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Organizational influences on the work life conflict and health of shiftworkers

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Abstract

This study examined organizational factors affecting the impact of shiftwork on work life conflict and subjective health. A model was proposed in which support from supervisors, support from colleagues, and team identity influence time-based work life conflict through two mediating variables: team climate and control over the working environment. Reduced conflict, in turn, produces enhanced psychological well-being and diminished physical symptoms. A structural equation model based on survey data from 530 nurses supported the proposed model. It also identified unpredicted direct links between team identity and physical symptoms, and between supervisor support and both control over the work environment and psychological well-being. The results indicate that organizational interventions focused on social support, team identity, team climate, and control can diminish the negative effects of shiftwork on work life conflict and health in shiftworkers.

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1. Introduction

Over one-fifth of the labor force in developed countries, and an even greater proportion in less developed countries, are employed in some form of shiftwork (Bohle and Quinlan, 2000). Some sources consider shiftwork to mean any hours that are worked outside the traditional Monday to Friday, 9 a.m. to 5 p.m. Others consider shiftwork to mean a more formal work arrangement that involves at least two teams or shifts relieving each other on a regular basis (Åkerstedt et al., 1989). Shiftwork is a significant source of occupational stress and dissatisfaction that can have a marked impact on alertness, performance, safety, and good health (Folkard and Lombardi, 2006). The effects on individual workers include interrelated physiological, psychological, and social disruptions which result in a reduced ability to tolerate shiftwork (Loudoun and Pisarski, 2005).

Recent research has focused greater attention on the relationship between work and non-work roles and the impact that conflict between these roles has on people's ability to tolerate working shiftwork, particularly shifts that involve night work (Pisarski et al., 2006). Work life conflict arises from the incompatible emotional and behavioral demands of work and non-work roles, such that participation in one role is made more difficult by participation in the other (Greenhaus and Beutell, 1985). This conflict can result in greater stress at home or at work, poorer health, higher turnover and absenteeism, reduced job satisfaction, and less organizational commitment (for reviews, see Brough and O'Driscoll, 2005; Eby et al., 2005).

The negative health effects of work life conflict include anxiety, depression, burnout, somatic complaints, raised cholesterol levels, and substance abuse (Frone, 2003). Researchers have identified three forms of work life conflict: time-based, strain-based and behavior-based conflict (Carlson et al., 2000). Time-based work life conflict occurs when time devoted to paid work inhibits or precludes full participation in non-work roles (Carlson et al., 2000). This form of conflict is particularly salient to shiftworkers.

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Various individual and organizational factors have been found to alleviate the negative impact of work life conflict (see Byron, 2005; Eby et al., 2005). However, the relationships between organizational factors have rarely been researched. In particular, there is little evidence about how organizational factors, other than the work schedules themselves, might be managed to reduce work life conflict for shiftworkers. This study examined the relationships between organizational factors that affect time-based work life conflict and its negative health effects, in order to develop a model to predict shiftwork tolerance. This model may be used to devise organizational interventions to enhance shiftwork tolerance.

1.1. The shiftwork intervention model

Early theoretical models of shiftwork tolerance suggested that workers had little control over health outcomes, as ill health arose principally from the direct effects of disruption to physiological rhythms (Colquhoun and Rutenfranz, 1980). By contrast, more recent models indicate that shiftworkers can exert a degree of control through appraisal and coping (Folkard, 1996). A model developed by Pisarski and Bohle (2001) suggests that intervention at both the organizational and individual levels is required to reduce negative health effects. Specifically, it highlights the importance of interventions to enhance social support from various sources, maximize control over work schedules, and encourage appropriate coping. It suggests these interventions may improve shiftwork tolerance by reducing work life conflict and, in turn, improving physical and psychological health.

There is supporting empirical evidence linking work-based support and control over shift schedules to work life conflict. Several studies of female nurses have confirmed that perceived control is inversely related to work life conflict and that work life conflict has negative health effects (see Pisarski and Loudoun, in press). Lack of control over work schedules also exacerbates work life conflict for shiftworkers in other industries (Pisarski et al.,

2002). Influence over shift allocations is therefore likely to be an important form of control for shiftworkers. Wider research based on Karasek's demand-control-support model (Karasek and Theorell, 1990) and the more recent job demands-resources model (Demerouti et al., 2001) indicates that control over various aspects of work improves stress, health and well-being and reduces work life conflict (Mauno et al., 2006).

Stress and shiftwork research have both established links between social support at work and both physical and psychological health (Cooper et al., 2001; Pisarski et al., 2006). Support from colleagues has also been found to reduce work life conflict (Brough and O'Driscoll, 2005; Frone, 2003). In shiftwork, both supervisor and colleague support have been found to influence psychological well-being indirectly via control over shift allocations and work life conflict (Pisarski and Bohle, 2001).

1.2. The proposed model

In the present study, the model proposed by Pisarski and Bohle (2001) is extended to incorporate team climate and team identity (see Fig. 1). Team climate refers to the atmosphere or dynamics that exist within a team and contains elements of trust, cohesiveness and collaboration (Adams and Galanes, 2003). Team identity refers to the strength of a team member's identification with the team (Mael and Ashforth, 1995).

Existing evidence supports the inclusion of these variables in the proposed model. Research evidence, for example, suggests links between team climate and team identity (Kramer, 2006) and between these variables and supervisor support, control over work environments, health and psychological well-being (Cotton and Hart, 2003; Gard et al., 2003; Haslam et al., 2005; Rose et al., 2006; Towry, 2003; Ylipaavalniemi et al., 2005). In studies by Cotton and Hart (2003) and Rose et al. (2006) for example, a positive team climate was found to enhance workers' psychological well-being. Cotton and Hart (2003), also reported that organizational climate was directly

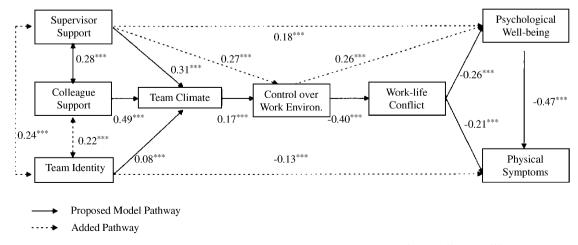


Fig. 1. Standardized patch coefficients for significant paths in the final model (${}^*p < .05$, ${}^{**}p < .01$).

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