Influence of Work-Family Conflict on the Level of Self-Efficacy of Female Nurses at Teaching Hospitals in Al-Nasiriyah City.

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Abstract

Aimed this study to determine the Influence of work -family conflict on the level of Self-efficacy in female Nurses and to identify the level of work -family conflict in Female's Nurses at Teaching Hospitals in Al-Nasiriyah city. A descriptive study design that conducted at Teaching Hospitals of Al-Nasiriyah City in period from (November 1st 2020 to April 1st 2021). In order to find influence of work family conflict of Self-efficacy of female Nurses. A purposive non probability sample of (200)Nurses, who work in Al-Nasiriyah Teaching Hospitals in Iraq. Data are collected through using a questionnaire designed and developed for the purpose of the study. The researcher recommended based on the findings of current study that Initiating training program especially for newly working Nurses and graduate preparatory Nurses that aim to teach them to handle work family conflict and increase the level of self-Efficacy.

Keywords: Work-Family Conflict, Self-Efficacy, Female Nurses

Introduction:

Work interfering with family (WIF) and family interfering with work (FIW) has been described by science as two concepts distinct but interconnected kind from conflict. WIF is described as an inter-role conflict arising when workers are subjected to increasing work pressures that interfere with their family responsibilities, so the employees are subjected to undue

job stresses that interfere with their success in the family, which is described as an inter-role dispute. FIW happens when an employee is overworked[1].WFC can happens in two forms: work interfering with family it symbolizes it (WIF) and family interfering with work it called (FIW)[2]. WFC can be divided into two distinct life domains. But, WIF is a type of interfering conflict in which work responsibilities obstruct family performance, while FIW is a type of interfering conflict in which family domain obstruct work performance [3].Many work-related problems, such as organizational and professional discontent, as well as quitting the profession, have been reported also workload, stresses, scheduling, shift work, and other aspects of nursing work[4]. Work-family and family-work conflict affects the often conflicting positions Nurses play in their workplaces and in their communities[5].

Methodology:

Ethical consideration

The researcher familiarized the study participants with the overall goal of the study and confirmed participants that the confidentiality of their data will safeguarded and securely sustained during and following study participation.

Design and setting of study

A descriptive design, which is using the correlational approach, study is conducted at Teaching Hospitals in Al-Naysiriah City in Iraq from the period of the November 1st 2020 to April 1st 2021. These hospitals are considered the most appropriate settings in which subject for the study can be selected.

Instrument of study

A questionnaire consist of (3) parts. The first part is socio -demographic characteristics second part Self-efficacy scale, andthe third part of the questionnaire is work family conflict scale.

Statistical Analysis

The data of the current study are analyzed through the use of a statistical package of social sciences (SPSS) version 25 application Statistical analysis system. The following approaches are used in order to analyze and evaluate the results of the study. The researchers use descriptive and inferential data analysis to obtain study results.

Results

Table (1): Distribution of the (200) Nurses According to the Demographical Characteristics:

Basic Information	Groups	Frequency	Percent
Age groups	20 – 25	99	49.5
	26 – 30	84	42.0
	31 – 35	7	3.5
	36 – 40	8	4.0
	41 and more*	2	1.0
	Total	200	100.0
	x [−] ∓S.D.	26.5 ± 0	0.813
Nursing Qualification	Nursing school	67	
	Medical institute	44	22.0
	College graduated or more	89	44.5
	Total	200	100.0
Years of Nursing Service	1-5	134	67.0
	6-10	46	23.0
	11-15	13	6.5
	16-20	4	2.0
	21 and more	3	1.5
	Total	200	100.0

Freq.=Frequencies, %=Percentages, $\bar{x} \mp S.D$ =Arithmetic Mean and Std. Dev. (S.D.)

Table (2): Distribution the Level of Evaluation General Self-Efficacy Scale (GSE) of Study Sample:

Scale	MS	Level of Evaluation	Frequency	Percent
General Self- Efficacy Scale	(14-23)	Low	0	0.00
	(2433)	Moderate	100	50.0
	(34-42)	High	100	50.0
		Total	200	100.0

Level of evaluation low, moderate and high

This table shows the distribution of general self-efficacy scale (GES) of all study sample which reveal the majority of study sample which divided equally (50.0%) moderate and (50.0%) high level of self-efficacy.

Table (3): Distribution the Level of Evaluation Nurses Work and Family Conflict Scale WAFCS of Study Sample:

Scale	MS	Level of Evaluation	Frequency	Percent
Nurses Work and Family Conflict Scale	(16-26)	Low	13	6.5
	(27 - 37)	Moderate	187	93.5
	(38 – 48)	High	0	0.00
		Total	200	100.0

Level of evaluation low, moderate, and high.

This table show the distribution of Nurses Work and Family Conflict Scale WAFCS of all study sample which reveal the majority of study sample which moderate level of evaluation and account for 187 (93.5%) of all study sample.

Table (4): Influence of Nurses Work and Family Conflict Scale (WAFCS) on the level of General Self-efficacy Scale (GSE) in Female Nurses for Sample:

Scales	Mean ±S.D.	N	df	Т	P. value	Sig
Work-Family Conflict	1.9453±0.46817	200	199	10.588	0.007	S
Self-efficacy	2.3993±0.30651	200				

 $\overline{x} \mp S.D.=$ Arithmetic Mean (\overline{x}) and Std. Dev. (S.D.), d.f. = degree of freedom, P = probability value. , NS : Non Significant at $P \ge 0.05$, S : Significant at P < 0.05 T=t test , N=Number of sample.

Discussion

Table (1) Show the majority of participantswere within age group of (20-25), majority of themwere single, have college graduated, and were between (1-5 years) years of services in nursing. This result is consistent with descriptive study was conducted in India who has found majority of respondents between 20-30 years old [6]. The descriptive survey design in Nigeriafound the majority of the respondents had bachelor degreeand half of the respondents had between 1-5 years of work experience [7]. Concerning thelevel of general Self-efficacy participanthas (Moderate) to (High) level. This result can be attributed that most nurses college graduate and have experience at least one year make her high efficiency belief, skills in her job and despite the existence of conflicts, nurses are able to bear the burdens of work and family with high efficiency.

This result consistent with a study conducted in Nigeria who reported the respondents possess the ability to successfully handled or mange home affair with their work without any problem or each interfering with the other and self-efficacy level was still very high [7].

The participants have (Moderate) level of Nurses work and family conflict. This can be attributed most of participants are newly employed and experience conflict because poor role

distribution between house and working environment and low level of cooperation among staff and lack of justice from nursing manager

This result consistent with a study conducted in Egypt the Types and Levels of Conflicts Experienced by Nurses in the Hospital Settings revealed that Nurses experienced a moderate level of conflict [8]. The study revealed significance relationship between Nurses work and family conflict at (P=0.007). This result consistent with correlation type of descriptive survey design in Nigeria who has found a significant relationship between self-efficacy and work family conflict [7].

Conclusions

The current study concluded that Nurses experienced moderate level of conflict and moderate to high level self-efficacy. There is significant relationship between work family conflict and self-efficacy.

Recommendation

Nurses in selected hospitals need to initiate training program especially for newly working Nurses and graduate preparatory Nurses that aim to teach them to handle work family conflict and increase self-efficacy.

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