

Work and Family Conflict: A Comparative Analysis Among Staff Nurses, Nurse Managers, and Nurse Executives

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Presentation Topics

- Background, Significance, Purpose
- Conceptual Framework
- Research Questions
- Methods
- Results
- Implications

Background

- Nursing profession is largest healthcare workforce segment
 - Over 3 million employees (BLS, 2015).
- The profession faces issues that impede clinical and managerial practice
 - Organizational turnover, dissatisfaction, and low morale
- Many work-related issues have been identified
 - Job demands/pressures, shift work, and other work environment characteristics
 - **Work-and-family conflict** (Leineweber et al., 2013; van Bogaert et al., 2010; Unruh et al., 2016; Yildirim & Aycan, 2007; Grzywacz et al., 2006).

Significance

- Important to study the issue of work and family conflict among nurses
 - Especially nurses who have not been studied in this regard,
 - i.e. nurse managers and nurse executives.
- Need to better understand the perceived work and family conflict among these roles

Purpose of Study

- Assess work and family conflict among a sample of registered nurses, including nurse managers and nurse executives:
 - 1) describe the extent to which registered nurses, direct care nurse managers and nurse administrators/executives experience work and family conflict;
 - 2) explore personal and work environment factors that contribute to work and family conflict among nurses;
 - 3) compare the perceptions of work and family conflict of nurse managers/executives with those of staff nurses

Definition of Terms

Staff Nurse

- A registered nurse (RN) who is responsible for providing front-line patient care (FCN, 2016b)

Nurse Manager

- An RN who has direct authority and responsibility to include fiscal, operational, and accountability for performance outcomes for clinical nurses (Shirey 2006; Cziraki et al, 2014)

Nurse Administrator/Executive

- An RN who is filling a leadership role
 - Responsible for aligning multidisciplinary care teams around mission and vision while advancing the clinical agenda (Larson, 2017).

Definition of Terms

Work-family Conflict or WFC

- A form of inter-role conflict
 - demands of the job, time devoted to job, and strain created by the job interfere with performing family-related responsibilities (Farhadi et al., 2013)

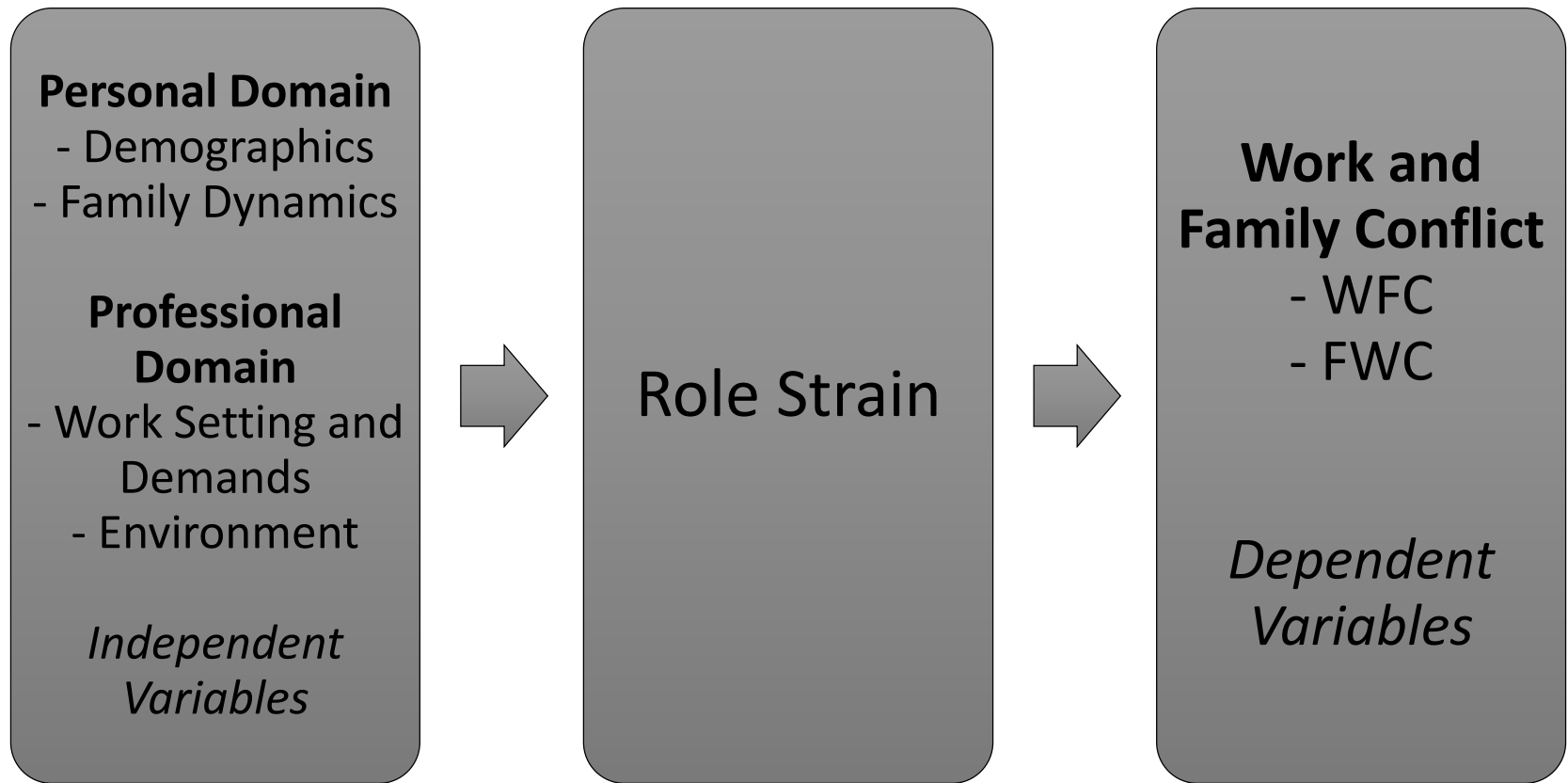
Family-work Conflict or FWC

- A form of inter- role conflict
 - demands of family, time devoted to family, and strain created by the family interfere with performing work-related responsibilities (Farhadi et al., 2013)

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Conceptual Framework: Role Strain Theory



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Research Questions

1. What are the perceptions of work and family conflict of registered staff nurses, direct care nurse managers, and nurse administrators/executives in the state of Florida?
2. How do personal and work environment characteristics influence perceived work and family conflict among nurses?
3. How does measured work and family conflict among Florida nurses compare in registered staff nurses, direct care nurse managers, and nurse administrators/executives?

Hypotheses

Hypothesis	Variable/Measure	WFC	FWC
H 1.1 a, b	Female nurses	Higher	Higher
H 1.2 a, b	Younger nurses	Higher	Higher
H 1.3 a, b	Non-white nurses	Higher	Higher
H 1.4 a, b	Nurses married with children	Higher	Higher
H 1.5 a, b	Nurses with less professional tenure	Higher	Higher
H 1.6 a, b	Nurses working > 8 hour shifts	Higher	Higher
H 1.7 a, b	Nurses without workplace childcare support	Higher	Higher
H. 1.8 a, b	Positive nursing work environment	Lower	Lower
H 2. 1 a, b	Direct Care Nurse Managers	Higher	Higher
H 2.2 a, b	Nurse Administrators/Executives	Higher	Higher

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Research Design

- An exploratory, cross-sectional design
 - Survey distributed to a random sample of RNs in the state of Florida.
 - Survey distributed via email using Qualtrics

Sample

- Generated from the state of Florida's Board of Nursing Registry
 - Voided, inactive, retired or deceased licensees were eliminated
 - Random Sampling to generate 5,000 addresses
 - Final sample was 4,905
- Response rate was 443 surveys or 9%

Survey Instruments

- Personal and Professional Demographics
- Perceived Nursing Work Environment Scale (PNWE)
 - The latest version of the Nursing Work Index-Revised (NWI-R) based on current practice (Choi et al, 2004; Aiken & Patrician, 2000).
- The Netemeyer, Boles and McMurrian Work Family Conflict Scale (1996)
 - Captured perceived levels of both work-family conflict and family-work conflict

Measurement Instruments

Variable	Source	Items	Cronbach's alpha
Professional Practice environment (13 items)	Perceived Nursing Work Environment (PNWE) scale	Four point scale from “strongly agree to strongly disagree” that a professional practice environment exists in the workplace.	.91
Nursing management (5 items)	PNWE scale	Four point scale from “strongly agree to strongly disagree” that effective nursing management structures exist in the workplace.	.88
Staffing and resources adequacy (5 items)	PNWE scale	Four point scale from “strongly agree to strongly disagree” that adequate staffing and nursing resources exist in the workplace.	.83
Nurse/physician collaboration (4 items)	PNWE scale	Four point scale from “strongly agree to strongly disagree” that appropriate nurse/physician collaboration exists in the workplace.	.84
Nursing competence (6 items)	PNWE scale	Four point scale from “strongly agree to strongly disagree” that appropriate nursing competence is evident in the workplace.	.72

Measurement Instruments Cont'd

Variable	Source	Items	Cronbach's alpha
Work-to-family Conflict (5 items)	Work-to-family scale	Four point scale from “strongly agree to strongly disagree” that work related demands impact family obligations.	.93
Family-to-work Conflict (5 items)	Family-to-work scale	Four point scale from “strongly agree to strongly disagree” that family related demands impact work obligations.	.88

Data Analysis

- Coding
- Assumptions Testing
- Statistical Analysis
 - Descriptive Statistics
 - Univariate & Bivariate Analysis
 - OLS Multiple Regression
 - ANOVA

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Descriptive Demographics

- The sample was predominately:
 - Female (91.8%)
 - Married (71.4%)
 - White (79.9%)
 - Between 50-59 years (32%)
 - 40-49 years (21.8%)
 - Living with no children in the home (50%)
 - 1 child (22.5%); 2 children (14.2%); 3+ children (13.5%)

Descriptive Demographics Cont'd

- The sample reported:
 - Highest degree held
 - Associate (39%); Bachelors (39%)
 - Practice Setting/Working status
 - Hospital (55%)
 - 8-11 hours (43%); 12 hours (38%)
 - Full time (79.5%)
 - Length of time in current workplace setting
 - 1-3 years (31.9%); Less than 1 year (19.6%)
 - Length of time in profession
 - 13+ years (59.7%)
 - Job Title
 - Staff nurse (61%)
 - No onsite childcare support at work (89%)
 - No paid leave for childbirth (55%)

Multiple Regression

Model	B	p-value
(Constant)	4.583	NS
Age	.032	NS
Female	1.553	NS
White	-1.638	*.016
Married	.101	NS
No. of children in home	.425	NS
Hospital Practice Setting	-.918	NS
Nursing Manager	2.590	*.013
Nursing Administrator/Executive	3.842	*.005
Other nurse role	.558	NS
Shift Length	1.586	*.000
Employment in current setting	-.108	NS
Employment in profession	-.025	NS
Nursing degree	-.366	NS
Onsite childcare support	-.292	NS
Paid leave for childbirth	.197	NS
Professional Practice	-.007	NS
Nursing Management	.153	NS
Staffing Resources	.076	NS
Nurse/Physician Collaboration	.129	NS
Nursing Competence	.042	NS

Work-Family Conflict

*p≤ .05

Model has an adjusted R square of .203 and a Durbin Watson of 1.7

Multiple Regression

Model	B	p- value
1 (Constant)	8.940	NS
Age	.420	NS
Female	-.054	NS
White	-1.794	*.003
Married	-.578	NS
No. of children in home	.320	NS
Hospital Practice Setting	.416	NS
Nursing Manager	-.098	NS
Nursing Administrator/Executive	.756	NS
Other nurse role	-.018	NS
Shift Length	.043	NS
Employment in current setting	-.017	NS
Employment in profession	-.415	NS
Highest nursing degree	.247	NS
Onsite childcare support	-.068	NS
Paid leave for childbirth	1.028	*.039
Professional Practice	-.040	NS
Nursing Management	.007	NS
Staffing Resources	-.091	NS
Nurse/Physician Collaboration	.133	NS
Nursing Competence	.072	NS

Family-Work Conflict

*p≤ .05

Model has an adjusted R square of .046 and a Durbin Watson of 1.9

ANOVA

Dependent variable	(I) Job title	(J) Job title	Mean Difference (I-J)	p-value
WFC Total Score	Staff Nurse	Nurse Manager	-.881	NS
		Administrator/ Executive	-2.693 [*]	*.028
		Other	.796	.188
	Nurse Manager	Staff Nurse	.881	NS
		Administrator/ Executive	-1.811	NS
		Other	1.677	NS
	Administrator/ Executive	Staff Nurse	2.693 [*]	*.028
		Nurse Manager	1.811	NS
		Other	3.489 [*]	NS
	Other	Staff Nurse	-.796	NS
		Nurse Manager	-1.677	NS
		Administrator/ Executive	-3.489 [*]	NS

Work-Family Conflict

*p≤ .05

ANOVA

Dependent variable	(I) Job title	(J) Job title	Mean Difference (I-J)	p-value
FWC Total Score	Staff Nurse	Nurse Manager	.699	NS
		Administrator/ Executive	-.376	NS
		Other	-.142	NS
	Nurse Manager	Staff Nurse	-.699	NS
		Administrator/ Executive	-1.076	NS
		Other	-.842	NS
	Administrator/ Executive	Staff Nurse	.376	NS
		Nurse Manager	1.076	NS
		Other	.233	NS
	Other	Staff Nurse	.1427	NS
		Nurse Manager	.8422	NS
		Administrator/ Executive	-.2338	NS

Family-Work Conflict

*p≤ .05

Hypotheses Revisited

Hypothesis	Variable/ Measure	WFC	Results	FWC	Results
H 1.1 , b	Female nurses	Higher	Not Supported	Higher	Not Supported
H 1.2 a, b	Younger nurses	Higher	Not Supported	Higher	Not Supported
H 1.3 a, b	Non-white nurses	Higher	Supported	Higher	Supported
H 1.4 a, b	Nurses married with children	Higher	Not Supported	Higher	Not Supported
H 1.5 a, b	Nurses with less professional tenure	Higher	Not Supported	Higher	Not Supported

Hypotheses Revisited Cont'd

Hypothesis	Variable/Measure	WFC	Results	FWC	Results
H 1.6 a, b	Nurses working > 8 hour shifts	Higher	Supported	Higher	Not Supported
H 1.7 a, b	Nurses without childcare support	Higher	Not Supported	Higher	Supported
H. 1.8 a, b	Positive Nursing Work Environment	Lower	Not Supported	Lower	Not Supported
H 2. 1 a, b	Direct care managers	Higher	Supported	Higher	Not Supported
H 2.2 a, b	Nurse Administrator s/Executives	Higher	Supported	Higher	Not Supported

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Implications

- Nurse Managers and Nurse Executives had significantly higher WFC than staff nurses
 - Key finding, first of its kind!
 - Need to address barriers to leadership
- Being non-white was significantly related to higher WFC *AND* FWC
 - Need to address racial disparities on the job
- Nurses with greater shift length had significantly higher WFC
 - Need to address impacts of working longer hours
- Not having paid leave for childbirth was significantly related to greater FWC.
 - Nurses feel fewer FWC issues when supported this way

Policy Implications

- The nursing workforce and guiding leaders need to address workplace issues:
 - tensions among manager/leadership roles
 - racial disparities
 - shift length & long working hours
 - Inadequate family support structures
- Nurses in the state of Florida will continue practicing amidst aging baby boomers (increase in demand for care) and retiring workforce (decrease in supply)

Future Research

- Continue assessing FL nursing workforce as it relates to age, gender, race, marriage and family
- Continue assessing FL nursing workforce and their work environment
- Continue assessing nurse managers/nurse executives as this population needs to be better understood

- A national study of the nursing workforce assessing WFC/FWC



Thank you!
Questions?