A comparative study of satisfaction and family conflicts among married nurses with different working hours

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ABSTRACT

Objective: Compared with other employees, Iranian nurses can lead a very difficult and exhausting life, especially when they are married and have different working hours. In this regard, the present study was carried out in order to compare satisfaction and family conflict among married nurses with different working hours in Tehran. **Materials and Method:** Multistage cluster sampling was employed to select 230 individuals from among 3,000 married female nurses working in teaching hospitals in Tehran. Among the selected participants, 115 were working morning shift and 115 on evening shift on a rotating shift basis. Enrich marital satisfaction scale and Carlson's work--family conflict questionnaire were employed in order to measure the study's variables. **Results:** Results showed that there was no significant difference between the two groups in terms of marital satisfaction (P > 0.05). However, they were significantly different with regard to work--family conflict (P < 0.05). **Conclusion:** It can be concluded that being a nurse implies this notion to other people that nurses are not dissatisfied with their marriage; however, family members may not have such a mutual understanding about them.

Keywords: Family, nurse, satisfaction, Tehran

Introduction

Since the beginning of human life, employment has been of great concern. Work and family are two important aspects of our world and the individual's overall health is affected by the coordination and balance between these two, and conflict between them often brings about unfavorable consequences for the individual, family, organization, and society.^[1]

Women's activity in social contexts interferes with their traditional role in home; therefore, there should be a balance to resolve this conflict among their roles. Work--family balance refers to combining work and family responsibilities, managing this relationship along with different overlapping roles and creating a balance. Shift work (6 pm to 6 am) disrupts the

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physiological balance of the body. Nurses are among those who have long been involved with working all day and night, [2] and the nurses' employment is one of the effective factors in their married life. It should be stated that entry of women into the world of work is first because women activity is required because of the nature of some professions such as healthcare and teaching jobs and secondly because of the women's interest in obtaining independence and dealing with social activities. This issue, however, has nowadays caused women to be faced with a phenomenon called work--life conflict. In this conflict, occupational and family commitments oppose each other.[1] There is even evidence in hospitals and clinics that constantly indicates the debilitating role of work--family conflict in organizational commitment.[3] There is a negative relationship between work--life conflict and organizational commitment among nurses and paramedics; as a result, work--life conflict can cause a great damage to organizations. Work--life conflict is a negative interference in the roles and causes pressures

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from occupational and family fields to become incompatible. It happens when individuals have to carry out various roles such as occupation, spouse, and parental roles at the same time.^[4] Garusi and Adinehzadeh studied the relationship between social factors and the conflict among occupational and family role among working women in Kerman.^[5] The results of their study showed that approximately two-third of the women had experienced conflict between the two fields. Variables such as women's education, the traditional method of work division in family, and family role expectations have a positive significant relationship with the level of the conflict experienced in the family. Grzywacz et al. reported that shift is necessary; however, it is associated with damages to those who are involved with such work. [6] Women who work shifts experience neurological and digestive problems and chronic fatigue. [2] In a study of the effect of gender and marital satisfaction in England, Tampieri^[7] concluded that the individuals' marital satisfaction rises with an increase in their education. In an experiment entitled, "comparing marital satisfaction and neuroticism based on the spouse's occupation and type of marriage," Hashemzadeh [8] concluded that women's occupation led to a decrease in their spouse's marital satisfaction and an increase in their spouse's neuroticism, and individuals with working spouse had lower marital satisfaction. In a study entitled, "comparing the working housewives' personality characteristics in Mashhad and the relationship of these characteristics with marital satisfaction", Kashefian^[9] came to this conclusion that there was a positive relationship between personality characteristics and marital satisfaction among working housewives; however, there was no difference among their marital satisfaction. In their study, Parvin et al.[10] concluded that workplace variables can be influenced by family environment, quality of marital life, and perceived support by family. Peyman Pak[11] studied the relationship between organizational support and work--family conflict and turnover intention among the nurses working in Tehran's hospitals and showed that organizational support modified the nurses' conflicts and decreased their turnover rate.

Inconsistency among the requirements of work--family roles has caused a lot of problems to the employees and their family. Results of different studies indicated that a decrease in work--life conflict enhances the employees' family and life satisfaction. [12,13] Since there are contradictions among the results of different studies in terms of satisfaction among working women, the present study aimed to compare satisfaction and family conflict, and different working hours among married nurses in Tehran.

Materials and Methods

The present study was a descriptive survey and the statistical population included 3,000 married female nurses working in teaching hospitals of Tehran. Multistage cluster sampling was used to select 230 married female nurses who held a Bachelor's degree. Out of those 230 participants, 115 were working morning

shift and 115 had a rotating shift. After the marital satisfaction and work--life conflict questionnaires were completed by the two groups, their scores were compared.

Enrich marital satisfaction scale and Carlson's work--family conflict questionnaire were utilized to examine the data. In a similar study carried out by Soleimanian^[14] in Iran, the 47-question form of enrich scale with alpha coefficient of 0.95 was utilized. This questionnaire has 12 scales including idealistic distortion, marital satisfaction, personality characteristics, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, and religious orientation. It is designed using a 5-point Likert scale (ranging from "I completely agree") to "I completely disagree").

Moreover, Carlson's work--family conflict six-dimensional questionnaire[15] was used to measure the level of work--family conflict. This questionnaire consisted of six three-item categories, such that the first three items measure time-based work--family conflict (i.e., the time spent on carrying out the job and reducing the time to be spend on family activities), the second three items measure time-based family--work conflict (i.e., the time spent on family activities that reduces the time spent on the job), the third three items measure strain-based work--family conflict (i.e., the amount of energy spent on the job that reduces the amount of energy spent on family activities), the fourth three items measure strain-based family--work conflict (i.e., the amount of energy spent on family activities that reduces the amount of energy spent on the job), the fifth three items measure behavior-based work--family conflict (i.e., the interference of work behaviors and norms in family behaviors and norms), and the sixth three items measure behavior-based family--work conflict (i.e., interference of family behaviors and norms in work behaviors and norms). The answers range from 1 (I completely disagree) to 5 (I completely agree) that are obtained using a Likert scale. After translating this instrument and adapting it with Iranian culture, Rasouli et al.[16] reported its content validity high and measured its reliability between 0.66 and 0.89 and its internal consistency as 0.84 using Cronbach's Alpha.

To analyze the collected data, independent *t*-test at a significance level of P > 0.05 was employed.

Results

Descriptive results presented in Table 1 showed that nurses with rotating shift had a higher level of marital satisfaction than those with morning shiftwork. With regard to work--family conflict, however, the morning shift group had a higher mean score than the rotating shift group.

The results presented in Table 2 showed that there was no significant difference between the nurses with rotating shift and those with morning shift with regard to marital satisfaction (P > 0.05).

The results presented in Table 2 showed that there was no significant difference between the two groups with regard to most components of marital satisfaction (idealistic distortion, marital satisfaction, personality characteristics, communication, conflict resolution, leisure activities, children and parenting, family and friends, equalitarian roles, and religious orientation) (P > 0.05). However, they were significantly different in terms of financial management and sexual relationship such that the morning shift nurses had a higher mean than the rotating shift nurses.

Moreover, the results presented in Table 3 indicated that there was a significant difference between the two groups of nurses regarding work--family conflict (P < 0.05).

The results presented in Table 3 show that there was a significant different between the morning and the rotating shift nurses in terms of all components of work--life conflict (time-based work--life conflict, strain-based work--life conflict, behavior-based work--life conflict, time-based life--work conflict, strain-based life--work conflict, and behavior-based life--work conflict) (P < 0.05) and the rotating shift nurses obtained higher mean scores in all components compared with the morning shift nurses.

Discussion and Conclusion

The present study aimed to compare family satisfaction and conflict among married nurses with different working hours in Tehran. The results showed that there was no significant difference between the morning shift nurses and the rotating shift nurses in terms of their marital satisfaction. Moreover, among the dimensions of marital satisfaction, only sexual relationship and financial management were significantly different. The results of the present study are in agreement with those of the studies carried out by Asadzadeh et al.^[2] Grzywacz et al.^[6] and Tampieri.^[7] In explaining these results, it can be stated that since there is an increase in women with rotating shifts, there should be a change in attitude toward marital relations in this type of lifestyle, and if the individuals cannot adapt themselves with the requirements of the new lifestyle, it will be impossible to continue their lives. By creating cognitive adaptation, individuals can continue the desired behaviors. This means the individuals working on rotational shifts have gradually obtained a series of new behavioral and compromising patterns in their marital relations, which maintained the total index of their marital satisfaction compared with those who worked morning shifts. Moreover, as a result of the disturbance of the accepted patterns of gender roles caused by women entering all occupational fields and their employment in jobs with rotating shifts, men's participation in housework has increased.[17]

Another finding of the present study was the significant difference in the subscales of sexual relationship and financial management among the nurses with rotating and morning shifts, which is strongly supported by different studies. This finding is in agreement with the results of the studies carried out by

Table 1: Descriptive statistics of the two groups of nurses with different work conditions

Group	Statistical index	Marital satisfaction	Work-family conflict
Rotating	Mean	59.33	75.66
shift	SD	3.85	6.72
Morning	Mean	58.66	56.41
shift	SD	4.37	4.10
Total	Mean	59	66.03
	SD	4.11	5.41

Table 2: Comparing marital satisfaction among nurses with rotating and morning shift

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Variable	Shift work	Mean	SD	Test statistics	df	Sig.
Idealistic distortion	Rotating	11.18	4.28	0.42	228	0.26
	Morning	11.77	4.20			
Marital satisfaction	Rotating	23.69	7.51	0.58	228	0.28
	Morning	24.62	7.30			
Personality	Rotating	21.69	6.35	0.34	228	0.37
characteristics	Morning	22.14	5.99			
Communication	Rotating	21.75	5.16	0.58	228	0.28
	Morning	22.40	5.16			
Conflict resolution	Rotating	21.57	4.47	-0.18	228	0.42
	Morning	21.36	5.79			
Financial	Rotating	23.30	7.46	2.46	228	0.02
management	Morning	26.13	6.10			
Leisure activities	Rotating	20.45	6.42	0.73	228	0.23
	Morning	21.34	5.15			
Sexual relationship	Rotating	25.03	6.12	2.59	228	0.02
	Morning	27.42	5.47			
Children and	Rotating	25.09	5.12	0.28	228	0.38
parenting	Morning	25.40	5.32			
Family and friends	Rotating	21.84	6.01	0.17	228	0.43
	Morning	22.11	7.79			
Equalitarian roles	Rotating	22.39	4.60	-0.65	228	0.25
	Morning	21.77	4.30			
Religious	Rotating	24.51	4.92	0.03	228	0.48
orientation	Morning	24.55	5.06			
Total marital	Rotating	59.85	3.85	-0.79	228	0.17
satisfaction	Morning	58.66	4.37			

Table 3: Comparing work-family conflict among morning and rotating shift nurses

Variable	Shift work	Mean	SD	Test statistics	df	Sig.			
Time-based	Rotating	8.27	2.93	3.20	228	0.003			
work-life conflict	Morning	7.14	2.31						
Strain-based	Rotating	7.63	2.94	3.54	228	0.001			
work-life conflict	Morning	5.36	2.12						
Behavior-based	Rotating	7.83	2.55	2.49	228	0.01			
work-life conflict	Morning	5.59	1.89						
Time-based	Rotating	6.69	2.07	3.28	228	0.002			
life-work conflict	Morning	5.18	1.47						
Strain-based	Rotating	5.86	2.42	2.92	228	0.01			
life-work conflict	Morning	3.41	1.91						
Behavior-based	Rotating	7.75	2.49	2.65	228	0.01			
life-work conflict	Morning	5.51	2.02						
Total work-life	Rotating	65.66	6.72	3.54	228	0.001			
conflict	Morning	56.41	4.10						

Tampieri, [7] Hashemzadeh, [8] and Kashefian. [9] It can be stated that since difference in working hours of women with rotating shifts led to no change in their salary compared with women with morning shift, they always felt dissatisfied with this issue. On the other hand, because of unusual working hours, they do not have enough time to discuss financial issues in detail with their life partner, and in a marital relationship, agreement is obtainable and conflict can be finished only through adequate and constructive communication. As a result, women with rotating shifts have little financial management compared with women working in morning shift. Marital satisfaction also indicates the stability and efficiency of the family system. Family prosperity and health depend on healthy and thriving communication between the couples, and if the family basis does not have necessary stability, physical and mental problems will rise as the negative consequences.[18]

The results also showed that there was a significant difference between the nurses of the two groups in terms of work--family conflict. This finding of the present study is in agreement with the results of other studies. [3-5,11] Conflict among occupational and family roles can be the result of two types of interference: 1) interference from workplace to home and 2) interference from home to workplace. The first type of quality of family life is influenced by work pressure, whereas the second type of interference affects the individual's occupational life.[4] It can be stated that unusual working hours among nurses with rotating shifts and their stressful job leads to high levels of stress, and nurses are always faced with severe human injuries, which causes a conflict between their occupational roles and family roles. Unusual and long working hours always lead to a conflict in time management that causes mismanagement of the time to be spent with family, which results in losing the time when the family gathers and discusses different issues.^[19] This is exactly work--family conflict. Moreover, since nursing is accompanied with strain and high levels of stress, and different family problems and requirements, nurses with rotating shifts are always experiencing a constant conflict between their workplace and family environment. This conflict causes nurses with rotating shifts not to have enough concentration in working hours, leading to disturbance in their optimal performance. Making enough time for the family to get together can be a solution to resolve this conflict among nurses with rotating shifts. Therefore, in-service training of nurses in the form of workshops on issues such as time management can help make them spend time together and provide a solution to improve conflicts of thought and taste in job and family affairs, and lead to an improvement in the relationships of the nurses working rotating shifts because shift work is a social necessity.[20]

Nowadays, there is an increase in the number of working women, which can affect the couple's marital satisfaction and different aspects of their life and children and in many cases can be the effective factor in marital conflicts. It is necessary for women to become familiar with occupational methods and ways, and use this familiarity to play a role in social development, which is

significant in their progress. However, women are expected for two things. On the one hand, they are expected to join social jobs, and on the other hand they are expected to be able play their family role well.^[21] Therefore, it can be recommended that predictor factors of marital satisfaction among this group of women and their spouses to be identified in order to help enhance marital satisfaction and family efficiency, which can make the positive relationship between marital satisfaction and mental health in the official environment of governmental companies and organizations where women are working a healthier and more successful environments. Since the present study was carried out in Tehran, generalization of the results to other cities and regions should be carried out with much care. Therefore, it is necessary to conduct similar studies in different professions and places in order to come up with more precise results. Moreover, since the present study was a descriptive research, it is suggested that other research methods be utilized to better clarify family satisfaction and conflicts among women working rotating shifts. Furthermore, because of limitation in utilizing different variables, it is suggested that other effective variables in and variables affected by shift work and rotating shifts such as mental health, organizational commitment, quality of life, stress management, role overload, conflict management, and job burnout in the statistical population of the present study to be taken into account.

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Conflicts of interest

There are no conflicts of interest.

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