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SOCIO-ECONOMIC DETERMINANTS ASSOCIATED WITH WORK-FAMILY CONFLICT AMONG NURSES AND IMPLICATIONS ON COMMUNITY WELL-BEING IN THE NAIROBI METROPOLITAN AREA, KENYA

A THESIS

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THE SCHOOL OF EDUCATION AND SOCIAL SCIENCES

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OF THE REQUIREMENTS FOR THE AWARD OF

DOCTOR OF PHILOSOPHY DEGREE (PHD)

BY

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NOVEMBER 2024

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DECLARATION

This thesis is my original work and has not been submitted for a degree or any award at any other university or institution. It is entirely the result of my work and not the product of any collaborations. This thesis may be available for reference at the discretion of St. Paul's University.

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ABSTRACT

The magnitude of work-family conflict (WFC) poses significant challenges to community well-being, particularly among nurses, whose overwhelming work demands compromise their ability to nurture their families and provide quality nursing care to communities. Despite its importance, few studies in Kenya have explored the socio-economic determinants of WFC and its implications on community well-being. This study aimed to investigate the relationships between nurses' income, work schedules, and social support in addressing WFC and their implications on community well-being. This research was founded on Role strain, Conservation of Resources, and Capability theories. A mixed-method exploratory design was used to facilitate triangulation of qualitative and quantitative data. Eight healthcare facilities and eight Directors of Nursing services were purposively selected while 312 registered nurses were selected by using stratified random sampling.The study was conducted within the dictates of ethical principles stipulated by the Daystar University Committee which approved the protocol. Reliability and validity of the data collection tools were ensured through a pilot study. Data were collected over twenty weeks using semi-structured questionnaires and interviews. Content analysis was applied to systematically code and categorize data, ensuring credibility through reflexivity and triangulation. Quantitative analysis included descriptive statistics to summarize demographic data and linear regression to assess the impact of work schedules, income, and social support on WFC. Findings revealed that nurses experienced higher levels of WFC (53.88%) compared to family-work conflict (46.18%), exacerbated by limited management support, unfavourable work schedules and demanding family roles. Job flexibility positively correlated with marital satisfaction ($r = .18$, $p < .01$), with family support identified as a crucial resource. The researcher concluded that WFC significantly affects nurses' family happiness and job performance, extending to negative effects on community well-being and ultimately community development. The researcher recommended revision of work policies related to nurses' schedules and overtime compensation as well as recognition of the critical role of nurses in fostering healthy communities.

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LIST OF ABBREVIATIONS AND ACRONYMS

CRT	Conservation of Resource Theory
DNS	Director of Nursing Services
DUERC	Daystar University Research Ethical Committee
FIW	Family Interfering with Work
GOK	Government of Kenya
KMTCs	Kenya Medical Training Colleges
KNH	Kenyatta National Hospital
KHP	Kenya Health Policy
MLKH	Mama Lucy Kibaki Hospital
MOH	Ministry of Health
NACOSTI	National Council for Science, Technology and Innovation
NCK	Nursing Council of Kenya
NGO	Non-Governmental Organization
NHCR	National Healthcare Retention
NMA	Nairobi Metropolitan Area
NWS	Nurses Work Schedule
NPI	Nurse's Income
PCEA	Presbyterian Church of East Africa
RN	Registered Nurse
SDI	Service Delivery Indicator
SDGs	Sustainable Development Goals
SES	Social Economic Status
SSM	Social Support Mechanism
WHO	World Health Organization
WFC	Work-Family Conflict
WFI	Work-Family Interference

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CHAPTER ONE: INTRODUCTION

1.0 Chapter Introduction

This chapter presents the background to the study, an introduction that places the study in its proper perspective elucidating contextual issues of relevance.It also provides historical development of work-family conflict and nursing in general. Furthermore, it looks at the socio-economic determinants of work-family conflict (WFC) among nurses and their implications on community well-being in the Nairobi Metropolitan Area in Kenya. It sets the backdrop on the extent of WFC which nurses experience while working in the busy and highly populated Nairobi Metropolitan Area in Kenya as well. Additionally, it presents the problem statement which contains issues that warrant an investigation and knowledge gap to be filled. Along with that, it outlines theobjectives which the study intended to achieve as well as their corresponding research questions. Other aspects covered include justification of the study, scope, limitations and operational definitions of terms used throughout the study.

1.1 Background to the Study

Work-family conflict (WFC) among nurses is a significant global public health concern. Over the years, WFC has been conceptualized as an inter-role tension that arises from the competing demands of professional responsibilities at the work place and family obligations (Borgmann et al., 2019; Chandler, 2021; Greenhaus & Beutell, 1985; Hassanzadeh et al., 2021; Netemeyer et al., 1996; Yuce & Latshaw, 2020). WFC manifests in two primary forms: work-to-family conflict and family-to-work conflict. The incompatibility between work and family roles generates stress and pressure among nurses, contributing to high turnover rates, as well as physical and emotional exhaustion, that ultimately affect nurses' work output to individuals and communities with adverse effects on community well-being.

As organizations strive for positive outcomes, addressing WFC has become increasingly critical, especially in light of evolving family and workplace structures. Job dissatisfaction resulting from WFC not only impedes organizational goals but also negatively influences community well-being. Empirical data indicate that over 31% of nurses experience WFC, leading to burnout, anxiety, depression, insomnia, and other health challenges (Borgmann et

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al., 2021). The combination of work demands and family responsibilities in addition to the high stress levels inherent in the nursing profession, exacerbates WFC (Zandian et al., 2020).

WFC can be categorized into time-based and strain-based conflicts. Time-based conflict arises when the time demands of work and family roles compete, often due to long hours or inflexible schedules. This competition for time leads to increased stress and burnout, as nurses struggle to meet both work and family obligations. Strain-based conflict on the other hand occurs when pressures from one role impair performance in the other; for instance, stress from work can negatively impact family relationships, resulting in emotional exhaustion and decreased overall performance both at home and the workplace. Work-family conflict arising from work and family spheres involves different responsibilities that can become a permanent challenge for employees and reinforce inter conflict within the individual (Hasan et al., 2020). The researcher in the current study argues that when nurses experience high levels of WFC, their mental health and job output suffer. In turn, their families and communities suffer from neglect or effects of high emotions.

Community well-being encompasses the social, economic, and environmental conditions necessary for individuals to thrive (Cloutier at al., 2019). Community well-being is influenced by factors such as family happiness and job satisfaction that positively contribute to the quality of patient care and nurse retention. Provision of quality healthcare services that effectively meet individuals and community needs is majorly dependent on the well-being of nurses; thus, addressing WFC is crucial not only for individual nurses but also for the overall health of communities.

The researcher asserts that the socio-economic determinants influencing WFC among nurses cannot be overlooked. Factors such as work environment, demographics, job security, and decision-making power significantly impact nurses' health and job performance (Neto et al., 2021). Studies demonstrate that these socio-economic determinants affect community well-being by shaping family dynamics and individual health outcomes. High workloads and inadequate support can lead to increased stress, burnout, and conflicts at home, and ultimately

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diminish the quality of care provided to patients with adverse consequences in the health of the communities.

In Sub-Saharan Africa that includes Kenya, research on WFC is still in its infancy, with limited knowledge about its impact on nurses (Asiendu et al., 2018). The unique contextual factors and structural differences in healthcare systems in this region mean that nurses may experience WFC differently than their counterparts in developed countries (Annor & Burchell, 2017; Ollier-Malaterre et al., 2013). The absence of family-friendly workplace policies further complicates the balance between work and family responsibilities for nurses in this context (Annor, 2016).

The interplay between work and family dynamics is critical for nurses' overall effectiveness. Supportive family relationships foster emotional and economic stability, while stressful family environments can lead to increased WFC (Jabbari et al., 2023; Gunn & Eberhardt, 2019). A balanced approach to managing work and family roles is essential for enhancing the productivity of nurses and the consequent optimal patient care.

Burnout among nurses, characterized by emotional exhaustion and reduced personal accomplishment, is prevalent. Studies indicate high rates of emotional exhaustion (66%), depersonalization (60%), and low personal achievement (49%) in Sub-Saharan Africa (Owuor et al., 2020). These dimensions of burnout exacerbate WFC, leading to diminished concentration and increased stress, ultimately impacting both nursing performance and community health.

Given the critical role nurses play in healthcare, addressing WFC is essential in enhancing community well-being. The World Bank (2021) recommended strengthening of advanced nursing roles, emphasis on supportive workplace policies and flexible scheduling of duties as some of the strategies to promote work-life balance and reduce WFC. In Kenya, the development of guidelines and scope for advanced nursing practice Nursing Council of Kenya (2022) are some of the strategies being taken to encourage independence andfacilitate

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job satisfaction of the nurse thereby mitigating WFC. However, persistent challenges such as heavy workloads, staffing shortages, and inadequate compensation continue to exacerbate WFC, necessitating further research and intervention strategies.

In the Kenyan context, the nursing profession which is fundamental to the healthcare system, has come along way (Mule, 1986). The first nurses,who were missionaries, failed to meet the communities growing demand for medical care. In response, the colonial government initiated nursing training programs in 1929, leading to the establishment of a registered nursing course in 1952 (Silva & Ferreira, 2021). This development equipped nurses with essential requisite skills , knowledge, problem-solving and coping strategies that partially addressed the challenges of work-family conflict. Currently, nursing education is offered at three levels: certificate, diploma, and degree that includes undergraduate and post graduate programs. Specific competencies and specializations are taught in the post basic diploma and postgraduate courses that include masters, and doctoral programs (Mbuthia et al., 2023). Despite these educational advancements, nurses often struggle to provide optimal care due to staffing shortages and excessive workloads (English et al., 2020; Gathara et al., 2020). The highlighted unfavourable work conditions contribute to heightened levels of WFC, adversely impacting on community well-being.

The researcher posits that ensuring that thre is job satisfaction among nurses is crucial for healthcare organizations. thisis likely to improve their motivation to meet organizational goals, stay longer in employment, reduce absenteeism and other indicators of burnout (Vickovic & Morrow, 2020). When nurses feel supported and motivated, they are better equipped to provide quality care which fosters positive patient experiences and outcomes. Thus, addressing stress among nurses is essential for both their well-being and job performance, which in turn supports community well being. However, high levels of stress resulting from WFC especially the strain-based conflict are continually being observed. For instance, Afulani et al. (2021) observed that 85% and 11.5% of nurses reported moderate stress and high levels of stress respectively. Similarly, 65% and 19.6% of nurses exhibited signs of low and high burnout respectively (Afulani et al., 2021). Strain-based conflict

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impacts job satisfaction and overall quality of life, affecting the nurses' ability to fulfill both work and family responsibilities.

Commendably, the Nursing Council of Kenya (2020), has made strides in transforming and professionalizing nursing as one strategy to improve job satisfaction in nursing. However, challenges such as negative attitudes from senior management, chronic staffing shortages, and financial constraints still persist in the workplace (Lotfi et al., 2020; Mwangi et al., 2019) These challenges put immense pressure on nurses and affect their ability to meet patient needs while balancing family obligations. The dilemmas nurses encounter in fulfilling patients'needs often lead to dissatisfaction and heightened WFC, which ultimately impacts community well-being (Gathara et al., 2020; Mbuthia et al., 2021).

As outlined in Kenya Vision 2030, the national agenda aims to improve health outcomes and quality of life for all citizens. Achieving this vision necessitates a workforce of healthy and well-supported nurses who can effectively balance work and family responsibilities to enable them contribute to the health outcomes of communities. Currently, there is a significant gap in research focusing specifically on WFC and its implications on nurses' and community well-being in the Nairobi Metropolitan Area (Mudave et al., 2022). Most existing studies have concentrated on nurse shortages, burnout, and workload, leaving a lack of comprehensive understanding of WFC among nurses. Jelagat (2020); Madigan and Hill (2020) highlighted increased workload due to severe nurse shortages and unfavourable physical work environments which lead to ongoing industrial actions as some of the conditions that hinder nurses' ability to deliver dignified care. Similarly other studies have focused on nurses' experiences during the COVID-19 pandemic and the influence of income on WFC (Mudave et al., 2022). It is the researcher's view that comprehensive research on WFC can illuminate the challenges nurses face and inform strategies to support their well-being, ultimately enhancing community health outcomes.

The researcher asserts that WFC is a significant concern for nurses in Kenya and across Sub-Saharan Africa, impacting their performance and, by extension, community well-being.

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Understanding the socio-economic determinants of WFC and their implications for health outcomes is vital for developing effective interventions. As the healthcare landscape continues to evolve, addressing these challenges is crucial for improving the quality of care and fostering healthier communities. It is against the background on the dearth of information on the socio-economic determinants of WFC and their effects on community well-being, particularly in the Nairobi Metropolitan Area, and the researcher's conviction to generate knowledge that can be useful on developing policies to mitigate WFC and its implications on community well being that the current study became imperative.

1.2 Statement of the Problem

Work-family conflict (WFC) has emerged as a significant challenge in the modern workplace. This conflict is not just a matter of personal distress; it has far-reaching implications for both individual well-being and community health outcomes. Research indicates that WFC affects over 31% of nurses globally and is linked to various adverse outcomes, including burnout, anxiety, depression, insomnia, and an increased risk of cardio metabolic disorders, severely impacting nurses' quality of life (Borgmann et al., 2021).

The global nursing workforce faces unique pressures, with studies highlighting that job demands and emotional exhaustion are strong predictors of WFC (Rheaume, 2022). For nurses, who bear the primary responsibility for patient care and health promotion, this conflict can severely hinder their performance. This situation results in diminished job satisfaction, heightened burnout, and a decline in both physical and mental health, ultimately affecting professional quality of life.

The researcher argues that these repercussions extend beyond individual nurses, impacting community well-being as well. Poor WFC can lead to reduced quality of patient care, higher turnover rates, and staffing shortages in healthcare facilities, exacerbating the challenges within the healthcare system (Labrague et al., 2021). The decline in quality care not only prolongs patients' recovery periods but also delays their discharge, thereby hindering their reintegration into the community as productive members. Furthermore, the inability of nurses

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to balance their work and family responsibilities strains familial relationships, leading to further stress and potential disintegration of family units.

Research indicates that a conducive work environment is essential for nurses' well-being, ultimately affecting patient outcomes and societal health (Mabona et al., 2022). Supportive family relationships are crucial as well, providing the emotional and practical support necessary for nurses to thrive both at work and home. Conversely, stressful family dynamics, marked by conflict and criticism, can exacerbate feelings of burnout and dissatisfaction (Gunn & Eberhardt, 2019).

In the context of the Nairobi metropolitan area, the high population density and nursing shortages further exacerbate WFC. The increasing prevalence of dual-career couples and the demands of full-time jobs create challenges for families to spend quality time together (Muasya & Nzengya, 2021). Despite the critical nature of these issues, most studies in Kenya have approached them from a medical perspective, focusing on nursing shortages, hospital errors, and burnout without adequately addressing the socio-economic determinants of WFC and its implications on community well-being.

There exists a substantial gap in understanding the causal relationships between WFC and variables such as income, work schedules, and overall working conditions. This gap undermines effective policy-making and the implementation of strategies that could alleviate WFC among nurses. As Kenya advances towards Vision 2030 and strives to meet the Sustainable Development Goals (SDG) related to health and well-being, addressing these research gaps is essential.

This study aimed to elucidate the socio-economic determinants of WFC among nurses in the Nairobi metropolitan area and explored the consequent implications on community well-being. The findings provided valuable insights on how WFC not only hinders nurses' productivity but also compromises healthcare delivery, thereby impacting the broader

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community. Ultimately, the research sought to foster stable and productive nursing environments that enhance both familial harmony and organizational effectiveness.

1.3 Objectives of the Study

The objectives of this study were drawn from the field of development studies with a specific focus on work-family conflict and community well-being which influences outcomes such as quality healthcare for patients, nurse turnover, and family satisfaction. The study had a general objective under which specific objectives were drawn.

1.3.1 General Objective

The main objective of this study was to investigate the socio-economic determinants associated withwork-familyconflict among nurses and their implications on community well-beingin selected healthcare facilities in the Nairobi Metropolitan Area, Kenya.

1.3.2 Specific Objectives

The specific objectives as stated below on nurses and implications on community well-being in selected healthcare facilities within the Nairobi Metropolitan Area, Kenya were to:

i. Assess nurses' perspectives and experiences of work-family conflict.
ii. Establish the relationship between work schedules and work-family conflict.
iii. Examine the relationship between personal income and work-family conflict
iv. Explore the support mechanisms put in place to address work-family conflict.

1.4 Research Questions

The study sought to address four specific research questions as stated below on nurses and the implications on community well-being in selected healthcare facilities in the Nairobi Metropolitan Area, Kenya. These were:

i. What narratives do nurses use to explain their experience of work-family-related conflict on community well-being?
ii. What is the relationship between work schedules and work-family conflict?
iii. How does personal income contribute to work-family conflict?
iv. What support mechanisms exist to mitigate work-family conflict?

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Hypothesis

The hypothesis of this study in selected healthcare facilities in the Nairobi Metropolitan area, Kenya were:

i) There is no relationship between work schedule and work-family conflict.
ii) There is no relationship between personal income and work-family conflict.
iii) There is no moderating effect of social support on the relationship between socio-economic determinants and work-family conflict.

1.5 Justification of the Study

The development of nursing in Kenya has been greatly influenced by the country's political history (Mule, 1986). Of the 43.5 million health workers in the world, it is estimated that 20.7 million (almost 50%) are nurses and midwives (Fitzgerald et al., 2020).Statistics obtained in Kenya indicate that nurses form approximately 69.1% of healthcare workers and are responsible for up to 90% of healthcare services (Kenya SDI data, 2018). This study was conducted within the Nairobi Metropolitan Area which has a general population of approximately 9,354,580 people (Kenya National Bureau of Statistics [KNBS], 2019) and with 299 health facilities (Kenya Ministry of Health, 2019). Although healthcare facilities are widespread across Kenya, the researcher centered her work within the boundaries of the Nairobi Metropolitan Area. The area was selected due to the size of the healthcare facilities and well-established infrastructure that offers multiple services to the population. Over and above that, the selection of this area was based on its accessibility, presumed willingness of its respondents and its high population.

Most importantly, by the nature of the nursing profession necessitated by complex job demands, high expectations from employers and patients, working with minimal authority and the various demands at home, nurses are bound to experience work-family conflict. They are not only the majority in the medical profession but also the most affected. For example, in a study conducted on nurses in Iranian teaching hospitals, 93% of research participants experienced moderate to high levels of WFC and 83% had a low or moderate quality of work-life (Zandian et al., 2020). Previous studies on work-family conflict in nursing have

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mostly been conducted in other countries apart from Kenya and these have largely addressed outcomes of work-and-family conflict among hospital staff nurses (Labrague et al., 2020; Yildiz et al., 2021).

Efficient healthcare is part of the Kenyan Government's long-term development policy that aims to transform Kenya into a newly industrialized, middle-income country and providing a high quality of life to all its citizens by 2030 (Kenya Ministry of Health, 2014; Macharia, 2019). Nurses and their families' mental and physical stability aid in the provision of quality care which is necessary for society's growth. One of the issues which surround the welfare of nurses is that of work-family conflict. Therefore, it is necessary to have a health system with skilled human resources, proper leadership and governance in place that would minimize WFC.

Kenya is keen on Vision 2030 and accomplishment of SDG 3 and 8, which impact on community well-being. For these to be attained, the welfare of the nurses must be prioritized to have positive outcomes that include retention of experienced nurses who will ensure quality care provision, family stability, and development. The findings of this study, documented later in this study, established the need to prioritize nurses' welfare. The long-term impact of addressing work-family conflict on sustainable development is that it promotes the needed positive, safe, and healthy work environment for community well-being. Therefore, addressing nurses issues and investing their well-being contributes to long-term social and economic goals which are essential in the advancement of the nurses, their families, patients, and their organizations.The healthcare facilities in the selected area gave the study the needed data to understand the phenomenon that was being investigated to enable the society to become prosperous and be in good health.

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1.6 Significance of the Study

The constitution of Kenya 2010,through the Bill of Rights, places the responsibility on the health sector to ensure the realization of the right to health by all citizens. The goal of the health sector as indicated in Kenya Health Policy 2014-2030 "is to provide equitable, affordable and quality health care for all citizens" (MOH, 2014). The findings of this study

contribute tothe implementation of policy in healthcare facilities. There are various beneficiaries of this study who include; county governments, the Ministry of Health, legislators, scholars, administrators in private health facilities and health workers.

The central government and county governments are key stakeholders in the health sector. In the management of health services in counties, county governments do well out of this study, as they are enabled in implementing measures which address the issue of work-family conflict among nurses and hence improve the delivery of nursing services through any kind of support that may be required.

The Ministry of Health, which is part of the central government and a significant policymaker, benefits considerably in its generation of policies that address issues of the welfare of the nurses in the society. The policies will be clear, especially in areas that might cause conflicts.

Legislators, who include both senators and members of the national and county assemblies, are likely to apply the recommendations of this study as guidelines for developing laws which address industrial unrest in the health sector. The findings of this study are crucial in developing legislation that addresses nurses' welfare and ensure that there is harmony between the nurses and their employers. This in turn will moderate levels of conflicts at work and at home.

This study's findings are worthy of attention by scholars in development studies who would like to establish the link between family and work relationships. This is essential in the delivery of critical services that are needed for community well-being. It will enhance the nurses, their families, patients and the organizations they work for.

Fifthly, private health facilities'administrators might use the results and recommendations of the study to adjust policies and practices for nursing staff and thereby enhance quality care for their patients. This might increase the number of clients that visit the hospitals due to their experience of quality care by the nurses.

Health workers, especially nurses, gain from this study as they find out the nexus between family and work.Nurses' awareness of work-family conflict will enable them to understand and address issues in a way that contributes to better mental and emotional well-being.

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Implementing strategies to mitigate the effect of work-family conflict will lead to better outcomes for the nurses, their families and patients.This will improve their professional quality of life at work and at family levels. Nurses must realize that these two realms do not exist in isolation. Consequently, this realization might enable nurses to seek counseling services wherever there is a need to balance between the two realms. The findings might enable nurses to have good relationships within their families and be more productive at work and at home.

1.7 Scope of the Study

This study investigated the socio-economic determinants associated with work-family conflict as experienced by nurses and their implications on community well-being in the Nairobi Metropolitan Area, Kenya. It examined work-family conflict from the perspective of development studies. As such, it was limited to how work schedules, personal income and social support affected family-work conflicts among nurses and how this impacted on community well-being. These indicators are developmental since they deal with the family and the individual's performance. Although there are many healthcare facilities in the country with many other healthcare workers, this study was confined geographically to the Nairobi Metropolitan Area, which covers the whole of Nairobi County and parts of Kajiado, Kiambu and Machakos counties. As much as family members, patients, and organization were part of the conflict, they were not actively involved to participate in the study. The study targeted only nurses, both staff nurses and nurses holding managerial positions.

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1.8 Limitations and Delimitations

Limitations are the challenges and constraints that were beyond the researcher's control. Delimitations were the boundaries set by the researcher which were intentional choices made to define the scope of the study

1.8.1 Limitations

Work-family conflict among nurses in Kenya and its impact on community well-being is a relatively new area of study. The study suffered from a lack of similar studies in Kenya which would have enhanced discussions on the study findings. Most of the literature from

Kenya was on areas such as burnout and nurse shortage, which were not undertaken from a developmental perspective. This limitation affected the study discussions and empirical dock. However, to overcome this challenge, the study relied on empirical evidence from previous studies of a similar nature carried out in other countries.

In spite of the fact that the study findings may not be generalized for all healthcare facilities in Kenya,the detailed research yielded important information on the general situation concerning work-family conflict and its impact on nurses,their families and patients. This is captured in both chapter 4 and chapter 5.Getting letters of authorization from each of the four countieswas a challenge due to their geographical location. This was mitigated by proper planning and allocation of sufficientresearch time.Additionally, the researcher concentrated on selected socioeconomic determinants. These were namely; nurses' experience and views, work schedule and income. This limited the researcher from looking at other determinants that may increase WFC.

There were methodological challenges whereby the study adopted a descriptive cross-sectional research design in which relationships between the four study variables were assessed at a single point. However, certain changes in demographic characteristics with time like marital status (singles getting married or divorcing), change of nurse cadre, pay increase and many more others could have had a significant influence and change over time.

The study was conducted during the COVID-19 pandemic with restrictions around meetings or contact with people. Additionally, the nurses were also quite busy, under a lot of pressure and in fear of infections, hence taking a longer time to fill the questionnaires than would be the case under normal circumstances. This affected the pace with which the study proceeded and the programmed period.The research was initially to begin on 15/9/2020 and end by 30/10/2020. However, it took an extra 3 months prolonging it to 2/1/2021. More so, some healthcare facilities were affected by lack of patients, especially in-patients, and nurses feared infections, with some nurses deciding to resign.

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Additionally, there was fear of infection by the researcher, research assistants and the respondents. These limitations were addressed by ensuring that the pandemic safety protocols were strictly adhered to by the researcher, research assistants and participants. For instance,they wore masks and practiced proper hand washing and sanitizing.To mitigate the problem further, the researcher gave questionnaires to heads of departments to distribute to nurses and later collected them from the same heads of departments. All meetings with heads of departments and directors of nursing services (DNS) observed COVID-19 protocols that included social distancing andthe use of face masks. Some of the directors of nursing services declined to be recorded for fear of being victimized. However, they were assured of confidentiality. Additionally, although research assistants were engaged for a longer period than earlier planned, they were devoted to the work. Nevertheless, they were paid slightly more wages than had been agreed on earlier due to their devotion and sacrifice. The detailed research yielded important information on the general narrative concerning socio-economic determinants influencing work-family conflict. This is captured in both chapter 4 and chapter 5. Therefore, despite these limitations, the findings obtained were well founded and credible as efforts made to address the limitation ensured quality data was collected.

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1.8.2 Delimitations

There are several factors which made the study successful and mitigated biases. These included the use of post-positivism paradigm philosophy. The philosophy employed involved triangulation of both qualitative and quantitative data. Others include research objectives which defined what the study would cover, concentrated on nurses and director of nursing services only, and selection of a particular theoretical perspective that guided this study.

1.9 Assumptions of the Study

The study was founded on various assumptions. First, nurses experience work-family conflict as compared to other professionals in the medical field. This is because of the proximity of care that they deliver to the patients. Secondly, the work-family conflict affects nurses' performance both at work and in family settings. These have a greater impact on the outcome of the community's well-being. Moreover, nurses' work schedules increase or decrease work-

family conflict. On top of that, nurses' income may lead to work-family conflict. This could be due to financial constraints caused by insufficient pay. Social support can assist in addressing work-family conflict among nurses in the identified location. The assumptions were confirmed during the study.

1.10 Operational Definitions

Community- In this study, it includes nurses, their families, patients and organizations as well as fostering connections, cooperation and a feeling of togetherness to accomplish a certain goal.

Community well-beinginvolves a positive state experienced by individuals and societies. This encompasses a wide range of social and economic conditions that nurses and their communities consider essential for good health, flourishing and realization of their potential. In the current study, it involves nurses, their families and quality care offered to patients in their organizations in order to recover quickly so that they go back to their society and resume duties which are instrumental to the larger community.

Family-Work Conflict-The conflict that happens in a nurse's home but also affects their place of work. For instance, this may lead to absenteeism from work or a lack of concentration which may affect their performance at work.

House helps- These are family assistants who are treated as part of the family members due to the roles that they play in the care of children and undertaking household chores.

Nurses' Perspective- Nurses' viewpoint, attitude, or set ideas when arguing about work-family conflictand other variables and how it affects them as they play their roles either at work or family domain.

Nurses' Income-The total amount of money which a nurse earns from work, which motivates,and improves their performance and, consequently,improves the quality of healthcare (Muthmainnah, 2018).

Nurses' Work Schedule- Nurses' work plan that indicates the time they are expected at work and offwork. This is viewed as a potential pathway to the development of fatigue and decline in alertness and performance (Dall'Ora & Dahlgren, 2020).

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Outcomes- These are results achieved as one makes progress towards the achievement of some goals. They can be intended or unintended goals which can either be positive or negative.

Role Strains-These occur when the nurse has multiple overlapping, incompatible responsibilities that interfere with their other roles resulting in an inability to perform these roles (Goode, 1960).

Socio-economic determinants-These are the factors that link financial and social issues together and decisively affect the nature or outcome of something.

Social Support- This encompasses the measures that are in place to ensure that nurses are cared forand offered assistance to cope with the demands emanating from work or family.

Strain-based work-family conflict-It is the resultant conflict when work stress affects family life.

Time-based work-family conflict-It is the conflict emanating with work demands which affect family time.

Work-Family Conflict- A form of inter-role struggle which nurses encounter at work due to demands of time and strain created by work and as a consequence, interferes with performing home-related responsibilities.

1.11 Chapter Summary

This chapter began by elucidating background information on work-family conflict among nurses within the field of development studies. It commented on work-family conflict as a concern among many nurses which has an advanced effect not only on the healthcare facilities but also on the economy of Kenya. Besides, it advanced that nurses need functional families in order for them to be positively productive at home and at work as WFC may lead to job dissatisfaction and demotivated nurses. Such conflict eventually leads to high nurse turnover. Over and above that, the chapter explicated on the nobility of the nursing profession which forms the largest part of healthcare workers in Africa. Nursing is a complex profession and despite being a fulfilling and satisfying job, it is evident that its practitioners can be impaired by many stressful situations which impede their productivity at home and at work. Therefore, these situations have cost implications in terms of productivity which is a

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development concern. Nursing is indeed a profession that calls for a lot of commitment, and hence the motivation to seek answers on WFC and plug in the existent knowledge gap on it, a venture which would illuminate on its manifestation and control in this study. This chapter also justified the choice of Nairobi Metropolitan Area as the study area based on its high population, where most businesses which help to increase Kenya's GDP (gross domestic product) lie. For that reason, the health of this population is of great significance to community well-being. Other pertinent areas addressed are the research objectives and research questions that guided the research, the scope of the research and its limitations.

Chapter two below gives the theoretical and empirical literature on the key study variables, which form the foundation for the study. The chapter also presents the conceptual framework with key variables.

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CHAPTER TWO: LITERATURE REVIEW

2.0 Chapter Introduction

This chapter sets down the theoretical foundation and empirical literature significant to the current study. The review explored the theories that informed the study as well as the relationship of work schedule, income and work-family conflict and its implications on community well-being. On that account, it interrogates three fundamental theories namely; Role Strain theory, Conservation of Resource theory and Capability Approach theory. At that, it considers the work-family conflict since the period of the nightingale and in the Kenyan context too. Further, there is an exploration of different socio-economic determinants and associations on work-family conflict and considerable demographics. The exploration also incorporates a critique of the literature relevant to the study, as it draws on the various constructs of each variable discussed. Additionally, it divulges the conceptual framework which demonstrates the different variables which govern the assertions of this search.

2.1 Theoretical Framework

In carrying out this study, the researcher interacted with three theories which formed the foundation of the study and guided the analysis of findings. The theories are: the Role Strain theory,Conservation of Resource theory and Capability Approach theory. The rationale for their selection was the anchoring of the study onwork-family roles and the importance of nurses in balancing the demands of their career and those of their families so that there is a positive outcome both individually, to their families, patients and organizations. As nurses meet other needs and keep some savings, they improve their family's well-being. The relatedness of these theories makes them ideal for this study. Additionally, the economic changein Kenya has a substantial role in the overall well-being of nurses, so, understanding the ways of satisfying their needs based on these existing theories is important (Numonjonovich, 2022).

A theoretical perspective assumes that reality informs the questions asked and the answers arrived at, which include and exclude certain phenomena from an individual's point of view (Crossman, 2020). This implies that the theories used in this study attempted to explain why

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things work as they do due to different aspects of social interactions. As noted in chapter 3 of this thesis, since the Nairobi Metropolitan Area bears a high population of people and a high number of healthcare facilities, the three theories provided the most appropriate analytical framework for the concepts under scrutiny.

2.1.1 Role Strain Theory

The Role Strain Theory was developed by Goode in 1960. It supposes that social institutions are operated by role relationships and their members are bound by multiple role relationships whose demands result in role strain (Goode, 1960). It is founded on the tenets ofscarcity of time, energy and commitment (Coser, 1974; Marks, 1977). These tenets may affect nurses positively or negatively depending on the strategies put in place to enable them balance work and family roles. Goode (1960) observed that individuals may feel "role strain" or difficulty fulfilling their sociological duties in the relationship because they are bound to multiple roles. Therefore, Role Strain theory was relevant in the current study which examined the strain and time-based conflict experienced by nurses due to multiple roles as they sought alternatives that would enable them fulfillwork and family roles for community well-being.

Understanding role strain helps in recognizing the challenges nurses face in balancing multiple roles, especially when work schedules intersect with other responsibilities. Additionally, perceived work schedule flexibility plays a crucial role in predicting role strain and overall well-being. When nurses have no control over their shifts,this can aggravate the strain caused by conflicting role demands (Creary & Gordon,2016). The scarcity of time and energy can hinder the nurses' ability to meet specific role demands and the strain may manifest as stress or difficulty in balancing work and family commitments. Similarly, a higher income may provide resources to support their family and alleviate financial strain, but low income would cause them to seek ways to make more income which in turn interferes with their time off,causes more strain and eventually leads to burnout. Therefore, by promoting flexibility and satisfaction, organizations can contribute to healthier role management by their participants. However, contrary to Goode's assumptions, Waldron and Jacobs (1989), hold that not everyone who has multiple roles experiences role conflict or

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overload. This may imply that both Goodes, Waldron and Jacobs are right as some nurses may have higher levels of energy or resources that can enable them to meet work and family demands while other nurses may not. This means that other strategies like, ability to cope, attitude and finances may enable nurses to be resilient.

The relevance of this theory for this study is the fact that it helps in understanding how social structures are maintained through role relationships. The theory explains how nurses manage the difficulty of fulfilling multiple role demands, which is a common experience in various context. Additionally, it helps in understanding that work-family conflict (strain) arises as nurses perform multiple personal and professional roles. Furthermore, holding multiple concurrent jobs in public and private sectors (dual practice) is common among nurses in low as well as high-income countries (Ross et al., 2018). Multiple nurses' roles at work include being holistic caregivers, patient advocates, specialists and researchers. Multiple nurses' roles at home include being nursing mothers, wives, and housewives. In practice, nurses may experience role strain when they work for long hours and when they take up the role of the parent or spouse to accomplish their responsibilities at the family level, which often leads to burnout. This helps to identify meaningful relationships between psychological well-being and role demands as a result of the stress originating from managing diverse social roles.

Based on the research questions stated in this study from nurses' experience, they are able to identify sources of strain, how this impacts on community well-being, and some of the coping mechanisms such as support. The Role Strain theory informed the assessment process, data collection and analysis of major variables, by recognizing that participants experience stress when they are unable to meet the demands of their various social roles. This is due to limited time,energyand resources. Work and family roles are demanding and self-assessment tools identified facilitate a deeper look into role dynamics as well as journaling daily role-related challenges.

Furthermore, nurses have finite resources (time, energy, and attention) to allocate across various roles. The researcher considered the effect of role expectations on participants' availability and willingness to engage in data collection activities. Strategies to prevent role

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strain could involve flexible shifts, minimizing time demands and acknowledging participants' multiple roles. In this regard, the Role Strain theory helped in analyzing the relationship between work-family pressures and cultural expectations.Role strain theory as observed from the above discussion seems to be the fabric that holds and supports social institutions. It is a fact that nurses will experience role strain as they try to balance work and family roles. On the contrary, not everyone will experience signs of role conflict or work overload. Additionally, addressing work-family conflict requires a multifaceted approach, which includes policy changes(flexible work schedules and paid overtime policies), organizational support (clear expectations, emotional support), participants' coping strategies (resiliency, personal hobbies, self-care, time management) nurses' attitudes and ability to cope. These will improve their communities' well-being for greater outcome.

The limitation of this theory is that although it provides valuable insights, it may need to be supplemented with other theories for one to fully understand the complexities of human behavior and stress.

2.1.2 Conservation of Resource Theory

It was developed by Hobfoll in 1989. It provided a framework to help understand the processes involved in the face of work-family conflict and nurses' income, coping with, and becoming resilient to chronic and traumatic stress. It responds to objective one which looked at nurses' perspective and experience of work-family conflict, objective three which sought to investigate the relationship between personal income and work-family conflict and lastly, objective four, which tries to analyze support factors that address work-family conflict. The theory is founded on the tenet that nurses may be motivated to protect their current resources (conservation) and acquire new resources (acquisition). Additionally, nurses may strive to acquire, retain and protect their valued resources (Halbesleben et al. 2014; Hobfoll, 1989, 2002) such as human resources, supplies, infrastructure, cars, condition resources (employment, promotion), personal resources (key skills, personal traits (like self-efficacy) and energy resources (credit, skill, money) (Hobfoll et al., 2018). These indicate that nurses who are paid well, or compensated for extra time worked, get more motivated in attending to their roles and can make some savings which increase their family's standard of living.

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Adequate pay reduces financial strain and therefore nurses' work-family conflict is minimized. However, nurses who have less or norest may experience role strain, hence leading to greater work-family conflict. Therefore,there is need to ensure that participants have adequate resources (time, support, rest), are empowered to negotiate and assert boundaries regarding overtime and are protected from excessive time demands by the health policies in place.

The relevance of this theory to the current study is that it brings a better understanding of the nurses' work-life, by encouraging them to save and hence minimize financial constrain. Furthermore, this leads to increased efficiency and positive patient outcomes which in the long run, increase the quality of nursing care. As stated earlier, personality traits being examples of personal characteristics can aid in stress resistance and serve as key resources (Bakeker et al., 2019; Hobfoll, 1989, 2002). This is supported by a study conducted by Miller (2022) on antecedents and outcomes of work-family conflict.The incorporation of COR makes the study bring forth insights into work-family conflict as a generative mechanism by which personality affects mental health. Additionally,a nurse high in conscientiousness may retreat and get more assiduous in their work as a response to distress and conflict. Compared with resources that are depleted such as energy and time, personality traits exemplify key resources that are theorized as relatively stable andexplain why some nurses are better than others at coping with stressful circumstances (Brummelhuis & Bakker, 2012, p. 550). Therefore, certain personality traits can help one to cope effectively with challenging situations such as incompatible work and family demands, while others cannot(Judge & Zapata, 2015).

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This view was critiqued by Zhang et al. (2019) who drew their assumptions on COR, since they believed that WFC may force nurses' to quit their jobs. The conclusion was that WFC is negatively related to the job and life satisfaction of nurses.

This theory highlights the importance of nurses learning how to effectively utilize their existing resources while pursuing new ones. The process should be conducted in a manner that enables them to save, budget properly and live within their means. The theory holds that

individuals have limited psychological, emotional and material resources and as a consequence, they should continue acquiring more resources and saving some to avoid work-family conflict. This acquisition of resources must be done in an organized way which give the nurses time to rest and be with their families. Bergs et al. (2018) and Jensen (2017) critique that resources can be lost in balancing work and family roles, mainly because the nurses are required to use the resources they have to prevent further loss of resources. Those who do not balance their roles suffer losses and are likely to experience lower job satisfaction and increased work-family conflict(Haji et al., 2021 & Modaresnezhad, 2021).

2.1.3 Capability Approach Theory

This theory was developed by Amartya Sen in the 1980s. It emphasizes the capability to live a good life, which includes valuable "beings" and doings" accessible to individuals such as good health and loving relationships. According to Robeyns (2005, p.94) "the core characteristics of the capability approach is to focus on what people are effectively able to do and to be" based on their capabilities. The key tenet of this theoryis that valuable states of being or actions that nurses achieve such as good health, education and meaningful relationships encompass the freedom to pursue valuable aspects of life, to lead a good life and experience well-being and development. Furthermore, CAT transcends mere economic measures, emphasizing the richness of human lives and the freedom to flourish in ways that matter most to an individual. The theory supposes a broader perspective beyond economic metrics like GDP where poverty is seen as deprivation in the capability to lead a good life and development as capability expansion (Robeysn, 2021).

In nursing, the capability approach can be applied in evaluating the nurses' and patients' well-being. In this study, development contributes to capability expansions where we have problem-solving skills, collaboration, effective communication and adaptability (Robeyns, 2005). This signifies that if nurses manage work together, there will be good quality care for the patients which will shorten the patient's stay in the hospital, thereby allowing the patient to be discharged and to take part in the economic activities of the family and the nation. According to Robeyns (2021), CAT centers on the moral significance of individuals'

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capability to achieve lives they genuinely value rather than solely having the right or freedom to do so. This theory is connected to objective one on nurses' perspectives on their experiences of work-family conflict and objective four on support factors that address work-family conflict. In a study conducted by Vernet (2019) on nurses' sick leave and how that affected their well-being, the findings showed that sick leave increased from 4.9% in 2014 to 6.2% in 2018. Organizations within the healthcare sector grapple with challenges in enhancing the well-being of their staff. Furthermore, according to Keyes and Grazyna (2005), the benefits of increased well-being include more productivity at work and fewer healthcare challenges. Stable mental and emotional well-being is crucial for nurses to provide safe, quality care. This implies that addressing conflicts can enhance the nurses' satisfaction and consequently improve healthcare services which may eventually lead to the achievement of greater outcomes. Additionally, the benefits include physical and mental health, social benefits, professional and personal growth, and better quality of life.

The relevance of this theory to this study is that nurses have the right to pursue a life they value and their well-being is determined by their ability to achieve valuable functions at home and at work. Capability for practice is a key aspect of nursing as it involves maintaining the ability to provide safe, competent, and compassionate care. The theoryas an intervention helps supervisors and their team members to identify the aspects that nurses value in their work, what is needed to achieve those values, and how supervisors can facilitate the nurses in realizing these values (Ruijs, 2020). This helps nurses achieve what they value in their work resulting in improved well-being and also mitigating work-family conflict to some greater extent (Van der Klink et al., 2016). From the above literature, it is evident that supervisors provision of a supportive environment, mental health awareness, and protection against burnout help in the mitigation of WFC and maintenance of community well-being.

The capabilities of a nurse directly impact positively on the patients as evidenced by the nurses emotional support, empathy, clinical competence, open communication, patient-centered promotion of inclusivity and empowerment (Molina-Mula & Gallo-Estrada, 2020).

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This contributes to positive outcomes where patients are discharged home quickly, hence they become a resource in the society, leading to increased community well-being. Additionally, according to Moscrop et al. (2019) and Wiley (2018), maintaining a productive workforce with reduced healthcare costs leads to a well-cared for population which contributes positively to economic growth. This denotes that addressing patients' needs improves a whole nation's economy. Therefore, organizations should consider these factors to promote better outcomes and sustainable development. This can only happen if there is collaboration in mitigating work-family conflict among nurses.While CAT offers valuable insights as discussed, sometimes it is challenging to compare capabilities across diverse contexts.

2.2 Empirical Literature Review

In order to develop a consistent integration concerning work-family conflict among nurses in Kenya, most empirical investigations revolve around issues such as burnout, nurse shortage, work schedules. This section examined studies conducted earlier on the concept and the influence of work-family conflict among nurses which broadly were; the concept of work-family conflict and nurses' own experience on work-family conflict, nurses' work schedule like job flexibility, social interaction, career growth, nurses personal income in terms of salary and savings and lastly support factors from management, other nurses and family members. These are discussed in the subsequent sections.

2.2.1 Historical Analysis of Work-Family Conflict among Nurses

Work-family conflict has existed since Florence Nightingale, the founder of modern nursing. She worked tirelessly including at night with a little lamp making rounds and attending to patients (Cook, 1913). Florence Nightingale and her team experienced challenges and stress of inadequacy of place, training, resources and work overload which led to strain and time-based conflict which were physical, mental and spiritual leading to work-family conflict. The social determinants included the safe healthy workplace, work environment and family satisfaction of the team even as they retired to rest after work. Therefore, it is evident that

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WFC is as old as the nursing profession. Florence Nightingale's call to wounded soldiers to dress their wounds and provide comfort and care significantly improved their health and brought a lasting impact on the community well-being.

Globally, the restrictions for men to work as nurses were also established during the Nightingale era. This is because men were meant to be doctors and women were the caregivers. Women were synonymous with the caregiving role because it was part of their assumed nature of compassion and care. For instance, men were excluded from being nurses in the United States military until 1955 (Smith, 2008; LaRocco, 2008). Looking at the tradition where men and women have different roles to play, women tend to face more challenges because of the additional tasks they need to play in their households. Gender role expectations as experienced by nurses may increase work-family conflict. Additionally, social support networks can help mitigate work-family conflict because supportive colleagues and family members play a crucial role. Therefore, this may increase or reduce the extent of work-family conflict especially for women who have multiple roles to play. The role of men as doctors and trainers in wound care compared to women and nuns came in handy as it minimized work-family conflict, especially among women and nuns. The emphasis on sanitation, hygiene and nutrition laid the foundation for modern nursing practices and public initiatives. This not only improved the conditions of the soldiers but also of the community, reducing deaths, and eventually had a broader impact on community well-being. This is also supported by Selekman et al. (2019) who highlighted that the contribution to the foundation of the health of the youths enables them to learn better in the provision of clean water, sanitation services (SDG 6), access to healthy foods, adequate healthcare and quality education (SDG 4). This maintains a healthy nation and improves socioeconomic development.

During the Crimean War of the 19th century, a call was made for women to participate in the nursing care for war victims. However, due to work and family roles, they experienced work-family conflict that greatly affected their performance (Lundy, 2014). Different schools of thoughts on conflicts arose. For example, the traditional view (1930-1940), which surmises

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that conflict should be avoided as it reflects malfunctions within a group due to the resultant destruction and violence; and a later view (1940-1970) which assumes that human relations must accept conflict. Another view by Rahim (1986), suggested that whether the conflicts' effects are positive or negative, what matters is the strategy used to handle them. However, addressing any type of conflict is essential because of its impact on job satisfaction, well-being and quality of care provided by a team, hence enhancing the caregivers' lives. In addition, Rahim (1986) and Robbins (2005) argue that conflict has a positive effect when employees come together to resolve it and that this builds the spirit of cooperation and teamwork among members of the organization. However, nursing is a sensitive profession which demands cooperation and teamwork.

Career advancement always requires additional work hours and sacrifice, since balancing career aspirations with family commitments can be challenging. According to Harvey et al. (2020) and Mantovan et al. (2020), there is growing attention towards nursing roles in the healthcare setting, with debates about nurses struggling to meet their professional standards. This is because keeping up with professional standards requires, among other things, upgrading their knowledge and skills, which many nurses lack time for.This suggests that lifelong learning is necessary, and does not only benefit the nurses' professional growth but also positively impacts patient care.

Additionally, by staying informed and continuously improving their skills, nurses contribute significantly to healthier communities (NASN, 2022). Nursing in a resource-constrained setting is characterized by high workloads, inadequate resources, high nurse-to-patient ratios, poor physical infrastructure and inadequate supplies (McKnight et al.,2020; Strong, 2017). These challenges make it hard for nurses who desire to build their careers to do so because of fatigue and inadequate pay. Additionally, healthcare facilities may not be in a position to sponsor nurses in their education. Lack of career progression for nurses may cause them to be demotivated and less productive. However, investing in nurses and promoting their career progression is essential for achieving Universal Health Coverage and fostering sustainable development in Kenya. This coupled with a lack of role clarity and minimal psychological

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support means that nurses face even more dilemmas and challenges in operationalizing professional ideas of optimal patient care (Harvey et al., 2020). All these dilemmas and challenges lead to greater chances of work-family conflict, affectingthe nurses' quality of work and in turn, the quality of patient care that leads to prolonged patient recovery and stifled economic growth.

Some workplace cultures are social determinants that impact work-family balance. Organizations that promote flexible shifts, adequate compensation and work-life integration tend to reduce conflict. This is because, nurses often find themselves burdened with non-nursing duties such as administrative tasks, transporting patients and housekeeping duties which take them away from performing their nursing duties (Grosso et al., 2019; Mantovan et al., 2020). Cumulatively, these have been shown to contribute to 'missed care' due to work delays resulting in compromising quality and safety of patients as well as nurses' well-being (Ball et al., 2018; See et al., 2020). This implies that non-nursing duties increase workload, stress, burnout, fatigue and time constraints which influence nurses negatively as they do not accomplish their roles and responsibilities effectively and efficiently. Additionally, nurses may struggle to balance work, thereby hindering patient care quality and family relationships. Organizations should therefore prioritize efficient task distribution and provide adequate health workers for effective outcomes and community well-being.

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2.2.2 Work-Family Conflict and Demographic Characteristics

There is an association between work-family conflict and nurses'demographic characteristics such as gender, cadre, years of experience, level of education, marital status and family size. Understanding these demographic factors can help in designing policies and interventions to mitigate WFC. When approaching the theme of work-family conflict, one cannot ignore the socio-economic and demographic changes on which these two spheres have been subject (Neto et al., 2021). This is because of the roles and responsibilities played by nurses both at work and family level.

Gender role conflict in society is an ongoing concern because of the limitations of one's ability based on labels by the society. According to statistics, around 90% of the world's

nurses are female (Buchan & Catton, 2020). In Kenya, women comprise over 75% of the workforce, making them indispensable as contributors to the delivery of healthcare services (Democracy Trust Fund, 2021). In a study conducted by Neto et al. (2021) on 658 nurses, gender deserved special attention since work and family conflict was assumed to affect more women than men due to historical gender roles. Men's role in society centers on providing for the family, while women's role is to care for the family. This implies that role conflict between work and housework may be experienced more by female as compared to men. This is because of dual employment families which have become more common as manifested by both partners' input in both domestic and parental household roles.

Additionally, women make up about 67% of employment in the health and social sector compared with 41% of employment across all sectors (Democracy Trust Fund, 2021). This means that more women are working as compared to men, and yet they still have to perform their roles at home. Therefore, married women may find it more difficult to fulfill their commitments at home to their spouses, children and parents. Nurse assistance with family chores may help mitigate work-family conflict. Despite all these, both male and female nurses play a vital role in society, and their impact contributes significantly to patients' recovery and overall community well-being.

Gender is today a relevant topic in the literature pertaining work-family conflict as it has been studied in different sectors (Yildiz et al., 2021).According to Mbau et al. (2023), there were approximately 51,649 nurses who were below the age of 60 with the majority being females aged 21–30 years. With the significant increase in the number of women in the labor force over the past decades, their participation in family responsibilities has been greatly affected, leading to the need to share some responsibilities with others for the betterment of the families' socioeconomic well-being. Family life can interfere with work life and vice versa.

In a descriptive study conducted by Labrague et al. (2021) of 1,100 nurses, nurses' age, education, facility size and hospital location predicted work-family conflict. Moreover, work-family conflict predicted job satisfaction, job stress, intention to leave the organization and

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perceived quality of care. These findings allude that demographics play a key role in detecting the nurses' ability to cope,impacts on nurses' performance at work and family domains. However, sometimes it may depend on the nurses' ability to cope and the strategies put in place to mitigate work-family conflict. Demotivated nurses cannot perform their roles well at work and at home. This hinders an organizations ability from meeting its goals of quality care for patients, leading to prolonged patient recovery and reduced workforce in the community.

It can be observed that demographics play a role in with work-family conflict. Therefore, there is a need to have strategies put in place to minimize WFC. To assess the role of any manager or nurse in reducing WFC, leadership and supervisory positions must be considered. According to cross-sectional survey design study conducted by Asiedu et al. (2018) from a sample of 134 registered nurses from five public hospitals, multiple regression analysis showed that married female nurses with young children were likely experienced more WFC than male nurses or even female nurses with no children or with grown-up children. This indicates that nursing mothers have more responsibilities in raising children and may not have adequate time to rest at home, unlike men who have limited responsibilities at home. Though the representation of the nurse participants is low, the findings helps in understanding the level of WFC on gender. Additionally, nursing mothers, especially those breastfeeding, may understand the long-lasting effects on children's cognition, behavior, mental health, and physical health (LoCasale-Crouch et al., 2024). Therefore, nursing mothers are important community resource because they nurture healthy infants and ensure the well-being of future generations. These findings align with those from a study by Lee and Kang (2018) that found 79% of nurse participants in Korea experienced WFC with the occurrences being higher among married female nurses than their male counterparts. Married female nurses are important skilled human resource. Therefore, it is necessary to manage excessive work and various work schedules while rearing children and tending to household chores. This is a high percentage, and may indicate need to look at nurses issues and strategies that might help minimize WFC for effective outcomes. From the above literature, it is clear that nurses marital status impacts on nurses' management of work-family conflicts.

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Other demographics related to WFC include age, level of education, working hours, family hours, income, number of children, total years of working experience, presence of children living at home, level of occupation, living with a partner, marital status, children's age and working full or part-time (Abeysekera & Gahan, 2019; Aboobaker & Edward, 2020). This implies that the total number of years worked and the position nurses hold in the health care facilities are central to nurse managers in the management of work-family conflict. Therefore, demographic characteristics have a bearing on nurses' performance depending on the myriad of issues emanating from them. These factors may contribute to the nurses' experience and their ability to balance work-family conflict. This experience affects outcomes both at work, family and community in general.

A systematic review study was conducted on the devolution of the healthcare system in Kenya (Masaba et al., 2020). Literature search was carried out from biomedical database of the most recent available electronic data published in English between January 2012 and April 2020. The populations for the eligible studies were stakeholders within the county governments' healthcare workers and community dwellers. Findings revealed an improvement in the health structural development. However, there were major challenges noted post-devolution such as inadequate resources, majorly funds from the national government and understaffed health facilities. Additionally, training of sufficient nurses enables accessibility and equity in the healthcare system in Kenya. When nurses are well trained and graduate with a diploma and above,the skills enable them to provide quality care, they can handle challenges and therefore minimize work-family conflict. In Kenya for example, 65% of the nurses are diploma holders (Kenya Ministry of Health, 2015). This denotes that Kenyan nurses are well equipped and contribute greatly to the community's well-being in addressing health disparities and advocating for equitable access to healthcare services and thusbenefiting the entire society.

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2.2.3 Work-Family ConflictImpact onCommunityWell-being

Nurses play a crucial role in the productivity and development of Kenya's healthcare system. As the country tries to achieve Vision 2030, Universal Health Coverage (UHC), and SDG 3 on good health and well-being, nursesplay a crucial role in transforming the country into a middle-income economy. This helps accomplish SDG 8 on decent work and economic growth (Okoroafar et al., 2022).This implies that nurses being at the forefront of their work directly impact the achievement of UHC. Additionally, their skills and knowledge enable them to provide services such as preventive care, health education, and support for healthy lifestyles, hence ultimately improving the overall health of the population. Therefore, they must stay informed of new technologies, evidence-based practices and emerging health challenges to contribute effectively in achieving Vision 2030. A nation cannot fully thrive until everyone lives the healthiest possible life. This is a role central to the nursing profession. In their various capacities, and given their numbers, nurses are uniquely positioned to manage teams and link clinical care, public health, and social services (National Academies of Sciences, Engineering, and Medicine, 2021). This shows how unique the nursing profession is and its impact on community well-being.

Therefore, the satisfaction of nurses plays a critical role in achieving Vision 2030 and promoting community well-being. Happy and fulfilled nurses tend to be more engaged, motivated and effective. Additionally, factors influencing the nurses' happiness and expectations include satisfaction with income, ability to meet their needs and personal development impact on nurses outcome (Yanik & Ediz, 2024). This motivates nurses who in return have a positive influence on community well-being. Alternatively, nurses' health and well-being are affected by the demands of their workplace, affecting the quality and safety of their care.

A cross-sectional correlational survey study conducted by Danaci and Koc (2020) on 419 nurses at a public university hospital showed that as nurses' job satisfaction increased, their individualized care perceptions improved. As burnout levels increased, nurses' individualized care perceptions decreased. This suggests that satisfied nurses work with zeal and this may

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lead to positive outcomes as participants can accomplish their work well at work and home. Furthermore, chronic interpersonal work-related stressors can also trigger emotional exhaustion, or detachment from work, which may lead to chronic stress or burnout. Although sometimes it can be due to external factors such as family or personality issues, this can still be a major public health problem in which work, family and society interrelate and in which an interdisciplinary and community approach is needed. All these have a significant effect not only on the family but also on the community's well-being. Therefore, organizations have a responsibility to ensure safety at the workplace by promoting strategies that enable nurses to understand their contribution to the goals of the organization. This will impact on the care administered, the well-being of others and nurses' personal growth and eventually mitigate work-family conflict to accomplish a greater goal.

2.2.4 Work-Family Conflict and Nurses' Mental Health

Work-family conflict among nurses may affect their mental health resulting in reduced performance both at work and family levels. According to the findings of a survey conducted by Terry and Woo (2021) among 151 nurses which assessed the prevalence of perceived stress and burnout among rural nurses, its associations with job satisfaction and work-family conflict. Work-family conflicts negatively affect the mental health of nurses leading to burnout and depression. These effects make it necessary for the management of health facilities to keenly consider the issue and work together with nurses for mutual benefit and achievement of greater outcomes. This shows the diversity of causes and impact of work-family conflict on nurses' mental health, which is markedly related to their performance. Thus, mental health issues from a stressful work environment and long working hours affect nurses' health and contribute to reduced personal and organizational accomplishment, emotional exhaustion and loss of a positive outlook towards patients. Overall, stress is linked to work-family conflict among nurses and is recognized as a global crisis that needs urgent attention. Additionally, it leads to reduced quality care, longer hospital stays for patients and increased healthcare costs that drain families and insurance companies. At family level, it affects the overall well-being of nurses, impacting on their relationships with family members and the broader community. However, promoting supportive work environment and providing resources for coping with stress may enhance both individual and community

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outcomes. Therefore, this implies that there is an urgent need for well-established mechanisms to manage burnout among nurses so that they can be resilient and improve the well-being and efficiency of work and family responsibilities. Nurses are required to be physically and psychologically stable to provide quality care for greater outcomes as this has implications on community well-being.

Another study among nurses working in Pumwani, the largest maternity hospital in Kenya, revealed that 88.6% of the nurses were experiencing burnout measured with the Maslach Burnout Inventory-Human Services Survey [MBI-HS] (Muriithi & Kariuki, 2020). These findings lead to the conclusion that work-family conflict is an issue that affects nurses working both in rural and urban centers. The conflict could be due to strain-based or time-based conflict. Therefore, there is a need to interrogate WFC in detail as it affects both developed and developing countries. The results of the above studies are indicative of the effects of WFC on nurses' socio-economic status. Good mental health and well-being of nurses are critical in the attainment of SDG 3.

2.2.5 Nurses' Perspective on Work-Family Conflict

The perspectives of nurses on work-family conflict refer to the viewpoint and setideas or perceptions by nurses about work-family conflict and its effect on the nurses as they play their roles either at work or at home. This involves the nurses' personal experiences and the effects of work-family conflict. This section reviews studies that illustrate nurses' perspectives on organizational support, family challenges, resources, nursing as a profession, the nurses' and influence on work-family conflict. Work-family conflict is a significant problem among nurses and nursing management and has been examined extensively worldwide (Labrague et al., 2020).This is a significant issue for nursesas it impacts their professional quality of life, overall well-being and societal development goals.

According to a survey conducted by Pien et al. (2021), a self-administered questionnaire was used to survey 200 female university nurses who mostly worked at night and rotating shifts to examine the effect of WFC on their health status and nurses leaving intentions. Findings

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showed that 75% of them perceived a high level of WFC. Leaving intentions were correlated with WFCs and psychological demands. The limitation of this study was the lack of involvement of men, so one could generalize it to all the nurses. Additionally, a comparison with day shifts would have given detailed findings. Depression and high leaving intention led to burnout which negatively affected their productivity due to increased WFC. This is because of the nature of nursing as a caring profession that needs a lot of commitment from nurses despite the many roles that they perform both at work and family levels. This means that when nurses struggle to balance work and family responsibilities, their performance at work suffers as their overall well-being and productivity are affected. Therefore, nursing management should consider strategies that support nurses by moderating WFC.

In nursing, struggles and work pressure result in nurses experiencing fatigue, and this makes it difficult for nurses to adequately accomplish their responsibilities (Hu et al., 2019; Raffenaud et al., 2020). Owing to the nature of nurses' work and as the largest pillar in healthcare delivery, they are often exposed to more stressful situations compared to other healthcare workers (Owuor et al., 2020; World Health Organization [WHO] 2022). Work-family conflict occurs when nurses' assigned responsibilities in their employers' organizations make their role in the family more strenuous or vice versa. A study of 20% of registered nurses sampled by Raffenaud et al. (2020) on work-family conflict among staff nurses and managerial nurses demonstrated that nurses experienced more work-family conflict (WFC) than family-work conflict (FWC). The study further established that non-white nurses experienced more work-family conflict and family work-conflict than white nurses. In addition, FWC was lower among nursing mothers who were well compensated. Over and above that, staff nurses experienced significantly less work-family conflict than nurse managers. Though the study was correlational and not causal, it holds important implications for the profession. These results implied that higher work-family conflict seen among nurse managers and executives discouraged nurses from taking up leadership roles.

However, it is worth noting that the nursing profession as a caring profession demands a lot of commitment and sacrifice from nurse leaders if better outcomes are expected. Therefore,

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there is need to put in place strategies and structures that are necessary to decrease WFC. Freire and Bettencourt (2020) and Cui and Li (2021) found other predictors of work-family conflict namely; ethical leadership, proactive behavior, workplace anxiety, family role stressors, family characteristics, social support and personality. This strongly suggests that the influence of leadership style on work-family conflict cannot be overlooked. Therefore, nurse leaders inspire and influence others to achieve their maximum potential at work, and those who adopt an empowering, collaborative approach can positively influence community health initiatives, hence contributing to the community's well-being.

Multiple studies have consistently reported an overall shortage of nurses in the country, which is exhibited by major variations in nurse densities and skills within its geographic regions (Miseda et al., 2017; Wakaba et al., 2014). WHO (2018) reported approximately 0.2 physicians and 1.2 nurses per 1,000 population in Kenya, in contrast to 2.6 physicians and 11.9 nurses per 1,000 people in the United States (WHO, 2020; OECD cited 5 October 2023)]. The limited human resources and increasing workload within a fragile healthcare system exacerbate the mental health strain faced by many healthcare workers, especially nurses, who contribute significantly to health indicators and development. This suggests that nurses who remain experience greater WFC which impacts on community well-being.

According to Shamisi and Peyravi's (2020) who systematically reviewed 537 articles, the causes of nurse shortages in the world were the aging of the nursing workforce, inadequate training of nurses, and job abandonment. This intimates that human resources are keyin maintaining and improving the health of a community and its socio-economic growth through proper staffing of nurses. Therefore, there is a need for the government to keep on training more nurses and coming up with strategies to retain their nurses. However, it is possible to have a high record of nurses being trained but a high number of these nurses leave the country for greener pastures to other countries. Therefore, it is necessary to find out the reason why nurses leave and come up with strategies to address those issues so as to retain nurses as this will minimize WFC and eventually increase productivity at work. Some of the

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strategies include; reviewing nurses' issues such as salaries, human resources, job flexibility and other support necessary to help mitigate WFC and increase community well-being.

This is supported by a systematic review by Yahyae et al. (2022) of 4,969 studies which revealed that the shortage of nurses caused serious compromises in the quality of healthcare services provided.This means that the well-being of the global population is affected due to hindrances in the achievement of universal health coverage. It can be argued that the inadequacy of nurses causes strain and stress in the few available nurses. The result of stress and strain on the nurses at work leads to an inability to adequately attend to family responsibilities due to deteriorating mental health which leads to conflicts in the family domain hence affecting nurses' performance. The lack of adequate nurses has a direct impact on patient safety, nurse motivation and health outcomes which eventually may affect the progress of the county. Therefore, as stated by Yahyae et al. (2022), nursing staff need to be replaced periodically without fail to minimize workload that eventually may cause WFC due to burnout.

Material resources are key elements to having a good working environment for nurses.If the resources are inadequate, work-family conflict increases and nurses' commitment to the provision of quality care reduces. In a study conducted by Simms et al. (2020), inadequate resources were significantly associated with poorer global health and this impacted the nurses' ability to safely carry out their duties effectively. This implies that inadequate physical resources negatively affect nurses' perceptions of the quality of nursing practice, and therefore, there is a need for a continuous supply of resources to solve the challenge and improve outcomes as nurses are motivated.In the same vein, Ayana and Hogan (2020) found out that nurses experienced anxieties related to shortages of personal protective equipment (PPE) and other supplies. The claim is that inadequate equipment and supplies have a direct impact on nurses which may affect their ability to work effectively and efficiently leading to work-family conflict. This experience on nurses may delay the quick recovery of their patients.

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Work-family conflict can be a test that distresses all family members. A study was conducted on 658 nurses using the circumflex model of family systems by (Neto et al., 2021). It focused on flexibility, family satisfaction and work-family conflict. The findings revealed that organizations needed to recognize the importance of the characteristics of nurses' families because these were relevant to the relationship established between the work and family domains. Nurses' experience and views imply that families are part of their lives and they cannot disconnect from them because of work. Nurses will experience less conflict if they are listened to and if their issues are sorted out leading to greater nurses and community well-being. These findings are supported by Shahverdi et al. (2020) whose survey among 130 male nurses on managing nurses' marital conflicts about sexual function and emotion regulations found that sexual function and negative emotion regulation were the strongest predictors of marital conflicts which came after positive emotion regulation. This denotes that strong family bonds contribute to a sense of community, social cohesion and trust. All these factors enhance community well-being and resilience leading to greater outcomes at work and home.

Good workplace relationships between the managers and nurses from different units is another significant contribution to teamwork that could minimize work-family conflict and improve productivity. In a cross-sectional study of 426 nurses by Matarsat et al. (2021) in Brunei, Darussalam toexplore the relationship between work-family conflict, health status and job satisfaction among nurses. The study found out that general nurses experienced higher work-family conflict even though they experienced better job satisfaction and health status compared to high-dependency nurses. The studies above agree with the results of a descriptive correlational design study conducted by Kalil et al. (2019) in Egypt on 129 nurses on the relationships among nurses themselves. The findings showed that the highest percentage of staff nurses (57.6%) had an internal locus of control, while the lowest rate (15%) had an external locus of control. Further results indicated that most of the staff (79.9%) had a high perception level regarding work motivational factors, while more than three-fifths of staff nurses (63.3%) had a moderate level of organizational commitment.

The above is contrary to a survey study conducted by Raffenaud et al. (2020) on work-family conflict among staff and managerial nurses in which they demonstrated that staff nurses

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experienced significantly less work-family conflict than nurse managers. This means that nurses are discouraged from taking up leadership roles because of the high expectations of managers from the organizations that eventually lead to stress. Managers have other leadership roles in organizations in addition to the nursing roles, hence they are a at higher risk of stress as they try to balance the responsibilities.This implies that nurses in different units and cadres have different responsibilities and expectations. Therefore,there is need for organizations to foster effective strategies and interventions to support nurses to be able to balance work and family roles. It can be argued from these findings that organizational leaders and hospital administrators need to pay more attention to creating innovative methods and motivation for nurses if the organizations intend to achieve greater outcomes. The motivational factors include promotions that easily increase the nurses' organizational commitment and maintain a good work environment.

Work-family conflict can have both positive and negative effects depending on the nurses' experiences. In their study, Hussein and Al-Mamary (2019) observed that there are positive effects of conflict on the organization if explored accurately and managed appropriately. This stimulates individuals to put more effort at work and this could enable nurses to come up with creative ideas that contribute to the organization's and nurses' family's well-being. This is supported by Nyikuri et al. (2020) in a qualitative ethnographic study involving nurses providing neonatal care in private, faith-based and public hospitals in Nairobi, Kenya. The findings established that nurses who had a positive experience right from recruitment through orientation and had opportunities for continuous learning were less stressed at work, which minimized conflicts both at work and at home. This implies that nurses' experience at work goes beyond individual workstations to include how they were hired and introduced to the organization and work; and that if well done, good nursing experience is instrumental in minimizingwork-family conflict.

Nursing by nature is a highly demanding profession. According to Brennan (2017), nursing is both a physically and emotionally demanding profession whose high role expectations and difficult working conditions expose the nurses to strenuous situations that may lead to

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burnout and stress-related sicknesses. This denotes that nursing is a stressful job with many stressors which include complex job demands and needs, high expectations, excessive responsibility, and minimal authority. However, the the nursing profession is motivating because there are many opportunities for specialization and growth. The flexibility with work scheduling, nursing salaries based on where one is working, and significant contribution to society allow nurses to make a positive impact on their families and patients' lives.

According to an inquiry conducted by Kowalczuk et al. (2020) among 460 nurses working in 3 hospitals on burnout in the context of sick leaves, findings showed that excessive workload increases burnout symptoms which encourages nurses to take sick leaves frequently. Over burdening nurses can only be short-term, but if it persists, it becomes detrimental to the organization as it affects the quality of care to patients as well as home responsibilities. Since the study was only done in 3 hospitals in Poland located in the same region, the results may not be valid as a representation of the nursing situation in that country. However, the effects of burnout including a decline in energy, emotional weariness and lack of motivation, feelings of frustration and decreased work efficacy eventually lead to despair and depression among nurses. This is because caregiver relationships require strong, emotional stability.

While a great deal of research has been directed towards nursing stress, a study on how stress affects nursing practice in Kenya at the ward level has not been a priority. Instead, the study of nurses over-working, burnout and resilience has largely been focused on individuals and their personal, psychological characteristics (McKnight et al., 2020). Burnout is a result of strain due to prolonged stress. As observed by Muller, Pappa, Seo, et al. (2020), burnout is a major challenge and if it is not addressedby organizations and nurses, leads to WFC which has implications for communities' well-being.

Professionalism is one of the key concepts in the nursing practice, including how nurses work and interact with patients and other staff. The quality of nursing care is directly related to their professionalism. Attitude plays a key role for nurses in maintaining professionalism because it deals with how people think, feel and behave towards different people or social

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issues. According to the studies conducted by Rabie (2019) and Tola et al. (2020) on role conflict in the nursing profession, nurses' attitude was found to be a major factor influencing nurses' professionalism. This implies that a positive attitude providesroom for altruistic services, compassionate care, effective communication, accountability and collaboration. On the other hand, a negative attitude manifests in coming to work late, gossiping and procrastinating. Therefore, nurses' attitudes impact patient care, organizational success and societal well-being. Encouraging positive attitudes can lead to better outcomes for all stakeholders.

Rekisso et al. (2021) observes that managerial support plays a big role in helping nurses have the right attitude at work. The right attitude leads to quality nursing care which happens in an environment in which nurses are facilitated to perform their duties with less strain. This motivates nurses and reduces work-family conflict leading to advancement both individually, in the family and in the society. It can, therefore, be argued that management has a significant role in developing nurses' professionalism by ensuring that they have a positive attitude while at work. Attitude upholds higher levels of professionalism leading to quality nursing care and reduced WFC. Additionally, the nurses' ability to lead teams, promote community health, advocate for systems' change and healthy policy, foster the redesign of nursing education and advance efforts to achieve healthy equity is disrupted due to work-family conflict (Hassmiller & Wakefield, 2022). Therefore, the welfare of nurses needs to be taken care of so that conflict is minimized both at work and in the family domain. That way, patients are assured of quality care, and nurses' families are assured of stability which significantly promotes nurses' well-being.

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2.2.6 Nurses' Work Schedules Influence and Work-Family Conflict

Nurses' work schedule is defined as work plans that indicate the days and the times they are expected at work and the time to go off duty to avoid conflict that comes with unfulfilled roles. This enables nurses to plan their time so that they can accomplish their roles efficiently. This section reviews studies that illustrate nurses' work schedules as indicators of WFC. The areas covered include job flexibility and social interaction, career growth and how they

impact WFC. Workplace shift flexibility can greatly affect work and family demands and might affect community productivity and well-being.

According to Pien et al. (2020) and Zurlo et al.(2020), increased working hours, high pressure and shifts are factors connected with a high risk of WFC in the nursing profession, more so in women. This significantly affects nurses' well-being, job performance and patient care. Flexible shifts give nurses time to attend to other family roles and therefore, organizations should consider nurses' preferences and constraints when designing shift patterns. Li et al. (2021) established that work flexibility can reduce WFC greatly, especially where individual nurses are willing to be flexible. This means that with the flexibility created by the work environment, nurses must be willing to be flexible to minimize WFC. It can be argued from these preceding studies that shift flexibility is a risk factor for increased WFC. Therefore, it can be concluded that shift flexibility, strain and work-family conflict are associated with the health and well-being of nurses.

For effective parenting and balance between work and family domain demands, there is a need to have flexible shifts. In their study on work-family conflict and mindful parenting, Moreira et al. (2019) demonstrated that parents with a shift work schedule, working full-time and 40 hours or more per week presented higher levels of WFC than those with a fixed or flexible schedule. This suggests that long working hours is one of the factors that affect the functioning and well-being of nurses. This contradicts the findings of a study conducted in Nigeria by Ifeyinwa et al. (2020) on job characteristics and influences on work-family conflict among nurses working in teaching hospitals, whose findings revealed that working hours per week, task variety, work schedule and job autonomy did not influence WFC. However, the average number of patients served per shift and workload indicated their influence on WFC (Ifeyinwa et al., 2020). It can be inferred from the preceding studies' findings that different factors may lead to WFC and may vary from one employer to another. Therefore, different strategies will need to be put in place to minimize WFC. The many hours spent at the workplace affect nurses' time with the family and time for attending to other non-work demands and this may lead to work-family conflict and affect performance at work and at home.

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There is a need to have time for family, friends, leisure activities and study. According to Kiplagat (2017), when nurses have access to flexible working hours, they feel obligated to reciprocate the organization's goodwill with commitment and work productivity, which is essential in enhancing the retention of nurses. These findings are supported by Wakio (2019) who conducted a study inlevel 4 and 5 public hospitals in Machakos County that demonstrated how working hours had a significant negative influence on nurses' retention. This suggests that flexibility allows nurses to focus on their jobs with undivided attention, reduces absenteeism, and consequently leads to increased nurse retention and greater positive outcomes.

Similarly, Okemwa (2016) found that flexible work arrangements significantly influenced nurses' retention by increasing the odds of nurses' commitment by 1.63 times. The above findings suggest a very strong relationship between work schedules and nurses' intention to leave or stay on a job. In addition, to maintain a balanced lifestyle, nurses need to have a flexible shift that enables them to balance work and family roles hence minimizing work-family conflict. This means that retaining skilled nurses enhances community health by enabling better continuity of care, building strong relationships, and fostering trust and eventually minimizing WFC.According to Pien et al. (2021), confirmed prolonged working hours, irregular shifts, high workloads and inadequate family-friendly workplace policies and practices were the main causes of WFC as they led to poor health of nurses, depression and intention to leave the work-place.These may lead to nurses experiencing strain both physically, psychologically and mentally.

The nursing profession is known to induce high levels of stress, which can easily affect other roles expected of nurses at home leading to work-family conflict. Nurses spend much of their time with collaborative teams, yet little is known about how they socially interact at work and in family domains to minimize work-family conflict. In their study among nurses, Van Dam and Ford (2019) used the Constructivist Grounded Theory approach. They used a a total of 19 semi-structured interviews on 15 nurse managers then analyzed data by coding, constant

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comparison, and theoretical sampling. The findings showed that experiencing social interactions in practice could be regarded as learning opportunities as they were strongly and positively related to the actual attainment of new changesin behaviors. Lack of involvement of nurses who work under nurse managers emerged as a limitation in this study as this would give a clear view of the variables under study.

Similarly, Iverson (2019) observed that within the workplace, knowledge, skills, and behaviors are formed in a social context, originating from social interactions and the likelihood of being disseminated via social interactions.The above two findings imply that social interaction impacts performance and expectations, hence contributes to healthier communities, leading to greater outcomes. It can, therefore, be argued thatsocial interaction related to work schedule is a very important factor in reducing work-family conflict as it allows change of behaviors and acquisition of new ones that enable workers to handle their responsibilities at home or work with much ease.

Career development is an important aspect of any profession and nursing is not an exception. To increase organizational commitment, efficiency and productivity, each organization must make room for the career development of its staff. A descriptive study conducted by Kiran et al. (2019) in Pakistan, concluded that every organization needs to demonstrate its organizational commitment to its employees by creating an environment for career development for nurses. According to studies conducted by Ng et al. (2016) and Capriccio et al. (2019), major barriers to nurses' professional development included family obligations, stressful work-life balance, financial reasons (costs or poor compensation) and lack of support from the employers. As much as career growth depends on individual nurses, employers largely have a critical role to play, from creating an enabling environment to remunerating nurses to empower them to develop their careers. When the role of the employers is well played, it motivates the nurses and minimizes conflict both at work and in family domains. This implies that nurses' career growth positively influences community well-being by fostering engagement, improving health outcomes and enabling nurses to meet the challenges of modern health care for the benefit of the whole community.

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Additionally, career development helps nurses meet their full potential because of the resultant acquisition of more skills and coping strategies to deal with work-family conflict. Kyakuwaire et al. (2020) conducted a mixed-method study on the work/study program for nurses and midwives at Agha Khan University, Uganda. The results revealed that traditional access to career development for nurses and midwives working in low-income countries was difficult if not impossible, as most courses were full-time, making them inaccessible to nurses who did not have the financial capacity and time to attend full-time academic programs. This is supported by Fernandes et al. (2022) in their study on the views of healthcare workers on career development. The findings demonstrated that healthcare workers in their overall capacity and know-how contributed by providing higher quality services where provision for career development existed, as this enhanced staff motivation. On the other hand, healthcare workers appreciated the importance of career development through training, mentorship and continuous professional development opportunities. From the above studies, it is clear that nurses are essential for the community's well-being because they foster development through their holistic approach to work. Therefore their family stability is important.

Moreover, Hallo and Obuba (2021) conducted a descriptive study on the evaluation of career development on worker performance in the private sector in Isiolo County. The findings from the regression analysis indicated an R squared of 62.1%, which implied that career development influenced employees' performance at a high level. However, there could be other elements that account for 37.9% of workers' execution of their duties, like compensation or family demands. This indicates that when nurses receive opportunities for growth, training and skill development, they are motivated, satisfied and committed to their work. This mitigates conflicts impacting the overall performance and contributes to better patient care and community well-being.The purpose of career development is to acquire knowledge. Ahmad and Karim, (2019) and Ali et al., (2019) assert that knowledge is long recognized as a source that helps organizations to create and maintain an able and competitive workforce in the current knowledge-based economy. A knowledgeable workforce enables an organization to achieve goals, solve problems and develop new ideas. Hallo and Obuba (2021) posit that the significance of career development for nurses is improved quality of care for patients and nurses' well-being. This means that career

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development for nurses is a major motivation, as it ultimately improves their standard of living which in turn may reduce work-family conflict.

2.2.7 Nurse Personal Income Influence and Work-Family Conflict

Nurses' income includes the total amount of money nurses earn from work, investments and businesses to improve their family's well-being. This assists nurses in proper planning and budgeting of their finances so that they can meet their personal and family financial needs effectively. This section reviews studies illustrating how nurses' income, salary dissatisfaction and savings impact work-family conflict. According to Wolla and Jessica (2017), personal income is the pay nurses receive as they provide services in the healthcare unit. Income could be earned through wages, salaries, profits, rent and interests or dividends. Inadequate pay such as lack of commensurate compensation can be a demotivating factor for nurses as it fuels emotional exhaustion, work-family conflict and potential negative effects on patient care and community health. Additionally, inadequate pay exacerbates stress and dissatisfaction, leading to nurse demotivation and potentially compromising patient well-being. Therefore, support in prioritizing nurses' issues and resources enables them to balance work and family which is essential for maintaining a productive healthcare system (Dellafiore et al., 2022). This denotes that to assess nurses' income and work-family conflict, it is important to understand what nurses receive from their employers as their income and whether they can make some savings. Where income is inadequate and nurses cannot save, WFC is likely to escalate due to the nurse's inability to attend to critical family obligations, especially emergencies that require some prior savings.

It is a widely understood challenge that poor health affects the ability of people to work, generate income and care for their families. This denotes that one's economic position impacts on their health status and population health issues which are of major interest to governments and policymakers (Fonseca, 2011; Smith, 1999). Therefore, the capacity of nurses is inextricable as they have a significant positive contribution to health outcomes with flow from economic impacts. Nurses are amongst the largest professional groupings and therefore, developing and implementing models to measure nursing impacts, including the

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economic contribution of nurses is very important for community health (Community Health, 2016; Penn, 2015). Work-family conflict leads to several negative consequences such as job dissatisfaction, effects on work engagement and emotional intelligence, and self-efficacy (Lyu & Fan, 2020; Talukder, 2019; Zeb et al., 2021). Therefore, organizations and nurses must work as a team in minimizing work-family conflict for greater outcomes for the organizations, nurses and their respective communities

Extra pay can motivate nurses as it increases their families' standard of living. A cross-sectional study that was conducted by Sung (2021) on work hours and overtime of 253 nurses working in four Cambodian hospitals revealed that among all the nurses working any overtime, 49.7% did so because they needed extra money. These results are supported by a descriptive survey study conducted by Lekaritiwa et al. (2020) on the impact of compensation on the turnover of staff at a private hospital in Samburu County. The survey was composed of 71 clinical professionals and it revealed that there was an important association between compensation and employees who left the organization. It can be argued that nurses are motivated to work more hours because of the extra pay. However, community proficiency suffers when nurses are stretched thin, impacting on the overall well-being and economic stability. A motivated nurse will not be looking for an opportunity to leave the organization thereby leading to a high retention rate of experienced nurses. Sufficient motivated staffing will lead to shorter waiting times for patients becausethey will receive quick treatment. Consequently, a supportive work environment, including fair compensation fosters trust and job satisfaction among nurses. On the other hand, as nurses work overtime because of inadequate salaries, they remain with little time for other non-work responsibilities and thus aggravating the strain on the family roles, leading to WFC.

Choge (2020) observes that the performance of healthcare workers was a factor in several interventions. In her descriptive study involving 80 participants at Kenyatta National Hospital, she concluded that there is a positive link between workers compensation and typical execution ($r = .58$, $p < .01$). Further results showed that every organization needs to have decent reward packages to move their staff forward and increase the efficiency of their

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organization. This intimates that the impact of good pay for nurses extends beyond their well-being and has far-reaching effects on patients and community proficiency. This is supported by another descriptive survey conducted by Ndirangu (2021) on the effect of wages on workers in private clinics in Nairobi, Kenya. The sample of 226 was selected using the Krejcie and Morgan table and the findings showed that all the indicator factors (direct compensation, non-monetary compensation, skill-based compensation and deviant compensation) were associated with the job performance of workers in private clinics because nurses felt motivated by the organization and this limited WFC. This points to the fact that adequate compensation contributes to better satisfaction and the overall well-being of nurses.

Additionally, when nurses are satisfied with their pay, they experience reduced stress and burnout leading to improved mental and physical health and skilled nurses are retained ensuring a stable workforce and continuity of care (Liop-Girones et al.,2021). Nurses' health plays a crucial role in the society's expertise. When nurses are physically and mentally well, they can perform their duties efficiently. It can be argued that nurse satisfaction directly affects patient outcomes. When nurses are contented with their compensation, they provide better care, leading to positive patient experiences and outcomes. Moreover, nurses are also more likely to engage in preventive care, health education and community outreach, positively impacting community health. On the other hand, good pay for nurses contributes to economic stability and stimulates local economies. Nurses can also invest in their education and professional development, enhancing their skills and knowledge.

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2.2.8 Support Mechanisms as Moderator of Work-Family Conflict

Support mechanisms are measures put in place to ensure that nurses are cared for and given assistance to cope with the demands emanating from their career or social life. Social support is a key component of solid relationships and strong psychological health that builds up in nurses during times of stress. This section therefore reviews studies that illustrate how organizational, supervisor, co-worker and family support moderates WFC.

The relationship between social support and work-family conflict is well-established, but the notion that different forms, sources and types of social support, as well as contextual factors can alter this relationship has relatively been neglected (Kimberly et al., 2019). As discussed in previously mentioned studies, the concept of social support mechanism has been applied in some levels in Kenya.

An exploratory qualitative study conducted by Mbuthia et al. (2017) on nurses' perception of organizational culture in Kenyan private hospitals revealed restrictive work environment, top-down leadership, normalizing the abnormal in team dynamics and professionalism and ethical concerns. The findings showed that there was generally a lack of care for the caregivers and employees were neither appreciated nor involved in decision-making. The absence of an inclusive leadership style in hospital organizational structures and processes made it difficult to address nursing workforce dynamics, thereby affecting the quality of nursing care. This alludes to the fact that inclusive leadership positively influences nursing practice, mitigates WFC and leads to greater community well-being. Nurses are, therefore, critical in creating a more compassionate and effective healthcare system.

A study by Pahlevan et al. (2018) found that organizational support for nursing practice and psychological well-being were two factors that contributed to the caring behavior of nurses and their job satisfaction. Also, positively perceived organizational support generates favorable psychological well-being which in turn enhances nurses' quality of care and job satisfaction which eventually minimizes WFC. This insinuates that supportive leadership affects nurses' physical, social and psychological well-being. This contributes to nurses' resilience, overall health, achievement of sustainable development goals and attainment of Universal Health Coverage (UHC) by 2030.

Teamwork, also called co-worker support is a significant factor in managing WFC. Kalil et al. (2019) found out that, motivated and committed nurses whose environment supported teamwork had beneficial consequences, resulting in lower nurse absenteeism, higher performance, lower nurse turnover and reduced WFC. Initiatives that promote teamwork are likely to create satisfying workplaces, reduce burnout and eventually minimize WFC. This

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suggests that when nurses collaborate, they can communicate more efficiently, share objectives, delegate tasks and empower each other. Additionally, it can be argued that there is a need for organizations to motivate nurses by appreciating them, involving them in decision-making and promoting teamwork. Any environment that supports teamwork is likely to experience greater outcomes, hence it will minimize work-family conflict.

According to Hajizadek et al. (2021), nurses' engagement in the policy-making process made them feel that their welfare was taken care of. This is because clear policies help in decision-making on any issues and avoid conflict between nurses and the management.Therefore, teamwork and collaboration are critical for nurses, hospital administration and the Ministry of Health for effective outcomes both at work and family levels. Moreover, low job autonomy, role overload stressors, work role involvement, personality, work characteristics and social support at work predict work-family conflict (Talukder, 2019; Andrade& Petiz Lousa, 2021). That being the case, understanding WFC predictors is crucial for policy development and promoting the well-being of nurses both at work and in the family context.

Closely related to co-worker support is supervisory support. This may be real or perceived, but all the same affects nurses' performance at work and eventually in home domains. Siddiqi et al. (2023) investigated the impact of perceived supervisory support on work-family conflict and inspected the impact of co-worker support on work-family conflict among nurses in Bangladesh. Findings established a strong negative effect on WFC by perceived supervisory and co-worker support. This indicates that supportive supervisor-nurse relationships and co-worker collaboration contribute to overall community well-being.

Ruisoto et al., (2021), who assessed how social support mediates the effect of burnout on health in healthcare professionals among 427 nurses found out that social support mediated the negative effects of burnout on health regardless of gender. This is supported by Muriithi et al. (2020) whose study findings at Pumwani Maternity Hospital, Nairobi demonstrated that nurses adopted social support as a mechanism of coping with burnout. It can be argued that one way to deal with burnout is to have some support mechanism that will help minimize the

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pressure of work. This, therefore,denotes that social support can be a strategy of not only coping with burnout but also leading to less WFC.

Family support and self-commitment help nurses in balancing work-family conflict. A study conducted by Kamaryati and Malathum (2020) on concept analysis of family support adopted a literature search approach using various databases and Walker and Avants method of concept analysis. Findings showed the need to highlight how to promote family values and goals by facilitating, providing and encouraging family members to accomplish family needs. In addition, understanding this concept can help health professionals measure the concept and apply it for research in the population that needs support from the family. This promotes desirable outcomes at the family and community levels, hence contributing to long-term community change and promoting health and economic equity. According to Neto et al. (2021), families will be more functional when there is a healthy balance between work and family, but when family functioning is disrupted by dismemberment, then this brings imbalance that leads to conflict. It can be reasoned therefore that for families to be balanced, there is a need to encourage and plan time so that nurses can accomplish family responsibilities and hence minimize work-family conflict. Additionally, when nurses' families are stable, they can better engage in community activities and hence contribute to a healthier community by promoting positive behaviors and social cohesion.

Quality family time, therefore, forms part of the nurses' social support system and affects the care nurses provide. A multi-center cross-sectional online survey of 9,422 nurses was conducted by Zeng et al. (2021) on perceived family function. The findings showed that the stability of families was critical in enabling nurses to strike a balance between family and work. Therefore, policymakers, nursing managers and employers should take notice of this so that appropriate strategies are put in place to support families in improving their family function, which will in turn improve nursing care at work. This is supported by a study conducted by Nomaguch and Fettro (2017) which revealed that the interference of work tends to rob spouses of quality time together as it affects family bonding. It is important that nursing work and schedules factor in the creation of time that nurses will have with their

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family members. It can be deduced from preceding studies that irrespective of the type and size of the family, bonding and participating in family activities is of great importance. It is also clear that a favorable workspace enables nurses to cope with otherwise stressful situations thereby reducing WFC. This enables nurses to enjoy their well-being, build stronger relationships with their family members and may eventually lead to greater outcomes at work and family levels.

2.2.9 Nursing and Work-Family Conflict in the Context of Pandemics

Some of the pandemics experienced in Kenya before COVID-19 include Influenza, HIV, cholera, measles and Ebola virus. This research was conducted during the COVID-19 pandemic period, which makes it imperative to reflect on the effects of the pandemic on WFC and community well-being. COVID-19 affected all professions including nursing. Nurses' roles and responsibilities during the pandemic were critical. As front liners of patient care in evaluating and providing nursing care, nurses had to show high levels of commitment. Under normal circumstances, balancing work and family obligations is difficult for working people who frequently report family and work conflicts (Andraide & Petiz Lousa, 2021). This means that nurses' roles go beyond clinical settings and positively impact communities in unique ways. For example, their collaborations with various agencies help address social and environmental health issues.

In January 2020, the WHO declared the outbreak of the coronavirus disease (COVID-19) to be a public health emergency of international concern (Blake et al., 2020). The mention of this pandemic in this study is significant because the study was conducted during the same period. As observed by Ayanian and Hogan (2020), fears around COVID-19 exposure, brought about anxieties related to shortages of personal protective equipment (PPE) and other essential equipment. Other challenges were family support and childcare while parents worked irregular hours and higher workloads, as they entered the new or unfamiliar clinical roles. Additionally, healthcare workers were also at risk of emotional strain and physical exhaustion from the provision of care to growing numbers of patients whose health rapidly deteriorated. This also exposed healthcare workers to critical illness or death of their co-

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workers (Ayanian, 2020). These had an impact on the quality of care provided to the patients due to fatigue and family instability. Eventually, it affected the community's well-being due to increased work-family conflict among nurses.

During pandemic times, the boundaries between work and family became increasingly unclear, creating conflict between the employees' work and family dimensions (Novitasari et al., 2020; Phillips et al., 2020; Vaziri et al., 2020). Nurses were required to work extra hours as regular working schedules were interrupted because of the emergency cases that arose and so their roles and responsibilities had to change. Doctors were not affected so much as compared to nurses whose close involvement with the patients on an hourly basis was imperative. Additionally, studies results related to nurses in the context of the COVID-19 epidemic showed that the nurses' working environment was dangerous and more exhausting than usual (Jackson et al., Liu et al.; Wu et al., 2020).

The world has been committed to implementing the 2030 agenda for sustainable development which Kenya is also part of. However, the unforeseen conditions brought on by COVID-19 at the start of 2020 influenced nurses' provision of healthcare due to many challenges encountered by nurses slackening down quality healthcare and the ability to balance (Shulla et al., 2021). This suggests that during the pandemic period, the nurses' ability to engage with communities may have been affected due to increased workload and safety precautions and increased work-family conflict, which affected patients and nurses' well-being.

As argued by Riguzzi and Gashi (2021),during the COVID-19 pandemic about one-third (1/3) of healthcare workers worked more hours than usual. Consequently, the nurseslacked enough time to rest and be with their families, which in turn affected family bonding. As a result, many nurses experienced fatigue and burnout leading to both physical and mental stress, which in turn led to an increase in family conflicts. Additionally, the increase in working hours affected the health and safety of the nurses due to burnout (Son et al., 2019). Since the study by Almazan et al. (2019) also concluded that the average number of working hours per week was a significant predictor of stress, organizations should look at nurses'

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working hours more attentively as it is among the factors responsible for increased levels of work-family conflicts. Increased levels of sick leave and absenteeism directly reduce the workforce, thus affecting service provision, leading to increased burnout among nurses hence greater work-family conflict. The above-mentioned challenges impacted nurses in balancing work and family roles.

A qualitative study on the impact of COVID-19 by Budiyarti and Eramith (2022) revealed five themes namely; role conflict, conflict with family and the surrounding environment, heavy role demands, accepting and undergoing multiple roles and support in carrying out multiple roles. The COVID-19 pandemic resulted in conflicts at work, in the family and even beyond the family of nurses. There was a great need to balance professional obligations and family roles more than before. This implies that addressing the impact of COVID-19 on nurses requires a holistic approach due to the greater impact on the community's well-being.

The COVID-19 pandemic was linked to various psychological disorders that affected nurses, and this extended to their families too, with many studies showing increased levels of depression, anxiety, stress and burnout most notably among frontline nurses (Sarboozi et al., 2020; Tu et al., 2020; Xiong et al., 2020; Zheng et al., 2020). For example, in China and Nepal, nurses experienced heavy workload and fear of infection which was associated with depression, anxiety and insomnia (Ali et al., 2021). Therefore, there is need for support to the nurses as this will improve quality measurement to enhance care delivery and community well-being. A survey study of 502 healthcare workers in Saudi Arabia during the COVID-19 pandemic and another study investigating Canadian critical care nurses similarly showed higher levels of anxiety and post-traumatic stress (AlAteeq et al., 2020; Crowe et al., 2021). One year into the pandemic, little was known about the effects of COVID-19 on the mental well-being of healthcare workers especially nurses in South Saharan Africa (SSA) (Ali et al., 2021). The findings from a cross-sectional survey carried out in Kenya on 255 nurses recruited from Aga Khan University Hospital in Nairobi on COVID-19 and the mental well-being of nurses showed that frontline nurses reported experiencing more moderate to severe symptoms of depression, distress and burnout. The findings further revealed that

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comparatively, females reported more burnout than males (53.9% vs 34.0%) (Ali et al., 2021). These could be due to other roles played by female nurses at home as compared to their male counterparts.

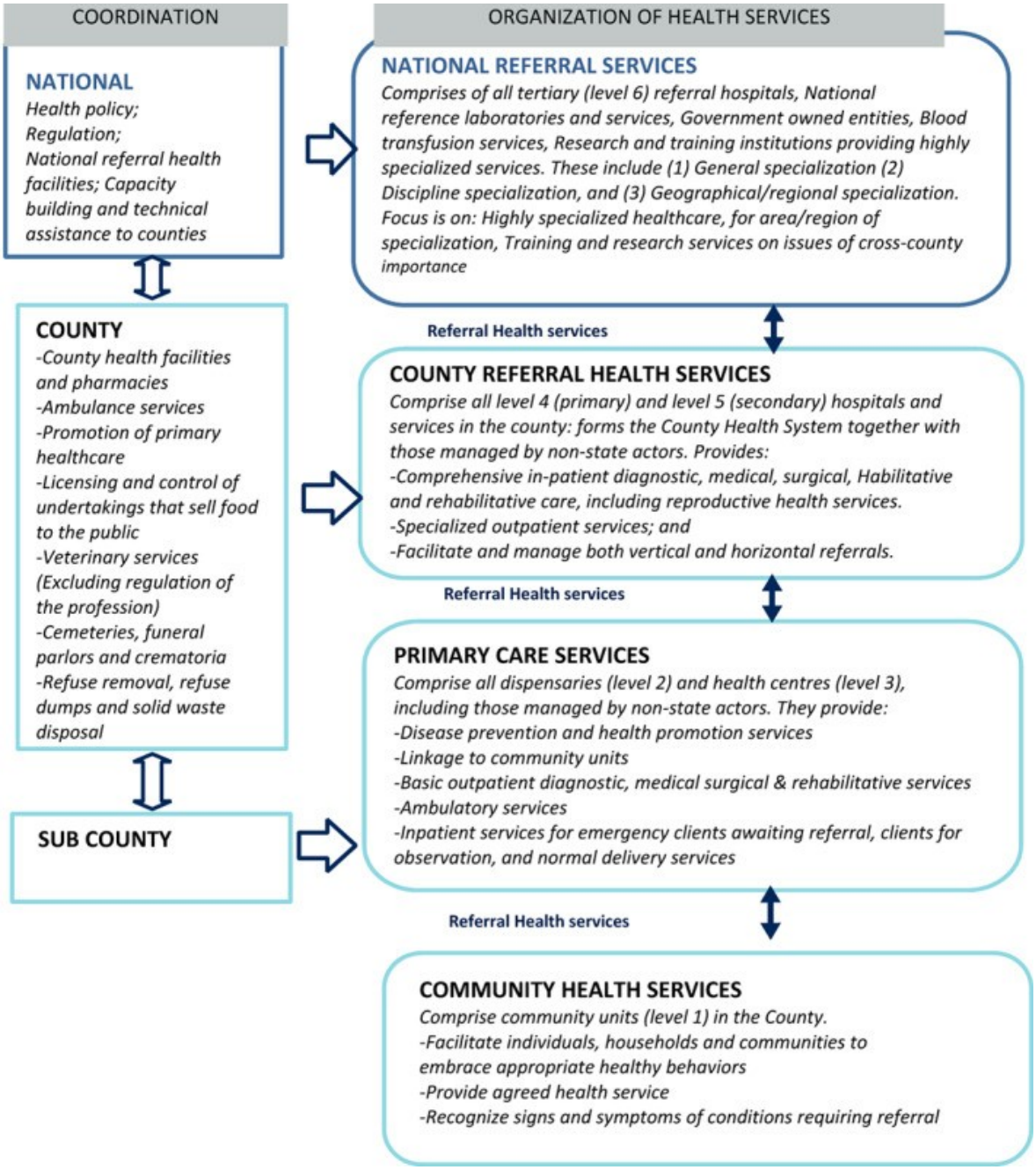
2.2.10 Kenya Healthcare System and Nairobi Metropolitan Area

The Kenyan health system is defined by the following 6 levels of care provided to patients; level 1: community services, level 2: dispensaries and clinics, level 3: health centers, level 4: sub-county hospitals, level 5: county referral hospitals and large private hospitals and level 6: national referral hospital and large private teaching hospitals. These are summarized as community health services, primary care services, county referral health services and national referral services (see Figure 2.1 below). Kenya's health budget accounts for 4% of the total budget and the funds are primarily used for curative services (Mbau et al., 2019). Additionally, Kenya's health sector is financed from three major sources namely the government, households and donors which accounted for 46%, 35.5%, and 18.5% of the total health expenditure in 2019, respectively (WHO, 2019). The National Hospital Insurance Fund (NHIF) is the largest health insurer in Kenya covering 17.8% of the population (Ministry of Health, 2018). The government takes care by funding public facilities only. The healthcare system is shown in Figure 2.1 below.

Figure 2.1

The Kenya Health System

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Source, 2014, Kenya Health Policy: Ministry of Health

The healthcare system in Kenya has experienced challenges in implementing Universal Health Coverage (UHC). These include human resources where nurse shortage has been a major threat to Kenya's development over the years, lack of essential medical equipment, lack of medications and sometimes expired drugs, medical facilities and health workers' strikes due to pay or work environment. This increases work-family conflict as effective

service delivery is affected and significantly affects patients and nurses. A study conducted by Waithaka et al.(2020) where in-depth qualitative data was gathered through informal observations,reflective meetings, individual and group interviews and document reviews of a sample of 5, and interviews held with frontline health managers(n=26), found out that nurse strikes impacted on the community negatively, especially majority of the citizens who could not afford private services. The findings further indicated that inadequate resources affected the nurses' efficiency in providing quality care.

A qualitative study by Scanlon et al. (2021) conducted in one county in Western Kenya described significant impacts on maternal and child health care and services during the 2017 nurses' strike as well as the overall negative economic impacts on households. In essence, this greatly affected the community's well-being.Therefore, itis necessary to have careful monitoring and planning to ensure that essential services are maintained,threats between organizations and nurses are minimizedand the government respects and honors agreements with nurses. This will help moderate work-family conflict, and nurses will meet personal,family, and organizational goals which will in turnlead to greater outcomes.

The Nairobi metropolitan region comprises twelve (12) urban centers. These include Nairobi, Kiambu, Mavoko, Isinya, Ruiru, Thika, Karuri, Kikuyu, Tala/Kagundo, Machakos, Kajiado, and Thika. Nairobi is a national, regional and international center for health, education, commerce, transport, cooperation and financial development. It also connects Eastern, Central and Southern African countries. The Metro areas include Northern Metro, covering Kiambu, Northeastern Metro covering Kajiado, Southern Metro which covers Machakos and Co Metro-Nairobi. According to the Ministry of Health, the Nairobi metropolitan area has a total of 299 health facilities (Ministry of Health [MOH], 2019). These facilities are spread across the counties as follows: Nairobi County has 78 health facilities, Machakos County has 71 health facilities, Kiambu County has 45 health facilities and Kajiado County has 105 health facilities (See Figure 2.1 above).

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The following hospitals from each county were under study: Mama Lucy Kibaki Hospital (Public-level 5) and Mater Misericordiae Hospital (Faith based-level 6) from Nairobi county; PCEA Kikuyu Hospital (Faith based-level 5) and Kiambu County Hospital (Public-level 5) from Kiambu County; Athi River sub-county Hospital (Public-level 4) and Athi river medical service hospital (Private-level 5) from Machakos County; and Ngong sub-county hospital (Public-level 4) and Ongata Rongai Nairobi women hospital (Private-level 5) from Kajiado. The summary of the population, sample size, and Metropolitan area is indicated in Chapter 3 (see Table 3.1).

The Kenyan healthcare system is classified into six hierarchical levels, from Level 1 up to Level 6. For instance, Level 1, which is the lowest is made up of community service facilities, Level 2 has dispensaries and clinics, while Level 3 entails nursing homes, health centers, and maternities. Level 4 entails medium-sized private healthcare facilities as well as sub-county hospitals. Level 5 is made up of the large private hospitals and county referral hospitals whereas Level 6 entails the national referral hospital facilities and big private teaching hospitals (Ministry of Health [MOH], 2018). The health facilities under study were level 4, level 5 and level 6 hospitals within the Nairobi metropolitan area, Kenya.

The level 4 hospitals under study were: Mama Lucy Kibaki Hospital, which is 11km East of Nairobi Central Business District (CBD); Ngong Sub-County Hospital, 28 km from Nairobi CBD, and Athi River Sub-County Hospital, 34km from Nairobi CBD. Level 4 Hospitals are the first referral hospitals and form an integral part of the county health system. They provide the following services: Curative, preventive care, treatment techniques such as surgery that are not available at health centers, laboratories, obstetrics and gynecology, child health, medicine, accident, emergency and support services (MOH, 2018).

The level 5 hospitals under study were: the Presbyterian Church of East Africa (P.C. E. A) and Kikuyu Hospital in Thogoto which is 17.08 km from Nairobi CBD. Others were the Kiambu County Hospital in Kiambu town, Nairobi Women's Hospital, Ongata Rongai branch in Kajiado County, 20 km from Nairobi CBD; and Athi River Medical Services Hospital in Athi River, 35km from Nairobi CBD. Level 5 hospitals are the main coordinating

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and referral centers for level 4 and smaller units. Medical superintendents are the public hospitals' managers while private hospitals are manned by directors of nursing services (DNS) or matrons. In this study, they are all referred to as directors of nursing services. In addition to services offered at level 4 hospitals, they provide in-patient care and serve as resource centers in the counties.

Mater Misericordiae Hospital was the only level 6 hospital under study. This is a private faith-based hospital located in the South B estate, 5.3km South of Nairobi CBD. The hospital provides all services of level 5 hospitals and in addition, provides sophisticated diagnostic, therapeutic and rehabilitative services. Hospitals at this level provide specialized care involving skills and competencies not available at county hospitals, intensive care and high-dependency services. They also provide other services such as laboratory and diagnostic techniques for referrals from the lower levels of the health care system and teaching and training for health care personnel. In addition, they supervise and monitor county hospital activities and offer technical support to county hospitals.

2.3 Conceptual Framework.

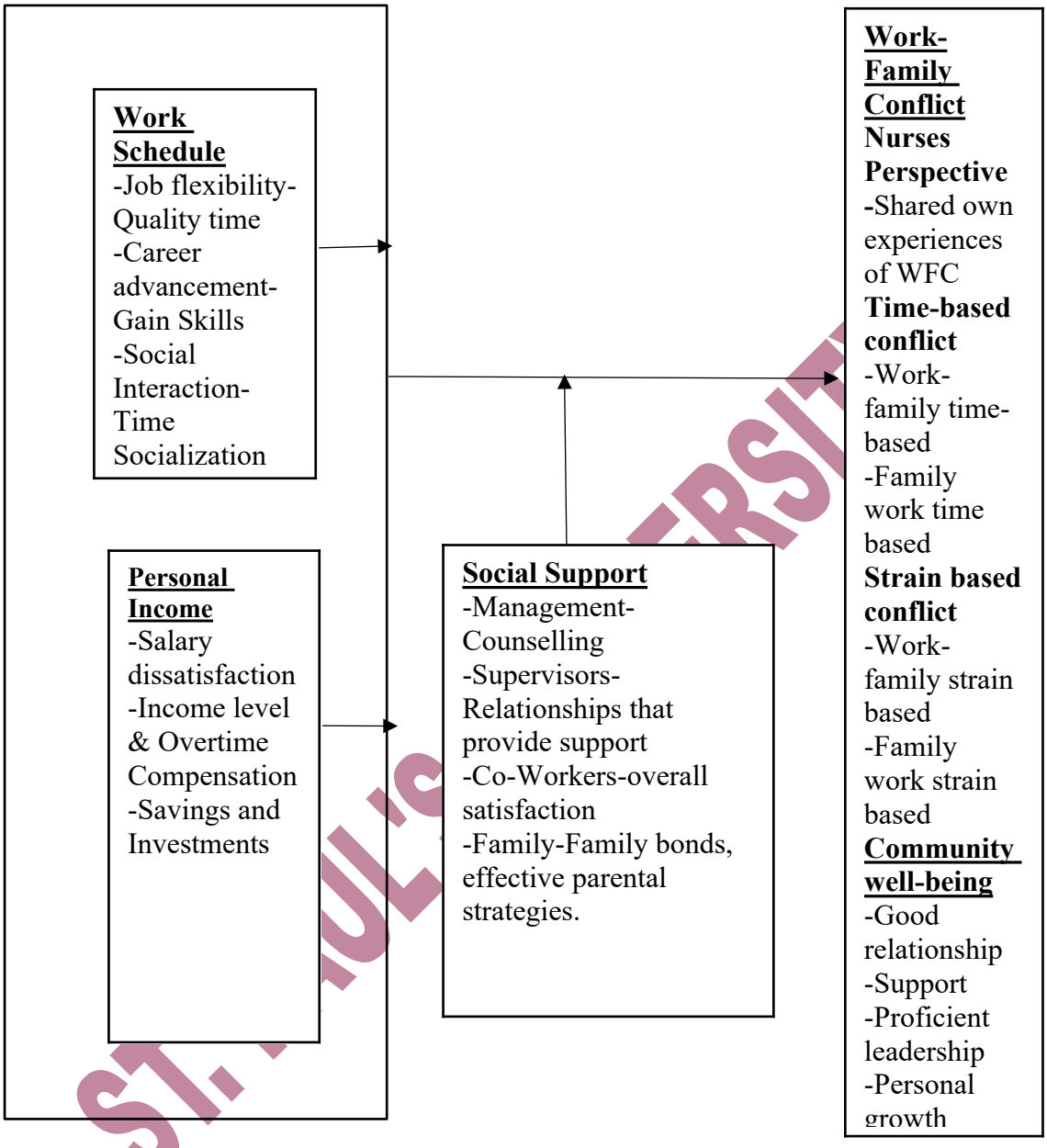
The conceptual framework in this study is based on the literature review as discussed earlier in this chapter. The conceptual framework sought to explain some of the relationships between interlinked concepts and indicated the effects of the independent variables (cause), dependent variables (outcome) and moderating factors (support). In this study, the independent variables were socioeconomic determinants (work schedule and income). The dependent variable was work-family conflict, and lastly, the moderating variable was social support. (See Figure 2.2below).

Figure 2.2

Conceptual Framework

Independent Variable **Moderating Variable** **DependentVariable**

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Author: Study 2024

The figure above shows the conceptual framework including the independent, moderating, and dependent variables studied as per the objectives. It identified the independent variables

from the components of nurses'perspectives on work-family conflict, nurses' work schedules, and nurses' income. The determinants for nurses' perspectivewere nurse characteristics and family characteristics.These variables come into play as they discharge their duties in the health care facilities. As discussed earlier in chapter 1 and 2, nurses view on their experience of WFC connects with Role Strain Theory which in this case includes time and strain conflict. This impact on nurses ability to do their roles both at work and family level.

The indicators for nurses' work schedule considered were job flexibility, social interaction and growth development. The measurable factors included the opportunity to gain skills, work-time socialization, the possibility for emergency offs and the quality of family time. Some of the schedules that the nurses are subjected to, their targets and expectations sometimes play a role in building stress levels which ultimately affect their well-being. These may include inflexible work schedules, lack of opportunity for career development and inability to socialize. These aligns with Role Strain theory due to work pressure that sometimes gives them little time with their families.

Income was considered in terms of whether the nurses were well-remunerated and compensated for their work at the healthcare facilities or not. Adequate or inadequate income determines nurses' decisions to make some savings, utilize their time off either with their family members or seek other job opportunities for more income. Measurable factors include: salary level and benefits, house ownership, part-time jobs, and a happy family. This is in line with the conservation of Resource and Capability theories. This sometimes takes most of the nurses' time and energy and affects their commitment to their families and work. Inadequate family time may lead to conflict due to lack of relaxation and socialization.

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The moderating variable that guided the study was social support. Measurable factors for management support included: resource allocation, communication and feedback, involvement in decision making, nurses satisfaction, training and development; supervisors support included: communication, goal setting, performance monitoring, nurses development, feedback, recognition and reward, emotional support and creation of conducive work environment ; co-workers support included: frequency of assistance, quality of feedback,

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emotional support, collaboration, communication, recognition and appreciation, problem-solving, trust and reliability. Lastly measurable factors for family support included: parental resilience, social connections, social and emotional competence of children in need (Mills et al., 2014).This helps nurses to ensure that they strike a work-family balance. The managers do this by responding to their concerns, especially those related to their welfare. The family, on the other hand, gives social support by providing an enabling environment for the nurses during their time off at home. Additionally, families' understanding of nursing roles makes it easier for nurses to perform their roles well either at home or at their workplace. This brings about positive results.The measurable factors for social support include counseling, overall satisfaction, adaptation to changes and stability, relationships that provide support, financial assistance, housing, food and healthcare, family bonds, and effective parenting strategies. This is in line with Capability of Approach theory, as adequate support enables nurses accomplish much both at work and at home.

The dependent variable in the study was work-family conflicts(WFC) and community well-being. The WFC are fully hinged on the independent variables mentioned. This comes in the form of stress levels rising either in the family or work domains. The two types of conflicts include time-based conflict and strain-based conflict (Lamber et al., 2006; Triplett et al., 1996). They eventually affect the healthcare service delivery and hence threaten the attainment of quality health care, which is the intention of Kenya's Vision 2030 and the sustainable development goal number three (good health and well-being).

Time-based conflict entails competing time requirements across work and family roles and where work schedules do not meet the time needs of the home (Armstrong et al., 2015 & Greenhaus & Powell, 2006).This alludes that time demands in one role make it difficult to meet demands in another role.Nurses work 24 hours, including holidays. They may also need to work different shifts or mandatory overtime because of emergency or cover for another nurse because of an absence (Liu et al., 2020). These types of shifts can interfere with the work schedule and extend to interference with families at homeand other family obligations leading to conflict as an outcome. For example, an emergency at the workplace may result in

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a nurse missing a child's school meeting or not being at home for an important planned holiday.

Strain-based conflict occurs when work strain follows a nurse at home or vice versa, resulting in both decreased interactions and more strained interactions at work or home. It is unlikely that straining experiences and feelings can be turned off at the end of a shift. Stress and frustration sometimes raise the chances of disagreement and conflict at home, as well as being distant and shut off from loved ones. For instance, if a nurse experiences physical exhaustion because of work, the nurse may be too tired to participate in home-based activities, and vice versa. Additionally, long working hours affect nurses' performance both at work and family domain. Panjang et al., (2019) argue that extensive working hours could easily lead to physical tiredness in the nurses, which could result in them being too tired to enjoy family life.

The roles both at work and home may not always be compatible with each other, and the ability to switch effectively from one role to another in different domains is not always possible. In the end, this can result in frustration and conflict (Armstrong et al., 2015; Lambert et al., 2006).Therefore, specific behavior patterns that are considered appropriate or desirable in one domain are considered inappropriate or counter productive in another domain.

Community well-being is characterized by measurable factors such as personal growth, marital satisfaction, higher education attainment, good relationships, proficient leadership, healthy practices, satisfying community, and strong mission. and economic sufficiency

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2.4 Chapter Summary

This chapter focuses on the theoretical presuppositions on which this study is based as well as the theoretical and empirical literature which places the current study in a relevant context and connects it with existent knowledge. The presuppositions grounding this work are based on the Role Strain theory, the Conservation of Resource theory and the Capability Approach theory. These theories center on the abilities and limits of nurses and the support they require

in order to function optimally at work and in their households.The Role Strain theory is significant in explaining why nurses may experience role strain when they work for long hours and when they have children and spouses to attend to which often leads to burnout. Thus, it helps identify meaningful relationships between psychological well-being and role demands as a result of the stress originating from managing diverse social roles.The Conservation of Resource theory posited that individuals have limited psychological, emotional and material resources and as a consequence, they should continue acquiring more resources while saving some to avoid work-family conflict. On the same vein, nurses need time to rest and be with their families.The Capability Approach theory presupposes the need for a supportive environment, mental health awareness and protection against burnout. Consequently, nurses need to understand the importance of self-care and resilience as this will enable them to maintain their well-being and to provide effective care to patients for the greater outcome of nurses'. Additionally, the chapter elucidates on empirical literature on work-family conflict premised on history, demographic characteristics, nurses' mental health, nurses' perspectives, work schedules, personal income, support mechanisms and nursing in times of pandemics. The review demonstrated that work-family conflict is a phenomenon that is found all over the world; and for nurses who provide direct nursing services, the impact is felt by the nurses, their families, patients, and the organization. This has implications for achieving Kenya's Vision 2030, UHC, and SDG 3 and 8. When it comes to healthcare provision, nurses are the hardest hit by conflict at work and at home.The chapter also endeavored to describe the relationship which exists between the variables of the study in the conceptual framework. In its concluding section, it revealed the knowledge gap that the study intended to fill. The literature provided rich information that formed a solid base when looking at the effect of various determinants on work-family conflict amongst nurses working in selected healthcare facilities within the Nairobi metropolitan area, Kenya.

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CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Chapter Introduction

This chapter constitutes the proposed manner through which data illustrating the problem at hand would be gathered. It delineates the philosophy that underpins the study as well asa mixed-method explanatory sequential design which is employed by the researcher. In addition, it recounts on the Nairobi Metropolitan Area, which is the location of the study as well as on the characteristics of the targeted population. It also discusses the sampling techniques and data collection instruments and techniques at length. Furthermore, it explicates the piloting process followed as well as the measures of validity and reliability of data considered. Finally, it puts forward the ethical considerations and the operational definition of variables deemed necessary in the research process.

3.1 Philosophical Paradigm

The researcher employed the post-positivist philosophical stance which would best address the study's main objective of investigating the socioeconomic determinants associated with work-family conflicts among nurses and implications on community well-being in selected healthcare facilities in the Nairobi Metropolitan Area, Kenya. The rationale for this selection is the researcher's view regarding the social reality which is not only measurable and knowable but also pays attention to the multiple measures. More importantly, adopting this philosophy highlights the problematic nature of the 'objective' truths. Equally, it allows for mixed methods and triangulation of both quantitative and qualitative data (Panhwar et al., 2017). This permits reflexivity and as such, minimizes the bias of both the researcher and participants. Additionally, due to the sensitivity of the study which is work-family conflict among nurses, an approach that would give participants a chance to tell their stories in their own 'voices' was imperative. Informed by this philosophical stand, the researcher selected a research design, methods, data collection, and analysis techniques that assisted in aptly probing the thoughts, perceptions, views and feelings of the participants and equally capturing their experiences of the work-family conflict and its implications on community

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well-being in the Nairobi Metropolitan area, Kenya. This also enhanced the validity and reliability of the study findings.

Based on the research questions which addressed the relationship between work-family conflict with selected determinants, post-positivism came in to help eliminate the inflexible problems of a forced choice between qualitative and quantitative findings. Additionally, post-positivism is a common paradigm in medical science because italigns with individuals' medical education research claims (Bergman et al., 2012; Frey, 2018).The researcher was equally aware that in any choice of philosophical stance, one has to be aware of the limitations of such a choice too. Therefore, in this selection, the researcher was aware of some limitations, that the choice of this paradigm meant that one is driven to search formore information and questionbiases, which is draining because one keeps on searching for the truth, has no peace and cannot rest from perpetual wondering even if one gets the truth (Deo, 2020). Bearing this in mind, theresearcher was reflexive throughout the study to ensure the archers biases as well as those of the participants were put on check.

3.2 Research Design

This study employed a mixed-method explanatory sequential design which was characterized by the combination of at least one quantitative and one qualitative research component. This design looked at some of the causes of work-family conflict with focus on nurses' work schedules and personal income, more information is provided on how this affects the nurses and development in general. As stated by Creswell and Clark (2018),the mixed method approach combines two data sets to get a complete picture of the issue being explored. The two data sets are quantitative and qualitative, and enabled the researcher to tell a complete story on socio-economic determinants of work-family conflict among nurses to conclusion. Integrating qualitative and quantitative data in addressing the research questions was essential to this study as it gave respondents an opportunity to give their perspectives on their experience of work-family conflict on study variables. The researcher's assumption as pointed out earlier in this study was that there exists a relationship between selected social economic determinants and work-family conflict. The design was also appropriate as it

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focused on some relationships at a particular point in time. The study triangulated data gathered from qualitative and quantitative research methods to make sense of the socio-economic determinants and association with work-family conflict in the Nairobi metropolitan area, Kenya.

The researcher developed an interview guide for the director of nursing services and a questionnaire with closed and open-ended items to collect the data required. This also helped to gather valid data because of the use of the mixed method approach. Furthermore, it gave a voice to participants in the research which ensured the study was grounded on the participants' perspective (Dawadi et al.,2021). For example, in objective one on nurses' perspectives, qualitative approach focused on assessing whether nurses experienced work-family conflict indeed. Equally, for the rest of the objectives, it assisted in verifying the different claims about the influence of nurses' work schedules, nurses' income and support factors on work-family conflict. This data was obtained from both qualitative and quantitative data to confirm the claims. The quantitative approach captured the statistical and numeric data that described participants' characteristics, enabling the researcher to collect the data from a large number of participants. This increased the possibility to generalize the findings to a wider population, as quantitative data brings breadth to the study. The qualitative inquiry through an interview guide was used to generate data on a wide range of issues related to the perception of participants on work-family conflict. The qualitative approach, on the other hand, provided a deeper understanding of the issue being investigated, honoring the voices of its participants (Dawadi et al., 2021). This insinuates that qualitative data provided depth to it as it captured the experiences and perceptions of participants.

The advantage of the mixed method enabled the researcher to address research questions in an appropriate and principled manner. It operates under the principle of triangulation, which gives the researcher a more holistic perspective on a research question, where the researcher understands the contradictions and similarities between quantitative and qualitative findings and integrates philosophical frameworks of post-positivism and offers a logical ground, methodologically in a flexible, and in-depth understanding of cases (Feters, 2016; Maxwell, 2016). The mixed method design adopted was found appropriate as it gave a better

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understanding of the phenomena being studied. Additionally, it is comprehensive and would ensure that nurses are heard. The design also facilitates understanding the multiple issues involved in nurses' work, thereby ensuring holistic and in-depth investigations. Therefore, the mixed-method explanatory sequential design ensured comprehensive observation, reconstruction, and analysis of work-family conflict among nurses. Employing more than one research approach in a single study is likely to give a unique and better understanding of the phenomenon under investigation. In addition, the researcher was assisted in assessing the reliability of participants' views and stories. Therefore, different sources of data complemented each other. Despite the benefits of mixed methods, some of the challenges may include data interpretation complexities, where the large volume of data generated by the mixed method can create challenges in analysis and dissemination (Halcomb, 2018). Researchers can also experience potential biases from integrating qualitative and quantitative data both from the narratives, open and closed-ended questions.Therefore, this method was used as it allowed the participants to be heard.

3.3 Location of the study

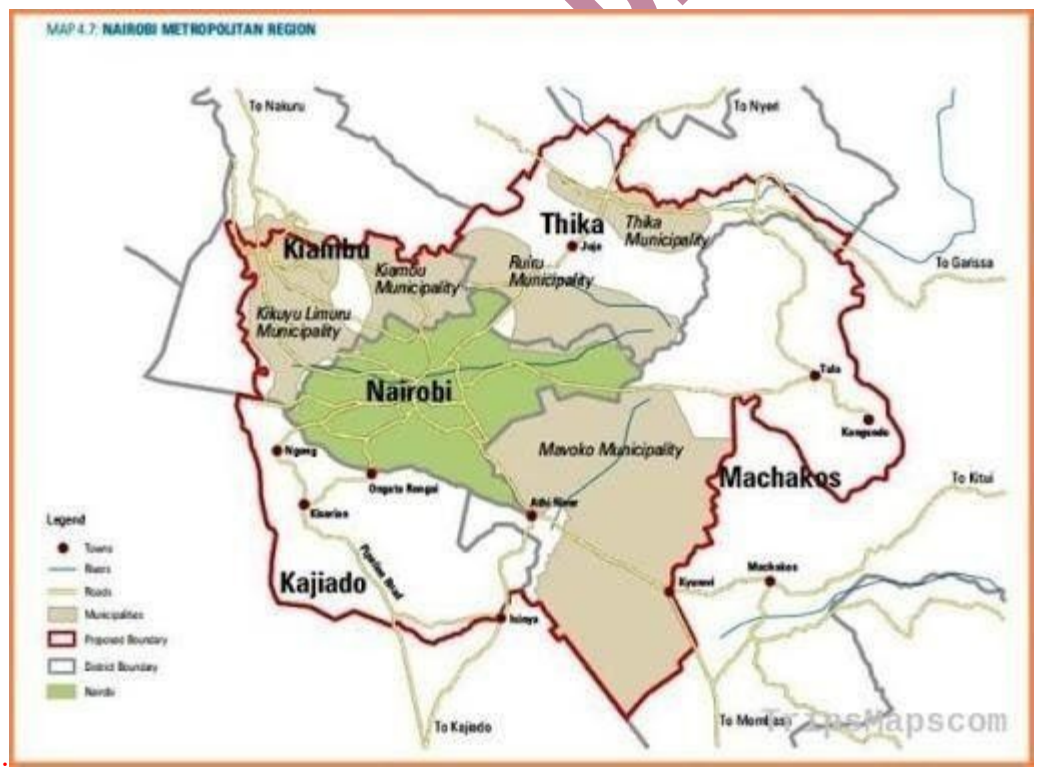
This study was conducted inthe Nairobi Metropolitan Area (NMA). According to the Government of Kenya (2019), this area covers 32,000 square kilometers, and it offers employment and social facilities to its residents. It had a population of about 9,354,580 people at the time of this study, out of which the Nairobi city had a population of 4,397,073 in the 2019 census (Kenya National Bureau of Statistics [KNBS], 2019). More than one-third of private facilities are in Nairobi Metro (31%) according to Kenya Health Policy 2012-2030 (Ministry of Medical Services & Ministry of Public Health and Sanitation, 2012). There were approximately 51,649 nurses below the age of 60 with most of them being female nurses between the ages of 21-30 years (Ali et al., 2021). It is noteworthy that most of the nurses (65%) in Kenya are diploma holders (Kenya Ministry of Health, 2015). Furthermore, NMA has experienced rapid population growth within its surroundings, for example, Kajiado, Machakos, Thika and Kiambu. It is, therefore, difficult to separate Nairobi city from the wider metro region. Therefore, planning for the Nairobi Metropolitan Area covers the entire

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metropolitan region, with special measures being taken to address the different needs of its diverse population and landscape.

Metropolitan areas have become key social, economic, cultural and political areas. Therefore, the choice of this study site was motivated by the fact that Nairobi city and its environs (Kiambu, Kajiado, and Machakos), has a high population of people who are working and likely to experience work-family conflicts. Consequently, the high population has led to the availability of several healthcare facilities that provide a wide range of services and therefore employ many nurses.This has a wider rational impact on the community's well-being. Additionally, the selected site also has the leading private health facilities in the country and was therefore the best place to investigate the phenomenon under study. Therefore, this site was selected because it has the highest number of nurses and major health facilities within a small radius (see Figure 3.1 below).

Figure 3.1
Nairobi Metropolitan area



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January 2024, Nairobi Metropolitan Region, Namata go.ke

The above figure is the metropolitan area indicating the region of hospitals that were studied. From a developmental perspective, this is the area in the country that has the highest labor force within a small radius and so contributes a lot to the community's well-being. The selection of the facilities was limited to level 4, level 5 and level 6 hospitals that had a minimum of 10 nursesbecause the researcher assumed that several services were provided to the community. These facilities attract many clients and this means more work for the participants. The services were outpatient, in-patient for both male and female patients, maternity (pre-natal care, post-natal care), family planning care, and dressing.

3.4 Study Population

The population of this study consisted of nurses working in different departments of public and private hospitals within the Nairobi metropolitan area, Kenya. The researcher sought to find out if the experience of work-family conflict was the same for both private and public hospitals and faith-based hospitals. A study conducted in Meru public and mission hospitals indicated that there are more similarities than disparities among nurses' motivation factors, regardless of hospital ownership and therefore motivation strategies should be developed and applied in both public and private hospitals to ensure effective workforce and strengthen the healthcare system in Kenya (Muthuri et al., 2020). The hospitals were categorized as levels 4, 5, and 6 because there was an assumption that they attract a high number of clients due to the number of services being offered and this meant they had many participants. Services offered were comprehensive in-patent diagnostics, medical, surgical, habilitative and rehabilitative care, reproductive health services and specialized outpatient services.

The first category of participants for this study were nurses who were working 6-8 hours or more per day as they stated their experiences on different hours worked per day and their effect on work-family conflict. The participants must have been registered with the Nursing Council of Kenya to minimize bias. The lists of nurses and their cadres were obtained from the directors of Nursing Services (DNS) in their respective facilities. The population for this

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study was 986 nurses (see Table 3).The second category of participants was of eight directors of nursing services in charge of nursing divisions in their respective hospitals. Care was taken to ensure that there was one DNS participant from each of the hospitals in the study.

3.5 Sample Size Determination

The Nairobi metropolitan region comprises twelve (12) urban centers. These include Nairobi, Kiambu, Mavoko, Isinya, Ruiru, Thika, Karuri, Kikuyu, Tala/Kagundo, Masaku, Olkejuado, and Thika. Nairobi is a national, regional, and international center for health, education, commerce, transport, cooperation, and economic development. It also connects Eastern, Central, and Southern Africa countries. The Metro areas include Northern Metro, covering Kiambu, North Eastern Metro covering Kajiado, Southern Metro which covers Machakos and Co Metro-Nairobi. According to the Ministry of Health, Nairobi Metropolitan area has a total of 299 health facilities (Ministry of Health [MOH], 2019). These facilities are spread across the counties as follows: Nairobi County has 78 health facilities, Machakos County has 71 health facilities, Kiambu county has 45 health facilities while Kajiado has 105 health facilities. Private, public and faith-based all inclusive. The selection of the facilities was limited to level 4-6 hospitals that had at least a minimum of 10 nurses. Additionally, major hospitals that attract many people within the surrounding area were also selected due to the many services that they provide which are necessary for the community. Services may include though not limited to outpatient, in patient for both male and female patients, maternity (pre-natal care, post-natal care), family planning care, and dressings.

The sample size included participants involved in the study, who were registered nurses by the nursing council, working between 6 to 12 hours a day. The list of nurses and hours worked was obtained from head of each department register. These are qualified nurses who practice and they understand nursing policy and guidelines and hence their ability to provide necessary data. Additionally, nurses have different experiences and abilities to cope when faced with work-family conflict and the number of working hours may contribute to their experiences. Besides, the hospitals were busy with several services and willing to participate in the study.These are namely; Mama Lucy Kibaki Hospital and Mater Misericordiae

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Hospital from Nairobi County; PCEA Kikuyu Hospital and Kiambu County Hospital from Kiambu County; Athi River Sub-County Hospital and Athi River Medical Hospital from Machakos County; and Ngong Sub-County Hospital and Nairobi Women Hospital in Ongata Rongai from Kajiado County. The total sample as shown in Table 3.1 was 312 nurse participants and 8 directors of nursing services, one from each of the 8 hospitals.

The selection strategy of the above hospitals was done to ensure that there was one public and one private hospital from each county in the study. Potential biases that may arise from categorizing healthcare facilities on ownership may lead to participants not giving correct data for fear of being victimized, and this may affect the validity of data, especially for participants from private hospitals. However, participants were assured of anonymity during the analysis of data. These assured the participants; hence they gave the information freely without any fear. One Kenyan study reported that the work environment in private hospitals was rated higher than that in public hospitals (Ojakaa et al., 2014). Additionally, healthcare professionals are motivated to move from public hospitals to non-governmental hospitals and other countries due to the better work environment in the latter choices. However, both public and private not-for-profit health sectors play important roles within a national healthcare system and healthcare development of any community (WHO, 2007). Kothari (2004) asserts that a good sample must be adequate and representative and its size must be through some logical process. To qualify for inclusion in the study, the hospitals had to agree to participate in the study. The hospitals were also required to have the highest number of nurses (minimum 10 nurses). These were among level 4 or 5 healthcare facilities providing several services within the Nairobi Metropolitan Area in Kenya. Finally, the hospitals were expected to offer several services that most of the population required. The total sample was of 312 nurses and 8 directors of nursing services.

This study adopted both probability and non-probability techniques to get the needed data. Probability is a sampling technique in which all the participants had an equal opportunity to be selected. The non-probability technique is where it was not known which participants from the population will be chosen. Therefore, inclusion and exclusion criteria were used. The

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specific strategies adopted under the probability approach were stratified and random sampling. Stratified sampling was used because the population of interest was heterogeneous. This allowed the researcher to obtain an effective size from each stratum (Elfin & Negide, 2017).The sample size was calculated as shown below:

The sample size for nurses was calculated using Yamene (1967)

n = N / (1 + N(e)2

n=sample size

N=Population of study

e=Margin error in the calculation

Confidence level = 95%

Population N= 986

Sample size (n) = 284

This was in line with Mugenda and Mugenda (2013) who observed that when a study population is less than 10,000, a sample size of between 10 and 30% is a good representation of the population under study. However, to improve internal validity, a 10% increase in the sample was added to cushion the attrition on the initial sample size and therefore cover for any questionnaires that might be lost, misplaced or missing.

10% of 284 = 28.

Total sample size = 312.

Further calculation was done to get samples for each hospital from the total sample for the study. The targeted response rate was 80% and above, as recommended by Fincham (2008), who stated that for survey studies, a response rate of ≥ 80% is adequate. In calculating the sample for each hospital, the population of each hospital was proportionately divided by the total population of the study, then multiplied by the total sample above. Below is a table showing the research population and sample size (see Table 3.1).

Table 3.1

Population and sample size of healthcare facilities

Facilities under Study

	Population	Target sample

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Athi River Medical Service Hospital	10	4
Athi RiverSub-county Hospital	20	8
Kiambu referral hospital	210	66
Mama Lucy Kibaki Hospital	180	57
Mater Misericardiae	300	91
Nairobi Women Hospital (Ongata Rongai)	46	15
Ngong sub-county hospital	50	17
P.C.E.A Kikuyu Hospital	170	54
Total	986	312

3.6 Sampling Method

Purposive sampling method was used for selection of healthcare facilities while stratified random sampling was used to select nurses because they included staff nurses, senior nurses and departmental heads. Purposive sampling was used because it is the best match for this type of study for nurses from the healthcare facilities, and for the study objectives, thus improving the rigor of the study and trustworthiness of the data and results, while stratified sampling selects specific participants that need to be part of the final sample (Campbell et al., 2020). In the sampling technique, the facilities and participants were selected deliberately by the researcher to provide important information that could not be obtained from other choices. Kothari and Garg (2014), and Sekaranand Bougie (2009), argue that in the sampling technique, the researcher obtains a particular number of participants from the target population to be used during the survey to respond to interview items or questionnaire. This is because the participants are most likely to yield appropriate and useful information. The purposive selection of hospitals for this study was based on their willingness to participate in the study, level of hospital in the county, type of hospital whether it was private or public, high number of nurses, various services offered, the high number of patients they received, and their location. This allowed the researcher to easily collect the data that was needed.

According to Bhardwaj (2019), the choice of nurses to participate in each hospital through stratified random selection allows every unit in the population an equal chance of being

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selected. However, these sampling methods were chosen based on the goals of the research, thus improving the rigor of the study and the trustworthiness of the data and results. Stratified sampling was used and this ensured full participation of all cadres and gender, while random sampling ensured all nurses in the population had an equal chance of being part of the sample.The sampling frame for nurse participants was a list of all nurses from the organizations as presented by the directors of nursing services of eachhealthcare facility according to their cadres.

The distribution of the questionnaires was done proportionately according to each cadre. In the use of stratified random sampling, nurses were divided into strata (or subgroups) and a random sample was taken from each subgroup.The groups starting from seniors were nurses in charge of each unit, senior staff nurses, staff nurses, and junior nurses because the population of the participants was heterogeneous. Elfin and Neida (2017) state that stratified sampling allows researchers to obtain an effective size from each stratum separately, as if it were a different study and it also allows for obtaining data from underrepresented populations. Each cadre of nurses was treated as a stratum.

Borrowing a leaf from the latter researchers, the number of participants in each stratum was determined by its population in proportion to the population of participants in each unit. The main purpose was to ensure that every stratum was adequately represented. This is because in each hospital,several cadres or categories started from departmental in charge to junior nurses. Creswell (2013) and Bhardwaj (2019), supportthis by stating that the stratified random approach works well because it ensures that all cadres are involved and gives accurate results as compared to other sampling methods. This method also ensured that all nurses holding supervisory positions had a chance to participate. Being mentors and mediators between the organization and nurses, the views of nurses with supervisory roles were very useful to the study. Nursing students were excluded from being part of the participants. Therefore, stratified sampling ensured that every unit and department was represented. However, it can be difficult to categorize the nurse participants into their different cadres because some may be away on leave and this can consume a lot of time. The

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different departments comprised medical surgical wards, maternity (labor wards, post-natal, ante-natal) wardsand family planning. By including all departments, the researcher sought to harness the views of nurses with different exposures and experiences that could give good feedback on work-family conflicts.

To obtain qualitative data, purposive sampling techniquewas employed. Each of the DNS who were interviewed belonged to a different hospital and they were well placed,based on their experience of overseeing all nurses. The interview sought to find out any challenges they had observed or encountered with nurses and how that led to work-family conflicts. However, Johnson and Christensen (2008 p. 239)state that "purposive samplingis critiqued for its inability to represent the entire population". Purposive sampling was preferred in selecting the DNSs as the study was sensitive and the researcher needed to increase their response and interest. Additionally, purposive sampling was used due to the availability, or expert knowledge of the director of nursing services whom the researcher wanted to approach to aptly answer the research questions.

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3.7 Data Collection Method

Two (2) research assistants (male and female) were recruited and trained to assist in field data collection. They were recruited based on their literacy and with at least a diploma qualification in medicine or a related field and having prior experience conducting survey studies on nurses. After recruitment, one dayof mandatory training was organized for the two recruited research assistants. The purpose of the training was to familiarize the research assistants with the objectives of the research and data collection tools. Secondly, the training was also meant to sensitize them on the protocols for collecting data from the participants. The main emphasis was placed on standardization of the way questions were filled. Every research assistant was encouraged to work independently after seeking informed consent assuring the participants of confidentiality and privacy.

Before the actual collection of data, the researcher sought authority from the university as well as the National Council for Science, Technology, and Innovation (NACOSTI).

NARCOSTI permit number was Ref No 927293 (see Appendix 9). Thereafter, the researcher obtained informed consent from individual participants as this was essential for protecting participants' rights and confidentiality (See Appendix 1).The researcher further consulted the county commission health department for permission to collect data. Once granted, the researcher started collecting data from the selected healthcare facilities. A meeting was scheduled with the hospital nursing services managers to discuss the study that the researcher intended to undertake. During the meetings, information was fully disclosed which included eligibility criteria, the date of commencement of the study and when to expect questionnaires or interviews. Participants were given 12-48 hours for decision-making as recommended byWagoro and Bhatt (2012). Time was scheduled at the convenience of the nurses and DNSs for maximum cooperation. This allowed the nurses and their DNS time to reflect on the research information and make a voluntary decision to participate or not to participate. The procedure was repeated in all the wards and hospitals until the desired sample size was obtained.

Data collection was to be carried out for one and half months from the 15th of September to the 30th of October, 2020, but instead, it was carried out from September 2020 to February 2021 (approximately twenty weeks). This delay was due to the workload that participants experienced during the COVID-19 pandemic. This was beyond the researcher's control and was unfore seen at the start of the study. The potential implication would be obtaining biased data due to fatigue and the extended period could also have affected the results. However, the researcher was patient enough and gave them time to fill up the questionnaires to avoid affecting the validity of the results. Data collection, as indicated, was done mainly through the use ofa questionnaire and interview guide. Both the questionnaire and interview tools focused on the perception of nurses, the influence of nurses'work schedules and nurses'income on work-family conflict and support factors that moderate work-family conflict. Both tools addressed the magnitude of work-family conflict among nurses and its impact on nurses, organizations, families and the community at large. Mwita (2022) argues that data have to be collected from the right sources using appropriate data collection tools to make research studies impactful.

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Administering questionnaires in person helped in explaining the study objectives to the participants and further explanations and clarifications of issues raised by the prospective participants were done. The researcher also found it necessary to have a personal interaction with the participants as this helped in finding the information needed more quickly and discovering new content or features that matched the researcher's interest. Finally, administering the questionnaires in person provided an opportunity to address the problem of non-response in advance and emphasis was put on completion of filling in the questionnaire. However, despite all the efforts to have all questionnaires filled in, there were challenges encountered such as getting some blanks in some questionnaires, some participants taking longer in filling the questionnaires, and eventual loss of some questionnaires. The incomplete questionnaires missed data on open-ended questions that required more time to fill. This was partly addressed by frequent visits to pick up filled questionnaires, resulting in extended time to get the questionnaires back. As anticipated by the researcher, the two tools chosen helped in providing the data the researcher targeted to get.

3.8 Data Collection Tools

The study focused on four objectives which are: to assess nurses' perspectives on work-family conflict; establish the influence of nurses' work schedules on work-family conflict; investigate the influence of nurses' income on work-family conflict, and analyze work-family support factors to moderate work-family conflict. The study used a questionnaire for nurses and an interview guide for directors of nursing services to help establish the association between work schedules, personal incomeand support factors to help moderate work-family conflict.

The structured questionnaire with open and closed-ended questions was formulated and used to collect qualitative and quantitative data from nurses, while the interview was administered to the DNS who were selected based on being knowledgeable of their positions. Both tools had consent statements for the nurses and directors of nursing services to give consent as to whether to participate in the study or not. Kothari (2004) states that use of questionnaires is advantageous since they are less expensive and can be administered to many participants over

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a large geographical area. Some questions were adapted from existingscales, and some were formulated by the researcher. The questionnaire had 5 sections that had both qualitative and quantitative questions. The nurses' questionnaire consisted of both open and closed-ended questions. The closed-ended questions were nominal, ordinal, interval or ratio scale. On the other hand, open-ended questions gave an open opportunity to participants to answer a question based on their understanding and explanation. The questionnaire was an informative letter, explaining the context and the aim of the study and providing permission to participate (See Appendix 1).

Section A involved questions with demographic characteristics, which were formulated by the researcher. These were gender, marital status, level of education, nurses' age, nurse cadres, length of service in the facility, county of work, hospital level, nurses' income and if nurses owned houses, rented, or were paying the mortgage, number of children and nursing position held and lastly age of the oldest and youngest children.

Section B involved a Likert scale which involved work-family conflict adopted an instrument from Netemeyer, Boles, and McMurrian, (1996). It involved five items including, "the demands of my work interfere with my home and family life". For family-work conflict, there were five questions. All responses captured were strongly agree (1), agree (2), disagree (3), and strongly disagree (4).

The ENRICH Marital Satisfaction (EMS) Scale was a 15-item scale comprising the Idealistic Distortion (5 items) and Marital Satisfaction scales (10 items). Each of the 10 Marital Satisfaction items represented one of the areas of the marital relationship assessed by the full-length ENRICH Inventory (e.g. communication or sexual relationship). Thus, the EMS Scale provided a 1-item sampling of the 10 dimensions of marital satisfaction found to be most important by Fournier et al. (1983), whose conclusions about the important domains of marital satisfaction indicated the content validity of the EMS Scale.

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The work schedule developed by Mueller and McCloskey (1990) was also utilized. It had fifteen questions, "hours that you work and flexibility in scheduling your hours". All as to whether very satisfied (5), moderately satisfied (4), satisfied nor dissatisfied (3), moderately dissatisfied (2), very dissatisfied (1).

Section C involved personal income, and the items onit were self-formulated. The questions were like, "Are you the only one employed in your family?" Do you have any other income-generating activity apart from your nursing job?"

Section D was aboutsupport (management, supervisor, coworkers) and had twenty questions. The researcher used Rhoades and Eisenberger's (2003) measurement scale with questions like "Help is available from my organization when I have a problem." This was indicated as to whether the respondent strongly disagreed (1), disagreed (2), agreed (3), or strongly agreed (4).

The family support measurement scale adopted by Zimet (1988) was a 5 item self-report inventory that was used. Questions used were: "My family tries to help me." Respondents used a point Likert type of scale. This indicated as to whether the respondent very strongly agreed (1) strongly agreed (2), mildly agreed (3), Neutral (4) mildly disagreed (5), strongly disagreed (6), and very strongly disagreed (7).

The interview guide (see Appendix A4) was usedto gather information from the DNS and it was developed with the guidance of the research questions and the objectives of the study. The key areas covered in the interview guide were challenges about work-family conflict, nurses'work schedules, nurses' income, support, and ways to overcome nurses' issues. Data from the interviews was mostly non-numerical and descriptive and captured feelings, emotions, or subjective perceptions of something.The interview guides were printed for ease of use in the face-to-face interviews with DNSs. The questions were generally broad to allow room for any follow-up questions that would emanate from the interviewee's responses.

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As stated by Adhabi and Anozie (2017) and McGrath et al., (2019) interviews are appropriate for exploring phenomena about which we have limited knowledge, or in generating knowledge to inform social or healthcare interventions. The interview guides were designed to enable the DNS to take between 30 minutes and 1 hour.

Interviews with DNS were instrumental in providing information, explanations, and insights by the researcher and this took a minimum of 30 minutes with each of the 8 DNS. The questionnaire, meant to supplement the interview, was constructed in such a manner that it would capture the influence of nurses' work schedules, nurses' incomeand moderating factors of work-family conflict. Data obtained from the questionnaire which was the key tool in this study, as demonstratedin Chapter 4 helped in supplementing the collected data thus making it more reliable for conclusions to be made from it. Ivypanda (2020) argues that interviews and questionnaires have a common core goal, which is to obtain information from individuals and communities. Additionally, administering a structured questionnaire to nurse participants helped explore the phenomena of socio-economic determinants of work-family conflict to a reasonable depth.

3.9 Pilot Study

A pilot study was conducted between 9/9/2020 and 10/9/2020 atthe Metropolitan Hospital in Buruburu and Mbagathi District Hospital. The two healthcare facilities were picked to represent the other eight healthcare facilities as they were deemed to have similar characteristics to the location of the study and were also easily accessible. Additionally, they provide several services to the high population around and attract patients from far. The pilot study was conducted with the purpose of testing and reviewing the data collection tool for ambiguity and clarity, identifying any strengths and weaknesses and testing the reliability and validity of the tool. It involved checking the survey questionnaire and the interview guide for clarity, language, length and flow of questions. Diane (2015) states that a pilot study is important because it is a mall version of a full-scale study and was performed to test the feasibility of methods, data collection tools and procedures, and data analysis techniques.This ensured that the participants did not have difficulty understanding words, concepts,or the

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entire questions when conducting the main study to reduce bias.

The pilot study involved 30 nurses, 15 from each hospital, and two 2 DNS, 1 from each hospital. These was deemed adequate for testing the tools. The main purpose was to test the reliability and validity of the data collection instruments. The findings helped to know if the tools were effective or not, and adjustments were done on them accordingly to minimize chances for errors before doing the main study.

Generally, the response rate of the pilot study was 100%. This showed that participants actively responded and therefore, met the expectations of the researcher. However, though this was commendable, the results would not necessarily translate to the main study, the researcher was cautious to avoid any biases. The researcherbore in mind that participants may develop fatigue as they continue filling in the questionnaire, so they were advised to complete it when not under pressure. On average, participants took 15 to 20 minutes to complete the questionnaire which had both closed and open-ended questions, however, open-ended questions took slightly more time, as was expected. It took 30-50 minutes to interview one DNS, although, for one DNS, it took one and a half hours due to hospital consultations physically and telephone calls. The researcher revised by agreeing to do the interviews in a different venue and not an office to avoid inconvenience and disruption of the participant. The interviews involved both male and female respondents. Both tools worked fairly well with very slight changes in some areas where gaps in the tools were identified. Below are some of the results of the piloting.

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3.9.1Ethical issues

One of the ethical issue noted among the respondents was the fear of being recorded. This was dealt with by ensuring anonymity and assuring respondents of confidentiality in the actual study so that the findings would bring quality results. Informed consent was obtained from all the participants before they could take part in the study because this was a fundamental ethical requirement (see Appendix 1).

The other challenge noted during the pilot study was time taken in filling in the questionnaire and interviews for the DNS. The researcher had to make some trips to collect filled

questionnaires and made 2-3 appointments for interviewing one DNS. The research assistants on the other hand were of great support in connecting with the participants in collecting the filled in questionnaires. They acted as advisers, facilitators, mediators, and coordinators. This psychologically prepared the researcher for the main study. These findings also assisted the researcher in realizing the need for a contact person in each hospital who followed up on the collection of filled in questionnaires from nurses during the actual study. For the DNS, the researcher took their contacts and agreed that before the interviews they would be called to confirm the appointment. This greatly reduced the chances of missed appointments and burdening the director of nursing services because the interviews took around 30 minutes -1hour.This was highly considered as it is one of the ethical requirements to minimize burdening participants and ensure that it is voluntary participation and they were free to opt-out at anytime.

3.9.2 Reliability of the Instrument

Since qualitative data cannot be quantified, credibility, transferability, dependability and confirmation checks were applied by the use of a moderator as this ensured that data was genuine and not influenced by what the researcher wanted to hear (Campbell et al., 2020).The researcher was aware of the potential risk of response bias. Strategies to minimize this, such as anonymity, confidentiality, justice and beneficence were made clear to all participants before participating in the study.

Secondly, triangulation was applied where two researchers were involved in analyzing data obtained from the open-ended questions and the interview guide. The two researchers came up with similar categories and sub-categories. The two research assistants who were engaged had graduated with diploma courses in nursing. The engagement was based on their knowledge of the study topic and their availability. The research assistants were trained in the use of the instruments that were used in data collection and analysis. The training included basic skills and competence on research skills and data analysis,as well as technical skills onthe use of software like SPSS and Excel sheet. Additionally, they were trained on communication skills, effective presentation of results, critical thinking skills, evaluation of

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information and organizational skills like planning and managing time. The training ensured consistency and accuracy of data to be collected and its analysis.

A general analysis of internal reliability and analysis of work-family conflict, work schedule, nurses' income and support were conducted. The pilot study sought to address the concerns around the reliability of the instruments to answer the research questions. The findings of the pilot study ascertained that the participants understood all the questions of the research instruments and responded appropriately. The feedback from the participants enabled the researcher to review the questions appropriately. For example, some interview guide questions for the DNSs were reviewed and a few were added to help clarify and respond to current issues facing the nurses.

Subsequently, reliability in qualitative data was confirmed if data was consistent from all the participants. This consistency was observed during the analysis of the open-ended questions and responses from the interview guide. Descriptive and inferential statistics were used in analyzing data to find out the relationship of variables on work-family conflict. Additionally, validity was promoted by employing triangulation whereby results from the in-depth interviews of the 2 DNS were analyzed separately by the two assistants. To enhance the quality of the data, the findings were cross-checked for similarity. This is supported by scholarly findings which state that during the coding process, an incident is compared with other incidents (Chamaz, 2006; Corbin and Strauss, 2015; Glasser and Strauss, 1967). This helped to show the genuineness of the data. The study employed content analysis which revealed that the main categories that came up from the two assistants were closely related. Quantitative findings showed that there is a relationship between work-family conflict and work-schedule, income, and support mechanism.

The researcher conducted a Cronbach's alpha analysis on combined items of work-family conflict, nurses' work schedule, nurses' income and support factors that would be analyzed. All the items in the variables were noted for acceptable ratings on Cronbach's alpha. Cronbach's alpha reliability coefficient normally ranges between 0 and 1. The closer the

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Cronbach's alpha coefficient is to 1.0, the greater the internal consistency of the items in the scale. Cronbach alpha coefficients greater than 0.9 are often considered excellent; with alphas greater than 0.8 being considered as good, alphas of 0.7 deemed acceptableand alphas of 0.6 viewed as questionable. An alpha of 0.5 is poor while one less than 0.5 is unacceptable (George & Mallery, 2003). The socio-economic determinants of work-family conflict among nurses showed a high Cronbach's alpha of 0.82. The Cronbach's Alpha for nurses' work schedule, nurses' income, and social support was above 0.7 demonstrating a high internal reliability within the items of these variables(see Table 3.2).This falls within the excellent range and is highly accepted. This implied that the instruments were highly reliable in agreement with Kothari (2011) who opined that a reliability coefficient of more than 0.70 is considered adequate for instruments to be used in social research. This range was also well above the threshold of 0.67 recommended by (Mugenda and Mugenda, 2003).

Furthermore, the study established the degree to which each item correlated with the total score. The results for work-family conflict, nurses' income, nurses' work schedule and social support were above 5. According to Pallant (2020), if one has less than 10 items, it is sometimes difficult to get an Alpha of 0.7 or above so it is advisable to aim at 0.5. A coefficient of above 0.5 was obtained and this indicated that the data collection instruments were valid (Kothari, 2004) (see Table 3.2). However, the study indicated that there existed a strong relationship among the variables.

Table 3.2
Pilot Test Cronbach's Alpha Reliability

Item	**Cronbach's Alpha**
Work-family conflict	.79
Nurses work schedule	.80
Nurses' income	.75
Management support	.74
Supervisor support	.70
Co-worker support	.78

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Family support	.83

3.9.3 Validity of the Instrument

Validity is concerned with how accurately a method measures something. Mugenda and Mugenda (2003, p. 99) described validity as the extent to which results from the data analyzed in a study accurately represent the concept under consideration. For example, if a method measures what it claims to measure and the results closely correspond to real-world values, it is considered valid. In this study, the researcher had a research assistant who did the analysis and the findings were compared. For qualitative results, the categories were closely related. For quantitative data analysis, the researcher used content validity and exploratory factor analysis.

It is through the pilot study that the researcher intended to find out if there existed a statistical comparison between work-family conflict with work schedule, personal income, and social support. The essence of this comparison was to determine the effectiveness of social support mechanisms in moderating work-family conflict. At the pilot stage, the researcher also computed a regression that compared work-family conflict with work schedule, income and social support. From the data collected, there was a relationship between nurses' work schedules, nurses' income and social support. The overall summary showed that there was a positive relationship; R= .77, between the socio-economic determinants and supporting factors of work-family conflict. The combined linear effects of the variables explained a 58.8& variance inwork-family conflict. This implied that work-family conflict was highly predictable by the three determinants (see Table 3.3). In addition, there was a significance of p=.02.

Table 3.3

Model summary

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate
1	.77[a]	.59	.48	1.08

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3.10 Data Analysis and Presentation of Results

According to Mugenda (2008, p. 288), data analysis and interpretation help transform data into knowledge. Therefore, data analysis is very important in any research process. Data from participants was divided into two groups: Quantitative and qualitative data. Objective one was purely qualitative, while objective two, three and four were both qualitative and quantitative. Qualitative data organization involved grouping data into themes based on various categories identified. Quantitative data generated from the questionnaires was recorded and captured into SPSS. Additionally, data from open-ended questions from the questionnaires and interview guides were typed, edited, cleaned, and organized by the researcher into categories using the Excel program. 11 questionnaires with significant data missing were excluded to avoid distorting data and getting skewed results. This ensured that the researcher had reliable and valid results.

3.10.1 Analysis of Qualitative Data

Content analysis was used in analyzing qualitative data. Besides identifying tallies and categories, thick descriptions (quotes)were also identified. The data was sorted out into groups of related categories in identifying similarities, patterns and associations (Graneheim et al., 2017). Content analysis is a research approach used to draw reliable conclusions from relevant materials to their usage settings. It is hailed because it has features of both quantitative and qualitative data (Hsieh & Shannon, 2005).

Qualitative data involved free expressions by the participants on the subject under study as they used their terms. The data was from open-ended questions and interviews with directors of nursing services (DNS). From the responses by participants, the researcher could tell which aspects stood out and thus was able to group them accordingly. The process started with the coding of data, moved to creating sub-categories of the coded data, and finally developing the main categories. Some sample quotes were picked and included in the final research report. Qualitative data for the participants was organized and analyzed through the use of codes and the formation of categories and eventually, it developed broader and

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tentative categories and patterns that brought meaning out of the information collected (Creswell 2003, pp. 190-194). To address biasesand ensure the credibility and trustworthiness of the qualitative results, the researcher was reflexive throughout the study by critically checking on her biases and those of the participants.

To increase consistency and deal with biases, there was a constant comparison of data. The researcher used one of the research assistants to code some of the data and harmonize the code book, by assisting in coming up with categories and use of thick descriptions (quotes) (see Appendix 8 below). This enhanced the voices of the participants and allowed the researcher to explore multiple realities. Triangulation was also maintained through the assistants who were checking the data and the whole literature writing. To increase the credibility, the researcher got a second person to code some of the data and harmonize the code book. The description explaining the phenomenon was identified as well.The question of nurses' views generated a wide range of responses. As a result, the researcher had to take the first 30 responses from the survey and develop codes, which were compared with the middle responses and the last 30 responses. For the other open-ended questions, the researcher used only the first 30 responses to make initial codes for the codebook. The study identified negative cases to avoid forcing data into categories.

The researcher further followed the content analysis procedure as this is the first cycle of analysis (Saldana, 2013). The selected responses were copied into a Word document where coding was done, line by line (open). The researcher then used constant comparison to sort and refine the codes. This involved comparing data to come up with dimensions and categories. During this process of constant comparison, the researcher modified the codes in the code book. The constant comparison process involved comparing things with other things and grouping them (Straus & Corbin, 1988). It was used to collapse codes into categories. Gradually, the code book emerged acting as an audit trail, ensuring credibility for the data analysis (Tracy, 2013). This first level led to a coding attempt to describe the data (Tracy, 2013) (see Appendix8).The second cycle of coding was developed from the first cycle of analysis whereby data was organized and grouped into categories. Categories and examples

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were added to the code book. Any data that was not central to the emerging codes was put aside and more data was sought to saturate emerging categories. Saturation occurred when new data did not add anything new. The researcher also confirmed cases to avoid forcing data into categories specified in this question. Some of the challenges encountered during analysis involved the size of the data to be analyzed. The challenge involved consolidating and integrating data from questionnaires,open and closed-ended questions and merging with interviews from directors of nursing services. However, the research assistants were of great help, which ensured that all key findings were included.

3.10.2 Analysis of Quantitative Data

The quantitative data collected included the participants' gender, age, level of education, cadre and years of experience. Quantitative analysis involved summarizing the response rates and demographic data using tables, mean, standard deviation, percentiles, tables, and graphs. Descriptive statistics, which is the distribution of percent frequencies and mean, was used to summarize the data of the study variables such as respondents, demographic characteristics', house ownership and income. Cross-tabulations were used to examine the frequency distribution of independent variables against the dependent variable. This was followed by diagnostic tests which involved linearity, independence of errors, homoscedasticity, non-multicollinearity, normality, correlation and regression. Dummy coded variables were created for nurse cadres, nurses' age, and income to make them continuous to meet assumptions of linear regression.

For categorical variables, the reference category was specified during the entry of the variables into the regression model. Each of the categorical independent variables used in the regression model had a reference category. For instance, regarding age, the reference category was 21 to 30 years while for gender, female was the reference category and this held for all the independent variables in the model. The reference category played a baseline role upon which the interpretation of other outcomes of the independent variable was studied. For instance, in the case of gender where the female was the reference category, the interpretation of how likely a male participant was to experience work-family conflict was compared to

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their female counterparts as reference. Similarly, in the case of the highest education level, those whose response was Bachelor's and above was the reference category. The dependent variable used in the regression model in this study was WFC among nurses (See Appendix 8). However, since quantitative data analysis involves a structured questionnaire with closed-ended questions, it leads to limited results as the participants have limited options for response (Almeida et al.,2017).According to this study, the dependent variable (Y) is work-family conflict, and the three independent variables (X1 & X2) are work schedule, personal income and social support mechanism.

The regression model for this study was stated as follows:

Regression model used: $Y= \beta 0 + \beta 1\ X1 + \beta 2\ X2 + \ldots \epsilon$ Where.

Y = Work-family conflict (Dependent Variable)

X1 – X2 – Independent Variables

X1 = Work Schedules

X2= Nurses personal income

X3= Organizational support

X4= Supervisor support

X5= Co-worker support

X6= Family support

$\beta 0$ = Co-efficient of the model

$\beta 1 – \beta 2$ = Beta Coefficient of dependent variables.

ϵ = Stochastic Error Term.

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3.10.3 Diagnostic Tests

To understand the work-family conflict, diagnostic tests were conducted. The diagnostic tests were performed as the statistical assumption tests required for inferential statistics. The tests also enabled the researcher to understand the distribution of the components and the best test to be performed in answering the research questions. The diagnostic tests conducted for work-family conflict (WFC), Nurses' work schedule (NWS), and social support mechanism (SSM) were reliability tests, validity tests, normality tests, linearity, and multi-collinearity. Regression was not performed on Nurses' income (NPI) as it was a binary digit question of

Yes, and No to determine the association between the NPI as the independent variable and WFC sub-constructs as a dependent variable.

Reliability tests were performed to determine the internal consistency of the data using the construct reliability (CR) ((α) as >.7) (see Table 3.4 below).

Table 3.4
Reliability and Validity Test

Indicators for WFC and community well-being	Construct Reliability (CR)	Number of items	Validity (AVE Matrix)
Marital satisfaction	.93	13	.59
Turn over	.95	3	.85
Family Satisfaction	.86	4	.60
Indicators for NWS			
Job Flexibility	.86	6	.51
Career Advancement	.84	3	.64
Social interaction	.92	2	.85
Indicators for SSM			
Management	.96	5	.59
Supervisor	95	3	.57
Co-worker	.96	5	.82
Family support	.98	7	.90

From the above table, the CR value for WFC, NWS, and SSM was >.7 which showed all the indicators formed from factor analysis were dependable for analysis. These included marital relationships, turnover and family time for WFC. Secondly, job flexibility, career advancement, and social interaction for NWS and management support co-worker and family support for SSM.The researcher conducted a validity test to determine the content validity of the data using the Average Variance Extracted (AVE). All the indicators had an AVE value >.5. This is acceptable according to George and Mallery (2003) as it shows that the measurement scales of the WFC, WFS, and SSM indicators revealed satisfactory measurement of content validity (see Table 3.4 above).

The normality test was performed to determine the distribution of the data as normal or skewed using the sample Kolmogorov-Smirnov Test (see Table 3.5 below)

Table 3.5
Normality Test

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		WFC	NWS	M	S	C	F
N		282	282	282	282	282	282
Normal Parameters	Mean	3.21	3.04	4.45	4.42	4.40	4.38
	Std. Deviation	.47	.84	1.46	1.43	1.41	1.36
Most Extreme Differences	Absolute	.05	.04	.13	.12	.12	.11
	Positive	.05	.03	.06	.06	.04	.04
	Negative	-.05	-.04	-.13	-.13	-.12	-.11
Kolmogorov-Smirnov Z		.78	.65	2.05	2.04	1.98	1.95
Asymp. Sig. (2-tailed)		.58	.79	.00	.00	.01	.01

Key: M-Management; S-Supervisor; C-Co-worker; F-Family

The normality results from the above table indicated that the measure of the normal parameters of WFC was M=3.21, SD=.47, and the Kolmogorov-Smirnov Z test was .776.For NWS, M=3.04, SD=.84 and the Kolmogorov-Smirnov Z test was .653. Lastly for SSM, management M=4.45, SD=1.46, and the Kolmogorov-Smirnov Z test was 2.046; Supervisor M=4.42, SD=1.43, and the Kolmogorov-Smirnov Z test was 2.04; Co-worker M=4.40, SD=1.41, and the Kolmogorov-Smirnov Z test was 1.98. Lastly Family M= 1.36,SD=1.36, and the Kolmogorov-Smirnov Z test was 1.95. Both WFC and NWS showed deviation from the normal was not significant($p>.05$), therefore the parametric test was suitable (linear regression). For SSM (management, supervisor, co-worker, and family), deviation from normal was significant ($p<.05$) indicating the data was not normally distributed, therefore the non-parametric (multivariate) test was suitable. (see Table 3.5)

The multi-collinearity test was performed to determine if the NWS and SSM as independent variables and WFC as dependent variables had a high level of linearity(see Table 3.6 below).

Table 3.6

Multi-collinearity Test

Model	Indicators	Collinearity Statistics	
		Tolerance	VIF
1.NWS	Job Flexibility	.63	1.59
	Career Advancement	.68	1.47

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	Social interaction	.88	1.14
2.SSM	Management	.61	1.62
	Supervisor	.60	1.88
	Co-worker	.36	2.75
	Family support	.47	2.15

The Variance Inflation Factor (VIF) was used; a range of 1 to 10 shows the absence of multi-collinearity. The results showed that VIF was below 10,indicating the absence of multi-collinearity.

Factor analysis displays the strength, significance, and direction of the variables. The factor analysis performed on WFC, NWS, and SSM was the exploratory factor analysis (EFA) with the principal component analysis as the extraction method. The EFA output was three; the Kaiser-Meyer-Olkin (KMO) and Bartlett's test which showed the strength of the sampling adequacy, the total variance was explained which showed the variance of the variables used in the study and lastly, the pattern matrix which showed the commonalities and constructs of the study. This was not conducted on income because the questions were more closed questions requiring a "Yes" or "No" response.

This shows that the KMO and Barletts test were strong meaning sampling adequacy was strong as it was above > 7 for all the three variables and all were significant (p >0.5) (WFC, NWS, and SSM) (see Appendix 6).

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3.11 Operational Definition of Variables

This section presents the operational definition of the dependent and independent variables used in the study.

3.11.1 The Dependent Variables

The main variables were work-family conflict (viewed through two dimensions which included time-based conflict and Strain-based conflict) and community well-being.Work-family conflict and family-work conflict have been found to cause inter-role stress to nurses

in the Nairobi Metropolitan Area in Kenya. Alternatively, community well-being involved nurses' intention to quit work, marital satisfaction, personal growth and support.

3.11.2 The Independent Variables

It has been argued in the preceding sections that nurses' work schedules and nurses' personal income may lead to work-family conflict. However, this depends on the support nurses get to moderate work-family conflict. These eventually affect nurses'performance and productivity both individually, at work, family and community levels.

3.12 Ethical Considerations

The researcher ensured that the entire process adhered to the highest ethical standards as stipulated by St Paul's University. Before the start of the research, an introductory letter from the postgraduate Department of St Paul's was received by the researcher. All participants voluntarily agreed and signed written informed consent forms as a sign of acceptance to participate in the study. Therefore, they had full disclosure of all information as pertains to the study before filling out the questionnaires or participating in the interviews. Additionally, the study was open to participants to voluntarily agree to fill out the questionnaire or be involved in the interview without being coerced or forced, and the participants were free to withdraw from the study at any time and or refuse to answer any questions without suffering any negative consequences.Nurses and directors of nursing services were well informed in advance before the process of data collection that there were no individual benefits of whatever form, including financial. For this study, the participants were informed that the study results could be used to institute measures that would benefit the nurses and help the government, private and public institutions understand what work-family conflict is and the outcome. Additionally, nurses and DNSs were well informed that they could benefit if the findings of the study were implemented by the organizations so that they could have a favorable environment that would enable them to provide quality care and enjoy family happiness.

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All the participants were assured that the study had approval from relevant authorities by showing the two letters from St Paul's University and NACOSTI/P/20/6226 (See Appendix10), allowing the study to be conducted so that any doubts were cleared. Additionally, further consent was obtained from County Commissioners of public hospitals and the Ministry of Health office from each county. For private hospitals, the two letters from St Paul's University and NACOSTI sufficed. For ethical clearance, the Daystar University Ethical Research Committee (DU-ERC) provided a letter that showed the research and its instruments had met the standards for conducting such a study.

Confidentiality was a matter of concern for all the participants. Confidentiality ensured the anonymity of participants in the study. To avoid breaching confidentiality, the researcher did not disclose the names of individuals who participated. Participants were asked to use initials for their names or signature which could only be identified by them. In reporting the data, the researcher used codes for the participants involved. All questionnaires completed were made anonymous using coding and all materials were kept under lock and key by the researcher. Participants were not quoted in any publications or reports that came out from this study.

The results informed nurses' cadres (strata), and private and or public institutions. Anonymity was addressed whereby any alarming information in the filled questionnaire would have been shared in confidence with the DNS of the institution concerned who would address a specific cadre of nurses in general. In this study, however, there were no alarming issues. Some hospitals requested a copy of the results. This request would be granted in the form of the final thesis which has no mention of the names of the hospitals or the participants to maintain confidentiality. There was no discrimination whatsoever when selecting participants. All nurses were eligible to participate in the study and these were nurses from all cadres. In addition, the nurses were given ample time to fill in the questionnaire while DNS were interviewed at a convenient time due to the nature of the work that they do. None of the participants was under any pressure to give the information the study sought from them. Any request was handled accordingly, like waiting in case the time scheduled for the meeting had

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to be postponed or re-scheduled. All the data from the study was stored as per the policy of St Paul's University.

3.13 Chapter Summary

Chapter three focused on the research methodology applied in the study. The chapter discussed the research philosophy that underpinned this research work. The researcher also discussed the rationale for the adoption of the same and the research design that informed the study. The chapter described the quantitative and qualitative methods used. The mixed method employed enabled the researcher to address research questions in an appropriate and principled manner and gave the researcher a more holistic perspective on a research question, where the researcher understood the contradictions and similarities between quantitative and qualitative findings and integrates philosophical frameworks of post-positivism and offers a logical ground, methodologically in a flexible and in-depth understanding of cases.

Moreover, it highlighted on the choice of Nairobi Metropolitan Area as the study area as motivated by the fact that Nairobi city and its environs are densely populated with people who are working and likely to experience work-family conflicts. Consequently, this population, which is within a small radius, has led to the availability of several healthcare facilities, both privately owned and public, which provide a wide range of services and therefore employ many nurses. Additionally, it has the leading private health facilities in the country and was therefore the best place to investigate the phenomenon under study. The specific strategies adopted under the probability approach were stratified and random sampling. Selection of healthcare facilities was done through purposive sampling, while for the choosing of nurses, stratified random sampling was used. Purposive sampling was used because it is the best match of the sample to the study objectives, thus improving the rigor of the study and trustworthiness of the data and results, while stratified sampling selects specific participants that need to be part of the final sample. Stratified sampling was used because the population of interest was heterogeneous. This allowed the researcher to obtain an effective size from each stratum. The inclusion and exclusion criteria used in the sampling led to a size of 312 nurses and 8 directors of nursing services.

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The purposive selection of hospitals for this study was based on their willingness to participate in the study, level of hospital in the county, type of hospital whether it was private or public, high number of nurses, various services offered, the high number of patients they received, and their location. This allowed the researcher to easily collect the data that was needed. A pilot study which involved 30 nurses, 15 from each hospital and two 2 DNS, was conducted at the Metropolitan Hospital in Buruburu and Mbagathi District Hospital. In addition, the chapter advanced on instruments for data collection namely questionnaires and interview guides and reliability and validity of the instruments as shown in the findings of the pilot study conducted. Lastly,it commented on data processing and analysis procedures that were adopted and the ethical considerations of the research.

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CHAPTER FOUR: DATA ANALYSIS, PRESENTATION,INTERPRETATION AND DISCUSSION

4.0 Chapter Introduction

In the current chapter, the author presents the findings of the study that sought to investigate socio-economic determinants of work-family conflict on nurses' and the implications on community well-being in the Nairobi Metropolitan Area of Kenya. The chapter is divided into two main sections. In the first section, the response rate and background characteristics of the participants are described. The second section describes the study results organized by objectives. The data for objective one is purely qualitative, where the findings of major categories and sub-categories are indicated and more specific on community well-being. In regard to objectives two, three and four, there are descriptive findings and statistical inferential results which comprise correlation tests, regression and multivariate tests. The section merges quantitative and qualitative data to give a logical flow of findings. Over and above that, all the findings in all the sections are discussed incomparison toprevious studies. The concluding subsections of each objective's findings indicate whether the objective was answered to or not.

4.1 Demographic Data of Respondents.

This section presents the key characteristics of nurses and directors of nursing services (DNS) recruited from healthcare facilities in the Nairobi Metropolitan Area of Kenya. The justification of this information is to help describe the study participants, to place study results in context, to outline which groups are represented or not represented in their sample and make inferences about the generalizability of their findings to the population being studied (Dobosh, 2018). The response rate of nursing participants was 282 (90%), and for the director of nursing services (DNS) was 8 (100%). The response rate from the data obtained for both nurses and DNS was sufficient for analysis. According to Fincham (2008),a response rate response rate of ≥ 80% is sufficient. The high response rate could be due to length of the questionnaire, timing, mode of administration, and clarity of questions formulated by the researcher. This helps to increase efficiency and is essential for the quality and validity of research findings. The key demographic characteristics were gender, age, educational level,

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marital status and nurses' years of work experience.Table 4.1 below summarizes the distribution of demographic characteristics.

Table 4.1

Nurses Demographic Characteristics

Characteristics		Nurses n (%)	DNS n(%)
Gender	Male	54(19%)	1(12.5%)
	Female	228(81%)	7(87.5%)
Age	21-30	144(51.1%)	1(12.5%)
	31-40	85(30%)	3(37.5%)
	41-50	39(14%)	1 (12.5%)
	51-60	8(2.8%)	2(25%)
	61-70	6(2.1%)	1(12.5%)
Academic qualifications	Certificate	3(1.1%)	None
	Diploma	190(67.3%)	3(37.5%)
	Bachelor	89(31.6%)	3(37.5%)
	Masters	None	1(12.5%)
	PhD	None	1(12.5%)
Marital status	Married	197(69.9%)	7(87.5%)
	Single	69(24.5%)	1(12.5%)
	Widowed	8(2.8%)	None
	Divorce/ separated	8(2.8%)	None
Working experience	1-10 years	199(70.6%)	1(12.5%)
	11-20years	58(20.6%)	4(50%)
	21-30years	20(7.0%)	1(12.5%)
	31-40 years	5(1.8%)	1(12.5%)
	41-50 years	None	1(12.5%)
Nursing designation	Staff nurses	98(34.8%)	DNS
	Senior nurses	77(27.3%)	DNS
	Sisters	61(21.6%)	DNS
	Unit in-charges	46(16.3%)	DNS

Table 4.1aboveshows that 228 (81%) of the total number of nurses were female, while the remaining 54 (19%) were male. First, the variance in gender could be because nursing is generally a feminine activity. Secondly, it could be due to cultural conditioning that occurred

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in previous centuries in gender role-based societies where men played the doctor role rather than nursing which was viewed as a feminine job. The same trend was witnessed among directors of nursing services where 7 (87.5%) were female. This agrees with the study conducted by Hafeziahmadi (2017), which indicated that female nurses dominated the nursing profession in most hospitals as women were perceived as more social and caring than men, hence fitting well in the nursing profession. Nursing requires caring and committed individuals who can balance work and family challenges for effective community well-being. This implies that nursing is a feminine profession and due to roles played by both, the experience of WFC would be experienced more in female as compared to male nurses. Therefore, there is need for support in order to balance WFC.

Nurses' qualifications showed that most nurses 190 (67.3%) had attained a diploma in nursing. This may be attributed to the entry-level requirement in the nursing profession as it deals with the fundamentals of nursing, medical science care, hospitality and health economics. Additionally, one must have completed a thorough practical nursing and Nursing Council exam which prepares the nurse to understand what nursing is all about and how to deal with conflicts that may arise at work and home. This is because nursing requires skilled and competent persons not only for patients' safety but also for the nurse to gain proper skills and be more effective in society. In their training at this level, nurses are taught time management skills, effective communication, stress management, support system, workplace flexibility, professional development, self-care and conflict resolution skills. All these can help the nurses in managing work-family conflict.

The majority of the participants were married 197 (70%), while 85 (30%) were single. Therefore, a good number of nurse participants understood the subject of work-family conflict well due to their experience with family life. It is assumed that those who are married often grapple with work-family conflict, especially as they juggle demanding work schedules, child-rearing responsibilities and household chores. This agrees with Asiedu et al. (2018) in a study conducted on nurses where findings showed that married female nurses with young children are likely to experience more WFC than male nurses or even female nurses with no

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children or with grown-up children. Depending on their coping mechanisms and support, they may contemplate quitting their jobs or seeking employment elsewhere. In addition, a good numberof the participants were staff nurses 98 (34.8%) and those aged between 21-30 years were 139 (50.6%). This implied that half of the nurses sampled had not been in nursing for long.Therefore, they may have experienced more work-family conflict. This may mean that the young nurses were establishing themselves professionally, they also had young children which increases family demands and responsibilities and lastly they may have lacked skills and strategies to effectively manage work and family conflict. This had an influence on their performance and eventually on the community well-being.

Moreover, the nurses' age showed that a good number of nurse participants young in the nursing profession. This agrees with Ali et al. (2021) in a study conducted on nurses' well-being at Aga Khan University Hospital which showed thatthe majority of the participants were female nurses (71%) between the ages 21-30 years, and only 1.8% had reported a prior history of any mental health disorder which comes as a result offactors that causework-family conflict. The results showed that nurses experienced depression (46%), anxiety (48%), insomnia (37%), distress (29%) and burnout (48%).This indicates that the nursing profession is dominated by female nurses who are young and they tend to experience mental health disturbance due to factors that lead to WFC. It is, therefore, important for the nurses to come up with strategies that will help them balance.The above findings are in line with another study conducted by Kibunja et al. (2021) in one of the largest tertiary hospitals in Kenya which showed that most of the nurses were female (65%) and had attained a diploma (66%).

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4.2 Nurses' Perspectives on Work-Family Conflictand Implications on Community Well-being

The first objective soughtto explore nurses' perspectives on work-family conflict and implications on community well-being in selected healthcare facilities within the Nairobi Metropolitan Area, Kenya. Work-family conflict isa disparity between the work and family roles of an individual, as the conflict occurs when someone undertakes multiple functions(Yuce & Latshaw, 2020; Hassanzadeh,et al., 2021).This interference leads to time

and role strain pressures. Nurses' perspective on work-family conflict involves their opinions or views of their experiences as they undertake their roles at the workplace and at home. This perception may either be positive or negative impacting on their communities' well-being. Additionally, these may force nurses to place work demands above family demands or vice versa depending on the working environment.Work-family conflict is based on time pressure and strain pressure (role conflict). The sub-constructs for work-family conflict were spousal relationship, turnover, and family time.

For research question one, the researcher wanted to find out if indeed nurses experienced work-family conflict and the implications on community well-being. Data measurement in this section involved a Likert scale which on work-family conflict and the nurses' experience. It adopted the instrument proposed by Netemeyer (1996) and had five items namely "the demands of my work interfere with my home and family life".Family-work conflict also involved five questions.

The EMS Scale was a 15-item scale comprising the Idealistic Distortion (with 5 items) and Marital Satisfaction scales (with 10 items). Each of the 10 Marital Satisfaction items represented one of the areas of the marital relationship assessed by the full-length ENRICH Inventory (e.g. communication or sexual relationship). Thus, the EMS Scale provided a 1-item sampling of the 10 dimensions of marital satisfaction found to be most important by Fournier et al. (1983), whose conclusions about the important domains of marital satisfaction indicated the content validity of the EMS Scale.

For qualitative data, mentions were generated in cycle 1, and in cycle 2, codes were generated and merged into major themes and sub-themes. For objective one on nurses' perspective on their experience of work-family conflict,mentions weregenerated in cycle 1, after coding in cycle 2 emerged into five major themes and fourteen sub-themes. The distribution is shown in Appendix 9. The key themes and sub-themes are discussed in the subsequent sections of this chapter.

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4.2.1 Limited Management Support

The participants were asked to share some of the challenges they encountered at the workplace concerning the issue in question.The first major category identified by 220 (78%) nurse participants indicated that limited management support at work was one of the challenges that led to work-family conflict. This comprised six sub-categories as illustrated in Appendix 9. Limited support was perceived as an absence of management's drive to inspire nurses to achieve personal and professional growth. This would often lead to stress and conflicts both at work and in family domains and may also influence the community's well-being. The six sub-categories that constituted limited support from participants' responsesincluded inadequate remuneration, unsatisfactory organizational policies, inadequate motivation, poor leadership, shared governance and lack of effective communication. The sub-categories are explained in the subsequent sub-sections.

4.2.1.1 Inadequate Remuneration.

This formed the first subcategory with 192 (68%) identified as Registered Nurse Participants (RNPs) indicating that inadequate remuneration was one of the challenges that led to work-family conflict (See Appendix 9). Inadequate remuneration refers to an insufficient amount of compensation given to nurses, which affects their ability to meet their families' financial needs. Remuneration comprised salary and overtime pay. Approximately 72% of the nurse participants stated that this was the key reason why they decided to resign for greener pastures mainly to the private hospitals. This often led to shortage of skilled nurses and affected performance in public hospitals which hence would delay patient recovery and discharge and eventually affect their resourcefulness in the communities.

This is supported by one of the male nurse participants who stated,*"We get demoralized due to low pay and yet we work extra hours with no compensation."(*RNp231). If they work beyond their time off, nursesneed to be paid for overtime. However, if this does not happen, they get demotivated. This response on demoralization of nurses as the key demotivating factor was supported by one of the Director of Nursing Services (DNS), from a private healthcare facility, who stated that:

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Well-paying hospitals like Kenyatta National Hospital, Nairobi Hospital, Agha Khan, etc. tend to poach potential nurses specialized in ICU, theatre, pediatric due to better pay offered." (DNS1)(see Appendix 3).

The nurses' perspective in this study on inadequate remuneration as a cause of work-family conflict supports the work of Nyaboga and Muathe (2022) whose research results indicated that pay and job recognition accounted for 83.2% of the changes in the performance of healthcare personnel.

Notably, the male nurse participants from Nairobi County added to the discussion by highlighting the lack of clear policies regarding the remuneration that they receive, which leads to some of the work-family conflict they experience. She said, *"Lack of clear guidelines on nurses' promotion and salary increment is one of thereasons we are receiving poor pay"* (RNp244).This is also supported by one of the Directors of Nursing Services (DNS) who commented that,*"Nurses feel insecure especially where policies are not clear on compensation for extra time worked"*(DNS 1).

The nurses' perspective on unsatisfactory management policies on remuneration as a source of work-family conflict supports the work of Hajizadek et al. (2021), who found out that nurses' engagement in the policy-making process made them feel that their welfare was taken care of. This is because clear policies help in decision-making on any issues and avoid conflict between nurses and the management. Most of the socioeconomic determinants that affect nurses are related to management and organizational factors such as compensation for working overtime as these motivate nurses'. A supportive organizational structure is necessary for the establishment of policy-making.Therefore, formal agreements between nurses and management give assurance to the nurses that their needs are taken care of and this motivates them.

4.2.1.2 Inadequate Motivation.

The participants gave more insights on inadequate motivation. This formed the second

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subcategory with 110 (37%) of the participants indicating that inadequate motivation from the management was another challenge that led to work-family conflict (See Appendix 8). The techniques used to motivate nurses such as a decent pay, career advancement and condusive working conditions have an impact on how well they perform. Inadequate motivation of nurses as another key factor was supported by a staff nurse participant from Kiambu County, who stated that,*"Demotivation due to lack of promotionleadsto job dissatisfaction." (RNp28).*Nurses can only meet their full potential if motivated at the workplace, such as through promotion which comes with a salary increment.

In support of this statement on inadequate motivation, one of the long-serving DNS shared her narrative by stating,"*There are work problems like nurses' work-overload, nurse shortage, long working hours, shift inflexibility and inadequate support from management."*(DNS1).This participant expressed dissatisfaction with how nurses were demotivated. She felt that these were some of the issues that led to work-family conflict. The facial expression as shared portrayed a deep concern for nurses. Additionally, the DNS were asked about some of the challenges they face with nursing staff in handling work and family conflict and how this affected nurses' performance at work, home or community well-being. A DNS from a public healthcare facility stated that " *Challenges DNS faces with the nursing staff is a long time to understand and deal with nurse's issues. Most of the time nurses don't verbalize deep issues happening in their departments. This could be due to fear of being victimized. Lack of time to listen to nurses' issues affects nurses' ability to perform their roles well as they feel demotivated, this affects their performance and eventually community well-being."(DNS 2)*

The perspective of nurses on inadequate motivation as a source of conflict inthe workplace supports the findings of Kalil et al. (2019) who demonstrated that majority of the nurses (79.9%) indicated that they had a high perception level regarding work motivational factors, while more than three-fifths of nurses (63.3%) had a moderate level of organizational commitment. The findings also support the works of Mbatha et al. (2017) whose research findings indicated that nurses' demotivation was as a result of low staffing levels, poor

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interpersonal relationships, lack of professional support, long working hours, lack of work-family balance and poor conflict resolution mechanisms; and that these affected the nurses' drive to perform. Specific findings that align with this study's findings are that workplace resources are significant in influencing both nurses' well-being and organizational performance and that inadequate motivation can contribute to workplace conflict among nurses. For the current research, the organization needs to consider implementing resources that focus on the nurses' well-being and motivation, enhancing team dynamics and collaboration. There is need for supportive leaders who provide guidance and nurture positive organizational culture that significantly influences community well-being as well.

4.2.1.3 Inadequate collaboration.

This formed the third sub-category with 105 (37%) participants indicating inadequate collaboration from the organization they work for as a challenge that nurses encounter at the workplace. Inadequate collaboration involves communication, productivity, or personal conflicts that can deter the success of nurses and organizations as they work together. Lack of effective communication is the limited exchange of information that enables a common understanding between the management and nurses positively and successfully.

This was stated by one of the graduate female nurses, *"Lack of effective communication between management and supervisors is a source of conflict."(RNp217).* Lack of effective communication may lead to lack of teamwork and commitment as nurses feel unrecognized and unappreciated.

Fromthe DNS' narrative, one of the questions asked was, *"What are some of the challenges you face with the nursing staff as a unit nurse manager in handling work and family challenges?"* The female DNS participant froma public healthcare facility added to the discussion by narrating the challenges they faced with their nursing staff that led to work-family conflict. For instance, she said.

"A long periodis required to understand and deal with nurse's issues. Most of the time nurses

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don't verbalize deep issues happening in their department. This could be due to fear of being victimized. So much needs to be done, especially when it comes to documentation, handling incidences, etc., hence the lack of time to listen to nurses' issues. Absenteeism due to house help issues does affect performance because of work overload, affecting service provision. Sometimes where some family members don't understand the nurse's work schedule, it brings conflict in the family"(DNS2)(see Appendix 3).

This was supported by one of the directors of nursing services as he narrated:
"Inadequate communication and lack of healthy workplace relationshipwith the nurses is as a result of inadequate time to listen to nurses' issues" (DNS4).
The nurses' perspective on the lack of effective communication at the workplace as a cause of work-family conflict supports the findings of Hussein & Al-Mamary (2019) who stated that conflicts have to be handled on time and in an effective way through effective communication. When there is no clear communication and sometimes a lack of verbal appreciation from management, then some nurses get demotivated. Therefore, there is need for effective communication between nurses and management in order to reduce work conflict leading to effective work and family well-being.

It was also not unusual for some participants to state their concerns about the leadership of the healthcare facilities. This is because poor leadership and governance can affect teamwork due to lack of proper guidance from the management. The nurses' ability to achieve individual and cooperative goals may be affected too. A shared vision gives staff confidence since they know where their efforts are leading them.

One of the female nurse participants with ten years of experience stated, *"Many fear being victimized when they openly speak out."* (RNp220). She was supported by another female nurse from Kajiado Countywho said, *"There is uncooperative relationship between management and nursing staff due to lack of team collaboration and proper leadership..."* (RNp88).

The nurse's perspective in this study on inadequate collaboration as a source of work-family conflict supports the study conducted byAsif et al. (2019), whose findings established that transformational leadership plays a big role in enhancing the working conditions and atmosphere of nurses. Additionally, transformational leadership allows nurses to establish good relations leading to positive outcomes. Therefore, it is necessary to enhance the working conditions and atmosphere of nurses and in return, nurses will establish good relations with hospital management and hence reduce work-family conflict. Management should therefore create a favorable environment, to support nurses. This will lead to desired outcomes and improved the quality of care as well as mitigate work-family conflict.

4.2.2 Family Challenges Associated with Family Roles

The participants were asked to share some of the challenges they encountered at the family level. This formed the second major category with 183 (65%) nurse participants indicating that family challenges associated with family roles at home form one of the challenges that led to work-family conflict. A director of nursing services from a public healthcare facility when asked to state some of the challenges that they faced with nurses and how this affected community well-being, stated that "*Absenteeism due to house help issues does affect the quality of care for patients who take long in hospital, additionally, some family members don't understand nurses work schedule, it brings conflict to the family. This affects nurses, their families, patients, and the organization's well-being as they are unable to accomplish their goals and roles. This impacts on the community well-being "*(DNS 2). Nurses perceived family challenges associated with family roles as household difficulties connected to marital and family demands.These may include roles within the family, communication breakdown, conflict resolution, role conflict and generational differences.

Family dynamics are complex and factors such as socio-economic status, cultural background and parenting style all play a role in shaping family interactions. Family challenges associated with family roles comprised two sub-themes which include marital and family conflicts andfamily demands as illustrated in Appendix 8. They further shared that this was key because family trends and patterns have been paralleled by changes in gender roles. The

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female role as an economic provider for the family and the transformation of men's role with more extensive involvement in family responsibilities, mainly caring for children, sometimes brings conflict in the family domain. This constituted family challenges associated with family roles (see Appendix 8). The two sub-categories are explained in the subsequent sub-sections.

4.2.2.1 Marital and Family Conflicts.

This formed the first subcategory with 70 (38%) of the nurse participants indicating that marital and family conflict was one of the challenges that led to work-family conflict (See Appendix 8). Marital conflict is strife between husband and wife over opposing needs. Nurse participants indicated that marital and family conflicts have an impact on the family's well-being and bonding.

One of the female nurse participants who holds a diploma in nursing shared this: "*Sometimes due to fatigue, am not able to perform my matrimonial roles to my spouse because I get home late. I have a small baby who takes most of my time and by the time I go to bed, I am so tired and conflict arises."* (RNp77). This is because the other spouse feels neglected and not satisfied.

This question was aimed at a director of nursing services, "*Do nurses experience work-family conflict in your hospital?"* the response was "Yes" with 8(100%) directors of nursing services participants indicating in an affirmative way that nurses do experience work and family conflict. This applies to both males and females because of the role each plays in the family.*"For those who are married, they have children who need them. At the same time, their work has challenges like working beyond working hours without compensation and this makes most nurses discouraged. Most nurses are female and at an age where they are getting babies, for example, from maternity leave which takes 3 months, some ask for an extension of 2 more months to be able to take care of the baby*"(DNS1). Additionally, when directors of nursing services were asked the challenges they faced with the participants and the impact on community well-being. Challenges included: transport to work-place, female nurses inability to perform their roles well at home, this leads to family work conflict due fatigue. All these

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factors affects productivity, and the inability to accomplish SDG 3 and 8 which is good health and economic growth respectively.

The nurses' perspectives on marital and family conflict in this study as the cause of conflict in families support Olugbenga (2018, p.307) who observed that, "marital conflict is a struggle, clash, disagreement between husband and wife ."Marital conflict comes in different forms like marital irresponsibility, communication gaps, finances, infidelity and lack of appreciation and is worse for nurses experiencing work-family conflict and cannot cope. The intricate dynamics of marital relationships can lead to both constructive resolutions and emotional turmoil. Therefore, there is a need for nurses and their spouses to handle their differences creatively and discuss their problems. This may prevent nurses from risks such as heart diseases, chronic pains and ulcers which may be manifested due to stress and work-family conflict, therefore, leading a successful, satisfying marital relationship that results ina quality marital life.

4.2.2.2 Family Demands.

This formed the second subcategory with 63 (22%) nurse participants indicating that family demands at home were another challenge that led to work-family conflict (see Appendix 8). Family demands cause nurses to be strained physically and emotionally due to family responsibilities such as house chores. This supports Gauche et al. (2017) in a study that found that familial-related responsibilities such as caring for family members who are ill, parenting, providing support and managing complex familial relationships caused conflicts in families. For instance, a male nurse participant from Kajiado County added to the discussion by stating that family demands as one of the family challenges was another way that led to some of the work-family conflicts they experienced.

"Many lack time to rest due to other responsibilities at home." (RNp3). This was supported by a female nurse from a public healthcare facility, *"Sometimes you come back from work tired and as you try to take over other responsibilities of doing family chores, you experience fatigue leading to some of the work-family conflicts."(RNp10).*

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The perspective of nurses on family demands as a cause of conflict in families supports Hao (2016) whose findings showed that occupational responsibilities reduced nurses' time, commitment and energy, and thereby prevented nurses from effectively performing their familial roles. Therefore, nurses' well-being should be in check and special consideration should be extended to nurses with young children because of the extra responsibilities they need to undertake at home.

4.2.3 Limited Resources

The participants were asked to share some of the challenges they encountered at work.This formed the third main category with 130 (46%) nurse participants indicating that limited resources were among the challenges that led to work-family conflict. The two sub-categories that shaped limited resources from the participant's responses were nurses' shortage' and 'insufficient equipment and supplies (see Appendix 8). The two sub-categories are explained in the subsequent sub-sections.

4.2.3.1 Nurses Shortage.

They formed the first subcategory with 120 (43%) nurse participants indicating that nurse shortage was one of the challenges that was a source ofwork-family conflict (see Appendix 8). This refers to a situation where the demand for nurses in a health care unit exceeds supply affecting the nurse-patient ratios, and thelong-term health of nurses leading to stress and eventually turnover. A shortage of nurses causes serious compromises on the quality of healthcare services due to fatigue of the few nurses who end up working for long hours. This affects their productivity, influencing the well-being of the global population and the achievement of universal health Coverage.

For instance, a nurse's statement on the shortage of nurses as a source of conflict was, "*Nurse shortage, with a nurse-to-patient ratio of up-to 1:20 instead of 1:8, makes nurses to compromise nursing care." (RNp10).* This was supported by one of the directors of nursing services from a public healthcare facility: *"Few nurses on duty makes the remaining ones overwhelmed, leading to physical and mental fatigue." (DNS6).*

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The nurses' perspective on nurse shortage as a cause of work-family conflict supports works of Shamisi and Peyravi (2020) who demonstrated the causes of nurse shortage include nursing workforce, inadequate training of nurses, aging population and job abandonment which lead to work-family conflict.

4.2.3.2 Insufficient Equipment and Supplies.

This formed the second subcategory with 50 (18%) nurse participants indicating insufficient supplies from their organization, which was another challenge that led to work-family conflict (see Appendix 8). Inadequate equipment and supply of items affect nurses in carrying out their work effectively to produce requisite health care services. This impacts on their work-life and family responsibilities and makes them unable to maintain a healthy balance between their work and family roles. Nurses may decide to leave the profession.This supports Danu et al. (2023) who indicated that unavailability of drugs and supplies, lack of diagnostic services, inability to recruit specialist nurse professionals and lack of training are barriers in care provision. Inadequate equipment is significantly associated with poorer global health, and this may impact the nurses' ability to safely carry out their duties effectively.

For instance, the nurses' statement on insufficient equipment and supplies as a source of work conflict was as follows:*"There are limited resources that force nurses to either buy their materials or use what is available."* (RNP33). Another nurse participant expressed disappointment with inadequate supplies by stating that: *"Personal protective equipment (PPEs) and other supplies for nurses to use were a hindrance and exposed nurses to some occupational risks."* (RNP88).

This supports the study by Danu et al. (2023) which indicated that inadequate supplies is a barrier in quality care provision. The challenges faced by nurses regarding equipment and supplies have consequences on patient care and service delivery and this prolongs the stay of patients in the hospital as they cannot go back to the society and be resourceful. In addition, it affects the nurses negatively as they experience feelings of self-blame, guilt, discouragement, frustration and demotivation. Therefore, the management should make provision for enough resources a priority to avoid frustration to nurses who may compromise patient care and can

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easily get infected.

4.2.4 Demanding Nature of the Nursing Profession

The participants were asked to share some of the challenges they encountered at work and family levels. The participants perceived the demanding nature of the nursing profession as the fourth category with 116 (41%) nurse participants indicated this as a source of work-family. The demanding nature of the nursing profession sometimes requires nurses who are fully committed to their work, giving clients priority despite the challenges that come with it. The four sub-categories that shaped the responses on the demanding nature of the nursing profession are burnout, demanding work commitment, negative demanding effect on house helps and lack of professionalism (see Appendix 8). The sub-categories are explained in the subsequent sub-sections.

4.2.4.1 Burnout.

This formed thefirst subcategory of responses with 206 (73%) nurse participants' (see Appendix 8). Burnout is nurses' experience of physical and emotional fatigue due to stressful responsibilities such as work overload. This is supported by Dall'Ora et al. (2020) and Griffiths et al. (2016) in their studies which identified burnout as the outcome associated with high workload, low nurse levels and long shifts. It affects the quality of nursing care, leading to sickness and absence from work, turnover and job dissatisfaction. For instance, some of the nurses' and DNS' narratives on burnout as a source of work-family conflict were as follows:

"*High workload that leads to burnout makes nurses to quit."(RNp2).* This was supported by one of the director of nursing services from a private healthcare facility who said, *"There was a month in one unit where 5 nurses were on sick off due to COVID-19, and this led to shortage of nurses, who got overwhelmed,"* (DNS1*).*

Most importantly, the longest-serving director of nursing services with 35 years of nursing experience from a private healthcare facility added to the discussion by narrating the effect of burnout on nurses due to shortage which leads to some of the work-family conflict they

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experienced. She said, *"Many sick offs lead to a shortage of nurses. This affects the few nurses on duty who need to work very hard, as they need to cover for the nurses who are absent leading to physical and mental fatigue." (DNS8)*

The nurses' perspective on burnout supports Afulani et al. (2021) who established that stress and burnout among healthcare workers was recognized as a global crisis that needed urgent attention. Additionally, nurses who were driven to work excessively were at risk of higher stress and burnout.Due to the influence on nurses' well-being and quality of care, they recommend some interventions to help nurses manage stress because this is very critical.

4.2.4.2 Demanding Work Commitment.

This came out clearly as a second sub-category 152 (54%) in which nurse participants indicated that demanding work commitment was another challenge that led to work-family conflict (see Appendix 8). Demanding work commitment affects nurses by draining them physically and mentally depending on work overload. Therefore, nurses are unable to remain loyal and dedicated to their nursing duties, hence they cannot meet the expected work and family goals leading to greater work-family conflict.

For instance, the nurses' statements on demanding work commitment as a source of work-family conflict were as follows: "*Multitasking to do more work other than nursing care...*" (RNP214).This was supported by another nurse participant who stated, *"Have a flexible mindset to be ready to work beyond working hours."(P256)*. In support of these, a narrative from one of the directors of nursing services from a private hospital stated that: *"Nursing requires a lot of commitment in care provision and sometimes nurses are not able to break in between work to rest leading to fatigue and conflict."* (DNS2). These participants expressed how demanding nursing is and the need to sacrifice and go the extra mile in accomplishing work and family responsibilities which leads to work-family conflict.

The perspective of nurses in this study on demanding work commitment as a source of work-family conflict supports Terry and Woo (2021) and Namazi et al. (2019) who established that

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work-family conflict negatively affects the health of nurses, leading to burnout and depression. Therefore, nurses' commitment depends on how demanding the work is andthe time that they have to rest and socialize. This influences nurses' well-being and may increase work-family conflict.

4.2.4.3 Demanding Work's Effects on House help.

Demanding work's effects on house helps came out clearly as the second subcategory with 92(33%) nurse participants indicating this as a challenge that led to family-work conflict (see Appendix 8). House helps engage in domestic work to sustain their livelihood and that of their families. Therefore, some of the challenges faced by the house helps such as low wages, lack of increased wages and work overload lead to strain, and some of them may decide to leave suddenly or work but are demotivated, as they search for a better-paying jobs.

For instance, the nurses' statements on the demanding effect of household chores workload onhouse helps was that: "*Inflexibility of time that does not enable house helpto take off on weekend..."* (RNp225). Additionally, another married female nurse from a public hospital stated that: *"House help complained of too much work"*(RNp178). Nurse participants gave low pay, inability to pay on time and work overload as reasons why house helps left. A house help's service is important as it helps nurses to balance work and family life hence minimizing work-family conflict.

The perspective of participants on demanding work effect on house help as a source of work-family conflict support Aliphatic (2016), who observed that house helps play a big role in family support as they advocate more in helping to manage the issues of work-family conflict. He recommends that due to family dynamics, it is essential for organizations to design effective workplace policies that promote work-family facilitation and reduce WFC for the nurse participants to enhance the physical and mental well-being of all nurses. If house helps are not assisted in doing house chores, they end up leaving. Some of the areas of conflict with house helps werework overload at home, inconsistent time off and sometimes inadequate pay, which determined how long a house help, could stay or leave work.

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4.2.4.4 Lack of Professionalism.

This came out clearly as the fourth subcategory with 31(11%) nurse participants indicating that inadequate professionalism was another challenge at the workplace that led to work conflict (see Appendix 8). Lack of professionalism is indicated by inadequate client advocacy, irresponsibility and nurse's inability to communicate clearly and effectively with self-respect. According to Sadeghi et al. (2018) and Pariah et al. (2021), lack of professionalism in nursing is characterized by unprofessional conduct, poor ethical competence, and neglect of professional guidelines. This aligns with the experiences reported by the nurses in this study, where inadequate professionalism led to increased work-family conflict. Additionally, competent nurses feel dissatisfied when they observe others not portraying professionalism and may decide to do more work themselves leading to fatigue. This affects nurses' efficiency.

For instance, some nurses' statements on lack of professionalism as the cause of work-family conflict were as follows*:"Some of my fellow nurses don't follow set standards and ethics of nursing like respect for others."*(RNp8). Another nurse commented on use of poor language by saying, *"There is lack of respect in communicating to others like being rude and use of abusive language."*(RNp24). *"Harassment from bosses"* (RNp115). Additionally when the director of nursing services were asked some of the challenges they face with the participants, and how this impacts on community well-being, the response from one female DNS from a private healthcare facility stated that "*Substance abuse (alcohol, pethidine), has been handled by the counselor and rehabilitation team, and recovered well. Nurses also go through depression, leading to absenteeism, and sick offs, this leads to nurse shortages, and an overload of the nurses on duty especially when all departments are busy and can't relocate a nurse from one department to the other.*

All these factors affects productivity and inability to accomplish SDG 3 and 8 which is good health and economic growth respectively, and eventually affects community well-being
This kind of environment is toxic and increases work-family conflict. According to Painaho

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et al.(2021) nurses' lack of professionalism was connected to substance abuse, stealing of medicine, decreased ability to work and neglect of nursing guidelines. This aligns with the experience of nurses reported in this study where bythe findings suggested that a lack of professionalism not only affects nurses' job satisfaction but also contributes to increased work-family conflict. Addressing professionalism through better training and support could help mitigate these conflicts and improve overall workplace dynamics.

4.2.5 Nurses' Attitude

The participants were asked to share their roles in managing work-family conflict. This formed the fifth level with 66 (23%) nurse participants indicating that the nurses' attitude was one of the challenges that led to work-family conflict. The nurses' attitude is deemed as important, good, relevant, appropriate, or not appropriate to reduce challenges and be able to minimize work and family conflict. The three sub-categories that shaped nurses' attitudes were positive attitude; coping strategy and time management (see Appendix 8). The sub-categories are explained in the subsequent sub-sections.

4.2.5.1 Positive Attitude. This formedthe first subcategoryof responses with 50 (18%) nurse participants indicating that a positive attitude contributed to nurses' ability to manage work-family conflict (see Appendix 8). A positive attitude helps nurses to change their mindset and recognize opportunities, not dwell on the shortcomings, but facing them with confidence and seek ways to resolve them. This view is supported by Rabi (2019) in a study which found that due to the high ambiguity, role conflict in the the nursing profession and the strong association of nurses and the roles played, a positive attitude was the most important concept to help minimize work-family conflict. A positive attitude makes nurses feel fulfilled in helping others and show professional efficacy leading to community well-being.

For instance, the nurses' statements on positive attitude as a way of reducing work-family conflict were as follows: *"Self-motivation by embracing a new day to serve the patients..."* (RNp2). This was supported by another female nurse participant from a public healthcare facility*: "Tolerate and do what I can, based on the circumstances I am in."*(RNp30).In support of this, another male nurse stated*: "Buy your mask, improvise some PPEs, sometimes*

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try to sort out or ask for help or even pray for some divine intervention." (RNp57).Some of these statements are indications of desperation, therefore, an organization is required to look into nurses' issues for better service provision and to minimize work-family conflict. Furthermore, one of the directors of nursing services questionedthe role of nurses in reducing work-family conflictand stated, *"Nurses need to rest during their off time, ask for help when they feel overwhelmed, need the community to understand nursing duty, and those marrying nurses to realize that they are co-partnering to a nurse* (DNS 3).

The change of attitudewas supported by another director of nursing services from a public hospital who stated, "*nurses reduce WFC is by changing attitude and understanding time management to plan early and start work on time. Prioritize work by doing what is more important first, and in this case, dealing with the patient's needs. Change their attitude by looking critically at what their role is, offering the best to the patients, and having time with their family or rather creating family time. Explain their inflexible schedules to family members, and family to assist withfamily chores. Support from spouse, children, friends, and other family members is crucial* (DNS 6) (see Appendix 3).

The above statement shows that nurses have a big role to play in managing work-family conflict. The perspective of nurses on positive attitude as one of the ways of dealing with work-family conflict supports the work of Rekisso et al. (2021) who concluded that a positive attitude in nursing is important, and efforts are needed to achieve the desired level by reducing the barriers. Therefore, knowing that work-family conflict is related to work-related attitude will help nurses change their mindset, and this will reduce work-family conflict and lead to community well-being.

4.2.5.2 Coping Strategy.

This came out clearly as a second sub-categorywith 44(16%) nurse participants indicating some of the coping strategies participants can use in managing challenges that they encounter (see Appendix 8).Coping strategies may be expressed positively or negatively to help nurses survive or cope with a situation. This supports Abdul et al. (2017) whose findings showed

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that excessive work stress may damage nurses' health and organizations' performance. Therefore,strategies for coping with stressful situations are an essential nursing skill.

Nurses' coping strategy as a way of minimize work-family conflict was stated as follows:*"Persevere, and if feeling stressed, pay other nurses to work for me."*(RNp27).This was supported by another female nurse from a private hospital: *"Nurse overlooking patients complain if I feel I can't cope anymore*."(RNp38).A nurse participant from a public healthcare facility shared his views as, *"Go slow and sometimes join others to go on strike."* (RNp43).

The perspective of nurses on coping strategies useful to deal with work-family conflict supports the work of (Muriithi et al. 2020). The findings showed that social support coping strategies were related to decreasing burnout while the absence of coping strategies increased the level of burnout. Therefore, it is noteworthy that different positive ways of coping with conflict such as concentrating on what nurses had to do, making and following up on plans of action, developing coworker support and having a close friend to talk to minimized work-family conflict. However, negative coping strategies such as the ones mentioned above have negative effects not only on the patient but also on the nurses because the nurse remain demotivated and this intensifies work-family conflict, thereby affecting nurses' efficiency.

4.2.5.3 Time Management.

The participants were asked to state how they would advise nurses in managing their time.The majority of the directors of nursing services (88%) supported in affirmative ways that nurses' management of time played a key role in reducing work-family conflict. Time management may potentially impact nurses' responsibilities positively or negatively at work or family domains. Time management implies how one manages self in organizing and prioritizing to maintain personal and professional balance to accomplish personal and organizational goals.

For instance, the director of nursing services narrative on time management was as follows: *"Nurses can manage personal time by taking rest than working during their off time for more*

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income, take time to develop a hobby, organize or prioritize work by the proper plan of patients care so that work is finished on time and avoid working overtime hours". However, the DNS further highlighted, *"Sometimes it is not easy especially depending on department, emergencies sometimes come up, and nurses have to deal with them"*(DNS1). Whichever way, management of duties, self-care by eating well and psychological counselingare important for participants to manage work-family conflict. This was supported by another DNS who was dissatisfied with the way nurses managed their time by stating, *"Sometimes some of them don't plan well due to other things that occupy them which are not work-related. The nurse needs to psychologically plan and concentrate when on duty, the same time when they are off, to concentrate on their families"*(DNS 2).Time is precious and should not be wasted. Supportive discussion on time management may help so that it can be effective both at work and at home.

The perspective of nurses in this study on inadequate time management as a source of work-family conflict supports the work of Chanje et al., (2020) whose findings showed that good time management practice among hospital staff was a way of minimizing work-family conflicts. Therefore, in order to increase efficiency and effectiveness in healthcare, nurses must understand that time is an important resource and finish their work on time both at work and at home. This will reduce work-family conflict and increase community well-being. If nurses do not set priorities well and learn to be flexible, then they might not accomplish their duties on time as they should.

In summary, participants highlighted some of the challenges and coping mechanisms that helped in community well-being. Nurses had different perspectives on work and family conflict due to different experiences. These depended on the age, cadre, years of experience and levels of education, coping mechanism and support received. Inadequate organizational support contributed more to their experience of work-family conflict.

Resources play a key role in work-family conflict as they affect nurses' performance in the provision of quality care. Additionally, nursing as aprofession has challenges that nurses face

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and leading to work-family conflict. This, however, depends on their attitude, coping mechanism, and how they spend their time. Therefore, from the above results and discussion, objective one was achieved. The study will now focus on objective two which is to establish the relationship between nurses' work schedule and work-family conflict which discusses both quantitative and qualitative findings.

4.3 Nurses' Work Schedule and Work-Family Conflict

The second objective sought to establish the relationship between nurses' work schedules (NWS) and work-family conflict in selected healthcare facilities within the Nairobi Metropolitan area, Kenya. A nurse's work schedule is the plan that lists days and times they are expected at work and when to go off duty. The relationship between nurses' work schedules and work-family conflict depends on the different shifts ofnurses' work and family domains. Some types of shifts may result in physical and psychological strain on the nurses or enhance performance in work and family domains.

Nurses'work schedule has three sub-constructs namely; job flexibility, social interaction and career development. Thequestions on NWS sought both qualitative and quantitative responses. A content analysis was done and the codes were merged with similar meanings which resulted in three major categories and nine sub-categories. Mentions generated in cycle 1after coding in cycle 2 resulted into five major categories and sixteen sub-categories. The distribution is shown in Appendix 9.

To understand the distribution of the main variable, the composite (weighted) mean (M), and standard deviation was done. Work-family conflict items scale is based on strain and time pressures. Strain pressure comes as a result of role pressure that may be due to lack of rest. Time pressure happens due to the inability to accomplish certain duties within specific periods. WFC is bidirectional with two sub-constructs. These include work to family conflict and secondly, family to work conflict.

The ranking of work-to-family conflict (WFC) was higher M=3.75(53.88%) as compared to

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family to work-conflict (FWC) M=3.21(46.18%) (see Table 4.2 below).

Table 4.2

Mean (M) and Standard Deviation (SD) for WFC sub-constructs

Major Variables	M	SD	Sub-constructs	M	SD
Work-schedule	3.04	0.84	Job-flexibility	3.33	.94
			Career development	3.00	.97
			Social interaction	2.45	1.13
WFC	3.75	0.66			
FWC	3.21	0.47			

The results above imply that nurses experience more WFC as compared to FWC. The ranking of the work schedule M was3.04. The highest rated was job flexibility (M=3.33). This was followed by career development (M=3.00), then lastly by social interaction (M=2.45). This showed that nurses' experience of conflict was highly contributed by the work environment rather than the family environment.

The study results as indicated in Appendix 4 shows that 173 (61%) nurse participants were satisfied with maternity leave times. 162 (58%) nurse participants were not satisfied with compensations for working over the weekends. Those who desired to have an opportunity to part-time were 141 (50%). Findings indicate that nurses' compensation for work and the creation of part-time jobs helped the nurses earn more and this motivated them. Furthermore, the extra cash enabled them to have more income, which helped them to better their family's standard of living and build their career hence impacting on community well-being.

4.3.1 Correlation Analysis of Work Schedule and Work-Family Conflict

In the following discussion, the participants were asked to first state the relationship between nurses' work schedules and work-family conflict. Secondly, they were asked how the type of shift they did affect their commitment. Nurses work schedule sub-constructs results are discussed in the following subsections.

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4.3.1.1 Job Flexibility. The results of the analysis indicated that job flexibility had a positive significant relationship with marital satisfaction .181 p<.01 and a negative significant relationship with work-family conflict -.297*p*<.01 and turnover -.172 *p*<.01(see Table 4.3 below). This insinuates that job flexibility as an indicator had a relationship with marital satisfaction, WFC and turnover.Additionally, nurses experiencing higher levels of work-family conflict perceived their jobs as less flexible. Therefore, having job flexibility can alleviate work-family conflict as this allows participants to adapt their work schedules to better accommodate their family needs. This provides a way to balance work and personal life more effectively.This was supported byresults from qualitative data. Mental fatigue came as a first subcategory with 206(73%) nurse participants indicating that it was caused by job inflexibility (see Appendix 8). The nurses experienced mental fatigue that led to an inability to concentrate and be alert. This supports Zhang et al. (2017) and Oshio et al. (2017) who discovered depressive symptoms like high-level stress and life dissatisfaction both at work and family levels as being caused by long working hours and shift inflexibility which eventually led to work-family conflict.

Notably, the female nurse participant who had worked for seven years in a private healthcare facility stated the following regarding long working hours, *"Nursing drainsme physically, mentally, psychologically and emotionally leading to stress."*(RNp211).The same was echoed by another nurse, *"Working long hours leads to mental fatigue."*(RNp89).

The nurses' perception on mental fatigue due to long working hours as a source of work-family conflict supports the work of Bagherzadeh et al. (2016) which disclosed that work-family conflicts are associated with job burnout, absences from work, reduced mental health, psychological problems (such as great stress), physical health problems and reduced quality service at work and family level. Therefore, establishing a threshold number of working hours by organizations is very important when making recommendations to protect nurses from the potentially harmful health effects caused by long working hours. This increases work-family conflict and may lead to negative outcomes on the nurse, work,familyand

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society. In the end this would negatively impact affect the country'sattempt to realize the goals of Vision 2030 and the universal health care (UHC).

4.3.1.2 Social interaction.

The results of the analysis indicated that social interaction had a negative significant relationship with WFC -.168 $p<.01$, FWC.-126 $p<.05$ and turnover -217 $p<.01$ (see Table 4.3 below). This indicates that there was a relationship between social interactionwith WFC, FWC, and turnover. However, there could have been some other factors that may may have affected social interaction due to work-family conflict. This was supported by family relationship strain with 60 (21%) nurse participants indicating that social interaction is important as it enables nurse bond in the family. A family relationship strain is a pressure that is encountered by nurses who work for long hours and more so beyond their time off, leading to fatigue. This affected bonding with their families due to limited time with them.

Most earnestly, the female nurse participants expressed their dissatisfaction with long shifts that affected social interaction with their family members.One said, *"Long shifts make one arrive home late thus less time with the family."* (RNp19). Another participant who had a 4-month-old baby stated,*"Long working shifts are not friendly to nursing mothers who are still breastfeeding as the babies stay for many hours before breastfeeding."* (RNp126).

The nurses' perspective in this study on long shifts that affected social interaction as a source of work-family conflict supports the work of Nomaguch and Fettro (2017) whose findings showed that the interference of work tends to rob spousesof quality time and bonding with theirfamily.Therefore, nurses with children must plan and have more time with the familyto minimize work-family conflict and improve their families' well-being.

4.3.1.3 Career Development.

Career development had a negative significant relationship with WFC .-317 $p<.01$ and turnover -.158 $p<.01$(see Table 4.3). This suggests that there was a relationship between career development with WFC and turnover. There could be other factors that may affect

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nurses in developing their careers. This was supported by participants' dissatisfaction with work overload with 143(51%) nurses indicating how they were unable to develop their careers due to inflexible shifts and not leaving work on time to attend evening classes or attend some to school assignments (see Appendix 8).Work overload affects nurses' ability to build their careers due to physical and mental strain. Wanjiru and Ombui (2021) noted that there exists a noteworthy correlation between career development and workers' performance. In the same vein, Fernandes et al. (2022)argued that healthcare workers in their overall capacity and know-how provided higher quality services where provision for career development existed. The presence of career development opportunities enhanced staff motivation as nurses appreciated the importance of career development through training, mentorship and continuous professional development training and this eventually led to community well-being due to skills and knowledge obtained.

Additionally, a male nurse participant from Machakos County added to the discussion by highlighting the influence of work overload that makes it difficult for nurses to develop their careers due to physical and psychological strain. For instance, he said that, "*There's too much workload leading to fatigue hence fear to go back to school*."(RNp48).This was supported by another female director of nursing services from a public healthcare facility who narrated, *"Sometimes there was increased workload, which led nurses to leaving work late. It was challenging for nurses to attend to their family members fully and attend classes to build their career because of fatigue, and still, they needed to report back to work the following day in the morning."*(DNS7).

The nurses' perspectives on career development challenges as a source of work-family conflict in this study supports the work of Krakauer et al. (2020) who found out that traditional access to career advancement for nurses and midwives working in low-income countries was difficult for those who wanted to do part-time courses.Therefore, if organizations deny nurses an opportunity to pursue their careers, then nurses may not meet their full potential in gaining more skills, knowledge and coping strategies to deal with work-family conflict.

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The participants were asked to share ifthey would quit their jobs in the next year. Approximately 47% indicated they would and 53% indicated they would not. Quitting was considered as a perspective of nurses' experience where those who considered quitting showed signs of dissatisfaction in their work and this increased nurse turnover. Nurse turnover may be due to long working hours that affect their desire to build their career. This eventually leads to a nurse shortage in the organization. For instance, nurse participants' view on nurse turnover that was a cause of work-family conflict was as follows:

"Nurse turnover reduces nurse-patient ratio creating more shortage and increased nurses'workload." (RNp108).This was supported by a female nurse with a diploma from a private healthcare facility who stated their reasons for quitting work: *"I quit work for another hospital that has fair shifts that would enable me to attend to my family and attend school to build my career."* (RNp132).

In regard resignation, 77% nurse participants indicated work-related issues namely; workload, nurse shortage, shift inflexibility and long working hours, while 23% indicated family-related issues which were family conflict and lack of support. The nurses' perspectives on minimizing turnover because it is a source of work-family conflict in this study supports Kalil et al. (2019) who found out that motivated and committed nurses in a healthcare facility can have beneficial consequences, resulting in lowernurses' absenteeism, higher performance and lower nurses' turnover. Therefore, long-serving nurses with experience are retained and this maintains quality care services and prevents strain on nurses within the unit.This helps to prevent some medical complications that may arise due to nurses' errors. It also fastens the discharge of patients to enable them become resourceful to the family and the society hence improving community well-being.

12-hour shifts came out clearly as a fourth sub-category with 100 (35%)nurse participants indicating that it led to work-family conflict for nurses who attended evening classes because sometimes they would report to classes late.Twelve-hour shift refers toa type of work schedule that has set days (7 am to 5 pm), and usually Monday to Friday then the nurse takes an off on weekends and holidays. This may be ideal for those who want to build their career

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by attending evening classes if only they manage to leave work on time or weekend classes. If not so then nurses feel demotivated and may quit school or resign from work.

Additionally, the female nurse participant from a public healthcare facility contributed to the discussion by stating that the day shift allowed the nurse to attend some classes, so she could advance in her career of choice. Therefore, a formal agreement between the nurses who would like to pursue their career and the management would give an assurance to the nurses that the needs to develop their career were taken care of at any time and this motivated them.

Another nurse added by stating how the 12-hour shift was of advantage to the family. For instance, she stated, *"Weekends and holiday offs is a plus for my family…. helps me bondand socialize with my children and do family chores."*(RNp12).Nurses who are off over the weekend and holidays can socialize and connect with their families and friends, and this increases bonding and relationships hence relieving stress and work-family conflict.

4.3.2 Regression Analysis of Nurse's Work Schedule and Work-Family Conflict

A correlation analysis was done on specific demographics' income and the findings showed the significance of nurses' category, nurses' age, marital status and income (see Table 4.3 below)

Correlation Table

Table 4.3

Correlation Table for all the Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	1													
2	.559**	1												
3	-.073	-.029	1											
4	.157**	.186**	-.336**	1										
5	.132*	.120*	-.110	.322**	1									
6	.024	.017	.158**	.028	.113	1								
7	.175**	.177**	-.217**	.263**	.103	.147*	1							
8	-.062	-.106	.826**	-.317**	-.088	.157*	-.158**	1						
9	.001	.040	.915**	-.297**	-.061	.183**	-.177**	.639**	1					
10	-.171**	-.175**	.495**	-.166**	-.124*	.081	-.217**	.315**	.306**	1				
11	.054	.076	-.308**	-.248**	.279**	.057	.057	-.335**	-.215**	-.210**	1			
12	.084	.126*	-.124*	-.200**	.226**	.061	-.004	-.148*	-.061	-.080	.658**	1		
13	.054	.065	-.077	-.114**	.337**	.121*	.069	-.038	-.055	-.065	.511**	.599**	1	
14	-.009	.072	-.027	.120*	.263**	.072	.098	-.004	-.006	-.092	.380**	.438**	.722**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Key: 1.Nurses position 2. Nurses age 3.Work schedule 4. WFC 5. FWC 6. Marital satisfaction 7. Turnover 8. Career development 9. Job flexibility 10.Social interaction 11. Management support 12. Supervisor support 13. Co worker support 14. Family support

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The above table showsthe significance of ages 41 to 70 years, single nurses (single, separated, and divorced), unit in charge, and nurses' income. Further, a hierarchical regression model was conducted for objectives two, three, and four. The assumptions for conducting linear multiple regression were carried out which showed satisfactory results (See Appendix 5).

Model 1 included demographic variables (nurse category and age). Model 2 added work schedule, income, and support variables, while Model 3 included moderating variables such as social support. In the first model, demographic variables captured included the nurse category and the nurse age. These two variables were categorical and had to be dummy-coded to make them continuous to meet the assumptions of linear regression. The nurses were placed into three categories: "unit in chargenurses" and "staff nurses" (which were coded, and staff nurses werethe reference category. (0),Senior nurses (1 and Unit in charge (2).

The nurse ages were divided into three categories ofages 21-30, 31-40, and 41-70 which were coded respectively and ages 21-30 were the reference category (0), 31-40 years (1),and lastly 41-70 years (2) (See Appendix 5). Nurse income had 2 categories: incomebelow KES 50,000 andincome above KES 50,000. These were dummy-coded with income below KES 50,000 as the reference category (See Appendix 5). The dependent variable of this regression model was work-family conflict. In the first model, control variables were captured, in the second model work schedule, income, and support variables were captured. In the third model, social support as the moderating variables were captured. This involved Sig results of support multiplied by Sig results of independent variables. Secondly, the results of this hierarchical regression model are shown in Appendix 5. In this section, the researcher focused on the results of the second objective.

The second objective sought to find out whether there was a relationship between nurses' work schedules and work-family conflict. The regression coefficient of the first model

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showed that the nurse category was not significant. For nurse age, ages 31-40 was not significant but ages 41- 70 showed a significant difference with the reference category of ages 21-30. This implies that there was no difference in WFC experienced between nurses of ages between ages 21-30 and 31-40 years of age. However, there is a difference in nurses' work-family conflict levels experience of 41-70 years. This insinuates that nurses aged 41-70 years experienced more WFC (See Correlation Table 4.3) for the regression findings of model 1. The overall model was significant R^2 .04 adj R^2 .03, F (3, 265)= 3.61 p < .05

This objective was addressed by the second model of hierarchical multiple regression. The addition of nurses' work schedules, nurses' income, and support variables added significant inference in the regression model F^2= (6,259) =.1.53. p < .05 work schedule B= .-15 t (-3.96) p < .05. The second model on work schedule was significant with (p < .05)=.00. The third model work schedule was captured, and the model was significant .00.(see Appendix 6). The regression coefficients for the work schedule showed a correlation R of .49 and an indication of the strong correlation between variables. The overall model was significant R^2=.24 adj R^2=.21, F(2,257) = 1.82 p < .05.

Key findings showed thatthere was a relationship between NWS, WFC, SSM, and Marital satisfaction. Based on the results of NWS and WFC, the study found a significant relationship (p< .05) between NWS and WFC. This is consistent with the conclusion reached by Cooklin et al. (2015) that WFC were enhanced by long shifts with long working hours and inflexible shifts. These findings support the work of Kalil et al. (2019) who observed thata high level of motivated and committed nurses in a healthcare facility can have beneficial consequences, resulting in lower nurse absenteeism, higher performance, and lower nurse turnover.

Additionally, this study supports Endendijk et al. (2018), who observed that with increased dual-earner families over time and gender-role stereotypes, there is a need to have flexible shifts so that men and women can perform their roles effectively at home and this would eventually mitigate work-family conflict. Additionally, according to the study conductedby Unruh et al. (2016), nurses who worked 12-hour shifts had less experience with FWCs but

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increased WFC. This agrees with the findings of this study where by participants got more hours with the family when they took an off, but experienced work strain due to many hours at work with work overload. Furthermore, Cho (2018) suggested that parents working full-time or 40 hours a week or more had a high impact on work-family conflict. This is because they had less time with their families, making it difficult to manage work and family roles. Moreira and Canavarro (2018) agreed with Cho (2018) that fewer working hours for parents and flexible shifts help them have time with their families, which is key in helping reduce WFC.

The conclusions reached in this study were also consistent with the Role Strain Theory by Marks (1977) which focuses on the fundamental concepts as theyrelate to time, energy, and commitment. In addition, with role relationships, individuals may feel "role strain" or difficulty fulfilling their sociological duties in the relationship because they are not bound to one role relationship, but multiple roles (Goode, 1960).

In summary, the findings relating to objective two showed that there was a relationship between nurses'work schedule (NWS) and work-family conflict, job flexibility, social interaction and career development as sub-constructs had significant relationships with each other and with work-family conflict. Most areas of concern were long working hours and inflexible shifts. Additionally, marital satisfaction had a significant relationship with NWS. This had an impact on nurses' performance and community well-being. Moreover, the inability to adequately compensate or show gratitude to nurses in any way for working extra hours demotivated them. This affected their ability to give their best to the patients and organizations. Therefore, the objective was achieved. The study focused on the third objective which wasto establish the relationship between nurses' income and work-family conflict which discussed both quantitative and qualitative findings.

4.4 Nurses' Income and Work-Family Conflict

The third objective sought to examine the relationship between personal income and work-family conflict among nurses in selected healthcare facilities within the Nairobi Metropolitan

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Area, Kenya. Personal income is the total amount of money that a nurse earns from work, investments and businesses. Wolla and Sullivan (2017) define personal income as pay that nurses receive for providing services in the healthcare unit. The effects of nurses' income on WFC are outcomes experienced by nurses due to adequate or inadequate pay to enable them accomplish their financial needs. These were measured based on salary and investment and the effects of inadequate pay. This objective sought for both qualitative and quantitative data. The qualitative question sought to find out the nurses' income and its effect on WFC. Mentions generated in cycle 1,after coding in cycle 2 emerged into two major themes and sixteen sub-themes. The distribution is shown in Appendix 9.

Participants were first asked if they considered their pay to be enough to sustain their families. Secondly,they were asked if they had any other income-generating activity. The following results on nurses' income sub-constructs are further discussed in the sections that follow. As indicated by over 50% of the nurses participants, 183 (65%), did not have any other income-generating activity. This could be as a result of the many extra hours spent at work which they felt they needed to be adequately compensated for. However, more than half stated that they would like to work more hours for extra income 165 (58%) (see Table 4.4). This suggests that participants preferred to do locums within the area of their nursing career to earn more, which would enable them improve their family incomes. This work supports the work of Akter and Husain (2016) who argued that employers will need to develop and maintain an effective compensation program for getting the best job performance from the nurses.

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Table 4.4
Descriptive statistics of nurses' income

Description of items	Yes n(%)	No n(%)
Are you the only one employed in your family?	45(16)	237(84)
Do you consider your salary enough to sustain? your family?	24(9)	258(92)
Apart from your job, do you have any other income-generating activity?	99(35)	183(65)
Has your income caused conflicts with your family at any	109(39)	173(60)

point?		
Would you like to work more hours for more income?	163(58)	119(42)
Are you able to do some savings as a family?	178(63)	104(37)

Table 4.5

House ownership and monthly income

	characteristics	n(%)
House ownership	Pay rent	200(71)
	Own houses	59(21)
	Paying mortgage	23(8)
	Total	282
Monthly income	20,000-30,000	49(17)
	31,000-50,000	91(32)
	51,000-100,000	120(43)
	101,000-200,000	19(7)
	201,000-above	3(1)
	Total	282

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The two major categories and sub-categories are discussed as follows:

4.4.1 Salary Dissatisfaction

Participants were asked to share if they considered their salary to be enough to sustain their family. Salary dissatisfaction is a state of being displeased with organizational income.The nurses felt that they should receive better pay for the work they did and their contribution to the organization. Majority of the participants 258 (91%) responded in a negative way that they did not consider their salary as enough for sustaining their families. This can lead to financial stress and negatively impact their quality of life. Therefore,increasing nurses' pay was crucial, as competitive wages could attract and retain skilled professionals, ensuring better patient care. According to Table 4.5above, almost half of the nurses, 120 (43%) earn between Ksh. 51,000 to 100,000; while 200 (71%) pay rent. These findings mean that most nurses who pay rent must look for affordable houses within their budget to meet family needs. The findings indicated that 91% of nurses were dissatisfied with their salary and align with Momanyi and Kaimenyi's (2015) findings that adequate income is crucial for work-life

satisfaction and organizational commitment.Well-paid nurses can provide better financial support to their families. This stability positively affects family members' well-being, education and overall quality of life. This wassupported by192(68%)nurseparticipants who indicated that inadequate pay was one of the causes of salary dissatisfaction (See Appendix 8). Inadequate salary is pay that is not sufficient when compared to other healthcare facilities and a feeling that they merit better pay.

Moreover, married female nurseparticipants with thirteen years of experience voiced dissatisfaction regarding the nurse's salary that they received which led to some of the work-family conflicts they experienced. One said, *"Low pay that makes one look for a job somewhere else."* (RNp34). Sharing similar sentiments, a male nurse participant from Kiambu County stated*: "There is too much workload and nurses are underpaid considering what they do."* (RNp48)

Nurses' perception of inadequate pay in the current study as the cause of work-family conflict (WFC) supports the work of Rehnberg and Fritzell (2016) who found out that income is strongly and positively associated with healthy lifestyles and nurse retention as individuals' standard of living is raised. Therefore, better pay for nurses minimizes nurse turnover and work-family conflict. This leads to better nurse services and management of family roles.

This was supported by financial constraints which came out as the second subcategory with 208 (74%). Financial constraints confine and restrict nurses from doing what they need to do to meet family needs and improve their family's standards of living.

For instance, nurses' statements on family financial constraints as a cause of work-family conflict are supported by a female nurse from a public healthcare facility, who stated that: "*Financial constraints hence not able to meet family demands."* (RNp17). A male, senior nurse participant from Kiambu County shared similar views*: "Money is not enough for a monthly budget, this is because taking care of family bills alone is very strenuous."* (RNp55). This sheds light on the effect of inadequate pay which tends to lead to work-family conflict.

The nurses' perspective on financial constraints as a source of WFC supported the work of Arnold (2016) who found out that disagreement about money was one of the most difficult

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conflicts for people in relationships to resolve. Therefore, nurses have to understand and be willing to work on fixing marital financial problems to reduce work-family conflict. Furthermore, financial strain affecting nurses' health due to inability to meet family's financial needs may cause nurses to keep on moving from one job to another for better terms of compensation in other healthcare facilities. This is not healthy for families butstrenuous.

Unreliable pay dates came out as the third subcategory with 59 (21%) participants. They inconvenienced nurses in their monthly budget such as paying date-related bills and house helps on time, leading to family conflicts. For instance, the nurses' views on unreliable pay as a source of work-family conflict are: *"Delay in paying bills because of delay in salary payments and this has led to paying some penalties."*(RNp26).This was further supported by a married, graduate female nurse who stated that *"Payment delay issues make it hard to plan."* (RNp61).

Unreliable pay dates create financial stress for nurses as it affects their ability to meet personal expenses on time and manage their daily lives. Nurses who are worried about their finances may find it challenging to focus on their duties effectively. Moreover, this may contribute to high nurse turnover disrupting staffing levels, that eventually affect patient care (Flaibert et al., 2021). Therefore, addressing this issue is crucial for maintaining a robust and reliable healthcare workforce and community well-being. Timely payment allows nurses to plan their finances effectively, reducing the need for unnecessary loans and ensuring smooth consumption. Implementing a reliable payment system by the organizations may mitigate WFC and help retain efficient, competent and knowledgeable nurses who would ensure organizational goals are met.

4.4.2 Savings

Participants were asked to share if they had some savings. This came out as the second subcategory. Savings are extra earnings that enable participants to make some investments. A good number of nurse participants 178 (63%) had some savings as a family, the contributing

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factor being earning mates 237 (84%). This improved nurses' financial stability and positively affected the nurses' overall well-being, reducing stress and allowing them to focus on their work and family. Additionally, most of the participants stated that income had not caused conflict with their families 173 (60%) probably because of the financial support from their spouses, proper budgeting, working extra hard without a break andadequately budgeting only for the basics. These enabled them to meet family financial needs (see Table 4.4).This insinuated that working together as a family in financial management created open communication that allowed families to come up with solutions to minimize conflict and manage what they had well. This mitigates WFC conflict and leads to nurses' well-being for greater outcomes. Furthermore, as demonstrated by entrepreneurial opportunities with 72(26%) participants (See Appendix 8), nurses had increased household income that would allow them to make some savings. These included part-time nursing jobs in otherhealthcare facilities, doing other businesses such as ; farming, rabbit keeping, carwashing, realestate, bonds, hairdressing, shoe repair and boutique. These activities helped shape economies and societies, as they created new job opportunities making a positive impact on the community, which led to improved living standards not only for the nurses' family but also for the society. A good number of the participants, 183 (65%) responded that they did not have other income-generating activities. Still, more than half 163 (58%) reported that if given an opportunity they would want to work more hours or get something else to do, to get more income (see Table 4.4). This implies that nursing is a career of choice and they would prefer to do overtime for more income to improve their families' happiness.

Availability of entrepreneurial opportunities for nurses to increase savings as a way to minimize work-family conflict were supported by the director of nursing services in her narrative:"*Nurses keep on searching for jobs or do businesses that will not be strenuous, and will enable them to get more income to improve their family's standard of living."*(DNS5).This was supported by one widowed female nurse from Nairobi County, who stated, *"I'm trying to look for some investments…Work more hours for more income and save some money for my family for future use."* (RNp149).

The nurses' views on working more hours for more family income and savings to reduce

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work-family conflict support the work of Sung (2021), whose study showed that most nurses worked overtime because they needed extra money to raise their families' standard of living. Such would increase work-family conflict due to burnout. Therefore, nurses are required to plan time for rest to avoid burnout and create time for the family too. The nurses' desire to work more hours for more income is a clear indication that this would make them happy.

Lack of appreciation for working overtime, came out clearly as the second sub-category with eighty-nine 89 (32%) nurse participants indicating that lack of appreciationled to work-family conflict as nurses felt demotivated because they could not have some savings to enable them reach self-actualization (See Appendix 8). The lack of overtime compensation from the organizations demotivated nurses as they felt unappreciated for the sacrifices they make. For instance, these statements were made by a senior female nurse participant from Kajido County, *"Remuneration of nurses according to extra time worked is necessary in order to motivate them."* (RNp87).This was further highlighted by a female nurse from a private healthcare facility who gave the following reason for nurses' resignation, *"Resign to look for better terms of payment*"(RNp92).

The nurses' view on lack of appreciation for work done as a source of work-family conflict supports the work of Rothenberg and Fritzell (2016), who in their study on the need for adequate compensation found out thatincome is strongly and positively associated with healthy lifestyles as individuals' standard of living is raised. Therefore, salaries remain a pressing issue and advocacy for fair compensation and strategic workforce planning are essential steps towards ensuring a motivated and adequately skilled nursing workforce.

The participants were asked how they dealt with financial constraints. This formed the third sub-category of responses whereby approximately, 68 (24%) of the participants talked about financial management (See Appendix 8). Financial management involves wise budgeting, spending, saving and investing the money that nurses earn. A key financial management component is savings. In addition, financial support from another partner helped minimize financial constraints, which in turn minimized conflicts in the family.

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Financial management is critical in promoting and solving family financial demands. The nurses' views on financial management are supported by Arnold (2016), whose findings showed that poor financial management caused one of the most difficult conflicts for people in relationships to resolve.This means that poor financial management in the family leads to conflicts and strained relationships. Effective financial management maintains family and fosters healthy relationships. Therefore, conflicts will be reduced if there is good financial management and support. Additionally, organizations should consider implementing regular payment schedules and transparent communication about payroll procedures to ensure financial stability for nurses and optimize job performance and overall community productivity.

4.4.3 Regression Analysis of Nurses'Income and Work-Family Conflict

To acquire additional meaning to the statistics recorded, a hierarchical regression model was applied to determine whether there was a relationship between nurses' income and work-family conflict. The addition of nurses' personal income and support variables added significant inference in the regression model F^2= (6,259) =.1.53. $p < .05$ personal income B= .22 t (3.60) $p < .05$.The second model for personal income was significant with 00. ($p < .05$) (see Table Appendix 8). The regression coefficients for personal income showed a correlation of R .48 an indication of the strong correlation between variables. The overall model was significant R^2=.24 adj R^2=.21, F(2,257) = 1.82 $p < .05$.These infer that there is a relationship between nurses income and work-family conflict.

Based on the results on NPI and WFC, the study found a significant relationship ($p< .05$) between NPI and WFC. The results of this study were consistent with the conclusion reached by Odhiambo (2020, p. 41) who found, that inadequate house budget was indicated as a source of domestic conflict.The findings above showed a relationship between nurses' income and work-family conflict. Inadequate income leads to family strain, hence family work interference. This prevents nurses from concentrating and affects their performance both at work and family domain. It is necessary to know that stable mental and emotional well-being

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is crucial for nurses to provide safe and quality care leading to satisfaction. Additionally, findings in this study support a study done at Kenyatta National Hospital on factors influencing retention of health workers which showed that health care for one's family ranked as the most important compensation factor, 87.5% (n=230) followed closely by salary with 217 (81.9%) then terminal benefits such as retirement and pension benefits.

The conclusions reached in this study were also consistent with Role Strain theory and Conservation of Resource theory. Integrating these two theories may help mitigate the negative effects of income on work-family conflict. The theory informs the understanding on how nurses cope with major stress and trauma especially when they lose the basic resources they have. However, according to Hobfoll (1989), helping nursesto obtain, maintain and create resources that they value most makes nurses feel motivated to protect their current resources (conservation) and acquire new resources (acquisition). Nurses play many roles which include doing business inaddition to locums to obtain and maintain their resources and savings. This leads to strain as sometimes they must use their time off to do these instead of resting and attending to family matters.

In summary, objective three sought to assess if the nurses' income was a strong factor in moderating WFC. Having another spouse working and family savings increased spousal and family relationships. Availability of family time increased bonding. Additionally, locums were preferred by a sizeable number of clinical nurses.These findings imply that adequate nurses' income reduces the chances of nurses quitting work, promotes nurse satisfaction, and maintains a healthy work-life balance and financial stability. Moreover, it has far-reaching effects on healthcare delivery, patient outcomes and overall happiness of the nurse and the community well-being. A useful strategy used inmitigating income and work-family conflict is the periodical review ofnurse's salary, training on fund management, family support in saving and doing less stressful jobs that will enable the nurse to have time to rest. The objective was achieved. And hence the study focused on the fourth objective which was to establish the social support factors to mitigate work-family conflict. This was discussed using both quantitative and qualitative findings.

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4.5 Support Factors to Address Work-Family Conflict

The fourth objective sought to explore the potential of social support mechanisms to address and moderate work-family conflict among nurses in selected healthcare facilities inthe Nairobi Metropolitan Area, Kenya. Social support factors are measures put in place to ensure that helping relations assist the nurse to cope with the demands emanating from work. To analyze work and family support on work-family conflict, the measurement scales included; management support, supervisor support, co-worker support and family support.

The participants were asked to highlight and rank how different support mechanisms helped in moderating work-family conflict. This question sought both qualitative and quantitative data. For qualitative, mentions generated in cycle 1,after coding in cycle 2 emerged into three major themes and sixteen sub-themes. The distribution is shown in Appendix 9.

To understand the distribution of the variables, a ranking of support factors was done. The results were ranked based on the mean value as illustrated in table 4.6 below.

Table 4.6

Mean(M) and Standard Deviation(SD) of support mechanism sub-constructs

Sub-constructs	**M**	**SD**
Family support	5.16	1.98
Co-worker support	4.56	1.63
Supervisor support	3.84	1.28
Management support	3.67	1.41

From the table above, it is evident that thehighest-rated mean was family support at M=5.16. This was followed by co-worker support at M=4.56. Supervisor support followed with a mean of M=3.84 then last was organizational support at M=3.67.This infers that the participants felt that they got more support from their families as compared to other types of support. For instance, Kamaryati and Malathum (2020) emphasize that family support enhances family values and goals that enable family members to accomplish family needs.

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This helps to avoid discord and dysfunction.Some participants observed that other factors that had worked for them in minimizing work-family conflict included their interaction with friends, minding their own business, meditation and prayers, listening to soothing music, reading books, talk to others and seeking counseling.

The directors of nursing services were asked in what ways the health facilities can help in reducing WFC among nurses in order to increase their performance and positive impact on community well-being. DNS 1 from a private hospitals stated that *" By use of counselling session as mentally stable nurses perform well at work leading to increased productivity and community well-being"*. Furthermore, the directors of nursing services were asked to share the support type that worked well in helping nurses deal with work-family conflict.Their responses included*"Clear policies, counseling, and spiritual care where every unit is given a day with the priest."*(DNS 1). Another narrative from a director of nursing services from Machakos County stated,*"The supervisor supports on the assessment of the shift and allows time off for the nurse to have time with the family* (DNS2). These responses supported the findings from participants indicating that more support should come from the organization as pertains to having the right policies, clear organizational structure on provision of mental health to the nurses. The directors of nursing services were further asked to share nurses 'roles to reduce work-family conflict. The responses from DNS on house helps' support came out strongly. House helps were considered part of family support because they took up the care demands of children from the nurses to a great extent.

Furthermore, nurses worked in varying shifts within 24 hours so those who had house helps felt they were relieved of children's care and house chores. The participants were asked to indicate if they had children and 70% of the nurses answered in the affirmative. Furthermore, this question asked to the nurse participants *" Do you have a house help, and does the house help leave with them or she is a day care house help*?" More than half of the nurses (55%) had house help and out of this 55%, 74.5% had their house help living with them. The remaining 25.5% had their house helps living outside their compounds. The participants were also asked "*How helpful was the house helpregarding reducing work-family conflict?*

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Commenting about the role house helps played, 74% of nurses with house helps indicated that they were of great importance, while the remaining 26% indicated they would opt not to employ house help since they were more of a source of stress. Areas of stress mentioned were lack of experience in doing house chores and caring for children yet demanding high pay. The other source of stress was the fact that house helps left suddenly without giving a notice.

4.5.1 Correlation and Analysis of Support Mechanism and Work-Family Conflict

To aid in further analysis of quantitative data, a correlation analysis was computed to show the relationship between work-family conflict and nurses' social support mechanism. The independent variables used as measurement tools were; management support, supervisor support, co-worker support and family support.

4.5.1.1 Management Support.

The participants were asked if they received sufficient support from their organizations to enable them to manage the pressures of work. The results of the findings indicated that management support had a negative significant relationship with work-family conflict (WFC)-.248 $p<.01$ and Family-work conflict (FWC) .279 $p<.01$, and a negative significant relationship with nurse's work-schedule (NWS) -.308 $p<.01$, career development -.333 $p<.01$, job flexibility-.215 $p<.01$ and social interaction -.210 $p<.0$ 1.(see Table 4.5 above) above. This reveals that there was a relationship between management support, WFC, FWC, and NWS. This is further supported by better remuneration, which came out clearly as the first sub-category with 195 (69%) participants indicating that this would motivate them (See Appendix 8). The participants' responses showed that better remuneration is a great appreciation from the management and would motivate them and increase their commitment to service provision as this would also better their family's financial standard of living. This enabled the nurses to experience job satisfaction, reduce nurse turnover and led to quick recovery of patients. For instance, some nurses' statements on remuneration were as follows: "*Monitor motivation by paying' nurses well."* (RNp115).This was supported by another female nurse participant who said, *"Pay according to the nurses' working hours."* (RNp120).

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The nurses' perspective on better remuneration as support from management to minimize work-family conflict supports Akhter and Husain (2016) whose study found out that it is essential to identify and retain efficient, competent and knowledgeable nurses in a healthcare facility by developing and maintaining an effective compensation program. Therefore, salary increment for nurses is a great motivation. This makes nurses work withmore zeal so that they can make significant contributions to the quality of workplace relationships and their performance, hence impacting community well-being.

Clear policy guidelines came up as the third sub-category with 90 (32%) nurse participants indicating that clear policy especially on remuneration was one of the factors that led to nurse motivation.Furthermore, participants were asked whether their organizations had policies that were concerned with the nurses' welfare. Almost half of the responses,131(46%) stated that the existing policies were less concerned with the nurses' welfare (See Appendix 8).

Most importantly, the female nurse participants from a private healthcare facility added to the discussion by affirming that management support is important regarding inadequate policy as this facilitates reduction of work-family conflict. For instance, the nurses' statements on policy guidelines were: *"Nurses involvement in policy making and implementation would help reduce conflicts between nurses and organization."*(RNp156).This was supported by a narrative from a female director of nursing service from Machakos County*: "There is a need to have clear open-door policies where the organization can follow in supporting nurses on promotion, salaryincrement, and psychological support to avoid mental breakdown."* (DNS7). Another narrative from a director of the nursing service from Kiambu County was that: *"Need to have a policy on following up on those nurses with a mental problem and also management with drugs if need be."* (DNS4).

The nurses' perspective on the lack of clear policy guidelines as a support mechanism from the organization to reduce work-family conflict supports the work of Hajizadek et al. (2021) who found out that nurses' engagement in the policy-making process made them feel that their welfare was taken care of. Therefore, clear policies that deal with nurses' current needs

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help in quick decision-making by the organization to avoid conflict between nurses and the organization and when conflicts arise, they are quickly addressed.

Adequate resources formed the second sub-category with75(27%) nurse participants indicating that adequate resources from management was another way to reduce work-family conflict(see Appendix 8). Adequate resources help in the smooth running of the organization to meet the expected goals in the provision of quality care to the clients and nurses' safety to avoid work-family conflict. Notably,a male nurse participant from Machakos County added to the discussion by highlighting the role of the organization on availability of adequate resources that provide a friendly and motivating environment to work as another way that minimizes work-family conflict. He said, *"Good staffing of nurses is a motivation to other nurses."* (RNp134). Furthermore, another femalenurse participant from a public healthcare facility stated, *"Organization role is to provide appropriate resources, supplies, equipment for work assigned."* (RNp176).

The nurses' perspective on adequate resources as a support mechanism to minimize work-family conflict supports the work of Goong (2016) whose study in India showed that increasing workloads and lack of resources were found to be one way that increased stress and burnout among nurses. Therefore, to improve the quality of care and reduce work-family conflict, it is the responsibility of the management to employ enough nurses and provide an adequate supplies and equipment. This also lessens the workload and long working hours for nurses.

The fourth sub-category realized was open and effective communication with 70 (25%) nurse participants indicating that effective communication from management was another factor that minimized work-family conflict. Clear communication from management promoted understanding as nurses felt heard and listened to. Most importantly, the female nurse married for 2 years added to the discussion by stating that the management role, through effective and efficient communication with the nurses, moderated work-family conflict. She said,*"Nurses should be given a chance to air grievances on issues affecting us."* (RNp65).

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This was supported by another female nurse participant from Kiambu County: *"Encourage good rapport between nurses and employer."* (RNp102).Promoting open communication among team members optimizes patient outcomes and encourages essential collaboration.

The finding of this study that open and effective communication is critical as a support mechanism from organizations in reducing work-family conflict supports the work of Neese (2015) in which results showed that to be a successful nurse, excellent communication is required from the management and co-workers. Therefore, it is important that nurses' managers create an environment that promotes good communication, and helps nurses to develop their communication skills formally and informally.This isbecause good communication among nurses and other teams will enhance good working conditions and relationships with patients which will reduce work-family conflict.

Improvement of nurses' career growth and development was the fifth sub-category with 60 (21%) nurse participants who indicated that career growth especially specialization in a nursing career like pediatric or emergency care motivated them to reach their self-actualization as per Maslow's hierarchy of needs theory.

Career growth and development helps nurses progress through training to other levels of academic or specialization, to gain knowledge, skills and promotions. The participants were asked if their organizations allowed them to further their studies and less than half, 116 (41%) responded negatively that they could not develop their careers.

Additionally, a male nurse participant from Kiambu County observed that the lack of support from the management regarding career growth and development was a source of demotivation. He said, *"Nurses need flexible duties to have time for personal growth through further studies"* (RNp145).This is also supported by one of the female nurse participants from Kiambu County who commented *"Honor request for deployment to another department that is friendly for nurses who want to further their studies"*(RNp118).

The nurses' perspective on career growth and development as a source of work-family conflict supports the work of Nyaboga and Muathe (2022) who found out that nurses'

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motivating techniques such as career advancement and working conditions have an impact on how well they perform. Therefore, successful nursing career development can be deeply related to an individual nurse's work and life.

4.5.1.2 Supervisor Support.

The participants were asked to state the roles of their supervisors in helping nurses in discharging their duties effectively to reduce work-family conflict. According to the findings of this study, supervisor support had a positive significant relationship with nurses' age .126 $p<.05$, and negative significant relationship with WFC -.200 $p<.01$, .227 $p<.01$. and a negative significant relationship with NWS -.124 $p<.05$, and career development -.148 $p<.05$ (see Table 4.3). This intimates that supervisor's support had a relationship with nurses' age, WFC, NWS and career development. The nurses'perception that the supervisors cared about their work-family well-being is demonstrated by the way the supervisor intervened in nurses' issues.

The first subcategory was teamwork promotion with 66 (23%) nurse participants indicating that teamwork promotion from the supervisors was one way that reduced work-family conflict among nurses (See Appendix 8). Teamwork promotion enabled nurses to work together towards a common goal. When this is done efficiently and effectively, it helps minimize work and family conflict by supporting one another in every way possible leading to nurses' satisfaction and increasing community well-being. Participants were asked about the degree of supervisors' concern for them. The results as indicated showed that 147 (52%) of the nurses agreed that their supervisors were concerned with their welfare.

For instance, a male nurse from Machakos County made a statement on teamwork promotion as a way of reducing work-family conflict as follows: *"Teamwork among nurses improves the working environment."*(RNp100).Another nurse participant acknowledged this view by stating, *"Encouragement from supervisors on team working to get the best outcome not only for the patients but forthe family too because this minimizes work-family conflict"*(RNp69).

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The nurses' perspective that teamwork promotion was an important factor in enabling nurses to work effectively and reduce work-family conflict supported the workof Kaiser and Westers (2018) whose findings showed that nursing teams have a good understanding of the various roles and responsibilities and increased teamwork had a positive effect on job satisfaction, staffing efficiencies, retention and care delivery. Therefore, collaboration among nurses increased their morale especially when there was a heavy workload. This made work easier and less stressful for nurses and eventually and reduced work-family conflict.

Creation of motivational seminars was the second sub-category with 73 (27%) nurse participants indicating that seminars organized by the supervisors enlightened nurses in the reduction of work-family conflict. Motivational seminars enabled nurses to share information on how to tackle personal and professional stress. This happened when nurses experienced undesirable responses to troublesome situations and provided strategies' to resolve them effectively. Some of the nurses' statements on the creation of motivational seminars were as follows: "*Involve nurses in motivational seminars."* (RNp48).This was supported by a participant from a private health care facility: *"Health education on self-care and healthy living."* (RNp253). Additionally, a narrative from the director of nursing services added by stating on importance of nurses sessions: *"Debriefing sessions, involvement of nurses in some training sessions like conflict management and importance of family."*(DNS 1)
The nurses' perspective on the creation of motivational seminars as an integral part of enabling nurses to share and minimize work-family conflict in this study supported the work of Torode et al. (2015) which revealed that nurses' motivation has an impact on nurse's wellbeing, organizational performance, satisfaction, retention, engagement, and commitment. Therefore, it is evident that seminars positively affected the nurses' capability to balance work and family conflicts. Additionally, nurses gained insight on strategies of solving issues by sharing experiences, coping, and reducing conflicts.

The third sub-category identified was effective mentorship, with 42 (15%) nurse participants indicating that effective mentorship from the supervisors very supportive to the nurses (See Appendix D8). Effective mentorship allows supervisors to communicate well, motivate the

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nursing team, handle and listen to feedback, and have the flexibility to solve nurse's problems in an ever-changing workplace which helps minimize conflict. The nurses felt that supervisors were in the best place if given powers by the organization to be mentors and role models to the nursing team. The opportunity to mentor juniors ensured the nurses grew in their profession and this would reduce conflicts.

For instance, nurses' statements on mentorship from a male nurse ina faith-based hospital were: *"Understanding and a good mentor with good leadership skills."* (RNp105).This was supported by a female, single nurse from Nairobi County who: *"Have good listening skills and reassurance when necessary."* (RNp150).

In the current study, the views of nurses on good mentorship playing a key role in minimizing work-family conflict supports the work of Mukanzi and Senaiji (2017), who found that leadership styles matter, and especially the supportive type in achieving good mentorship. Leaders are best placed to help nurses manage stressful working conditions in the hospitals. This skill not only encourages nurses to be role models but also motivates the nursing team. Therefore, good mentorship through effective leadership gives assurance to the nurses and this enables them to work professionally and efficiently.

4.5.1.3 Co-worker support.

The participants were asked to comment on co-worker support and how it supported decreased WFC to enable nurses to work efficiently. From the findings, co-worker support had a negative significant relationship with WFC-.114 $p<.01$, management support .511 $p<.01$, and supervisor support .595 $p<.01$.(see Table 4.5). This suggests that there is a relationship between co-worker support with WFC, management and supervisor support. The nurses who cared about the promotion of each other's well-being as portrayed in the way they helped each other were a great moral support.

This was supported by participants who indicated moral support by colleagues as a first sub-category with 50 (18%) indicating that this enabled nurses to reduce work-family conflict

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(See Appendix 8). Moral support minimizes work-family conflict as shown in table 4.8 and coworker support had a positive significant relationship with FWC .334 $p<.01$. Moral support by colleagues gave the needed emotional and psychological help that made nurses feel encouraged and supported.

For instance, nurses' statements on moral support were: *"Support nurses when sick or when bereaved by giving them an off or light shift." (RNp199).* This view was supported by a female nurse who acknowledged co-worker support: *"Nurses' co-workers help boost their morale"* (RNp206).

Shift exchanges were the second sub-category with43 (15%) nurse participants indicating that the ability to exchange shifts on request to attend to emergencies enabled nurses to reduce work-family conflict (See Appendix 8). Nurses who collaborated among themselves to exchange shifts when in need to deal with some personal or family issues helped toreduce work-family conflict.

Moreover, a female nurse participant from Kajiado County added to the discussion by highlighting the exchange of shifts by co-workers as one way that minimized work-family conflict as this enabled them to attend to family issues. For instance, she said: *"Cooperate with others by exchanging duties when requested."*(RNp16). Sharing similar sentiments from a female, married nurse from Machakos County on shift exchange to reduce work-family conflict was: *"When having an issue and am not able to come to work, I inform my supervisor and she can exchange my duties."* (RNp97).

The nurses' perception that shift exchanges helped to reduce work-family conflict at the workplace supports the work of Moreira and Canavarro (2018) who found out that flexible shifts helped nurses be with their families and other people, which is key as socialization increases bonding and builds relationship. Ejebu et al. (2021) found that when nurses have certain autonomy to self-roster, there will be fewer conflicts due to flexibility in shifts. Therefore, nurses should be given a hearing ear on shift preference and request for shift

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exchange when the need arises. Supervisors' flexibility and leadership skills help the nursesto deal with their issues such as getting time off where possible when requested.

4.5.1.4 Family Support.

The participants were asked how family support contributed to minimizing WFC and aided nurses' to work effectively. As shown on Table 4.6 above, family support was rated highest among all sources of support, as the nurses responded positively with a mean of 5.16 (70%). Family support had a positive significant relationship with WFC .120 $p<.05$, FWC.26 $p<.01$, , Supervisor support at .44$p<.01$ and co-worker support at.72 $p<.01$ (see Table 4.5).This intimates that work-family support helps in building positive relationships with other nurses and family members.

Participants indicated that family happiness was the first sub-category with 68 (24%) nurse participants indicating that family happiness due to work and family support enabled participants to diminish work-family conflict. Family happiness indicates satisfaction experienced by participants and their families as they relate to one another through the sharing of information. This helps to clear assumptions, misunderstandings and conflicts.

Most importantly, a male nurse participant from a private healthcare facility added to the discussion by commenting on family support regarding family happiness through effective communication. He said, "*Moral support and listening ear from my spouse and family is very significant."* (RNp10). Furthermore,in support of this narrative, a male nurse from a public hospital shared, *"It is important to develop trust, listen to one another and explain to the family what nursing job entails."* (RNp32). Another female respondent shed light on this view by stating that she communicated through the phone when running late.

The nurses' perspective on family happiness through effective communication to enable reduced work-family conflict supports the work of Kamaryati and Malathum (2020) and Butcher et al. (2018), whose studies concluded that there is a need to promote family values and goals by facilitating, providing, and encouraging family members to accomplish family

needs. This leads to better family relationships as the family is built on the foundation of trust, listening, and understanding. Therefore, a better relationship among family members reduced arguments, suspicions and conflict and increased satisfaction as it kept the family together.

Quality family time was the second sub-category with 65 (23%) nurse participants indicating that quality family time enabled them to bond and this reduced work-family conflict (See Appendix 8). Quality family time is achieved when nurses intentionally create time for bonding with the family to enable improved family relationships. This happens through therapeutic discussions of challenges and coming up with solutions. Participants were asked how supportive their families were, and more than 70 % stated that their families were the strongest support mechanism. Families were best placed as a source of emotional support because they could share their fears, concerns and problems with them.

Notably, a female nurse' participant from a faith-based healthcare facility added to the discussion by affirming family support as quality family time that is created at home enabling family interaction and bonding in reduction of work-family conflict. She said,"*That allows nurses to vent frustrations, disappointments, and success stories to family, listening and giving suggestions on possible solutions."*(RNp93). This was also supported by one of the senior female nurses with working experience of 13 years from a public hospital who commented,*"Reassure the family and compensate during time off to take the family out."* (RNp14). Additionally, one of the directors of nursing services (DNS 7) when asked in what ways the health facility could help in reducing work-family conflict among nurses to increase their performance and impact on community well-being, she stated on the contrary that "*health facilities have no control in helping nurses reduce WFC. Nurses need to find ways to reduce WFC for example proper time management, coming to work when sober, during their time off, they need to stay with their families to compensate, and working out their budget well. Taking this as their responsibility will enable nurses accomplish greater outcome including community well-being that has a lot of benefit not on for the organizations but also for their families"*

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The nurses' views that quality time was useful in reducing work-family conflicts supports the work of Aliphatic (2016) who found out that families had a big role in supporting nurses, especially where little children were involved. Nursing is a sensitive and sometimes stressful profession and nurses can be drained physically, emotionally, and psychologically. Therefore, nurses and their families can mitigate the adverse effects of work-family conflict by creating and spending time together.Nurses have a responsibility to mitigate WFC and this enables improve on community well-being

4.5.2 Regression Analysis of Support Factors that AddressWork-Family Conflict

This objective was answered by the second and third models of hierarchical multiple regression. The second model was significant with managementsupport. The regression coefficients for support showed that- Management support was significant with B= .06 t (2.10) p < .05 p = .04. (p < .05). This alludes that management support mitigates work-family conflict. In the the third model, the moderating factors for management support with NPI above KES 50,0000 and NWS were captured in the model, and the model was not significant B= .14 t (1.85) p >.05 -.07. (see Appendix 5).This shows that there could be some other factors that need to be considered for nurses to mitigate work-family conflict, such as budgeting. The regression coefficients showeda correlation R of .49, an indication of the strong correlation between the variables.

Based on the findings, this study concluded that there was a relationship between work-family conflict andmanagement support. Participants indicated that they got more support from family, co-workers, supervisors and management. However, they suggested that the most support should come from organizations, supervisors, coworkers then family. The results agreed with those of a study done by Kimberly et al. (2019), where management support was found to be the most vital support. The study further observed that the support of employees by organizations is more advantageous as it motivates employees to work extra hard and may not leave their workplaces or rather the rate of quitting their jobs will be much reduced. On the other hand, if the nurse managers have a conducive working environment, this minimizes conflicts (Moneta & Du Rand, 2019). However, work ethics are very

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important in terms of employing skilled nurses, good nurse-doctor relationships, having adequate nursing staff and promoting nurse training and education (Oktizulvia et al., 2017).

According to a study done by Asif et al. (2019), transformational leadership helps enhance the working conditions and atmosphere. Additionally,looking at supervisory support is an important work-related source of support. It helps in the achievement of nurses' work goals and it may buffer the pressure and job stress of nurses, which leads to greater work engagement (Suan & Nasurdin, 2016). A study by Zaki (2017) showed that less than half of the nurses studied had a moderate perception level regarding nursing supervisors' support. Furthermore, Portuguese et al. (2017) found that nurses' commitment can be increased in their departments if only they got support from their supervisors.

According to Kossek et al. (2011), family support is the degree level at which employees feel that the family cares for them through the good relationship they have at work with other nurses and family at home. Additionally, a studyby Li et al. (2015) on lack of family support revealed that employees experience more symptoms of depression. Furthermore, Ferri et al. (2018) found that in Italy, extended families were very important as they served as a significant source of support that compensates for the lack of other types of support. This is what keeps families going and led to reduced conflict. The conclusion reached in this study was also consistent with a study done on Role Strain Conflict and Role Strain Dynamics, whose results suggested that demands and support related to caregiving do not influence work-related role strain; while work demands and support influence role strain experienced from caregiving and work domains (Gordon et al., 2012). The objective was, therefore achieved.

The overallregression model was significant ΔF (11,257),=7.43, R^2 = .21 P <.001.

The equation of the Regression model used: $Y= \beta 0 + \beta 1\ X1 + \beta 2\ X2 + \ldots \epsilon$ Where.

Y = Work-family conflict (Dependent Variable)

X1 – X6 – Independent Variables

X1 = Work Schedules

X2 = Nurses personal income

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X3= Organizational support

X4= Supervisor support

X5= Co-worker support

X6= Family support

β0 = Co-efficient of the model

β1 – β2 = Beta Coefficient of dependent variables.

ϵ = Stochastic Error Term

Y=2.08+.10X1+.50X2+-.09X3+.14X4+.01X5+.03X6+.03X7+-.08+-.01(see Appendix 8).

4.6 Chapter Summary

This chapter unravels the qualitative and quantitative results of the socio-economic determinants of work-family conflict as well as the moderating effect of social support.There were more female nurses and nursing directors than male ones, a finding attributed to the cultural conditioning that occurred in previous centuries in gender role-based societies where men played the doctor's role rather more than nursing which was viewed as a feminine job. Additionally, there was WCF caused by limited support manifested in various ways namely; inadequate remuneration, unsatisfactory organizational policies, inadequate motivation, poor leadership, shared governance and lack of effective communication.Thus, nurses require moral support from fellow nurses and transformational leadership to enhance their working conditions, improve the quality of care on patients and mitigate work-family conflict. In addition, the management should make provision for enough resources a priority to avoid frustration to nurses who may compromise patient care and can easily get infected. On top of that, it should avail career development opportunities to enhance staff motivation as nurses appreciated the importance of career development through training, mentorship and continuous professional development training. In addition, increasing nurses' pay is crucial as competitive wages can attract and retain skilled professionals, ensuring better patient care.

Furthermore, timely payment is necessary as it allows nurses to plan their finances effectively.They also need compensation for work done while off duty and the creation of part-time jobs toenable them better their family's standard of living and build their career.

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Additional findings divulged that family challenges associated with family roles fueled marital and family conflicts and family demands and hence the need of support from mates and house helps. Further the findings revealed that time management may potentially impact nurses' responsibilities since they must finish work on time both at work and in the family domain in order to reduce work-family conflict. It was also found out that nurses had different views on work and family conflict due to differences in in the age, cadre, and years of experience and levels of education, coping mechanisms and support received. Besides, job flexibility was established to have a significant relationship with marital satisfaction. The nurses experiencing higher levels of work-family conflict perceived their jobs as less flexible. Consequently, establishing a threshold number of working hours by the organization is very important when making recommendations to protect nurses from the potentially harmful health effects caused by long working hours.

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CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0. Chapter Introduction

This chapter summarized the deductions made while assessing the indicators of work-family conflict among nurses and its implications on community well-being in the Nairobi Metropolitan Area of Kenya.In the process, it brought out the resultant findings and the conclusions drawn from them. In addition, it submitted the augmentation of the inquiry into the existing theory and knowledge in the field of developmental studies. Moreover, it outlined the policy recommendations inferred from the current study. Finally, it put forward propositions for future studies.

5.1. Summary of the Findings

In its bid to divulge information on work-family conflict,the study aimed at assessing four areas. These were namely; nurses' perspective on their experience of work-family conflict (WFC), the relationship between nurses' work schedules and work-family conflict, the relationship between nurses' income and work-family conflict and the support mechanisms put in place to address work-family conflict. The following areas provided a summary of the findings based on these areas.

5.1.1 Nurses' Perspective on their Experience of Work-Family Conflict

The nurses shared various experiences concerning work-family conflict (WFC). Nurses experienced greater work-family conflict (54%) than family-work conflict (46%).There was WFC caused by limited support manifested in various ways namely; inadequate remuneration, unsatisfactory organizational policies, inadequate motivation, poor leadership, shared governance and lack of effective communication.They further shared that they perceived family challenges associated with family roles as household difficulties connected to marital and family demands such as roles within the family, communication breakdown, conflict resolution, role conflict and generational differences. Additionally, they faced WFC due to nurses' shortage which would force the remaining team to overwork hence eating into their family time and insufficient equipment and supplies which would compromise on

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service delivery, thereby making them experience feelings of self-blame, guilt, discouragement frustration and demotivation. The demanding nature of their profession led to WFC as well; due to the resultant burnout, demanding work commitment, negative demanding effect on house helps and lack of professionalism. Additionally, their attitude had a significant impact on their productivity. Some nurses (18%) indicated that a positive attitude aided in managing work-family conflict. A positive attitude helped the nurses to change their mindset to perceive and recognize opportunities, not dwel on the shortcomings, but face them with confidence and seek ways to resolve them.

5.1.2 The Relationship between Nurses' Work Schedules and Work-Family Conflict

There was a significant relationship between work schedule and WFC. This was governed by sub-constructs such as job flexibility, social interaction and career development.Most areas of concern included long working hours and inflexible shifts. Job flexibility had a positive significant relationship with marital satisfaction as nurses who experienced higher levels of work-family conflict perceived their jobs as less flexible. This provided a strategy to balance work and personal life more effectively. 73% of nurse participants indicated that they experienced mental fatigue caused by job inflexibility which led to an inability to concentrate and be alert leading to WFC. Additionally, marital satisfaction had a significant relationship with NWS. This had an impact on nurses' performance and community well-being. Moreover, the inability to adequately compensate or show gratitude to nurses in any way for working extra hours demotivated them. This affected their ability to give their best to the patients and organizations.

5.1.3 The Relationship between Nurses' Income and Work-Family Conflict

The majority of the participants (91%) did not consider their salary as adequate for sustaining their families and this this would lead to financial stress and negatively affect their quality of life. Additionally, their pay dates were unreliable, hence creating financial stress since they could not meet personal expenses on time and manage their daily lives. Furthermore, 63% explained that they managed to save as a family, the contributing factor being earning mates who improved their financial stability and impacted them positively in terms of the overall

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well-being and stress reduction.In addition, most of the participants (60%) stated that income had not caused conflict in their families because of the financial support from their spouses, proper budgeting, working extra hard and budgeting only for the basics. It was clear that inadequate pay and compensation for extra time worked was demotivating to the nurses and this affected their performance and led to high nurse turnover. It forced some to search for locums so that they could earn more and raise their families' standards of living. In addition, this loss of experienced nurses affected performance and prolonged patient recovery, which in turn delayed the discharge of patients from hospitals. In the long run, this held patients from going back to their families and community and be more resourceful.

5.1.4 The Support Mechanisms Put in Place to Address Work-Family Conflict

The findings illustrated a relationship between support (organizational, supervisor, co-workers, and family) and WFC.The study findings from quantitative data clearly showed that nurse participants experienced more support from the family (30%), then co-worker (26%). This was followed by supervisor (23%), suggesting that nurse participants got more support from their families as compared to other types of support. The study findings from qualitative data as explained showed clearly how different support mechanisms (organizational, supervisor, co-worker, and family) assisted in moderating WFC and bringing about positive outcomes to the organization and family as well. The management's role in mitigating WFC required them to foster open communication, have good leadership skills, create a supportive environment with adequate resources, manage shifts for nurses, and appreciate nurses through pay increases. The supervisors' role in relieving WFC included emotional support, flexible shifts and good mentorship. Co-worker support contribution in mitigating WFC involved moral support, duty exchange, and positive interaction with colleagues as it helped tofoster a supportive environment. Lastly, the role of the family included moral support, helping with family chores, and understanding the nurses' work schedules. In addition, organizational and family support improved work and family outcomes. The house helps were found to be of great support to nurses who mostly worked in shifts.

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5.2 Conclusions

This thesis found that work-family conflict on nurses' productivity in the Nairobi Metropolitan Area in Kenya was caused by several factors both at work and at home. This was due to inter-role conflict. Furthermore, work-family conflict when not efficiently addressed could lead to devastating outcomes both at work and family domain, meaning this had an impact on nurses, their families, organizations, and society at large. This, if not properly addressed, would affect the advancement of Kenya in meeting Vision 2030, SDG 3 on well-beingand UHC.

This study concluded that nurses had different responsibilities depending on their age, size of the family, nursing experience and level of their cadre which affected their ability to balance WFC. A good number of nurse participants among nurses working in the Nairobi Metropolitan Area indicated that they experienced more WFC as compared to family-work conflict (FWC).There was lack of involvement of nurse participants in addressing issues experienced by nurses such as job inflexibility, unclear policies on compensations for working extra hours, workload, and nurse shortage. The major issues and challenges raised concerned the organization. These included the need for adequate resources and supplies, better pay, clear policy and open and effective communication. Retaining experienced nurses brought about positive outcomes both to nurses' families and patients' families. Moreover, development depended on how healthy people were. Therefore, the nurses' role in providing a higher percentage of care to the patients as compared to other staff could not be ignored as it contributed to the quick recovery of patients and ensured the availability of a more productive labor force. Healthy families and consequently a healthy nation greatly improved community well-being. This was measured with indicators such as job satisfaction, nurse retention, family happiness, and career growth. In addition, the nurses came from families which formed a strong unit. Therefore, for effective outcomes, both at work and family domain, the ability to balance WFC was essential.

With regard tothe relationship between work schedules and work-family conflict on community productivity among nurses in selected health facilities within the Nairobi

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Metropolitan Area, Kenya, analysis was carried out on both quantitative and qualitative data. It was conclused that nurses had a liking for different types of shifts. However, long working hours affected most of them both at work and in the family domain due to work overload which led to burnout. Different types of shifts affected nurses both positively and negatively. A flexible shift helped the nurses to do other official matters, prepare children for school in the mornings and have family time during the day and over the weekends. On the other hand, long working hours and night shifts led to fatigue and reduced time for socializing and building relationships with other people. In summary, nurses' work schedules are a key determinant of WFC. The impression of nurses' work schedules on WFC depended on nurses' age, gender, cadre, and marital status. Long working hours were stressful for most nurses and affected their performance at work and home domains and hence the need for flexible schedules.

As in regards to the relationship between personal income and work-family conflict and its impact on community productivity among nurses in selected health facilities in the Nairobi Metropolitan Area, Kenya, satisfactory pay, compensation and promotions were major issues that the nurses encountered. These factors determined the nurses' motivation and decision on whether to stay in an organization or leave in search of a job elsewhere. The lack of adequate pay and compensation for extra time worked was demotivating to the nurses and affected their performance in service provision to the patients and sometimes led to turnover as the nurses moved to other places with better terms of employment. As a result, the organizations lost experienced nurses who had gone through orientation and understood the organization well, leading to further nurse shortages. In addition, the nurses did not get time to rest during their time off as they moved from one job to the other looking for more income. This led to physical strain and mental fatigue among nurses which in turn affected their productivity both at work and in home domains. It was concluded that income was a major determinant that contributed to WFC and affected the nurses individually and their families. Transformational leadership would be necessary in enhancing the working conditions and atmosphere of nurses, improving the quality of care and mitigating work-family conflict. In addition, the management was expected to make provision for career growth which would lead to better

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pay and enhanced living standards.

In relation to the final aim of determining the support mechanisms put in place to address work-family conflict among nurses in selected health facilities in the Nairobi Metropolitan Area, Kenya, it was established that there was a statistically significant relationship between nurses' work schedules, nurses' income and the moderating effect of support factors on WFC. The nurses received more support from family than from co-workers, supervisors and the organization they worked for. They suggested that most support should have come from the organization, supervisor, coworker, and then family, in that order. By fostering a supportive work environment for nurses, the management was a key component in addressing work-family conflict. This was because organizations made policies that needed to consider or accommodate nurses' issues so that it was easier for the supervisor to support the nurses. This trickled down to co-workers and family who did not stand alone but were guided and protected by the same policies. In addition, availability of enough resources, supply, having an adequate number of nurses and acquiring supplies and equipment eased nurses' work. In addition, better pay and compensation for extra time worked and clear communication from the organization could make the working environment more conducive. Therefore, the inter-role conflict between work and family could be reduced if nurses got proper support.

The four objectives of the current study were achieved. It was established that organizations played a key role in supporting nurses to remain stable both physically and mentally, to achieve positive outcomes both at work and in the family domain. It was evident that WFC and the nurses' family dynamics affected their performance at work and home. This influenced quality care provision and community well-being.

5.3 Study Contribution to Theory, Practice and Policy

The study was conducted to investigate socio-economic determinants of work-family conflict (WFC) among nurses in the Nairobi Metropolitan Area, Kenya. Fain (2020) highlights how nurses participating in research activities help to develop, refine and extend nursing science, which is a unique body of nursing knowledge. These include testing old results with new

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participants or at new sites and adding individual voices whose perspectives had not been heard, extending research to innovative ideas or practice and investigating an area of research that fills a void in existing information. The findings from this study contributed towards creating awareness on theory and policy and have practical implications for WFC among nurses in the Nairobi Metropolitan Area, Kenya.

5.3.1 Contributions of the Research to Theory

This study contributed to the body of research by attempting to bridge some gaps in the literature reviewed. It also contributed to the work-family conflict (WFC) body of knowledge from the participants' perspective in the African context. Despite the studies done on WFC mostly in the Western countries, the present study was context-specific, with questions that were directed to nurse participants in the Nairobi Metropolitan Area, Kenya. To this extent, the study was ground-breaking in trying to understand nurses' perspective on WFC.

The study brought in a different understanding of knowledge by examining WFC from a development perspective.This was because most studies done in Kenya concentrated on issues such as nurse burnout, nurse shortage and work schedules. In addition to exploring nurse's perspectives on WFC, this study interviewed directors of nursing services (DNS) just to get their views on this study topic. More significant wasthe focus on clinical nurse participants in Kenya who formed approximately 69.1% of healthcare workers and were responsible for up to 90% of healthcare services (Kenya SDI data, 2018). This could be because nurses act as a link between the doctor and patients as they provide critical healthcare services which aid in the patient's quick recovery hence they face greater conflict and so their well-being is of great importance. The present study therefore contributed to extant knowledge by bridging these gaps. A search from nursing and developmental journals from leading databases revealed limited attempts to investigate WFC especially from Kenya. The findings of this study therefore provided an empirical baseline data that could be used to compare with other closely related studies done mostly in Western countries or to be done in different disciplines to establish whether they corroborate or differ.

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By articulating the participants' perspectives, this study provided a starting point for researchers who intend to employ a mixed-method approach to investigate socio-economic determinants of work-family conflict among nurses. The study demonstrated how the mixed method approach sufficiently covered WFC. Another area that may require further examination is the participants' disposition on work-family conflict with other healthcare workers using a mixed-method approach.

Notably, moderate WFC among the participants required support. The study demonstrated that organizational support was key for participants to minimize WFC both at work and family domain. In addition, supervisors, co-workers and family including house helps were a greatteam that would lead to reduction of WFC and this would lead to greater outcomes at work and family domain.

This study's findings illustrated the fact that participants experienced greater WFC than FWC. It revealed that sometimes family roles were sacrificed for work roles. Work and family conflicts arose from time, money and commitment. Among the resources that presented conflicts in families were time and money. Nurses would always want to maintain family resources and reduce financial constraints. The nurses were required to balance as they understood the nursing profession as a "calling profession" and so needed to be committed. WFC among nurses had greater significance on community well-being. This included the effects on an organization, society, and at family level. By analyzing the relationship between the two major types of work-family conflicts (time-based conflict and strain-based conflict), this study demonstrated the impact they had on the nurses, their families and organizations.

5.3.2 Contributions of this Research to Practice

The findings of this study illustrated that participants experienced work-family conflict (WFC) which calls for the need to find ways to moderate WFC for greater outcomes both at work and family levels. Nurses needed to adopt practices that would enable them to manage conflicts since each of them had different coping mechanisms for managing WFC. This could be done through periodic self-evaluation, training, seeking services like counseling and teamwork.

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The results of this study presented the empirical data and information that could likely form a basis for collaboration of all stakeholders and teamwork that would ensure that WFC among nurses was addressed at institutional policy formulation levels. Both the nurses and management had to be willing to work closely to ensure that organizational objectives were met. The hospital managers and DNS needed to be deliberate in facilitating this to minimize WFC.

Furthermore, the study findings on nurses' perspectives as presented were key factors that would contribute to quick and positive outcomes both for the clients in healthcare facilities and for nurses in the family domain. The research findings on nurses' shifts, time management, periodic nurse employment to reduce shortage, review of nurses' pay and nurses' career development were crucial for greater productivity and development.

The current study filled a gap in the literature on nurses and organizations on the dynamics of WFC among nurses from both private and public hospitals in the Nairobi Metropolitan Area in Kenya. Therefore, the findings of this study made a major contribution to the literature that would facilitate effective and relevant improvement to hospital performance in the industry due to the preferences of many to get services from certain organizations as compared to others. In addition, at the heart of the efficiency of nurses lies the family. As stated earlier, the family as a production unit must function for the well-being of the community.

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5.3.3 Contributions of the Research to Policy

The thesis established the need to review and adjust policies that pertained to nurses work schedules, income and support. Emphasis was put on the importance of involving hospital administrators, ministry of health policymakers, directors of nursing services, supervisors, and all nurses in their quest to help minimize WFC among nurses. By engaging them, they would help in identifying the root cause of WFC. The findings were critical in the development of specific guiding policies for the organizations and individuals involved in addressing the welfare of nurses.

Based on the key national parties mentioned above, the findings of this study prepared the ground for the formulation of a robust national policy framework. The absence of guiding policy documents at the national level led to issues or problems at the organizational level. The national policy would provide impetus for development in the society and family levels. This would help to fulfill Kenya's Vision 2030 and universal healthcare. Furthermore, the results of this study informed the reviewers in aiding with formulation of new policies that would have a major impact on the nursing profession. The results were useful for the review of existing policies on nurse deployment, specific training programs, promotion and overtime compensation. In addition, they would inform interventions that l help nurses in dealing with work-family conflict (WFC). This also created awareness among nurses on the need to be involved in setting and implementing policies.

5.4 Recommendations

Reflecting on the findings of this study, as espoused in the summary and conclusions sections, the researcher made recommendations on the following areas: work-family conflict (WFC) and nurses' perspective, WFC and nurses' work schedule, WFC and nurses' income and lastly social support mechanisms.

5.4.1 Recommendation One: Nurses' Perspective and Work-Family Conflict

This thesis emphasized the importance of nurses who came from afamily setting. There was a need for deliberate checks by the organizations on the nurses' well-being which extended to their family's well-being. Additionally, nurses were the majority of staff in the healthcare profession and spent most of their time with patients. It is important to address their concerns so that every citizen enjoys good healthcare because it is their right. In addition, organizations should encourage periodic research studies and formulate appropriate policies based on the findings so that there is feedback based on nurses' perspectives and understanding. As noted in the narratives in this study, it was important to receive feedback from nurses who transitted to other places on the reasons why they quit so that the organizations and the government can formulate strategies to retain nurses.

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5.4.2 Recommendation Two: Nurses' Work Schedule

From the study which sought to establish the relationship between work schedules and work-family conflict especially the negative impact of long working hours, night shifts, working weekends, and holidays, there was need to review the policies on nurse deployment based on their preference as these may help mitigate work-family conflict. This included involving nurses in the review of the work schedules, so that an agreement could be arrived at on a work schedule most nurses would feel comfortable with. This would work well with ideal nursing department support through proper leadership and feedback on nurse staffing and work schedules. Additionally, encouraging training on time management, and the importance of quality family time when off from work, managing workload and prioritization of activities were measures that would aid in minimizing WFC and improving community well-being.

5.4.3 Recommendation Three: Nurses' Income

With regard to examining the relationship between personal income and work-family conflict, the researcher recommended the need to review policies on nurses' pay and if possible, make some adjustments, keeping in mind study leaves if any, promotion witha pay review and additional allowances for extra time worked. This would work best if there was a good rapport with nurses by taking time to talk about the issue of remuneration and coming to a consensus. The researcher further recommended engagement between nurses and administrators covering topics on managing funds, budgeting, savings and other less stressful ways of making money like counseling and home care. These could help the nurses to come up with solutions that would aid in moderating work-family conflict (WFC) and lead to family stability.

5.4.4 Recommendation Four: Social Support Mechanism

In respect to determining a support mechanism to address work-family conflict (WFC), the researcher recommended responsive leadership with managerial capabilities, but one that engages nurses, their supervisors and other administrators. Such leadership would easily

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support supervisors and departmental heads because they would already have known what was needed due to the engagements. Over and above that, the researcher recommended fostering an organizational culture to help create a friendly environment where nurses would be retained and assisted in balancing work and family responsibilities. This involved ensuring that the number of nurses was adequate to offer the needed services, organizations to allow consultations and the creation of feedback mechanisms where nurses could anonymously give comments and suggestions. This would enhance nurse retention and ultimately positive patient outcomes.

Evidence-based policies can be very instrumental in solving nurses' issues (WHO, 2009). The researcher recommended the establishment of policy guidelines in areas including frequent evaluation of nurses, training and other capacity-building initiatives, research-based levels of education and work environments. Moreover, having a clear policy for nurses on academic progression or specialization options would also motivate them.

5.5 Suggestions for Further Studies

The study investigated socio-economic determinants of work-family conflict (WFC) among nurses and the implications on community well-being inthe Nairobi Metropolitan Area, Kenya.

The study concentrated on nurses working within selected healthcare facilities within the Nairobi metropolitan area in Kenya. A similar study could be done to compare WFC with other healthcare workers to reveal whether WFC experiences are similar or different, raising the need to establish the reasons for similarities or differences.

The current study focused on a descriptive cross-survey study. Further research could consider conducting a similar study that adopts a descriptive longitudinal design to compare the time effect of changes. Such a study could reveal more data and findings over time on nurses' perspective of WFC.

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This study was conducted in level 4 to level 6 hospitals only. A comparative study could be done on hospitals of the same level, or referral hospitals from each of the four counties. For example, level 6 hospitals or level 4 hospitals are healthcare facilities from each of the four counties. Such a study could disclose nurses' perspectives or other healthcare workers' experiences depending on services provided within their organizations.

The current study focused on specific socioeconomic determinants. Further research could consider carrying out a similar study on the economic contribution of nursing to the government.

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APPENDICES

APPENDIX 1: Nurses'Questionnaire

Dear Participant, My name is Mary Mudave, a student from St. Paul's University in Limuru undertaking a Ph.D. program in Development Studies. The title of my research is: "The socio-economic Determinants associated with Work-family conflict among Nurses in the Nairobi Metropolitan Area, Kenya". Work-family conflict occurs when a person experiences incompatible demands between family and work roles, making it difficult to participate in both roles. This imbalance creates conflict. I, therefore, kindly request you to assist with the information you have regarding the following questions, which will be kept confidential and used solely for study purposes. Kindly do not write your name anywhere and filling out this questionnaire is voluntary. However, filling it out shows you have given your consent to participate in the study.

SECTION A: DEMOGRAPHIC INFORMATION

1. Indicate your Gender: Male Female
2. Academic Qualifications: Diploma Bachelors PhD Other
3. Marital status: Married Single Widowed Divorced/separated
4. Working experience: Years
5. Select the county of work: Kajiado Kiambu Machakos Nairobi
6. Status of Health Facility: National Referral County Sub County Private Faith-based
7. Indicate current nursing position……
8. Age categories: 21-25yrs 26-30 yrs. 31-35 yrs. 36yrs-40yrs 41-45 yrs. 46-50 yrs. 51-55 yrs. 56-60 yrs. 61-65 yrs. 66yrs &above
9. No of living children: Age of eldest child Age of youngest child
10. If you decide to resign now, what would be the MAIN cause **(if more than one indicates ticking 1,2,3 in the order of priority.** 1)Pay 2) Work overload 3) Type of job 4) Long working hours 5.)Family problems 6) Lack of support from family 7)Lack of support from work 8)Shift inflexibility 9)Nurse Shortage 10)Work problems 11)OTHERS (please list)
11. Do You have a house help? Yes, No

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a). If you have, how long have you stayed with your current house help? _____

b). How long did you stay with your former housemate?_____

c). Why did she/he leave?_____ d). Does the house he
Why did you choose a or b above.....?

e). Please indicate how helpful the house help is regarding reducing work-family conflict and impact on community well-being: Very helpful Helpful Not helpful

SECTION B: Kindly respond to the following questions that seek to know your experience with work and family conflicts

1). What are some of the struggles you encounter at the workplace that may impact community well-being ……..?

2). What are some of the struggles you encounter at home that may impact on community well-being ……?

3. How do they affect your performance and community well-being and how do you deal with them:

a). At workplace……

b). At home…….....

c). At Nation……

For this section on Work-Family Conflict on a scale of 1 to 4 indicate by putting a tick as to whether you strongly Agree (1) Agree (2), Disagree (3), Strongly disagree (4)

Statement on work-family conflict	Strongly agree 1	Agree 2	Neutral 3	Disagree 4	Strongly disagree 5
1. The demands of my work interfere with my home and family life.					
2. The amount of time my job takes up makes it difficult to fulfill family responsibilities					
3. Things I want to do at home do not get done because of the demands at work.					
4.My job produces a strain that makes it difficult to fulfill family duties					
5. Due to work-related duties, I must make changes to my plans for family activities					
Family-work conflict					
1. The demands of my family or spouse/partner interfere with work-related					

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activities.
2. I must put off doing things at work because of demands on my time at home
3. Things I want to do at work don't get done because of the demands of my family or spouse
4. My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime
5. Family-related strain interferes with my ability to perform nursing job-related duties.

Kindly respond to the following questions that seek to know your view on marital satisfaction as an effect on work and family conflicts and our well-being.

1.From your experience as a nurse, list down what you feel has made your marriage stand with work and family conflict and any implications encountered on well-being……...…?

2.From your experience as a nurse, list down what you feel has made your marriage struggle with work-family conflict and any implications on well-being……

For this section on marital satisfaction on a scale of 1 to 5 indicate by putting a tick as to whether, Strongly Agree (1) Moderately Agree (2), Neither Agree nor Disagree (3), Moderately disagree (4), Strongly disagree (5)

Statement on marital satisfaction	Strongly agree 1	Moderately agree 2	Neither agree nor disagree 3	Moderately disagree 4	Strongly disagree 5
1. My partner and I understand each other perfectly					
2. I am not pleased with the personality characteristics and personal habits of my partner.					
3.I am very happy with how we handle role responsibilities in our marriage.					
4. My partner completely					

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understands and sympathizes with my every mood.
5. I am not happy about our communication and feel my partner does not understand me.
6. Our relationship is a perfect success
7. I am very happy about how we make decisions and resolve conflicts.
8.I am unhappy about our finances. position and the way we make financial decisions.
9. I have some needs that are not being met by our relationship.
10. I am very happy with how we manage our leisure activities and the time we spend together
11. I am very pleased about how we express affection and relate sexually
12. I am not satisfied with the way we each handle our responsibilities as parents
13. I have never regretted my relationship with my partner, not even for a moment.
14. I am dissatisfied with our relationship with my parents, in-laws, and/or friends
15. I feel very good about

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how we each practice our religious beliefs and values

C3-: Kindly respond to the following questions that seek to know your view on nurse turnover.

a). Do you ever think of quitting your job in the next year?Yes, No. Explain your answer

b).Why would you leave your current nursing job?.....?

c).What do you suggest needs to be done to stop you from quitting your current job…...?

For this section on turnover intention, on a scale of 1 to 5 indicate by putting a tick as to whether Strongly Agree (1) Agree (2) Neither agree norDisagree (3) Disagree(4)Strongly disagree(5)

Statement on nurse turnover	Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly Disagree 5
1.I often think about quitting my present job.					
2.I will probably look for a new job in the next year.					
3.As soon as possible, I will leave the organization.					

SECTION C: Kindly respond to the following questions that seek to know how you manage your work and family schedule

1.Do you always leave your work on time? Yes, No. Explain your answer.

2. Do you experience conflicts with your family as a result of not spending enough time with them?

a) Yes No

b) If yes, how do you handle these conflicts?.....

3.Could you write down how the kind of shift you do has affected your family commitment either

Positively……....

4.Negatively…….……

5.What do you suggest needs to be done by the organization in work schedules for nurses...?

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6.On a scale of 1 to 5 on your work schedule, indicate by putting a tick as to whether you are very satisfied (1), Moderately satisfied (2), Neither satisfied nor dissatisfied (3) moderately dissatisfied (4), Very dissatisfied (5)

Statement on work schedule	Very satisfied 1	Moderately satisfied 2	Neither satisfied nor dissatisfied 3	Moderately Dissatisfied 4	Very Dissatisfie 5
1.Hours that you work in a day					
2.Flexibility in scheduling your hours					
3.Opportunity to work straight days					
4.Opportunity for part-time work					
5.Weekends off per month					
6.Flexibility in scheduling your weekends off					
7.Compensations for working weekends					
8.Maternity leave times					
9.Partenity leave times					
10.Childcare facilities					
11.Opportunity for social contact at work					
12.Opportunity for social contact with your colleagues after work					
13.Opportunity to interact professionally with other disciplines					
14.Opportunity for career advancement					

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SECTION D: For this section on PERSONAL INCOME, indicate by filling in the spaces

1) Are you the only one employed in your family? Yes No

2) Do you consider your salary enough to sustain your family? Yes No

3) From your job, do you have any other income-generating activity? Yes, No

4) If yes, which activity is it?

5) Has your income caused conflicts with your family at any point? a)Yes No

b).If yes, how did it cause conflicts?

6) How much do you earn? 20,000-30,000 31,000-50,000 51,000-100,000. 101,000-150,000. 151,000-200,000 Above 201,000

7) Do you pay rent or pay for a mortgage or own a house?

8) Would you like to work more hours for more income? Yes No

9) Are you able to do some savings as a family? Yes No ...

SECTION E: For this section on nurses' support fill in the blank space.

1a) Do you receive enough support from your organization to manage the pressures of work off your work? a) Yes, No b)

If the answer to the above is yes, where do you get more support**? (Number them in priority:1, 2.)**. The management... Supervisors… Co-workers… Spouse ….Children… Counsellors… Pastoral Service… Other family members… Friends…).

1.What major role does **number 1**above play in supporting you as an individual?

2) What do you think should be done to ensure that the nurses receive social support that will enable them to discharge duties effectively? ……

For this section on nurse's family support, on a scale of 1 to 7 indicate by putting a tick as to whether Very Strongly Disagree (1), Strongly Disagree (2) Mildly disagree (3),Neutral (4), Mildly agree (5), Strongly Agree (6).

Organizational support	Very Strongly Disagree 1	Strongly Disagree 2	Mildly Disagree 3	Neutra l 4	Mildly Agree 5	Strongly Agree 6
1. Help is available from my organization when I have a problem.						
2. My organization allows me to further my studies.						
3.My organization is willing to help me perform my job to the best of my ability.						
4. My organization cares about my general satisfaction at work.						
5. My organization has policies that are concerned with the nurse's welfare.						
Supervisors support						
1. My supervisor cares about my opinions.						
2. My work supervisor cares						

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about my well-being.						
3. My supervisor strongly considers my goals and values						
4. My supervisor shows very little concern for me.						
Coworkers support						
1. My coworkers are supportive of my goals and values.						
2. Help is available from my coworkers when I have a problem.						
3. My coworkers care about my well-being.						
4. My coworkers are willing to offer assistance to help me perform my job to the best of my ability.						
5. My coworkers are complimentary of my accomplishments at work.						
Family support						
1.There is a special person who is around when I am in need						
2.There is a special person with whom I can share my joys and sorrows.						
3. My family tries to help me.						
4. I get the emotional help and support I need from my family.						
5.I have a special person who is a real source of comfort to me.						
6.I can talk about my problems with my family						
7. There is a special person in my life who cares about my feelings						
8. My family is willing to help me make decisions						

THANK YOU

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APPENDIX 2: Interview Guide for Director of Nursing Services

1. Do nurses experience work-family conflict in your hospital?
2. How do you rate the income of nurses as compared to other health facilities, good very good excellent.
3. What are some of the challenges you face with the nursing staff as a director of nursing services in handling work and family challenges and how does this affect their performance at work and at Home or community well-being?
4. In what ways can you advise or help nurses in managing personal time?
5. Which support does well in helping nurses deal with work-family conflict?
6. In what ways can the health facility help in reducing work-family conflict among nursesto increase their performance and impact on community well-being?
7. What role can nurses playin reducing work-family conflict?
8. What challenges do you face as a facility as pertains to some of the issues that lead to nurse's work-family conflict?
9. Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?
10. What is the average number of nurses who resign in a month?

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APPENDIX 3: Director of Nursing Services Narrative

DN1: Time period 40 min (Hospital A)

INTERVIEWER*: Do nurses experience work-family conflict in your hospital?*

PARTICIPANT: Yes, nurses do experience work and family conflict. This applies to both males and females because of the role each plays in the family. For those who are married, they have children who need them, and at the same time, work has challenges like working beyond working hours without compensation which most nurses get discouraged. Most nurses are female and at an age where they are getting babies, for example, from maternity leave which takes 3 months, some ask for an extension of 2 more months to take care of the baby.

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good very good excellent?*

PARTICIPANT: Nurses' income is good as compared to other private and public hospitals, though due to other hospitals like Kenyatta Hospital, and Nairobi Hospital. Agha Khan etc. whose pay may seem higher. This hospital tends to poach nurses a lot. Most nurses tend to resign to go to well-paying hospitals which are mostly private. There seems to be a need to review nurse's income every year because sometimes the hospital loses very potential nurses especially those who have done special courses like ICU, theatre, and pediatrics'. First of all, it is very expensive to train these nurses, and secondly, this affectsthe quality of care offered to the patients because more experienced nurses have quit. However, if they are replaced by trained ICU nurses it could be better.

INTERVIEWER: *What are some of the challenges you face with the nursing staff as a director of nursing services in handling work and family challenges and implications on community well-being?*

PARTICIPANT: Challenges DNS faces with the nursing staff include absenteeism, sick offs in a unit like 5 in a month, due to COVID-19, pay, and family. This brings about a shortage of nurses in a unit, increasing the workload for the few nurses on duty, who get overwhelmed, and easily break down psychologically, mentally, and physically. Poor care of nurses themselves like not going for lunch or break, sometimes leads to a lack of

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concentration, hence increasing incidences. Nurses try to work hard so that they finish their work early and go home on time, which sometimes doesn't happen as they are not able to finish work well on time. Nurses also experience burnout which prevents them from providing quality care, and delays patients recovery. This impacts on the community's well-being negatively in accomplishing organizational goals ,and national goals

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*

PARTICIPANT: Nurses can manage personal time by taking rest rather than doing many locums, taking time to develop a hobby, and organizing or prioritizing work by the proper plan of patient care so that work is finished on time to avoid working overtime hours. Sometimes it is not easy especially depending on the department, emergencies sometimes come up, and nurses have to deal with them. Management of duties self-care by eating well, and psychological counseling. However whichever way, it is important to plan once personal time.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict to increase their performance and impact on community well-being?*

PARTICIPANT: Support that does well in helping nurses deal with WFC is first of all to have clear open does' policies which managers can follow in supporting nurses not to have mental, physical, and psychological break-down. Psychological, and spiritual care (Every unit given a day with the priest), might help nurses manage work-family conflict

INTERVIEWER: *In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being?*

PARTICIPANT: Health facilities can help in reducing WFC, by use of the above support, and Zumba sessions. This has to be followed and every nurse has to go through it. This is the only sure way that all nurses are getting support to manage work-family conflict. Nurses who are stable mentally can give their best not only at work but also at home leading to satisfaction, greater productivity at workand community well-being.

INTERVIEWER: *What role can nurses play in reducing work-family conflict?*

PARTICIPANT: The role of nurses in reducing WFC Is to prioritize patient care at bed space, "not to carry work-home," reduce or stop doing locums so that they have time with

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their family or designate family time and work time. sometimes a question nurses are asked to answer is "How much money is enough "Nurses CMEs on" parenting" which was done and was well received by the nurses, "Also importance of family". Other CMES on being content and managing finances. Having more of this type of CMES is stimulating for nurses.

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*

PARTICIPANT: The exit interview is done by HR but DNS needs to be involved. DNS who understands nurses may probe further and get more information that would help others. Sometimes nurses speak for others. Reasons given are overseas employment, family moving, school engagement to further the studies, duties not flexible, and salary. Entry level depends on the nurse's experience. Talk to nurses to help them understand

INTERVIEWER: *What is the average number of nurses who resign in a month?*

PARTICIPANT: The number of nurses who resigned in a month is 2-3 nurses, for 2020 number of nurses who resigned was 28 nurses. ICU ratio is 1:1 and HDU 1:2 though currently not working since most of the exits are ICU nurses.

INTERVIEWER: *If you decide to resign now, what would be the reason?*

PARTICIPANT: If she decides to resign now, it is because she has a passion for forensic nursing, and also due to other work problems like workload, nurse shortage, inadequate support from the organization

DN2: Time period 30 min (Hospital B)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*

PARTICIPANT: Nurses experience WFC to some level but not so much. This is because of the sensitivity of the nursing career, times of day, night, and holidays or weekends when others are off. Sometimes it affects family relationships, especially when they want to go out as a family during weekends or holidays, they can't because the nurse is on duty.

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good, very good or excellent?*

PARTICIPANT: Nurses' income is fair as compared to other private and public hospitals. Due to competition in the healthcare sector, the organization and government need to be

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sensitive and review nurses' pay to retain nurses as this will sort out or minimize nurse turnover.

INTERVIEWER: *What are some of the challenges you face with the nursing staff as a director of nursing services in handling work and family challenges and how does this affect their performance at work, home or community well-being?*

PARTICIPANT: Challenges DNS faces with the nursing staff is a long time to understand and deal with nurse's issues. Most of the time nurses don't verbalize deep issues happening in their department. This could be due to fear of being victimized. So much needs to be done, especially when it comes to documentation, handling incidences, etc., hence the lack of time to listen to nurses' issues. Absenteeism due to house help issues does affect performance because of work overload, affecting service provision. Sometimes where some family members don't understand nurses work schedule, it brings conflict to the family. This impact on nurses, their families, patients and the organization well-being as they are unable to accomplish their goals and roles.

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*

PARTICIPANT: The nurse can manage personal time by always planning well. Sometimes some of them do not plan well due to other things that occupy them that are not work-related. The nurse needs to psychologically plan and concentrate when on duty, same time when they are off, to concentrate on their families.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict?*

PARTICIPANT: Support that does well in helping nurses deal with WFC is allowing time off, and then off duty to have time with their family, and rest enough. This helps them to be fit physically, psychologically, and mentally and, hence perform well.

INTERVIEWER: *In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being?*

PARTICIPANT: Health facilities can help in reducing WFC by allowing flexible working hours. Can be allowed by management for departmental heads to be allowed to work together with the nurses on shifts that work well for them. This will enable nurses attend to the family's needs well incase of emergencies or attend to their family issues without

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straining. This enable nurses to concentrate because their family needs have been dealt with on time.

INTERVIEWER: *What role can nurses play in reducing work-family conflict?*

PARTICIPANT: The role of nurses in reducing WFC is psychosocial and supportive. Nurses should not shy off. They need to ask for help when they have burning issues related to work and same time go for counseling when any nurse feels overwhelmed

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*

PARTICIPANT: Exit interviews not done. However, they are necessary as they help the organization get feedback from the nurse, on reasons for leaving, which if looked into, can assist the organization to reduce nurse turnover.

INTERVIEWER: *What is the average number of nurses who resign in a month?*

PARTICIPANT: The number of nurses who resign in a month is 1

INTERVIEWER: *If you decide to resign now, what would be the reason?*

PARTICIPANT:The Number of nurses who resign in a month is 1

DN3 : Time period 28 min (Hospital C)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*

PARTICIPANT: Nurses experience WFC and the main reasonsare work overload, nurse shortage, and lack of pay motivation

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good, very good or excellent?*

PARTICIPANT:Nurses' income is poor as compared to other private and public hospitals Nurses are faced with transport problems because of the location of the hospital. Looking at what nurses do and the risks involved, they need better pay. Competition is high as better-paying hospitals tend to get nurses creating more nurse shortages and, the need to employ more nurses which takes some time.

INTERVIEWER: *What are some of the challenges you face with the nursing staff as a director of nursing services in handling work and family challenges and how does this affect their performance at work, home or community well-being?*

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PARTICIPANT: Challenges DNS faces with the nursing staff include transport to the workplace, house help issues, marital spousal issues such as working effectively at home for female nurses, may not be able to offer the best to their spouses, and this brings about issues in marriage. Substance abuse (alcohol, pethidine), has been handled by the counselor and rehabilitation team, and recovered well. Nurses also go through depression, leading to absenteeism, and sick offs, this leads to nurse shortages, and an overload of the nurses on duty especially when all departments are busy and can't relocate a nurse from one department to the other. All these factors affects productivity, and inability to accomplish SDG 3 and 8 which is good health and economic growth respectively.

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*
PARTICIPANT: Nurses can manage personal time by going through some training, that will help them. They need to be allowed to come up with some topics themselves so that they can be addressed specifically not in a general form. They also need to report to work on time so that they can start work and finish on time to go off.

INTERVIEWER*: Which support does well in helping nurses deal with work-family conflict?*
PARTICIPANT Support that does well in helping nurses deal with WFC is counseling and pastoral care. The hospital is FBH. It values a lot on the spiritual welfare of nurses. This has to be made open and need for all nurses to go through it.

INTERVIEWER: *In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being?*
PARTICIPANT: Health facilities can help in reducing WFC by offering training and psychological support. This can be internal or external. Trainingdoes work as an eye-opener. Remember knowledge is power. It brings about mental calmness and peace. Nurses are able to come up with strategies that will enable them deal with challenges both at work and at home. This will cause them work well and accomplish their roles well both at work and family level. This will lead to community well-being.

INTERVIEWER: *What role can nurses playin reducing work-family conflict?*
PARTICIPANT:The Role of nurses in reducing WFC is to create awareness of nursing duties to significant others. "For those getting married or marrying a nurse, they need to understand

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the role of a nurse before committing themselves, they are also co-partnering to a nurse". The community, family, and others need to be enlightenedregularly.

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*

PARTICIPANT: Exit interviews are done, and the reasons are greener pastures, overseas employment, further education, and better terms of service. It's important to look at nurse's issues, where necessary have open communication with nurses.

INTERVIEWER: *What is the average number of nurses who resign in a month?*

PARTICIPANT The Number of nurses who resign in a month is 2

INTERVIEWER: *If you decide to resign now, what would be the reason*

PARTICIPANT: if she decides to resign now, it will be due to lack of support from work, and work problems like nurse issues which are not taken seriously like nurse shortage

DNS4: Time period 25 min (Hospital D)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*

PARTICIPANT: Yes, Nurses do experience WFC due to working over weekends and night shifts which most of them don't like. sometimes home conflict affectsnurses' performance and level of concentration.

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good very good excellent.*

PARTICIPANT: The nurse's income is fair. Nursing is a risky profession dealing with human life. Nurses many times do sacrifice a lot, and sometimes they don't break in between because of workload. They need to be motivated through salary increases.

INTERVIEWER: *What are some of the challenges you face with the nursing staff as the director of nursing manager in handling work and familychallenges and how does this affect their performance at work, home or community well-being?*

PARTICIPANT: Challenges DNS faces with the nursing staff are mental health, tiredness (chronic lateness to work), absenteeism and sick off, poor communication with the nurse, and house help issues. This affects performance, finishing work on time, hence unable to go off on time, or even not able to finish some duties. This delays patients recovery, impact on

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inability to meet organizational goals, and due to strain on nurses, their roles at home may not be well accomplished. This eventually influence community well-being.

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*
PARTICIPANT; Nurses can manage personal time by going through time management training. This needs to be emphasized to help them so that they are more effective and productive at home and work. This will prevent conflicts with the management, supervisors, co-workers, and family members because others especially at the workplace will not feel misused especially those who report on duty on time.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict?*
PARTICIPANT: Support that does well in helping nurses deal with WFC Is psychological support and conflict management training. This will help them work together as a team, patients won't suffer, and ways to solve conflicts amicably.

INTERVIEWER: *In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being??*
PARTICIPANT: Health facilities can help in reducing WFC by following up on those nurses with the problem and also management with drugs if need be. This helps them come out of their mental state early enough. Early intervention is very important to avoid cases reaching the extreme. Nursing requires mentally stable nurses in accomplishing their roles well, and on time without compromising nursing care. This impacts positively on community's well-being.

INTERVIEWER: *What role can nurses play in reducing work-family conflict?*
PARTICIPANT:The Role of nurses to reduce WFC is by accepting they have the problem and open up. This will help in helping them come out early enough before reaching an extreme level

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*
PARTICIPANT: Exit interview not done, but the main reason has been paying

INTERVIEWER: *What is the average number of nurses who resign in a month?*

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PARTICIPANT; The Number of nurses who resign in a month is 1

INTERVIEWER*: If you decide to resign now, what would be the reason*

PARTICIPANT: if she decides to resign now, it will be due to the type of job, work overload, nurse shortage, pay, long working hours, lack of support from work, and shift inflexibility

DN5: Time period 33 min (Hospital E)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*

PARTICIPANT: Yes, Nurses do experience WFC due to workload, and long working hours which affect their performance, and at the same time, they may not be able to perform family chores well, and spousal roles. This creates some conflict

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good, very good, excellent?*

PARTICIPANT: Nurses' income is fair as compared to other hospitals.so this makes nurses keep on searching for jobs or do businesses that will enable them to improve their family's standard of living

INTERVIEWER: *What are some of the challenges you face with the nursing staff as the director of nursing services in handling work and family challenges and how does this affect their performance at work, home or community well-being?*

PARTICIPANT: Challenges DNS faces with the nursing staff are they are affected mentally then they can't deliver since they are stressed, absenteeism, exit of nurses, not being able to perform daily work well, shortage of nurses affects productivity of nurses because of increased workload. Some errors like drug errors come up because a nurse lack concentration in drug dispensation and checking two people as per the policy. She will do so in a hurry so that she catches up with time. Stress affects one's performance both at home and in theworkplace. Those who are married, come up with marital issues. All these challenges affect community well-being.

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*

PARTICIPANT: Nurses can manage personal time by planning the day well. This involves coming on duty on time, and starting work on time, so that the shift handing over may also go

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home on time.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict?*
PARTICIPANT: Support that does well in helping the nurses deal with WFC is engaging them and counseling sessions. Engaging nurses motivates them as they feel they are part of the institution and are recognized. Counselling on the other side, helps them to speak out about issues that sometimes they suppress, but with time affect them negatively

INTERVIEWER*: In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being?*
PARTICIPANT: Health facilities can help in reducing WFC by organizing counseling sessions with nurses. When well explained to all nurses, as much as counseling is done for those willing and voluntarily, nurses will realize that it's for their well-being to deal with conflicts early enough at work and family levels. This will enable them deal with conflict early enough so that they can work effectively to achieve greater outcome and for community well-being.

INTERVIEWER: *What role can nurses play in reducing work-family conflict?*
PARTICIPANT:The Role of nurses inreducing WFC is to get support and be open enough to share problems. This will help in their well-being both at work and family level, Family support by explaining their roles and duties to their spouse and other family members, and family to assist with family chores

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*
PARTICIPANT: Exit interview is done, the main reasons being job security, pay, be closer to their family. When there is no job security, it brings about anxiety, worry, and fear. One can't imagine losing a job sooner than they expected. Pay on the other hand is what motivates nurses to provide basic needs to their family. Family unit is important, sometimes nurses have to resign not because they wish so but because they want to be together with the other family member.Nurses quitting jobs for a better job that can enable them to further their studies, (DN5

INTERVIEWER: *What is the average number of nurses who resign in a month?*

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PARTICIPANT:The Number of nurses who resign in a month is 1

INTERVIEWER: *If you decide to resign now, what would be the reason?*

PARTICIPANT: If she decides to resign now, it will be due to pay and lack of support.

DNS6: Time period 24 min (Hospital F)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*

PARTICIPANT: Yes, Nurses do experience WFC. Nurses sometimes work extra hours and go home late tired and may not be able to perform their roles well at home.

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good, very good ,excellent*

PARTICIPANT:Nurses' income is too little especially risk allowance. This has demotivated many nurses who just come on duty for the sake of it. They sometimes at their speed, not caring much.

INTERVIEWER: *What are some of the challenges you face with the nursing staff as the director of nursing services in handling work and family challenges and how does this affect their performance at work, home or community well-being?*

PARTICIPANT:The challenge DNS faces with the nursing staff is nurse shortage. This makes the few nurses on duty overwhelmed, they may not be able to attend to all patient's needs as they should, leading to physical and mental fatigue. "Patient care is affected as they don't get good service, and nurses are also not happy "The other one is shift flexibility, not possible because nurses are not enough, so nurses with emergencies like 'house help issues, may need to sort themselves out and make sure that they report on duty, even if it means taking a baby to someone to take care" 'as much as this nurses will come on duty, she won't be settled and this will automatically affect her performance" This delays patients recovery to go back to the society and to be of resource.

INTERVIEWER*: In what ways can you advise or help nurses in managing personal time?*

PARTICIPANT: Nurses can manage personal time by having continuous education on time management, and prioritizing their time. This will help them have time to rest enough and be productive at work and home.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict?*

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PARTICIPANT; Support that does well in helping the nurses deal with WFC is management, supervisor, and family support. Management should set policies friendly to nurse needs. Supervisor support will also help the nurse deal with her issues such as giving time off. Family on the other hand supports the nurse by being sensitive especially when she goes home and feels overwhelmed

INTERVIEWER*: In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being?*

PARTICIPANT: Health facilities can help in reducing WFC by offering support. Clear policies for supervisors to help the nurse deal with work-family conflict for greater productivity for the nurses, their families, patients, and organization. This will eventually help in accomplishing Vision 2030 and universal health care

INTERVIEWER: *What role can nurses playin reducing work-family conflict?*

PARTICIPANT:The Role of nurses to reduce WFC is by changing attitude and understanding time management to plan early and start work on time. prioritize work by doing what is more important first, and in this case, dealing with the patient's needs. change attitude by looking critically at what her role is, offering the best to the patients, and having time with her family or rather creating family time. Explain their inflexible schedules to family members, and family to assist with family chores. support from spouses, children, friends, and other family members is crucial.

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*

PARTICIPANT: Exit interview is done, and the reason is pay and work overload.

INTERVIEWER: *What is the average number of nurses who resign in a month?*

PARTICIPANT:The Number of nurses who resign in a month is 1

INTERVIEWER: *If you decide to resign now, what would be the reason*

PARTICIPANT: if she decides to resign now, it will be due to pay, lack of support from work, and nurse shortage.

DN7: Time period 20min(Hospital G)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*

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PARTICIPANT: Yes, nurses do experience WFC, this is because of the shifts they do, sometimes there is an increased workload, that may cause them to leave work late. They may not be able to attend to their families well because of fatigue, and still, they need to report back to work the following day in the morning.

INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good, very good, excellent.*

PARTICIPANT:The nurse's income is very good?

INTERVIEWER: *What are some of the challenges you face with the nursing staff as the director of nursing services in handling work and family challenges and how does this affect their performance at work, home or community well-being?*

PARTICIPANT: Challenges DNS faces with the nursing staff are house helps taking a long to learn work and a shortage of nurses, which affects the performance of the few nurses who have to work extra time. This leads to fatigue which sometimes leads to sickness, absenteeism, and stress. This affects the nurses performance and productivity at work-place, delaying patient recover, inability to meet organizational objectives or goals, affects inability to accomplish Vision 2030 and universal healthcare.

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*

PARTICIPANT: Nurses can manage personal time by having supportive discussions. Change your attitude and have other ways to make money for more income. This makes nurses feel part of the institution, part of the solution to the issues that affect nurses.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict?*

PARTICIPANT: Support that does well in helping the nurses deal with WFC is counseling. Sometimes nurses need to do a self-evaluation on time so that they can get early intervention by seeking counselling

INTERVIEWER*: In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being??*

PARTICIPANT: Health facilities have no control in helping nurses reduce WFC. Nurses need to find ways to reduce WFC for example proper time management, coming to work when sober, during their time off, they need to stay with their families to compensate, and

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working out their budget well. Taking this as their responsibility will enable nurses accomplish greater outcome that has a lot of benefit not on for the organizations but also for their families.

INTERVIEWER: *What role can nurses play in reducing work-family conflict?*
PARTICIPANT:The Role of nurses in reducing WFC is to plan their schedules well because they are in control and charge of themselves. There should not be any excuse

INTERVIEWER: *Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*
PARTICIPANT: Exit interview is done, the main reason being family relocation, going for further studies, and going to busier places.

INTERVIEWER: *What is the average number of nurses who resign in a month?*
PARTICIPANT:The Number of nurses who resign in a year is 2
INTERVIEWER: *If you decide to resign now, what would be the reason?*
PARTICIPANT: If she decides to resign now, it will be due to age.

DN8: Time period 25min(Hospital H)

INTERVIEWER: *Do nurses experience work-family conflict in your hospital?*
PARTICIPANT: Nurses do experience WFC. A good number of the nurses are female and ofchildbearing age, the challenge is that they leave small babies at home and work long shifts.
INTERVIEWER: *How do you rate the income of nurses as compared to other health facilities, good, very good, excellent?*
PARTICIPANT:Nurses' income is fair as compared to other hospitals this is because of the type of work done by the nurses, they need to be paid well, and have their salary reviewed so that they don't leave the organization, especially risk allowance
INTERVIEWER: *What are some of the challenges you face with the nursing staff as a director of nursing services in handling work and family challenges and how does this affect their performance at work, home or community well-being?*
PARTICIPANT: Challenges faced by DNS with the nursing staff arehouse help issues and absenteeism due to sick offs, and this leads to a shortage of nurses. This affects the few

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nurses on duty who need to work very hard, as they need to cover for the absent nurses. Additionally, quality of care will be affected, it will increase conflict at work which will extend at home and this affects performance which affects community well-being.

INTERVIEWER: *In what ways can you advise or help nurses in managing personal time?*
PARTICIPANT:Nurses can manage personal time by getting health education on how to manage time and pressures at work and family issues. They need to understand the importance of a family so that they plan quality time with the family to compensate for the times they were away from the family like on night shifts, weekends, and holidays, change their attitude, and manage the time they have when they are off so that they can compensate.

INTERVIEWER: *Which support does well in helping nurses deal with work-family conflict?*
PARTICIPANT: Support that does well in helping the nurses deal with WFC is supervisor support. This is the close person with the nurses, who may understand their issues more than any other person. The organization should give the supervisor certain power of flexibility in playing the leadership role properly. Family to assist with house chores.

INTERVIEWER: *In what ways can the health facility help in reducing work-family conflict among nurses to increase their performance and impact on community well-being??*
PARTICIPANT:The Health facility's role in helping nurses reduce WFC is by providing counseling services for nurses, looking at nurses' pay, reviewing, and havinga clear policy on promotion. This will motivate nurses to work well with and give their best, hence impact on community well-being.

INTERVIEWER: *What role can nurses playin reducing work-family conflict?*
PARTICIPANT:The Role of nurses to reduce WFC is by creating family time and dealing with work and family issues. Nurses to accept they have a problem and seek help (self-counseling).

INTERVIEWER*: Do you normally do an exit interview for nurses? If so, what are some of the reasons that make nurses resign?*
PARTICIPANT: Exit interview is done and the main reason is seeking greener pastures

INTERVIEWER: *What is the average number of nurses who resign in a month?*

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PARTICIPANT: Number of nurses who resign in a month- last was 2015

INTERVIEWER: *If you decide to resign now, what would be the reason?*

PARTICIPANT: If she is to resign now it will be due to work problems which are nurse shortage, lack of understanding from the employer, workload, or change to do business.

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APPENDIX 4: Descriptive Results

1. Work-family conflict

Work-Family Conflict(WFC)	Mean(M) %	Standard deviation (SD)
The demands of my work interfere with my home and family life.	3.79 (20.20%)	0.85
The amount of time my job takes up makes it difficult to fulfill family responsibilities	3.70 (19.72%)	0.86
Things I want to do at home do not get done because of the demands at work.	3.60 (19.19%)	0.86
My job produces a strain that makes it difficult to fulfill family duties	3.53 (18.82%)	0.88
Due to work-related duties, I must make changes to my plans for family activities	4.14 (22.07%)	0.81
Family-Work Conflict (FWC)		
The demands of my family or spouse/partner interfere with work-related activities	3.16 (20.65%)	0.78
I must put off doing things at work because of demands on my time at home	3.00 (19.61%)	0.80
Things I want to do at work don't get done because of the demands of my family or spouse	2.89 (18.89%)	0.72
My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime	3.20 (20.92%)	0.86
Family-related strain interferes with my ability to perform nursing job-related duties	3.05 (19.93%)	0.85
WIF	**3.75 (53.88%)**	**0.66**
FIW	**3.21 (46.18%**	**0.47**

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2. Nurses Work-schedule

Statement on work schedule	Satisfied n(%)	Neither satisfied nor dissatisfied n(%)	Dissatisfied n(%)	M	SD
1.Hours that you work in a day	130(47)	54(19)	97(34)	3.01	1.25
2.Flexibility in scheduling your hours	119(42)	59(21)	104(37)	2.90	1.18
3.Opportunity to work straight days	130(46)	43(15)	108(38)	3.00	1.38
4.Opportunity for part-time work	82(29)	59(21)	141(50)	2.66	1.29
5.Weekends off per month	125(44)	41(15)	115(41)	3.01	1.35
6.Flexibility in scheduling your weekends off	114(40)	58(21)	110(39)	2.88	1.28
7.Compensations for working weekends	77(27)	42(15)	162(58)	2.32	1.33
8.Maternity leave times	173(61)	54(19)	55(20)	3.56	1.24
9.Partenity leave times	158(55)	62(22)	62(22)	3.42	1.17
10.Childcare facilities	70(25)	58(21)	154(55)	2.48	1.26
11.Opportunity for social contact at work	105(37)	64(23)	112(40)	2.85	1.24
12.Opportunity for social contact with your colleagues after work	101(35)	61(23)	120(42)	2.82	1.23
13.Opportunity to interact professionally with other disciplines	124(44)	68(24)	88(31)	3.09	1.20
14.Opportunity for career advancement	109(38)	59(21)	113(40)	2.94	1.28

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3. Support Factors

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Organizational support	Agree n(%)	Neutral n(%)	Disagree n(%)
1. Help is available from my organization when I have a problem.	108(39)	48(17)	126(46)
2. My organization allows me to further me studies.	113(40)	53((19)	116(41)
3.My organization is willing to help me perform my job to the best of my ability.	114(41)	53(19)	115(41)
4. My organization cares about my general satisfaction at work.	75(26)	54(19)	153(54)
5. My organization has policies that are concerned with the nurse's welfare.	90(32)	61(22)	131(46)
Supervisors support			
1. My supervisor cares about my opinions.	110(39)	51(18)	118(41)
2. My work supervisor cares about my well-being.	134(47)	38(13)	110(39)
3. My supervisor strongly considers my goals and values	116(41)	62(22)	104(38)
4. My supervisor shows very little concern for me.	84(29)	51(18)	147(52)
Coworkers support			
1. My coworkers are supportive of me goals and values.	163(58)	39(14)	80(29)
2. Help is available from my coworkers when I have a problem.	183(66)	26(9)	72(26)
3. My coworkers care about my well-being.	175(62)	33(12)	73(25)
4. My coworkers are willing to offer assistance to help me perform my job to the best of my ability.	172(60)	41(15)	70(25)
5. My coworkers are complimentary of me accomplishments at work.	168(59)	38(13)	76(27)
Family support			
1.There is a special person who is around when I am in need	197(69)	14(5)	71(25)
2.There is a special person with whom I can share my	199(70)	15(5)	68(24)

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joys and sorrows.			
3. My family tries to help me.	202(71)	13(5)	66(36)
4. I get the emotional help and support I need from my family.	202(71)	13(5)	67(24)
5.I have a special person who is a real source of comfort to me.	201(71)	13(5)	68(24)
6.I can talk about my problems with my family	200(70)	11(4)	71(26)
7. There is a special person in my life who cares about my feelings	201(72)	18(6)	63(22)
8. My family is willing to help me make decisions	198(71)	15(5)	69(25)

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APPENDIX 5: Correlation Table for Dummy Variables

	1	2	3	4	5	6	7	8	9	10	11
1.WFC	1										
2. Male	.-01	1**									
3. Female	.01	-1.00	1								
4. Married	.03	-.10	.10	1							
5. Single	-.03	.10	-.10	-1.00**	1						
6. 31-40years	.05	-.04	.04	.20**	-20**	1					
7.41-70years	.14*	.03	-.03	.10	-.10	-.32**	1				
8. Staff nurse	-.02	.06	-.06	.07	-.07	.19**	-.09	1			
9.Unit in-charge	.15*	-.07	.07	.17**	-.17**	.07	.41**	-.48**	1		
10.Pay below 50k	.22**	-.12*	.12*	.13*	-.13*	.10	.21**	-.02	.32	1	
11. Pay above 50k	-.22**	.12*	-.12*	-.13*	.13*	-.10	-.21**	.02	-.32	-1.00	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

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Dummy variables

Dummy Variables Table

Demographic data	No of categories	Original entry	Entry 2 with a dummy variable	SPSS entry tables
1.Hospital-level category	3	Level 4 Level 5 Level 6	0(dummy)-Reference category (RC) Level 5-010 Level 6-001	Level 5 Level 6
2. Gender	2	Male Female	male(dummy)-RC-0(n-52) Female-1(n-221)	Female
3.Academic qualification	5	Certificate Diploma Bachelor Masters PhD	Diploma and below-RC-O(n-187) Bachelor and above-1(n-86)	Bachelor and above
4. Marital status	4	Married Single Widow Divorced/separated	Married(dummy)-RC-0(n-191) Single-1(n-82)	single
6.County proximity to Nairobi	4	Nairobi Kiambu Kajiado Machakos	Nairobi-Kiambu-RC-0 Machakos-Kajiado-1	Machakos-Kajiado
7.Nurse position	4	Staff Nurse Senior nurse Sister Unit in-charge nurse	Staff nurse-RC-0(95) Senior nurse (74) Unit in-charge nurse (104)	Senior nurse Unit in-charge nurse
8.Nurses age	4	21-30yrs 31-40yrs 41-50yrs 51-60yrs 61-70yrs	21-30yrs-RC-0(139) 31-40yrs-1(84) 41-70yrs-2(50)	31-40yrs 41-70yrs
9.Income	6	20,000-30,000 31,000-50,000 51,000-100,000 101,000-150,000 151,000-200,000	Below 50,000-RC-0(n-132) Above 50,000-1 (n-(141)	Above 50,000

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		201,000 and above		
10.House ownership	3	Rent Mortgage Own house	Rent and mortgage-RC-0(n-217) Own house-1(n-56)	Own house

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APPENDIX 6: Demographic data with Work-family conflict

Demographic variable		WFI			WIF			FIW		
		M	SD	Sig	M	SD	Sig	M	SD	Sig
Gender	Male	2.58	.51	.83	2.32	.61	.38	2.86	.66	.26
	Female	2.60	.53	.83	2.24	.69	.38	2.96	.61	.26
Hospitals	Athiriver sub-county	2.40	.24	.43	2.23	.29	.76	2.57	.53	.64
	Athiriver medical	1.95	.49	.43	2.20	1.22	.76	2.60	.87	.64
	Kiambu referral	2.48	.51	.43	2.13	.55	.76	2.82	.62	.64
	PCEA Kikuyu	2.68	.62	.43	2.34	.81	.76	3.03	.64	.64
	MLK	2.62	.45	.43	2.32	.69	.76	2.95	.54	.64
	Mater	2.63	.59	.43	2.23	.74	.76	3.02	.66	.64
	Nairobi women Ongata Rongai	2.79	.45	.43	2.46	.72	.76	3.12	.41	.64
	Ngong sub-county	2.59	.53	.43	2.46	.45	.76	2.96	.60	.64
Academic qualifications	Certificate	2.27	.58	.53	2.27	.23	.66	2.27	.92	.11
	Diploma	2.61	.53	.53	2.22	.70	.66	2.97	.63	.11
	bachelor	2.60	.52	.53	2.30	.63	.66	2.89	.57	.11
Marital status	Married	2.60	.53	.01	2.29	.66	.01	2.92	.61	.06
	Single	2.51	.48	.01	2.09	.62	.01	2.92	.60	.06
	Widowed	3.18	.60	.01	2.85	.95	.01	3.50	.56	.06
	Divorce/separated	2.45	.52	.01	2.18	.65	.01	2.72	.65	.06
Working experience	1-10yrs	2.52	.50	.31	2.11	.63	.06	2.93	.65	.86
	11-20yrs	2.57	.55	.31	2.28	.70	.06	2.89	.60	.86
	21-above	2.69	.56	.31	2.44	.62	.06	2.93	.62	,86
Health facility status	Level 4	2.62	.43	.58	2.33	.62	.51	2.92	.55	.38
	Level 5	2.55	.54	.58	2.22	.66	.51	2.89	.63	.38

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	Level 6	2.63	.59	.58	2.23	.74	.51	3.02	.67	.38
County of work	Kajiado	2.61	.45	.64	2.28	.61	.94	2.95	.52	.38
	Kiambu	2.55	.54	.64	2.21	.62	.94	2.89	.63	.50
	Machakos	2.42	.49	.64	2.25	.68	.94	2.72	.64	.50
	Nairobi	2.63	.55	.64	2.28	.73	,94	3.00	.64	.497
Nurse position	Staff Nurse	2.49	.51	.04	2.13	.68	.09	2.87	.66	.161
	Senior nurse	2.57	.50	.04	2.25	.61	.09	2.89	.60	.161
	Sister	2.66	.51	.04	2.33	.64	.09	2.98	.58	.161
	Unit in charge	2.75	.60	.04	2.42	.78	.09	3.11	.61	.161
Age category	21-30yrs	2.51	.55	.04	2.13	.70	.04	2.89	.65	.243
	31-40yrs	2.64	.54	.04	2.37	.66	.04	2.92	.64	.243
	41-50yrs	2.71	.42	.04	2.34	.55	.04	3.08	.46	.243
	51-60yrs	2.85	.30	.04	2.47	.54	.04	3.22	.52	.243
	61-70yrs	3.00	.00	.04	2.80	.28	.04	3.20	.28	.243
Age of eldest child	0-9yrs	2.56	.54	.66	2.19	.68	.38	2.93	.64	.741
	10-19yrs	2.63	.50	.66	2.37	.69	.38	2.91	.57	.741
	20-29yrs	2.64	.57	.66	2.30	.59	.38	2.99	.69	.741
	30-39yrs	2.76	.34	.66	2.31	.58	.38	3.20	.49	.741
Age of youngest child	0-8yrs	2.58	.54	.36	2.24	.69	.59	2.93	.63	.386
	9-16yrs	2.60	48	.36	2.31	.59	.59	2.90	.61	.386
	17-24yrs	2.74	.31	.36	2.33	.52	.59	3.15	.46	.386

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APPENDIX 7: Model summary, ANOVA, Coefficient

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change statistics				
					R Square	F Change	df1	df2	Sig.f Change
Demographic	.198[b]	.04	.03	.52	.04	3.61	3	265	.01
NWS, NPI & SSM	.480[b]	.23	.20	.47	.02	1.53	6	259	.00
Moderation	.491[c]	.24	.21	.47	.01	1.82	2	257	.16

Model		Sum of Squares	Df	Mean Square	F	Sig
Demographic	Regression	2.93	3	.98	3.61	.01[b]
	Residual	71.63	265	.27		
	Total	74.55	268			
NWS, NPI &SSM	Regression	17.19	9	1.91	8.62	.00[c]
	Residual	57.37	269	.22		
	Total	74.55	268			
Moderation	Regression	17.99	11	1.64	7.43	.00[d]
	Residual	56.57	257	.22		
	Total	74.55	268			

Coefficients

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Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
Demographic	Constant	2.49	.05		53.20	.00
	Age 31 to 40	.12	.07	.09	1.44	.15
	Age 41 to 70	.18	.09	.14	1.91	.06
	Unit nurse	.10	.07	.09	1.38	.17
	(Constant)	2.39	.17		14.22	.00
NWS,NPI & SSM	ae 31 to 40	.04	.07	.04	.60	.55
	age 41 to 70	.09	.09	.07	1.11	.27
	unit nurse	.03	.07	.03	.41	.69
	income above 50k regarding RC	.22	.06	.21	3.60	.00
	work schedule	-.15	.04	-.23	-3.96	.00
	organization support	.06	.03	.16	2.10	.04
	supervisor support	.01	.03	.02	.26	.80
	co-worker support	.03	.03	.09	.97	.34
	family support	.02	.02	.09	1.07	.29
	(Constant)	2.08	.30		6.94	.00
Moderating variables	ae 31 to 40	.04	.07	.03	.50	.62
	age 41 to 70	.10	.09	.07	1.12	.26
	unit nurse	.04	.07	.03	.50	.62
	income above 50k	.50	.16	.47	3.09	.00
	work schedule	-.09	.09	-.14	-1.06	.29
	organization support	.14	.08	.38	1.85	.07
	super support	.01	.03	.02	.27	.79
	co-worker support	.03	.03	.08	.85	.39
	family support	.03	.02	.09	1.15	.25
	Organization*income 50k	-.08	.04	-.30	-1.81	.07
	Organization*NWS	-.01	.02	-.11	-.58	.56

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APPENDIX 8: Categories and quotes for nurse participants

Main Categories	Subcategories	Explanation	Examples of participants' words	Sample quotes from nurses
1). Limited organizational support	i).Inadequate remuneration-192(68%)	This is an Insufficient amount of compensation. Some nurses feel their pay is low and more so when compared to other healthcare facilities leading to financial constraints and hence inability to meet family needs	Some nurses feel the pay is low, more so a lack of compensation for extra time worked, and this makes some nurses feel like changing to a career that will bring more income like venturing into beauty products, as more income will help reduce financial constraints that may bring family conflict. Due to low living standards.	*Payment of low salary with no compensation… and yet work done is too much (RNp208).* *Pay is low compared to other hospitals and the work done by nurses(RNp89).* *Nurses resign for greener pastures (going overseas) because they value nurses and pay them well (RNp14)*

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	ii).Inadequate collaboration-110(39%)	Are communication, productivity, or personal conflicts that can deter the success of nurses and organizations?	Nursesfeel like there is a lack of freedom to speak out their views.Nurses feel there is no clear communication and appreciation from the organization. This creates a gap with many unresolved issues from nurses leading to conflicts, like strikes, and lack of commitment topatient care	*Lack of clear guidelines on nurses' promotion and salary increment(RNp217)* *Organization downplaying nurse's opinions(RNp236)* *Victimization when a nurse openly speaks out(RNp220)*
	iii).Inadequate motivation-105(37%)	This is the absence of drive from the organization to the nurses to enable them to achieve their goals by influencing and inspiring nurses to enable nurses to perform well in meeting work and family goals and reducing conflict	Nurses lack morale because they don't get adequate support from the organization like dealing with nurse shortages, lack of promotion,inadequate supplies, and lack of overtime compensation This leads to work and family conflict.	Low job satisfaction from nurses due to lack of motivation(RNp28) Nurse's salaries are delayed for no good reasons(P53) *Lack of promotion that makes one feel not demotivated… (RNp225)*
2)Family challenges associated with family roles	i).Marital and family conflict 70(38%)	Struggles experienced by spouse and other household members due to the nurse's working schedule	Nurses feel like lack of spousal support sometimes leads to mistrust, the nurse sleeps late	*Sometimes due to fatigue, am not able to provide my matrimonial roles to my spouse and*

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	especially night shift, weekends, and holiday shift which sometimes the family may not understand and feels the nurse has no time with the family leading to negative assumptions that may cause conflict.	as she tries to do some family chores, the nurse spends most hours at work beyond time off, husband is not comfortable with the night shifts because the nurse leaves him with the small baby. This mistrust leads to family conflict	*conflict arises (RNp77)* *House help leaving due to workload… and spouse sometimes does not understand night, holiday, and weekend shifts(RNp146)* *My husband does not understand why I arrive home late from work(RNp154)*
ii).Family demands 63(22%)	Household strain due to family responsibilities such as house chores and matrimonial roles leads to an insufficient level of commitment to the family and spouse leading to conflict.	Nurses feel they are unable to accomplish house chores and other matrimonial roles effectively and efficiently because of fatigue and late arrival at home. Sometimes nurses have no choice but to assist causing more stress.	*Lack of time to rest due to other responsibilities at home(RNp3)* *Sometimes you come back from work tired and you have to do other family chores (RNp10).*
Insufficient Quality family time 50(18%)	Inadequate time spent with the family members hence nurses are not able to build strong bonds because of a lack of relationships and connections.	Nurses feel like they don't have quality time with the family members and if they do, time is minimal. This is because of long shifts, working weekends, and holidays as these are the times when children are off at home	*Not spending quality time with family when working during the COVID-19 pandemic(RNp4)* *Not able to spend adequate time with my family because of long working hours(RNp35)* *Minimum interaction with family(RNp113)*

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3). Limited resources	i) Nurse shortage 120(43%)	A situation where the demand for the nursing profession in a healthcare unit, exceeds the supply, and this has an impact on the working environment, patient outcome, and the long-term health of nurses leading to longer shifts and higher nurse-patient ratios. Work overload leads to fatigue that prevents nurses from performing their duties at home and this leads to family conflict, especially for some spouses who may not be understanding and supportive of the nurse	Nurses feel a shortage of nurseshas led to a highnurse-to-patient ratio of up to 1:20 instead of 1:8 which increases work overload, making nurses work overtime with no compensation, go home late, and be very exhausted to be able to perform family duties effectively and efficiently.	*Shortage of nurses… and this makes nurses compromise nursing care(RNp10)* *Shortage of specialized nurses due to nurses resigning to better-paying hospitals(RNp14)*
	ii).Insufficient equipment and supplies 50 (18%)	Inadequate supply of resources thatenable nurses to carry out their work effectively and produce requisite health care services. It includes facilities, revenue, equipment, and supplies. This increases strain on nurses as sometimes nursing care is compromised due to lack of supplies, and some nurses end up	Nurses stated bad working conditions with insufficient equipment and water, Inadequate Personal protective equipment(PPEs) and other supplies for nurses to use, and a lack of specialized equipment for use by nurses. Care is compromised as	*Limited resources make nurses either buying own materials or just use what is available…(RNp33)* *Lack of enough equipment and enough supplies especially PPEs(RNp143)* *Use what is available… sometimes buy some items for use on patients(RNp163)*

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		buying some items like gloves for use	items like gloves which are supposed to be used once are kept to be used again. Some nurses are very uncomfortable when it comes to reuse and feel a lack of commitment from the organization leading to conflict.	
4) The demanding nature of the nursing profession	i). Burnout 206 (73%)	State of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. Occurs when the nurse feels overwhelmed, drained, and unable to meet some demands and hence starts losing interest and motivation whichleads the nurses to take certain roles. Its effects affect nurses' work, home, and social life and make the nurse vulnerable to some illnesses.	Nurses feel working long hours, sometimes without a break in between due to nurse shortage leads to stress and work and family conflict as the family suffers because the nurse has little time with the family	*High workload that leads to burnout making nurses quit (RNp2)* *Being overworked due to a lot of work with few nurses(RNp36)*

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ii)Demanding work commitment 152(54%)	The altruistic pledge is shown to the patients by the nurse and it involves nurses being loyal and dedicated to their nursing duties. This sometimes makes nurses sacrifice a lot in working harder, work extra time, and lack of breaks due to workload. This may lead to fatigue and may interfere with nurses' participation in the provision ofquality care and roles at home.	Some nurses feel they are obligedto show holistic care to all clients despite their status as it's the client's right. This kind of commitment without support from the organization may lead to work-family conflict	*It's my passion as I feel called to serve others(RNp92)Family does not understand nurse's shifts which call for a caring and committed nurse(P54) Multitasking to do more work other than nursing care (RNp214) Have a flexible mindset to be ready to work beyond working hours(RNp256)*
iii). Demanding work effect on house help 92(33%)	Adverse experiences by the house help as evidenced by work overload at home, inconsistency time off, and inadequate pay, which sometimes lead to house help leaving without notice, or poor performance which may not be to the expected standard and this may lead to stress as the nurse has to ask for permission from work which may be given or not leading to stress.	Some nurses feel high house help turnover is due to the low payoff of the house help and with delayed pay the house helpleaves for better terms somewhere else	*House help leaving for better pay somewhere else (RNp144) Complained of too much work (RNp178) The inflexibility of time does not enable house helpto take off on weekends* (RNp225*)*
iv). Lack of Professionalism 31(11%)	Lack of respect among nurses, lack of, client advocacy and responsibility,	Nurse feels some of their fellow nurses don't follow set up	*Inadequate team spirit among nurses(RNp97)*

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		and nurses' inability to communicate clearly and effectively with self-respect among themselves This leads to disharmony making the environment unfriendly which may lead to physical and emotional conflict at work and may extend to family conflict.	standards and ethics of nursing through lack ofthrough lack of respect for others, and a lack of team player spirit in addressing one another.This is shown through rudeness and the use of abusive language.	*Harassment from bosses(RNp115) Different colleagues who don't follow set-up standards(RNp142) Poor communication skills from staff to staff and staff to patient (RNp242) sr in charge humiliating me by correcting me before the junior nurses(RNp229).*
5).Nurses Attitude	i).Positive attitude 50(18%)	Mindset that helps nurses see and recognize opportunities by not dwelling on the difficulties, but by facing them with confidence through finding a way out to reduce work-family conflict and meet expected organizational and personal goals.	Nurses feel sometimes they have to buy their masks, improvise some PPES, sometimes try to sort out or ask for help, and pray for some divine intervention.	*Self-motivation by embracing a new day to serve the Tolerate and do my bestRNp5) Take an off to rest or take leave(RNp26*)
	ii).Coping strategy 44(16%)	Involves nurses spending mental energy in a way that can reduce stress and conflicts either at work or family domain. This approach could be either positive or negative. Maybe a positive or negative strategy.	Nurses feel they have to sometimes persevere, and if they feel stressed, they pay other nurses to work for them or get a sick off to rest.	*Do what I can given the circumstances am in(RNp30) Nurse overlooking patients complains(RNp38) Nurses go slow and sometimes join others to strike(RNp43*)

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iii)Time management 40 (14%)	Involves clear time use as this may have an impact on nurses either positively or negatively.	Nurses feel some of the nurses do not prioritize their work properly by not arriving to work on time and this causes delays and lack of breaks for nurses on duty.	*Not able to break in between when at work (RNp 42)* *Some nurses come to work late and this delays starting work on time (RNp59)*

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Objective 2: Nurses work schedule on Work-family conflict

1,041 mentions **Main Categories**	**Subcategories**	**Explanation**	**Examples**	**Sample quotes from the nurses**
1.Job flexibility	i). Mental fatigue 206(73%)	This is a sudden feeling that a nurse's brain won't function right leading to a lack of concentration while providing nursing care and sometimes not being able to do some family chores	Nurses felt mental fatigue sometimes causes stress, lack of inadequate sleep, substance abuse and so it's important for nurses to have a psychological evaluation before getting into a worse state	*Working long hours leads to mental fatigue(RNp211) Burnout because of workload(RNp206) Nursing drains me physically, mentally, psychologically, and emotionally(RNp211*
	ii).Advantage of shift work schedule 150 (53%)	This happens when the organization divides the day into shifts and assigns nurses to work set periods. This type of schedule variesfrom day to day or week to week(rotating schedules).The shift involves alternating day and night shifts, which are followed by several offs	Nurses feel they are flexible to do other things when not on duty because of working in shifts, and lastly, nurses on a night off give relief, half-dayshifts are better for nurses breastfeeding, and nurses with small babies. Some nurses felt night shift affects bonding time with the spouse, the nurse gets tired doing the night shift, the nurse has no time with the family, especially during weekends,	*Morning off gives time to prepare babies to go to school(RNp3) Half days allow me to attend to some official matters….like paying bills, and family shopping(RNp 33) breastfeed mothers, especially for small babies below 1 year(RNp42) Breastfeeding mothers to be excluded some hours to have time to breastfeed (RNp32)*

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			and lastly night shift is very draining for the nurse.	
2.Social interaction	**i)**Disadvantage of Fixed schedules 80 (28%)	Where a nurse is employed to work a specific shift.	Nurses feel working during holidays and weekends reduces social gatherings with friends, family, and church members.	*Not available to attend family meetings and functions(RNp2) Fixed Shift y on attending social gatherings(RNp247) Miss my family during the Christmas and Easter holidays when I am on duty(RNp36)*
	ii)Family relationship strain 60(21%)	Pressure encountered by the nurses at the family level affects the bonding among family members and the inability to accomplish family roles like involvement in household chores	Nurses feel, that arriving home late due to long working hours, and fatigue puts pressure on the house help and children because of too many house chores, which leads to physical strain	*Long shifts make one get home late thus less time with the family(RNp19) Long working shifts are not friendly to nurses still breastfeeding as they arrive home late.(RNp126)*
3.Career development	i). Lack of career development. 164(58%)	A state where the nurse is not given a chance by the organization to improvenurse skills through advancing along a certain professional	Some nurses stated that they can't manage to go to school because of the type of shift, lack of study leave or sponsorship by the organization, and inadequate pay, they are	*Not able to go to school to further my studies because of long shifts…(RNp9) Not able to concentrate on my studies due to high workload and fatigue(RNp19)* Resign *to chase my dreams and passion for building my*

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		path or specialization in a certain area of nursing like theatre or intensive care unit. Lack of career advancement for nurses with a desire to progress sometimes makes them demotivated and they may resign or work strenuous shifts so that they can obtain certain training this may lead to work and family conflict	unable to pay fees for themselves. Some are forced to resign so that they can develop their career. Those who sacrifice for school, are faced with conflicts that affect their performance both at work and family domain.	*career(RNp124)* Resign *to build my career by going for further studies(RNp133)*
	ii)Work overload 143(51%)	This is a high volume of work that the nurse has to do leading to physical and mental strain because they are not able to get some time off in between or even go home on time. This affects the productivity of care to patients and can easily	Nurses feel high volume of workload is due to nurse shortage, therefore the nurse has no time to rest in between shifts leading to fatigue which also affects nurses' performance at work and home responsibilities leading to work-family conflict	*Toomuch of a workload and yet nurses are not paid overtime considering what they do (RNp48) Taking small breaks in between when on duty sometimes is hard*(RNp19) *Creation of time between nursing activities to rest would help, but sometimes it's not possible(RNp37)*
	iii) Nurse	This is		

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	Turnover 138(49%)	associated with nurses quitting jobsbecause they leave work late beyond working hours and yet they have to report again very early in the morning and this again affects nurse to patient ratio. affect quality care. lack of job satisfaction leads to conflict	Nurses feel quitting their jobs is mostly due to a lack of support from the organization when it comes to time off. Nurses' long working hours lead to more stress, hence resigning for other jobs or different organizations with flexible fair shifts. Approximately 47% indicated they would resign in the next one year.	*Nurse turnover reduces nurse's patient ratio creating more shortage and increasingnurses' workload(RNp108) Quit work to another hospital that has fair shifts that will enable me to attend to my family(RNp132)*
	iv)12 hour schedule 100 (35%)	This is the most common work schedule requiring nurses to work standard business hours (Monday to Friday), then off on Saturday, Sunday, and public holidays. This applies to nurse units that work only the day shift. Sometimes it can be overwhelming for the nurses especially	Nurses feel weekends and holidays are off, which gives them time with the family and allows them to go out and interact with others and also insufficient time for the nurses to interact as a family and bond together. This sometimes affects family due	*Weekend off and night offs are a plus for my family…. help me bond with my children and do family chores(RNp12) Working on the day shift makes me arrive home late due to heavy workload… and traffic on my way home(RNp116) Taking small breaks in between when on duty sometimes is hard(RNp19) Creation of time between nursing activities to rest(RNp37) Continuous night*

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when there is too much workload leading to stress	to lack of interaction and can lead to work and family conflict	*duties seem to affect spouse commitment(RNp92)*

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Objective 3: Nurses' income **Main Categories-752 mentions**	**Subcategories**	**Explanation**	**Examples**	**Sample quotes from the nurses**
Salary Dissatisfaction	i). Inadequate amount of pay192 (68%)	This is a state of being displeased with organizational income as nurses feel they should receive better pay for the work they do and their contribution to the organization. Nurses are forced to look for another alternative for more income, which affects their time with family leading to work-family conflict	Nurses feel the pay is low compared to what they do, the high workload, and what other nurses in some hospitals in Kenya and other countries are earning. Nurses are demotivated as they have to budget for basic needs only and are not able to improve their standard of living leading to family conflict	*Low pay that makes one look for a job somewhere else…no rest for nurses…leads to stress(RNp34) Too much workload and nurses are underpaid considering what they do(RNp48)*
	ii) Financial constraints 208 (74%).	This is inadequate pay that confines and restricts nurses from doing what they need to do in meeting family needs and improving the standard of living of the family. This eventually leads to conflict as the nurse has to think of budgeting only for the basics or look for other ways to get more income, and this keeps the nurse away from the family.	Nurses felt they were not able to meet family financial demands, they were faced with financial imbalances like house help leaving due tolow pay.	*Financial constraints hence not able to meet family demands(RNp17) Money is not enough for the monthly budget(RNp55) Having to take care of family bills alone is very strenuous(RNp8 3).*
	iii). Unreliable pay dates 59 (21%)	This is a state where nurses are not paid at a specific time of the month, as sometimes	Nurses feel delayed pay is frustrating as they are not able to pay bills and loans	*Delay in paying bills because of delay in salary payments and*

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2.Savings		they experience pay delay which inconveniences them intheir monthly budget like bills and paying house help on time leading to family conflict.	ontime and some end up paying some penalty leading to family conflict.	*this has led to paying some penalty(RNp26) Payment delay issues so it becomes a problem to plan(RNp61)*
	iv). Lack of appreciation for working overtime-89 (32%)	This is the inability of the organization to show gratitude to the nurses after working extra hours either verbally or financially as a show of being grateful for extra time worked. This demotivates nurses as they feel wasted leading to conflict	Nurses feel they need to be appreciated for working extra time as it prevents them from leaving work on time to do other things like locum that enables them to obtain more income or just be with theirfamily as this helps minimize conflict.	*Remunerate nurses according to time…reduce conflict(RNp87) Payment of salary with no compensation and yet work done is too much, therefore this is not motivating(RNp208*
	i). Entrepreneurial opportunities72(26%)	This consists of other ways apart from regular monthly income that enable nurses to have increased household income. The nurse utilizes the time off to make more money and this keeps the nurse away from the family leading to conflict as the nurse is not involved in house chores, or having quality time with the family	Some nurses feel they have to do locums, side hustle for more income like farming, work extra hours without a break, and do extra work. Lack of rest leads to burnout and eventually work and family conflict.	*Trying to look for some investments… to help me earn more money (RNp66) Look for an alternative source of income(RNp85) Work more hours for more income(RNp149) Work extra hard… for more income(RNp153)*

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	ii). Financial management 68 (24%)	This is the process of wisely budgeting, spending, saving, and investing the money that nurses earn to get some interest. This may bring a conflict especially if the income is not much and dependsonnurses' income and in case of an emergency	Nurses feel proper budgeting for only basics andavoiding unnecessary expenses will help them avoid debts, unfortunately, it will not increase their living standard as they desire.	*Work with what is available by reducing the house budget and making some savings(RNp81) Economizing and doing without some things(RNp180)*

Objective 4:Social support

main Categories 902 mentions	**Subcategories**	**Explanation**	**Examples**	**Sample quotes from the nurses**
Management Support	i). Better Remuneration 195(69%)	This is improved compensation from the organization to the nurses as a way of appreciation for the services offered to the clients, and this encourages nurses as it improves their living standards to avoid family conflict.	Nurses feel appreciated and motivated when the pay is reviewed and increased when given goodies and compliments. This increases nurses'morale and reduces conflict.	*Monitor motivation by paying nurses well(RNp115) Pay according to the nurses' working hours(RNp120) Strengthen welfare policies to enable nurses to get financial support easily when the need arises (RNp62)*
	ii).Clear policy guidelines90(32%)	Deliberate strategies formulated by the organization that help in decision-making to achieve rational outcomes for the nurses and reduce work conflict.	Nurses feel the need to have clear policies that deal with nurses current needs to help in quick decision-making by the organization to avoid conflict between nurses and the organization.	*Nurses' involvement in policy-making and implementation helps reduce conflicts between nurses and organizations (RNp156)*

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	iii).Adequate Resources and supplies75(27 %)	This is sufficient funds, materials, and nursing staff provided by the organization for the smooth running of the organization to meet the expected goals in the provision of quality care to the client and nurses' safety to avoid work and family conflict.	Nurses feel that adequate resources involve enough nursing workforce with a recommended nurse-patient ratio, and enough supplies and equipment. This mechanism minimizes conflict between nurses and organizations.	*Well, staffing of nurses is a motivation(RNp134).Providing appropriate resources, supplies, and equipment for work assigned(RNp176)*
	iv). Open and effective communication 70(25%)	Requires understanding the emotion and intentions behind the information and for the organization to be able to convey a message, there is a need to listen to the nurses well and vice versa in a way that gains the full meaning of what is being said to make both organization and nurses feel heard and understood.	Nurses feel open communication with the organization will help in making some clarification and hencereduce any kind of conflict that may arise.	*To be given a chance to air grievances and issues affecting us(RNp65) Encourage good rapport between nurses and employers (RNp102)*
Supervisor support	i).Teamwork promotion 66 (23%)	This involves nurses working together with other nurses as one group towards a common goal and they do so efficiently and effectively to help minimize work and family conflict by supporting one another in every way where	Nurses feel teamwork among nurses and other nursing staff and ask colleagues to help make work easier and reduce conflict.	*Teamworking well among nurses improves the working environment(RNp215) Encouragement from co-workers to keep on working in providing quality care to patients. (RNp69)*

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		possible.		
	ii). Creation of motivational seminars 73(27%)	Meetings to help nurses tackle personal and professional stress, by examining undesirable responses to troublesome situations and provide ways to resolve them effectively. This helps nurses gain insight into ways to solve issues by sharing experiences, coping, and reducing conflicts	Nurses feel the need for debriefing sessions for nurses, involvement of nurses insome training sessions like conflict management, and the importance of family that may help them acquire knowledge and skills to reduce work-family conflict.	*Involve nurses in motivational seminars(RNp48)* *Health education on self-care and healthy living(RNp253)*
	iii).Effective mentorship skills. 42(15%)	This is the ability to communicate well, motivate the nursing team, handle, and listen to feedback, and have the flexibility to solve nurse's problems in an ever-changing workplace and help minimize conflict	Nurses feel supervisors are in the best position if given powers by the organization as they can be good mentors and role models to offer moral support.	*Understanding and a good mentor with good leadership skills(RNp105)* *Have good listening skills, and reassure when necessary(RNp150)*
Co-worker support	i)Moral support 50(18%)	This is a way of giving emotional and psychological help through encouragement to the nurse in dealing with work or family conflict.	Nurses feel moral support helps them in dealing with their issues such as work and family challenges like sickness, or some stress at work related to clients' issues to reduce conflict	*Support nurses when sick or when bereaved (RNp199)* *Nurse co-workers help boost morale(RNp206)* *Proper time management at home and workplace so that there is balance (RNp222)* *Try to prioritize work both at home and*

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				workplace to help in proper time management (RNp244)
	ii)Shift exchange 43 (15%)	This is a collaboration among nurses to exchange shifts on a specifieddate and time when a nurse is in need like dealing with family issues as it helps reduce conflict.	Nurses feel the need for flexibility in exchanging duties with a nurse in need when the request is made to other nurses as a way to help nurses sort out family issues to reduce conflict.	*Cooperate with others by exchanging duties when requested(RNp16) When having an issue and am not able to come to work, I inform my supervisor and she can exchange my duties. (RNp97)*
Family Support	i). Family happiness through effective communicatio n68(24%)	The judgment made by both spouses indicates the satisfaction they experienceby sharing information with other family members to avoid misunderstanding and conflict.	Nurses feel the spouse is very encouraging as the spouse reassures the nurse when feeling overwhelmed, The Spouse holds the nurse financially when didn't have enough money for family use, and needs patience from the spouse in understanding the nurse. Nurse feels being open withthe family and transparent to the spouse even by calling when delayed at work helps to reduce conflict and suspicion.	*Moral support and listening ear from my spouse and family(RNp10) Provides everything I need and takes me out(RNp118) Spouse understanding one another(RNp5) Developing trust and listening to one another(RNp32)Explain to the family what the nursing job is all about(RNp152) Communication through the phone when running late(RNp181)*
	ii).Quality family time 65 (23%)	This is intentionally making time for family bonding by going out together for some events or just relaxing as this	Nurse feels there is a need tomaximize family time, by solving issues together with the family, and this can	*Building good family relationships at home with children and spouse(RNp67) Allows nurses to vent frustrations,*

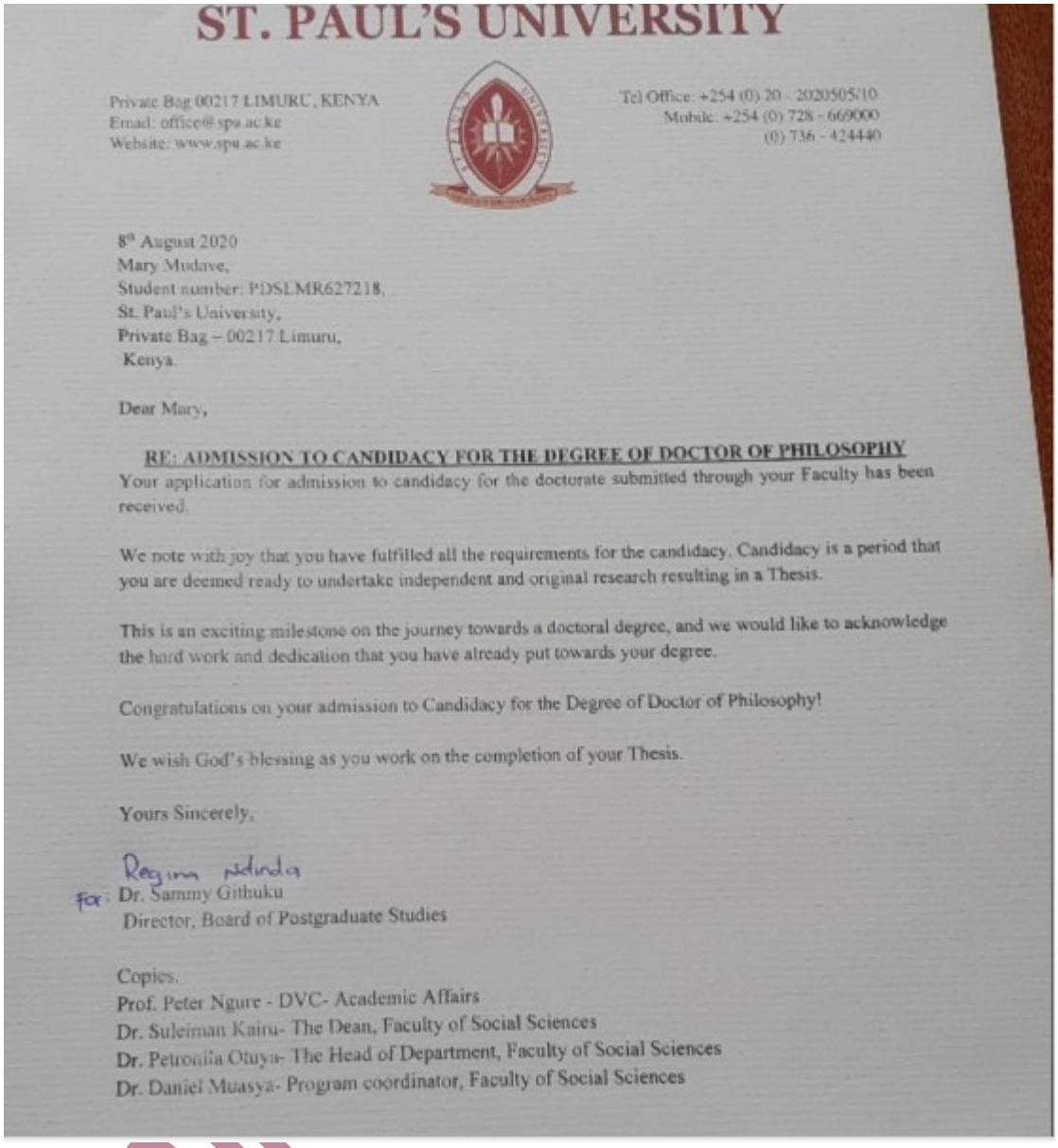
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	improves relationships among family members as they share freely in discussion of any challenges and issues of concern hence reducing any work and family conflict.	be so when the nursereduces side jobs and creates family time which increases family relationships and reduces any conflict that may arise now or in the future.	*disappointments, and success stories to family, listening and giving suggestions on possible solutions (RNp93)* *Not doing the night shift, helps me to bond with my children(RNp141)* *Reassure the family, and compensate during time off to take the family out(RNp14)* *Planning social gatherings outside work(RNp171)*
iii).Improve nurse's career growth and development 60 (21%)	Helping nurses progress through training to another level of academic or specialization in a certain aspect of nursing with an aim of promotions that elevate nurses' responsibilities. This motivates nurses and minimizes any form of conflict between nurses and the organization as pertains to nurses'careers.	Nurses feel the organization needs to consider individual interests like specialization, as it helps nurses develop better skills and knowledge. Recognition through promotions and pay increases motivates nurses and reduces some form of conflict.	*Reduce the working hours…for nurses to have time for personal growth through further studies(RNp245)* *Honor request for deployment to another department(RNp246)*

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APPENDIX 9: NACOSTI License

APPENDIX 10: CANDIDACY LETTER FROM ST PAULS UNIVERSITY



ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
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Tel Office: +254 (0) 20 - 2020505/10
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(0) 736 - 424440

8th August 2020
Mary Mudave,
Student number: PDSLMR627218,
St. Paul's University,
Private Bag – 00217 Limuru,
Kenya.

Dear Mary,

RE: ADMISSION TO CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

Your application for admission to candidacy for the doctorate submitted through your Faculty has been received.

We note with joy that you have fulfilled all the requirements for the candidacy. Candidacy is a period that you are deemed ready to undertake independent and original research resulting in a Thesis.

This is an exciting milestone on the journey towards a doctoral degree, and we would like to acknowledge the hard work and dedication that you have already put towards your degree.

Congratulations on your admission to Candidacy for the Degree of Doctor of Philosophy!

We wish God's blessing as you work on the completion of your Thesis.

Yours Sincerely,

Regina Ndinda
for: Dr. Sammy Githuku
Director, Board of Postgraduate Studies

Copies.
Prof. Peter Ngure - DVC- Academic Affairs
Dr. Suleiman Kairu- The Dean, Faculty of Social Sciences
Dr. Petronilla Otuya- The Head of Department, Faculty of Social Sciences
Dr. Daniel Muasya- Program coordinator, Faculty of Social Sciences

APPENDIX 11: DAYSTAR UNIVERSITY ETHICS REVIEW BOARD LETTER

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VERDICT – PASS

Daystar University Ethics Review Board

Our Ref: **DU-ERB/06/11/2020/000468**

Date: 6th November 2020

To: Mary Nekesa Mudave

Dear Mary,

RE: THE SOCIO-ECONOMIC DETERMINANTS OF WORK-FAMILY CONFLICT EXPERIENCED BY NURSES AND MODERATING FACTORS IN NAIROBI METROPOLITAN AREA, KENYA

Reference is made to your ERB application reference no. 041120-01 dated 4th November 2020 in which you requested for ethical approval of your proposal by Daystar University Ethics Review Board.

We are pleased to inform you that Daystar University Ethics Review Board has reviewed and approved your above research proposal. Your application approval number is **DU-ERB-000468.** The approval period for the research is between ***6th November 2020 to 5th November 2021*** after which the ethical approval lapses. Should you wish to continue with the research after the lapse you will be required to apply for an extension from DU-ERB at half the review charges.

This approval is subject to compliance with the following requirements.

i. Only approved documents including (informed consents, study instruments, MTA) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by Daystar University Ethics Review Board.
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Daystar University Ethics Review Board within 72 hours of notification.
iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to Daystar University Ethics Review Board within 72 hours.
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of a signed one page executive summary report and a closure report within 90 days upon completion of the study to Daystar University Ethics Review Board via email [duerb@daystar.ac.ke].

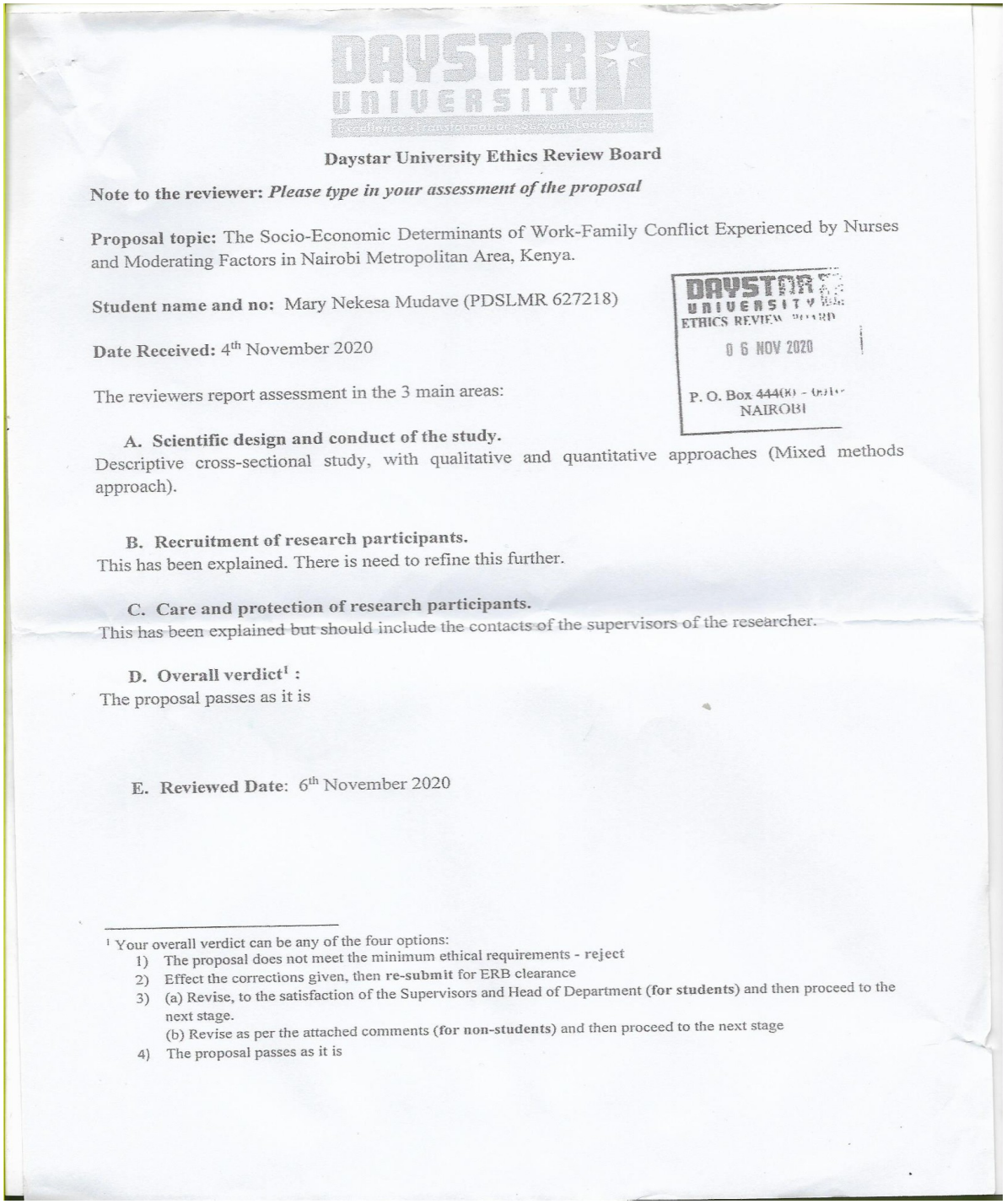
Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://oris.nacosti.go.ke and other clearances needed.

Yours sincerely,

Sr. Prof. A. L. **Lando** PhD
Chair, Daystar University Ethics Review Board

DAYSTAR UNIVERSITY ETHICS REVIEW BOARD
06 NOV 2020

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DAYSTAR UNIVERSITY

Daystar University Ethics Review Board

Note to the reviewer: ***Please type in your assessment of the proposal***

Proposal topic: The Socio-Economic Determinants of Work-Family Conflict Experienced by Nurses and Moderating Factors in Nairobi Metropolitan Area, Kenya.

DAYSTAR UNIVERSITY ETHICS REVIEW BOARD
06 NOV 2020
P. O. Box 44[illegible] - [illegible]
NAIROBI

Student name and no: Mary Nekesa Mudave (PDSLMR 627218)

Date Received: 4th November 2020

The reviewers report assessment in the 3 main areas:

A. Scientific design and conduct of the study.
Descriptive cross-sectional study, with qualitative and quantitative approaches (Mixed methods approach).

B. Recruitment of research participants.
This has been explained. There is need to refine this further.

C. Care and protection of research participants.
This has been explained but should include the contacts of the supervisors of the researcher.

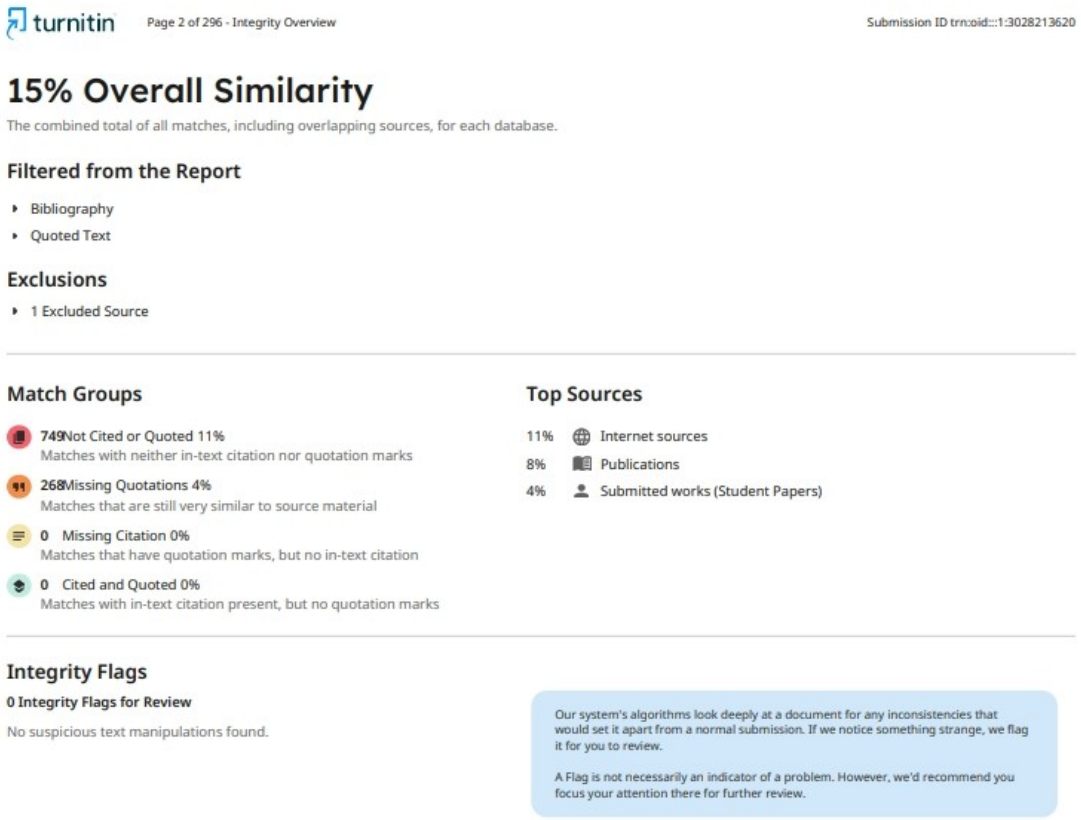
D. Overall verdict[1] :
The proposal passes as it is

E. Reviewed Date: 6th November 2020

[1] Your overall verdict can be any of the four options:
1) The proposal does not meet the minimum ethical requirements - **reject**
2) Effect the corrections given, then **re-submit** for ERB clearance
3) (a) Revise, to the satisfaction of the Supervisors and Head of Department **(for students)** and then proceed to the next stage.
   (b) Revise as per the attached comments **(for non-students)** and then proceed to the next stage
4) The proposal passes as it is

APPENDIX 12: PLAGIARISM REPORT

MARY NEKESA MUDAVE



turnitin Page 2 of 296 - Integrity Overview Submission ID trn:oid:::1:3028213620

15% Overall Similarity

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