

# Work-family Conflict: An Investigation of Healthcare Professionals in Thailand

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**Abstract.** This study employs survey research to examine how personal, work, and family factors are involved in determining work-family conflict of healthcare staffs in central part of Thailand. A total of 514 respondents, including nurses, doctors, pharmacists, and technicians, participated in this study. Results reveal that factors affecting work-family conflict are workloads, work flexibility, and family role conflict.

**Keywords:** work-family conflict, healthcare industry, Thailand

## 1. Introduction

Employees' work-family balance is one of the crucial factors for organizational success (Lambert et al., 2006). The balance of work and family can be obtained if some degree of home and work-life satisfaction exists. Without proper management, work-family conflict can create series of unfavorable issues, including decreased employee performance, reduced job satisfaction, high absenteeism, and high turnover (Magnini, 2009). Hectic nature of the healthcare industry can create work-family conflict for the healthcare workers. As a result, high turnover rate is one of the most common problems for healthcare facility. This study investigates the work-family conflict issues in Thailand. We concentrate on how work factors, family factors, and personal factors influence work-family conflict, job satisfaction, and life satisfaction of healthcare workers. Additionally, the relationships among work-family conflict, job satisfaction, and life satisfaction are also explored in this study.

## 2. Literature Review

### 2.1. Work Factors

Taylor, Delcampo, and Blancero (2009) found that supervisor support, work climate for family, and job characteristics (job autonomy, intrinsic rewards, skill utilization, job security, and stake in the job) affect work-family conflict. Additionally, workloads were negatively related to work-family conflict, as well as control and skill level positively related to work-family conflict (Butler et al., 2005). Moreover, work schedules, work orientation, the number of hours worked per week, amount and frequency of overtime, the presence and irregularity of shift work, long and inflexibility of the work schedule, extensive travel and overtime also indicated the positive relationship with work-family conflict (Greenhaus & Beutell, 1985). Furthermore, Ahuja et al. (2007) developed influential models of work-family conflict using perceived work overload and job autonomy, surprisingly; Job autonomy had no effect on WFC which is the same result as Boyar, et al. (2008) did. According to the literature, lack of support from managers and co-workers, business pressure, resource pressure, such as amount of staff, job description, and information systems, and lack of formalization, such as unwritten policy and procedure, and lack of training are obstacles affecting effective implementation of the work-life balance policy (Petchsawang, 2005). Some have indicated that hours worked, supervisory status, income, and work-to-family social support were all related to perceived work demand (Boyar et al., 2008) along with work role overload, work role conflict and work role ambiguity (Boyar et al.,

2003; Boyar et al., 2008). Turner, Lingard, and Francis (2009) declared that project culture, project resourcing and the schedule demands of the construction stage of the project were identified as barriers for work-life balance, while participants believed that the project alliance, delivery model, flexibility of working hours and the project management team's support for work-life balance would facilitate work-life balance in the project. Based on the above literatures, the work factors in this study include workloads, work flexibility, job autonomy, job security, rewards, and manager and colleague support.

## **2.2. Family Factors**

Conflict within the family has been associated with high levels of work-family conflict. Conflict is experienced when marriage, children, and spouse employment patterns are incompatible with the demands the other role domain whereas supportive spouses may protect each other from experiencing high levels of work-family conflict (Greenhaus & Beutell, 1985). Additionally hours spent providing care, family social support, family-to-work social support, and family role conflict were all positively related to family demand (Boyar et al., 2008). There was also a positive correlation found between work-family conflict and the number of children respondents reported living at home (Lambert et al., 2006; Boyar et al., 2008). Some have used family responsibility which consists of four indicator variables: self-reported responsibility, number of people supported financially, number of children, and the number of dependents living with employee, to explore the relationship with work-family conflict. However, family responsibility found no relationship with work-family conflict (Boyar et al., 2003). Based on the reviewed literature, the family factors in this study include spouse support, family role conflict, number of children, and number of dependents and financial responsibility of the workers.

## **2.3. Personal Factors**

Work-family conflict was affected by an employee's personal orientation, by its influence on time commitment to the work role (Greenhaus & Beutell, 1985), marital status (Boyar et al., 2008), and negative perceptions such as gender bias and less opportunity for promotion (Petchsawang, 2005). Punyasiri (2006) stated that there is a difference among demographics group (age level, educational level and marital status) means in relation to particular measure variables of work-family conflict. Warner and Hausdorf (2009) suggested that the basic needs of competence, autonomy, and relatedness are presented as important psychological benefits that directly impact affect within a domain and indirectly influence work-family enrichment and quality of life. Based on person categorization and social role theories in the identifying of bosses' perceptions of family-work conflict and women promotability, gender is the significant impact to upward mobility through managers' perceptions of family-work conflict and perceived fit. These findings imply stereotyping, given that empirical research shows that men and women report similar levels of work interfering with family, as well as family interfering with work. As a result in female subordinates reported slightly less family-work conflict than did their male counterparts (Hoobler, Sandy, & Lemmon, 2009).

In this study we consider work position as one of variable in personal factors. We feel that in service industry especially in healthcare, different work position would reflect different level of conflict and satisfaction among respondents. Therefore, age level, work position, marital status, and personal income are proxies for personal factors in our study.

## **2.4 Hypotheses**

According to above literatures, three hypotheses were constructed for this study:

Hypothesis 1: Work factors significantly affect work-family conflict.

Hypothesis 2: Family factors significantly affect work-family conflict.

Hypothesis 3: Personal factors significantly affect work-family conflict.

## **3. Methodology**

We distributed 5-point Likert surveys to healthcare staffs in hospitals and clinics in the central part of Thailand. The final sample size was 514 participants including 155 nurses, 97 professional nurses, 92 assistant doctors and public healthcare staffs, 71 management and staffs, 55 doctors and dentists, and 44 pharmacists and technical staffs. We measure six components of work related factors: workloads, work

flexibility, job autonomy, job security, reward and revenue, and manager and colleague support. These twenty-three items were based on Tatman (2001), Kavanaugh, Duffy, and Lilly (2006), and Ahuja et al. (2007).

This scale consists of five indicator variables: spouse support, family role conflict, number of children and dependents living; people supported financially, and spouse employment. In an attempt to capture perceived level of spouse support and family role conflict, 10 items are adapted from Kavanaugh, Duffy, and Lilly (2006), and Ibrahim and Marri (2008). For personal factors, five components (i.e., age, gender, work position, marital status, and monthly income) were measured. The 10 items of work-family conflict were adapted from Tatman (2001). We employed multiple regression analysis using SPSS version 17<sup>th</sup> to test our hypotheses.

#### 4. Results

Out of the 514 survey respondents, the majority are female with monthly income between 20,000 baht and 50,000 baht. The respondents' average age is 36.8 years, who spend 10.95 hours of housework per week, and work 50.27 hours per week. Table 1 presents correlations of all variables.

Table 1 Correlations Matrix

	1	2	3	4	5	6	7	8	9	10
1 Work-family conflict										
2 Workloads	0.463**									
3 Work flexibility	-0.344**	-0.361**								
4 Job autonomy	-0.184**	-0.167**	0.225**							
5 Job security	-0.230**	-0.232**	0.212**	0.271**						
6 Reward and revenue	-0.205**	-0.211**	0.209**	0.313**	0.251**					
7 Manager and colleague support	-0.383**	-0.369**	0.253**	0.198**	0.379**	0.285**				
8 Spouse support	-0.251**	-0.259**	0.148**	0.298**	0.332**	0.212**	0.283**			
9 Family role conflict	0.497**	0.313**	-0.228**	-0.105*	-0.342**	-0.014	-0.340**	-0.224**		
10 Number of children and dependents living	0.013	0.077	-0.014	0.023	0.015	-0.102*	-0.031	0.022	-0.077	
11 Age level	-0.134**	-0.128**	0.190**	0.176**	0.151**	0.046	0.036	0.135**	-0.100*	0.282**

Note: \*\*p<0.01; \*p<0.05

Table 2 presents the multiple regression results of work factors, family factors, and personal factors on work-family conflict.

Table 2 Regression Results

<i>Variables</i>	<i>Work-family conflict</i>
<i>Independent variables</i>	
Constant	2.409 (2.705)**
<i>Work Factors</i>	
Workloads	0.259 (2.836)**
Work flexibility	-0.162 (-2.083)*
Job autonomy	-0.106 (-1.157)
Job security	-0.156 (-1.617)
Reward and revenue	0.006 (0.074)
Manager and colleague support	-0.024 (-0.224)
<i>Family Factors</i>	
Spouse support	0.098 (1.081)
Family role conflict	0.375 (3.689)**
Number of children and dependents	0.037 (0.879)
Respondent as financial supporter	0.040 (0.158)
Respondent and spouse as financial supporters	0.031 (0.137)
Spouse employment	0.150 (0.730)
<i>Personal Factors</i>	
Male	-0.057 (-0.378)
Age	-0.013 (-1.567)
Doctor and dentist	-0.002 (-0.008)
Professional nurse	-0.251 (-1.104)
Nurse	-0.049 (-0.235)
Pharmacist and technical staff	0.126 (0.428)
Assistant Doctor and public healthcare staff	-0.113 (-0.534)
Marital status	-0.007 (-0.021)
Monthly income less than ฿20,000	-0.250 (-0.761)
Monthly income during ฿20,000 – 50,000	-0.016 (-0.057)
F-value	3.898**
R <sup>2</sup>	0.508

Note: \*\*p<0.01; \*p<0.05

Our results indicate that work-family conflict is affected by work factors, and family factors ( $R^2 = .508$ ). Workloads ( $\beta = .259$ ) and family role conflict ( $\beta = .375$ ) have a significant positive relationship to work-family conflict at  $p<0.01$ , whereas work flexibility ( $\beta = -.162$ ) has a significant negative association to work-family conflict at  $p<0.05$ . This indicates that work-family conflict tend to depend more on workloads and family role conflict, but has a tendency to depend less on work flexibility.

## 5. Conclusion

The findings indicate that both work factors and family factors are significant determinants of work-family conflict. More specifically, workloads and family role conflict are positively related to work-family conflict whereas work flexibility is negatively related to work-family conflict. Based on our results, we found no support that personal factors (i.e., gender, age, work position, marital status and personal income) influence work-family conflict. The contribution of our study is in finding additional empirical support that work and family factors affect Thai healthcare professionals' work-family conflict.

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