





Work-family conflict and job stress as predictors of quality of work-life among nurses

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ABSTRACT

This study investigated predictors of quality of work life among nurses in Ipokia Local Government Area in Ogun State, Nigeria. A cross-sectional survey design was adopted to collect data using the Quality of Life Scale, Work-Family Conflict Scale, and Job Stress Scale. A purposive sampling technique was used to select 182 nurses (Females: 123; Males: 59). Data were analyzed using multiple regression analysis, t-test of independent mean, and one-way analysis of variance. Three hypotheses were generated and tested at a 0.001 level of significance. The result revealed that work-family conflict and job stress jointly predicted the quality of work-life among nurses [$R^2 = 286$, $F(2,181) = 37.648$, $p = .002$]. Also, job stress independently predicted the quality of work-life among nurses ($\beta = .543$, $p = .001$). However, work-family conflict did not independently predict the quality of work-life among nurses ($\beta = -.001$, $p > .05$). It was concluded that work-family conflict was a significant factor when combined with job stress but not an independent predictor of quality of work-life among nurses. Therefore, the Chief Medical Director and Human Resource Department of hospitals should monitor the stress levels of their nurses to ensure continuous productivity and avoid unnecessary breakdown of nurses at Work and home.

Keywords: job stress, quality of work-life, work-family conflict, nurses



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1. Introduction

The concept of Quality of Work-Life (QWL) is aimed at assessing the conditions of workers at Work. It consists of environmental variables explored by organizational researchers to promote the quality of human resources, which is the persons' total job assessment (Leitao et al., 2019). Researchers of QWL believe that workers are the most critical assets of an organization as they are reliable, responsible people who make valuable contributions to their organizations; therefore, they must be treated with respect and dignity (Alserhan et al., 2021). As a component of quality of life, QWL emphasizes the role of an organization's capability to satisfy the essential needs of its workers using the experience achieved in the organization (Syahrul et al., 2019). This means the QWL of workers forms part of the strategic concern of any organization. QWL seeks to provide information on the activities workers carry out, their relationships at Work, and their perception concerning issues that affect their satisfaction with the job (Adikoeswanto et al., 2020). Also, it involves the

level of employment status, their working hours, the nature of their benefits, the types of training they receive, the possible career development, job progression, and all-round work-life satisfaction (Uysal & Sirgy, 2019). Specifically, QWL is important to nurses regarding leadership and management styles, shift work, wages and benefits, relations with colleagues, workload, and job tension (Suleiman et al., 2019). Alterations in the QWL would affect nurses' performance. In Nigeria, as applied to Ogun State, the nurse workforce needs to be more staffed as the ratio of nurses to patients is as high as 1:500 (Osibanjo et al., 2020; Elisha, 2023). The few nurses available work close to seven days a week, coupled with a lack of modern hospital equipment, training, and better welfare packages for the nurses, which affected the quality of life experienced by nurses. Also, the massive migration of healthcare workers, including nurses, to other countries in search of greener pastures, better pay, and a good and friendly working environment contributed to the lack of nurses to render healthcare services to patients (Odebiyi, 2021).

Nurses constitute the largest and most diverse workforce in the healthcare sector (Smiley et al., 2021). Nurses' work-life quality is "the degree to which registered nurses can satisfy important personal needs through their experiences in their work organization while achieving the organization's goals" (Brooks & Anderson, 2005). As in other professions and organizations, nurses are known to do their Work better when they manage their workloads and decision-making processes concerning their work schedule (Saputera & Suhermin, 2020). This approach tends to increase the quality of work-life (Adibe, 2014). For healthcare providers to attract a high-quality workforce, including nurses, there is a need to provide a better quality of work-life for them.

One factor considered in this study as a likely predictor of nurses' quality of work-life is work-family conflict, which occurs when nurses are affected by both professional duties and family roles (Okafor, 2020). These roles become incompatible when participation in one role involves participation in the other. Work and family roles are essential parts of every adult and responsible individual life. Before, Work and family life were considered distinct and independent issues for workers. However, now, it has become an integral part of a worker's life. The work-family conflict explains the roles of the nurses as members of households and work organizations; therefore, a conflict tends to occur when they cannot perform these roles with the limited time and resources they have at their disposal (Pandu, 2019). When workers have limited time and resources, it tends to increase stress, tiredness, low performance, and reduce quality of work life (Pandu, 2019). Nurses face many problems while performing their duties, including work-family conflict (Okafor, 2020).

The need to balance Work and family in the nursing profession is a challenging one. The progressive increase in dual-career couples compared to single-parent households and the reduction in single-earner families means that responsibility for Work, housework, and childcare is no longer confined to the female gender only (Abechi, 2018; Monroe et al., 2020). Furthermore, nurses struggle to manage the competing demands of Work and family life (Hyun et al., 2016). The high pressure and lack of spare time have seriously affected nurses' ability to cope with their work and family roles (Ilo et al., 2020). The effects of work-life conflict have resulted in job dissatisfaction, frequent absence from Work, poor interpersonal relations, and low productivity, resulting in low work engagement among nurses (Ugwu, 2022).

The second factor considered as a likely predictor of quality of work-life among nurses is job stress, which is nurses' reaction to the demands (stressors) that come upon them as the result of the type of Work they do (Pavlonic et al., 2017). Job stress is the inability of workers to cope with pressures emanating from the job the individual performs. Job stress has mental and psychological dimensions, affecting worker's performance, efficiency, effectiveness, mental health, and overall quality of life. On the inherent stress factor in the nursing profession, Hingly (1984) put it this way:

"Nursing is, by its very nature, a profession experiencing high stress levels. Nurses are faced with suffering, pain, and death; nursing interventions are not appreciative and spirited. Many are, by normal standards, unpleasant, others are degrading, and some are scary".

The above statement is true even in the twenty-first century. Another factor considered as a likely predictor of QWL among nurses is gender. Previous studies found gender to significantly influence the quality of work-life among staff in a university environment (Lad, 2016). In another study, gender was found to substantially affect the quality of work-life (Agarwal, 2020). Specifically, Indumathi and Selvan (2018) found that female employees were more affected than their male counterparts in terms of their satisfaction with the quality of their work-life.

Lastly, marital status was considered another factor influencing the quality of work-life among nurses. Studies have given contradictory results concerning marital status and quality of work-life among nurses. For example, Mamman and Savitha (2019) found that marital status significantly affects social life and nurses' work-life quality. Tai et al. (2014) found married nurses to have high-risk and low-income family functions compared to unmarried nurses. Also, married nurses who worked more night shifts were found to report low-

income family functions compared to married nurses who worked day shifts. In contrast, Rashidi and Jalbani (2009) found higher stress levels among unmarried nurses compared to married nurses on average.

As nurses engage in their Work, stress factors increase and adversely affect their psychological and physical health (Snow et al., 2003). According to Lazarus and Folkman's (1984) transactional stress model, individuals' ability to cope and adapt to work situations could determine their health outcomes. Stress-related sickness may result from excessive and prolonged demands on an individual's coping resources. At an individual level, work stress causes depression and anxiety, which can be transmitted to heart disease, ulcers, and chronic pain (Scharbroeck & Cooper, 2000). Based on these, there is a need to ascertain how work-family conflict and job stress affect nurses' work-life quality. Few studies that have investigated these constructs gave inconsistent results, and more importantly, such studies in Nigeria are scarce, which created a gap in knowledge to be filled.

Therefore, this study aimed to investigate work-family conflict and job stress as predictors of quality of work life among nurses in Ipokia Local Government Area in Ogun State, Nigeria. The study's specific objectives were to examine whether work-family conflict and job stress would jointly and independently predict the quality of work life among nurses in Ogun State, determine whether gender would significantly influence the quality of work life among nurses in Ogun State, and (3) assess whether marital status would dramatically affect the quality of work life among nurses in Ogun State.

Given the challenges highlighted, this study hypothesizes that work-family conflict and job stress will significantly predict QWL among nurses in Ogun State. Additionally, gender and marital status are expected to moderate these relationships, with male nurses and unmarried nurses potentially experiencing different levels of QWL.

The findings in this study would help explain work-family conflict and job stress as predictors of quality of work life among nurses in the study population. Also, people in charge of nurses' administration would find these results useful in developing policies and strategies to manage the quality of work life among nurses working at the primary and secondary levels of healthcare sectors.

2. Method

This section presents the processes used to carry out the study. First, it presents the socio-demographics of the study participants.

Participants

The participants comprised 123 (68%) female and 59 (32%) male nurses. Regarding age of the participants, 72 (40%) were between 25 and 34 years age bracket, 64(35%) were between 35 and 44 years age bracket, 38(21%) were between 46 and 54 years age bracket, while 8(4%) were 55 years and above. In terms of marital status, 78(43%) of the participants were singles (unmarried), 94(52%) were married, and 10(5%) referred to themselves as either divorced or separated. The study adopted a cross-sectional survey method where participant data was collected simultaneously. The independent variables were work-family conflict and job stress, while the dependent variable was the quality of work-life.

The study was conducted in three health facilities: a Primary Health Care Centre (Maternity Centre), a State Teaching Hospital, and a General Hospital, Ipokia. The choice of these facilities was based on the availability of the participants within the Ipokia Local Government Area, Ogun State. Because the LGA has three public health facilities, a purposive sampling technique was used to select all three health facilities for the study. During the data collection process, participants were chosen to distribute the questionnaires based on availability and acceptance to participate in the study, hence the convenience sampling technique.

Procedure

A letter of introduction was obtained from the Department of Psychology, University of Ibadan, to each hospital selected for the study. When the authority was granted, potential participants were approached by the researchers for consent to participate in the study. Potential participants were duly informed that participation in the study was voluntary. The copies of the questionnaires were given to nurses on duty, which was done consistently for three weeks. The questionnaires were retrieved immediately after completion. A total of 189 questionnaires were administered; 182 were correctly filled, while seven questionnaires needed to be completed and were discarded.

Data analysis

Work-Related Quality of Life was measured using the scale developed by Van Laar et al. (2007). It measures general well-being and work-home interface among employees. It is a 23-item scale which is presented on a 5-point Likert's format that ranges from strongly disagree (1) to strongly agree(5) with six-factor subscales of job and career satisfaction, general well-being, home-work interface, stress at Work, control

at Work, and working condition. Sample items include: "I am satisfied with my life" and "The working condition is satisfactory "satisfactory." The present study used composite scores on the scale. Van Laar et al. (2007) reported the scale's alpha of 0.91. The scale's alpha for this study is 0.89. Work-family conflict was measured using the scale developed by Carlson et al. (2000). It is a 12-item scale presented in a 5-point Likert format ranging from completely disagree (1) to agree (5) completely. The sub-scale measures the work-family conflict's three dimensions: time-based, strain-based, and behavioral-based. Sample items include: "My work keeps me from my family activities more than I would like" and "I am often so emotionally drained when I get home from work that it prevents me from contributing to my family." A high score in each item indicates a high level of work-family conflict. The author reported Cronbach's alpha of 0.90. Cronbach's alpha in this study is 0.89.

The job Stress Scale was measured using eight items from the Merlin Company Work Stress (1999) scale. It is presented in a 5-point Likert-type response format ranging from strongly disagree (1) to agree (5) strongly. Sample items are: "I feel that my job is negatively affecting my physical or emotional well-being" and "I feel that my job pressures interfere with my family or personal life." High scores in each item indicate an increasing perception of job stress. The author reported Cronbach's alpha as 0.78; for the current study, Cronbach's alpha was 0.73.

The data collected were analyzed using the Statistical Package for Social Sciences (SPSS) version 23. Multiple regression was used to test hypothesis 1, a t-test of independent sample mean was used to test hypothesis 2, and a one-way Analysis of Variance was used to test hypothesis 3. All hypotheses were accepted at a .05 level of significance.

3. Result

Hypothesis one, which states that work-family conflict and job stress will jointly and independently predict the quality of work-life among nurses, was tested using multiple regression analysis. The result is presented in Table 1.

Table 1: Multiple regression analysis showing joint and independent predictors of quality of work-life among nurses

Variable	β	t	p	R	R^2	F	p
Work-family conflict	-.001	-.018	>.05	.542	.286	.648	.002*
Job stress	.543	7.932	=.001*				

*Significant at $p = .000$

The result in Table 1 indicated that work-family conflict and job stress jointly predicted the quality of work-life among nurses ($R^2 = .286 = .286$, $F(2, 181) = 37.486$, $p = .002$). Work conflict and job stress accounted for about 28.6% of the variance observed in nurses' work-life quality. Hence, the hypothesis was accepted. Furthermore, job stress independently predicted nurses' work-life quality ($\beta = .543$, $p = .001$). In contrast, work-family conflict did not independently predict the quality of work-life among nurses ($\beta = -.001$, $p > .05$). Hence, the second part of the hypothesis was not confirmed.

Hypothesis two states that male nurses will express significantly different work-life quality levels than female nurses. The hypothesis was tested using a t-test of an independent sample, and the result is presented in Table 2.

Table 2: T-test of the independent sample indicating the influence of gender on quality of work-life among nurses

Gender	N	M	SD	Df	t	p
Male	59	86.39	16.12	180	0.242	=.001*
Female	123	85.73	17.69			

*Significant at $p = .000$

The result in Table 2 indicated that the quality of work life did not significantly influence male and female nurses ($t(180) = .242$, $p > .001$). Hence, the hypothesis was not supported. However, observation of the mean revealed that the quality of work life was marginally higher among male nurses ($M = 86.39$, $SD = 16.12$) than female nurses ($M = 85.73$, $SD = 17.69$).

Hypothesis three states that unmarried nurses will express significantly different quality of work-life than married, divorced, or separated nurses. This was tested using a one-way analysis of variance, and the result is presented in Table 3.

Table 3: Analysis of variance showing the influence of marital status on quality of work-life among nurses

Source	S.S.	df	M.S.	F	p
Between Groups	760.560	3	253.529	.818	=.001*
Within Groups	55771.875	180	309.844		
Total	56532.435	183			

*Significant at $p = .000$

The result in Table 3 revealed that nurses' quality of work-life was not influenced by their marital status ($F(3, 180) = .818, p > .05$). Hence, the hypothesis was not confirmed.

4. Discussion

This study investigated the influence of work-family conflict, job stress, gender, and marital status on nurses' quality of work life in the Ipokia Local Government Area in Ogun State, Nigeria. The study generated and tested three hypotheses. The hypothesis that work-family conflict and job stress will jointly predict the quality of work-life among nurses was confirmed. This means that work-family conflict and job stress are significant predictors of nurses' quality of work life in the three hospitals in Ipokia LGA. In other words, when there is a higher level of interference with Work in family life, the quality of work-life will be affected. However, the work-family conflict did not independently predict the quality of work life. This is because whether the nurses have role conflicts in the workplace or their family, they must work to earn money to survive among study participants. This finding corroborated Monroe et al.'s (2020) result that work-family conflict and job stress were significant predictors of quality of work-life. Also, Pandu (2019) reported that the spillover effect from Work has implications for the quality of work-life. However, conflicts related to work demands would have adverse outcomes among nurses. When the quality of work-life is affected, it affects organizational commitment and job satisfaction and increases job stress among study participants (Okafor, 2020).

Furthermore, the independent contribution of job stress was significant. This means that job stress among the nurses would affect their quality of work life. The finding lent credence to the result obtained by Ahmed et al. (2020) that interrupting workers in their duties caused more stress, increased feelings of frustration, and made them put in more time and effort. Therefore, as nurses face job stress, their quality of work life will be affected.

The second hypothesis that male nurses will significantly express a different quality of work-life than female nurses was not confirmed. This finding agreed with the finding by Bolhari et al. (2011) that gender did not determine the quality of work-life among nurses. Also, Tabassum et al. (2011) found the same quality of work-life between male and female employees outside the nursing profession. However, this was in contrast with the findings of Indumathi and Selvan (2018), who found female employees to be affected more by their quality of work-life than their male counterparts.

The third hypothesis that unmarried nurses will significantly express a different quality of work life than married, divorced, or separated nurses was not confirmed. This finding supported Argentero et al. (2007), who found that marital status has no significant influence on nurses' quality of work life. However, Mamman and Savitha (2019) found that marital status significantly affected nurses' work-life quality. Specifically, Rashidi and Jalbani (2009) found that the quality of work-life stress was higher among unmarried nurses than married nurses.

The study has established that the quality of work-life is affected by work-family conflict and job stress among nurses in Ipokia Local Government Area in Ogun State. Also, both male and female nurses and their marital status do not affect the quality of work-life among nurses in health facilities in Ipokia Local Government Area. This study implies that the chief medical director and the human resource department of hospitals where nurses work should monitor their stress levels to ensure continuous productivity and avoid unnecessary nurse breakdowns at Work and home. Measures should be in place to determine the triggers of work-family conflict on nurses' work-life quality.

The study has some limitations. One limitation of this study was the time to get the participants to complete the questionnaire. Due to the shifting nature of the participants, the researchers spent long hours waiting to get enough participants for the study. Future studies would benefit from submitting the questionnaires to the general administration office, where nurses would be given an officer there to pick, fill, and return to the officer. Also, the use of online surveys to complement paper questionnaires is suggested. Another limitation

was the length of the questionnaire, which the participants complained of needing to be shorter. Further study should revalidate the questionnaires to be brief or use existing short forms to reduce complaints.

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