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Levelling Hard Pitch of Work-Family Conflict During Pandemic: Lived Experience of Female Nurses

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Abstract: *This paper aims to explore the notion of work-family conflict (WFC) among female nurses during the pandemic of COVID as they were standing at the front line to combat this havoc. Health care is a challenging field, and medical professionals, especially female nurses, experience this phenomenon on a daily basis. A reasonable amount of scholarship is available on this topic. However, research focusing on contextualizing work-family conflict during COVID-19 is a missed clue between practice and research. Considering this lacuna, this research paper has exclusively focused on the lived experience of married (with kids) female nurses and the strategies they employed to survive in the religio-culturally defined patriarchal environment of Pakistan. In line, this paper contributes to the intellectual discourse with a context-specific insider's view of female nurses. Research implications and future research direction will also be given in this paper.*

Key Words: Nurses, Pandemic, Work-family Conflict, Survival Strategies, Personal Attributes, Contextualizing, Pakistan

Introduction

Healthcare is one of the most demanding professions that poses work-life conflict (WLC), particularly for women. WLC is a balancing act between the priorities of one's personal and professional aspects, which are closely intertwined in all domains of life. The healthcare sector is growing at a fast pace, with female nurses constituting a large part of the workforce. A nurse's job contains many issues like night shifts, prolonged shifts, fewer breaks, and more work pressure, causing work-life conflict across the world; this issue is critical in the religio-culturally defined patriarchal environment of Pakistan. Consistently, these female medical professionals experience great pressure leading to psycho-physiological problems that, in turn, influence the

quality of life at the personal, familial and professional levels. The COVID-19 pandemic was the most stressful for health professionals, especially female nurses, as they were directly dealing with patients. The health emergency of COVID-19 and its contagious nature influenced the professional as well as family life of nurses. The work-life conflict phenomenon that these nurses experienced during routine life increased exponentially. Due to the COVID-19 lockdown, all members of the family stayed at home except the nurses. They remained in the hospitals as their duty timings/shifts doubled; even when they were home, they had to stay in isolation so that infection did not pass on to the family.

Setting the Context

In contemporary Pakistan, men are no longer the sole breadwinners for the family, as women are also economic contributors to the family (Ullah, [2010](#)). Despite major changes in the layout of the Pakistani economy, very little (or no change at all) has occurred in the cultural framework of Pakistani society, especially in the context of expectations from women (Saher et al., [2013](#)). Consistently, women's share has increased in the labour market, but their primary role as mothers, housewives, and caretakers of the family has not changed (Safdar & Yasmin, [2020](#)). This, in turn has increased their duties and pressures.

Scholarships have highlighted that working women are using various approaches to resolve work-life conflict. Involvement in multiple roles at a given time generates inter-role conflict for working women because it is not possible for them to satisfy all expectations and demands of work and family with limited energy, resources and time. It becomes especially difficult for married medical female professionals to create a balance in their work and family life (Gordon et al., [2004](#); Hall, [1972](#)). Work-family research has shown that both synergies and trade-offs between home and work go side-by-side in the lives of women professionals (Friedman & Greenhaus, [2000](#)). To reduce conflict, female professionals integrate work and non-work activities and get social support from both the family and the organization (Wilson et al., [2004](#)). Scholarship has shown that social support (both from work and family) plays an essential role in managing work-family life (Afzal et al., [2010](#); Malik et al., [2010](#)). In this paper, we consider the roles of both personal and social factors in levelling the hard pitch of work-family conflict to survive in today's challenging environment. This paper is unique in the way that it takes a holistic approach to explore the resolution of WFC. Considering the significance of this topic, this paper explores the issue at hand through qualitative research methodology while employing a culturally specific lens. Fifteen in-depth interviews were conducted to get an insight of the respondents on the topic, thematic analysis was used for analysis, and personal opinions of the respondents were used for the sake of result validity.

Literature Review

COVID-19 is the extremely contagious virus that has nearly brought the healthcare system to its knees in some countries, imposed huge strain on governments, medical institutions, and healthcare personnel, and caused stress, anxiety, dread, and pandemic trauma among patients (Zeb et al., [2021](#)). High physical and emotional demands characterize the medical profession. Medical healthcare personnel who are exposed to and come into contact with all confirmed and suspected coronavirus cases are at risk for both high-risk difficulties and psychological problems. In this context, female nurses have experienced significant shifts and instability and have a variety of obstacles, one of which is dealing with work-life conflict. They face particular challenges in achieving a satisfying role balance because they are responsible for a disproportionate number of domestic responsibilities. Scholarship reveals that during and after the outbreak of COVID-19, nurses typically dealt with workplace issues such as workload, job demands and pressures, scheduling, shift work, and other characteristics of the nursing job that do their jobs and professional life challenging (Asiedu et., al, [2018](#); Leineweber, et., al, [2013](#)). Nurses also frequently find themselves caught between the demands of their work and family (Alazzam, AbuAlRub, & Nazzal, [2017](#); Unruh, Fottler, & Raffenaud, [2016](#)). Multiple responsibilities at work and in the home may have various cultural implications in different countries for women professionals but in Pakistan, it becomes critical, as women's role in Pakistani society is still quite traditional. Consistently, handling the work-life conflict becomes more difficult for women during COVID-19. In a similar vein, the COVID-19 outbreak in Pakistan posed a serious threat to female nurses and made them vulnerable due to their simultaneous obligations at home and at work (Zeb et al., [2021](#)).

Pakistan has low gender egalitarian cultural ethics, and conventions concerning gender roles have been rapidly changing as women's participation in the workforce has increased (Winefield, Boyd, & Winefield, [2014](#)). People who live in collectivist societies have a different experience with work-family conflict than those who live in individualistic ones (Spector, Cooper, Poelmans, [2004](#)). In South Asian societies, the social structure is patriarchal, and women and men have distinct gender roles. Within

these normative limits of Pakistani society, the male is primarily viewed as the breadwinner, while the female is viewed as the family's caretaker (Malik & Khalid, 2008). But the situation has changed, women are an essential part of Pakistan's healthcare system, serving as doctors, nurses, and associated health professionals in all of the country's COVID dedicated hospitals. Female nurses have put their own needs aside to help combat the pandemic and have demonstrated the highest levels of professional dedication. However, because of the health risks, they have experienced emotional and psychological stress, social isolation along with added workload that is contributing to work and family conflict. As rightly pointed out by Safdar & Yasmin (2020), "the pandemic for the women has resulted in the increased burden of unrecognized unpaid domestic labour which, as a result, has caused them mental stress" (p.684). This is because, culturally, women's basic role is defined within the context of home; they are the homemakers and have an unequal allocation of work at home as compared to their counterparts.

Work-family conflict (WFC) is unavoidable in the nursing profession, and almost all professionals experience significant physical, cognitive, and emotional stress due to WFC (Alazzam, 2017; Venkatesan, 2021). Sturges and Guest (2004) said that personal ethics are based on a wish to 'work to live', not 'live to work'. Frone, Russell and Cooper (1992) have identified the prevalence of work-family conflict among employees more frequently than family-work conflict. The job-related factors of WFC highlighted by the scholarship are job stress, role load, inflexible schedule, fear of catching virus, redeployment, stigmatization, extending virus to family, and social isolation, whereas issues related to WFC with reference to family are less family involvement, inability to perform domestic duties and guilt for not giving quality time to kids and elderly relatives. The strategies used to handle these factors identified by the literature are workplace support, social support, spousal support and role prioritization.

Research Methods

Keeping in view the nature of the study, qualitative research methodology was employed; an unfolding, open-ended and emerging research with acquired data in the form of words, phrases and gestures (Neuman, 2009). To actualize this research, a case

study of a public sector hospital located in Islamabad was conducted. In the beginning, informal research was started by visiting the hospital and interacting with the staff. This helped to gain the trust and general views of the nurses on the issue. In the meanwhile, formal permission was requested to conduct research

and get field data.

A purposive sampling technique was used to select respondents for the in-depth interviews, as it facilitated gaining experiential and in-depth insight on the issue at hand. To acquire realistic, authentic and valid data, these interviews were conducted in the hospital. In this regard, an interview guide was prepared on the basis of themes that emerged from the literature review. The first researcher carried out face-to-face, in-depth interviews with 15 female nurses who were open to sharing their experiences. On average, an interview lasted for approximately 30-40 minutes and was conducted in the Urdu language in an informal, friendly environment. The field data were analyzed through Thematic Analysis Technique (TAT) after categorizing them according to the themes. In addition to secondary data, primary data from the field also helped in generating new themes. For the validity of the results, observations and respondents' dialogues are used.

Results and Discussion

The field data has revealed that the pandemic has created immense work-family conflict among the female nurses, the respondents of this research. These respondents were extremely stressed in the hospitals during the pandemic. As one respondent shared her experience regarding her physical and mental health,

It is difficult for me to work in an environment where you see people living and dying, in which case it is inevitable to see patients, and this already causes you distress.

Another nurse shared,

When I wear a protective suit, as usual, I feel like someone has put a double burden on my body, I feel uncomfortable, and because of this, I get scars on my face because I wear a mask for 24 hours a day."

This is in line with the result of previous research (Robitzski, 2020), which reports that many

nurses suffered pressure ulcers on their ears and forehead from donning multiple layers of protective gear for hours at a time.

One of the participants recounted her painful experience of wearing protective gear while performing her duty,

Breathing while you are wearing a mask is a real pain. It is so difficult to breathe with a mask on when you are working all through your shift. This causes a headache and is really unbearable.

The field data also revealed that respondents were experiencing serious psychological as well as physical stresses. The data highlighted that there was stress related to "fear of and worries about working in corona conditions" and "difficulties and stresses associated with wearing personal protective equipment and clothing." One of the participants shared her feelings,

Psychologically speaking, my life is a mess. I cannot hug my little son. After two months, it was two days ago that I could finally kiss my son. There is always the fear that your family will get infected because of you, and there is the afterwards feeling of blame that they got corona from you, not from someone else."

The field data also matches previous research, which highlights that work-life conflict arises when women have to manage both professional and domestic responsibilities (Shaukat, 2017). The same condition prevails among female nurses, as one of the respondents pointed out during an interview:

To manage both the responsibilities of hospital and home is difficult. We are always on duty. So we have to focus on work and family all the time and cannot find time for ourselves.

During the discussion, one of the respondents shared that,

Sometimes, we have to choose one from family and work. Like when anyone at home is sick, or there is another emergency at home, so we have to leave the hospital, and at the same time the situation might be the opposite, like there is an important meeting or emergency and our presence is a must in hospital, then we come to the hospital, and even come for a half day, but this is normal in daily routine."

According to another respondent,

Even getting ready for the hospital is difficult for us; we all have to get ready at the same time; I have to prepare breakfast and lunch boxes. I also have to serve breakfast to my mother-in-law. And when she is ill, I prepare thermos and lunch for her before I leave for the hospital. Not only this, the husband's lunchbox and making his suit ready are also a part of the routine. Due to this, I most of the time get late from the hospital and even have to apologize for being late."

The analysis of field data unravels that efforts to manage work-family life are a common occurrence among respondents. It was shared that,

Nursing is such a respectable profession, difficulties are part of life, and everyone has to face them in every field and job. Anyhow, this pandemic has really created problems for us and put a lot of pressure on both family and workplace."

Examples of nurse responses include:

We have always been working with patients, but the contagious nature of COVID is really problematic. It terrifies all of us and hangs us somewhere between family and workplace."

The above data shows that the COVID-19 pandemic has created stress and fear among nurses, which has also been observed among health care professionals across the globe. In fact, among healthcare workers, nurses are found to be the most anxious and stressed in caring for and treating patients infected with the COVID-19 virus. Similar trends were witnessed during the fieldwork when one respondent shared,

During the treatment of patients, I feel very stressed about being affected. People are constantly coughing and sneezing. It is really risky to work in such a condition despite being covered with a protective suit."

The data also points out that one of the most important factors causing work-family conflict was that the respondent carried the pandemic to their family. Therefore, when these nurses go home to their families, they are upset and maintain distance from their family members. According to a respondent,

I was really worried that I could be the source of infection to my 60-year-old parents and my children.

A similar experience was shared by another nurse,

My mother-in-law is 64 years old, and she lives with us. I know COVID is really harmful to old people. Consistently, whenever I go home, I have a fear of passing on the disease to her."

Another respondent nurse who was being infected by the virus shared her experience,

I didn't see my children for two weeks. I was afraid I might be transmitting the infection to my children. I was under a lot of pressure, and I didn't want anyone to talk to me during that time. So I contained myself in a room. See, this is a way a mother came from her workplace, but she could not do her obligatory duties at home. The home turned into a mess. "

One of the respondents shared her sadness,

I have two children, both at a playful age. They are very fond of me. We played football together before the pandemic. I told them tales, and we slept together. Now when I go home, I keep myself away from them. This makes me so sad I miss hugging them.

The study's results pointed out that work overload is another reason for work-family conflict among women. A respondent shared

When your shift is over, you can barely breathe, with overloaded protective equipment, it's hard to breathe, it's hard to eat in this coverall, you can't drink any water through your shift the fatigue. Working in such conditions won't let you manage stress".

According to another nurse,

Our workload has increased at these stressful times caused by the pandemic; my life and my family's life have been affected. It's not easy to work with all this protective gear on. Such things as fogging of my face shield interfered with my job. I was exhausted, both physically and emotionally".

A similar stance was shared by another respondent,

My work and family life is completely shattered; I can't figure out how to manage and balance my work and family life due to the high demand for work. Our seniors have placed work responsibilities."

Redeployment, as highlighted by the respondents in the field, was a great cause of stress and work-family conflict. As one respondent shared, *I was overwhelmed by the redeployment because*

our hospital management does not want to hire nurses from any other hospital. I was not happy at first when I was redeployed to the COVID ward, but what can we do besides our duty.

Another respondent pointed out,

After redeployment, it is difficult for me to follow the protocols for COVID, especially wearing a protective suit all day, because I do not feel comfortable here, and there are health issues as well."

Similar experience shared by another nurse,

I was praying that I would not be redeployed, but I have to overcome this fear because I have to work here. But after the redeployment, I was very tense seeing the condition of the patients in the COVID ward. It took me a while to overcome this fear."

Family work conflict was another major theme explored during the fieldwork. The respondents point out the role of spouse and family as key figures in creating as well as resolving work-life conflict. One of the respondents said,

My husband supports me, but when he is busy with household chores, he gets angry and vents his anger on us."

This is similar to what was said by another respondent,

My husband does not take much part in the household chores, but he helped me with the housework during the pandemic and helps me with the housework whenever he is free."

Results also uncover the negative role of in-laws/relatives and add stress to the already stressed nurses. According to a respondent,

My in-laws sarcastically asked me what would happen if I brought the virus into the home. Who will then take care of my young kid? This scares me."

Another respondent shared about the negative behaviour of people towards her,

When people see me coming, they immediately cover their nose and mouth even though I came wearing a mask.

In a similar vein, a respondent shared that:

Ever since my mother-in-law's COVID test came positive, I have been accused of carrying the virus into my family."

Another respondent shared the issue of quarrels between her and her husband during the pandemic. She shared, I often quarrel with my husband because of the stress.

The most important result of the field data and analysis is about levelling work-family conflict and creating balance in two important aspects of life-work and family. The respondents revealed the role of social support in handling conflict.

According to a respondent,

If you have to do anything or face any problems, you need support to effectively handle it. You can not live your life without any support. You need someone with whom you share everything.

Another respondent stated that,

You definitely need social support, especially during difficult times like COVID-19. At this point, you can't stay mentally stable without help."

The data has also highlighted the support of colleagues to decrease the level of stress and provide opportunities for catharsis. For example, as witnessed in the field, peers can help divert attention from a problematic situation by introducing humour, which is a form of emotional support.

As one respondent revealed, "whether you have a hard time or not, usually you can't be alone, and you can't keep everything to yourself. When I feel very tired or depressed, I share all my problems with my friends and colleagues. This motivates me to work more efficiently with peace of mind."

According to another respondent,

I count on my peers; we are all in this together; even though I know they might not have the information and the information is changing every minute, we have each other. We can turn to each other and talk about a bad day when we lose patients. They are right there with me and they don't have to say anything. Their presence is all that I need."

This idea of perceived network support also provided nurses with emotional support, as pointed out by the field results, which is in line with previous research. As a nurse elaborates: "Sometimes it is just about being there for someone. I don't have to say anything, but they know other nurses on the unit, and I am there, and that gives them confidence. We know we are not alone".

Besides this, a nurse expressed: "Our doctors and colleagues help us all the time; they encourage us to get out of this difficult phase of life." One respondent said: "We try to share our responsibilities and try to support each other during work because my friend has trouble breathing and has diabetes, so I try to share her load so she can rest."

The support of husbands is highlighted by the field data as a key tool for handling stress and managing work-life conflict. As one participant shared,

I find my husband very cooperative and encouraging. It does not matter whether I stay at home or not, he helps me in cooking, cleaning, washing, and caring for my children. Since COVID-19 he has become so cooperative that actually makes me keep going under any circumstances. Thus, I am not worried at all about any issue as long as he has been there to help.

According to a respondent, "since my family is very supportive, despite work overload and stress, I am not upset about my kids and home. Things will go on, at least. One thing that bothers me is my kids and their education."

The research results also highlight a pervasive sense among respondents that they can manage work-family conflict through prioritizing and time management as well. In this regard, a respondent shared, "there are always lots of things to be done at the same time. What I do is to see what is the most important thing at a specific time and try to do it first. Besides, I go by the clock. In my life, management is the key principle that helps me to keep things straight."

Conclusion and Implications

One of the key results this paper highlight is that the pandemic has contributed to work-family conflict (WFC) among female nurses. This is because their duty at the hospital became very demanding and tough as the federal government declared a health emergency due to the contagious nature of the disease. The federal government also announced a complete lockdown to control the spread of the pandemic. It meant all institutions were closed down, and the whole family was at home except the female nurses; consistently, the respondents of this study (the nurses) experienced a fair amount of work-life stress, as pointed out by the field data. This research

also figures out that the respondents have experienced both job-related related factors of WFC (i.e. job stress, role load, inflexible schedule, fear of catching virus, redeployment, stigmatization, extending virus to family, and social isolation) and WFC with reference to family (i.e., less family involvement, inability to perform domestic duties, the guilt of not giving quality time to kids and elderly relatives). This research also figures out the strategies of workplace support, social support, spousal support and role prioritization used by nurses to level the issue of WFC to ensure personal and professional survival due to the tough times of the pandemic. By

extending an in-depth insider of the nurse, this study has contributed to the intellectual discourse on the issue at hand.

Despite its significance, there are two key limitations. First, data from only one public sector hospital in Islamabad was gathered. For a qualitative study context, specific data is necessary. Second, only nurses are targeted in this research, so there can be an issue of generalizing the results. For future research, both public and private sector hospitals with a more holistic research framework, i.e., triangulation, will be suggested.

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