



Stress as a mediator between work–family conflict and psychological health among the nursing staff: Moderating role of emotional intelligence



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ABSTRACT

The study examined the extent to which work–family conflicts cause stress among nursing staff and its subsequent impact on their psychological health. It also examined if the emotional intelligence level of the nursing staff acted as a moderator between their level of stress and psychological health. A survey was carried out on 693 nursing staff associated with 33 healthcare institutions in Uttarakhand, India. A hierarchical multiple regression analysis was carried out to understand the relationships shared by independent (work–family conflicts) and dependent (psychological health) constructs with the mediator (stress) as well as the moderator (emotional intelligence). The results revealed that stress acted as a mediator between work–family conflict of the nursing staff and their psychological health. However, their emotional intelligence level acted as a moderator between their stress level and psychological health. To conclude, the crucial roles of emotional intelligence in controlling the impact of stress on psychological health along with the practical as well as theoretical implications are also discussed.

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1. Introduction

Healthcare is a developing field, especially in India (CII-Healthcare, n.d.) where hospitals have a market share of 71% (IBEF, 2013; The Economic Times, 2013). This tremendous growth has enhanced the importance of healthcare workforce, especially nursing staff who constitute the largest group of frontline professionals in hospitals. Nurses play a significant direct role in delivering high quality health services to patients. Nursing is a complex profession that comprises both emotional and physical labor. A nurse acts as a communicator, an advocator, an educator and a caregiver to improve the health of patients in the best possible way. The complex process of providing vital health care services has a substantial impact on the health of nursing professionals themselves. Use of healthcare services has increased due to an increase in insurance penetration, government support, along with expansion of information and communication technology. As a result, the workload in hospitals has increased tremendously. According to reports on the

availability of nurses, India is ranked 75th among 133 developing countries (PharmaTutor, n.d.). The high patient to nurse ratio tremendously increased the work pressure among nurses, which has resulted in negative outcomes such as stress, depression, and burnout.

Nursing is a female dominated profession (Yildirim & Aycan, 2008) where females constitute 80% of the total workforce in the world. A high representation of women in the workforce is consistent with increased difficulty in balancing family and work roles. Past studies have focused on the extent that gender and cultural differences contribute to conflicts between work and family roles (Vogel, Wester, Heesacker, & Madon, 2003, Maxwell & McDougall, 2004). The gender role strain model (Pleck, 1981) suggests that psychological stress occurs when individuals try to attain culturally stereotyped gender role norms. In India, roles have traditionally been differentiated based on gender, where males were the primary income earners and females were expected to take care of children and the home (Vogel et al., 2003; Dhar, 2012). With modernization, Indian women have entered into the domain of a male dominated professional world, but Indian cultural values and social functioning have not changed. As a result, multiple role expectations for working women (Valk & Srinivasan, 2011) are evident. Both work and family are an indispensable part of their lives and to reconcile their roles in both spheres is challenging (Louv & Viviers, 2010), especially for those involved in the emotionally demanding and stressful profession of nursing. Irregular shift work, dealing with emergencies, incivility and work overload are integral challenges of the nursing profile. All these factors have contributed to incompatibility in work–family stress for the female nurses and consequent work–family conflict (Mesmer-Magnus & Viswesvaran, 2009). The literature suggests that

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work–family conflict is one of the most significant predictors of stress among nurses, which further impacts their psychological health (Bazana & Dodd, 2013).

According to past studies, stress increases psychological strain, anxiety, depression, and mood disorders that will eventually adversely affect psychological health (Grzywacz & Bass, 2003). Researchers have examined the role of emotional intelligence in controlling stress and its impact on the psychological health in different populations. Studies revealed that the emotional aspect of a personality plays a vital role in determining the level of stress experienced by individuals (Austin, Saklofske, & Egan, 2005). This study is a novel effort to explore the impact of work–family conflict on the psychological health of female nursing staff, while considering the role of stress as a mediator between them and emotional intelligence as a moderator in managing the impact of stress and its repercussions on the psychological health of Indian nurses. The study also tests the applicability of stress and emotional intelligence theories, originally established in western countries, to developing countries like India.

2. Literature review

2.1. Theoretical framework: emotional intelligence and stress

The concept of emotional intelligence (EI) has its roots in the theory of multiple intelligence given by Howard Gardner, in which two important forms of intelligence were identified: interpersonal intelligence and intrapersonal intelligence (Gardner, 1983). Even before Howard's theory of multiple intelligence, Thorndike (1920) had explored the idea of "social intelligence" which also contributed to understanding the concept of emotional intelligence. Emotional intelligence could be classified into two main categories: trait emotional intelligence (TEI) and ability emotional intelligence (AEI). Being conceptually distinct concepts, TEI (or emotional self-efficacy) has been explained as "a constellation of behavioral dispositions and self-perceptions concerning one's ability to recognize, process, and utilize emotion-laden information" whereas AEI (cognitive–emotional ability) has been described as "one's actual ability to recognize, process, and utilize emotion-laden information" (Petrides, Frederickson, & Furnham, 2004, p. 278). In 1990, Peter Salovey and Dr. John Mayer conceptualized emotional intelligence and introduced the ability model of emotional intelligence (Salovey & Mayer, 1990). The present study used the ability model which defines EI as "the capacity to reason about emotions, and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (Mayer, Salovey, & Caruso, 2004, p. 197). According to this model, EI comprises a set of four skills: a) ability to identify emotions in self and others, b) ability to use emotions to reason, c) ability to understand emotions, and d) ability to manage emotions in self and in emotional situations (Codier & Odell, 2014). In simple terms, EI can be understood as one's capacity to execute abstract thought and the ability to learn and adapt to an environment (Cherniss, 2010). The theoretical basis of the current study is stress and emotional intelligence that gives better understanding of the inter-relationship shared by the two constructs moderated by emotional intelligence.

2.2. Stress and emotional intelligence

Stress became part of scientific literature in 1930, in nursing literature in the 1950s (Lyon, 2000), and was defined as a "non-specific response of the body to noxious stimuli" (Selye, 1956, p.12). In other words, it is a state of acute mental or physical pressure that causes negative changes in the human body. Different models such as homeostatic and transactional models of stress have focused on perception and the importance of maintaining balance between demand and response capacity

(McGrawth, 1970). Later, a new theory called conservation of resource (COR) bridged the gap between environmental and cognitive aspects by introducing behavioral perspectives to analyze the situation and embraced different dimensions of various stress theories (Hobfoll, 2001).

According to the Conservation of Resource model, people experience stress due to: (1) the threat of a net loss of resources, (2) the actual net loss of resources, or (3) a lack of resource gain following the investment of resources (Little, Nelson, Quade, & Ward, 2011). Resources are the individual features, situations or energy considered substantial to achieve either situational or personal characteristics. People strive to either acquire or maintain resources that have value for them. In addition, it described the consequences of both intra as well as inter-role stress (Morelli & Cunningham, 2012). The COR model is best suited for our study since COR model describes how the inter role conflict of moving between work and family roles causes stress due to the loss of resources in the process. This results in a degradation of psychological health evidenced by depression, tension and anxiety.

2.3. Work–family conflict and psychological health

Stress has become an inevitable part of nurses' lives; it is important to identify factors that can mediate and moderate the stress related to work and family conflict. Work–family conflict falls in the category of inter-role conflict, which arises due to excess demand at work that interferes in family roles (Judge, Ilies, & Scott, 2006). It occurs because of the incompatibility involved in the roles of two important domains of life, i.e., work and family (Greenhaus & Beutell, 1985, p. 77). Compared to men, women experience more work–family conflict (Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005), in meeting family expectations. According to the gender role strain theory, females are held responsible for carrying out family responsibilities and not men (Vogel et al., 2003, Michel, Kotrba, Mitchelson, Clark, & Baltes, 2011), which is appropriate in the Indian culture and relevant in the context to the present study. A content analysis and review of literature targeting work–family conflict reported many antecedents (conflict, pressure, work variability, increased number of working hours, etc.) as well as consequences (lower job satisfaction, turnover intentions, stress, etc.), related to the construct (Eby et al., 2005). Studies revealed that work–family conflict has a significant negative impact on the physical and psychological health (Greenhaus, Allen, & Spector, 2006) of employees. In addition, Janzen and colleagues (Janzen, Muhajarine, & Kelly, 2007) have linked work–family conflict to greater psychological distress. Based on the literature reviewed we hypothesize that:

H1. Work–family conflict has a negative relationship with psychological health.

2.4. Mediating role of stress

Work–family conflict and stress have been linked in many past studies and it was found that work–family conflict increased the level of stress (Amstad, Meier, Fasel, Elfering, & Semmer, 2011). Previous studies have revealed stress as a strong consequence of work–family conflict specifically among women (Bolino & Turnley, 2005). Employees who experienced work–family conflict had higher levels of job stress due to an imbalance in performing work and family roles (Panatik et al., 2012). In the process of coping with this imbalance, the level of stress among employees increased (Esson, 2004) resulting in depression, strain, and anxiety (Sharma & Dhar, 2015) indicating lower psychological health. It was also found that stressed employees were less active and attentive in accomplishing the tasks and showed signs of nervousness (Steinisch et al., 2013). Thus, stress was found to have an inverse relationship with psychological health (Tyagi & Lochan Dhar, 2014). This study extends the role of stress as a mediator between work–family conflict and psychological health and proposes a hypothesis as:

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