gender	Male	54	19
	Female	228	81
	Total	282	100
Marital status	Married	197	69.9
	Single	69	24.5
	Widowed	8	2.8
	Divorce/separated	8	2.8
	Total	282	100
Nursing position	Staff nurses	98	34.8
	Senior nurses	77	27.3
	Sisters	61	21.6
	Unit in-charges	46	16.3
	Total	282	100
Nurses' Age	21-30	144	51.1
	31-40	85	30.0
	41-50	39	14.0
	51-60	8	2.8
	61-70	6	2.1
	Total	282	100

Note: Adapted from major thesis, 2022, p.75. Copyright 2022 by Mudave et al.

Demographic Characteristics and Work-Family Interference (WFI)

Work-Family Interference (WFI)

Work-family conflict items scale is based on strain pressures, time pressure and behavior pressure. Strain pressure is due to role pressure that may be due to lack of rest. Time pressure happens due to the inability to accomplish certain duties within a specific period. Lastly, behavior pressure concerns behaving professionally in the work environment while at home behaving like a guardian to the family in accomplishing certain roles at home.

The mean and standard deviation of the work interference with family (WIF) and family interfere with work (FIW) compared the mean value since the questions were similar but the

difference on the source of conflict. The weighted mean of the aggregated WIF was M=3.75(54%), SD=.66 was higher compared to the FIW M=3.21(46%) SD=.47, which shows that nurses experience in conflict is highly contributed by the work environment than the family environment.

Statistical Test

The statistical test was done to compare if there was a statistically significant difference in variables WIF, FIW and a combination of WIF and FIW. Based on the statistical test done on marital status, the results show a statistical difference with $P < .05(.007)$. The widows had a higher mean in combined (WIF and FIW), WIF and FIW (3.18, 2,85 and 3.5) respectively, indicating that they experience work-family conflict more.

Based on the nurses' age, the results showed that there was statistical difference with combined (WIF and FIW) and WIF items where $P < .05(.044)$ and $P < .05(.037)$ among all nurses with a higher mean of nurses aged 61-70 years with a higher mean of 3.00 and 2.80 for combined (WIF and FIW) and WIF respectively, this could be due to the age factor as they are not as active as before. Lastly, based on nurse position, the results showed that there was the statistical difference with combined (WIF and FIW) items where $P < .05$ (.044) among all nurses' positions, unit in-charge had a higher mean of 2.75, followed by sisters, senior nurse then staff nurse. This could mean that the higher the position, the more the nurses experience work-family conflict, probable due to the responsibilities involved.

There was no statistical difference for gender. The results in Table 4.2 show the mean and standard deviation and significance of work-family conflict on each demographic characteristic.

Table 4. 2

Demographic characteristics with Work-family conflict

Demographic variable		WFI			WIF			FIW		
		M	SD	Sig	M	SD	Sig	M	SD	Sig
Gender	Male	2.58	.51	.83	2.32	.61	.38	2.86	.66	.26
	Female	2.60	.53	.83	2.24	.69	.38	2.96	.61	.26
Marital status	Married	2.60	.53	.01	2.29	.66	.01	2.92	.61	.06
	Single	2.51	.48	.01	2.09	.62	.01	2.92	.60	.06
	Widowed	3.18	.60	.01	2.85	.95	.01	3.50	.56	.06
	Divorce/separated	2.45	.52	.01	2.18	.65	.01	2.72	.65	.06
Nurse position	Staff nurse	2.49	.51	.04	2.13	.68	.09	2.87	.66	.16
	Senior nurse	2.57	.50	.04	2.25	.61	.09	2.89	.60	.16
	Sister	2.66	.51	.04	2.33	.64	.09	2.98	.58	.16
	Unit in charge	2.75	.60	.04	2.42	.78	.09	3.11	.61	.16
Age category	21-30yrs	2.51	.55	.04	2.13	.70	.04	2.89	.65	.24
	31-40yrs	2.64	.54	.04	2.37	.66	.04	2.92	.64	.24
	41-50yrs	2.71	.42	.04	2.34	.55	.04	3.08	.46	.24
	51-60yrs	2.85	.30	.04	2.47	.54	.04	3.22	.52	.24
	61-70yrs	3.00	.00	.04	2.80	.28	.04	3.20	.28	.24

Note: Adapted from major thesis, 2022, Appendix p.269. Copyright 2022 by Mudave et al.

Work-Family Conflict Analysis

Descriptive results were as to how nurses agreed with items as follows: Marital happiness had the least mean value of 21.1% (M=3, SD=.87), followed by family time with a mean value of 24.2% (M=3, SD=.64), Turn over with mean value of 25% (M=3, SD=1.25) and the highest was a spousal relationship with the mean value of 29.69% (M=4, SD=.79). The result shows nurses agreed spousal relationship was major contributing factor to WFC. However, they were

neutral on contributing factors of marital happiness, family time and turnover on WFC.

Table 4. 3

Work-Family Conflict(WFC) Sub-constructs Mean(M) and Standard Deviation (SD)

WFC (outcome) indicators	n	Mean	%	Std. Deviation
Spousal Relationship	273	3.84	30.00	0.79
Marital happiness	273	2.69	21.01	0.87
Turnover	273	3.20	25.00	1.25
Family time	273	3.11	24.30	0.64

Note: Adapted from major thesis, 2022, p. 88—copyright 2022 by Mudave et al.

Analysis was also done on nurse turnover to get a view of how nurses felt about quitting their current place of work, and findings showed that 47% indicated they would and 53% would not. Quitting showed a sign of dissatisfaction or inability to balance work and family roles. Other reasons that led nurses to resign were remuneration, work overload, shortage of nurses, inflexible shifts and long working hours, and lack of support from work or family. Furthermore, on the rate of resignation, the DNS participants indicated that the majority indicated that, on average, one nurse resigns in a month, and two indicated that two nurses resign in a month.

Discussion

Management of shifts is one of the many challenges faced in nursing departments. Sometimes, it is only possible for nurses to be given emergency offs when requested if with prior arrangement. Sometimes it affects family relationships, especially when they want to go out as a family during a weekend or holiday; they cannot because the nurse is on duty. Nurses had a different preference for shifts depending on the cadre, age and whether they were married or not, with or without children. Some positions at the workplace, like nurse managers, may lead to role

stress, hence causing the nurses to have less time with their families. This leads to a high level of WFCs (Lembrechts et al., 2015). These led to work-family conflict. Sometimes it was not easy to go out for a holiday with other family members or socialise. Nurses were affected by long working hours and nurse shortages, which led to mental fatigue that affected their productivity.

Marital and family conflict: Insufficient quality family time was experienced by married nurses, which led to an inability to build and create strong relationships, especially for part-time nurses who had no time with their families. This agrees with a study by Unruh et al. (2016), which showed that nurses with children face more frequent work-family conflict than others who have no children or are single. On the contrary, in another study by Yıldırımalp et al. (2014), the results showed that single nurses have a statistically higher burnout level than married nurses. Time was either minimal or inadequate.

DNSs' perspective on inadequate child care as one of the causes of work-family conflict. They felt that some nurses would prefer specific shifts to have more time with the children. This happens when they leave small babies at home, especially at night and on long shifts. With the diverse roles of women in taking care of the family, breastfeeding children can be overwhelming and lead to work-family conflict. Depending on how small the children are, it can influence nurses' duty preference; it can lead to taking off hence distracting work performance due to family conflict. From the Director of Nurses' (DNS) point of view, nurses faced marital issues, like the inability to perform family and matrimonial roles effectively and lack of trust leading to family conflict. House-help leaving without notice for nurses with small children led to stress.

In conclusion, the study established that nurses experience different levels of work-family conflict depending on their gender, marital status, position at the workplace and age. Work-family conflict can be reduced if nurses get support from the workplace and family

members, as nurses have different responsibilities depending on age, gender, family size and cadre level. A family is a strong unit which cannot be ignored. WFC determine the capability of the nurse to balance WFC and bring about a positive outcome to enable a healthy society and family, as this will aid in development. Work-family conflict is exceptionally experienced by female, who seems to be the majority in nursing careers, and this affects the family.

Additionally, married nurses have more responsibilities regarding family care and need more income to meet family needs. Nurses in managerial positions experience more work-family conflict due to the responsibilities of this position. Young and married nurses, who are the majority and with tiny babies, experience more work-family conflict due to raising children, helping with homework for school-going children, discipline and providing other care. More so, young families need to bond as a family to avoid separation and divorce if they do not provide matrimonial care.

The recommendations of the findings of this study include Healthcare facilities and the ministry of healthy need to understand the roles played by different gender both at work and family in African culture and how these responsibilities can affect them as this affects outcomes both at work and family domain. There is a need to provide flexible shifts to young married female nurses and support to nursing managers to balance and manage work-family conflict. A friendly environment and recognition of nurses to motivate them can also encourage nurses to stay positive.

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