

# Family Factors Influencing Work-Family Conflict Among Married Women Medical Professionals in Obio-Akpor Local Government Area, Rivers State, Nigeria.

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## Abstract

The study investigated the family factors influencing work-family conflict among women Medical professionals in Obio-Akpor, Rivers State. A sample of 1,007 married women Medical professionals (Medical Doctors, 459; Nurses, 477; Pharmacists, 48; Medical Laboratory Scientists, 23) was used for the study. Stratified sampling technique was used to compose the sample. Four research questions were answered and four hypotheses were tested in the study at 0.05 level of significance. The instrument used for data collection was “Work-Family Conflict Scale” (WFCS). The instrument was validated by experts in Educational Psychology, Measurement and Evaluation. The reliability of the instrument was established using test-retest via Pearson product moment correlation. The correlation coefficient obtained was 0.61. Mean and standard deviation were used to answer the research questions while ANOVA and t-test were used to test the null hypotheses. It was found that family size, family structure, occupational status as well as family income significantly influenced work-family conflict of married women professionals. Based on the findings, it was recommended among others that married women professionals should be helped by counsellors through seminars and workshops in identifying various sources of work-family conflict to which families are susceptible.

**Keywords:** Family factors, Work-family conflict, Married Women Medical Professionals.

## Introduction

Work and family represent two of the most important aspects of adult life. Each of these variables contributes uniquely to our understanding of human behaviour (Greenhaus and Beutell 1985). Balancing work and family responsibilities has become a challenge for many employees nowadays. It is widely known that the incompatibility or conflict between these two domains has adverse effects on employees’ health and wellbeing. According to Tsai (2008), the phrase “Work-Family Conflict” (WFC) emerged in the 1980’s, with the sharp increase in women’s participation in the workforce. The change in employee demographics challenged the gendered ideology of men as the primary breadwinner and women as the stay at home mother. The traditional gendered sex-role connotes the conflict that arises when women attempt to fulfil the responsibilities of both roles. To the best of the researchers’ knowledge, women are home builders and the bedrock of the family through whom changes can best be achieved in the society. There are increased numbers of women in the labour force in the world of work. In Nigeria, the percentage labour force of female was last reported to be 42.84% while that of male is 57.16% in 2010 (World bank report, 2012). Economic pressures have played a pivotal role in this regard. In addition, the influence of women into formal education and professionalism (outside the home) is a trend that keeps getting stronger and stronger even though causing ripples within the family and workplace, which affects the society at large.

Some of the family factors that can influence work-family conflict are; family structure, occupational status, family size and family income. Family structure is the way a household or family is set up. Wise (2003), defines family structure in terms of parent relationships to children in the household (for example, biological or non-biological), parents’ marital status and relationship history (for example, divorced, separated, remarried), the number of parents in the family, and parents’ sexual orientation. The influence of work-family conflict may differ as a result of the different types of family structure (Edwards, 2009). Family structure goes a long way to determine the effect of work-family conflict among some women professional. To the best of the researchers’ knowledge a woman, who is a single parent, tends to be as engrossed with pressure from both work and home as she engages herself both in the moral upbringing of her child/children as well as try to meet up with their financial responsibilities. In the other hand, a woman from a nuclear family, though encumbered with both the household chores and work responsibilities, does not have to engage in the same pressure faced by the single parent as her family (husband and children) can help ease off some of the pressure coming from home by assisting in some of her household chores. Working women still carry the major burden of home and family problems (Burgard and Stewart 2003). As women work more, particularly in professional/managerial occupations, and achieve increasing occupational status and income, their hours spent on house-work will decline. Based on the effect of stress and pressure from work faced by some women professionals, it is most likely that work-family conflict among women professionals may be associated with their occupational status.

Another factor is the family size. Family size is defined as the number of people living in the same house including relatives and other household members (Kisembo, Magesa, Shorter, 1998). If a family size is large, it means that the household chores and the moral upbringing is most likely going to increase. A professional woman from a large family size may be faced with work-family conflict because the pressure from home which is going to be on the increase clashes with the pressure from work. On the other hand, a woman from a family size which is small may be faced with a lesser pressure from home and as a result of that the work-family conflict she's likely to experience won't be as stressful as that of the woman from a large family size. Based on the effect of the family size, the researchers think that the type of family size may have a significant role to play in the work-family conflict among some women professionals. A married medical professional woman faces the challenge of coordinating both family and work responsibilities. She rarely has time to spend with her family. The question goes; can family factors contribute to this work family conflict? Based on the above question, the researchers' deemed it necessary to investigate the extent family factors influence work-family conflict among married medical women professionals in Obio-Akpor L.G.A, Rivers State.

The following research questions were answered to obtain the findings of the study.

1. To what extent does family size influence work-family conflict of married women medical professionals in Obio-Akpor L.G.A, Rivers state?
2. To what extent does occupational status influence work-family conflict of married women medical professionals in in Obio-Akpor L.G.A, Rivers state?
3. To what extent does family structure influence work-family conflict of married women medical professionals in in Obio-Akpor L.G.A, Rivers state?
4. To what extent does family income influence work-family conflict of married women medical professionals in in Obio-Akpor L.G.A, Rivers state?

To guide the study, the following null hypotheses tested at 0.05 level of significance were formulated.

1. Family size does not significantly influence work-family conflict of married women medical professionals in Obio-Akpor L.G.A, Rivers state.
2. Occupational status does not significantly influence work-family conflict of married women medical professionals in Obio-Akpor L.G.A, Rivers state.
3. Family structure does not significantly influence work-family conflict of married women medical professionals in Obio-Akpor L.G.A, Rivers state.
4. Family income does not significantly influence work-family conflict of married women medical professionals in Obio-Akpor L.G.A, Rivers state.

## Methodology

The study employed an ex-post facto research design. Ex-post facto research is more or less the direct opposite of experimental research. In experimental research, the investigator creates controls or manipulates differences between or among randomized groups with treatments; and compares subjects' performance in the groups on one or more independent variable solely for determination of the effects of the manipulation on the dependent variable. On the contrary, in ex-post facto research, the investigator seeks to empirically establish the cause or consequences of already existing difference between or among non-randomized groups of individuals (Nwankwo, 2013). The population for the study consisted of some medical female professionals in Obio-Akpor Local Government Area of Rivers State. At the time of the study, there were a total of 2014 medical female professionals drawn from four professional settings; Medical doctors (918), Medical Laboratory Scientists (95), Pharmacists (45) and Nurses (956). Samples of 1007 women professionals were used for the study. Cluster sampling technique was used; where the four professions form a cluster each. Then from each cluster, stratified sampling technique was used to randomly draw 50% of the population in each cluster. This gave a grand sample size of 1007 women professionals who were the respondent for the study. The instrument for data collection was a questionnaire titled "Work-Family Conflict Scale" (WFCS). The Work-Family Conflict Scale developed by Carison, Kacmar & Williams (2000) was adapted and modified. The modified instrument of WFCS was developed to accommodate the cultural values in Nigeria. The instrument is a non-cognitive assessment tool, and a univariate instrument since it is developed only on one variable. The logical construction method was used in writing the items of the Work-Family Conflict Scale. It consists of section A & B. Section A is designed in a bio-data form on Family Factors such as family size, family structure, occupational status, and family income. Section B contains 30 items which focused on Work-Family Conflict. Out of the 30 items, 10 are negatively keyed while 20 are positively keyed. The items of the instrument were responded and scored on a 4 point Likert Scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). Since the Work-Family Conflict Scale is univariate consisting of 30 items, the minimum score for the instrument is 30 while the maximum score is 120. The criterion mean is 75; thus a family factor would be said to influence work-family conflict if it has a score of 75 and above. The criterion mean was obtained using the mean of the response set which is 2.5 to multiply the number of the WFC items which is 30. Copies of the instrument were given to

experts in Psychology, Measurement and Evaluation for face and content validity. The reliability of the instrument was determined through the test-retest method for a measure of its stability. Cluster sampling technique was used to draw a sample of 30 women professionals who were not part of the sample size for the reliability test. Copies of the instrument were administered on the sample with request from the researchers that the sample should respond to all the items of the instrument with all sincerity. After an interval of three weeks, the same instrument was administered on the same sample to respond to as usual. The initial and the retest scores of the sample were correlated using Pearson Product Moment Correlation Statistics. For the fact that the instrument is univariate that is, it contains items developed on only one variable, that is work-family conflict, the reliability coefficient of the entire instrument was determined and found to be 0.61. This coefficient value was considered high enough to permit the use of the instrument for this study. Mean and Standard Deviation were used to answer the research questions, while t-test and ANOVA were used to test the hypotheses at 0.05 level of significance.

## Results

**Table 1:** Mean and standard deviation of the extent to which family size influence work-family conflict of married medical women professionals

Family size	N	$\bar{X}$	SD
1-2 children	234	73.38	4.05
3-5 children	578	80.71	3.09
6 and above children	195	90.41	2.93
Grand Mean	1007	81.50	6.45

Table 1 shows that those women with 6 and above children were the most influenced with the highest mean (90.41), followed by those with 3-5 children (80.71) and lastly by those with 1-2 children (73.38). The grand mean of 81.50 which is above the criterion mean of 75 reveals that family size influences work-family conflict of married women professional in Obio-Akpor L.G.A, Rivers State.

**Table 2:** Mean and standard deviation of the extent to which occupational status influence work-family conflict of married medical women professionals

Occupational status	N	$\bar{X}$	SD
Medical Doctors	459	83.44	7.841
Nurses	477	83.36	5.250
Medical Lab. Scientists	48	78.34	6.281
Pharmacists	23	79.00	7.586
Grand Mean	1007	81.04	6.45

Table 2 shows that Medical doctors were the most influenced with the highest mean (83.44), followed by Nurses (83.36), then Pharmacists (79.00) and lastly Medical Laboratory Scientists (78.34). From the Table, the grand mean is 81.04. This value is above the criterion mean of 75 which clearly reveals that occupational status influences work-family conflict of married medical women professional in Obio-Akpor L.G.A, Rivers State.

**Table 3:** Mean and standard deviation of the extent to which family structure influence work-family conflict of married medical women professionals

Family structure	N	$\bar{X}$	SD
Both parents	952	80.47	6.326
Single parents	55	87.96	4.082
Grand Mean	1007	84.22	6.45

Table 3 shows that single mothers were more influenced (87.96), than women in families where there are both parents (80.47). The grand mean of 84.22 which is above the criterion mean of 75 reveals that family structure influences work-family conflict of married women professional in Obio-Akpor L.G.A, Rivers State.

**Table 4:** Mean and standard deviation of the extent to which family income influence work-family conflict of married medical women professionals

Family income	N	$\bar{X}$	SD
Low income	390	86.81	5.186
Middle income	549	78.11	2.696
High income	68	69.28	2.271
Grand Mean	1007	78.07	6.45

Table 4 shows that women who are in the low-income bracket were the most influenced with the highest mean (86.81), followed by those in the middle-income bracket (78.11) and lastly by those in the high-income bracket (69.28). The grand mean of 78.07 which is above the criterion mean of 75 reveals that family income influences work-family conflict of married women medical professional in Obio-Akpor L.G.A, Rivers State.

**Hypothesis 1:** Family size does not significantly influence work-family conflict of married women medical professionals.

**Table 5:** ANOVA analysis of the extent to which family size influence work-family conflict of married medical women professionals

Source of Variation	Sum of Square	Mean square	df	F-cal	F-crit	Result
Between Groups	30874.842	15437.421	2	1409.969	2.99	Significant
Within Groups	10992.564	10.949	1004			
Total	41867.406		1006			

Table 5 summarizes the result on testing the hypothesis formulated. The table depicts the ANOVA summary of the extent to which family size influence work-family conflict of medical women medical professionals. There was a significant influence of family size on work-family conflict of married medical women professionals. The calculated F is 1409.969 at (2, 1004) degrees of freedom. This value is more than the critical F value of 2.99. Thus, the null hypothesis, which states that family size does not significantly influence work-family conflict of married medical women professionals, is rejected and the alternate hypothesis which states that family size significantly influence work-family conflict of women professionals, is accepted. Therefore family size significantly influences work-family conflict of married medical women professionals in Obio-Akpor L.G.A. of Rivers State.

**Hypothesis 2:** Occupational status does not significantly influence work-family conflict of married women medical professionals

**Table 6:** ANOVA analysis of the extent to which occupational status influence work-family conflict of married women professionals

Source of Variation	Sum of Square	Mean square	df	F-cal	F-crit	Result
Between Groups	6305.576	2101.859	3	59.282	2.60	Significant
Within Groups	35561.830	35.455	1003			
Total	41867.406		1006			

Table 6 above depicts the ANOVA summary of the extent to which occupational status influence work-family conflict of women professionals. There was a significant influence of occupational status on work-family conflict of married women professionals. The calculated F is 59.282 at (3, 1003) degrees of freedom. This value is more than the critical F value of 2.60. Thus, the null hypothesis, which states that occupational status does not significantly influence work-family conflict of women professionals, is rejected and the alternate hypothesis which states that occupational status significantly influences work-family conflict of married women professionals, is accepted.

**Hypothesis 3:** Family structure does not significantly influence work-family conflict of married women professionals

**Table 7:** t-test analysis of the extent to which family structure influence work-family conflict of married women professionals

Variables	N	$\bar{X}$	SD	Df	tcal	tcrit	Alpha level	Result
Both parents	952	80.47	6.33	1005	8.674	1.960	0.05	Significant
Single parents	55	87.96	4.08					

From Table 7, hypothesis testing of the of the extent to which family structure influence work-family conflict of married women professionals revealed that the calculated t value is 8.674, which is more than the critical t of 1.960 at 1005 degree of freedom. Hence, the decision to reject the null hypothesis, which states that family structure, does not significantly influence work-family conflict of women professionals. The alternate hypotheses which states that family structure significantly influence work-family conflict of married women medical professionals is accepted.

**Hypothesis 4:** Family income does not significantly influence work-family conflict of married women professionals

**Table 8:** ANOVA analysis of the extent to which family income influence work-family conflict of married women medical professionals

Source of Variation	Sum of Square	Mean square	df	Fcal	Fcrit	Result
Between Groups	27075.534	13537.767	2	918.877	2.99	Significant
Within Groups	14791.872	14.733	1004			
Total	41867.406		1006			

Table 8 above depicts the ANOVA summary of the extent to which family income influence work family conflict of married women medical professionals. There was no significant influence of family income on work-family conflict of women professionals. The calculated F is 918.877 at (2, 1004) degrees of freedom. This value is more than the critical F value of 2.99. Thus, the null hypothesis, which states that family income does not

significantly influence work-family conflict of women professionals, is rejected. The alternate hypothesis that states that family income significantly influences work-family conflict of women professionals is accepted.

### **Discussion**

The result of statistical investigation of hypothesis 1 reveals that family size significantly influences work-family conflict of married medical women professionals. This is in agreement with Adekola (2010) who found out that only one family related factor (number of children) was found to have dominating effect on family interference with work for women executives.

Another finding revealed that occupational status significantly influenced married medical women professionals. This is because the position occupied in the place of work is seen to be directly proportional to the conflict experience between work and family. The head of department /unit is seen to put in more hour at her place of work as a result of the sensitive position she occupies. Alam, Biswa and Hassan (2009) revealed that female white collar professionals who spend 9-10 hours per day at work are seen as lethal contributors to work-family conflict as a result of long working hours.

Again the findings of the study in hypothesis 3 indicate that family structure significantly influences work-family conflict of married medical women professionals. From the analysis, it is seen that single mothers were more influenced than women in families with both parents. This is because single mothers (either divorced or whose husbands are late) tend to play a dual role of both parents. This is in agreement with Akintayo (2010) who found out that significant different exist between married and single respondent experience of work-family role conflict.

Finally, the result of the fourth hypothesis revealed that family income significantly influences work-family conflict among married medical women professionals. Women who are in the high income bracket were the least influenced. This is so because they have the resources to hire maids and purchase sophisticated machines that could help ease their domestic chores. This is in agreement with Ciabattari (2007) who revealed that low income has a significant influence on work-family conflict.

### **Implications and Conclusion**

It was found in the present study that family size significantly influenced work-family conflict among married medical women professionals in Obio-Akpor L.G.A. This implies that couples should bear in mind the need to reduce family size. The more children a woman has, the more difficult it is to balance family and career. This implies that career advancement for the professional woman often means limiting family size. Another important implication of the research findings is the effect of spouse and child support on women's family satisfaction. This issue is crucial if one wants to address work-family conflict among married women professional holistically. In the light of this, men (whether in dual-earner relationships or not) who may still have high levels of patriarchal tendencies should be made aware of the benefits of providing support for their spouses at home in taking care of the children.

Again, employers should understand the kinds of pressures women in higher status occupations undergo to ensure a good balance between work and family demands. Such efforts by women do not only guarantee family cohesion, but failure to achieve a proper balance can have a latent if not a direct effect on their productivity. Additionally, employers of medical practitioners in Rivers State with women in their work force should help them (with workshops, lectures and symposia) to better understand and appreciate the issue of work-family conflict; and have a proper handling of it, especially as it pertains to their high calibre women employees, which inevitably benefit organizations.

The study also reveals that family structure significantly influenced work-family conflict among married women medical professionals in Obio-Akpor L.G.A. The single parents' family being the most influenced. This implies that counsellors should encourage couples to stay together and do everything possible to avoid divorce. The implication is that women may have to endure unpleasant marriages in order to avoid being alone. This finding could also be helpful in premarital counselling. This would enable intending couples to realize that marriage is something more than erotic partnership that is a matter of home making, parenthood and economic cooperation. Young ladies should also be made to understand the stress single mothers pass through, in trying to counsel them on the effect of giving birth outside wedlock.

Family income was also found to be one of the factors that significantly influence work-family conflict of women professionals. This implies that most professional married women will seek high paid jobs even if it takes most of their time. This has its own negative impact as these women have enough money to employ house helps, leaving their children in the mercy of these house helps. These women would also find it difficult some times to fulfill their marital responsibilities to their husband.

### **Recommendations**

Based on the findings and the implications of the study, the following recommendations were made thus;

1. Married professional women should be helped by counsellors through seminars and workshops in identifying various sources of work-family conflict to which they are susceptible.
2. The counsellors should also enlighten the married professional women the effects of such conflicts as well as coping and preventive strategies should be taught so as to make them better equipped to face the conflicts more effectively.
3. Employers of labour should make policies that will help professional women to manage the work-family conflict of combining both family and work roles.

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