

## Assessing Nigerian Female Health Workers when Job Stress and Tenure Impact on Work-To-Family Conflict

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### Abstract

Nigerian women making gradual and rapid inroads into paid employment as against the traditional gender-role socialization in sub-Saharan Africa are likely to be exposed to work-to-family conflict (work responsibilities interfering with family responsibilities). This study focuses on the roles of job related variables such as job stress and tenure in work-to-family conflict among Nigerian female health workers with dependent children. Participants comprised 78 female health workers drawn from 3 Federal Hospitals in Enugu, South-eastern Nigeria using cross-sectional survey design. Results revealed a significant influence of job stress on work-to-family conflict with high job stress group having higher level of work-to-family while tenure did not influence work-to-family conflict. These findings have both theoretical and practical implications which are discussed in the paper.

**Key Words:** *health workers, job stress, tenure, work-to-family conflict*

### INTRODUCTION

Studies (e.g. Davidson & Burke, 2004) in line with the expansionist theory (Barnette & Hyde, 2001) have shown that women's participation in the workforce especially the profession has increased globally. And Nigerian women are not left out in this trend. Today, Nigerian women making gradual and rapid inroads into paid employment as against the traditional gender-role socialization in sub-Saharan Africa especially in the Enugu, South-Eastern Nigeria which saddles women with greater percentage of domestic responsibilities such as child care are indeed sandwiched between work and family responsibilities, hence work-family conflict which has been considered an important issue in today's business world (Burke & El-Kot, 2010, Grandey, Cordeino & Crouter, 2005).

Work-family conflict is a mutual incompatibility between the demands of the work role and demands of the family role (Parasuraman & Greenhaus, 1997) which is common when employees juggle work and family responsibilities (Lee & Duxbury, 1998). This inter-role conflict that occurs as a result of incompatible role pressures from the work and family domains (Greenhaus & Beutell, 1985) is bidirectional, thus work may interfere with family (work-to-family conflict) and family may interfere with work (family-to-work conflict).

Literature (e.g. Greenhaus & Beutell, 1985) shows that work-to-family conflict is more prevalent than family-to-work conflict, hence the focus of this present study on work-to-family conflict. In work-to-family conflict,

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family life is affected by factors at work (Trachtenberg, Anderson & Sabatelli, 2009). And such factors include heavy workload (Boyar, Maertz, Mosley & Carr, 2008) which cause job stress and consequently work-to-family conflict. Job stress which is inappropriate response to the requirements of the job which do not match the capabilities or resources of the worker (Roohafza, Sarrafzadegan, Sadeghi, Talaei, Talakar, & Mahvash, 2012) and job stressors have been found to be among the strongest predictors of work-to-family conflict (Burke & Greenglass, 1999; Voydanoff, 1988). Similarly, studies (e.g. Voydanoff, 2005; Greenhaus, 2003) have demonstrated the relation between work stress and work-family conflict, and some indeed show positive relationship between job stress and work-to-family conflict among different professionals in different fields of research (Wallace, 2005). Another job factor although has received little attention which could have implications for work-to-family conflict is tenure (number of years one has spent on the job).

Research (e.g. Adebola, 2005) has shown that job-related variables such as tenure have strong bearing on work interference with family and primarily determined by excessive work demands and predicts negative family outcomes. In contrast, studies (e.g. Okonkwo, 2014) show that tenure did not influence work interference with family among female nurses, hence the need for this present study amid these controversies to focus on the role of tenure in work-to-family conflict among female health workers.

Currently in Nigeria, job factors such as job stress and tenure are likely to influence work-to-family conflict because in line with the expansionist theory (Barnette & Hyde, 2001), gender roles are expanding thereby making more Nigerian women active in professional

work life with greater percentage in human services organizations such as the health sector (Okonkwo, 2011). In Nigeria like in other countries, the hectic nature of the health sector can create job stress resulting in work-to-family conflict for the healthcare workers especially females (Rittippant, Tongkong, Thamma-Apiroam & Mingariyamak, 2011), resulting in work-family stress as a major problem for working women (Ng, Fosh & Naylor, 2002) especially for women with dependent children (Grzywacz & Mark, 2000) and female health workers such as nurses (Neats, 2010) because they bear the primary responsibility of child care irrespective of their involvement in providing care for patients in their paid employment (Lero, 1992). According to Neats (2010) the demand for healthcare workers (e.g. nurses) is increasing not because of attractive salary and job security but because the care they provide which is not found in other careers. And providing this care for others (e.g. patients) and same time for family members is stressful. This is the case of healthcare workers in Nigeria because of poor family friendly policies. And females are worse off because of the traditional gender-role orientation which saddles them with most of the domestic responsibilities despite their career responsibilities. In line with Lambert, Hogan & Altheimer (2010), the role of healthcare providers have expanded from mere healthcare providers to health educator, post care supporter, health adviser, health promoter etc. And these expanded role has put healthcare workers especially women who combine work and family responsibilities under immense pressure. In congruence with Volanti (2010), Nigerian healthcare workers also do not have access to better technology and adequate salary. These among other factors force them to work with obsolete equipment and with poor salary; they are unable to afford their basic needs

which would have exposed them to less stress. Against this background, it is evident that health workers who work in both government and private hospitals undergo stress which makes work-life balance a challenge (Laskhmi, Ramachndran & Boohene, 2012). And this could have implications for Nigerian female healthcare workers who combine work and family responsibilities, thus the focus of this current study on the role of job related factors such as job stress and tenure in work-to-family conflict.

### **Job stress and Work-to-family Conflict**

Literature on work-family interaction (multiple roles) and job stress can be categorized into positive outcomes (role expansion) and negative effects (role stress). According to role expansion theory, occupying multiple roles enhances engagement in both work and family life, with some studies finding positive effect of multiple roles on self-esteem and life satisfaction among multiple role occupants (e.g. Barnett & Hyde, 2001). Thus, more recent formulations of the intersections between work and non-work life (e.g. family) include the concept of work-life facilitation, in which the integration of work and family leads to a net gain in resources (psychological, material, time, or other), which could protect an individual from ill effects of work-life conflict (Innstrand, Langaballe, Espenes, Falkum, & Aasland, 2008).

In contrast, role stress theory based on classical role theory (Kahn, Wolfe, Quinn, Snoek & Rosenthal, 1964) states that the experience of ambiguity of role will result in undesirable state. A central assumption of role stress theory is that high demand leads to stress, and the stress generated by demand from each multiple roles increases the stress with each demanding role one occupies. A

variant of role stress theory is the scarcity theory, which assumes a finite amount of psychological and physiological resources available to them to respond to their role obligations. Multiple roles increase the demand on resources and an individual risks depletion and/or exhaustion of resources causing work-to-family conflict. As such, individuals must make trade-offs to reduce role strain (Aryee, Srinivas & Tan, 2005).

Underlying the trading-off is finite resources, particularly in the work-life context, is the notion that work and family roles have distinct responsibilities and obligations in which the satisfaction of those associated with one role entails the sacrifice of another (Zedeck & Mosier, 1990). This leads to role conflict, due to incompatibility between roles (Greenhaus & Beutell, 1985; Kahn et al, 1964), and this is central to the focus of this present study on the role of job stress in work-to-family conflict as supported by previous studies. For example, a cross-cultural study found that among nurses, work-to-family conflict was a predictor of job stress, and similarly family to work stress predicted job stress (Pal & Sasvik, 2008). Grandey and Cropanzano (1999) found that work role stress increased work-to-family conflict, which in turn, increased distress, which also speaks to the reciprocal relationship between work-to-family and family-to-work conflict and associated outcomes.

Researchers (e.g. Measmer-Magnus & Viswesvaran, 2005) suggest that stressors associated with work role, such as work role overload, role ambiguity, or heavy work load, are more likely to increase feelings of work-to-family conflict than family-to-work conflict, and this largely supported by other studies (e.g. Greenhaus, Collins & Shaw, 2003, Voyandoff, 2005) which demonstrated

the importance of the relation between job stress and work-family conflict. Similarly, Karatepe and Baddar (2005) found correlation between job stress and work-family conflict and related studies (e.g. Greenhaus, Collins & Shaw, 2003, Wallace, 2005) found this relationship between job stress and work-to-family conflict to be positive. And job stress if not handled effectively among employees can have effect on the entire organization (Topper, 2007) and also on the employees resulting in work-to-family conflict especially among female employees because they experience more stress balancing work and family responsibilities (Higgins & Duxbury, 1992; Sauter, 1999; Rees, 2003). And this trend is more among working mothers with young children (Sultana, 2012) and this effect of job stress on work-to-family conflict was found in a study of health workers (e.g. nurses) who combined work demand, child care and elder care (Aspinwall & Tedesch, 2010). This was supported by several studies (e.g. Maslach, Schaufeli & Leiter, 2001, Shirom & Melamed, 2005, Sanders, 2013) which found that stress inherent in health care professionals negatively affects health care professionals, thus this hypothesis:

1. *Workers with job stress will experience higher level of work-to-family conflict than those without job stress.*

### **Tenure and Work-to-family Conflict**

Theoretically, Karasek (1979) job demand-control model which suggests that job demands are not problematic except when these demands are accompanied by low decision making power, thereby negatively affecting workers' wellbeing, makes a case for the role of tenure in work-to-family conflict. In terms of tenure and work-to-family conflict, those female health workers

who serve for a short will likely fall within the category of workers who are new and of lower cadre thereby having low decision making power, low control and high strain because they will be less likely to be part of the decision making regarding their work conditions. Invariably, this little control will cause the spill over of work demands into their family responsibilities. In contrast, those who serve for a long time will likely rise through the ranks and occupy the management positions and thereby having high decision making power and control over their work conditions. These high decision making power and control will reduce the spill over of work demands into domestic responsibilities, thus in line with the view that increased control reduces the effects of potential stressors because it provides workers the opportunity to adjust their work demands according to their needs, abilities and circumstances (Wall, Jackson, Mullarkey & Parker, 1996), hence this hypothesis:

2. *Short tenured workers will experience higher level of work-to-family conflict than long tenured workers.*

## **METHOD**

### **Participants**

The participants comprised a cross-sectional survey of 78 female health workers (Medical Doctors = 14, Nurses = 38, Pharmacists = 9, Laboratory Scientists = 8, Clinical Psychologists = 3 and Physiotherapists = 6) between the ages of 30 to 51years ( $M=36.79$ ,  $SD = 7.50$ ) drawn from 3 Federal Hospitals (University of Nigeria Teaching Hospital, Federal Neuro-Psychiatric Hospital and National Orthopedic Hospital) in Enugu, South-eastern Nigeria using multi-stage sampling (cluster and criterion). All came from various departments (units) in the three hospitals.

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The data have shown that these participants actively participated in providing health care for patients. Moreover, each participant had spent at least one year in the hospital. They were married and living with their husbands, had at least one child, and were living with at least one of their children. Widows and divorcees were not included to avoid confounding the results.

### Measures

Two instruments were used which include Kahn, Wolfe, Quinn and Snoek (1964) 15-item job-related stress scale and Okonkwo (2011) 18-item work interference with family scale.

### Demographic Information

Demographic information include age, years of experience on the job, educational qualification, number of hours spent on the job every day, marital status, number and ages of children.

### Job-related Stress Scale

Sheridan and Vredenburg (1978) and Oseghare (1988) reported coefficients alpha of .87 and .39 respectively for Wolfe, Quinn and Snoek (1964) 15-item job-related stress scale. And also Oseghare (1988) reported coefficient of .46 when he correlated Wolfe, Quinn and Snoek (1964) 15-item job-related stress scale and Kyriacou and Sutcliffe (1978) checklist symptoms stress.

In scoring of the items of the scale, a response of nearly all the time = 5, rather often = 4, sometimes = 3, rarely = 2 and never = 1. And some of the items are:

1. *Feeling that you have too little authority to carry out the responsibilities assigned to you.*
2. *Being unclear on just what the scope and responsibilities of your job are.*

3. *Feeling that you have too heavy work load, one that you can't possible finish during an ordinary workday.*
4. *Thinking that you will not satisfy the conflicting demands of various people over you.*
5. *Thinking that the amount of work you have to do may interfere with how well it gets done.*

### Work Interference with Family Scale

The item loadings of the 18 items measuring work interference with family ranged from 0.39 to 0.69 and were considered acceptable for validation of the instrument since Mitchel and Jolley (2004) noted that item loading of 0.30 is good and 0.70 very high. These 18 items yielded split-half reliability of 0.89 and was accepted as a good index of internal consistency since Mitchel and Jolley (2004) noted that an index of 0.70 (and preferably above 0.80) is needed to say that a measure is internally consistent. Correlation between this 18-item work interference with family and Carlson, Kacmar and Williams (2000) 18-item work-family conflict scale yielded coefficient value of 0.55.

These items of Okonkwo (2011) 18-item work interference with family scale were in Likert form and had direct scoring for all the items. Thus, a response of strongly agree = 5, agree = 4, undecided = 3, disagree = 2 and strongly disagree = 1. And some of the items are:

1. *I do too much work in the office that it is difficult for me to give my children/husband/in-laws/ relatives time.*
2. *My job schedule is so tight I spend little time on cooking/washing/shopping for the family.*

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3. *I do not participate well in domestic activities because my job is so challenging that it takes most of my time.*
4. *Because I am not in control of my job activities due to undefined duties/roles I find it difficult to engage in domestic responsibilities at home.*
5. *My job is quite challenging that I go home too tired to attend to family responsibilities.*

**Procedure**

A total of 92 copies of the questionnaire measuring demographic variables, job stress and work interference with family were administered using cluster and criterion sampling techniques among health workers (Medical Doctors, Nurses, Pharmacists, Laboratory Scientists, Clinical Psychologists and Physiotherapists) of University of Nigeria Teaching Hospital, Federal Neuro-Psychiatric Hospital and National Orthopaedic Hospital in Enugu, South-eastern Nigeria.

**Results**

The three hospitals comprised three clusters. In the clusters (hospitals) criterion sampling was applied. Criterion sampling involves

selecting cases (participants) that meet some predetermined criteria of importance (Patton, 1990). Following the criteria set for the sample selection, the health workers selected for the study had spent at least a year as health workers in the hospitals, were married and living with their husbands, had at least one child, and were living with at least one of their children. Widows and divorcees were not included. The Chief Medical Directors of the hospitals facilitated the sample selection by directing the head of each department (unit) to help identify those who met the set criteria. This was to ensure that all the participants combined work and family responsibilities.

However, of the 92 copies of questionnaire distributed, 78 (84.78%) copies were properly filled and returned with the assistance of the heads of the units who served as research assistants. The 78 (84.78%) copies that were properly filled and returned were used for analysis.

**Design / Statistics**

This study used cross-sectional survey design. 2x2 Analysis of Variance F-test was used as statistical test for data analyses.

**Table 1**

Mean Scores on Job Stress and Tenure on Work-to-family Conflict

Work Hour	Tenure	Mean	Std. Deviation	N
Job Stress	Long Tenure	49.4615	10.25195	13
	Short Tenure	45.2000	9.96566	15
	Total	47.1786	10.14361	28
No Job Stress	Long Tenure	37.0000	10.39689	22
	Short Tenure	31.7857	10.18480	28
	Total	34.0800	10.50333	50
Total	Long Tenure	41.6286	11.88198	35
	Short Tenure	36.4651	11.90108	43
	Total	38.7821	12.09448	78

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Dependent Variable: work interference with family.  
Job Stress: scores above the norm  
No Job Stress: scores below the norm  
Long Tenure: (10 years & above)  
Short Tenure: (less than 10 years).

female health workers that had no job stress with long tenure (mean = 37.00), and least by those who had no job stress with short tenure (mean= 31.78).

Similarly, female health workers who had job stress experienced higher level of work-to-family conflict (mean= 47.17) than those who had no job stress (mean = 34.08).

The means in table 1 indicate that female health workers who had job stress with long tenure experienced the highest level of work-to-family conflict (mean = 49.46), followed by female health workers that had job stress with short tenure (mean = 45.20),

Also, female nurses who had long tenure experienced higher level of work-to-family conflict (mean = 41.62) than those who had short tenure (mean = 36.46).

**Table 2**  
**2x2 ANOVA on Job Stress and Tenure on Work-to-family Conflict**

Source	Type III sum of square	DF	Mean square	F	Sig	Partial Eta Squared
Corrected model	3540.950	3	1180.317	11.310	0.000	.314
Intercept	118860.891	1	118860.891	1138.994	0.000	0.939
Job Stress	2979.011	1	2979.011	28.547	0.000	0.278
Tenure	399.501	1	399.501	3.828	0.54	0.049
Job Stress & Tenure	4.039	1	4.039	0.039	0.845	0.01
Error	7722.345	74	104.356	-	-	-
Total	128579.00	78	-	-	-	-
Corrected total	11263.295	77	-	-	-	-

Dependent Variable: work interference with family.

As shown in table 2, job stress had significant influence on the female health workers' experience of work-to-family conflict,  $F(1, 77) = 28.55$ ,  $p < .05$ . Tenure had no significant influence on their experience of work-to-family conflict,  $F(1, 77) = 3.83$ ,  $p > .05$ . No significant interaction influence of job stress and tenure on their experience of work-to-family conflict,  $F(1,117) = 0.04$ ,  $p > .05$ .

work-to-family conflict among the female health workers while tenure did not.

**Discussion**

The findings of this present study while supporting the first hypothesis also give credence to findings of previous studies (e.g. Grandey & Coypanzano, 1999, Mesmer-Magnus & Viswesvaran, 2005, Greenhaus, Collins & Shaw, 2003, Wallace, 2005) which found significant influence of job stress on work-to-family conflict. And this present findings are in congruence with previous studies (e.g. Sanders, 2013) which

The overall findings from the study indicate that job stress influenced the experience of

found job stress to be inherent in health care professionals.

In Nigeria, health care workers especially females who combine work and family responsibilities are ceaselessly exposed to immense pressure because despite stress being inherent in health care professions, they still give care to patients without adequate facilities. This condition is also worsened by the traditional gender-role socialization in Africa especially South-eastern Nigeria where the study was conducted which saddles women with greater percentage if not all the domestic responsibilities such as child care despite their engagement in paid employment. Moreover, while the findings are contrary to the expansionist theory, they support the role theory (Kahn, Wolfe, Quinn, Snoek & Rosenthal, 1964) which holds that multiple roles increase the demand on resources and individual risks depletion and/or exhaustion of resources causing work-to-family conflict.

Following this, the findings of this present study supporting the hypothesis and previous findings is a clear indication of the ceaseless loop caused by the stress generated by the workplace resulting in work-to-family conflict and vice versa.

Contrary to the second hypothesis and the assumption of Karasek (1979) job demand-control theory which suggests that job demands are not problematic except when these demands are accompanied by low decision making power, thereby negatively affecting workers' wellbeing, the findings of this present study show that tenure did not influence work-to-family conflict. And the findings also contradict the view that increased control reduces the effects of potential stressors because it provides workers the opportunity to adjust their work

demands according to their needs, abilities and circumstances (Wall, Jackson, Mullarkey & Parker, 1996), thus against expectations tenure which would have had significant influence on work-to-family conflict with those with long tenure having less work-to-family conflict because their experience and occupation of higher positions giving them more control and high decision making power over their work demands failed to influence work-to-family conflict.

### **Conclusion and recommendations**

However, the findings which indicate that job stress significantly influenced work-to-family conflict have both theoretical and practical implications. Theoretically, the findings give credence to the view of spillover theory (Frone, 1992) which holds that positive or negative outcome in the work setting can spill over into family setting and vice versa, hence high job stress resulting in work-to-family conflict. The findings, also have given credence to role strain theory (Small & Riley, 1990) which holds that combining work and family responsibilities put employees especially women under pressure resulting in job stress which orchestrated work-to-family conflict. Practically, the findings of this study in congruence with previous findings have demonstrated that the health sector like in most human service professions has built-in strain resulting in high job stress which could have negative consequences such as work-to-family conflict. Thus, Nigerian government, Nigerian Ministry of Health and other health institutions should learn from this study that the health sector is inherently stressful for health workers especially women, hence the need for family-friendly policies which will provide among other things job flexibility, adequate facilities, policies that can improve the



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quantity and quality of health care providers (e.g. female health workers). These policies will help to cushion off the stress emanating from health care jobs, hence enabling

healthcare personnel especially females to discharge their job responsibilities effectively and efficiently, thus paving way for more time for family responsibilities.

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