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Impact of Work-Family Conflict on the Emotional Wellbeing of Female Nurses in District Bhakkar, Punjab, Pakistan

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Abstract

Work-family conflict is said to be one of the most pressing issues faced by working women in Pakistan. This was conducted to determine the impact of work-family conflict on the emotional wellbeing of female nurses in Bhakkar, a district of Punjab, Pakistan. This cross-sectional study was undertaken through a quantitative method in which perceptions were sought from female nurses across the district with the help of a self-developed questionnaire. About 434 female nurses were found to be employed in public and private health care centres in the district, from which a sample of 250 nurses was taken through the L. R. Gay table of sample distribution. The study found a significant impact of work-family conflict on the emotional wellbeing of female nurses ($r = 73$, $\beta = .81$). Moreover, married nurses ($M = 4.11$, $SD = 0.42$), compared to unmarried nurses ($M = 3.67$, $SD = 0.67$), were more significantly affected by work-family conflict. The study also found that married nurses ($M = 3.87$, $SD = 0.31$) compared to unmarried nurses ($M = 3.48$, $SD = 0.59$) were less likely to enjoy emotional wellbeing. The overall study concluded that unmarried and married women nurses' emotional wellbeing was affected by work-family conflict, but the influence was greater on married nurses compared to unmarried ones. In this scenario, the Punjab government is required to shorten the working hours of female nurses as they have to be responsible for household chores. It will definitely increase their emotional wellbeing.

Keywords: Work-family conflict, Emotional wellbeing, Nurses, Hospitals, Health

1. Introduction

Regardless of a person's country or cultural customs, work-family imbalance has been a global problem which affected everyone (Khursheed, Mustafa, Arshad, & Gill, 2019). Completing both occupations becomes more difficult when people must deal with expectations that conflict with their obligations to their families and careers (Greenhaus &

Beutell, 1985). Whether a nation is industrialised or developing, this issue now poses a serious threat to modern society in many of those nations (Panorama & Jdaitawi, 2011).

The treatment of women in Pakistan is influenced by the country's predominately male-dominated society (Rind & Larik, 2016). Recent changes in the socioeconomic structure of the country have given women more power, promoting their involvement in labour and economic growth. There are more and more women working in a variety of historically male-dominated fields across all areas. Women now work in a variety of administrative roles in industries like business, manufacturing, technology, financial services, and security forces (Goffee & Scase, 2015). Traditionally, women have had considerable obstacles when trying to enter fields that are predominately male (Farid, Ali, & Ashfaq, 2016). There are numerous social, cultural, religious, ideological, and institutional impediments preventing them from entering the public sector workforce (Haider, 2015).

The problem of work-family conflict is becoming more prevalent in Pakistan (Saher, Matloob, Tahreen, Ali, & Al-Sulim, 2013). Traditional gender roles require women to carry out domestic activities, such as looking after children and family members, whereas men often have fewer household responsibilities (Zaman & Shahid, 2023). This means that working women must handle a second shift while striking a careful balance between their household and occupational obligations as spouses and homemakers. The main obstacle is the imbalance between work and family obligations, which prevents female workers to adopt working habits like men. This is due to the significant challenges women encounter in balancing their dual societal duties as carers and breadwinners (Khan, Ullah, Abdullah, Khan, & Ullah, 2023; Ansari, 2011).

Women have particular hurdles when working as nurses (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). These difficulties are frequently caused by role conflict, which is a problem in health centres because employees routinely put in long hours of labour (O'Sullivan et al., 2009). They often have difficult schedules that continue from early morning to late night, with the rare full-day duty station stays required by emergency missions. This imbalance between job and life leaves women with little time to spend with their families, which fosters emotions of insecurity and strife with partners and other family members (Hoseini et al., 2021) and decreases their job satisfaction (Abdullah, Khan, Shah, & Ullah, 2023).

Emotional wellbeing is crucial for developing pleasant emotions, moods, ideas, and sentiments, as well as for managing stress and adversity (Melkonian, 2021). A high level of work-family conflict has negative effects on people's emotional and psychological well-being, resulting in emotions like irritation, hopelessness, anxiety, and weakened physical health (Zakaria & Ismail, 2017). The physical, emotional, and interpersonal well-being of women in particular, as well as their capacity to preserve strong familial ties, may all suffer as a result. The performance of the organisation may be impacted as a result of employee absenteeism, tardiness, and decreased dedication to their work. As a result, work-family conflict has indirect effects on organisational effectiveness in addition to having direct effects on the physical and mental health of Pakistani personnel (Shah et al., 2021).

Numerous studies have looked at the difficulties faced by female nurses in Pakistan. While Hamid (2016) delved into the ethical issues of nursing during practice, Hamid, Malik, Kamran, and Ramzan (2013) offered a thorough assessment of factors affecting job satisfaction among nurses. Zulfiqar, Khan, Afaq, and Khan (2013) had already conducted a study in district Bhakkar identifying a relationship between work-family conflict and job

satisfaction. Although the many challenges faced by female nurses were extensively covered in the literature, their influence on the wellbeing of working women were yet to be examined. This investigation was carried out to fill this information gap in the literature by learning female nurses' opinions on how work-family conflict and their emotional wellbeing interact.

1.1. Objectives

- To determine the impact of work-family conflict on the emotional wellbeing of female nurses.
- To identify which category of nurses, unmarried or married, is more likely to face work-family conflict.
- To investigate which nurses' category's emotional wellbeing, unmarried or married, is more affected by work-family conflict.

1.2. Hypotheses

- H_1-There is a statistically significant impact of work-family conflict on emotional wellbeing of female nurses.
- H_2- Married nurses experience work-family conflict more significantly than unmarried nurses.
- H_3- Work-family conflict affects the emotional wellbeing of married nurses more significantly than unmarried nurses.

2. Literature Review

2.1. Work-family Conflict

Particularly if they are married and employed, Pakistani women who work are expected to balance their household and professional commitments (Rehman & Roomi, 2012). It is well known that nursing in Pakistan is a difficult job that frequently necessitates long shifts. As a result, Pakistani female nurses experience substantial work-family conflict. Due to the lack of a set timetable, their workdays occasionally exceeded 18 hours, and they were frequently requested by the department to help with pressing duties (Hanif & Naqvi, 2014).

The bulk of employment sectors in Pakistan are dominated by men, reflecting the patriarchal aspect of the culture in which men are seen as the main breadwinners and excused from household duties. On the other hand, working women frequently have to manage both their professional careers and household responsibilities, which force them to work double shifts (Nasir, 2005). Women may experience boredom and emotional pain as a result of this juggling act because they find it difficult to reconcile their personal and professional lives. Married women who regularly travel for business face greater imbalance in work-family schedule (Habiba, Ali, & Ashfaq, 2016). Women may find it difficult to devote the appropriate time and attention to their families in occupations like law enforcement because of the long duty hours they are expected to work (Hussain, Alam, & Ullah, 2021).

Accordingly, married women face substantial difficulties taking care of their families properly due to the strict work schedules placed on them. Unfortunately, this frequently causes difficulties among their families since these women are seen as abandoning their domestic duties by working excessive hours and not spending enough time at home. Due to their late return from work, working women find it difficult to have meaningful relationships with their children and other family members as a result of the prolonged work hours, which

further prevent them from meeting their commitments to their families (Jamil & Muhyuddin, 2015). Pakistani nurses are also subject to restrictions because they are only permitted to take four breaks per 60 days, which provides little time for dealing with family and personal concerns (Zulfiqar et al., 2013). Pakistani women often avoid professions that provide minimal latitude in this area because of the lack of flexibility in their work schedules (Sarwar & Imran, 2019).

The nursing job in Pakistan is primarily thought to be made up of women, and its employees are expected to work full-time schedules that often include 24-hour shifts. Female doctors and nurses usually have many difficulties in their employment, especially if they are married, as it takes a lot of time and effort for them to carry out their tasks (Adisa, Mordi, & Mordi, 2014). Given their role as the only providers, male nurses frequently find it easier to handle such difficult jobs. Women workers, however, typically struggle with work-family conflict because of the extra responsibilities they must juggle (Bano, Mubashir, Aijaz, Hayat, & Hakeem, 2023). Due to their lengthy shifts and interactions with patients, these women frequently feel exhausted and lethargic, which makes using public transport to get home more difficult (Yunus, Mushtaq, Rahat, & Arqam, 2022).

2.2. Emotional Wellbeing

Women who are dealing with work-family conflict frequently find it difficult to find fulfilment in their social and personal lives, which causes mental stress (Duxbury, Bardoel, & Halinski, 2021). As a result, these women are exposed to a stressful atmosphere that hinders their effectiveness as employees and spouses. Due to the demanding long hours and uncertainties over the ethical standards of the job, many parents in Pakistan are reluctant to encourage their daughters to join the profession of public dealing. Domestic disputes between female workers and their husbands and other family members typically originate from the copious amount of time spent working combined with neglect of household and childcare responsibilities (Jamil & Muhyuddin, 2015). This condition causes working women to experience increased stress, unhappiness, and the start of numerous mental health issues (Wang et al., 2011).

Professional women who juggle multiple responsibilities experience stress-related ailments more commonly than their male co-workers. Conflicts that occur at the intersection of work and family life commonly lead to heightened levels of stress and anxiety in women, which may eventually impair how well they perform at work. Additionally, this stress may lower job satisfaction, which may prompt some women to consider changing careers or avoiding jobs with demanding demands and lengthy hours. Medication is occasionally used by women who are having a hard time juggling their personal and professional lives to help them deal with their worry and despair (Arif, Naveed, & Aslam, 2017).

The conflict between work and family responsibilities causes stress, depression, and anxiety, which has an impact on women's productivity in a number of professions as well as their perception of themselves. The stress at work brought on by this conflict can result in a number of physical and mental issues, including depression and a decline in job satisfaction. It is abundantly obvious that work-family conflict has a negative impact on both mental health and overall life satisfaction (Greenhaus, Allen, & Spector, 2006).

Organisations that did not support their employees in achieving balance between work and family responsibilities and created more difficulties for them to do so since stressors and troubles in their lives hindered the capacity to concentrate, be creative, and fruitful at

workplace (Umer & Zia-ur-Rehman, 2013). More work-family conflict is associated with shift focus and concentration to deeper level when carrying out job responsibilities, and reduced work involvement. Each of these variables is associated with poorer dimensions of overall job contentment and effectiveness (Madsen, John, & Miller, 2005).

3. Methodology

The study used a survey research design and a quantitative methodology. This method made it possible to get accurate, quantitative data that could be used for a larger population. The study's focus was on female nurses working in public and private hospitals in the district of Bhakkar, Pakistan. District Bhakkar had four tehsils: Bhakkar, Mankera, KallurKot, and Darya Khan. There were 434 female nurses working in public and private hospitals and health care centres across the district. From the total population, a sample of 250 nurses was taken through the L. R. Gay table of sample distribution. According to Gay, Mills, and Airasian (2012), if the size of the population is up to 500, the suitable size of the sample will be 250. The data was collected by employing convenient sampling, as there was a great possibility that many nurses were unavailable. Another possibility was that nurses might refuse to participate because of their professional and ethical duties. Out of 250 sample size, 88 respondents were from Tehsil Bhakkar, 54 from Mankera, 63 from KallurKot, and 45 respondents were from Tehsil Darya Khan.

A self-made questionnaire with a 5-point Likert scale (ranging from 1 for strongly disagreeing to 5 for strongly agreeing) was used to collect the data. There were a total of 22 items on the two scales that made up the questionnaire. Work-family conflict was examined using the first scale, which had 10 items, while nurses' emotional wellbeing was measured using the second scale, which had twelve items. The emotional wellbeing scale was developed with negative emotions like despair, anxiety, and irritation. Five professional experts with knowledge and expertise reviewed the scales to determine its validity. They provided comments on scales, and the necessary adjustments were made accordingly. Twenty nurses participated in a pilot study that helped clarify any uncertainties or discrepancies and validated the feasibility of the research strategy. The internal reliability of the survey was evaluated on pilot tested data using Cronbach's alpha, and only items with a reliability coefficient greater than 0.80 were included in the research scales.

Prior to starting data collection, the researcher obtained approval from the appropriate divisional and district health care officials and earned their trust. To gather the required information, the researcher went to the respondents' duty locations directly. Before distributing the survey, respondents were given the opportunity to provide informed permission, ensuring their understanding and willingness to participate. With the respondents, a relationship of confidentiality and trust was developed. The respondents were given 250 questionnaires in all, and it took each one of them 20 to 30 minutes to complete them. The duration of this data collection was 33 days.

After data collection, descriptive and inferential statistics were used to analyse the data using SPSS V-23. As several questionnaires had minimal missing data, 241 replies out of 250 were taken into account for analysis. An amazing 96% of nurses responded completely to the survey overall. The scales underwent descriptive analysis, including mean, standard deviation, range, and Cronbach's alpha. Simple linear regression was used in hypotheses testing to examine the impact of work-family conflict on the emotional wellbeing of female nurses. In alignment with the essence of the hypotheses, t-test (independent sample) was used for mean comparison among unmarried and married nurses, separately for

work-family conflict and emotional wellbeing. Before employing parametric tests, their core assumptions, such as independence of groups, normality of data, and homogeneity or equality of variance, were ensured.

4. Results and Discussion

4.1. Results

According to Table 1, 58.8% of respondents were married, while 41.2% were unmarried. The variable of respondents working hours was included to better understand how many hours the nurses were working in their respective hospitals. The statistics revealed that the majority (68.8) of nurses were working up to 12 hours a day. The working duration of 58.8% of nurses was up to 8 hours, while only 10.8% of respondents claimed that they had to work more than 12 hours a day. In terms of location, 35.2% of respondents were taken from Tehsil Bhakkar, 21.6% from Mankera, 25.2% from KallurKot, and 18% of nurses were chosen from Tehsil Darya Khan.

Table 1. Demographic information of respondents

Variables	*n*	%
Marital Status		
Married	143	58.8
Unmarried	107	41.2
Working Hour(s)		
Up to 8hr	51	20.4
Up to 12hr	172	68.8
Above 12hr	27	10.8
Locations		
Bhakkar	88	35.2
Mankera	54	21.6
KallurKot	63	25.2
Darya Khan	45	18.0

Note. $N = 350$.

Table 2. Reliability Statistics

Scales	No of Items	Cronbach's α
WFC [a]	10	.746
EWB [b]	12	.881

Note.[a] Work-family conflict. [b] Emotional wellbeing

Reliability statistics of the scales can be shown in Table 2. According to statistics, the work-family conflict scale included 10 items with a reliability coefficient of .746, while the emotional wellbeing scale contained 12 items with a reliability coefficient of .881. The statistics revealed that both scales showed alpha values ≥ .70, which indicates that there was a strong consistency among the items.

Table 3. Levene's test for equality of variance

Variable	*F*	*p*
WFC	.077	.713
EWB	.083	.873

Table 3 shows the statistics of Levene's test used for equality of variance. The statistics indicate that the homogeneity of variance has not been violated and equality of

variance is assumed (F = .083, p> .05). If the significant value is lower than .05, the homogeneity of variance is violated (Ho, 2013).

Table 4. Groupedfrequency distribution of the scales

Scales	M	SD	Skewness	Kurtosis	Range
WFC	3.890	0.674	-0.76	0.73	1-5
EWB	3.675	0.494	-0.61	0.86	1-5

Table 4 reveals the grouped psychometric properties of the scales. Work-family conflict (M = 3.890, SD = 0.674) and emotional wellbeing (M = 3.675, SD = 0.494). Data normality was assumed through skewedness and kurtosis. The statistics indicated that the data from both scales was normally distributed with work-family conflict (*skewness* = -0.76, *kurtosis* = 0.73) and emotional wellbeing (*skewness* = -0.61, *kurtosis* = 0.86). According to Ho (2013), the data is normally distributed at the alpha level .05 if it falls between $\pm$1.96.

$$Z_{skewness} = \frac{skewness}{\sqrt{s.e.\ skewness}} \qquad Z_{kurtosis} = \frac{kurtosis}{\sqrt{s.e.\ kurtosis}}$$

Table 5. Simple linear regression for work-family conflict on emotional wellbeing

Variable	B	β	SE	t
Constant	.69***		.06	
WFC	.89***	.81	.07	11.57
R^2	.73			

Note.n = 241.***p < .001.

Table 5 showed regression matrix for work-family conflict on emotional wellbeing of female nurses. The statistics revealed a significant impact of work-family conflict on emotional wellbeing F (1, 254) = 754.04. The predictor variable (work-family conflict) brought 73% variation in outcome variable (emotional wellbeing) (r = 73, β = .81). The findings hypothesized that work-family conflict of nurses significantly affected their emotional wellbeing (p< .001).

Table 6.T-testfor work-family conflict between unmarried and married female nurses

	Married Nurses		Unmarried Nurses				
Variable	M	SD	M	SD	t(254)	p	Cohen's d
WFC	4.11	0.42	3.67	0.67	4.17	.000	0.79

Note. Married nurses (n = 136), Unmarried nurses (n = 105)

Figure 1. Bar chart showing level of work-family conflict between two groups of nurses

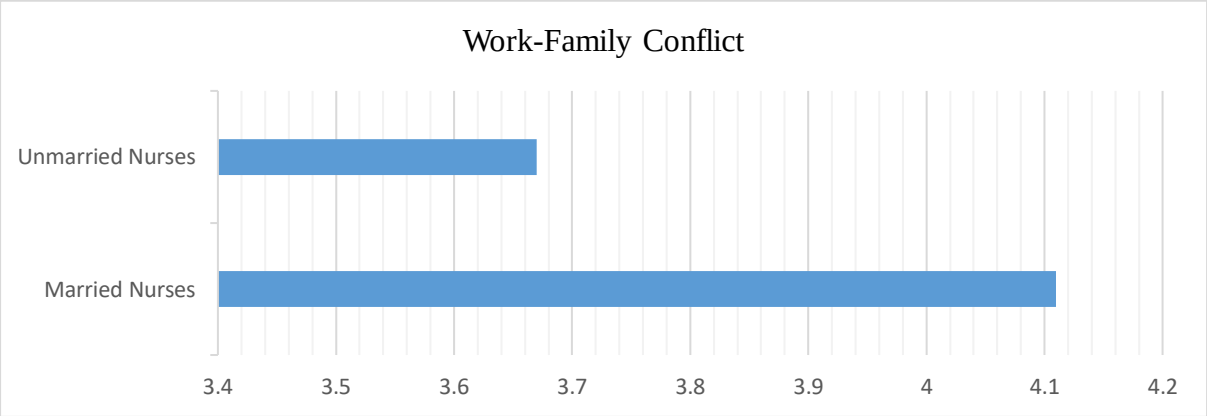


Table 6 showed that married nurses exhibited more work-family conflict (M = 4.11, SD = 0.42) than unmarried female nurses (M = 3.67, SD = 0.67). A significant mean difference was observed between two independent groups, t (254) = 4.17. The study observed a large effect size of work-family conflict on two independent samples (Cohen's d = 0.70). It can be seen in Figure 1 that the bar line of married nurses is larger than that of unmarried female nurses. Thus, the findings hypothesized that there was a significant mean difference among married and unmarried nurses concerning work-family conflict (p> .05).

Table 7.T-testfor emotional well being between unmarried and married female nurses

	Married Nurses		Unmarried Nurses				
Variable	M	SD	M	SD	t(254)	p	Cohen's d
EWB	3.87	0.31	3.48	0.59	3.65	.000	0.83

Note. This scale was developed in a negative sense, in which respondents were asked about their emotions such as depression, anxiety, stress, mode, etc. If a group secures a greater mean, it indicates it experiences greater emotional conditions like stress, tension, etc. (less emotional wellbeing).

Figure 2. Bar chart showing level of emotional wellbeing between two groups of nurses

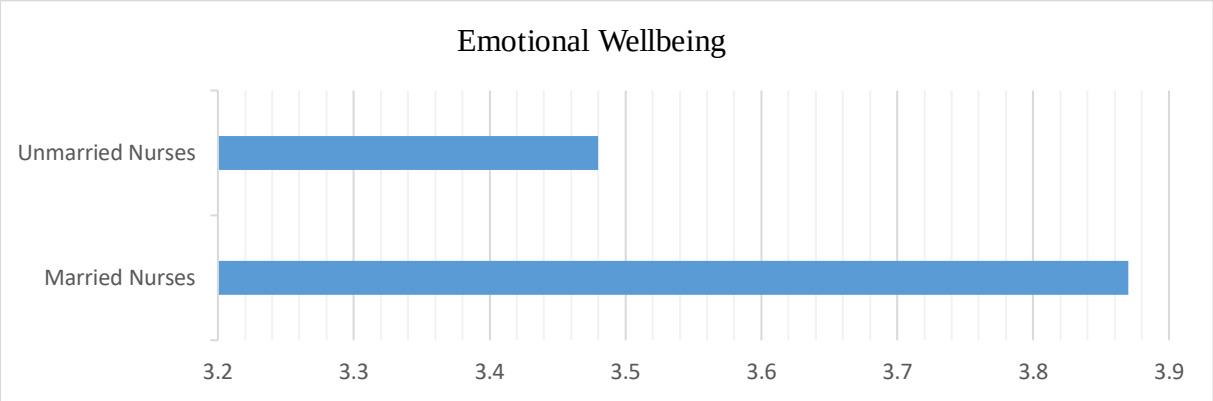


Table 7 revealed that married nurses were less likely to enjoy emotional wellbeing (M = 3.87, SD = 0.31) than unmarried nurses (M = 3.48, SD = 0.59). A significant mean difference was observed between two independent groups, t (254) = 3.65. The study observed a large effect size of emotional wellbeing on two independent samples (Cohen's d = 0.83). It can be observed in Figure 2 that the bar line of married nurses is larger than that of unmarried nurses. Thus, the findings hypothesized that there was a significant mean difference among married and unmarried nurses regarding emotional wellbeing (p> .05).

4.2. Discussion

The primary objective of this study was to investigate the impact of work-family conflict on emotional wellbeing among female nurses. Additionally, the study looked into potential variations in work-family conflict and emotional wellbeing between nurses who were single and those who were married. The study's conclusions indicate that work-family conflict had a substantial impact on female nurses working in district Bhakkar. An examination of socio demographic characteristics showed that most nurses were expected to work more than eight hours a day. It was a very stressful position, especially for married women. These outcomes are in line with past research. For instance, O'Sullivan et al. (2009) found that female nurses encounter work-family conflict challenges often. The lack of established duty-hour schedules further exacerbates the issue. Additionally, according to

Hanif and Naqvi (2014), nurses in Pakistan periodically had to complete activities that may last up to 18 hours, which made work-family conflict challenges at work much worse.

Traditionally, women in Pakistan have been responsible for taking care of their families and managing the home. They have to take care of their families and children in case they are married. The findings indicate that female nurses in the hospital of district Bhakkar experienced work-family imbalance. They start their duties early in the morning and keep working till late at night. This situation disturbs their family as well as personal lives. These findings are consistent with the study of Hussain et al. (2021), who concluded that women may find it difficult to devote the appropriate time and attention to their families in occupations like health and law enforcement because of the long duty hours they are expected to work. At another place, Abdullah, Haq, and Khan (2023) concluded that when working women left the workplace, they had to work a second shift. After finishing their employment responsibilities, they are expected to look after their children and other family members.

Low level of job satisfaction affects employees' mental health and they cannot perform well. The findings from this study revealed that work-family imbalance disturbed the emotional wellbeing of female nurses. They experienced the situations like stress, anxiety, tension, and tiredness etc. Further, the study found married nurses more prone to emotional distress since they were more likely to experience work-family conflicts. Many parents in Pakistan are hesitant to urge their daughters to pursue a career in public relations because of the demanding long hours and ambiguities around the ethical standards of the field. The many hours worked combined with the disregard for household and childcare duties usually lead to domestic conflicts between female employees and their spouses and other family members. These findings are consistent with that of Wang et al. (2011), who concluded that because of work-family imbalance, working women become more stressed, unhappy, and more susceptible to mental health problems. These emotional and mental issues can reduce job satisfaction, which may help some women consider changing careers or avoiding jobs with urgent demands and long days. Supporting the above mentioned findings, Arif et al. (2017) stated that, on some occasions, women struggling to balance their personal and professional lives turn to medication as a way to help them cope with their anxiety and hopelessness.

5. Conclusion and recommendations

This study was conducted to determine the impact of work-family conflict on nurses' emotional well-being. In conclusion, the study found a significant impact of work-family conflict on the emotional well-being of married and single nurses in Bhakkar district. Furthermore, married nurses were more likely to face work-family conflict as compared to unmarried female nurses as married nurses had to be more responsible for child car. In addition, both married and unmarried nurses experienced emotional distress but married nurses experienced greater stress and anxiety due to higher level of imbalance in work and family life. Overall study concluded that female nurses in district Bhakkar faced work-family and conflict which affected their emotional wellbeing.

Certain recommendations can be made based on the findings, which may overcome work-family-related concerns of female nurses in the district. Firstly, the study found that female nurses experienced work-family conflict due to their long-hour duties. Possible measures may be taken to shorten the length of duties for women nurses, especially those who are married. Further, the study found that female nurses in the hospitals of district Bhakkar were facing emotional distress due to a work-family imbalance. In this sense, if

policymakers and other government officials take measures for work-family balance, it will ultimately increase nurses' emotional wellbeing. Though both married and unmarried female nurses were facing work-family conflicts and emotional distress due to their traditional gender roles, greater focus may be put on the married nurses as they have to take care of their children.

6. Limitations and directions for future research

Though this piece of research is an addition to the existing literature, there are certain gaps that may be addressed by future researchers. Firstly, since the current study was conducted in the district of Bhakkar only, its findings cannot be generalized to a wider population. So, future researchers may expand the nature of their study geographically by including more districts, especially in the south Punjab. Secondly, this study was cross-sectional in design, and its findings cannot be claimed for causal explanation. Longitudinal studies may be carried out repeatedly to determine the effect of work-family conflict on nurses' emotional wellbeing by strengthening the findings with causal explanations. Further, in collaboration with the local government, action research may also be conducted, employing some measures to eradicate the issues and concerns of work-family imbalance and emotional wellbeing of female nurses in the district.

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