WORK-FAMILY CONFLICT, COPING
AND WELL-BEING IN NURSES

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Introduction

Women constitute approximately half the population of Malaysia (about 11.4 million) (Eighth Malaysia Plan, 2000). Although 48% of the women are in the working age population (15 to 64 years old), they comprise only one third of the total labour force. However, with Malaysia's Independence in 1957, women's entry into the labour force increased tremendously from 30.8% in 1957 to 44.5% in 2000 (Eighth Malaysia Plan, 2000). Noor (2001) attributed this increment to three main reasons: (a) greater educational opportunities for women, (b) the implementation of the New Economic Policy by the government in 1969, aiming at eliminating poverty and reconstructing Malaysian society from primarily agricultural-based to secondary industrial-based commodity, and (c) rapid economic growth and industrialisation, which have created various jobs for women within the paid labour force.

Historically, women in Malaysia had been actively involved in various economic activities. They were not only confined to the homes, but also worked alongside men in agriculture and marketing since the pre-colonial days (Omar, 2003). Omar (1994) also reported that Malay women worked outside their homes even before the era of industrialisation. However, with colonialism, labour became an economic commodity and subsistence production was no longer stressed (Noor, 1999). These changes led men to work in paid employment and women to be responsible for the home. The changes brought about by industrialisation in the 1970's
encouraged many families to migrate to the urban areas to search for jobs, and due to the cost of urban living, most urban residents are dual-earner families. The findings of the study by Elloy and Smith (2003) showed that dual-career couples experienced more stress, work-family conflict, role ambiguity, role conflict and overload than single-career couples.

With employment, Malaysian women have to juggle the demands arising from both the family and work domains. Their family roles impose enormous demands that may limit their occupational time and may contribute to stress and strain. Likewise, employment roles and demands detract them of the time available for family, and therefore, may contribute to conflict between both domains. When demands and expectations cannot be met, frustration, guilt and work-family conflict arise, which affect their well-being.

Work-family conflict arises when role pressures from work and family domains are mutually incompatible with each other (Greenhaus & Beutell, 1985). According to Gutek, Sierle and Klepa (1991), conflict between work and family could originate in either domain, such that work can interfere with family needs or family can interfere with work responsibilities. It appears that the negative effects of work-family conflict may be greater for women, at least in terms of career satisfaction (Martins, Eddleston & Veiga, 2002) because women, as compared to men, are still the primary homemakers and they have to perform most of the household chores even though they have their own careers. The conflicting demands between home and work domains in women’s lives may lead to a lower satisfaction of their career.

Work-family conflict has been shown to affect job satisfaction and distress (Kossek & Ozeki, 1999; Noor, 2002), turnover intentions and psychological distress (Burke & Greenglass, 1999; Anderson, Coffey & Byerly, 2002), psychiatric and substance abuse disorders (Frone, 2000) and overall life stress (Parasuraman, Greenhaus & Granrose, 1992). O’Driscoll, Ilgen and Hildreth (1992) discovered that psychological strain increased as job interference and nonwork activities increased. Beatty (1996) found that an increased level of work-family conflict was associated with increased levels of anxiety and
hostility. Another study among married Japanese women who engage in full-time employment indicates that work-family conflict was related to vocational, psychological, interpersonal and physical strains (Matsui, et al., 1995). A number of studies also reported the positive relationship between work-family conflict and physical symptoms or somatic complaints (Burke, 1988; Netemeyer, et al., 1996; Adams & Jex, 1999).

Another significant result between work-family conflict and job dissatisfaction was also found with samples of nurses (Miki, Haratani, Sugishita, Kawakawa, Araki & Kawamura, 1997; Chiu, 1998). Nurses are found to be more prone to higher job stress and strain, as well as physical and emotional health problems (Jamal & Baba, 1992) because shift work caused difficulties for nurses in terms of balancing the conflicting demands arising from both family and work (Pleck & Staines, 1985). Work-shift schedules do more than mark the starting and ending hours of work. Employees working in shifts reported more health problems, more problems related to psychological performance and more sleeping problems as compared to non-shift workers (Martens, Nijhuis, Van Boxtel & Knottnerus, 1999).

As one of the coping strategies, problem-focused coping was found to reduce strain (Beelhr, Johnson & Nieva, 1995), increase job satisfaction (Bhagat, Allie & Ford, 1995), increase health (Parkes, 1990), decrease psychological distress (Violanti, 1992), lower family-work conflict levels (Rotondo, Carlson & Kincaid, 2003) and decrease depression, anxiety, as well as somatization (Greenglass & Burke, 1991).

The positive influence of religious certainty on well-being was found to be direct and substantial, that is individuals with a strong religious faith reported higher levels of life satisfaction, greater personal happiness and fewer negative psychosocial consequences of traumatic life events (Ellison, 1991), as well as lower level of distress (Ross, 1990). Religious activities especially prayers are usually regarded as positive coping devices directed toward both the problem and personal growth (Folkman, Lazarus, Dunkel-Shetter, De Longis & Gruis, 1986). Idler (1987) found that depression was reduced when people engaged in prayers, both congregational and individual. Prayer enables
individuals to face the future with optimism, to have more control, greater self-confidence, self-esteem and sense of purpose (Dull & Skokan, 1995). Religious coping and religiosity had been found to affect health status positively, including overall morbidity and mortality, acute conditions, fatal ailments, pain and chronic illness (Levin, 1994). Private prayer, another type of religious coping, was a significant predictor of distress. As such, a higher level of private prayer was found to lead to lower levels of distress among midlife and aged patients following cardiac surgery (Ai, Dunkle, Peterson, Saunders & Bolling, 1998).

It is important to note that most of the studies concerning religious coping cited above were conducted among Christian population, while the population under the present study consists of Muslims. Therefore, the meaning of religion may differ between these two religions. While Christianity makes a distinction between church and state, Islam emphasises religion as a way of life. According to Rahman (1995), Islam constitutes two basic elements, religious beliefs and practices. Both religious beliefs and practices should be integrated to attain success in this world and in the Hereafter (al-Baqarah: 2; al-Baqarah: 177; al-Talaq: 11). Those who have a strong faith will not doubt the Islamic teaching and will lead their life in complete obedience and submission to Allah. Islam also encourages its followers to seek help from Allah under any circumstances because He is the Sustenance and the Sovereign of the world and He is capable of aiding human beings (al-Fatiham: 5; al-A'raf: 128). By seeking His aid, one's faith can be strengthened. The prophets used to seek Allah's help whenever they face problems in their life. Therefore, when one faces any problems or conflicts in life, one of the ways to solve them is by seeking help from Allah because He will never turn away from His followers. The religious coping strategy used in this sample covers religious beliefs and practices of respondents.

Besides its direct effects, coping strategies have also figured prominently as moderators between stressors and outcomes. According to Bhagat, Allie, and Ford (1991), problem-focused coping was found to moderate the relationships between organisational stress and strain and between personal-life stress and strain. In particular, individuals who faced stressors but also used problem-focused coping strategy exhibited less strain than those
who did not use this strategy. The way people cope with conflict can buffer the effect of role stress on mental health (Srivasta & Singh, 1987). Although they have to perform multiple roles, supervisors who use some kind of coping strategy show less distress as compared to those who do not use any coping strategy.

In sum, a number of studies found coping strategies to have moderating effects on the relationship between work-family conflict and well-being. However, the role of coping, especially religious coping has been less frequently studied in the context of work-family conflict. Hence, the moderator role of coping will be further investigated in the present study.

Due to the dearth of information on the psychological outcomes of combining work and family roles among Malaysian women, the present study aimed at investigating the relationship between work-family conflict and well-being. The second objective is to examine the role of coping in the relationship between work-family conflict and well-being.

To reiterate, the hypotheses to be tested in the study are:
1. The higher the work-family conflict reported by nurses, the lower their job satisfaction and the higher their distress symptoms.
2. Those with higher scores on problem-focused and religious coping will report higher job satisfaction and lower distress even in the presence of high work-family conflict.

Respondents

The researcher randomly distributed 254 copies of questionnaires to married Malay nurses in several government hospitals and public health-care centres located in the East Coast of Peninsular Malaysia. A total of 243 completed questionnaires were obtained from the organizations and this formed the final sample – a response rate of 95.7%.

Measures

A booklet of structured questionnaires was developed to assess the proposed variables. It was divided into four parts: items
relating to work-family conflict, coping strategies, well-being and demographic background.

Work-family conflict

The 18-item measure developed by Carlson, Kacmar and Williams (2000) was used to assess work-family conflict on a five-point Likert-response scale (1 = strongly disagree; 5 = strongly agree). This scale differentiates between work-to-family conflict and family-to-work conflict and between strain-based, time-based and behaviour-based conflicts, resulting in six subscales: time-based work-to-family conflict, time-based family-to-work conflict, strain-based work-to-family conflict, strain-based family-to-work conflict, behaviour-based work-to-family conflict and behaviour-based family-to-work conflict.

The present study carried out a factor analysis on the scale to examine its underlying factor structure. This was deemed necessary because the present sample make-up was different from the original study. The extraction method used was the principal component analysis and the rotation method used was the direct oblimin, assuming that the factors may be correlated to one another. From the analysis, two factors were generated, the strain/time-based work-family conflict and the behaviour-based work-family conflict. The items for strain and time-based work-family conflict were found to fall under the same factor because strain in work-family conflict was strongly related to the time spent in both domains. Past studies showed that strain caused by overload might increase the time invested, as individuals struggled to manage their duties and responsibilities in work and family domains (Major, et al., 2002; Frone, Yardley & Markel, 1997; Wallace, 1997; Parasuraman, Purohit & Godshalk, 1996). The scale, however, failed to distinguish between work-to-family conflict and family-to-work conflict. The factor and its corresponding items are listed in Table 1. The coefficient alpha for the 11-item strain/time-based work-family conflict scale and the 5-item behaviour-based work-family conflict scale were .82 and .70 respectively.
Coping strategies

Respondents' coping strategies were assessed by two different scales, problem-focused coping and religious coping. Problem-focused coping was examined by using the ten-item scale developed by Joseph, Williams and Yule (1992). Religious coping, on the other hand, was measured by a 14-item scale developed specifically for this study. This religious coping scale measured both the religious beliefs and practices of the respondents.

The items were generated from several scales (i) Extrinsic, Intrinsic, and Quest Religious Orientations Scale (Batson & Schoenrade, 1991); (ii) Daily Spiritual Experience Scale (Underwood & Teresi, 2002); (iii) Islamic Religious Behaviour Questionnaire (Dawood, 2000); (iv) Ways of Religious Coping Scale (Boudrex, Catz, Ryan, Amaral-Mendelez & Brantley, 1995); and (v) Religiosity Index (Alwi, 2003). The above items were chosen on the basis of their contents (i.e., measuring religious beliefs and practices), their simple wordings and the unbiased statements of the items on any particular religious orientation. Both religious and problem-focused coping scales ranged from one to four (1 = Don't do this at all; 4 = Do this at all).

A factor analysis was then carried out on the coping strategies (i.e., problem-focused coping and religious coping) to examine the underlying factor structure. This was essential because the items were chosen from different coping measures. The extraction method used was the principal component analysis and the rotation method used was the direct oblimin, assuming that the factors may be correlated to one another. As expected, two different factors were generated, namely religious coping and problem-focused coping. The corresponding items for the factors are listed in Table 2. The internal consistency for the 11-item religious coping and the 5-item problem-focused coping scales were .89 and .75 respectively.

Well-being

Well-being was measured by two separate scales, job satisfaction and general mental health. Respondents' level of job satisfaction
was assessed by the Overall Job Satisfaction Scale by Warr, Cook and Wall (1979). The 15-item measure ranged from one to seven
(1 = I am extremely dissatisfied; 7 = I am extremely satisfied). The coefficient alpha for the scale was .86.

General well-being was assessed by the 12-item General Health Questionnaire (GHQ-12) (Goldberg, 1978). The GHQ-12 measures both somatic and affective symptoms of distress. It has been validated against clinical ratings and has been shown to have good psychometric properties (Banks, 1983). Subjects were asked to rate on a four-point scale (0 to 3) that described how they felt over the past six weeks. Higher scores on this measure reflect poorer mental health. Cronbach alpha of GHQ-12 for this study was .83.

Demographic background

Personal information were obtained by using single statement items relating to age, educational background, marital status and the number of children living with the respondents.

Table 1: Factor loading of the measure of work-family conflict.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Items</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain/time-based work-family conflict (alpha=.82)</td>
<td>Due to stress at home, I am often preoccupied with family matters at work.</td>
<td>.70</td>
</tr>
<tr>
<td></td>
<td>Tension and anxiety from my family life often weakens my ability to do my job.</td>
<td>.68</td>
</tr>
<tr>
<td></td>
<td>Because I am often stressed from family responsibilities, I have a hard time concentrating on my work.</td>
<td>.67</td>
</tr>
<tr>
<td></td>
<td>Due to all pressures at work, sometimes when I come home I am too stressed to do things I enjoy.</td>
<td>.64</td>
</tr>
<tr>
<td></td>
<td>I have to miss family activities due to the amount of time I must spend</td>
<td>.61</td>
</tr>
<tr>
<td>Item</td>
<td>Factor Load</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>on work responsibilities.</td>
<td>.57</td>
<td></td>
</tr>
<tr>
<td>The time I spent with my family often causes me not to spend time in activities at work that could be helpful to my career.</td>
<td>.56</td>
<td></td>
</tr>
<tr>
<td>The time I must devote to my job keeps me from participating equally in household responsibilities and activities.</td>
<td>.56</td>
<td></td>
</tr>
<tr>
<td>When I get home from work I am often too frazzled to participate in family activities/responsibilities.</td>
<td>.55</td>
<td></td>
</tr>
<tr>
<td>The time I spent on family responsibilities often interfere with my work responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am often so emotionally drained when I get home from work that it prevents me from contributing to my family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have to miss work activities due to the amount of time I must spend on family responsibilities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Behaviour-based work-family conflict (alpha=.70)                      |             |
| Behaviour that is effective and necessary for me at work would be counterproductive at home. | .76         |
| Behaviour that is effective and necessary for me at home would be counterproductive at work. | .71         |
| The problem-solving behaviours I use in my jobs are not effective in resolving problems at home. | .71         |
| The behaviours that work for me at home do not seem to be effective at work. The problem-solving behaviour that work for me at home does not seem to be as useful at work. | .68         |
| Eigenvalue                                                            | 4.85        |
| % of Variance                                                         | 26.92       |
Table 2: Factor loading of the measures of coping strategies.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Items</th>
<th>Factor loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious coping</td>
<td>My religious beliefs are what really lies behind my whole approach to religion.</td>
<td>.81</td>
</tr>
<tr>
<td></td>
<td>The primary purpose of prayer is to gain relief and protection.</td>
<td>.78</td>
</tr>
<tr>
<td></td>
<td>Religion is especially important to me because it answers many questions about the meaning of my life.</td>
<td>.77</td>
</tr>
<tr>
<td></td>
<td>When something bad happens, I pray to God to give me guidance and peace of mind.</td>
<td>.76</td>
</tr>
<tr>
<td></td>
<td>If any bad thing happens to me, I believe it is a test from God.</td>
<td>.72</td>
</tr>
<tr>
<td></td>
<td>What religion offers me most is comfort when sorrows and misfortunes strike.</td>
<td>.68</td>
</tr>
<tr>
<td></td>
<td>During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns.</td>
<td>.66</td>
</tr>
<tr>
<td></td>
<td>I try hard to carry religion into all my other dealings in life.</td>
<td>.51</td>
</tr>
<tr>
<td></td>
<td>When I do something wrong, I repent immediately.</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>I donate time to religious activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The prayers I say when I am alone carry as much meaning and personal emotion as those said by me in congregation.</td>
<td></td>
</tr>
</tbody>
</table>
Means, standard deviations and intercorrelations among variables

The means, standard deviations and intercorrelations among the variables under study are shown in Table 3. From the table, it can be seen that both conflict measures (i.e., strain/time-based work-family conflict and behaviour-based work-family conflict) were significantly correlated with each other, \( r = .28 \) (\( p < .01 \)). In addition, the correlation between religious coping and problem-focused coping was also statistically significant, \( r = .26 \) (\( p < .01 \)). Both outcome measures, job satisfaction and GHQ, were negatively and significantly correlated with one another (\( r = -.30, p < .01 \)). The result also indicated that the correlation between strain/time-based work-family conflict and religious coping (\( r = -.13, p < .05 \)) and behaviour-based work-family conflict and religious coping (\( r = -.15, p < .05 \)) were also significant.

In terms of the correlations between stressor and outcome variables, Table 4.1 shows that strain/time-based work-family conflict was negatively and significantly correlated with job satisfaction (\( r = -.14, p < .05 \)), and was positively and significantly related to distress symptoms (\( r = .28, p < .01 \)). In addition, the behaviour-based work-family conflict was positively and
significantly related to GHQ ($r = .14$, $p < .05$). However, behaviour-based work-family conflict was not related to job satisfaction. Hence, the first hypothesis of the study, which predicted that the higher the work-family conflict reported by nurses, the lower their job satisfaction and the higher their distress symptoms, was to a large extent, supported by these findings.

Table 3: Means, Standard Deviation and Intercorrelations among Variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Means</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>37.30</td>
<td>.12</td>
<td>.08</td>
<td>.44**</td>
<td></td>
</tr>
<tr>
<td>2. No. of children</td>
<td>2.16</td>
<td>.57</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Stress-time-based conflict</td>
<td>24.53</td>
<td>.27</td>
<td>.28***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Behaviour-based conflict</td>
<td>12.92</td>
<td>.16</td>
<td>.14*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Religious coping</td>
<td>39.10</td>
<td>.93</td>
<td>.26**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Problem-focused coping</td>
<td>14.86</td>
<td>.67</td>
<td>.15*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Job satisfaction</td>
<td>74.60</td>
<td>.39</td>
<td>.34**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. GHQ</td>
<td>8.50</td>
<td>3.87</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$N = 243; ** p < .01, * p < .05$

The effects of coping strategies on the relationship between work-family conflict and well-being

To investigate the moderating effects of coping strategies on the relationship between stressors and outcomes, two separate
moderated hierarchical regression analyses were carried out with respect to both outcome measures (i.e., job satisfaction and GHQ). The proposed variables were entered into the regression equation as follows. First, the demographic variables (i.e., age and number of children) were entered as control variables because past studies have shown that they can influence the hypothesized relationship. Specifically, Noor (2001) found that age was a significant predictor of GHQ in which older women were associated with lower GHQ scores. On the other hand, Rotondo and colleagues (2003), Kinnunen and Mauno (1998), Bedeian, Burke and Moffett (1988), Loerch, Russel and Rush (1989) and Voydanoff (1988) found that the number of children living at home influenced work-family conflict, in which increasing number of children added the demands and hours spent on household works for parents. In addition, the number of children living at home was found to affect the level of women's happiness (Noor, 1994). Specifically, having more children was associated with higher levels of happiness among female respondents.

However, the initial analyses done with these respondents indicated that age and number of children only accounted for 1.8% of the variance in the job satisfaction scores and 1% in the GHQ scores. Thus, the first step of controlling both variables were dropped from the analyses. Both analyses were carried out by entering the strain/time-based and behaviour-based work-family conflict, followed by the coping measures (i.e., religious and problem-focused coping) at the next step. In the final step, the interactions between conflict and coping strategies were entered.

i) Work-family conflict and coping strategies in relation to job satisfaction

Table 4 (left-hand side) illustrates the results of the regression analysis of work-family conflict and coping strategies in relation to job satisfaction. Conflict, entered at the first step of the analysis indicated that only strain/time-based conflict was
significant ($p < .027$), not behaviour-based conflict. The finding implies that higher strain/time-based work-family conflict scores are associated with lower job satisfaction scores. In the next step, both coping strategies are significantly related to job satisfaction. In particular, these findings show that while high levels of religious coping are associated with high levels of job satisfaction, high levels of problem-focused coping are related to low levels of job satisfaction. Finally, significant interactions were observed between strain/time-based work-family conflict and problem-focused coping. At this stage, the model is significant, $F(10,232) = 3.16$, $p < .0001$, and it accounts for 12.0% of the variance in job satisfaction scores.

ii) Work-family conflict and coping strategies in relation to GHQ

Similar hierarchical regression analysis was used with respect to the GHQ measure. The results are presented in Table 4 (right-hand side). Of the conflict measures entered in Step 1, only strain/time-based work-family conflict was found to be a significant predictor of GHQ. Specifically, the findings indicate that high levels of strain/time-based conflict scores are associated with high levels of GHQ scores ($p < .0001$).
Table 4: Hierarchical regression analyses: Conflict and coping strategies in relation to job satisfaction and GHQ

<table>
<thead>
<tr>
<th>Job Satisfaction</th>
<th>GHQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variables</td>
<td>B</td>
</tr>
<tr>
<td>------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Step 1</td>
<td></td>
</tr>
<tr>
<td>Emotional-based</td>
<td></td>
</tr>
<tr>
<td>conflict (STBC)</td>
<td>16.00</td>
</tr>
<tr>
<td>Behaviour-based</td>
<td></td>
</tr>
<tr>
<td>conflict (BBC)</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
</tr>
<tr>
<td>Religious</td>
<td>1.864</td>
</tr>
<tr>
<td>coping (RC)</td>
<td></td>
</tr>
<tr>
<td>Problem-focused</td>
<td></td>
</tr>
<tr>
<td>coping (FPC)</td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
</tr>
<tr>
<td>STBC \times RC</td>
<td>1.60</td>
</tr>
<tr>
<td>STBC \times FPC</td>
<td>1.880</td>
</tr>
<tr>
<td>BBC \times RC</td>
<td>0.28</td>
</tr>
<tr>
<td>BBC \times FPC</td>
<td>1.575</td>
</tr>
</tbody>
</table>

- Betas are the standard regression coefficients from the final stage of the analysis.
- \( R^2 \) values are the unstandardized regression coefficients from the final stage of the analysis.

Out of the coping strategies used, none of the strategies was found to be significantly related to GHQ. None of the terms following this step were significant. Therefore, they were dropped from the analysis. At this stage, the model is significant, \( F (2, 240) = 10.468 (p<.0001) \), and it accounts for 8% of the variance in GHQ scores.
Graphical representation of the interaction term

The unstandardized regression coefficients were used to create the equation predicting job satisfaction scores. This equation was examined to determine the relationship between job satisfaction and strain/time-based work-family conflict at high (i.e., 1 SD above the mean) and low (i.e., 1 SD below the mean) levels of problem-focused coping.

Figure 1 represents the interaction between job satisfaction and strain/time-based work-family conflict at high and low levels of the problem-focused coping strategy. As can be seen, the interaction between job satisfaction and strain/time-based work-family conflict is only significant for those with low levels of problem-focused coping strategy.

**Figure 1:** The relationship between strain/time-based work-family conflict and job satisfaction at high and low levels of problem-focused coping strategy.
In general, the findings of this study showed that the higher the work-family conflict reported by the nurses, the higher their distress symptoms and the lower their job satisfaction. In terms of the effects of coping on the relationship between work-family conflict and well-being, both direct and moderator roles were observed. For job satisfaction, there was support for coping as the moderator. Significant interaction was observed for strain/time-based work-family conflict and problem-focused coping in relation to job satisfaction. However, for GHQ, a neither direct nor moderating effect of coping was obtained. The above findings will be further discussed in this chapter. The implications and limitations of the present study will also be included in the discussion.

**Work-family conflict and well-being**

In the present study, strain/time-based work-family conflict was observed to be significantly and negatively correlated with job satisfaction and significantly but positively correlated to GHQ. The results indicated that those with high levels of strain/time-based work-family conflict were reported to experience low levels of job satisfaction and high levels of distress symptoms. Behavior-based work-family conflict, on the other hand, was found to be positively associated with GHQ, indicating that those with high levels of behavior-based work-family conflict were reported to have high levels of distress symptoms. These are consistent with the findings by Boles and colleagues (2001), Bruck and colleagues (2002), Kim and Ling (2001), Parasuraman and Simmers (2001) and Zakowski, Hall, Klein and Baum (2001) which showed that work-family conflict were negatively associated with job satisfaction and positively related to distress symptoms. A study by Bhuian, Menguc and Borsboom (2003) also found a significant and negative relationship between work-family conflict and job satisfaction among full-time salespersons. In another study, Frone (2000) discovered that employees who experienced work-family conflict were more likely to experience significant mental health problems as compared to those who did not report this type of stressor.
The negative relationship between strain/time-based work-family conflict and job satisfaction and positive relationship with GHQ might indicate that the respondents who were having conflicting demands both at home and work experienced low levels of job satisfaction and high levels of distress symptoms. For instance, pressures at work might contribute to stressful conditions at home while strain at home might lead to difficulties in concentrating on the job. In addition, this finding might be due to the fact that the amount of time spent by respondents on work responsibilities always causes them to miss family activities and the amount of time they spent on family matters always interfere with their work responsibilities. In other words, the more time they devote to one domain (i.e., work or family), the less time they have in order to meet the demands of the other domain (i.e., family or work). Therefore, this situation could contribute towards the low levels of job satisfaction and high levels of distress symptoms.

A positive correlation between behavior-based work-family conflict and GHQ might indicate that respondents who were having high levels of behavior-based work-family conflict experienced high levels of GHQ. In particular, behaviors that worked for the respondents at home did not work well for them at the workplace and vice versa. Hence, this condition could lead them to experience high levels of distress symptoms. These findings suggest that responsibilities carried out, time spent and behaviors performed by employees in the workplace and at home cannot be perceived as mutually exclusive entities in their lives. Thus, organization should take into consideration the home domain of workers in constructing workplace policies.

The findings also indicate that correlation between behavior-based work-family conflict and job satisfaction is not significant. Specifically, the conflicting demands in terms of behavior-based, both at work and at home did not contribute to the satisfaction of respondents at work. A possible explanation for the finding is that the respondents under study were only concerned about the responsibilities performed and time spent in both work and home domains, excluding the behaviors engaged, as significant contributors to their job satisfaction.
Work-family conflict, coping strategies and well-being

The results of the present study indicate that both religious and problem-focused coping strategies are related to job satisfaction. Past studies showed that religious coping had direct effects on distress (Ross, 1990) and traumatic life events (Ellison, 1991). The findings of the present study, however, provide additional information of the effects of religious coping on job satisfaction. High levels of religious coping were associated with high levels of job satisfaction because this type of coping strategy played a main role in all aspects of respondents' lives. As mentioned earlier, in Islam, religion is a way of life. Muslims practice religion in all aspects of their lives. Muslims would not only go back to religion whenever they faced serious and stressful life events such as chronic illnesses (Tix & Frazier, 1998) or mental health problems (Smith, McCullough, & Poll, 2003), but also when they have conflicting demands such as work-family conflict in their daily lives as shown in this study. Through their faith and religious practices (i.e., religious coping), Muslims feel the presence of God and they believe that, God is always there to help them when they are in difficulties. Past studies had also shown that women were more religious than men (Sherkat, 2002; Miller & Hoffmann, 1995; Walter & Davie, 1998), and therefore females would tend to use religious coping more often in dealing with stressors in their daily lives as compared to their male counterparts. Thus, this could be a possible explanation for religious coping as a significant predictor of job satisfaction among the respondents of the present study.

The results also indicate that high levels of problem-focused coping strategy lead to low levels of job satisfaction. A possible explanation for the finding is that the norms and values of collectivistic cultures, including Malaysians, exhibited a preference for resolving conflicts in a way that reflects concern over consequences for others (Noh, Beiser, Kaspar, Hou, & Rumens, 1999). Specifically, the respondents under study did not prefer to proactively seek out information, change one's behaviour, or attempt to change the environment (i.e., problem-focused coping strategy) to alter a stressful situation in order to
avoid conflicts and preserve interpersonal relationships with others. The respondents might be satisfied enough if they could maintain their relationships with others and avoid any conflicts with them, either at home or work. This condition might then increase their job satisfaction in return.

The results indicate that problem-focused coping moderates the effects of strain/time-based work-family conflict on job satisfaction. This interaction was significant only for those with low levels of problem-focused coping strategy, implying that those who engaged in low levels of problem-focused coping would experience more job satisfaction, although in the presence of strain/time-based work-family conflict as compared to those with high levels of strain/time-based work-family conflict.

These findings were supported by some previous studies conducted by Bhagat and colleagues (1991), Matsui and colleagues (1995) and Kohan and Mazmanian (2003) on the moderating effects of problem-focused coping on the relationship between stressors and well-being. Specifically, individuals who faced stressors but also used problem-focused coping strategy exhibited less strain than those who did not use this strategy (Bhagat, et al., 1991). In addition, Japanese women who adopted problem-focused coping strategy would experience less strain in life even in the presence of family-to-work conflict as compared to those who did not use this strategy (Matsui, et al., 1995).

The role of problem-focused coping strategy in moderating the effects of strain/time-based work-family conflict on job satisfaction indicated that respondents who utilized low levels of problem-focused coping, when facing strain/time-based work-family conflict, would be more satisfied with their jobs as compared to those who used high levels of problem-focused coping strategy. This may be due to the reason that the respondents still had to consider rules and regulations at the workplace in dealing with their work-family conflicts. Although they are more prone to use the problem-focused coping strategy, there are still conditions beyond their controls. For example, if the dependents who lived with the nurses (e.g., children and elders) were ill, those nurses still had to punch in on time
because of the nature of their jobs that is dealing with human lives. Latecomers would cause problems in the duty schedule and would endanger patients' lives because hospital nurses worked in shifts and each of them was placed for duty at different wards by their Supervisors. As for the public health-care nurses, latecomers would cause lack of staff to cater cases because there were only small numbers of nurses in those centers. Hence, using high levels of problem-focused coping strategy when dealing with strain/time-based work-family conflict would lead to frustration because certain conditions were still beyond the respondents' controls and this could further lead to low levels of job satisfaction.

In the case of distress symptoms, no such direct and moderating effects of both coping strategies were observed. This was consistent with a few studies conducted in this area which found that problem-focused and religious coping strategies did not affect the well-being (Morano, 2003; Miliades & Pruchno, 2002; Day & Livingstone, 2001; Krause, 1998) and failed to moderate the relationship between stressors and well-being (Miliades & Pruchno, 2002; Krause, 1998). A possible explanation for the finding is that the measures used to assess both conflicts were specific and the GHQ measure was general, as opposed to the job satisfaction outcome measure that was specific. Thus, in the relationship between work-family conflict (the specific work-home conflict measure) and job satisfaction (the specific work-related measure), problem-focused coping was found to be a significant moderator compared to the role of coping on the relationship between the specific work-family conflict measure and the general GHQ measure.

The insignificant effects of problem-focused coping in the relationship between behavior-based work-family conflict on job satisfaction, religious coping in the relationship between strain/time-based and behavior-based work-family conflict on job satisfaction, problem-focused coping in the relationship between strain/time-based and behavior-based work-family conflict on GHQ and religious coping in the relationship between strain/time-based and behavior-based work-family conflict on GHQ might be due to the selection of the work-
family conflict measures as stressors by neglecting other predictors of work-family conflict itself that may contribute to the stress outcome as well, such as family and job stress as possible stressors in this study.

Neither main nor moderating effects of religious coping were observed in the relationship between work-family conflict and distress symptoms. The results were consistent with the findings of some studies showing that religion did not moderate the effects of stress on well-being (Krause, 1998; Miltiades & Fruchno, 2002). A possible explanation for the present finding that failed to show the moderating effect of religious coping on the relationship between work-family conflict and psychological distress is that this type of coping is a useful resource only in times of acute stress and illness (Ai, et al., 1998; Ellison, 1991; Ross, 1990), that is when people realize that the situation faced by them is beyond any human capacity to control. They tend to accept the situation and gain strength by believing in God without focusing on the problem itself which is beyond their control (Ai, et al., 1998; Ellison, 1991; Ross, 1990).

Another reason for the lack of support for the moderating effect of religious coping on the relationship between work-family conflict and GHQ and between work-family conflict and job satisfaction may be due to the construction of the religious coping scale itself. Since religion is an abstract construct that differs from one culture to another, the items should be carefully developed by taking into consideration what religion means to the population under study, not only by gathering items from other scales and thus, constructing a new one.

Implications of the study

The traditional assumption that men are the breadwinners and women are the homemakers for the family seems to be obsolete and outdated nowadays. With more females than males in higher educational institutions (Noor, Hussin & Abdullah, 2003), this will reflect the pattern of employment once they join and take part in the working world. Women’s entry into the paid labour force had increased tremendously from 30.8% in 1957 to
44.5% in 2000 (Eighth Malaysia Plan, 2000) and it will keep on increasing. Thus, organizations should be aware of this situation and help to create a conducive working environment, so as to make it possible for female employees to pursue productive and challenging careers without neglecting their family development.

The findings of this study illustrate that problem-focused coping strategy is the moderator in the relationship between strain/time-based work-family conflict and job satisfaction. In particular, those with high levels of problem-focused coping reported high levels of job satisfaction even in the presence of strain/time-based work-family. An implication that can be derived from these results is that organizations may be able to increase employees’ job satisfaction even if they are engaged in conflicting demands both at work and at home by assisting them to increase their skills in problem-focused coping strategy. Various training programs related to this type of coping can be organized by the management in order to help the employees to be aware of the form of coping strategy utilized by them and to what extent the strategy can help them to achieve job satisfaction even in the presence of strain/time-based work-family conflict. The coping strategy skills of the employees can then be increased with several follow-up training programmes. In this case, supervisors should provide their support and cooperation by permitting their subordinates to take part in these programmes.

The results of this study show that conflicting demands from both work and family domains, either strain/time-based or behavior-based, are related to well-being. The more the nurses experienced work-family conflict, the lower their job satisfaction and the higher their distress symptoms. Hence, support, both within and outside the home, is important. At work, the supervisors and organizations may provide support for the employees through certain policies and procedures. In relation to this, it is suggested that employees should be permitted to adjust their work schedules in order to accommodate changing family or personal needs. For example, supervisors should give a few options to the employees, by either allowing them to have considerable leeway in setting arrival and departure times at
work as long as it meets the minimum requirement of working hours per day or completing eighty hours bi-weekly work requirements in less than ten workdays. As such, an employee may work for eight 10-hour days and have two days off per pay period. However, this option is best suited for employees who are not working in shifts.

Organizations should also establish support groups within their respective organization in order to provide emotional and informational support in maintaining employees' well-being. Employees may share their problems, ideas, and interests with their colleagues within the support groups. In addition, team-oriented and supportive working culture may help people deal with stressful conditions. As such, supervisors and colleagues should become more supportive in terms of giving advice, providing suggestions, and offering general assistance at work.

With more women entering the paid labour force, home responsibilities have to be shared with the husbands. Therefore, support from the spouses with the household chores will help to minimise the burden of employed women at home. In fact, this phenomenon may lead women to redefine their participation at home so that their husbands may have an equal share of the household responsibilities (e.g., child care and paying bills).

Another implication is that, women themselves have to be more proactive in addressing the issue of work-family conflict faced by them. First, they should recognize the sources of their conflicting demands. Second, they should try to cope and solve the problem (i.e., either by using immediate-action or strategic planning coping strategies), and negotiate with individuals that may have impact on their work and family lives in order to alleviate the stressful conditions.

Limitations and recommendations

There are several limitations in the current study. First, all respondents were working in government hospitals and public health care centres. Hence, the results could not be generalized to the nurses who are working in private hospitals. Therefore, future research should involve larger samples from different ethnic groups and unmarried nurses within the private sectors as well.
Second, the present study is not a longitudinal one. Responses given by the respondents were indicative of their perception only at that particular time. Thus, possible changes experienced by them following the data collection process would not be considered in the analyses. With respect to this, the relationship between work-family conflict and well-being was not ascertained, whether the observed association between conflict and well-being reflects the effects of conflict on well-being or the effects of prior well-being on conflict. In order to distinguish between these effects, a longitudinal study on this topic should be carried out so that the results may strengthen the argument that work-family conflict plays a causal role in relation to changes in well-being.

Third, all measures used in the present research were self-rated questionnaires. Due to this, there are possibilities of respondents choosing the ideal options listed in the questionnaires in order to satisfy the researcher. Therefore, a face-to-face interview technique would be helpful in future research for additional and more accurate information on the study. This way, the researcher would be able to analyse the distress symptoms not only by using respondents’ self-rated questionnaires, but also by observing their behaviours during the interview. Moreover, by conducting interviews, the researcher would also be able to explain the meaning of each statement if the respondents show problems in understanding any questions rather than having them guess the meaning by themselves.

Finally, the construction of a religious coping strategy scale should also be considered as one of the limitations in this study. The researcher did not conduct any focus interview with the population under study (i.e., Malay and married nurses) in order to find out what constituted religious coping for them. By doing so, researcher would be able to derive a more precise and concise understanding of the construct from that particular population’s perspective.
Conclusion

Despite the stated limitations, the findings of the present study contribute to the current knowledge regarding work-family conflict and coping in relation to women’s well-being in several essential ways. First, work-family conflict influenced well-being within this sample of Malaysian women. Second, certain coping strategies were found to affect their well-being. Among the coping strategies identified through factor analyses, only the problem-focused coping strategy influenced distress. However, both types of coping strategies, religious coping and problem-focused coping, impinged on job satisfaction. Third, the problem-focused coping strategy was found to moderate the relationship between strain/time-based work-family conflict and job satisfaction, implying that women using the problem-focused coping strategy exhibited higher levels of job satisfaction, although facing strain/time-based work-family conflict, as compared to those who did not use this type of coping strategy.

References


