

The Relationship Between Self-Efficacy and Happiness with Work-Family Conflict in Nurses

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Abstract

Because of multiple family and professional responsibilities, nurses are exposed to work-family conflict, which will have many negative consequences on their lives. Examining the factors affecting it for proper planning is one of the priorities of nursing managers. The current study was conducted to specify the relationship between happiness and self-efficacy with work-family conflict in nurses. The current study was a cross-sectional descriptive study of the correlation type and a total of 160 qualified nurses were included in the study through available sampling. To collect data, nurses' demographic information questionnaires, Scherer's general self-efficacy, Oxford happiness, and Carlson's work-family conflict were used. Data were analyzed with SPSS23 software and using descriptive and inferential statistical tests. The total mean of happiness was moderately downward, self-efficacy was moderate, and work-family conflict was moderate. The results showed that self-efficacy and happiness have a significant and inverse relationship with work-family conflict in nurses ($P < 0.001$). The findings of the current study revealed that nurses' self-efficacy and happiness are effective in their work-family conflict and it can be said that with the increase of nurses' happiness and self-efficacy, their work-family conflict decreases. Therefore, it is suggested that improving the happiness and self-efficacy of nurses will provide the basis for reducing the complications of their work-family conflict.

Keywords: Self-efficacy, Nurses, Happiness, Work-family conflict

Introduction

Nursing is an important part of care and nurses play an important role in the health care system of a country, which is of particular importance to pay attention to their job issues and leads to better service and patient care [1-3]. One of the most important issues that make the family and professional life of nurses face many challenges is work-family conflict. The concepts of work and family have the most and strongest connection with the individual and society so creating a balance between them is of high value and importance [4, 5]. Study studies show that work-family conflict is divided into work-family conflict and family-work conflict. Work-family conflict occurs when job duties reduce a person's commitment time and energy to fulfill family roles, and work-family conflict occurs when family duties and responsibilities prevent the performance of job duties effectively, which in both cases will cause problems [6-8]. Although work-family conflict is more common than family-work conflict. This means that people's jobs affect their family duties and responsibilities more [6, 9, 10].

Nayeri *et al.* [11], by examining the nurses of Tehran, showed that there was no difference in terms of family-work conflict between nurses in special and general departments, and this conflict is high in both. Ekici *et al.* [12] estimate the level of family-work conflict among Turkish nurses to be very high. AlAzzam *et al.* [13] say that

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Received: 14 January 2022; **Revised:** 18 April 2022; **Accepted:** 21 April 2022; **Published:** 30 September 2022

How to Cite This Article: Lange M, Kayser I. The Relationship Between Self-Efficacy and Happiness with Work-Family Conflict in Nurses. *J Integr Nurs Palliat Care.* 2022;3:13-8. <https://doi.org/10.51847/jbyQ8Vpt1j>

both family and work conflict and work and family conflict are high in Jordanian nurses. 92% of nurses in Grzywacz *et al.*'s study also had this conflict [14].

Failure to achieve the correct balance between effort and rest will lead to a feeling of lack of control over workload and a lack of energy to fulfill personal goals and commitments. Imbalance leads to poor performance, fatigue, and reduced life quality [15, 16]. Even this category has direct effects on the quality of patient care and if it is not managed, it causes poor care [17]. To reduce work-family conflict, nurses have made individual efforts and these efforts in some cases have led to conflict reduction, but in some cases, individual efforts to reduce conflict are due to non-continuous training and relative adequacy about how to manage and deal with conflicts have been ineffective [18, 19]. Individual factors and the abilities of nurses themselves are some of these predictive factors that are important in this field. Happiness and self-efficacy can be mentioned among these factors.

Happiness as a positive internal experience and one of the indicators of mental health results from people's cognitive and emotional evaluation of their lives, which has a direct effect on the mental and physical health of nurses and can be directly related to the quality of providing services to patients [20]. The presence of a sense of vitality and happiness in a person makes him have a better working relationship with his colleagues in the workplace. Some experts believe that happy people feel more secure than other people, make decisions easily, have a higher sense of cooperation and participation, and are more satisfied with those they live with [21, 22].

Another important factor in this field is nurses' self-efficacy, which includes a person's trust and confidence in being able to perform self-care tasks optimally so that in this way a person achieves better results from self-care and affects the understanding of the performance of the adaptive behaviors of environmental choices and conditions that people try to achieve. This factor is effective and useful in promoting resilience, clinical decision-making, performance, independence, and self-confidence. If the relationship between family life and work is not managed, the conflict between them will result in irreparable losses for the individual, organization, and society [23-25]. On the other hand, with the change in the family structure and the increase in the employment of women, the management of the boundaries between home and work has become a big challenge, and it is necessary to make relative changes to manage these conflicts in the working and professional life of employees [15].

Considering the benefits and effects of high happiness and self-efficacy in the lives of nurses, as well as the importance of measuring predictors of work-family conflict for appropriate planning and interventions, therefore, the current study aims to specify the relationship between self-efficacy and happiness with work-family conflict in nurses.

Materials and Methods

The current study was a descriptive correlational research. According to the type of study, Cochran's formula was used to determine the sample size, and considering the total number of nurses (300 people), the sample size was determined to be 168 people, and the samples were selected according to available methods. The criteria for entering the study include: having informed consent to participate in the study, having at least a BSc degree in nursing, experience of at least 6 months of clinical activity in clinical departments, and the exit criteria also include the transfer of nurses to other cities, incomplete completion of questionnaires, and withdrawal from It was a continuation of cooperation. The researcher went to the departments of the target hospitals and after explaining the objectives of the research to the research units, he selected the nurses who met the criteria for entering the study and were willing to participate in the research, and after completing the form Written informed consent was included in the study. To collect data, nurses' demographic profile questionnaires (including gender, age, work history, educational level, marital status), Oxford happiness, Scherer's general self-efficacy, and Carlson's work-family conflict were used.

The Oxford Happiness Questionnaire was designed by Argyle and Lowe in 1990. This questionnaire has 29 four-choice questions that are graded based on a four-point spectrum from zero to three. The subjects' scores fluctuate from 0 to 87. The final form of the questionnaire with 29 questions covers the five factors of satisfaction, positive mood, health, efficiency, and self-esteem. The questions related to each component of happiness are: satisfaction (questions 1-6), positive mood (questions 7-12), health (questions 13-18), efficiency (questions 19-24), and self-esteem (questions 25-29) [26]. Argyle and Lu calculated the questionnaire reliability by Cronbach's alpha method as 0.9 and with the retest method at a week interval as 0.78 [27].

Carlson *et al.*'s work-family conflict questionnaire (2000) has 18 questions that measure in two directions (family-work conflict and work-family conflict), each of which has 9 questions. This questionnaire is answered on a 5-point Likert scale. After answering, the scores are added together, as a result of which a higher score is a sign of greater conflict. Carlson *et al.* reported the reliability coefficient for each of the subtests to be around 76-89% [28].

The general self-efficacy questionnaire was created by Scherer and Maddox in 1982 and has 17 statements. This scale measures three aspects of behavior including 1- willingness to initiate behavior, 2- willingness to expand efforts to complete the task, and 3- resistance to facing obstacles. Its scoring is based on the Likert scale. In general, this questionnaire contains 17 questions, the maximum score is 85, the minimum score is 17, and higher

scores show stronger self-efficacy, and lower scores show weaker self-efficacy. Scherer and Maddoxmizan Cronbach's alpha of this scale reported 0.86. The reliability coefficient of this scale using Guttman's halving method is equal to 0.76 and using Cronbach's alpha coefficient is reported to be 0.79 [29]. In the present study, the validity performed by other researchers was cited, and Cronbach's alpha was used for reliability among 20 nurses, and the Cronbach's alpha coefficient was 0.88 for the happiness questionnaire, 0.86 for work-family conflict, and 0.91 for self-efficacy.

Data analysis was done with SPSS version 23 statistical software and quantitative data analysis method using descriptive statistics such as mean and SD (standard deviation) and inferential statistics. In the data analysis, the confidence limits of the test were considered to be 95%, and when the probability value was < 0.05 , the difference in observations was considered significant.

Results and Discussion

168 people participated in this research, and the questionnaires of 160 of them could be analyzed. The average age of the nurses was 35.69 ± 5.55 years, and the average work experience was 11.60 ± 6.69 years (minimum 0.5 and maximum 24 years). 125 people (78.1%) were women, 143 people (89.4%) were married, and 142 people (88.8%) were bachelors.

The average score of conflict in men and women was equal to 46.06 ± 4.72 and 43.04 ± 5.57 , respectively. The average score of work-family conflict and family-work conflict in men was 21.62 ± 2.66 and 24.43 ± 3.37 , respectively. The findings of the independent t-test revealed that the average score of conflict and its two dimensions (family-work conflict and work-family conflict) were significantly higher in men than in women ($p < 0.05$). The average happiness self-efficacy score and happiness dimensions in men and women did not differ significantly from each other ($p < 0.05$) (Table 1).

Table 1. Comparison of the average score of work-family conflict, self-efficacy, and happiness according to gender.

Variable	Gender	Total (Mean \pm SD)	Male (Mean \pm SD)	Female (Mean \pm SD)	The result of the independent t-test
Conflict		43.7 \pm 52.50	46.06 \pm 4.72	43.04 \pm 5.57	T = 2.91, p = 0.004
Conflict between work and family		52.53 \pm 2.85	21.62 \pm 2.66	20.23 \pm 2.84	T = 2.60, p = 0.01
Conflict between family and work		23.17 \pm 3.54	24.43 \pm 3.37	22.81 \pm 3.53	T = 2.41, p = 0.02
Self-efficacy		46.11 \pm 4.59	44.94 \pm 4.71	46.44 \pm 4.53	T = 1.71, p = 0.09
Happiness		37.51 \pm 8.13	39.22 \pm 6.67	37.04 \pm 8.45	T = 1.41, p = 0.16
Satisfaction		7.89 \pm 1.90	8.45 \pm 1.89	7.73 \pm 1.88	T = 1.98, p = 0.05
Positive mood		7.65 \pm 2.33	8.31 \pm 2.21	7.46 \pm 2.34	T = 1.92, p = 0.06
Health		7.73 \pm 1.97	8.11 \pm 1.91	7.62 \pm 1.98	T = 1.30, p = 0.19
Efficiency		7.11 \pm 2.13	7.37 \pm 1.43	7.04 \pm 2.29	T = 0.81, p = 0.42
Self-esteem		7.13 \pm 2.02	6.97 \pm 1.50	7.18 \pm 2.15	T = 0.53, p = 0.59

The average score of self-efficacy in single and married nurses was 49.09 ± 6.31 and 45.76 ± 4.24 , respectively. The findings of the independent t-test revealed that the average score of self-efficacy in single nurses was significantly higher than in married ones ($p = 0.005$). The average score of conflict and happiness and their dimensions in single and married nurses did not differ significantly from each other ($p < 0.05$) (Table 2).

Table 2. Comparison of the mean score of work-family conflict, happiness, and self-efficacy according to marital status.

Variable	Marital status	Single (Mean \pm SD)	Married (Mean \pm SD)	The result of the independent t-test
Conflict		42.41 \pm 6.82	43.86 \pm 5.36	T = 1.02, p = 0.31
Conflict between work and family		20.11 \pm 3.29	20.59 \pm 2.81	T = 0.64, p = 0.52
Conflict between family and work		22.29 \pm 3.82	23.27 \pm 3.51	T = 1.07, p = 0.28
Self-efficacy		49.06 \pm 6.31	45.76 \pm 4.24	T = 2.85, p = 0.005
Happiness		36.53 \pm 11.43	37.64 \pm 7.69	T = 0.53, p = 0.60
Satisfaction		7.53 \pm 2.42	7.94 \pm 1.84	T = 0.83, p = 0.41

Positive mood	7.64 ± 3.20	7.65 ± 2.22	T = 0.005, p = 0.99
Health	7.70 ± 2.64	7.73 ± 1.88	T = 0.06, p = 0.95
Efficiency	7.05 ± 2.22	7.12 ± 2.13	T = 0.11, p = 0.91
Self-esteem	6.59 ± 1.66	7.19 ± 2.05	T = 1.17, p = 0.24

The findings of the independent t-test revealed that the average score of self-efficacy of conflict and happiness and its dimensions at the undergraduate and graduate level did not differ significantly ($P > 0.05$) (Table 3).

Table 3. Comparison of the average score of work-family conflict, self-efficacy, and happiness according to the level of education.

Variable	Education level	BSc (Mean ± SD)	MSc (Mean ± SD)	The result of the independent t-test
Conflict		43.69 ± 5.58	43.83 ± 5.19	T = 0.10, p = 0.92
Conflict between work and family		20.59 ± 2.86	20.11 ± 2.84	T = 0.67, p = 0.50
Conflict between family and work		23.10 ± 3.57	23.72 ± 3.44	T = 0.70, p = 0.48
Self-efficacy		46.18 ± 4.61	45.55 ± 4.62	T = 0.54, p = 0.59
Happiness		37.48 ± 8.09	37.78 ± 8.71	T = 0.14, p = 0.89
Satisfaction		7.89 ± 1.87	7.89 ± 2.21	T = 0.01, p = 0.99
Positive mood		7.62 ± 2.32	7.83 ± 2.50	T = 0.35, p = 0.72
Health		7.70 ± 1.97	7.94 ± 2.01	T = 0.49, p = 0.63
Efficiency		7.12 ± 2.14	7.05 ± 2.10	T = 0.12, p = 0.90
Self-esteem		7.14 ± 2.06	7.05 ± 1.73	T = 0.17, p = 0.87

The findings of the Pearson correlation coefficient test revealed that conflict has a positive and significant correlation with happiness ($P < 0.001$, $r = 0.39$), age ($P < 0.001$, $r = 0.29$), and work experience ($P = 0.001$, $r = 0.25$). Also, there was a significant and inverse correlation between conflict and self-efficacy ($P = 0.001$, $r = -0.26$). Self-efficacy had a significant and inverse correlation with age ($P = 0.01$, $r = -0.20$). Happiness had no significant correlation with age and work experience ($p < 0.05$).

The findings of the regression model revealed that the self-efficacy score decreases significantly with the increase in the family-work conflict score ($\beta = -0.15$) and work-family conflict ($\beta = -0.21$) ($p < 0.05$). The happiness score also increases significantly with the increase in the score of family conflict with work ($\beta = 0.33$), and work conflict with family ($\beta = 0.30$) ($p < 0.001$) (Table 4).

Table 4. Examining the relationship between work-family conflict, happiness, and self-efficacy in nurses under study.

Variable		Coefficient (standard error)	Standard coefficient	p-value
Conflict between work and family 1	Self-efficacy	-0.13 (0.05)	-0.21	0.006
	Happiness	0.10 (0.03)	0.30	< 0.001
Conflict between family and work 2	Self-efficacy	-0.12 (0.06)	-0.15	0.04
	Happiness	0.14 (0.03)	0.33	< 0.001
		1: R = 0.39		
		2: R = 0.38		

The current study was conducted to determine the relationship between self-efficacy and happiness with work-family conflict in nurses. Based on the results, happiness was on average downward, self-efficacy was average, and work-family conflict was average. Considering the importance of happiness and self-efficacy, the low and average levels of these two variables are not a good sign, and to provide quality and satisfactory care, it is better to take appropriate interventions to improve them. One of the main results of the study was that happiness and self-efficacy have a significant and inverse relationship with work-family conflict in nurses, so it can be said that the higher the self-efficacy and happiness of nurses, the less work-family conflict they have. Many studies have shown the positive and beneficial effects of happiness and self-efficacy in nurses [30-32].

Regarding self-efficacy, in the current study, the researcher investigated both sexes. Also, to measure self-efficacy, he used the general self-efficacy of Shor. In some studies, benefiting from high self-efficacy is considered

a factor in low work-family conflict, and promoting self-efficacy is considered a way to solve this problem [33, 34]. In a study, Cinnamon concluded that self-efficacy, in addition to the negative relationship with work-family conflict, also has a significant ability to predict this type of conflict [35]. Also, Wang *et al.*'s research has shown that self-efficacy and job satisfaction have a negative relationship with work-family conflict, and the level of self-efficacy can significantly predict work-family conflict [36].

By reviewing the studies that are mostly on the same side as the present study, it can be seen that having happiness and self-efficacy can be useful in solving the work-family conflict of nurses [36-38]. One of the main differences between the current study and other studies was the time and place of the research, the tools, the number of samples, and the conditions governing the hospitals. Self-efficacy and happiness are strong predictors of work-family conflict and can help in solving this problem.

Conclusion

The findings of the current research revealed that nurses' self-efficacy and happiness are effective in their work-family conflict and it can be said that with the increase of nurses' self-efficacy and happiness, their work-family conflict decreases. Therefore, it is suggested that by improving the self-efficacy and happiness of nurses, the complications of their work-family conflict will be reduced.

Acknowledgments: None

Conflict of interest: None

Financial support: None

Ethics statement: None

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