

WORK AND FAMILY ROLE CONFLICT AND WORK ENGAGEMENT AMONG NURSES: MODERATING ROLE OF RESILIENCE

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Abstract

Engaged workforce who exhibit vigor, dedication, and absorption at workplace is quite critical to the success of delivery of high-quality care services in health institutions. From the view point of Job Demands-Resources (JD-R) framework, the present study investigated the relationship associated with the conflict of work and family roles and work engagement; and the moderating role of resilience in the relationships among 250 nurses randomly selected from some public hospitals in Enugu, Enugu State, Nigeria who completed questionnaire measures of work and family role conflict, resilience, and work engagement. Results of Hayes PROCESS macro for SPSS testing the relationship and the moderation effects indicated that work and family role conflict achieved a significant negative prediction of work engagement while resilience had a significant positive prediction of work engagement. Most importantly, the results showed that resilience moderated the relationship between work and family role conflict and work engagement such that the negative association between work and family role conflict and work engagement weakened when nurses possessed high level of resilience. Implications of the findings for practice concerning hospital managements targeting individuals with high level of resilience at the initial stage of recruitment and selection process was highlighted as well as adopting proactive measures to train and develop the trait in the nurses for effective work performance and success of healthcare institutions.

Keywords: Work-family conflict, work engagement, resilience, nurses.

1. Introduction

In recent times, with the coming of positive psychology which places emphasis on human capacity and optimal functioning rather than pathological issues (Seligman & Csikzentmihalyi, 2000), work engagement has emerged as an organizational issue and attracted the attention of researchers. Work engagement defined as “a positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption”; with vigor referring to high level of energy and mental resilience while working, readiness to spend effort in one’s work, and perseverance even in the face of difficulties; dedication referring to strong involvement in one’s work, and experiences of a sense of significance, enthusiasm, inspiration, pride, and challenge; while absorption is the state of happy engrossment in one’s work whereby time passes quickly without noticing it thereby making it difficult detaching from work (Schaufeli *et al.*, 2006, p.702).

In order to deliver quality care services, healthcare institutions need employees especially nurses who are mentally connected to their work roles to become and highly engaged in work performance. It is therefore important to foster work engagement in nurses for optimal performance since hospitals are challenged to consistently achieve superior patient outcomes; and more so given that disengagement, or alienation is central to the problem of workers' lack of commitment and motivation (Aktouf, 1992). Nurses, in general, tend to exert lots of energy and long hours working in order to see to the well-being of their patients. In essence, the nature of nursing profession is physically, mentally and emotionally demanding as they deal with people who experience major health challenges, difficult and sometimes life-threatening situations. This, no doubt may cause physical, mental and emotional exhaustion which can affect their well-being and erode work engagement.

Thus, there is need to study engagement among nurses because of the nature of work pressure, high work demand and emotional pressure that go with the profession. According to Gabr and El-Shaer (2013), healthcare profession is an interesting setting to study engagement, personal strengths, and organizational resources because of the challenging nature of the work. Healthcare professionals particularly nurses tend to be faced with a lot of high job demands that require support from organizational and personal resources in order to manage and cope effectively.

Although job demands per se are not necessarily seen as negative and distressful phenomena; they may turn into job stressors when meeting the demands require high effort and the associated high costs that elicit negative responses such as depression, anxiety or burnout (Coetzer & Rothmann, 2007). Nahrgang *et al* (2011) opine that high job demands may turn into job stressors when the demands require high effort from individuals. As such, high levels of job demand which require the exertion of extra or additional effort need to be properly managed so as to prevent shoddy performance and achieve work goals.

Work-family conflict (WFC), a related job demand of interest in this study is a form of inter-role conflict in which work and family roles are mutually incompatible to the extent that work-related roles are in conflict with family life or family obligations (Higgins *et al.*, 2007). When this stressful situation occur and become prolonged, the end result may be emotional burnout and erosion of work engagement. The issues of work and family remain two important aspect of adult life and as such they require proper resolution and management. However, conflict occurs when individuals have to perform multiple roles: worker, spouse, and parent, and each of these roles requires time and energy if it is to be performed adequately (Erkmen & Esen, 2014). As a result, individuals may be overwhelmed and experience interference from work to family or from family to work (Senecal *et al.*, 2001).

As nursing is traditionally a female dominated profession and strongly associated with cultural expectations of women as nurturers (Patel *et al.*, 2008), juggling responsibilities for work, housework, and child-care can become strenuous and may result in conflict which in turn can lead to emotional burnout and erosion of work engagement. Thus, there are more tendencies for nurses to be afflicted with work and family role conflict as they have to contend with the issue of child rearing practice and other domestic chores with work roles. More so, as gender role stereotyping still expects that women play their traditional role in the home

namely: mother and wife; childcare, and other domestic duties (Lewis-Enright *et al.*, 2009; MacDonald, 2004), performing multiple roles as an employee, parent, and spouse simultaneously may not be easy and can result in conflicts and stress (Eagle *et al.*, 1998; Theunissen *et al.*, 2003). Especially for nurses who are females, this may presents a unique challenge to them because, ironically the same society which expect them to function as nurturing and caring for children at home equally expect them to put up expected performance at work which may not be easy. Thus, work-family conflict might pose as a challenge to nurses which might in turn erode their work engagement.

As the drivers of work engagement can be explored from job demands in form of work-family conflict, it can also be explored from the perspective of personal resources such as resilience proposed to be functional in moderating the relationship between environmental factors and organizational outcomes (Judge *et al.*, 1997; Mäkikangas *et al.*, 2013). Resilience which is regarded as a personal resource that attracts interest of researchers in the present study is assumed to have the capability of exerting a great role in mitigating the impact of challenging work demands and workplace stressor such as work and family role conflict on employees' performance outcome such as work engagement. Lately, interest in resilience as a psychological construct has increased and gained relevance because of its capacity to fostering healthy behaviour (Baek *et al.*, 2010). According to Wagnild (2009), individuals with high level of resilience respond to the many challenges of life positively, see difficult times as challenging and not necessarily as overwhelming, defeating or destructive. Rather, individuals who are resilient show more emotional stability in the face of adversity; more flexible and adaptable to change, and are open to new experiences (Luthans *et al.*, 2006). Resilient individuals have the ability to bounce back or recover from stress and adapt to stressful situations (Smith *et al.*, 2008, 2013; Thomas, 2011). As such, highly resilient individuals tend to possess the type of attributes which can enable them cope with difficult challenging job situations such as conflict associated with work and family roles to remain focused and engaged in their work.

The capacity of resilience to enable one bounce back from adversity and stressful events makes it a characteristic worth studying and developing in employees especially nurses who work in stressful environment, turbulent and ever changing world of work. The ability to withstand adversity, conflict or initiate dramatic positive changes is relevant in today's nursing profession. According to Luthans and Youssef (2004), this psychological resource has a fuelling effect on an employee's growth and performance and will be of much worth in the nursing environment and advocated for the study and application of positively oriented human resource strengths and psychological capacities. For nurses, resilience is considered by some researchers (e.g. Hodges *et al.*, 2005; Luthans & Youssef, 2004) to be an essential resources to possess since they often encounter extreme life and death scenarios on daily basis; and ability to cope with such stressful situation will be beneficial for them.

Established in the foregoing background, the present research developed and tested a conceptual framework that investigated the link between work and family role conflict and work engagement; and further investigated the moderating role of resilience in the relationship among nurses. Work-family conflict (WFC) which is conceptualized as job demand in the present study may prove significant predictors of work engagement while resilience conceptualized as personal resources may serve as a buffer of job strains associated

with conflict between work and family roles thereby fostering work engagement among nurses. There is therefore the need to test these contentions empirically.

The current study will be of significance to the current knowledge base in some respects as it will offer contribution to hospital managements and business practitioners in some ways. In the first instance, it will serve as an effective way in discovering and solving problems related with work engagement in organizations as disengagement among employees is reported to have negative effect on workplace performance and overall organizational performance. Also, disengagement has been found to be linked with counterproductive behaviors in organizations such as work apathy, intention to quit, poor work performance, and poor citizenship behavior, and invariably declining output. Consequently, such counterproductive work behaviour should not be allowed to linger for a long period in an organization. Thus, the study will offer a significant insight to organizational practitioners by revealing which of the working conditions that ought to be targeted to foster work engagement.

Certainly, working in hospital environments that entail heavy workload, long working hours, time pressure, insufficient job resources and dysfunctional patients' behavior may require unique personal resource such as resilience to mitigate the impact such work stressors. Therefore, in the face of such seemingly challenging and tasking work environment characteristics of nursing profession, nurses who are resilient can garner resources even in scarce resource environments and show more doggedness and resilience to overcome work-related stress in form of inter-role conflict to remain highly engaged in work. It is, therefore, imperative to examine empirically the buffering roles of resilience in the context of work related stressful environment characteristics of nursing profession. As nurses play pivotal roles in maintaining relationship with patients, the outcomes of the current study may provide useful suggestions concerning hiring and retention of quality nurses, managing work-family conflict, and work engagement.

In addition, studies of work-family conflict and work engagement to date have been predominantly conducted in western cultural contexts. As this study is conducted in developing country like Nigeria, it may provide a unique research context in the cultural context. No doubt the research will add to existing knowledge drawn from western contexts and provide further examination of the topic in African cultural contexts like Nigeria.

In all, a thorough theoretical and practical understanding of the antecedents or drivers of nurses' engagement will be beneficial in order to set priority and make interventions aimed at improving nurses' performance for the good of patients and other stakeholders.

Conceptual Framework

The present study is anchored on Job Demands-Resources (JD-R) model which assumes that prolonged exposure to high job demands without commensurate resources will lead to employees who may become chronically exhausted and distance themselves psychologically from their work (Bakker *et al.*, 2014). In this study, the independent variable which is work and family role conflict is conceptualized as job demand capable of exerting significant negative impact on the criterion variable which is work engagement. In essence, individuals may start to experience burnout and disengagement in the presence of the job demand such

as work-family conflict without commensurate job or personal resources like resilience. However, the presence of the moderating variable - resilience - conceptualized as personal resources in this study is hoped to attenuate the purported negative impacts of job demands of work and family role conflict on work engagement.

Thus, in this study the researcher aims to test the direct relationships between work and family role conflict and work engagement; and the indirect relationship between work-family conflict and work engagement via resilience (see Figure 1).

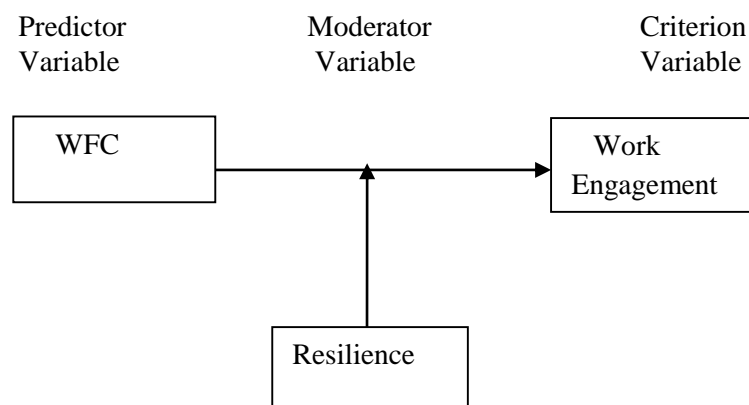


Figure 1: Conceptual model showing the hypothesized and moderated associations among the study variables.

Hypotheses

- i. Work and family role conflict will have significant negative correlation with work engagement.
- ii. Resilience will have significant positive correlation with work engagement.
- iii. Resilience will have significant moderation effect on the negative relationships between conflict of work and family roles and work engagement in a manner that the relationship will be weaker for nurses with high level of resilience than those with low level of resilience.

3. Methods

3.1 Participants and Procedures

Four hundred and fifty (450) nurses comprising three hundred and fifty five (355) females and twenty four (95) males randomly selected from some public hospitals in Enugu, Southeast of Nigeria took part in the study. Their age range is from 26 to 58 years and the mean age is 40.10 and standard deviation of 8.48. Approximately 58.2% of the participants were married, 30.8% were single, and the rest were divorced, separated or widowed. Their educational qualifications include certificate in general nursing (RN), midwives (RM), public health nurses (RPH), HND and B.Sc in nursing. The average job tenure was 5.22 years while the mean for the tenure of participants in the institution was 6.15 years. A total of 485 copies of questionnaire set were distributed to volunteered nurses; and in the number, 465 sets were completed and brought back which represents 95.88% response rate. Fifteen copies out of the 465 returned were discarded due to incorrect filling of the questionnaire thereby bringing the valid copies to 450 that were used for data analyses. The respondents were given assurance

of the confidentiality of their responses and results reported at the general level in order to conceal the identity of any staff.

3.2 Instruments

Questionnaire which consists of measures work and family role conflict, work engagement, and resilience was the instrument used for data collection.

Work-family conflict was assessed with 5-item Work-Family Conflicts Questionnaire developed by Netemeyer *et al* (1996). Items gauging work and family role conflict seek respondents' feelings about conflicts associated work and family roles, i.e., whether or not work roles are perceived to interrupt family roles and vice versa. Responses to the items are organized in five options starting from 1 "*strongly disagree*" to 5 "*strongly agree*". The scale is scored in positive direction with elevated scores showing the individual is severely affected by the conflict. The scale is believed to be highly reliable as the authors reported correlation coefficients alpha of 0.88, 0.89 and 0.88 (study 1, 2, 3 respectively) in three separate studies. For the present study, the scale was found reliable and valid as the reliability measure attained a Cronbach's coefficient alpha of 0.87 while the concurrent validity yielded a correlation matrix of 0.85 when correlated the with Carlson *et al* (2000) version of work-family conflict revalidated in Nigeria by Amazue (2013), and Amazue and Ugwu (2014).

Work engagement was measured by 17 items Utrecht Work Engagement Scale (UWES) developed by Schaufeli and Bakker (2003). It is an inventory designed in a five response pattern starting from 1 "*strongly disagree*" to 5 "*strongly agree*" which captures the three domains of work engagement with vigor being assessed with 6 items, dedication being assessed with 5 items, and absorption being assessed with 6 items. The inventory has encouraging psychometric properties with coefficient alpha of .79, .88, and .80 for vigor, dedication, and absorption respectively of the internal consistencies of the scale, and a coefficient of .93 for the composite scales as reported by the authors. Ugwu (2013) adapted the instrument for Nigerian samples using two hundred and sixty eight (268) employees from two occupational groups and reported Cronbach's coefficient alpha of 0.76, 0.79, and 0.74 for vigor, dedication, and absorption dimensions respectively and 0.91 for the composite scales.

Resilience was assessed using a 14 item short version of Resilience Scale (RS-14) developed by Wagnild (2009). The scale which was obtained from the initial Resilience Scale version of 25 items has the advantage of reducing participant's burden in research. It is a self-report inventory designed in option of a five responses starting from 1 "*Strongly Disagree*" to 5 "*Strongly Agree*". The instrument has demonstrated an excellent psychometric properties with the internal consistency (alpha coefficient) of 0.93; and found to correlate strongly ($r = .97$) with the original RS (Wagnild, 2009). In standardizing the instrument for Nigerian samples, Abiola and Udofia (2011) found the instrument reliable and valid by establishing a correlation coefficient of .81 using Cronbach alpha method and a concurrent validity of .97 when correlated with a 25-item version of Resilience Scale as well as coefficients of -.28 and -.26 when correlated with depression and anxiety subscales respectively of Hospital Anxiety Depression Scale (HADS) in a bid to establish the divergent validity of the instrument. The instrument is scored in the positive direction in that high scores on the scale points to high level of resilience and vice versa.

4. Results

Descriptive statistics – mean and standard deviation – and correlation coefficients of the study variables are shown in Table 1. The zero-order correlations indicated that gender, age, marital status, and job tenure did not significantly correlate with work engagement ($r = .06, -.09, .02$, and $-.05$, respectively). However, work-family conflict ($r = -.49, p < .001$) has significant negative correlation with work engagement; while resilience ($r = .52, p < .001$) has significant positive correlation with work engagement.

Table 1: Inter-correlations of demographic and study variables

Variables	1	2	3	4	5	6	7
1 Gender	-						
2 Age	.04	-					
3 Marital status	.21**	.24**	-				
4 Job tenure	.12*	.81**	.25**	-			
5 WFC	-.04	.04	-.07	.05	-		
6 Resilience	-.03	.04	-.03	.03	.78**	-	
7 Work engagement	.06	-.09	.02	-.05	-.49**	.52**	-

Note. * $p < .05$; ** $p < .01$; *** $p < .001$; WFC = work and family role conflict

Table 2 suggests that work and family role conflict achieved a significant negative correlation with work engagement ($B = -.35, t = -3.12, p < 0.05$), showing that with addition of one unit in work-family conflict, there is a corresponding decrease of 35 units in work engagement. Again, resilience achieved a significant positive association with work engagement ($B = .90, t = 5.17, p < .01$), which indicates that as resilience increases by one unit, work engagement increases by .90 unit.

Table 2: Hayes' PROCESS Macro results predicting work engagement from role overload, work-family conflict and resilience

Predictors	Coefficient	SE	T	P	95% CI
WFC	-.35	.59	-3.12	.005	[-.52, .99]
Resilience	.90	.29	5.17	.002	[-1.46, -.34]
WFC * Resilience	-.18	.01	-1.95	.050	[-.09, .05]

Note. (a) Total $R^2 = .46, F(3, 446) = 63.77, p < .001$.

The interaction effect of work and family role conflict and resilience with regard to work engagement achieved a significant effect ($B = -.18, t = -1.95, p < .05$) which indicates that resilience significantly moderated the link between work and family role conflict and work engagement in such a way that the negative association between work-family conflict and work engagement is strongest for employees who reported low resilience ($B = -1.92, t = -6.63, p = .000, 95\% CI = -2.48, -1.35$) compared to those who have moderate resilience ($B = -1.48, t = -7.40, p = .000, 95\% CI = -1.88, -1.09$), and workers who have high resilience ($B = -1.05, t = -4.62, p = .000, 95\% CI = -1.50, -.60$). All the variables in the model accounted for 46% variance in work engagement ($R^2 = .46$) (see Fig. 2).

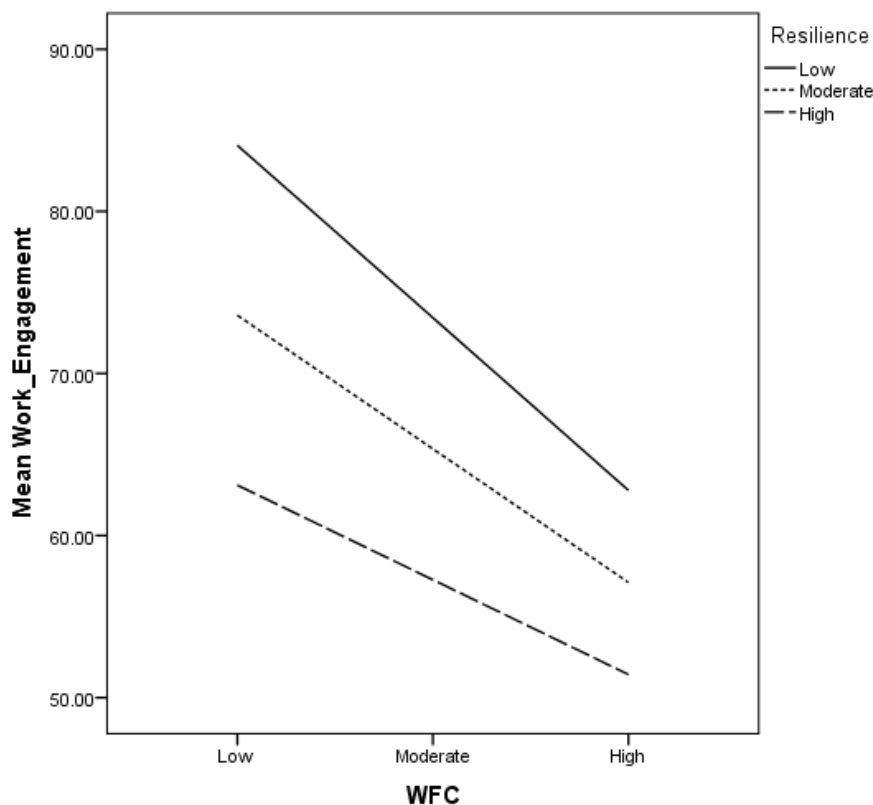


Figure 2: Slope of moderation effect of resilience on work and family role conflict and work engagement

5. Discussion

In this study, the link between work and family role conflict and work engagement was investigated; as well as the buffering impact of resilience in the relationships between work and family role conflict and work engagement. The results of Hayes's Process Macro were all in the anticipated direction showing that conflict associated with work and family roles achieved significant negative association with work engagement indicating that as the conflict associated with nurses' work and family roles increases; their work engagement also decreases. This is therefore in support of the hypothesis which proposed that work and family role conflict will achieve significant negative correlation with work engagement. The finding agrees with others that had previously established similar results (e.g. Sayar *et al.*, 2016; Hyun *et al.*, 2016; Daderman & Basinska, 2016; Pirhayatis *et al.*, 2012) showing negative correlation between work-family conflict and various organizational outcomes, namely: job satisfaction, organizational commitment, job performance, and work engagement. Plausible reason for this finding could be that conflicts associated with work and family roles is specifically an incompatible phenomenon that creates confusion, induces tension, anxiety and distress in individuals leading to total lack of concentration, loss of motivation and interest in work and over time leads to burnout, which tend to erode work engagement. Thus, it is expected that individuals experiencing conflict associated with work and family roles may experience disengagement at work due to confusion and anxiety created by divided attention or loyalty which makes it difficult for effective concentration necessary for being engaged at work.

Again, the results of the Hayes' PROCESS Macro analysis indicated that resilience achieved significant positive relationship with work engagement which means that when an individual possesses high form of resilience trait, such an individual also exhibits elevated form of work engagement. This is expected because according to Amir (2014), resilience is characterized by four potential dimensions including perseverance, commitment to growth, positive emotion and meaning-making which are viewed as developable in both routine and daily activities and when fully harnessed and deployed in times of adversity or conflict situations result in better coping and adaptation that may have translated into positive relationship between resilience and work engagement. Also, individuals that report high level of resilience are believed to be equipped and imbued with the resources to withstand and cope effectively with the concomitant distress associated the conflicts created by work and family roles to become engaged in their work.

Also, the outcome of the Hayes' PROCESS Macro analysis suggested that the interaction effect of WFC and resilience in relation to work engagement was significant implying that resilience played a significant moderation effect on the relationship between work-family conflict and work engagement. Simple slopes analysis shown in Figure 2 indicated that the negative relationship between WFC and work engagement was strongest for employees who reported low level of resilience in comparison with those who reported moderate possession of resilience trait and advanced level of the trait. As such, the hypothesis which postulated that resilience will play a significant buffering effect on the negative association between work-family conflict and work engagement to the extent that the relationship will attenuate for nurses with high level of resilience than those with low level of resilience was supported. In line with this thinking, individuals that reported high level of resilience might have activated and deployed the enabling resources and capacity that helped them to respond and cope better with the adversity and challenges of stress that go with the conflicts related with work and family roles even in the face of work and family role conflict. Resilience has been highlighted as an important buffer of stress, as an enabling factor for better adaptation, and as a buffer of negative effect of strain on aspects of health (Catalano *et al.*, 2011).

Moreover, the significant moderation impact of resilience in the link between work and family role conflict and work engagement could be explained from the perspective of the JD-R framework which contends that high level of job demands without commensurate resources from the organization or individual can lead to employees whose energy levels are depleted, which in turn impairs health and in the process hamper job performance. Resilience as personal resource and an aspect of the motivational mechanism underlining JD-R model could have stimulated personal advancement, insight, improvement, coping, and adaptability necessary to withstanding conflicts associated with work and family roles. Traditionally, resources are seen as instrumental for employees to fulfill their work roles, which consequently keeps employees interested and engaged in their work (Hakanen *et al.*, 2006; Schaufeli & Bakker, 2004). Thus, the possession of resilience as a personal resource might have activated the employees' coping and adaptive mechanism making them to have the ability to take charge of their work situation such as the work and family role conflict, and in turn, stayed engaged.

Implications of Findings

As is evidenced in the current study, work-family conflict influenced work engagement deleteriously; it therefore, behooves on hospital managements and business practitioners to foster work engagement by adopting strategies that would mitigate the impact of the stressor in the workplace. At the same time, individuals should seek support at home as well as at work. Organizations on their own, should try to offer their employees adequate and appropriate support such as flexi-time and on-site childcare so as to reduce the negative effects associated with work-family conflict.

Also, as the present study suggests that resilience, a personal resource mitigated the negative impact of job demand of work-family conflict on work engagement; individuals with high level of resilience trait should be targeted at the initial stage of recruitment and selection process. Resilience as a personal resource can be modified learnt and developed (Masten, Best & Garmezy, 1990; Youssef & Luthans, 2005). Also, Amir (2014) contends that resilience is adaptive, developable in both routine and daily activities. Therefore, apart from targeting such employees with high level of resilience trait at the initial recruitment and selection process, hospital managements should consider other practical ways of developing resilience capacity in individual like skill training on doggedness, advancement improvement, positive affectivity and meaning-making.

Finally, the JD-R model as framework should serve as a guide to improving employee motivation and well-being by establishing and maintaining a work environment where imbalance between job demands and job resources is minimized.

Limitations of the Study

There are, however some limitations associated with the current study. One of such limitations is that the study employed a cross-sectional research approach which does not take into account the measurement of changing variables over time. As such, it becomes difficult to determine causal relationships between the variables of the study.

Another weak point of this study concerns the respondents' self assessment of the inventory that is applicable in this study. Using such self-report questionnaires raises the issue of common method variance or bias. As a result, the issue of social desirability which may have impacts on the reliability and validity of a study could not be circumvented. However, attempt was made to reduce this bias by protecting the anonymity of the surveyed participants since they were not asked to disclose their identity so as to reduce the wariness associated with answering questions as was suggested by Podsakoff *et al* (2003). Also, the participants were given the assurance that the response to the questions elicited by the questionnaire does not bear "right" or "wrong" answer and because of that they were requested to be as candid as possible in answering the questionnaires.

In addition, even though workplace perceptions of the employees are important sources of information, perceptions do not necessarily reflect objective reality. Therefore, the information collected in this research may not have reflected the objective and true assessment of the participants since they reflected how the individuals perceived the situation. Consequently,

future research should endeavor to gather data from multiple sources so as to ensure that the obtained results are not just the results of shared variant methods.

Also, this study can be said to be gender sensitive or biased since the participants for the study were mostly female nurses who constituted 94.7 percent as against 5.3 percent of the male participants. By implication, the issue of generalization should be handled carefully. Also, the results of this study are specific to organizations in a given sector (public hospitals) and from one geographical area. As a result, generalization to other organizations and other areas may be done with caution.

Suggestions for Further Studies

Although cross-sectional survey study does not furnish information about cause-effect relationship, there is hope for future research in terms of establishing cause-effect relationship which lies in longitudinal or experimental research. The longitudinal study will try to overcome some of the biases raised against cross-sectional study since previous levels of the variable may be controlled to a certain degree, and the interaction effect may be marginally affected by the biases (Lu *et al.*, 2014). Thus, longitudinal studies should be embarked upon in future research to explore the causal effect regarding job demands, job resources and work engagement.

The issue of common method variance or bias arising from the approach of respondents reporting themselves on the items of the questionnaire can be overcome by employing multiple sources of data. To overcome this limitation, future study should employ multiple sources of data to cushion any spurious or bogus information that might be elicited from single source.

Also, as the results of this study are specific to organizations in a given sector (public hospitals) and from one geographical area, future research should enlarge the scope of the study as well as include other gender (male) to make for better extrapolation. Naturally, it would be important to replicate and compare the results reported in this study with those of other countries, focusing on other nurses, with the aim of generalizing the results to nursing communities in other countries.

Finally, future research should try to investigate other job demands and stressors common among healthcare practitioners such as high work load, role conflict, role ambiguity, interpersonal conflict, work pressure, emotional demands, work shift etc which may prove potential threats to work engagement. Also, future study should examine the impacts of other job resources such as supervisors' support, job autonomy, task clarity, growth opportunities including personal resources such as optimism, hope, mindfulness, extraversion, agreeableness, neuroticism, consciousness etc capable of playing a buffering role in strain relationship. Thus, it is important to study other various antecedents of work engagement in other work settings in order to achieve a broader perspective.

Summary and conclusion

The present study investigated the relationships between work-family conflict and work engagement among nurses; and the moderating role of resilience in the relationships. Three

hypotheses were tested and analyses were undertaken using data obtained from 450 nurses in some public hospitals in Enugu, Nigeria. The Hayes PROCESS Macro for SPSS which is the current recommendation for analysis of research involving moderation and mediation was used to facilitate the analyses. The summary of results shows:

- i. Work-family conflict (WFC) is significantly and negatively associated with work engagement; the higher the levels of work-family conflict, the lower the levels of work engagement.
- ii. Resilience achieved significant positive relationship with work engagement.
- iii. Resilience significantly moderated the negative relationship between WFC and work engagement; the negative relationship between WFC and work engagement is strongest for employees that reported low level of resilience as against those that reported moderate level of resilience and those that reported high level of resilience.

In conclusion, the present study showed that work-family conflict negatively correlated with work engagement among nurses and that the process through which the deleterious effects of work-family conflict on work engagement could be reduced is when resilience is present. This indicates that even in the face of work-family conflict individuals still remained engaged in their work due to the possession of personal resource of resilience which enabled them to cope and adapt well. In the mean time, the present study offers additional evidence that work-family conflict correlate with work engagement; and that resilience moderated the relationships among nurses believed to be saddled with role stress. Organizations should, therefore, pay attention to the debilitating job demands such as work-family conflicts to see how to curb it and to foster job/personal resources of employees for effective job performance.

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