

Work-Family Congruence and Work-Family Concerns Among Nursing Staff

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Abstract

This study investigated work status congruence and work-family experiences among nursing staff. Data were collected from 1362 hospital-based nurses using anonymous questionnaires. Nurses indicated whether they were currently working full-time or part-time and whether they preferred to work full-time or part-time. Four work status groups were then compared. There were considerable demographic differences among the four work status groups. Nursing staff having congruent work status were generally more satisfied with their families and reported lower levels of work-family conflict. The two work status incongruent groups of nurses were found to have different correlates and consequences.

The last decade has produced marked changes in the employer-employee relationship. Organizational efforts to remain competitive have resulted in workforce reductions, often associated with greater use of part-time staff (Feldman & Doeringhaus, 1992). The evidence shows that the fastest growing segment in the North American workforce during this time period has been among part-time workers (Tilly, 1992). Feldman (1990) noted, however, a critical distinction between voluntary and involuntary part-time workers. Voluntary part-time workers work part-time by choice; involuntary part-time workers work part-time because of the unavailability of full-time employment (Feldman, 1990). There is some data suggesting that the proportion of workers in involuntary part-time work is increasing while voluntary part-time work is decreasing

(Ichniowski & Preston, 1986; Tilly, 1992)

Employment contracts in the 1990s are also being restructured to provide greater flexibility to employers. This has contributed to the observed increases in contract and part-time employees. Four reasons are typically given to explain part-time work: financial need, the importance of flexibility, a preference for flexibility, and the failure to find full-time work. Feldman (1990) suggests that different demographic groups might be more common in particular types of work arrangements and that different demographic groups might evaluate aspects of part-time work differently.

Armstrong-Stassen, Horsburgh and Cameron (1994) and Tansky and Gallagher (1995) found that work status congruence and voluntary/involuntary work arrangements had important consequences. Armstrong-Stassen, et al., (1994), reported that job satisfaction was significantly higher among both full and part-time workers whose work schedules were consistent with their preferences. Tansky and Gallagher found that involuntary part-timers (workers who wanted to work full-time but were unable to find full-time work) were more dissatisfied with extrinsic work aspects compared with voluntary part-time (workers choosing to work part-time). Tansky and Gallagher (1995) observed, among part-timers, similar levels of job satisfaction and commitment between voluntary and involuntary part-timers.

Lee and Johnson (1991) noted that permanent full-time employees working a preferred schedule had higher organizational commitment than permanent part-time employees working a preferred schedule while the organizational commitment of permanent full-time and part-time workers did not differ when they did not work their preferred schedule.

Some writers have also suggested that part-time workers are less likely to be involved in the organization's social system than are full-timers and may have different reactions to organizational demands. Tansky, Gallagher and Wetzel, (1997) suggested that part-time employees compare their

perceptions of their own working conditions and treatment relative to those of full-time employees. Eberhardt and Shani (1984) propose that part-time workers may have less knowledge of organizational functions and support organizational policies with less enthusiasm. Women with children at home who are employed part-time may also have lower levels of organizational commitment. Because of the many home demands, women with children at home may prefer schedule flexibility.

The literature on the consequences of full-time versus part-time work status is contradictory. Some researchers have found few or no differences (e.g., Hom, 1979; McGinnis & Morrow, 1990); others (e.g., Wakefield, Curry, Mueller & Price, 1987; Miller & Terborg, 1979; Lee & Johnson, 1991; Jackofsky & Peters, 1987; Eberhardt & Shani, 1984) observed differences on one or more measures.

Some attention has been given to understanding the effects of work status congruence. Bishop, Ofori-Dankwa and McKether (1993) suggest that individuals having congruent work status (full-timers preferring full-time work, part-timers preferring part-time work) should be more satisfied than individuals having incongruent work status (full-timers preferring part-time work; part-timers preferring full-time work). Armstrong-Stassen, Horsburgh and Cameron (1994) provided empirical support for this notion. They reported greater job satisfaction for both full and part-time workers with congruent work schedules. Full-time workers preferring part-time schedules were more dissatisfied with their jobs and had higher turnover intentions. Part-time workers preferring full-time jobs were more concerned with job insecurity and job loss from workforce reductions.

Many of the studies of part-time workers, and voluntary/involuntary work status, have involved nursing staff. The present investigation of work status congruence and work family outcomes was also carried out among nurses. There were a number of reasons for extending the

work on work status congruence to include work-family outcomes. First, most nursing staff were women, and women have traditionally shouldered more responsibility for home and family responsibilities. Second, some women may prefer part-time employment for particular periods in their work lives. Third, the research on work status congruence has not yet considered work-family outcomes.

The present study examines the relationships of work status congruence and work-family outcomes. The general hypothesis underlying the study would be that nursing staff having congruent work status would experience greater family satisfaction and less work-family conflict.

Method

Procedure

Data were collected using a confidential and anonymous mail-out questionnaire which was sent to about 3900 hospital nurses in Ontario who were members of the nurses union. Respondents were randomly chosen from all hospital nurses in their membership (about 45,000). The sample (N=1362) represented a 35% response rate. Completed questionnaires were returned to a university address in a stamped self-addressed envelope that was provided.

Respondents

Table 1 shows some of the demographic characteristics of the sample. There was considerable diversity on most items. Respondents were mainly women (95%), about one half worked full-time, had some type of supervisory duties, over 80% were Registered Nurses prepared at the diploma level, 80% were married or living with a partner and about three quarters had children. On average, respondents had been employed in their current units 9 years and in their current hospital 15 years. The average age of respondents was 42. Respondents lived and worked in communities and hospitals of various sizes. Finally, respondents worked in a

variety of nursing units, with two-thirds in medical/surgical, intensive care/coronary, emergency and obstetrics. The respondent sample was similar to the total provincial membership on all demographic characteristics.

Measures

Work Status Congruence

Nursing staff indicated their current work status (full-time/part-time) and their preferred work status (full-time/part-time).

Table 1
Demographic Characteristics

	N	%		N	%
<u>Nursing Unit</u>					
Medical/surgical	348	25.5			
Intensive care/coronary	237	17.4			
Emergency	159	11.7			
Obstetrics	143	10.5			
Continuing care/Geriatrics	90	6.6			
Operating room	87	6.4			
Pediatrics	83	6.1			
Psychology	81	5.9			
Oncology	65	4.8			
Recovery room	56	4.1			
Medical/Surgical short stay	43	3.2			
Other	276	20.2			
<u>Children</u>					
Yes	1055	77.8			
No	301	22.2			
<u>Community Size</u>					
1,000,000 +	187	14.2			
500,000 - 1,000,000	126	9.6			
250,000 - 500,000	280	21.3			
100,000 - 250,000	242	18.4			
50,000 - 100,000	236	19.9			
Less than 50,000	244	18.6			
<u>Sex</u>					
Women	1292	97.1			
Men	39	2.9			
<u>Work Status</u>					
Full time	645	48.0			
Part time	700	52.0			
<u>Supervision duties</u>					
Yes	616	45.7			
No	737	54.3			
<u>Hospital Size - Beds</u>					
400 +	325	24.4			
251 - 400	394	29.6			
151 - 250	262	19.7			
125 - 150	94	7.1			
Less than 125	256	19.2			
<u>Marital Status</u>					
Married, living together	1097	81.2			
Single, widowed, divorced, separated	251	17.8			
<u>Education</u>					
RNA diploma	14	1.0			
RN - College diploma	679	50.2			
RN - Hospital based diploma	441	32.6			
BSc./BA	208	15.5			
MA	10	.7			
<u>Years in Unit</u>					
1-5	469	34.6			
6-10	450	33.1			
11-15	212	15.6			
16-20	105	7.8			
Over 20	121	8.9			
<u>Age</u>					
under 25	16	1.2			
26-35	353	26.6			
36-45	496	37.4			
46-55	378	28.5			
56- and over	84	6.3			
<u>Years in Hospital</u>					
1-5	178	13.1			
6-10	438	32.4			
11-15	270	19.9			
16-20	181	13.3			
over 20	288	21.3			
<u>Years in Nursing</u>					
1-5	106	7.8			
6-10	276	20.4			
11-15	261	19.3			
16-20	225	16.7			
Over 20	485	35.8			

Personal and Situational Demographics were measured by a variety of single item measures. These included: years employed on current nursing unit, years employed in present hospital, years employed as a staff nurse in a hospital setting, whether job included supervisory duties, size of hospital (i.e. number of beds), size of community where you work, hours worked per week, highest level of education qualification, marital status, children, and gender.

Work-Family Concerns

Work-Family Conflict was measured by a four item scale ($\alpha = .73$) developed by Kopelman, Greenhaus and Connolly (1983). One item was "After work, I come home too tired to do things I would like to do".

Family-work conflict was also measured by a four item scale ($\alpha = .71$) developed by Burley (1989). One item was "My personal demands are so great that it takes away from my work".

Family satisfaction was measured by a three item scale ($\alpha = .86$) developed by Kopelman, et al., (1983). An item was "The major satisfaction in my life comes from my family".

Family involvement was measured by a three item scale ($\alpha = .88$) developed by Parasuraman, Purohit, Godshalk and Beutell (1996). One item was "The most important things that happen to me involve my family".

Spouse support was measured by five item scale ($\alpha = .84$) developed by Parasuraman et al., (1996). Respondents indicated the extent to which their spouses provided each item. (1 = almost none, 5 = a great deal). One item was "To what extent is your spouse willing to listen to your problems?"

Hours household work was measured by a single item. Respondents indicated how many hours per week they spent doing work related to their homes and families.

Results

Work Status Congruence

Nursing staff fell into one of four categories based on their current work status (full-

time or part-time) and their preferred work status (full-time or part-time). The number and percent of nursing staff in each category is shown in Table 2. Six hundred and twenty-one respondents were currently working full-time (47.7%) and 680 were working part-time (52.3%). Slightly fewer preferred to work full-time (N=566, 43.5%) and slightly more wanted to work part-time (N=735, 56.5%). Nine hundred respondents worked the status they preferred (69.2%); 401 indicated work status incongruence (30.8%).

Workers working part-time and preferring part-time (PT/PT) were the largest group (N=507, 39.0%), followed by full-time workers preferring full-time work (FT/FT, N=393, 30.2%), full-time workers preferring part-time work (FT/PT, N=228, 17.5%), and part-time workers preferring full-time work (PT/FT, N=173, 12.7%). Interestingly, the FT/PT and PT/FT groups were fairly similar in size.

Work Status Congruence and Demographic Characteristics

Table 2 shows group comparisons using one-way ANOVA on a number of personal and situational characteristics. Significant overall group effects were present on most (83%) of these measures. The following comments are offered in summary. First, no group differences were present on level of education or sex. Second, FT/FT staff were older than staff in the three other groups. In addition, staff in both PT/PT and FT/PT were older than staff in the PT/FT group. Third, significantly more PT/PT staff were married than were staff in the three other groups. In addition more FT/PT staff were married than in both FT/FT and PT/FT groups. Fourth, the PT/PT staff group were more likely to have children than were the other three groups. In addition, more FT/PT had children than did FT/FT staff. Fifth, FT/PT staff lived in significantly smaller communities than did the three other groups. Sixth, FT/FT and FT/PT staff worked more hours per week than did PT/FT and PT/PT staff. In addition, PT/FT staff worked more hours per week than did PT/PT staff. Seventh,

more FT/FT and FT/PT staff had supervision duties than did PT/PT and PT/FT staff. Eighth, PT/FT staff worked in smaller hospitals than did staff in the three other groups. Finally, on the three measures examining tenure, identical patterns were present. FT/FT staff had longer tenure on each measure than did the three other groups. In addition, both PT/PT and FT/PT staff had longer tenure on each than did the PT/FT group.

The four work status groups were then compared on measures of family concerns using one-way ANOVA. When the overall F value was statistically significant ($P=.05$), pairwise comparisons were undertaken. Table 3 shows these comparisons on six work-family measures. Significant group differences were present on four of these measures. Respondents in the four work status groups reported similar levels of family-work conflict and spouse support.

Table 2
Work Status and Demographic Characteristics*

<u>Personal Characteristics</u>	<u>FT</u>	<u>PT</u>	<u>FT</u>	<u>PT</u>	<u>P</u>
Year of birth	52.1 ^{abc}	54.7 ^{ae}	54.4 ^{bd}	57.2 ^{cde}	.001
Marital status	1.3 ^{ad}	1.0 ^{abc}	1.2 ^{bde}	1.3 ^{ce}	.001
Children	.7 ^{ad}	.9 ^{abc}	.8 ^{bd}	.7 ^c	.001
Education	2.7	2.6	2.6	2.6	NS
Community size	3.7 ^a	3.8 ^b	3.3 ^{abc}	4.0 ^c	.001
Sex	1.0	1.0	1.0	1.0	NS
<u>Situational Characteristics</u>					
Hours worked	39.2 ^{ab}	23.5 ^{ace}	38.9 ^{cd}	25.4 ^{bde}	.001
Supervision duties	.5 ^{ab}	.4 ^{ac}	.5 ^{cd}	.4 ^{bd}	.001
Hospital size	2.6 ^a	2.7 ^b	2.5 ^c	2.9 ^{abc}	.01
Years unit	10.5 ^{abc}	8.8 ^{ad}	9.0 ^{be}	6.6 ^{cde}	.001
Years hospital	15.4 ^{abc}	12.7 ^{ad}	13.6 ^{be}	9.8 ^{cde}	.001
Years nursing	18.9 ^{abc}	16.5 ^{ad}	17.0 ^{be}	13.1 ^{cde}	.001

* Work status groups having the same superscripts are significantly different ($p = .05$).

The following patterns of differences were observed. First, the PT/PT group reported significantly less work-family conflict than did the three other groups. Second, the PT/PT group reported significantly greater family satisfaction than did the three other groups. Third, the PT/PT group indicated greater family involvement compared to the FT/FT group. Fourth, PT/PT and PT/FT groups undertook significantly more hours of household responsibilities than both FT/FT and FT/PT groups.

Discussion

This study examined the relationship of work status (FT/PT) and work status congruence (FT/FT, FT/PT, PT/PT, PT/FT) on selected work-family measures. A fairly consistent pattern of findings emerged. It is important, however, to first consider demographic and situational factors associated with these work status groups in order to put other findings into a context.

Table 3
Work Status and Work-Family Concerns*

<u>Concerns</u>	<u>FT</u> <u>FT</u>	<u>PT</u> <u>PT</u>	<u>FT</u> <u>PT</u>	<u>PT</u> <u>FT</u>	<u>P</u>
W-F Conflict	12.7 ^a	11.8 ^{abc}	13.2 ^b	13.0 ^c	.01
F-W Conflict	6.0	6.2	6.7	6.4	NS
Family Sat.	12.6 ^a	13.3 ^{abc}	12.2 ^b	12.4 ^b	.01
Family Inv.	12.9 ^a	13.6 ^a	13.4	13.2	.05
Spouse Support	18.5	18.3	18.4	18.6	NS
Hours Household	28.0 ^{ac}	39.8 ^{ab}	29.1 ^{bd}	34.8 ^{cd}	.001

* Work status groups having the same superscripts are significantly different (p = .05)

Considering the four groups, FT/FT staff were older and had longer nursing, hospital and unit tenure than did PT/FT staff. The other two groups fell between FT/FT and PT/FT staff. Not surprisingly, both FT groups worked more hours per week and were more likely to have supervision duties than were the two PT groups. PT/PT staff were more likely to be married and have children, than were staff in the other three groups. PT/FT were youngest and had the shortest tenure in nursing. For the former (PT/PT), working PT and preferring to work PT represented a way to balance work and child rearing. For the latter (PT/FT), the PT status reflected an involuntary choice since they preferred FT work but were unable to find such positions in a time of significant health care restructuring and downsizing.

The PT/PT work status was also associated with less work-family conflict, greater family satisfaction and greater family involvement suggesting that this pattern represented a desirable way of obtaining work-family balance. Interestingly, spouse support did not differ across the four groups suggesting that perhaps greater spouse support in particular work statuses (FT/PT) might also be a useful resource.

Interestingly, the number of staff in the PT/FT group was similar in number to those in the FT/PT group (173 and 228, respectively). One practical initiative would be to allow staff in these two groups to exchange work status. This assumes that no other constraints exist to limit this type of movement. It is possible that such movement would increase satisfaction and well-being.

It was not certain that work status preferences were completely realistic. A nurse currently working full-time could express a preference for working part-time but might find this work status difficult because of the loss of income. It was also not clear, given the union presence, whether permitting work status changes to match work status preferences could be achieved in a straightforward way. Finally, the study was conducted during a period of considerable turbulence in the health care system

as hospitals restructured merged, downsized or closed. It is possible that moving to a part-time status might pose job continuity problems for individual nurses while hospitals might be reluctant to move nurses to full-time work status should they need to further reduce their costs.

Our findings were consistent with those of other researchers (e.g., Armstrong-Stassen et al., 1994) in showing that nursing staff having work status congruence were more satisfied. This is particularly noteworthy since the needs of the FT/FT and PT/PT groups were different.

In addition, the PT/FT group of young nurses may warrant special attention. There are likely to be long term personal and professional implications when the youngest members of the nursing profession want full-time employment but are unable to find it. There is a considerable literature showing the psychological costs of underemployment and underutilization (Feldman & Turnley, 1995).

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Footnotes

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²Reliability coefficients are based on current sample.

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