

## Impact of Work-Family Conflict on Working Performance of Females in Health Sector of District Peshawar

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The prime objective of this study is to investigate the impact of work-family conflict on the working performance of females in health sector district Peshawar. The Pashtun culture creates many problems for working women because in Pashtun's tradition the work of women outside the home is not considered good. Therefore, working women face many hurdles at home and at the working place. Such hurdles affect their work performance both physically and mentally. The health sector is selected because it is one of the important and busiest sectors, which requires more attention and time. Women working in the health sector are not able to provide enough time for their family members. Primary data is collected through a questionnaire. All the collected information is then put into the regression framework. The results of the technique reported that work-family conflict is negatively affecting work performance in the health sector in Peshawar Khyber Pakhtunkhwa. Proper attention should be given to women who are working outside their homes in policy formulation from both public and private sectors in order to reduce pressure on women and to increase their performance at the workplace.

**Keywords:** Work-Family Conflicts, Female Performance, Health Sector, Peshawar

### INTRODUCTION

The term work-family conflict has received great attention in the research of the contemporary world. Work-family conflict is defined as, "A form of conflict in which domestic and workplace responsibilities become incompatible in some respects (Greenhaus & Beutell, 1985). These Conflicts occurs when the domestic and workplace activities disturb their roles at each place (Greenhaus et al., 2006). It is more likely an existing problem in the developing world.

Many studies showed different types of work-family conflict, which affected the performance of workers in different sectors of the economy. These conflicts are time-based, strain-based and behavior-based. Time-based conflict is generally defined as the conflict, which occurs due to time mismanagement between family and workplace. Second, the time strain in one role, which may influence the fulfillment the requirements of another role (Greenhaus & Beutell, 1985). The second type of work-family conflict is strain-based conflict, caused by tensions of a role. Many studies have pointed out that work pressures may cause symptoms of tension and stress, such as fatigue, anger, indifference, frustration, and anxiety. As a result of tension caused by strain to the roles at work and at home creates work-family conflicts (Brief et al., 1981). Behavior-based conflict means that the behavior pattern of a role may not be attuned with the behavior of another role. Family members may need emotional and warm interaction but when women are unable to do so due to the prospects of different roles, the conflict between these roles may occur (Lin et al., 2015).

According to the statistics carried out by World Bank (2016), it has been estimated that men participate in the labor market has a larger share than women. However, this gender difference has been substantially decreased in the last few decades. Nowadays, women participation in the labor market, to some extent, has improved in the poorest and richest countries in the world and is the lowest in some countries. In Pakistan, the women participation rate in labor market is about 24%, in Vietnam, this ratio is about 73%, in India it is 27%, Japan 71% and in Bangladesh, this ratio is about 43%.

The low ratio of female labor force represents a major loss in potential productivity. It also greatly contributes to women's empowerment. It is a fact that working women play a pivotal role in household decision making as compared to non-working women in the same villages and in the same families. A research concluded that a major portion of the population comprises of women in Pakistan who would like to work, but there is one hurdle due to which they are not in a position to fulfill their desire. They are facing restrictions, they are not allowed to even go outside their homes, besides this they are facing several interconnected factors like in social, cultural, and religious norms and values, the third is the issue of safety and crime, the fourth hurdle is the appropriate availability of transport facility (Asian Development Bank., 2016).

However, this increased participation of women in the labor market generates some critical challenges, which need to be clarified to overcome the complications. Managing the work and family-related responsibilities are one of the most prominent challenges faced by women (Shelton, 2006 & Noor,

2004). There are various reasons regarding women's life which still show difficulties in different societies. Sometimes, the life of the household becomes very difficult due to males' different attitudes who are the real guardians (Akhtar & Akbar, 2016). Due to some cultural and spiritual issues, women cannot participate freely in employment. Pakistan is recognized as the third most daring country in the world for women (TrustLaw, 2011). According to Ali (2013), 80 percent of Pakistani women report sexual harassment at the workplace (Ali, 2013). With the passage of time, these limitations are decreasing gradually, which is helpful in empowering women. In today's socioeconomic ups and downs, women are equally and actively supporting men in every aspect of life. However, their role has been affected due to the recent wave of terrorism and political instability. Due to these reasons, it is difficult for middle-class families to earn their bread and butter and to live a happy and prosperous life inefficient manner. Pakistani women face criticism, disadvantages, and bad experiences as compared to men of the same class on their jobs, which leads to less participation in the job market. Women of the middle-class families are trying to join the government and non-government organizations to fulfill their basic desire of life. Pakistani society's bias against women continues to form her childhood. In most families, girls are fed after male members. Women are spending most of their time outside of their home due to their job requirements. The present time is very difficult for the women to survive as they may face biases and other problems like non-recognition of their help even from the family. And as a result, this act may affect the status, career, and their skills (Avasi et al., 2014).

Therefore, this research study focuses to investigate the impact of work-family conflict on the working performance of women in the health sector in the province, which is totally ignored. Those women, who have to work at home and at hospitals as well. Peshawar city is traditionally a mixed society of different social classes, where employment for women is very limited. In this city, most of the families are living in a joint family system (Tainter & Macgregor, 2011).

#### **LITERATURE REVIEW**

Women participating in work are generally suffered from poor organizational contribution, low social background, lack of guidance, and insufficient economic compensation. Normally, women do extra work physically as well as mentally. Their duties at home are considered worthwhile as compared to work outside. They are generally represented as subordinates and caretakers. They sacrifice their own needs. Those women are preferred for marriages who are good at cooking, cleanings and performing other home activities. A common issue is that when men get jobs their problems are solved but when women get jobs than their problems exaggerate (Fiaz, 2015).

It has also been observed that educated families having liberal minds sometimes do not protect the females from the negative attitude of society (Akhtar & Akbar, 2016). To make life easier and reliable, women have entered themselves into self-employment to make their live flexible and control over their personal life and work (Ward, 2007).

If we compare the problems faced by Pakistani working women with developed countries, they face more problems. In this country, mostly women are doing their primary duty such as making food, the upbringing of children, cleaning their houses, and other related activities. Besides these, to fulfill the other requirements women need to go out for a job. During their duty, they face many other issues as women. They are not supported by male colleagues during the work as they feel that they have not enough skills to do the job. Everyone in their colleagues thinks that women have neither decision making power nor able to formulate policies. They are considered unfit as they cannot perform their duties in off days or in the late hour. Besides these problems, a woman faces some other restrictions about separate washrooms, separate place for prayer, separate transportation facility, and others, which makes their job even harder. Due to the socio-culture dynamics of families, women cannot work in offices. As a result, these women face many physiological and health problems (Narejo, et al., 2011). Sometime when women travel to work in urban areas, they experience immoral, harsh, and negative behaviors. With the increase in the ratio of poverty, it is necessary for middle-class women to work and contribute to the well-being of their families. They are fighting the battle to provide a relaxed and comfortable life for their families. They are bound to maintain stability and balance between their career and home. In most developing countries, especially in Pakistan, women are treated as housewives who must take care of their children and families. Women are not considered as an equal part of the society around the globe, whereas women have the same right as the men and had the same emotions, abilities and moral values (Nawaz et al., 2013).

If we compare balancing the work and supporting the family between women and men, it is difficult for women to bear the extra burden of family responsibilities. Besides these issues, a woman also faces some other issues like childcare and other domestic responsibilities, which create a big hurdle in developing their carriers (Cross & Linehan, 2006; Rehman & Roomi, 2012; Pakistan Ministry of Labor and Manpower, 2009; ILO, 2013).

If the participation of women increases then again it would increase their challenges and suffering and the social situation would be more complex and complicated like the challenges for women related to the balance of work and family obligations as well as they are following cultural norms and values (Rehman & Roomi, 2012). If we look at the work life of medical professionals, it is also obvious that the duty performance of such a person will greatly affect her personal life. The doctors have no emotions and are fully committed to the work. Her work and non-work activities cannot be separated from one another, they are inter-related high stress is not good for doctors as these conditions may lead to multiple effects and would reduce quality as well as quantity of performance. In such a way, this negative attitude toward work and emotional state would badly affect the organization where they work (Grant-Vallone & Donaldson, 2001; Qamar & Baloch, 2011; Khan, 2015).

Various studies have been investigated in literature for different aspects in different regions regarding the work-family interface. In this study, we investigated work-family conflict along with other factors affecting women’s work performance in the health sector of district Peshawar. This sector is totally ignored in the literature, which is the contribution of the present study to literature.

**RESEARCH METHODS**

**Population and Selection of Sample**

Target population refers to the total number of the subjects associated with the attention of the investigator. The target population is the total number of female doctors and nurses engaged in both public and private hospitals of district Peshawar. Three public and private sector hospitals are selected for sample and data collection. These hospitals are Lady Reading Hospital, Khyber Teaching Hospital, and Hayatabad Medical Complex from the public sector; and Rehman Medical Institute, North West Hospital, and Pak International Medical Hospital from the private sector. Doctors and nurses through their responses elaborated different variables, that is workload, job stress, work-family conflict, and performance.

A structured questionnaire is designed for the collection of the data. It contains general information section and an additional four sections on the premise of variables. Female doctors and nurses were central within the study as a result of their views on work-family conflict have to impact their performance. In terms of work-family conflict, the questionnaire is divided into different sections. This issue is more sensitive in terms of the queries associated with the strain-based conflict, time-based conflict, and behavior-based conflict. They are asked about different aspects of their job and home in various categories like strongly disagree=1, disagreed=2, neutral=3, agreed=4 and strongly agreed=5.

**Sample and Sample Size**

Sample size selected on the basis of the following formula:

$$n = \frac{N}{1+(e)^2}$$

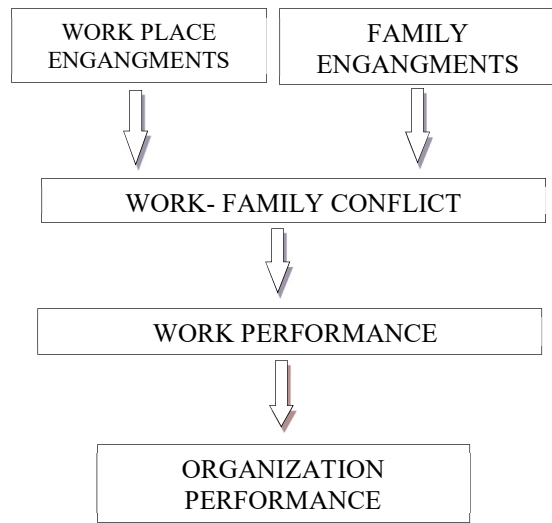
Where ‘n’ is the sample size, ‘N’ is the population size, and ‘e’ is the level of precision (Yamane, 1967). The sample size selection also fulfills the table designed by the Research Advisory Board (2006). The population size is about two thousand and three hundred in district Peshawar (Health Department, District Health Officer Peshawar). By using the above formula our sample size is 290.

Simple random Sampling technique is used by the researcher for the selection of respondents. Each respondent stands an equal chance in the simple random sampling technique used for each of the sections of the population, that is female doctors and nurses.

To estimate the required impact of work-family on working performance of females in the health sector regression technique is used. Ordinary Least Square (OLS) provided efficient estimates in the absence of econometric problems, that is autocorrelation, multicollinearity, and heteroscedasticity. It

is linear, unbiased and efficient in the presence of Gauss Markov assumption.

**CONCEPTUAL FRAMEWORK**



**Figure 1:** Conceptual Framework

**The Model**

To check the impact of work-family conflicts on the working performance of women in the health sector of district Peshawar. The model of the study is based on the past studies conducted by Greenhaus & Beutell, (1985); Grant-Vallone & Donaldson, (2001); Qamar & Baloch, (2011); Khan, (2015). The model of the study is as:

$$WP = \int (WL_i + JS_i + WFC_i)$$

$$WP = \alpha + \beta1.WL + \beta2.JS + \beta3.WFC + \mu$$

Where

WP= Work Performance, WL= Work-Load, JS= Job Stress  
WFC= Work-Family conflicts, U= white noise error term

Work-family conflict is outlined as a kind of put down role conflict during, which the role pressures from the work and family domains are reciprocally incompatible in some respect. That is, participation within the work (family) role is created tougher by virtue of participation in the family work (Greenhaus & Beutell 1985).

**RESULTS AND DISCUSSIONS**

Job status of the Respondents is given in the following table.

**Table 1: Representing Job status**

Nature	Frequency	Percent
Doctors	148	50.9
Nurses	143	49.1
Total	290	100.0

Table 1 shows the number of doctors and nurses from which data is collected. There are 148 female doctors and 143 are nurses. Marital Status of the respondent is given below table.

**Table 2: Marital Status**

Nature	Frequency	Percent
Married	139	47.8
Single	152	52.2
Total	290	100

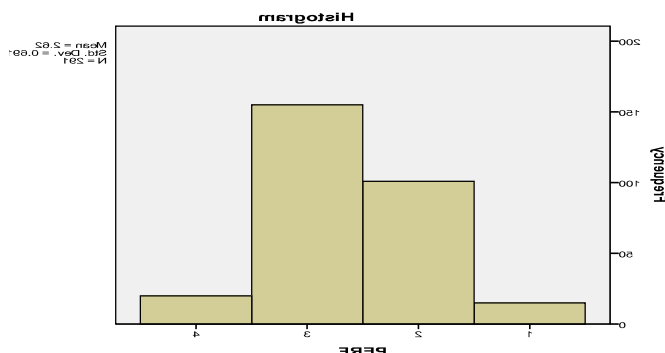
Table 2 shows that 139 respondents are married which are 47.8% and 152 are unmarried 52.2% of the total sample size.

**Table 3: Regression's Results**

Variable	Coefficient	Std Error	T-Value	P-value
Constant	3.535	0.299	11.80	0.000
Work load	-0.047	0.064	-0.723	0.471
Work-Family conflict	-0.136	0.061	-2.22	0.027
Job Stress	-0.093	0.058	-1.986	0.048
R <sup>2</sup> = 0.47		Adj R <sup>2</sup> =0.43	D.W=2.091	F= 9.668
				Prob = 0.003

Dependent variable: Work Performance.

Table 3 indicates the results of the regression. it is clear from that the coefficient value of work-family conflict which is negative and statistically significant. The coefficient value of it is 0.14 and corresponding probability value is 0.027. The negative sign of the coefficient estimate confirms the indirect (negative) relationship between work-family-conflict and work performance of the female employees in the health sector of district Peshawar. An increase in work-family conflict will lead to a decrease in work performance of the respondents. The result of the present study is in line with the studies conducted by Grant-Vallone & Donaldson, (2001); Qamar & Baloch, (2011); Khan, (2015). They reported that negative attitude about work and emotional state would badly affect the organization where they work (Qamar & Baloch, 2011). The coefficient value of workload is negative and statistically insignificant with a coefficient value of 0.43 and a corresponding probability value of 0.471. Job stress is statically significant and having a negative impact on work performance. The coefficient value of job stress is 0.01 and the corresponding probability value of 0.048. The result of the present study regarding job stress is parallel with the findings of the study by Grant-Vallone & Donaldson, (2001). They stated that depression, higher stress, lower life satisfaction, increased stomach complaints, lower quality of family life and lower energy level. The value of R-square is 0.47 shows that 47% variability independent variable (Work Performance) is explained by the independent variables included in the model i.e. job stress, work-family conflict, and workload. It is clear from the results that about 53 percent variation independent variable is explained by other forces which ignored in the model under consideration. The results are given in the above table. The estimated value of VIF- variance inflating factor is mostly about 1 which shows the absence of severe multicollinearity.



The histogram-normality figure is used to diagnose the existence of non-normality of the data. We check the value of

the standard deviation. As the value of S.D is 0.691 which is greater than 5% so can't reject our null hypothesis that the residuals are normally distributed.

In which title showed respondent job for female doctors and nurses. A total number of the respondent is 290 in which doctors are 148 and nurses are 143. In this study investigate the respondent's employment status is permanent or on contract base. A number of them who are working on contract based. In the total number of them in 184 and a permanent jobber number is 107. In this study, the gender-targeted from the population is female so married female are a victim of work-family conflict, or unmarried. For that, the number of married is 139 and the unmarried respondent is 152. From the respondent asked about the age matter or information. The respondent professional age is divided into five limits. Doctors are started their professional life minimum age in 23 years and the nurses are starting their professional life at the age of 17. They can work at any governmental department for sixty years. In this study number of respondent doctors is 123 which in age 23- 30. In the age of 30-37 respondents are 17; in the age of 37-44 are 03. In age limit, 44-51 respondents are 02 and in 52-60 are 03 doctors' respondent is involved. Also, the total of nurse professional age is divided into five limits. The results regression estimates it is clear from that the coefficient value of work-family conflict is negative and statistically significant value 0.027. Inversely associated work-family conflict and work performance of the female employees in the health sector in district Peshawar. Any increase in work-family conflict will lead to a decrease in work performance. The coefficient value of work-family conflict time based is the negative and statistically significant value of 0.429. The coefficient value of work-family conflict strain based is the negative and statistically significant value of 0.045. The p-value of work-family conflict behavior based is also negatively and statistically significantly related to the dependent variable. The results show that any type of work-family conflict can reduce work performance. In this study, the researcher takes the additional variables the workload and job stress. The estimated results of workload negative and statistically significant. Any increase in workload can decrease work performance. The coefficient value of job stress is negative and statistically significant. The estimated value of VIF- variance inflation factor is mostly about '1' which shows there is no multicollinearity. Durbin Watson test applied for autocorrelation in the residuals from the regression analysis. The value of D.W is almost 2 in all the results of models. It means there is no autocorrelation detected in the sample. The histogram shows the residuals are normally distributed. This is acceptable and desirable.

### CONCLUSION AND POLICY SUGGESTIONS

The primary concern of the study is to investigate the impact of work-family-conflict on the working performance of the women employees in the health sector of district Peshawar. The findings of the study areas:

- Work-family-conflict is found to be negative and significant to work performance of the female employees in the health

sector of the targeted area. The researcher found out that work-family conflict is negatively related to work performance. An increase in work-family conflict will lead to a decrease in the work performance of women.

- Job stress is also found as statistically significant and negative. Job stress also affects the negatively work performance of the women in the health sector of district Peshawar.
- The workload is found insignificant which means that it has no contribution to the determination of women work performance.

### Conclusions

Work performance is investigated on the bases of work-family conflict in the health sector of the district Peshawar. Data is collected through structured questioner from 290 respondents. The numbers of doctor are 143 and the numbers of nurses are 148 from which data are collected. Out of the total respondents, 184 were permanent employees, while 106 are on contract bases. Our target is female employees only and work-family victimize more generally female. The number of married women is 139 and unmarried respondent are 152. From the respondent asked regarding the age matter or information. The respondent's age is divided into five different categories representing different age limits. Mostly the respondents are from joint family. Most of the doctor's respondents are from a range of age 23-30, means they are at the start of their carrier, and nurses are from the age of 30-37.

The results of the regression show that the coefficient value of work-family conflict is negative and statistically significant. Reported inverse associated between work-family conflict and work performance of the female employees in the health sector in district Peshawar. Any increase in work-family conflict will lead to a decrease in work performance. Controlled variables are workload and job stress are taken into account. The estimated results of workload negative and statistically significant. Any increase in workload can decrease work performance. The coefficient value of job stress is negative and statistically significant. The estimated value of VIF- variance inflation factor is mostly about 1 in all models which show there is no multicollinearity. Durbin Watson test applied for autocorrelation in the residuals from the regression analysis. The value of D.W is almost 2 in all the results of models. It means there is no autocorrelation detected in the sample. The histogram shows the residuals are normally distributed. This is acceptable and desirable.

Some suggestions are advised on the basis of the results of the present study. These suggestions are:

- The government should intervene to reduce the intensity of the work-family conflict. Female employees should be accommodated to their nearby hospitals.
- They may be discounted with their home activities by providing nursery access to their children's. Through which they can reduce work-family conflict.
- The doctor-patient ration should be increased with new hiring or it may be redefined.

- It is further suggested that the Human Resource department should organized orientation and socialization programs to open discussion and communication between administration, employees, and health sector employees' home members to provide a solid solution for work-family conflict.

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