

## **Family Issues and Work-Family Conflict among Medical Officers in Malaysian Public Hospitals**

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### **Abstract**

*This study examined the relationship between spouse support, parental demand and family involvement (family issues) with the two dimensions of work-family conflict [work interference with family (WIF) and family interference with work (FIW)]. The sample comprised of 391 local medical officers working full-time in nineteen public hospitals in Peninsular Malaysia. Statistical results using multiple regression analysis indicated that parental demand and family involvement were positively related to work interference with family (WIF). On the other hand, it was found that spouse support and parental demand have significant impact on family interference with work (FIW). Implications of the results, limitations, and future research directions are also presented.*

**Keywords:** Work-to-family interference, family-to-work interference, spouse support, parental demand and family involvement, medical officers, Peninsular Malaysia

### **1. Introduction**

Balancing work, housework, and child-care responsibilities can become strenuous which can result in work-family conflict. This can be very costly to both organizations and employees within them (Posig and Kickul, 2004). As highlighted by Allen, Herst, Bruck, and Sutton (2000), the increase of dual-career couples with young children and changes in the traditional family structural configurations have resulted in changes in home and family responsibilities for both men and women. Many research in the area of work family conflict indicates that the majority of studies are conducted among Western societies (e.g. Carnicer, Sanchez, Perez, and Jimenez, 2004; Karatepe and Baddar, 2006) involving in diverse groups of occupations, for instance, engineers, nurses, entrepreneurs, teachers, police personnel, accountants, and students.

While it is obvious that work-family conflict is bound to be a common phenomenon among medical officers, unfortunately few studies have been carried out among individuals in this particular profession (e.g. Aziz, 2004; Cooper, Rout, and Faragher, 1989; Fletcher and Fletcher, 1993). In delivering high quality service at a reasonable cost particularly by the public hospitals has been one of the major goals in patient treatment (Haynes and Fryer, 2000). That is why, healthcare has been identified as a very expensive service in most countries (Lanseng and Andreassen, 2007). This is evident from the study conducted by Colletti (1994) who found that the cost of medical care in the US has risen faster than the consumer price at 35% in the past 40 years. It is also being reflected in Malaysia, where evident shows there are increases in annual budget allocation for the Ministry of Health. It was reported that the total budget allocation for the ministry has increased dramatically from RM10.0 billion in 2008 to RM13.70 billion in 2009, compared with the RM8.99 billion and RM7.86 billion allocated in 2004 and 2005 respectively.

In terms of Gross Domestic Product (GDP), the expenditure on healthcare accounted for 3.6%, in which 2.1% were spent on public healthcare sector (Budget Report, 2009). The increasing allocation correlates with the rising operational and medical costs in addition to the increasing focus on emerging communicable and/or lifestyle diseases such as heart diseases, stroke, cancers, diabetes, HIV/AIDS, and other infectious diseases. As healthcare services provided by government hospitals across the country are highly subsidized by the government, this triggers an alarm for the hospital administrators to maintain their service delivery standards amidst the increasing costs (Abu Bakar, Lukman Hakim, Chong, and Lin, 2010). The burden to maintain such standards are often vested in the hands of medical officers in order to meet the needs and satisfaction of patients who are regarded as the recipients of such services offered by public hospitals which largely act as the custodian of public health.

Notwithstanding, a major issue hindering the delivery of high quality healthcare services is the shortage of medical officers which has reached the chronic stage. It has been reported that Malaysia is currently short of 9,000 medical officers and specialists and the number makes up 40% of the vacancies in the government hospitals, clinics, and private healthcare providers. While numerous efforts have been taken to attract Malaysian medical officers working abroad to come back to serve the country, the outcomes have so far been very discouraging, with only some 100 Malaysian medical officers returned under the various brain-gain program. The incentives announced by the government which included, among others, pay hike, faster promotion, and exemption from three-year compulsory government service for those who have served more than 10 years abroad appeared to be defeated by attractive salary packages offered by other countries and/or local private hospitals which promise better career opportunity and standards of living for the medical officers.

As a consequence, the currently available medical officers at the public hospitals have to resort into filling the vacuum with long hours of work and little break in between. In addition to the long working hours, the daily jobs of medical officers have been characterized by working under pressure, large amounts of administration and paperwork, and taking their unfinished assignments home (Cooper et al., 1989). For married medical officers, the additional work burden may create stress due to the conflicts experienced with their spouse, and other family members which may be extended to their patients, peers, and even supervisors at worst.

Keeping in view of the above, the need to conduct such a study especially in a developing country in Asia is therefore evident. While there are attempts to explore the work-family construct in eastern settings especially in Asian countries, published studies have been limited (Kim and Ling, 2001; Lo, Stone and Ng, 2003; Nasurdin and Hsia, 2008). As opined by Aryee, Fields, and Luk (1999), more empirical research on the issues of work family conflict is needed in non-Western settings since cultural norms which underpin the operation of the work-family interface may affect the findings. It is probably for this reason that Frone, Russell and Cooper (1992) suggested replication of studies since many of the relationships between the variables of interest have not been examined in prior research. Within the Malaysian environment, studies relating to work-family conflict have been relatively scanty (Noor, 2002 & 2006; Nasurdin and Hsia, 2008) and that there is no study focusing on medical officers to date.

The contributions of this study is obvious as the resulting outcomes can be capitalized as guidelines to improve the current well-being of the medical officers in terms of extending professional and personal support to them should the research discovers that work-family conflict and/or family-work conflict occur among them. This is not to be taken lightly because if problems exist but are left without proper remedies, this will lead to inefficiency in patient treatment, which defeats the ultimate purpose of providing quality healthcare services to the public.

It is against this backdrop that this study is conducted to examine the effects of spouse support, parental demand and family involvement on work interference with family and family interference with work among Malaysian medical officers currently serving the public hospitals. The next section provides a review of literature pertinent to the area of research. Three hypotheses were developed to be tested in this study and followed by a description of the methodology utilized and a presentation of the results. Finally, this paper provides implications, limitations, and concluding comments.

## **2. Literature Review**

### **2.1 Work-Family Conflict**

Howard (2008) in summarizing the definitions put forth by prior scholars (Greenhaus & Beutell, 1985; Boyar, Maertz, Pearson, & Keough, 2003) conceptualized work-family conflict as a type of inter-role conflict where both work and family issues exert pressures on an individual, creating a conflict where compliance with some set of pressures (family matters) increases the difficulty of complying with the other set of pressures (work matters). Work-family conflict has been shown to be related to negative work outcomes such as job dissatisfaction, job burnout, and turnover (Greenhaus, Parasuraman & Collins 2001, Howard, Donofrio & Boles 2004), as well as to outcomes related to psychological distress, and life and marital dissatisfaction (Kinnunen & Mauno 1998, Aryee et al., 1999).

Recent definitions of work-family conflict have portrayed this construct a bi-directional: work interference with family (WIF) and family interference with work (FIW). Each type of work-family conflict has its own unique domain-specific antecedents. The specific antecedents of the work interference with family conflict (WIF) lie in the work domain whereas the domain specific antecedents of the family interference with work conflict (FIW) lie within the family domain (Fu & Shaffer, 2001). However, based on Cinnamon's (2006) argument that work usually has a more deleterious impact on family life than vice-versa, the present research will focus on the effects of family demands rather work demands than on work-family conflict.

### **2.2 Spouse Support**

Spousal support is the help, advice, understanding, and the like that spouses provide for one another (Aycan & Eskin, 2005). There are two forms of spousal support: emotional and instrumental support (Adams, King, & King, 1996). Emotional support includes emphatic understanding and listening, affirmation of affection, advice, and genuine concern for the welfare of the partner. Instrumental support is tangible help from the partner in household chores and childcare (Aycan & Eskin, 2005). Findings have indicated that support from family members which includes spouses is an important variables affecting work-family conflict (Stoner et al., 1990). Support from family members can help reduce work-family conflict (Hollahan & Gilbert, 1979). Gordon and Whelan (2004) added that the support provided by husbands and partners provides a critical complement to family-friendly programs offered by many organizations to facilitate the balancing of work and family demands and results in greater well-being of women. In today's society, a spouse or a partner can provide key support required by working women, who are also juggling home, family, and community responsibilities.

This is supported by Aryee et al., (1999) study which revealed that spousal support was negatively related to work family conflict Researchers have found that spouse support is important in reducing work-family conflict due to work stress and involvement (Aryee et al., 1999; Bedeian et al., 1986; Carlson & Perrewe, 1999; Thomas & Ganster, 1995). In health care profession, study by Peltzer et al., (2003) found that lack of support contributed to stress for medical officers. There is empirical evidence that work and family support alleviates employees' work interference with family and family interference with work. Brough and Kelling (2002) reported that family support was significantly and negatively associated with conflicts in the work-family interface.

Ford et al. (2007) found that family support alleviated family-work conflict. Social support outside of work, such as that provided by spouses and friends, may have a positive impact on work-family balance by reducing work-family conflict (Carlson & Perrewe, 1999; Greenhaus & Parasuraman, 1994). Adams, King and King (1999) found that spouse support have a negative association with Work interfering with family. This finding is consistent with the suggestion that families may find it difficult to provide social support to workers when the demands of the worker's job interfere with the demands of the worker's family (Beehr, 1995). Ford et al. (2007) found that family interference with work and family support have a negative relationship From the above literature, it is predicted that spouse support is a crucial element in minimizing work-family conflict.

*Hypothesis 1: Spouse support will be negatively related to Work-Family Conflict (Work Interference with Family and Family Interference with Work).*

### **2.3 Parental Demand**

Greenhaus and Parasuraman (1999) indicated that family pressures and demands are generally the strongest and direct predictors of family-to-work conflict. The various role demands imposed by the family domain has put pressure on an individual thus affect one's work. These demands arise may come from family responsibilities, requirements, expectations and commitments associated with family/home roles. Moreover, conflicts may arise when family roles. These pressures may come from many aspect of family life which include caring for children marriage relationship (Frone et al., 1992; Greenhaus & Parasuraman, 1999). This can be in terms of the amount of one's available time devoted to work- or family-related activities (Greenhaus and Beutell, 1985). Parental demand can cause irritation and inhibit parents from functioning in their jobs effectively (Anderson et al., 2002). Child rearing responsibilities will intrude into parents' working life, thereby, resulting in work-family conflict (Pleck et al., 1980). Aryee (1992) showed that job-parent conflict reduced the quality of work. Parental demand was found to be related to work interference with family and family interference with work (Frone et al., 1997). Anderson et al. (2002) added that family demands the higher the level of interference of family with work and vice versa. From the above literature, it is predicted that parental demand is positively related with work-family conflict.

*Hypothesis 2: Parental Demand will be positively related to Work-Family Conflict (Work Interference with Family and Family Interference with Work).*

### **2.4 Family Involvement**

Family involvement as defined by Yogeve and Brett (1985) as the degree to which individuals are identified psychologically with their family roles, the relative importance of the family to individuals' self-image and self concept, and the individuals' commitment to their family. Higgins et al., (1992) found that family involvement was not positively related to work-family conflict.

Family involvement can lead to greater levels of social support from family because workers who enjoy high levels of family involvement were likely to devote more time and energy to family and thereby increase the family's opportunity and motivation to provide support (Greenhaus & Beutell, 1985). Frone et al. (1992) noted job involvement was significantly related to work interfering with family among white-collar workers but not among blue-collar workers. Frone et al. (1992) found family involvement was significantly related to family interfering with work. It is reasonable to suspect family involvement is also related to social support from family.

Previous research has demonstrated that family involvement is positively and directly related to family-to-work conflict (Adams et al., 1996; Frone et al., 1992; Greenhaus & Kopelman, 1981). Yet, according to Adams, King and King (1996), research findings examining effect of family involvement on work-family conflict is somewhat mixed. Studies have found that family involvement was related to family interfering with work (Adams, King & King, 1999; Frone, Russell, & Cooper, 1992). Yet, Carlson & Perrewe (1999) family involvement does not relate with work-family conflict. From the above literature, it is predicted that family involvement is a crucial element in negatively related to work-family conflict.

Therefore, our second hypothesis is:

*Hypothesis 3: Family involvement will be positively related to Work-Family Conflict (Work Interference with Family and Family Interference with Work).*

### **3. Methodology**

#### **3.1 Sample and Procedure**

The population for this study consisted of medical officers working full time in public hospitals under the Ministry of Health in Peninsular Malaysia. The medical officers in this study comprised of medical officers serving in 24 selected public hospitals. Only these 24 hospitals under the Ministry of Health in Peninsular Malaysia were identified as suitable since these hospitals provide all types of healthcare services. The medical officers selected were married, have at least one child, their spouse is working and work under the supervision of a head of department. This research replicates the procedure done by previous studies (Bedeian et al., 1988; Frone et al., 1992). The unit of analysis for this study is the individual (Sekaran, 2006). The number of medical officers' population working in government hospitals for 2006 were 13,335 individuals (www.moh.gov.my as of July, 10, 2008).

For this study, the definition for medical officers in this study is adapted from the Malaysian Medical Association (MMA) whereby a doctor is a medically qualified person whose work is to prevent diseases, to relieve suffering and to treat the sick, while providing care and support for their families. The medical officers in this study comprised of Housemen, Clinicians, Specialists and Administrators serving in the selected public hospitals. The list of hospitals and its breakdown and total numbers of medical officers was obtained from the Ministry of Health's website.

Respondents for this study were medical officers working full time in 19 public hospitals in Peninsular Malaysia. The medical officers selected were married, have at least one child, having a working spouse, and work under the supervision of a head of department. This research replicates the procedure done by previous studies (Bedeian, Burke, & Moffett, 1988; Frone et al., 1992). A total of 2200 questionnaires were distributed with the assistance of the officers in the administration department of the respective hospitals. The distribution and collection of the survey instruments took about three months. Finally, only 391 questionnaires were found acceptable and analyzed, yielding a response rate of 17.77 %.

#### **3.2 Measurements**

The research instrument measuring work interference with family and family interference with work comprised of five items each adapted from the work of Netemeyer, Boles, and McMurrian (1996). All items were measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Spouse Support was assessed using five items using the instruments developed by Aryee et. al (1999) measuring spousal support. For this study, all items were measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Family Involvement was assessed by modifying Frone and Rice's (1987) job involvement scale. The word "job", was changed to "family", referring to the respondent's family, including his/her spouse, children and parent(s).

The original items were measured on a 4-point Likert scales ranging from (1) strongly disagree to (4) strongly agree. One item which was negatively worded was reversed scored. For this study, all items were measured on a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Parental demand was measured with a five-item scale, one of which was developed by Frone et al. (1997), and the remaining four were taken from Aryee et. al (1999), measuring parental overload. Response options ranged from (1) "never" to (5) "always. For this study, the word "parental overload" was replaced to parental demand. Demographic information such as age, gender, education, number of children, ethnicity, educational level, job position, job tenure, and organizational tenure were also requested.

#### **3.3 Method of Analysis**

A principal component factor analysis with varimax rotation was conducted to validate the dimensionality of the study constructs. Following Snell and Dean (1992), a loading of 0.30 or greater on one factor is considered. Likewise, items will be deleted when the difference between the loadings is less than 0.10 across factors. Results of the factor analysis on work-family conflict revealed a two-factor solution.

Similarly, a single factor solution was discovered for work overload and job involvement respectively. Hierarchical regression analysis was undertaken to test the two hypotheses of this study.

## 4. Results

### 4.1 Profile of Respondents

Of the 391 respondents, 163 (41.7%) were men and 228 (58.3%) were women. Majority of the respondents were in their early to mid thirties. Ethnic representation of the sample is as follows: Malays (72.1%), Chinese (14.1%), Indians (11.8%), and other races (1.0%). Four respondents (1.0%) did not indicate their ethnicity. Education-wise, 224 respondents (57.3%) had degree in MBBS / MD / MBBCHB / Others, 161 respondents (41.2%) had masters degree, with the remaining 6 respondents (1.5%) having PhD or equivalent qualification. In terms of position, 22 respondents (5.6%) were in the Houseman category, 201 respondents (51.4%) were Specialists, 147 respondents (37.6%) were Clinicians and the rest, and 21 respondents (5.4%) were Administrators. As for job tenure, the mean value for the sample was 9.87 years (SD= 6.58). Meanwhile, the mean value for organizational tenure for the sample was 4.58 years (SD= 3.91). As for the number of children, the sample reported having children ranging from 1 to a maximum of eight. A majority (63.1%), however, have between 1 to 2 children.

### 4.2 Means, Standard Deviations, Reliabilities and Correlations of the Study Variables

Descriptive statistics such as mean scores, standard deviations, reliabilities, and intercorrelations of the study variables are provided in Table 1.

Insert table (1) about here

As shown in Table I, on the average, the level of work interference with family ( $M = 3.53$ ,  $SD = 0.84$ ), spouse support ( $M = 4.03$ ,  $SD = 0.75$ ) and parental demand ( $M = 3.51$ ,  $SD = 0.86$ ) was judged to be relatively high by the respondents. On the other hand, the mean value for family interference with work ( $M = 2.49$ ,  $SD = 0.80$ ) and Family Involvement ( $M = 3.27$ ,  $SD = 0.70$ ), were found to be moderate. The reliability coefficients for the study variables were in the range of 0.82 to 0.91, which meets the minimum acceptable standard of 0.6 for exploratory research as suggested by Hair et al. (2006). Similarly, three out of ten correlations between the study variables were found to be significant ( $p < 0.01$ ) and four out of ten correlations between the study variables were found to be significant ( $p < 0.05$ ). Only family involvement had no significant correlations with the family inference with work dimensions.

### 4.3 Regression Results

Results of the regression between the two dependent variables (the two dimensions of work-family conflict) against the two independent variables (comprising of work overload and parental demand) are shown in Table 2.

Insert table (2) about here

In Table 2, the three variables accounted for 38% of the variance in work interference with family ( $r^2 = 0.38$ ,  $f\text{-change} = 21.92$ ,  $p < 0.01$ ). The result indicates that the two variables, parental demand ( $\beta = 0.36$ ,  $p < 0.01$ ) and family involvement ( $\beta = 0.11$ ,  $p < 0.05$ ) were found to have a positive and significant relationship with work interference with family but the results indicated that spouse support was found not to be significantly related to WIF. As for the family interference with work ( $r^2 = 0.35$ ,  $f\text{-change} = 18.50$ ,  $p < 0.01$ ) indicates that only two variables, spouse support ( $\beta = -0.18$ ,  $p < 0.01$ ) and parental demand ( $\beta = 0.26$ ,  $p < 0.01$ ) were found to have a positive and significant relationship with family interference with work. As for family involvement was found not to be significantly related to FIW. Therefore, we concluded that only hypothesis 2 was supported.

### **5. Discussion, Implications and Limitations**

The main goal of this investigation was to examine the effects of spouse support, family demand and job involvement on the two dimensions of work-family conflict (work interference with family and family interference with work). Our findings revealed that only parental demand and not spouse support and family involvement was a significant predictor of the two dimensions of work-family conflict.

Hypothesis 1 was partially supported. Spouse support was found to have a significant and negative relationship with family interference with work which was consistent with the findings of Adams, King and King (1996). Yet, spouse support was not significantly and negatively related to work interference with family. Since spouse support was found to have a significant and negative relationship with family interference with work, the hypothesis was only partially supported. Among the plausible explanations for these findings is that, the spouse of a doctor has already accepted the way their spouse (medical officers) work. Their spouses have accepted their spouse (the medical officers) work expectations which require them to be very involved in their work and be committed to their work. The spouses of the medical officers are expected to play a bigger role in the family relations. This is reflected in their responses pertaining to spouse supportiveness, understanding, undertaking extra role when the medical officers get demanding, additional household responsibilities and dependence on spouse support. The medical officers indicated that their spouse support is crucial for them to minimize family interference with work (FIW).

Hypothesis 2 was fully supported where parental demand was found to have a significant and positive relationship with both work interference with family and family interference with work. Similar findings concerning parental demand and work interference with family was reported by other researchers (Aryee et al., 1999; Bedeian et al., 1988; Pleck et al., 1980). The relationship between parental demand and family interference with work is also consistent with previous studies (Aryee, 1992; Bedeian et al., 1988; Frone, Yardley and Markel, 1997). This is reflected in their responses where they indicated that about half the time they spent on children. One plausible explanation is that, the medical officers do not have time and leisure to actively accommodating to the needs of their children due to their heavy workload and job involvement to their job. They might not be able to fulfill their job as parents effectively or be with their children. Even though in Malaysia, the Government recognizes the need to strengthen the family relationship and has made Saturday a public holiday so that the family relationship and family bond is further nurtured. Yet, the medical officers' may not be able to enjoy this because they need to be either on duty or "on-call" even on holidays. In addition, they may feel that their spouses are taking more share of the pie, in bringing up the children as compared to them. Thus, this leads to work-family conflict. The responsibility of taking care of the children is something that has been an important part of married life.

Hypothesis 3 was partially supported. Family involvement was found to have a significant and positive relationship with work interference with family but family involvement was not significantly and positively related to family interference with work. This study revealed that the medical officers may feel that due to their commitment towards their work, work overload, and profession as a doctor it self, they are unable to be with the family when needed and cannot be with them as often as they want. One plausible explanation is that, the medical officers may want to be with their family on certain occasion but due to their workload, number of patients or "on-call" does not permit the medical officers to do so. The doctor may to feel that their work is hindering them to be with their family.

As for the limitations, only three predictor variables (spouse support, parental demand and job involvement) derived from the work domain alone were examined. Other variables emanating from both work domains and demographic domain may play a role in influencing work-family conflict. Future researchers may want to include these variables and the samples should not be limited to medical officers working in public hospitals in Peninsular Malaysia only as well as among medical officers from private hospitals.

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Table 1: Descriptive Statistics, Correlations, and Reliabilities of the Study Variables

Variables	Mean	Standard Deviation	WIF	FIW	SpouSup	FamiInv	PareDem
WIF	3.53	0.84	(0.91)				
FIW	2.49	0.80	0.31**	(0.87)			
SpouSup	4.03	0.75	-0.11*	-.026*	(0.91)		
PareDem	3.51	0.86	0.37**	0.31**	-0.30	(0.82)	
FamiInv	3.27	0.70	0.11*	-0.05	0.11*	0.01	(0.87)

Note: \*\*  $p < 0.01$ , \*  $p < 0.05$ ; WIF denotes Work Interference with Family, FIW denotes Family interference with Work, SpouSup denotes Spouse Support, PareDem denotes Parental Demand, FamiInv denotes Family Involvement. Figures in parentheses denote the reliability coefficients for the study variables.

Table 2: Regression Results Involving Family Involvement, Parental Demand and Work-Family Conflict Dimensions (Work Interference with Family and Family Interference With Work)

Dependent Variables	Work Interference With Family (WIF)	Family Interference With Work (FIW)
Independent Variables	Std. $\beta$	Std. $\beta$
Spouse Support	-.02	-0.18**
Parental Demand	0.36**	0.25**
Family Involvement	0.11*	-0.03
F- value	21.92	18.50
$R^2$	0.15	0.13
Adjusted $R^2$	0.14	0.12
$R^2$ Change	0.15	0.13
F-Change	21.92**	18.50**

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