

**WORK-FAMILY AND FAMILY-WORK CONFLICTS AMONGST NURSES WORKING
WITH HIV/AIDS PATIENTS WITHIN THE LIMPOPO PROVINCE (CAPRICORN AND
MOPANI DISTRICTS)**

by

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DECLARATION

I declare that the dissertation hereby submitted to the University of Limpopo, for the degree of M.A Psychology has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.

Surname, Initial

Date

Dedication

I dedicate this study to all the nurses who sacrificed their precious time to contribute towards its completion.

Abstract

South African nursing environments are defined by extensive workloads, heightened stress levels, long working hours, reduced productivity and lack of support from supervisors. Nurses working with HIV/AIDS patients are further challenged with being exposed to death and dying patients, the stigma attached to the disease and fear of infection. These workplace characteristics lead to experiences of imbalanced work and family responsibilities which lead to W-F and F-W conflicts. The aim of this study was to explore W-F and F-W conflicts and their psychological impact on nurses working with HIV/AIDS patients at government hospitals within Capricorn and Mopani districts, Limpopo province. A convenience sample of nurses (N = 91) working with HIV/AIDS patients was used, within a cross-sectional design, to investigate the hypotheses of the study. Findings of the study did not generally support the hypotheses. However, F-W conflict predicted work satisfaction while W-F conflict predicted intention to leave job. Moreover, significant other support had a direct effect on family satisfaction while supervisor support moderated reports of W-F conflict and experiences of job satisfaction.

Keywords: work-family conflict, family-work conflict, social support from supervisor, significant other support, family satisfaction, job satisfaction, intention to leave, nurse's stress.

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LIST OF ABBREVIATIONS

COR	=	Conservation of resources
E-R model	=	Effort-recovery model
FSS	=	Family satisfaction scale
F-WCS	=	Family-work conflict scale
F-W conflict	=	Family-work conflict
ITLS	=	Intention to leave scale
JD-R	=	Job demands–resources
NSS	=	Nurses stress scale
SBI	=	Support behaviors inventory
SOS	=	Significant other scale
W-FCS	=	Work-family conflict scale
W-F conflict	=	Work-family conflict
WSS	=	Work satisfaction scale

CHAPTER 1

INTRODUCTION

1.1 Introduction

Work-family (W-F) and family-work (F-W) conflicts are considered to be forms of stress that affect employees' ability to balance demands and responsibilities of home and work. Many employees in different work sectors seem to experience difficulties in managing both the demands and responsibilities of family and work roles equally and simultaneously. Researchers suggested that W-F and F-W conflicts are distinct but related forms of role conflict (Edwards, & Rothbards, 2000; Frone, Russell, & Cooper, 1992; Greenhaus, & Beutell, 1985). W-F conflict is a growing type of stress for most employees that arise as a result of demands at work making it more difficult to accomplish tasks associated with one's family, while F-W conflict occurs when responsibilities associated with one's family roles interfere with work related demands. W-F and F-W conflicts lead to strain created by incompatible roles, leading to issues such as time mismanagement, lack of flexible working time, unequal distribution of work, long irregular hours, lower satisfaction with job, family and life demands, increased stress in both work and family roles, challenging individual's ability to meet work demands while fulfilling family responsibilities (Bedeian, Burke, & Moffett, 1988; Koovesheni, 2010; Netemeyer, Boles, & McMurrian, 1996).

Nurses, like other employees in different fields, are faced with the demands of work and home responsibilities as their main daily tasks. As health care-givers, nurses are primarily involved in taking care of the infected. They face work related problems such as: extensive workloads, heightened stress levels, long working hours, and reduced productivity. Nurses working with HIV/AIDS patients are further challenged with being exposed to death and dying patients, the stigma attached to the disease, and fear of infection, amongst others. According

to the conservation of resources theory, such processes can have a significant effect on the psychological wellbeing and occupational stress of nurses (Adibhajbagheri, Mehnosh, & Fazlallah, 2004; Pisaniello, Winefield, & Delfabbro, 2012).

Hall (2004a) stated that the nursing profession in South Africa is commonly considered to have one of the four most stressful work environments in the health care sector. This is staggering as minimal research has comprehensively focused on this profession and how the stressful environment could affect nurses' responsibilities to their patients and family members. It is therefore necessary to explore W-F and F-W conflicts amongst South African nurses working with HIV/AIDS patients because of the cultural beliefs and organisational settings which are different from developed Western countries wherein more than 80% of investigations into the two domains (W-F and F-W conflicts) has been carried out (Grzywacz et al., 2007; Karimi, 2008).

1.2 **Statement of the problem**

Nurses experience a stressful work environment, characterized by heavy workloads, long working hours, low professional status, difficult relationships in the workplace, difficulty in carrying out professional roles and a variety of workplace hazards (Hall, 2004b; Koekemoer, & Mostert, 2006; Van der Colff, 2005). In addition, Lambert and Lambert (2001) found the following as contributors to a stressful work environment amongst South African nurses: impaired communication with management, lack of fair competitive remuneration, disregard for professional worth, non-conducive physical and psychological surroundings, lack of support from supervisors, high responsibility, task overload and long working hours. Moreover, above and beyond their stressful work environment, nurses providing HIV/AIDS services are at risk because of the daily stressors that accompany the fight against these diseases (Oktay, 1992).

W-F and F-W conflicts and their psychological outcomes have been studied extensively in the literature. Nonetheless, studies are conducted mostly on professionals from different settings and limited attention is given to health professionals working with HIV/AIDS patients in South Africa. This is surprising since studies on occupational stress suggest that nurses working with HIV/AIDS patients experience more stress than the rest of their nursing colleagues and they are more susceptible to burnout than others because of the emotionally draining nature of their work (McKusick, & Horstman, 1986). As a result, this study explores as to whether W-F and F-W conflicts exists among nurses working with HIV/AIDS patients within Limpopo province exists, and how are they coping with the challenges they encounter.

1.3 **Background of the study**

W-F and F-W conflicts have been studied for many decades, producing a vast literature from multiple disciplines such as organizational research, industrial psychology, economics and sociology. The origin of the concepts of W-F and F-W conflicts can be situated in the late 1970s with the seminal works of, amongst others, Kanter (1977), Pleck (1977) and Rapoport and Rapoport (1969). Studies on W-F and F-W conflicts were initially based on the assumption that work and family were two separate, incompatible and competing roles that individuals attempted to fulfill. However, Kanter (1977) and Pleck (1977) were amongst the first to state that work and family are interrelated and therefore cannot be treated as separate spheres. Since the pioneering work of Pleck (1977) and others, there is a general consensus that work and family influence each other in both positive and negative ways (Edwards, & Rothbards, 2000; Greenhaus, & Beutell, 1985). The present study begins from that same premise, and investigates the impact of conflict between work and family demands on the work experiences of nursing staff tending to HIV/AIDS patients.

1.4 **Aim of the study**

The aim of the study is to explore W-F and F-W conflicts and their psychological impact on nurses working with HIV/AIDS patients at government hospitals within the Limpopo province (specifically, Capricorn and Mopani districts).

1.5 **Objectives of the study**

1.5.1 To find out if W-F and F-W conflicts lead to job and family dissatisfaction, and intention to leave the job among nurses.

1.5.2 To find out if family support moderates the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand.

1.5.3 To examine as to whether support from significant others moderates the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand.

1.5.4 To examine as to whether support from the nurses' supervisors will moderate the relationship between reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand.

1.6 **Hypotheses**

1.6.1 W-F and F-W conflicts will lead to job and family dissatisfaction, and intention to leave the job among nurses.

- 1.6.2 Family support will moderate the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand.
- 1.6.3 Support from significant others will moderate the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand.
- 1.6.4 Support from the nurses' supervisors will moderate the relationship between reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand.

1.7 **Scope of the study**

The study was conducted at government hospitals within the Limpopo Province. The specific geographical areas where the study took place were Capricorn and Mopani districts.

1.8 **Significance of the study**

Studies conducted mostly in Western countries and a few in South Africa generally confirm the existence of W-F and F-W conflicts. For instance, Voydanoff (1988) found that job stressors and work demands are the strongest predictors of W-F conflict. Results from previous research indicate that W-F conflict is related to a number of negative job attitudes and consequences, including lower overall job satisfaction and greater propensity to leave a position (Burke, Weir, & Du Wors, Jr., 1980). Moreover, an abundance of literature from organizational research and industrial psychology note the effects of W-F and F-W conflicts amongst employees. For instance, Good, Sisler and Gentry (1988) found that W-F conflict was related to lower job satisfaction and increased propensity to leave the job among retail managers, while Boles and Babin (1996)

found that W-F conflict mediated the relationship between role stress and job satisfaction.

Although W-F and F-W conflicts are established as research concepts, South African research will benefit from their study. This study seeks to explore the psychological impact of W-F and F-W conflicts on nurses working with HIV/AIDS patients at government hospitals in the Capricorn and Mopani districts of Limpopo province. Research findings will generate understanding of the pattern of W-F and F-W conflicts, and their association with correlates, as experienced by nurses working with HIV/AIDS patients in Limpopo. Knowledge gained may be used to help reduce the occurrence of W-F and F-W conflicts amongst its nurses.

1.9 **Operational Definition of Concepts**

1.9.1 **Work-family conflict**—A form of interrole conflict in which the general demands of time devoted to, and strain created by the job interfere with performing family-related responsibilities.

1.9.2 **Family-work conflict**—A form of interrole conflict in which general demands of time devoted to, and strain created by the family interfere with performing work-related responsibilities.

1.9.3 **Job satisfaction**—An attitude that an individual has about his/her job and an extent to which he/she feels positive or negative about the intrinsic or extrinsic aspects of the job.

1.9.4 **Family satisfaction**—A response to present family functioning as compared with an individual's inner sense of what is desirable.

1.9.5 **Intention to leave a job**—An employee's plan of quitting the present job, usually looking to find another one in the near future.

1.9.6 **Social support from supervisor or significant other**—The degree to which individuals perceive that their well-being is valued by workplace or family sources, such as supervisors or spouse or family member or friends and the broader organization in which they are embedded and the perception that these sources provide help to support this well-being.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 Introduction

There is an enormous literature examining W-F and F-W conflicts on individuals and couples in different professions across cultures. This chapter will review and provide different dimensions on W-F and F-W conflicts framework, specifically available literature in relation to nurses working in public hospitals and different professionals and how W-F and F-W conflicts impact on individuals' job and family satisfaction, intention to leave or remain at work and psychological well-being, amongst others. Moreover, the study will be guided by three theoretical models against a number of theories which explains the process in which W-F and F-W conflicts occurs.

2.2 Theoretical framework

This study is empirical and does not test any theory; however, it has adopted three theoretical models which explain mechanisms in which W-F and F-W conflicts occurs. The three theoretical models namely: effort-recovery (E-R), conservation of resources (COR) and job demands-resources (JD-R) provides a comprehensive description of how work and home interaction have an impact on individual's psychosocial environment. The three models are further used to guide the researcher's model of sources and consequences of W-F and F-W conflicts on page 33. A comprehensive explanation of each of the three adopted models is provided in the literature review below.

2.3 W-F and F-W conflicts

W-F and F-W conflicts are commonly defined as types of inter-role conflicts wherein some responsibilities from work and family domains are not compatible, exerting pressure on an individual and creating a conflict in which commitment to one set of pressure (family matters) increases difficulty in coping and complying with another set of pressure (work matters) (Boyar, Maertz, Pearson, & Keough, 2003). They both occur when an individual has to perform multiple, conflicting roles such as being a worker, a spouse, and in many cases a parent (Greenhaus, & Beutell, 1985). Each of the roles inflicts demands on the incumbent, requiring time, energy and commitment to perform them adequately.

Moreover, the demands of multiple, often conflicting roles can result in role strain of two types: overload and interference. Overload exists when the total demands on time and energy associated with the prescribed activities of multiple roles are too great to perform adequately or comfortably. Interference occurs when conflicting demands make it difficult to fulfill the requirements of multiple roles (Higgins, & Duxbury, 1991).

According to Hammed (2008) workplace characteristics such as long inflexible working hours, overtime, unsupportive organizational settings and supervisors may lead to imbalanced experiences of work and family responsibilities (Bond, Galinsky, & Swanberg, 1998). These will lead to high experiences of W-F than F-W conflicts. Work characteristics such as W-F conflict have been linked to negative harmful outcomes such as lower job and life satisfaction, emotional exhaustion, poor physical and psychological health, absenteeism, tardiness and turnover intentions (Adams, King, & King, 1996; Maertz, & Boyar, 2010). Yildirim and Aycan (2008) conducted a study amongst 243 female nurses in Turkey in order to examine the extent to which work demands (work overload, irregular work schedules, long hours at work and overtime work) were related to W-F conflict, life and job satisfaction. Their study revealed that work overload and

irregular work schedules were the significant predictors of W-F conflict and that W-F conflict was associated with lower life and job satisfaction. In addition, Rittippant, Tongkong, Thamma-Apiroam and Mingariyamark (2011) conducted a survey to examine how personal, work, and family factors were involved in determining W-F conflict of healthcare staffs in the central part of Thailand. Their study revealed that factors affecting W-F conflict were workloads, work-flexibility and family-role conflict.

Greenhaus and Beutell (1985) reported that W-F conflict originates from various conditions and has different forms. For example, W-F conflict can arise in the form of time, strain and behavior. Time-based W-F conflict arises if the amount of time spent in one domain such as performing work responsibilities makes it difficult to perform duties associated with another domain such as family responsibilities. Time-based W-F conflict can manifest as a psychological concern for a shortage of time that occurs even if there is sufficient time to cope with both roles. Additionally, a strain-based conflict exists when responsibilities completed in one role such as work, makes it difficult to fulfill responsibilities of another role such as family. These could be because of the tiredness resulting from work or lack of sleep at home due to child rearing responsibilities. It occurs when physical and emotional spillover of one role, such as stress interferes with the performance of another role. Recent literature has highlighted differences between energy-based and strain-based conflict. Energy based conflict refers to physical or emotional exhaustion while strain based reflects the transfer of negative emotions or feeling states (Grzywacz et al., 2007). Moreover, the behaviorally based W-F occurs when behavioral styles that one shows at work such as impersonality, logic, power, authority is incompatible with behaviors desired by their children and spouse within the family domain. Researchers have argued that behavior-based W-F conflict has minimal occurrence compared to other forms of W-F conflict (Buonocore, & Russo, 2013; Carlson, Kacmar, & Williams, 2000; Greenhaus, Allen, & Spector, 2006; van der Heijden, Demerouti, Bakker, & Hasselhorn, 2008).

Existing literature has established connections between family demands such as number of children and working spouse with F-W conflict. A family related variable that received much attention is number of children at home; for example, employees who are married with younger children experience more F-W conflict than those with grown children or who are single (Lu, Kao, Chang, Wu, & Cooper, 2008; Pleck, Staines, & Lang, 1980). Time spent at home on housework, childcare, eldercare responsibilities, role overload and energy depletion has predicted W-F conflict. Studies have suggested that women may experience higher levels of F-W conflict because of traditional roles in societies between men and women (Carlson et al., 2000; Lu, 2007). Furthermore, Adekola (2010) explored interferences between work and family among male and female executives in Nigeria and found that only one family related factor (number of children) had a dominating effect on family interference with work for women executives.

There are different views regarding the time frame in which W-F and F-W conflicts occurs in individuals, especially as to whether it is a stable, long term experience or temporary, and whether or not it could be lowered with an individual's adjustment to responsibilities in specific domains. Westman, Etzion, and Gortler (2004) conducted a study and found that test-retest correlations for W-F conflict within a time lag of a few weeks was $\alpha = .86$, whereas Kinnunen, Geurts and Mauno (2004) found that it was $\alpha = .71$ within the time lag of a year. Also, for F-W conflict, the test-retest correlation was $\alpha = .51$ across three months and $\alpha = .75$ across six months (Kelloway, Gottlieb, & Barham, 1999; Leiter, & Durup, 1996). In addition, Rantanen, Kinnunen, Feldt and Pulkkinen (2008) conducted two longitudinal studies with time lags of one year and six years, respectively, in order to examine the rank-order stability and cross-lagged relations between W-F conflict, F-W conflict and psychological well-being. Longitudinal analysis using structural equation modeling showed that W-F conflict had a rank order stability of $\alpha = .69$ over a year and $\alpha = .73$ over six years. On the

other hand, F-W conflict had stabilities of $\alpha = .57$ in one year and $\alpha = .48$ in six years. Therefore, the above studies support the notion that W-F conflict is a stable experience with long-term stable outcomes (De Lange, Taris, Kompier, Houtman, & Bongers, 2003).

2.4 **W-F conflict and gender**

Pleck's (1977) asymmetric boundary permeability theory states that work and family boundaries are asymmetrically permeable. That is, work is allowed to interfere with family to a greater extent than is the case in reverse (Gutek, Searle, & Kelpa, 1991). In addition to suggesting that work and family boundaries may be asymmetrically permeable, Pleck (1977) proposed that there would be gender differences in the pattern of asymmetry. Specifically, he hypothesized that family demands would intrude into the work role more than the reverse amongst women because they assume the primary responsibility for managing home-related demands and crises. Furthermore, Pleck (1977) stated that work demands would intrude into the family role more than the reverse amongst men because they are more likely than women to take work to home and also more likely to use family time to recuperate from the stress they faced in the workplace.

Although the notion of asymmetric permeability (work is allowed to interfere with family to a greater extent than is the case in reverse) of work and family boundaries was introduced by Pleck (1977) decades ago, only few studies have examined data relevant to this issue. Hall and Richter (1988) described the findings of a case study on managing home and work boundaries based on their research interviews. They reported that home boundaries were more consistently permeable than work boundaries amongst both men and women. Therefore, their study failed to support Pleck's hypothesis that there are gender differences in the form of asymmetry (Greenhaus, & Beutell, 1985).

However, according to the sex difference model developed by Higgins, Duxbury and Irving (1992) in relation to W-F conflict, sex differences to conflict have far more than role involvement and role expectation effects. Social judgment for men usually comes from work role and if men are more focused on family responsibilities they are likely to experience W-F conflict because of contradicting with socially expected roles. Moreover, social judgment for women usually emanates from family role and if women are much more involved in their work responsibilities, it will differ from social expectation which will lead to WF conflict in a high degree.

Grzywacz et al. (2007) conducted a study that focused on experiences and health implications of W-F conflict amongst Latinos. The study consisted of 26 poultry workers, equally stratified by gender. Results indicated that women reported higher levels of W-F conflict than men. Moreover, Ádám (2008) conducted a study on W-F conflict among female and male physicians in Hungary. The study focused on the prevalence of stressor, predictors and potential consequences on physicians' well beings. The sample consisted of 219 females and 201 male participants. Results from the study indicated that female physicians experienced higher levels of W-F conflict than male physicians. Females experienced more strain based conflict than men while men experienced more time-based conflict than women. Experiences of behavior-based W-F conflict were low amongst both male and female physicians.

2.5 Magnitudes of job stress as a common source of W-F conflict on nurses

Job stress is also a key aspect affecting employee's performance at work. It is stress experienced by workers at work. It may manifest due to a number of factors such, as poor working conditions, excessive workload, shift work, long working hours, role ambiguity, conflict and poor relationships with supervisors, co-workers and subordinates (Barling, Frone, & Kelloway, 2004; House, 1991). Stress can lead to undesirable outcomes, although some may argue that

minimum levels may also have positive effects on performance. There are two types of outcomes of stress, namely, individual and organizational symptoms. Individual outcomes of stress may manifest as headaches, sleep disturbances, difficulty in concentration, short temper, upset stomach, job dissatisfaction, low morale, muscular tension, ache, tightness in the chest, high blood pressure, heart disease, heat problems, snapping and arguing with others, aggressive or hostile behavior and blaming others (Cartwright, & Cooper, 1997; Jackson, & Rothmann, 2006). Most individual outcomes of stress are referred to as strain or distress, especially when they are related to physical and psychological wellbeing. Organizational outcomes include absenteeism, strained industrial relations, poor quality control and high turnover rates in response to stressors (Makie, 2006; National Institute for Occupational Safety and Health, 1998).

McVicar (2003) states that the nursing profession provides a wide range of potential workplace stressors because it is a profession that requires high levels of skill, team work, provision of 24 hours care and input on emotional labour. French, Lenton, Walters and Eyles (2000) identified nine subscales of workplace stressors that might impact on nurses namely: conflict with physicians, inadequate preparation, peer and supervisor problems, discrimination, workload, uncertainty concerning treatment of patient, dealing with death and dying, and families of dying patients. Furthermore, Moyoyinola (2008) conducted a study on the effects of job stress on health, personal and work behavior of nurses in public hospitals in Ibadan metropolis, Nigeria. The study revealed that highly stressed nurses exhibited personal and work behavioral problems such as bullying, absenteeism, resignation or turnover.

Workplace conditions for health workers employed at hospitals and clinics in South Africa were explored as part of a national study on the impact of HIV/AIDS in the health sector by Hall in 2004b. Health workers' opinions on aspects such as workload, staff morale and working hours as well as their views on the influence of HIV/AIDS on their ability to face the challenges of caring for people

were obtained during personal interviews which were conducted at 222 health facilities. Participants included 924 enrolled and nursing assistants mostly from public hospitals. Results indicated that HIV/AIDS is found to increase the workload of nurses because of the following challenges: higher number of patients with AIDS-related diseases, the workforce, comprehensive time-consuming care that is needed by many of the patients and the lack of support that is available to them. Ethical issues such as the secrecy of the disease reduced productivity and hindered nurses from curbing the further spreading of HIV/AIDS. Nurses may also be infected with the disease, which will ultimately lead to increased absenteeism, stress and lower performance among sufferers and increased workloads and emotional discontent for the remaining.

Job stress has become a significant occurrence in nursing. In particular, the job stress of nurses working in acute and specialized care units such as HIV/AIDS units have been widely studied. Challenges such as heavy workload, poor staffing, dealing with death and dying patients, inter-staff conflict, strain of shift work, lack of resources and organizational support have been identified as the major sources of job stress (Lee, 2003). In their study of patient-care units including medical, surgical, cardiovascular, surgery, oncology and hospice, Gray-Toft and Anderson (1981) found that the major sources of stress experienced amongst nurses was related to workload, feelings of inadequacy in meeting the needs of the patients and their families, death and dying of patients. Other sources of stress varied as a function of type of a unit. With regard to type of unit, the variable 'uncertainty over treatment' was higher on the medical and oncology units but lower in the hospice environment (i.e. palliative care for terminally patients). The authors pointed out that the medical unit included patients with a wide variety of conditions and communicable diseases that requires isolation (Makie, 2006).

Dewe (1987) and Hingley (1984) identified the following as factors that are perceived to involve stress amongst nurses:

- a) Work which does not meet the needs of the nurses involved.
- b) Situations in which nurses have little control over work.
- c) Situations in which nurses receive little support at or outside work.
- d) Work in which the demands imposed are threatening and not well matched to the knowledge, skills and ability to cope of the nurses involved (Cox, 1978; Cox & Cox, 1993).

Moreover, Bailey, Steffen and Grout (1980) included the following as contributing to stress amongst nurses: management difficulties, interpersonal relationships with other nurses and medical staff, issues involving patient care, concerns about technical knowledge and skills, workload and career issues.

Ivancevich and Samuel (1981) identified aspects of nursing which require physical and mental effort to complete as: work overload, conflict and the working habits of head nurses or supervisors. Furthermore, Dewe (1987) reported five stressors factors in a study of 18 00 nurses of 29 hospitals in New Zealand as: work overload, difficulties relating to other staff, difficulties involved in nursing the critically ill, and concerns over the treatment of patients, and dealing with difficult or hopelessly ill patients. Furthermore, Grzywacz, Frone, Brewer and Konver (2006) suggested that the presence of W-F conflict fosters the intention to quit a job, feelings of dissatisfaction, work performance and quality of relations with patients.

2.6 Nursing in the context of the HIV/AIDS epidemic in South Africa

South Africa has a dual health system with the public sector being responsible for 82% of the population and accounting for only 40% of the total health expenditure. The public sector is often characterised by inefficiency and ineffectiveness in delivering affordable, accessible and appropriate health care (Health Systems Trust, 2005; Pillay, 2009). Nurses as primary caregivers have

been accused of providing poor quality and less efficient care to patients (Grol, & Lawrence, 1995). Job dissatisfaction has been found to be an important contributor for providing poor services to patients by nurses. Nurses are found to be dissatisfied with remuneration, poor working conditions and organizational climate (Kaplan, Boshoff, & Kellerman, 1991). Grieshaber, Parker and Deering (1995) indicated that dissatisfaction led to increase in stress and frustration, resulting in physical, emotional and behavioural problems which contributed towards nurses' performance and leaving the profession.

Pillay (2009) conducted a cross sectional survey amongst 569 professional nurses in the public and private sectors throughout South Africa, determining the extent of work satisfaction. Results from the study revealed that public sector nurses were dissatisfied with their pay, workload and resources available to them while private sector nurses had moderate dissatisfaction with pay and workload but marginal dissatisfaction with their career opportunities.

An estimated population of 22.9 million people lived with HIV in Sub-Saharan Africa, including 2.3 million children in 2010 (UNAIDS, 2010). In South Africa, a number of persons living with HIV has increased from an estimated 4.10 million in 2001 to 5.24 million in 2010 (Statistics South Africa, 2010). Hospitals are therefore one of the workplaces faced with challenges related to HIV/AIDS. Hospitals and nurses are faced with problems related to an increasing number of HIV patients, stigma, discrimination and fear of HIV infection. Mulaudzi, Pengpid and Peltzer (2011) conducted a study to determine nurse's knowledge, attitudes and coping related to HIV/AIDS in a rural hospital (Vhembe district, Limpopo) in South Africa. In their study, nurses found it to be demanding for them to care for patients with AIDS than other patients; they also felt that their work situation had become worse since the AIDS epidemic. Moreover, half of the participants felt supported by family members in caring for such patients and only a minority of 10% preferred to change their job because of AIDS.

In contrast, Shabani (2011) also conducted a study on the knowledge, attitudes, practice and behaviour of nurses caring for HIV/AIDS patients at public hospitals in the Tshwane Metropolitan area. Results from Shabani's (2011) study indicated that majority of the sample were more experienced in caring for HIV/AIDS patients because they had been caring and treating HIV/AIDS patients for more than four years. They were aware of HIV/AIDS' existence, its transmission and prevention. They were happy because they were content with their jobs, as well as caring and treating HIV/AIDS patients. Most of them had very positive outlooks and behaved positively towards HIV/AIDS patients. Moreover, because of being aware of the risk involved in their job, as well as its implications, they practiced universal precautions when caring for and treating their patients. They also enjoyed support from their families and were not afraid of contracting HIV while carrying out their tasks. However, there were still nurses in the targeted hospitals unaware or in denial of HIV/AIDS' existence, ignorant of its transmission, or prevention, who believe certain myths and hold misconceptions on HIV/AIDS.

Moreover, De Villers and Ndou (2008) conducted a qualitative research in a hospital in the Limpopo province in order to explore nurses' experiences of caring for HIV/AIDS patients. Their results revealed that the participants experienced negative emotions because of the perceived risk of contracting HIV infection by accident or intentional exposure to blood or body fluids of infected patients. Their negative emotions impacted on their ability to engage in ethical practice and maintain a therapeutic relationship with the patients. Although participants had negativity, there were evidence that some of the participants experienced a sense of fulfilment and discovering meaning of their lives in the workplace. In addition, Hall (2004b) investigated challenges posed by HIV/AIDS to nurses in their work environment, and found that the pandemic magnified the workload of nurses for various reasons including the following: an increase of patients with HIV/AIDS related diseases, the intensive type of care that is needed by many of the (dying) patients, and lack of supplementary support. Nurses had to cope and

adjust to staff shortages, insufficient organizational support in their workplace while providing health care to increasing numbers of patients.

2.7 Outcomes of W-F and F-W conflicts on wellbeing, family and work

W-F conflict is related to negative outcomes that affect individuals, their family and work commitment. Individual outcomes involve mental, physical health and well-being of a person experiencing W-F and F-W conflicts. Outcomes such as dissatisfaction with life, stress, psychosomatic symptoms, depression, general psychological distress, medication use, drinking problems, substance dependence disorders, clinical mood disorders, emotional exhaustion, clinical anxiety disorders, poor physical health, co-occurrence of multiple chronic health problems, hypertension and obesity are a result of experiences of W-F and F-W conflicts on individuals. Moreover, increased parenting overload, decreased performance in family and work roles and lower levels of family and marital satisfaction are family related outcomes. Furthermore, work-related outcomes of W-F conflict includes lower levels of job satisfaction, higher levels of job distress, higher levels of work overload, lower levels of self-reported work overload and performance, high rates of absenteeism, and intention to leave job. Although the above are an outcome of W-F conflict, the experience may not be at the same level. This implies that there are factors contributing towards the effects of work demands and W-F conflict on employees' well-being, family and work (Barling et al., 2004; Burke, & Greenglass, 1999; Eby, Casper, Lockwood, Bordeaux, & Briley, 2005; Kessler, Price, & Wortman, 1985; Nielson, Carlson, & Lankau, 2001; O'Driscoll, Ilgen, & Hildreth, 1992).

2.8 W-F conflict and job satisfaction

Job satisfaction is defined as, "a pleasurable or positive emotional state resulting from the appraisal of one's job" (including various facets of that job) (Locke, 1976, p.1304). It is an attitude that individuals have about their jobs and an extent to which they feel positive or negative about the intrinsic or extrinsic aspects of their jobs. Workers with high levels of job satisfaction are more likely to be committed to the organization. Furthermore, individuals with higher levels of job satisfaction demonstrate decreased propensity to search for a job and decreased propensity to leave (Boles et al., 1996).

Alam and Mohammad (2010) characterized six facets of job satisfaction, namely:

- a) **Satisfaction with supervisor** determines the level of satisfaction on the basis of employee's perception of how much they are satisfied with information provided by the supervisor.
- b) **Satisfaction with variety** employee perceives level of satisfaction through variety of available challenges and freedom in job.
- c) **Satisfaction with closure** satisfaction is determined by how an employee perceives his/her job as an opportunity to complete work.
- d) **Satisfaction with compensation** determines the level of job satisfaction of employees by knowing how much they are satisfied with pay or compensation or job securities.
- e) **Satisfaction with co-workers** is the dimension of perceived job satisfaction which determines how an employee perceives his or her job accomplishment by the support and presence of co-workers' attitude and behavior.
- f) **Satisfaction with management and HR policies**, it relates to overall satisfaction with human resources policies and strategies of the organization.

Good et al. (1988) found that W-F conflict was related to lower job satisfaction and increased propensity to leave the job amongst retail managers. Burke (1989)

reported that W-F conflict is an important variable in assessing work attitudes as well as emotional and physical well-being. Findings from a study of Canadian police officers demonstrated a consistent correlation between W-F conflict and stress. In addition, it appears that there may be a direct link between W-F conflict and job satisfaction. In a study of front-line service employees in the restaurant industry, Boles et al. (1996) found that W-F conflict mediated the relationship between role stress and job satisfaction. Most research examining the relationship between role stress and job satisfaction did not include W-F conflict as a possible predictor of job satisfaction (Fisher, & Gitelson, 1983).

While some researchers supported a significant, negative relationship between W-F conflict and job satisfaction, other studies have not always supported that linkage. Bedeian et al. (1988) failed to find a significant relationship between W-F conflict and job satisfaction. Jones and Butler (1980) found that conflict between work and family increased the chances of military personnel not re-enlisting, but did not have a significant effect on job satisfaction.

The relation between W-F conflict and job satisfaction was examined using a six-dimensional measure of W-F conflict and both global and summed aspect measures of job satisfaction. Data were gathered from 160 hospital employees, who were either married, living with a partner, or had at least one child. W-F conflict related significantly to both types of job satisfaction, but the relation was significantly stronger to composite job satisfaction than to global job satisfaction. When considering all three forms of conflict simultaneously (time-based, strain-based, and behavior-based), regression results revealed that behavior-based conflict was the only form of conflict significantly related to job satisfaction. The results underscore the importance of considering both the form and direction of W-F conflict and suggest several practical implications for organizations (Allen, Herst, Bruck, & Sutton, 2000).

On the other hand, Bedeian et al. (1988) evaluated the relationship between W-F conflict and satisfaction amongst 432 male and 335 female accounting professionals. They predicted that conflict within each role would be directly related to satisfaction within that role. Their results suggested that W-F conflict was related to domain-specific satisfaction as well as overall life satisfaction. Results also supported a direct relationship between work-related role stress and W-F conflict. Furthermore, they also found that as work-related role stress increased, life satisfaction decreased because of subsequent increases in work-family conflict, providing evidence of W-F conflict as a mediating variable (Hennessy, 2005).

Moreover, studies conducted in South Africa on nurses and job satisfaction revealed that nurses are dissatisfied with their job. For example, Kaplan et al. (1991) and Pillay (2009) found lower job satisfaction amongst South African nurses. Additionally, Kekana, du Rand and van Wyk (2007) also found lower satisfaction with work amongst registered nurses in a community hospital in Limpopo Province. In their study nurses were dissatisfied because of the working conditions such as workload, degree of fair remuneration and work pressure. Furthermore, Ramasodi (2010) found lower job satisfaction amongst healthcare professionals at South Rand hospital, because of salaries, not being involved in decision making and not having sufficient time with patients. Chirwa et al. (2009) conducted a study in 5 African countries (South Africa, Lesotho, Malawi, Swaziland and Tanzania) which examined HIV stigma and job satisfaction amongst 1384 nurses. Results indicated consistent job dissatisfaction across the five African countries. Nurses in South Africa and Tanzania obtained the highest scores compared to their counterparts in the remaining countries.

According to Kaplan et al. (1991) South African nurses are shown to have extremely low job satisfaction relative to American nurses and to other professional groups in South Africa.

2.9 Job satisfaction and intention to leave a job

Job dissatisfaction is one of the predictors of nurses' intention to leave or quit work. Nurses are dissatisfied because of lack of involvement in decision making, poor relationship with management, poor salaries, and lack of job security, poor recognition, inflexible working hours, and poor social image of the nursing profession. Such factors further lead to their intention to quit work because of burnout, lack of motivation, emotional exhaustion and fringe benefits (Alam et al., 2010; Tzeng, 2002).

Intention to leave is mainly caused by job dissatisfaction amongst other factors. It is an employee's plan or intention to quit the present job and look forward to finding another job in the future. Tzeng (2002) examined the impact of working motivational factors as independent variables on nurses' intention to leave in Taiwan. Results from the study indicated that low motivation, emotional exhaustion, burnout and poor social image of the nursing profession influenced nurses' intention to leave.

Alam et al. (2010) conducted a study amongst Malaysian nurses which examined the level of nurse's perceived job satisfaction and their intention to leave. Results from the study indicated that nurses were not fully satisfied with their jobs and there was a strong intention to neither stay with the hospital nor leave. Moreover, Lee, Song, Cho, Lee and Daly (2003) conducted a study on 181 South Korean nurses, the study revealed that the most frequently mentioned reasons for nurses' intention to leave their jobs were work overload, rotating shifts (staff organisation) and interpersonal conflict. Also, Lu, Lin, Wu, Hsieh and Chang (2002) conducted a study amongst 2197 Taiwanese and found that 38.4% of the nurses could be categorized as having the intention to leave the profession because of a lack of job satisfaction. Furthermore, Delobelle, Rawlinson, Ntuli, Malatsi, Decock and Deporter (2011) conducted a study on job satisfaction and turnover intention of primary healthcare nurses in rural South Africa. Their study

revealed that nurses were satisfied with content and co-worker relationship and dissatisfied with pay and work conditions. In addition, half of the participants considered turnover within two years.

2.10 Social support from significant other, supervisor and co-worker as moderators of W-F and F-W conflicts

Social support involves exchanging resources between at least two people with the aim of helping the person who receives support (House, 1981). It can be expressed as help, advice and/or understanding provided by a person to the other. Support can emanate from various sources, including co-workers and family members. Sources from work and family settings may provide an individual in need of support with various types of social support, including emotional and instrumental support, in particular. Social support in the context of the work and family environments is discussed below.

a) Support from supervisors and co-workers

Supervisors and co-workers provide support at the work place. Supervisor support, can take any form, including the instrumental (assistance and advice) and emotional (empathetic understanding and sensitivity toward issues relating to work and family challenges) types of supports. However, evidence for social support's alleviation of F-W and W-F conflicts is inconsistent. Ahmad (1997) investigated the relationship between perceived support from supervisors, co-workers as well as spouse, family, friends and W-F conflict amongst 239 married female production operators. Results from the study indicated that operators received less support from supervisors. On the other hand, Thomas and Ganster (1995) examined the effects of supportive supervisors on W-F conflict amongst 398 health professionals who had children aged 16 years or younger. Their results indicated that there was a direct positive effect of supportive supervisors on employee's perceptions of control over work and family matters. Other studies

also supported the notion that supervisory support reduces the occurrence of W-F conflict on employees (Rastegarkhaled, 2004).

Yildirim et al. (2008) conducted a study on nurse's work demands and W-F conflict. They examined the role of supervisory support in relation to work demands, W-F conflict and satisfaction with job and life amongst 243 participants. In their study, supervisory support was found to have a direct relationship with higher job satisfaction rather than moderating the relationship between W-F conflict and job satisfaction. In addition, Mavhandu-Mudzusi, Netshandama and Davhana-Maselesele (2007) conducted a study which explored and described the experiences of 20 nurses who rendered voluntary counselling in the Vhembe district, of Limpopo Province. They concluded that nurses were continuously exposed to emotionally draining activities with very little support from their supervisors, resulting in them being prone to experience burnout.

b) Support from family members and significant others

Social support can also emanate from a husband or partner, family, friends and relatives. Furthermore, spousal support has many variations including emotional and instrumental support. Emotional support includes empathetic understanding, listening, affirmation of affection and genuine concern for the welfare of the partner. Instrumental support is tangible, such as in helping the partner with household responsibilities and childcare. Aryee (1992) examined the impact of some antecedents of work and family domain on three types of W-F conflict (job-spouse, job-parent and job-homemaker) amongst 354 married professional women from dual-career families in Singapore. Results from the study indicated that spouse support reduced W-F conflict.

A study by Namayandeh, Yaacob and Juhari (2010) suggested that low support received from husband, family members or relatives and supervisor might

increase perceived conflict between work and family. Reinforcement of family support policies such as emotional support and sharing of household responsibilities can be effective in balancing cohesion among family members. Furthermore, administering work support such as elder care services and flexible working hours for nurses may result in higher work satisfaction and motivation amongst nurses. In addition, Abd Razak, Che Omar and Yunus (2010) examined the effects of spouse support, family demand and job involvement on the two dimensions of W-F conflict: work interference with family and family interference with work amongst 391 Malaysian medical officers in public hospitals. Their findings revealed that only parental demand was a significant predictor of the two dimensions of W-F conflict.

2.11 Models of W-F conflict

There are three theoretical models guiding this study i.e. E-F, COR and J-DR. Each of these models describes the process in which work and home interaction leads to the occurrence of W-F conflict and how the manifestation of W-F conflict impacts on individual's health and environment amongst others.

Firstly, the E-R model developed by Meijman and Mulder (1998) describes how work and home life may interact and which mechanisms may affect well-being during this process. According to this model, exposure to workload (mental or physical) demands an effort that is related to short-term psychophysiological reactions such as an increased heart rate, increased hormone secretion and mood changes. As a result specific 'load reactions' develop within the individual, which could be on a physiological, behavioral and subjective level. These reactions are adaptive and reversible (i.e. when the exposure to workload ends, the functional systems that were activated will stabilize again within a certain period of time).

As a result of the recovery process, fatigue and other effects of stressful situations are reduced. However, when demands do not cease, no recovery occurs, and the originally adaptive responses develop into negative load reactions (strain, short-term psychosomatic health complaints), that may spill over to the home domain. When individuals do not fully recover at home from a high effort investment at work (e.g. the recovery time is too short or individuals unwind slowly and remain active), they must, still in a sub-optimal state, invest additional (compensatory) effort to perform adequately when confronted with new work demands. Under these circumstances, functional systems are activated again before having had a chance to stabilize at a baseline level, and the increased intensity of negative load reactions appeal even stronger to the recovery process. As a result, a combination of persisting (high) demands and insufficient recovery may in the long run result in negative load reactions that may become manifest and irreversible and could seriously affect health and well-being e.g. prolonged fatigue and other manifest health problems (Van Hoof et al. 2005).

Secondly, the COR theory developed by Hobfoll (1989) is an integrative phenomenon in stress literature which explains how threatened loss of valuable resources and imbalance between the environment and an individual's tasks create the strain which will lead to a negative "state of being" such as dissatisfaction with family, work and life. COR is based on the assumption that people strive to obtain, build, and protect that which they value (e.g., resources), and psychological stress occurs when these resources are lost, threatened with loss, or if individuals fail to replenish resources after significant investment. This theory addresses people's effort to conserve and protect resources in order to minimize stress by providing a foundation for why and how facilitation occurs and suggesting the importance of resources (Hobfoll, 2001).

Hobfoll (1989) defines resources as properties of the environment that can be acted upon. These resources include personal characteristics, objects,

conditions, energies and support. Personal characteristics are positive evaluations related to resilience and individual's sense of their ability to control and impact on their environment successfully. They are efficient in achieving goals, protecting from threats associated with physiological and psychological costs and stimulating personal growth and development. It has been shown that positive self-evaluation is related strongly to various aspects of work related well-being such as job satisfaction (Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2009).

In addition, resources such as objects include valued physical items obtained through ownership such as one's car, home or any material goods. Energy resources such as time, money and knowledge aid in the acquisition of other resources such as time for work or family and opportunities for advancement; whereas conditions are resources sought after such as marriage and employment. Social support is a key social resource that is instrumental in protecting existing resources and obtaining new ones in order to deal with increasing demands and stress. For instance, informational support is helpful in providing advice and guidance at work or home (Seiger, & Wiese, 2009). These resources both independently and combined into a higher order construct have been recognized as crucial for individual's psychological well-being in general and for work-related well-being in particular (Wayne, Grzywacz, Carlson, & Kacmar, 2007).

Grandey and Cropanzano (1999) were amongst the first researchers to apply COR to examine W-F conflict. Their study supported COR as a guide for W-F conflict because it provided means for predicting and understanding W-F conflict and ensuing attitudinal and behavioral outcomes. Moreover, it provided the mechanism by which individual difference and stressful events can create in people. Their findings revealed that as chronic work and family stressors drained resources over time, participants experienced increased stress reactions, such

as job and family dissatisfaction, life distress, poor physical health, and increased thoughts about quitting one's job.

Lastly, the JD-R model developed by Demerouti, Bakker, Nachreiner and Schaufeli (2001) states that job demands are initiators of a health impairment process and job resources are initiators of a motivational process. The model assumes that every occupation has its own risk factors related to job stressors. Factors that are related to job stressors are job demands and job resources. Job demands refer to physical, psychological, social, or organizational aspects of the job that require sustained physical and psychological effort and are associated with certain physiological and psychological costs such as high work pressure, an unfavorable physical environment and irregular working hours. Job demands may turn into job stressors when meeting demands that requires high effort from which the employee fails to recover adequately (Meijman et al., 1998). On the other hand, job resources refer to those physical, psychological, social, or organizational aspects of the job that are functional in achieving work goal, reducing job demands and they are associated with physiological and psychological cost and stimulate personal growth, learning, and development.

The JD-R model (Demerouti et al., 2001) is associated with COR theory (Hobfoll, 2001) which states that the prime human motivation is directed towards the maintenance and accumulation of resources. Therefore, resources are valued in their own right because they are a means to achieve or protect other valued resources. Job resources may be located at the macro, organizational level (e.g. salary or wages, career opportunities, job security), the interpersonal level (e.g. supervisor and co-worker support, team climate), the specific job position (e.g. role clarity, participation in decision making), and at the level of the task (e.g. skill variety, task identity, task significance, autonomy, and performance feedback).

The JD-R model has two different underlying psychological processes that play a role in the development of job-related strain and motivation. The first is a

process of health impairment, which suggests that jobs with demanding responsibilities such as work overload and emotional demands exhaust employees' mental and physical resources leading to loss of energy and to health problems (Bakker, Demerouti, Taris, Schaufeli, & Schreurs, 2003; Leiter, 1993). The second process proposed by the JD–R model is motivational in nature, whereby it is assumed that job resources have motivational potential and lead to high work engagement, low levels of pessimism. Therefore, job resources may play an intrinsic motivational role because they foster employees' growth, learning and development, or they may play an extrinsic motivational role because they are instrumental in achieving work goals. In the former case, job resources fulfill basic human needs, such as the needs for autonomy competence and relatedness.

Job resources may also play an extrinsic motivational role, because, according to the E-F model (Meijman et al., 1998), work environments that offer many resources foster the willingness to dedicate one's efforts and abilities to the work task. In such a case it is likely that the task will be completed successfully and that the work goal will be attained. For instance, supportive colleagues and proper feedback from one's superior increase the likelihood of being successful in achieving one's work goals. In either case, be it through the satisfaction of basic needs or through the achievement of work goals, the presence of job resources leads to engagement, whereas their absence evokes a cynical attitude towards work. The interaction of job demands and job resources is important for the development of job strain and motivation. Therefore, job demands leads to task enjoyment and work enjoyment (Demerouti, & Bakker, 2011).

Within the nursing environment, typical job demands include pressure as a result of heavy workloads and excessive administrative duties, time-related demands such as working long hours and shift-work, emotionally demanding aspects such as nurses being repeatedly confronted with people's needs, problems, and especially suffering and demands that are typical of the nursing environment

such as dealing with an increasing number of patients infected with HIV/AIDS (Hall, 2004a).

According to Van der Colff (2005) South African nurses experience a severe lack of resources, manifesting in inadequate salaries, staff shortages and a lack of organizational and colleague support when their co-workers are poorly motivated and are not doing their jobs. In addition, the JD-R model proposes that the well-being of a person is the result of two relatively independent processes (Bakker et al., 2003). During the first process in particular, the demanding aspects of work lead to constant overtaxing, and in the long run to health problems such as burnout, fatigue. In the second process, the availability of job employees copes with the demanding aspects of their work. At the same time, it may stimulate them to learn from and grow in their jobs. Within the nursing environment, sufficient job resources may therefore help nurses cope with their demanding jobs, ultimately leading to better quality of life and well-being (Koekemoer, & Mostert, 2006).

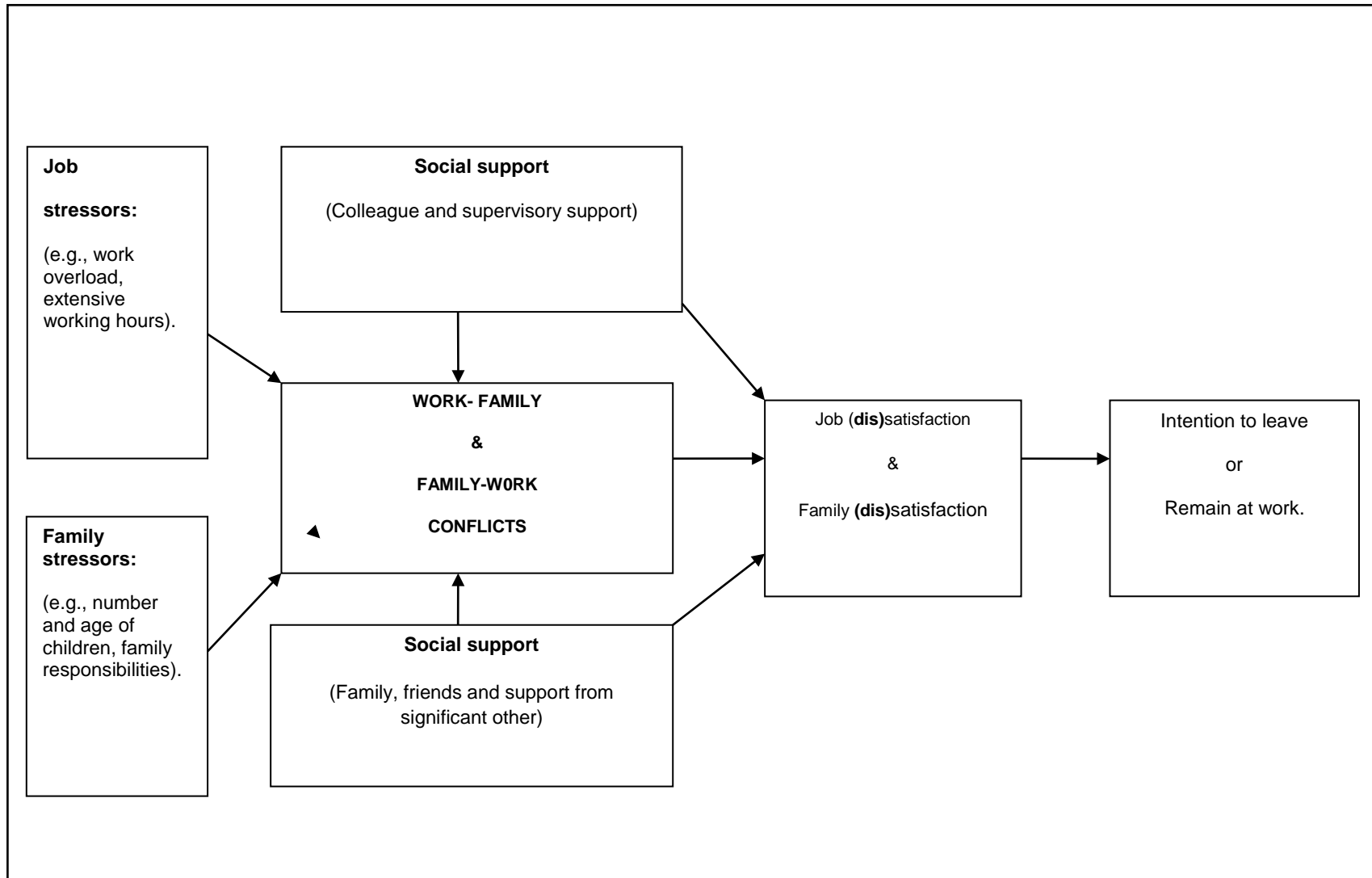
2.12 Model of sources and consequences of W-F and F-W conflicts

The suggested model for this study in figure 1 below provides an empirical approach by integrating and extending on sources and consequences of W-F and F-W conflicts guided by three models above. Furthermore, the models above are relevant in guiding the researcher's developed model because of their comprehensive explanation of the mechanism in which W-F and F-W conflicts impact on home and work functioning and individual's psychosocial well-being. The researcher's model below is designed in order to further provide an understanding into experiences and outcomes of simultaneously managing work and family roles and how it leads to W-F and F-W conflicts and their consequences. As indicated on the model below, consistent stressors that derives from home and work demands such as family responsibilities and long working hours lead to occurrence of W-F and F-W conflicts. These stressors lead

to experiences of W-F and F-W conflicts when responsibilities or demands from both home and work are not adoptable, continues to increase and do not cease. Nurses will therefore not recover from imbalances that occur because of investing their energies and effort on either home or work activities. W-F and F-W conflicts are then hypothesized to be associated with job dissatisfaction, family dissatisfaction and intention to leave job. However, two sources of social support i.e. support from work and support from significant other or spouse and friends becomes useful resources that may be instrumental in moderating the effects of W-F and F-W conflicts on the two indicators of well-being which are: job satisfaction and family satisfaction as well as intention to remain at work. These resources have been recognized as important for individual's psychological, physiological, social and work-related well-being.

Figure 1:

Model of sources and consequences of W-F and F-W conflicts



CHAPTER 3

METHODOLOGY

3.1 Study Design

This study used a cross-sectional research design in measuring W-F and F-W conflicts and their psychological impact on nurses working with HIV/AIDS patients at government hospitals within the Limpopo province, specifically, Capricorn and Mopani districts. Cross-sectional design is a common method in social sciences in which data is collected only at one point in time (de Vos, Strydom, Fouché, & Delport, 2003).

3.2 Participants and procedure

The sample consisted of professional nursing staff employed at HIV/AIDS units within government hospitals in the Limpopo province. The centers targeted included clinics that treated patients with HIV/AIDS daily such as: female, male, surgical, TB and pediatric wards of public hospitals within Capricorn and Mopani districts (except Polokwane hospital). After a permission letter was submitted to each hospital management, the researcher was then given permission to talk to unit managers or matrons who helped with the distribution of questionnaires and notifying the sample of the presence of the researcher and the purpose of the study. Distributed questionnaires lasted for at least 45 minutes when face to face interview was conducted, however, majority of participants requested to complete the questionnaires during their spare time at work or home due to the load and patients at work. Questionnaires were then collected from nurses after 7 to 14 days. Questionnaires which were distributed to participants were 359 and only 91 nurses actually returned completed questionnaires, resulting in a 25% participation rate. Most participants complained about the length of the questionnaire, some subsequently withdrew from the study due to work commitments and pressures such as number of patients in the ward and understaffing. Some nurses refused to complete the questionnaire in their

spare time, and there was a considerable number who failed to complete all sections of the questionnaires. Substantially incomplete questionnaires were subsequently discarded, since they were deemed useless for substantive analysis.

3.3 Sampling Method

The sampling procedure used is convenience sampling. The researcher approached nurses who were suitable for the study by working with HIV/AIDS patients in public hospitals of Capricorn and Mopani districts of Limpopo Province.

3.4 Procedure

The Ethics Committee of the University of Limpopo approved the proposal for the study and the researcher went further to request permission from the Ethics Committee from the provincial Department of Health and Social Development in Limpopo. To obtain data, the researcher approached the management of each hospital for permission to access potential participants for the study. Ethical standards and good practice were followed in collecting data. For instance, the purpose of the study, issues of confidentiality, and anonymity were explained and guaranteed to all participants. Data were collected through the use of questionnaires, which were administered to consenting individuals only.

Questionnaires which were distributed comprised of the following: biographical information, work-family conflict scale (W-FCS), intention to leave scale (ITL), family-work conflict scale (F-WCS), work satisfaction scale (WS), family satisfaction scale (FSS), support behavior inventory (SBI), significant other scale (SOS) and nurses stress scale (NSS).

3.5 **Biographical data**

The biographical data questionnaire included variables such as the age, educational level, marital status, gender, domicile, number and age of children the participants had, the wards they worked in and number of patients they saw during their shift.

3.6 **Instruments**

In this section instruments used in the study are described. Details about item characteristics, measurement scales and psychometric properties are provided. However, the complete scales themselves are not reproduced since the researcher does not have the authors' authorization to do so.

3.6.1 **Work-family conflict scale (W-FCS) and family-work conflict scale (F-WCS) conflicts (Netemeyer, Boles, & McMurrin, 1996)**

W-F and F-W conflicts were measured using W-FCS and F-WCS by Netemeyer et al. (1996). A sample item for W-FCS asked participants to rate how work demands interfered with family responsibilities. A sample item for F-WCS asked participants to rate how family demands interfered with work, for example, "the demands of my work interfere with my home and family life". The five items on each scale were measured using a seven-point Likert-type response format from strongly disagree (1) to strongly agree (7). In Hennessy's (2005) study the Cronbach values for W-FCS and F-WCS were $\alpha = .94$ and $\alpha = .91$, respectively. In this study, reliability level for both scales was $\alpha = .93$ and $\alpha = .86$, respectively.

3.6.2 **Work satisfaction scale (WSS) (Hennessy, 2005)**

Work satisfaction was assessed using the 3-item general job satisfaction subscale which is part of the Job Diagnostic Survey (Hackman, & Oldham, 1975). The scale, called the work satisfaction scale (Hennessy, 2005), measured the extent to which an employee was satisfied and happy with his

or her job. Items on the scale included participants rating how happy they were at work, for example, “generally speaking, I am very happy with my work”. Using a 7-point Likert scale, participants were asked to indicate the extent to which they agree with the three WS items. High scores indicated a high level of WS, while low scores reflected a low level of work satisfaction. This study adopted the scale from Hennessey (2005)’s study. In Hennessey’s (2005) study, the coefficient alpha for the work satisfaction scale was $\alpha = .78$. The reliability level in this study was also $\alpha = .78$.

3.6.3 Family satisfaction scale (FSS) (Hennessey, 2005)

Family satisfaction was assessed using a shortened 5-item version of Brayfield and Rothe’s (1951) job satisfaction scale. The version used was a modification by Hennessey (2005). In the modified version, the word “work” was replaced with the term “family life”. Extant work-family research has used measure modification of this nature (Aryee, Fields, & Luk, 1999; Hennessey 2005). Items of the scale included participants rating how enthusiastic they were about their family. Using a 5-point Likert scale, participants were asked to indicate the extent to which they were satisfied with the five FS items such as “family-related strain interferes with my ability to perform job-related duties”. High scores indicated a high level of family satisfaction, while low scores indicate a low level of family satisfaction. In Hennessey’s (2005) study, the reliability level for the FS scale was $\alpha = .82$ and in this study it was also $\alpha = .82$.

3.6.4 Support Behaviors Inventory (SBI) (Brown, 1986)

The Support Behaviors Inventory (SBI) was developed by Brown in 1986. A short version of the SBI contains 11 items in which participants are asked to report the degree of satisfaction or dissatisfaction they experience with their partner’s support during pregnancy. For this study, items were adopted and modified so that participants report their satisfaction with their supervisor. It is based on a 6- point rating scale from 1, very dissatisfied to 6, very satisfied and contains items such as “my supervisor helps me keep up my morale”.

Cronbach's alpha for this scale ranged from $\alpha = .83$ to $\alpha = .96$ (Brown, 1986). Reliability for this study was $\alpha = .96$.

3.6.5 Nurses Stress Scale (NSS) (Gray-Toft & Anderson,1981)

NSS was developed by Gray-Toft and Anderson (1981) as a measure of the frequency in which hospital nurses suffered work-related sources of stress. In their study they obtained factor structure of 7 dimensions: death and dying, conflict with physicians, inadequate preparation, and lack of support, conflict with other nurses, workload and uncertainty concerning treatment. This study used the shortened version which contained 34 items such as "the death of a patient" in which nurses indicated how stressful it was for them to be experience such situations. The long version contains 56 items. A study was conducted by Graft-Toft and Anderson (1981) amongst 122 nurses in 5 hospitals units. Test-retest reliability as well as four measures of internal consistency indicated that the NSS and its seven subscales are reliable (Gray-Toft, & Anderson, 1981). In this study reliability level was $\alpha = .92$.

3.6.6 Significant other Scale (SOS) (Power, Champion & Aris, 1988)

Significant other support was developed by Power, Champion and Aris (1988). The scale measures different functional resources of social support that may be provided by a number of significant role relationships within an individual's social network. It uses a 7 step Likert-type scale ranging from "very strongly disagree" to "very strongly agree". The scale's 12 items include items such as "my friends really try to help me". Besides the total score, subscales on social support and family support can be derived. Results from university students who completed the SOS at 6 months intervals indicated good test-retest reliability (Power et al., 1988). For this study, the reliability level was $\alpha = .92$.

3.6.7 Intention to leave scale (ITLS) (Tuma, & Grimes, 1981)

Intention to leave, also called turnover intention, is defined as an employee's plan or aim of quitting a current job, looking forward to finding another one in the near future (Purani, & Sahadev, 2008). In this study a three item scale measuring the nurses their intention to quit their current employment was used. The scale items are rated on five–point Likert scales, ranging from 1 (strongly disagree) to 5 (strongly disagree). The scale includes items such as “how often do you worry”. In Villanueva and Djurkovic's (2009) study, the reliability level of the intention to leave scale was $\alpha = .90$ and in this study it was estimated at $\alpha = .83$.

3.7 Plan of analyzing data

Data were coded, captured and analyzed through standard statistical software, the IBM Statistical Package for Social Sciences, version 20 (IBM SPSS 20.0) (IBM Corporation, 2011). Only participants who answered a minimum of 85% of items of a scale were included for analysis. Data cleaning was conducted and errors were corrected to increase the accuracy of the data, and where necessary, missing values were replaced with mean scores for each variable. No outliers (values 3 standard deviations above the mean) were detected and the data appeared to be normally distributed. As for data analysis itself, the first step involved the use of descriptive statistics such as frequencies, percentages, means and standard deviations to provide sample characteristics.

The main analysis involved the use of bivariate correlation in order to investigate the associations between the main variables of the study. The results of the analysis were used to decide which variables were suitable for inclusion in further analysis. The researcher then chose hierarchical regression analysis against structural equation modelling because there was a low (25%) response or return rate which resulted in a relatively small sample size. Structural equation modelling is a confirmatory technique that determines and validify proposed causal processes and models; however, it

requires a sample size of at least 200 (Barrett, 2007). Therefore, the return rate of 91 participants in this study was deemed inadequate for using the procedure. On the other hand, hierarchical regression analysis was found to be the best alternative statistical procedure for this study. It has an ability to separately estimate the predictive effects of an individual predictor and its group level mean (contextual effects) effects of the predictor on a sample size of less than 200 participants (Gelman, 2006). This procedure allows for the testing of effects of certain predictors independent of the influence of other variables. Actually, hierarchical regression analysis is suitable to test a predefined model. In this study hierarchical regression analysis predicted work satisfaction, family satisfaction and the intention-to-leave the job variables. In each predictive analysis, the nurses' stress was entered first as a control variable, W-F and F-W conflicts were entered second as independent variables, and family, significant other and supervisor supports were entered in the third step as moderating variables. Interaction terms, created from independent and moderator variables, were entered last (for the procedure's rationale, see Martins, Eddleston, & Veiga, 2002).

CHAPTER 4

RESULTS

4.1 Demographic variables of participants

As already stated (section 3.2 above), only 91 questionnaires were usable (a 25% response rate). Participants who completed them were working in public hospitals within two districts of Limpopo Province (namely, Capricorn and Mopani) with the exception of Polokwane hospital. A summary of demographic details of the sample are presented as table 1. Participants' age ranged from 22-59 years, with an average age of 36.85 (SD = 9.934). Three participants did not provide data with regard to their age. All participants were African. The largest percentage (84.6%) of nurses who volunteered to participate was female nurses. Additionally, 50.5% of the participants were single and 37.4 were married. Almost 77% participants had children (19 had no children, and 2 did not respond to the question). Only 8.8% of the participants' spouses had an educational qualification of a degree.

Moreover, 62.6% of the participants had the post-matric qualification of a nursing diploma and 9.9% had a nursing degree (see table 1). The sample came from various wards that admitted and treated patients with HIV/AIDS, 29.7% of the sample was working at the HIV clinic and 1.1% came from paediatric, infection, control and general wards, respectively. Furthermore, they had been working in the ward for years ranging between less than 6 months to 12 years. The number of patients seen by each nurse per shift ranged from 20 to 250 ($\bar{X} = 8.29$, SD = 16.428), depending on the location of the hospital. Participants who were affiliated to an organisation that dealt with HIV/AIDS were 25.3% and only 35.2% had attendants an HIV/AIDS workshop 3 months prior to data collection.

Table 1:
Demographic details of participants

Demographics	N	%	\bar{X}	SD	Range
Gender					
Male	14	15.4			
Female	77	84.6			
Age	88	96.7	36.98	9.948	22-59 yrs.
Marital status					
Married	34	37.4			
Divorced	6	6.6			
Separated	1	1.1			
Single	46	50.5			
Widowed	4	4.4			
Number of children	70	76.9	1.97	1.625	1-8
Highest educational level					
Grade 12	19	20.9			
Diploma	57	62.6			
Degree	9	9.9			
Spouse's highest educational level					
Grade 12	16	17.6			
Diploma	5	5.5			
Degree	8	8.8			
Affiliation to HIV/AIDS organization					
Yes	23	25.3			
No	51	56.0			
Attendance of HIV/AIDS workshop					
Yes	32	35.2			
No	40	44.0			

Note: Total frequencies may not add up to 91 and the respective percentages may not add up to 100% for each variable, due to missing values.

4.2 Correlations of study variables

The results of correlation analysis in table 2 show that work satisfaction was negatively related to the nurses' stress, and both F-W and W-F conflicts. The relationships were statistically significant ($p < 0.05$). Work satisfaction was also statistically significantly, positively related to the significant other and supervisor supports ($p < 0.05$, respectively). Intention to leave was positively related to work satisfaction and negatively related to F-W and W-F conflicts, and the relationships were all statistically significant ($p < 0.001$) (see table 3). It was also related to nurses stress, but the relationship was marginal ($p < 0.10$). Intention to leave was not related to almost all the support variables, and was marginally related to supervisor support ($p < 0.10$). Family satisfaction was not related to nurses' stress, and F-W and W-F conflicts. However, it was related to all variants of support except supervisor support. Gender was not related to any of the variables of the study. Age was only marginally related to nurse's stress and supervisor support.

Table 2:
Correlation analyses of all study variables (N = 91)

	1	2	3	4	5	6	7	8	9	10	11
1. Gender†											
2. Age	.248*										
3. Nurses Stress Scale	.201	.123									
4. F-W Conflict	-.097	-.142	.210*								
5. W-F Conflict	.003	.035	.291**	.428**							
6. Work Satisfaction	.133	.053	-.248*	-.467**	-.292**						
7. Family Satisfaction	.044	-.089	.024	-.133	-.043	.189					
8. Intention to leave	-.160	-.163	.192	.396**	.442**	-.584**	-.131				
9. SOS	.014	-.081	-.062	-.452**	-.146	.227*	.398**	-.102			
10. SOS-friend support subscale	-.053	-.071	-.168	-.453**	-.173	.205	.328**	-.076	.855**		
11. SOS-family support subscale	.075	-.095	-.062	-.367**	-.075	.160	.314**	-.093	.919**	.764**	
12. Supervisor support	-.088	-.158	-.089	-.398**	-.367**	.337**	.151	-.193	.300**	.264*	.232*

Note: † = Correlations between gender and each of the variables of the study were done using spearman rho correlation analysis.

* $p = 0.05$, ** $p = 0.01$, *** $p = 0.001$

F-W conflict = family-work conflict; W-F conflict = work-family conflict; SOS= significant other scale

4.3 Hypothesis testing

4.3.1 **W-F and F-W conflicts will lead to job and family dissatisfaction, and intention to leave the job among nurses**

The hypothesis that F-W conflict will predict work satisfaction among nurses was supported, and the hypothesis that W-F conflict will predict work satisfaction was not supported (table 3a, model 2 below). Also, W-F and F-W conflicts were not related to family satisfaction, meaning that the results failed to confirm the hypothesis that W-F and F-W conflicts will predict family satisfaction (table 3b, model 2 below). The hypothesis that W-F conflict will predict the intention to leave the job among nurses was supported ($p < 0.05$), but the results failed to support the hypothesis that F-W conflict will predict the intention to leave the job ($p > 0.05$) (figure 4c, model 2).

4.3.2 **Family support will moderate the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand**

Regression analysis showed that family support was not a moderator of the relationship between W-F or F-W conflicts, and job and family satisfaction and intention to leave the job, respectively ($ps > 0.05$) (table 3a, 3b and 3c below). Thus, the hypotheses specifying moderation were not supported. In the first place, when job and family satisfaction and intention to leave the job were each regressed on W-F or F-W conflicts, no association was established, meaning that there was no effect to moderate.

4.3.3 **Support from significant others will moderate the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand**

The results did not show that support from significant other moderates the relationship between reports of W-F and F-W conflicts from nurses and any of

the dependent variables, namely, job and family satisfaction and intention to leave jobs ($p > 0.05$)(tables 3a, 3b and 3c below). However, significant other support had a direct effect on family satisfaction, impacting it positively ($p < 0.01$) (table 3b, model 1). Also, the results show that even if support from significant others did not moderate W-F and F-W conflicts, the interaction between significant other support and W-F conflict was negatively related to work satisfaction, and the relationship was statistically significant ($p < 0.01$) (table 3a, model 4). The interaction between significant other support and W-F conflict was also statistically-significantly negatively related to family satisfaction ($p < 0.01$) (table 3b, model 2 below).

4.3.4 Support from the nurses' supervisors will moderate the relationship between reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand

A finding of this study indicates that supervisor support moderated experiences of W-F conflict and job satisfaction only ($p < 0.05$) (table 3a, model 3). Other dependent variables such as family satisfaction and intention to leave a job were not moderated. Again, the interaction between supervisor support and W-F conflict was negatively related to work satisfaction and the relationship was statistically significant ($p < 0.01$) (table 3a, model 4).

Table 3(a):**Results of Hierarchical Regression Analyses for the Prediction of Work Satisfaction**

Variables	Model 1	Model 2	Model 3	Model 4
<i>Step 1—control variable</i>				
Nurses stress scale	-0.274*	-0.178†	-0.172†	-0.201†
<i>Step 2—dependent variable</i>				
F-W conflict		-0.405***	-0.356**	0.349***
<i>Step 3—moderator</i>				
SS X W-F conflict			0.210*	
<i>Step 4—interaction terms</i>				
SS X W-F conflict				0.268**
SOS X W-F conflict				-0.249**
R ²	0.075	0.24130	0.272	0.330
Adjusted R ²	0.064	0.211	0.243	0.294
F	6.437**	11.677***	9.582***	9.348***
ΔR ²		0.155	0.041	0.058

Note: † $p < 0.10$; * p -value < 0.05 ; ** p -value < 0.01 ; *** p -value < 0.001

FS = family support; F-W = family-work; W-F = work-family; SOS = significant other support; SS = supervisor support

Table 3(b):**Results of Hierarchical Regression Analyses for the Prediction of Family Satisfaction**

Variables	Model 1	Model 2
<i>Step 1—moderator</i>		
SOS	0.323**	0.534***
<i>Step 2—interaction term</i>		
SOS X W-F conflict		-0.372**
R ²	0.104	0.198
Adjusted R ²	0.093	0.178
F	9.200**	9.648***
ΔR ²		0.094

Note: ** p -value < 0.01; *** p -value < 0.001

FS = family support; F-W = family-work; W-F = work-family; SOS = significant other support; SS = supervisor support

Table 3(c):

Results of Hierarchical Regression Analyses for the Prediction of Intention to Leave

Variables	Model 1
<i>Step 1—<i>independent variable</i></i>	
W-F conflict	0.489***
R ²	0.240
Adjusted R ²	0.230
F	24.887***
ΔR ²	0.240

Note: *** p -value < 0.001

FS = family support; F-W = family-work; W-F = work-family; SOS = significant other support; SS = supervisor support

CHAPTER 5

DISCUSSION

5.1 Introduction

The present study used hierarchical regression analysis to explore the existence of W-F and F-W conflicts amongst nurses working with HIV/AIDS patients. The main objective of the study was to find out if W-F and F-W conflicts lead to job and family dissatisfaction and intention to leave the job amongst nurses in hospitals within the Limpopo Province, South Africa. In addition, the study examined the moderator role of family support and social support from supervisor and significant other in relation to W-F and F-W conflicts and its outcomes. The study was based on a cross sectional sample (N = 91) of nurses working with HIV/AIDS patients in public hospitals of Limpopo Province, specifically, Capricorn and Mopani districts. The present chapter will discuss the findings in relation to hypotheses of the study and existing literature.

5.2 Before proceeding with the discussion of the results, it is important to highlight certain issues pertaining to the interpretation of the results. First, the return rate of 25% in this study should be taken into account when interpreting the results of the study. Although the magnitude of the return rate itself is not unusual for a social science survey, its meaning is important. Participants may have been a self-selected group. Therefore, their views may be unique. This means that care must be exercised in generalizing the results.

5.2 **The association of W-F and F-W conflicts to job and family dissatisfaction, and intention to leave the job among nurses**

The first hypothesis was partially supported because F-W conflict predicted only work satisfaction and not family satisfaction as well as intention to leave the job amongst nurses. This outcome is consistent with findings from Kossek and Ozeki (1998) who concluded that family aspects interfering with work

tasks (that is, F-W conflict), but not W-F conflict, are negatively related to work performance and attitudes. Similarly, Adams and Jex (1999) found that F-W conflict was related to lower job satisfaction. In fact, Jones and Butler (1980) found that conflict between work and family did not have a significant effect on job satisfaction amongst military personnel. Additionally, Bedeian et al. (1988) found lack of significant relationship between W-F conflict and job satisfaction in a study examining outcomes of W-F conflict.

However, the findings above are not consistent with some previous studies which indicate that, in fact, W-F conflict is related to lower job satisfaction and family satisfaction amongst employees (Bedeian et al., 1988; Burke, & Greenglass, 1999). Cortese, Colombo and Ghislieri (2010) found that W-F conflict in health organizations contributed towards decreased job satisfaction amongst 351 North Italian hospital nurses. More recently, Gao, Shi, Niu and Wang (2012) also found that W-F conflict was negatively related to job satisfaction. Moreover, Almalki, FitzGerald and Clark (2012) observed that dissatisfaction with work life amongst nurses in the Jazan region of Saudi Arabia is due to inability to balance work and family needs and supervision practices, amongst others.

W-F conflict predicted only the intention to leave the job amongst the present sample. This finding added evidence to previous literature confirming a relationship between the two variables. For example, O'Driscoll et al. (1992) found that higher levels of W-F conflict predicted lower levels of organizational commitment. Furthermore, Greenhaus, Parasuraman and Collins (2001) found that W-F conflict but not F-W conflict predicted intentions to quit ones' job or profession. Farguharson, Allan, Johnston, Johnston, Choudhary and Jones (2012) found that W-F conflict was a significant predictor of intention to leave a job and job satisfaction amongst 152 nurses working in a healthcare telephone advice service. Lastly, Stanz and Greyling (2010) concluded that discontent with salaries, nursing practice, employment opportunities after resignation and the work environment were major determinants of nurses' resignation in three selected hospitals in Gauteng.

The inconsistency of the present findings when compared to existing findings in and outside South Africa in relation to W-F conflict, job and family satisfaction is surprising. However, it could be linked to the cultural background of the present sample. For example, studies argue that experiences of W-F conflict are culture specific and not global (Kossek, & Ozeki, 1998; Spector et al., 2004). Literature suggests that there are two types of societies: individualistic and collectivistic. The difference between the two is their particular attitudes towards work and family. South Africans, mostly Blacks, are part of a collective culture which worries less about work activities interfering with family activities (Allik, & McCrae, 2004). They view work as serving the needs of the family and individuals who devote their time and effort in their work are supported by their family.

Researchers have noted that considering cultural orientation while investigating W-F conflict is important (Spector et al., 2004). For example, Aryee, Fields and Luk (1999) examined the cross-cultural generalizability of the W-F construct amongst US and Hong Kong employees. Their findings suggested similar constructs of work and family across the two cultures; however, the nature and effects of the cross-over between family and work domains on overall employee well-being was different. For instance, life satisfaction of Hong Kong employees was influenced by W-F conflict while American employees were influenced by F-W conflict. Additionally, Lu, Kao, Chang, Wu and Cooper (2008) also indicated that W-F and F-W conflicts may bestow a greater impact on employees in an individualistic society than in a collective society. Therefore, the present finding could be linked to the cultural orientation of the sample. In addition, studies on W-F conflict in nursing personnel appear incapable of taking into account cultural characteristics of different countries and different hospital contexts. Findings and conclusions are often based on small sample sizes; therefore, it is possible to claim that these are not accurate in detecting W-F conflict (Grzywacz et al., 2006).

5.3 The moderating effect of family support on the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand

The hypotheses on family support moderating the relationship between nurses' reports of W-F and F-W conflicts and experiences of job and family satisfaction and intention to leave the job was not supported. This finding is inconsistent with previous research. For instance, Brough and Kelling (2002) and Ford, Heinen and Langkamer (2007) established that family support reduced experiences of W-F and F-W conflicts. Results on the impact of family support as a moderator will be clarified more below, in the context of significant other and supervisor supports. This is because only a few studies focus specifically on this type of support as a moderator variable (Rittippant, et al., 2011). Spouse support has been considered to be the primary source of support in the family domain (Carlson, & Perrewe', 1999).

5.4 The moderating effects of support from significant other on the relationship between nurses' reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand

Although support from significant others did not moderate the relationship between reports of W-F and F-W conflicts from nurses and any of the dependent variables, such as job and family satisfaction and intention to leave jobs, it had a direct effect on family satisfaction. Therefore, the hypothesis was partially supported and was consistent with prior findings that concluded that social support from spouses and friends reduced W-F conflict (Adams et al., 1996; Carlson et al., 1999). Furthermore, Parasuraman, Greenhaus and Granrose (1992) found that work support was associated with increased job satisfaction, while spouse support was associated with greater family satisfaction amongst 119 men and 119 women who were partners in a two-career relationship. Moreover, Patel, Beekhan, Paruk and Ramgoon (2008)

explored the impact of work on family functioning, its relationship to job satisfaction and the role of spousal support in a group of 80 female nurses working in a government hospital in South Africa. Their study revealed that there was a negative relationship between job satisfaction, spousal support and W-F conflict.

5.5 The moderating effects of support from supervisor on the relationship between nurse's reports of W-F and F-W conflicts on the one hand, and experiences of job and family satisfaction and intention to leave their jobs, on the other hand

The hypothesis was supported in part because supervisor support moderated reports of W-F conflict and experiences of job satisfaction. Additionally, the interaction between supervisor support and W-F conflict was negatively related to work satisfaction. This finding supports studies such as that of Thomas et al. (1995) who found that supervisor support reduced W-F conflict amongst 398 healthcare workers, which in turn led to greater job satisfaction. What is more, Anderson, Coffey and Byerly (2002) stated that supervisor support had a direct relationship with all employee outcomes, and negative career consequences were related to lower job satisfaction and higher turnover intentions.

Supervisor support failed to moderate experiences of family dissatisfaction and intention to leave the job in this sample. This finding is surprising, since supervisor support has sometimes been found to serve as a moderator. However, it supports findings by Stolin-Goltzman (2008) who reported that supervisory support did not moderate intention to leave work amongst social workers. Hayes et al. (2005) state that nurses turnover intentions is influenced by moderators such as professional commitment, personal disposition and organisational factors including workload, empowerment and management style. Therefore, suggest that administrative interventions are likely to moderate dissatisfaction and intention to leave amongst nurses. Also, the relationship between supervisor support and leaving intention is depended on the strength of the individual's affiliation needs. It is also possible that

supervisor support did not moderate family dissatisfaction because it is a non-workplace issue and would not have a direct impact (Lee, 2004). Then again, Muhammad and Hamdy (2005) reported that social support from supervisor and colleagues moderated the relationship between burnout and intention to leave the job.

Although the moderating effects of social support on occupational stress continue to be investigated, studies are inconclusive because much of the research found inconsistent evidence for social support as a moderating variable in the stressor-strain relationship. For example, Yildirim et al. (2008) found that W-F and F-W conflicts were associated with lower job and life satisfaction, even though social support from supervisor did not moderate the relationships between work demands, W-F conflict, job and life satisfaction. Furthermore, Phelan et al. (1991) failed to find a buffering influence of social support on the relationship of work and family stressors to depression. Also, Frone et al. (1992) failed to find support for the buffering effect on the stressor-distress relationship. Ahmed, Muddasar and Perviax (2012) determined the impact of W-F conflict and pay over employee's job satisfaction in banking sector with the moderating role of perceived supervisor support between W-F conflict and job satisfaction. Their results indicated that perceived supervisor support did not play a moderating role between W-F conflict and job satisfaction. House (1981) argued that when studying chronic stressors in cross-sectional studies, stress buffering processes may not be evidenced in statistical interaction. Also, it will be interesting if social support is studied using alternative methods such as a mediator or independent variable.

5.6 Conclusion and recommendations

In conclusion, the study explored W-F and F-W conflicts and their psychological impact on nurses working with HIV/AIDS patients at government hospitals in the Capricorn and Mopani districts of the Limpopo province. The study used a cross-sectional design, surveying 91 nurses with a self-administered questionnaire. Data were analysed mainly through

hierarchical regression. Findings from the study provided limited support of the F-W and W-F conflicts impacts, showing that F-W conflict predicted job satisfaction while W-F conflict predicted the nurses' intention to leave their jobs. It was argued in this study that experiences of W-F and F-W conflicts are not global but culture specific; therefore, this could have affected the findings of the study.

Furthermore, the interaction between supervisor support and W-F conflict had a negative relationship with job satisfaction. On the other hand, some of the hypotheses in the study were not supported, for example, W-F conflict failed to predict family and job satisfaction. Moreover, family satisfaction and support from significant other failed to moderate the relationship between nurses' reports of W-F and F-W conflicts, experiences of job and family satisfaction and intention to leave their jobs. Although supervisor support moderated W-F conflict and experiences of job satisfaction, it failed to moderate the relationship between nurses' reports of F-W conflict and experiences of job and family satisfaction, and intention to leave their jobs. Also, it failed to moderate the relationship between reports of W-F conflict and experiences of family satisfaction and intention to leave their jobs. There are many inconclusive studies regarding social support as a moderating variable, therefore, the relationship between social support and W-F and F-W conflicts is more complicated than it appears at face value.

Findings from this study have significant implications for family and nursing institutions by contributing to the limited literature on W-F and F-W conflicts in South Africa. In order to reduce nurses' experiences of W-F and F-W conflicts, working conditions such as staff shortages should be improved by ensuring that more nurses are trained and recruited to work in units that deal with HIV/AIDS patients. Interventions aimed at improving nurses' family support and issues relating to family and work balance should be implemented. Supervisor support and leadership skills should be improved by providing workshops in order to help supervisors provide psychological support to nurses. Furthermore, employee assistance programme (EAP) or skills development programmes such as stress management training on how

to handle challenges at home and work, HIV/AIDS workshops, support groups and counselling services that would allow nurses to debrief about their challenges should be established in hospitals so that nurses are supported.

In future, more studies on W-F and F-W conflicts need to be conducted within the South African nursing environment so that findings can be compared at an international level and more intervention programmes can be adopted in order to help nurses identify and cope with W-F and F-W conflicts issues affecting their family and work satisfaction and performance. Furthermore, it could also be useful to conduct qualitative studies in order to explore and describe experiences of nurses in South Africa.

5.7 Limitations

This study provides an important comprehensive insight on the experiences and consequences of W-F and F-W conflicts on nurses working with HIV/AIDS patients in the Limpopo province. Additionally, the study has a potential to contribute to the limited W-F and F-W conflicts research literature in South Africa as well as the nursing practice by identifying some of the factors leading to W-F and F-W conflicts. However, there are limitations important to consider when interpreting findings of this study. Firstly, the study had a relatively small sample size (N = 91), spread across a relatively wider geographic area. Therefore, caution must be exercised when generalizing the findings to all nurses. Particularly because of different environmental factors and organisational challenges unique to each hospital which may impact nurses' satisfaction with their jobs and families and experiences of W-F and F-W conflicts and intention to leave job.

Most of the participants provided a subjective perception when responding to the self-administered questionnaire which they completed in their own spare times. Moreover, cross-sectional design limited the researcher's ability to draw causal inferences amongst the study variables.

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Appendix: Letter of permission for access to hospitals



Project Title: Work-family conflict and family-work conflict amongst nurses working with HIV/AIDS patients within Limpopo Province (Capricorn and Mopani districts).

Good day,

I am Lehlogonolo Makola from the University of Limpopo (Turfloop Campus). I hereby request your participation in the above-mentioned project, which will be part of my thesis for an M.A degree in research psychology. Your participation in the project is completely voluntary and you are free to withdraw from the project (without providing any reason) at any time.

Your involvement in the project will assist the researcher explore issues related to family, work and life experiences of nurses working with HIV/AIDS patients at government hospitals within the Limpopo province. We hope that the study will generate some understanding of working conditions of nurses working with HIV/AIDS patients.

It is possible that you might not personally experience any advantages from the project. However, the knowledge that be accumulated through the project might prove advantageous to many others. We hope that you will spare your valuable time to assist with this study.

You are encouraged to ask any questions that you might have in connection with this project at any stage.

Thank you in advance for assistance and understanding.

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