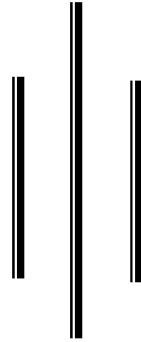


**NURSING JOB AND FAMILY BALANCE,
A STUDY ON MARRIED NURSING WOMEN
WORKING IN WESTERN REGIONAL HOSPITAL,
RAMGHAT, POKHARA, NEPAL**



A DISSERTATION

Submitted To

Department of Sociology / Anthropology

The Faculty of Humanities and Social Science

**In Partial Fulfillment of the Requirements for the Degree of Master
of Arts in Sociology**



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ABSTRACT

This thesis mainly focuses on nursing job and family balance in the society. The family makes vital contribution to the workplace. Of foremost importance, family socializes each new generation of workers, instilling the most basic attitudes and values concerning the meaning of work, which influence vocational preferences and eventually occupational destinations. Nursing means nourishing, protecting and fostering the health of people. Nurses are responsible to patients, hospital, administrator, physician etc. Nurses have to do shift duty in hospital, so they don't have full time given to the family which is very important.

This dissertation presents a study to show the work and family balance of married nursing women. The main objective of this study is to identify the nursing job and family balance. It is based on feminist theories. The interrelation between work and family is influenced by socio- economic resources, time and spatial constraints and psychological effect. The particular patterning of work time may also unduly interfere with and disrupt, family functioning. The literature review shows that because of shift duty, especially night time duty is the main cause of family conflict. Husband- wife relationships are most affected among those of the night shift and parent / child relations often become problematic.

The study is based on primary data obtained through a field survey to answer. Data has obtained through a survey among 80 nursing personnel from W.R.H. Pokhara. Data are obtained through questionnaire schedule, key informants and observation with nursing staffs. The survey shows that 62.5 percent nursing personnel's relation with family is satisfactory, 28.75 percent respondents felt discrimination in family, 25 percent give only 6 hours time to the family, 37.5 percent face family problems due to shift duty and 13.75 percent nursing personnel are perceived negatively from family on night duty. Of 80

respondents, 14 percent respondents have conflict with husband due to shift duty. Among them 28 percent respondents have child care problem because of shift duty. Similarly, 47.5 percent respondents manage their duty by taking leave while in any problems in family. Among them 30 percent respondents are not involved in family decision making.

This thesis represents that among in nursing personnel also face discrimination. Because of time factor and workload, they are not satisfied with their present job. Discrimination is deep-rooted in our patriarchal male dominated society which can be seen in nurses' family too. Shift duty is the main cause effect the family relationship. Night duty is not easily accepted by family members. The dual role is also a one type of in adjustment between work and family. Most of respondents are fully responsible for household activities except job. There is also a conflict between husband and wife of nurses due to shift duty. Nurses also have the problem of child care because of shift duty. If there are any problems, nurses any how manage their duty by taking leave.

It is concluded that the family as well as society should be aware about nursing profession and shift duty. The national health policy should fix the duty hour of nurses as per weekly basis. The professional organization and seniors should give especial attention toward nurses' job.

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Date:

Bimala Sapkota

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ABBREVIATION

ANM	=	Auxiliary Nurse Midwives
CBS	=	Central Bureau of Statistics
CMA	=	Community Medical Assistant
DOHS	=	Department of Health Service
FCHV	=	Female Community Health Volunteer
FGD	=	Focus Group Discussion
FIW	=	Family Interference with Work
GAD	=	Gender and Development
HLMC	=	Health Learning Material Centre
HRH	=	His Royal Highness
MCHW	=	Maternal and Child Health Worker
NDHS	=	Nepal Department of Health Service

TBA	=	Trained Birth Attendance
UNDP	=	United Nations Development Programme
UNICEF	=	United Nations Children Fund
WAD	=	Women and Development
WID	=	Women in the Development
WIF	=	Work Interference with Family
WRH	=	Western Regional Hospital

CHAPTER I

INTRODUCTION

1.1 Background

Nursing comes in various forms in every culture, although the definition of the term and the practice of nursing have known as a wet nurse and the latter it is known as a dry nurse. In the 15th century, this developed into the idea of looking after or advising another, not necessarily meaning a woman looking after a child. Nursing has continued to develop in this latter sense, although the idea of nourishing in the broadest sense refers in modern nursing to promoting quality of life (Tuladhar, et.al, 2007).

Nursing was viewed during the 17th century as a very low job in the social hierarchy. They had a reputation for being drunk and obnoxious, a view amplified by the doctors of the time to make themselves seem more important and able. It was not until Florence Nightingale, a well educated woman from a middle class family, became a nurse and improved it drastically that people began to accept nursing as a respectable profession. Other aspects also helped in the acceptance of nursing. In 1853, Theodore Fliedner set up a hospital where the nurses he employed had to be of good nature. Many people were impressed with this facility and because of it the British Institute of Nursing Sisters was set up (Nursing Wikipedia).

In the past Nursing was not regarded as rewarding profession. Over the course of time, many a lady has devotedly followed the foot prints of Florence Nightingale. “The lady with the Lamp” the era hot outlay has made the profession noble but also has opened the door to the national and international market. The advent of nursing in Nepal was initiated around years back and is considered nowadays as a prestigious social profession. The profession is in high demand and has globally become a much sought profession. The demand for nurse in Nepal and aboard is immensely growing due to the stable job

opportunities. This profession is itself rewarding and social service oriented (Tuladhar, et.al, 2007).

Nurses care for individuals who are healthy and ill, of all ages and cultural backgrounds, and who have physical, emotional, psychological, intellectual, social, and spiritual needs. The profession combines physical science, social science, nursing theory, and technology in caring for those individuals. Male enrolment in nursing is accepted in other countries except Nepal. In Nepal, male intake (10%) in nursing education started in 1986 but this intake was stopped in 1990. That is why there are only a few numbers of male nurses in some health organization in Nepal. In the WRH, there is no any male nurse in the job (Tuladhar, et.al, 2007).

The family makes vital contribution to the workplace. Ideally, the family offers warmth, loyalty, concern, willingness to sacrifice for the good of others and unconditional love. Family is supported by a structure of norms, values, laws and a wide range of social pressures. More concretely, other members of the society believe such units are necessary and they are concerned about how people discharge their obligations within family (Goode, 1994).

The evolving character of society as a whole has made this is a particularly good time to consider the relationships between work and family life. Growth in the numbers of people employed in white-collar jobs and service institutions and other changes signaling the "Post Industrial Society" have led such scholars as Daniel Bell to conclude the future economic enterprises will pay more attention to their "Sociologizing" (human welfare) functions than to their "economizing" (profit-making) functions. But, of course, people come to work in organizations not just as individuals but also as members of private systems, such as families, that are themselves constrained by the policies and practices of organization (Kanter, 1977).

During the past fifty years, the situation of professional women has changed dramatically. Women have expanded their career aspirations. They are no

longer confined to traditional female fields such as education or nursing. We have seen the integration of women into previously male dominated fields such as accounting, medicine, law, etc. Integration; however, does not necessarily mean acceptance and equality nor does it mean that the stress created by work family conflict has been resolved (Jacobs, 2005).

As women entered the working world, a new image of success developed in modern society. This image included a casual, almost effortless, combination of work and family roles. Working women are held to many standards, including a work standard, where anything less than total devotion is unacceptable; a modern standard, which is expounded by the voices of feminist leaders who say hang in there, change things, and make them work; and societal standards, where the duty of a woman is to stay at home and manage her children, household, and geriatric parents. Mothers are trapped in a cultural time warp. They have changed, but mainstream expectations have not (Jacobs, 2005).

The marital status of women does affect her work. A married woman should be able to keep a fair balance between the job hold work and household work. She can neither give less importance to the household responsibility nor to the job responsibility. In the case of an unmarried woman the work burden of home will be less than the burden of work for married women (Shrestha, 1982: 61). Women in Nepal are said to have "Triple Role". These are reproductive role, productive role and community /social role. All these work demand a long working day from women. In national study, women were found to work for 10.8 hours per day, as against 7.5 hours by men. This shows that women work more than men in earlier period to till now (Acharya and Bennet, 1981).

Women hold only 15.06 percent of the total administrative and managerial positions, most of them are placed in lower hierarchy. As of 1993, women compromised 4.4 percent of the gazetted level posts in the Government administration. Similar is the case in other professionals where women

comprise 10.8 percent of the lawyers, 18.6 percent of medical professionals, 11.3 percent of school teachers, 20 percent of university teachers. In manufacturing sector the participation of women is more dismal. Women establishments are less than 10 percent with most of them owning small scale and medium-scale outfits (UNICEF, 2005).

According to the annual report 2007/2008 published by Ministry of Health and population, Department of Health services, Nepal, the total number of doctors enroll in government sectors are 816, staff nurse, 5367, paramedical, 9212 and others 6394 and the total number 21,789 (Annual Report, 2008). In Western Regional Hospital, the total numbers of women nursing professionals are; Staff Nurse 96, Auxillary Nurse Midwives 7 (WRH, 2010).

Basically educated women from urban area of Nepal are engaged in different employment sectors than rural women. Only a few numbers of them is high level professionals and gazetted officers. Otherwise, many of them have joined medium jobs like teaching, nursing, secretary services, banking, and advertising. Besides these sectors, educated women are involved in self – financed occupations in which their decision making power is quite higher than other unemployed educated women. They are economically self dependant and mentally secured somehow. Employment for women is becoming charming for survivability and self reliance. Women who are employed they are economically self-dependent and mentally secured somehow (UNICEF, 2000).

1.2 Statement of the Problem

Nepali women remained virtually behind closed door until 1951; their role was basically limited to that of a housewife. But with the advent of democracy, the Nepalese women get some freedom in the country. The constitution enforced after them had guaranteed equal rights to women on the application of law, employment and other opportunities and political and civil liberties. This had helped women reach a high level of decision making position. Women were limited to household work and men were involved in those works. Slowly,

women had more access to resources (Regmi, 2003). With the gradual rise in literacy rate; even women are seeking new employment opportunities. The female labor force participation has gone up from 41.4 % in 2001 to 48.9% in 2007. This influence has bearing on individual, family and community life (NPC, 2007).

The main problem faced by Nepalese women is the restriction on the mobility of women by family problems. This is mainly due to gender- based process of socialization where the patriarchal mentality prevails both within the household and among other sectors of social life. Women's public mobility is culturally restricted which confines them to a subordinated position. Nepal is a patriarchal society. Here, every activity of women is suspected by males. Mostly the married man does not want to give freedom to his female. If females come home late their family members suspects their activities (Regmi, 2003).

The major role problems faced by women were inter-role conflict (conflict from multiple roles) rather than intra role conflict (conflicting expectations with a given role). Employed married women with children living in the home are performing three major roles: wife, worker, and mother. Thus, it is inevitable that conflict will arise between these roles because of time and personal energy limitations. For instance, a woman whose job requires a lot of physical exertion may experience such conflict when her husband demands that they entertain frequently to further his career (Hall, 1992).

However, certain nursing implication that effected nursing negatively, when nursing first introduced, various difficulties were uncounted. Few girls were educated and nurse training was socially unacceptable. There were many difficulties to overcome in the beginning. Only 15 percent of student population in the country was girls and the attitude of the society was another problem. Nursing was considered to be a very low type of service in the society. Most parents from high classes were opposed to the idea of sending their children to study nursing. Over the past century nursing has become a

respectable profession in the world. Nepalese acceptance respect for nurse was greatly encouraged by HRH princess Prekshya Rajya Laxmi Devi Shah who took nursing training during 1973 – 1976. This brought a great change in social outlook increasing Education for girls is now solidly promoted and the number desiring to enter the profession has increased greatly (Tuladhar, et.al, 2007).

It is widely accepted that nursing as a career is viewed favorably by society in that it offers “Job Security; mobility and career variety”. The main reason for choosing nursing in the twenty first century remains the desire to help and care for others. The study factors that all participants had sought a career which involved caring ,family or friends in the profession played role in influencing participants career selection (Brien, et.al . 2008).

Female nurses working a continuous 3-shift roster found that the average sleep duration per 24-hours across the roster is almost one hour less for nurses who combine shift work, partner and parent roles. In particular, they are not free to use the later starting afternoon shift as an opportunity to repay the sleep debt incurred on night shift. Shift work as a stressor that reduces the opportunity for participation in social and leisure activities. The strain of shift work on personal and social relationships reduces the resources available for coping with the emotional and physical stressors encountered by nurses in their work and family roles (Smith, et.al. 2008).

The study is tried to find out the nursing job and family balance in the present context.

This study was attempted to answer the following questions:

- 1) How is the working environment of nursing women in the hospital?
- 2) How do the nursing personnel balance their work within the family?
- 3) What is the impact of shift duty on family of nurses?

1.3 Objectives of the Study

General objective of this study is to find out the information about nursing job and family balance for married nursing women. The following are the specific objectives:

- 1) To identify the working environment for nursing women ,
- 2) To find out the balance between work and family of nursing women,
- 3) To study the impact of shift duty on family.

1.4 Basic Assumptions

This research study is based on the following assumptions:

1. Family relations and work are interrelated,
2. The higher is the good family relation; the lower is the family problems,
3. More time spend to family, lessen the family conflict.

1.5 Significance of the Study

This study will provide a source of reference or baseline to other future researchers related to this title. It will be helpful to conduct research on large scale. The research findings will help to provide information about the nursing job and family balance. The study will be helpful to other researchers to conduct for the research on related topics. The findings of the study will mandatory for nursing leaders to think on raising the professional standard. The findings will be benefited to planners and management committee of health institutions.

1.6 Limitation of the Study

This study is limited to nursing job and family balance. It has incorporated only in married nursing women. It has not included the views and thought of all Nepali nursing professional women. The finding of study will not be generalized to all Nepali nurses. Due to the limitation of time the researcher is unable to carry out detailed study. The findings of this study will be helpful just for understanding the work and family balance for nurses. The study is done only using the feminist perspective, which is the limitation of theoretical perspective.

1.7 Organization of the Study

The study has been divided into seven chapters. The first chapter presents the introduction, statement of problem, objectives, basic assumptions, significance of the study, limitation of the study, organization of the study and definition of terms. The second chapter is related to the literature review which includes introduction, feminist perspectives, nursing and feminism, functional structure of society, marital status, occupation, women participation in work, review of previous study and conceptual framework. The third chapter presents the research methods which includes research design, nature and source of data, unit of the study, universe and sample of the study, data collection techniques, data analysis and presentation. Fourth chapter is related to demographic setting and socio- demographic characteristics. Fifth Chapter represents the working environment. The Sixth chapter explains the balancing work and family responsibilities. The seventh chapter explains the summary, major findings, conclusion and recommendations of the study. The dissertation finally concludes with the bibliography and appendices.

1.8 Definitions of Terms

Nurse: Nurse is a person who provides nursing care to the sick and well people.

Nursing: Caring, diagnosing and treating human response to actual and potential health problems.

Family: A group consisting of one or two parents and children.

Shift-Duty: Rotational duty of nurses in their work. It involves morning, evening and night duty.

Staff Nurse: A person who completed 3 years certificate nursing course from well recognized institution and get a license of registered nurse from Nepal Nursing Council and working in WRH, Pokhara.

A.N.M.: A person who completed 18 months basic midwifery course from well recognized institution and get a license of nurse from Nepal Nursing Council and working in WRH, Pokhara.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

2.1 .1 Work

In modern societies, having a job is important for maintaining self- esteem. Every where work conditions are relating unpleasant and the tasks are dull, work trends to be a structuring element in people's psychological make –up and the cycle of their daily activities (Giddens, 2001).

2.1.2 The Interrelations of Work and Family

In addition to the economic function of work, the conditions associated with performing a work, the conditions associated with performing a work role have pervasive effects on family life. Work- role demands are relatively heavy among families at higher occupational levels in terms of amount and scheduling of work- time, job transfers and duties of corporate wives. The influences of work on the family are divided into three categories (Kanter, 1977).

2.1.2.1 Socio-economic Resources

Work provides social status and economic resources for the family and therefore sets limits on its standards of living. It also provides opportunities for social mobility and threats to economic well- being strongly influence family decision making regarding the employment of its members.

Work is the only source of income for most families; families undergo sacrifices and strains to meet the demands of employment, even when these accommodations cause deterioration in family relationships.

2.1.2.2 Time and Spatial Constraints

Work sets external constraints of family organization and activities. These constraints include the amount of time spent working and the scheduling work. Working parents often complain that the demands of their work don't allow sufficient time with their children. The particular patterning of work time may also unduly interfere with, and disrupt, family functioning.

2.1.2.3 Psychological Effects

Work experiences influence the family by affecting the attitudes, values and personalities of the working members. There may be experiences in the workplace that cause dissatisfaction and stress for the worker, which the family must cope with when the worker returns home. In other cases, the work may be so demanding and involving that the workers have little energy left to become involved with other family members.

2.2 Theoretical Perspectives

2.2.1 Feminist Perspectives

Feminist theories concerned with explaining and providing guides for action and in this regard feminist theories are relevant to women's issues. Theoretical perspectives are a framework that provides the tools explaining and making sense of what is going on. Feminism analyses the society in modern way, which has established the ideological, philosophical and many other women concerning movement in the different parts of the world. The theoretical concepts originated in 1968 challenging the consequence about women and male dominancy (Chaulagai, 2004). In the present time gender issue became popular and attractive, it drew the attention of planners, academics, politicians, civil society, lawyers and development experts in many ways civil society, lawyers and development experts in many ways. Feminism is the view that women's subordination must be questions and challenged. It examines the past

and present situation of women the freedom of women is limited by the power of men, because they hold more economic cultural and social resources than women.

Over the last few decades, an unprecedented rise in the employment rate of married women has significantly altered the economic role of women while the emergence of a new feminist movement in the early 1960s has influenced many people perception of women's place in our society (Kristin, et. al.1978).

2.2.1.1 Liberal Feminism

Its beginnings can be traced to the flowering of liberalism in the 16th and 17th centuries. It came to the forefront of the women's movement in the west, in the 1960. Liberal feminism is based on the enlightenment tenets of faith in rationality, a belief that women and man have the some rational faculties, a belief in education as the means to change and transform society, and a belief in the doctrine of natural rights. Liberal feminist view is that women need to be integrated into a wider away of roles, including employment outside the home and men need to assure greater responsibility for domestic tasks. It believes that it is not necessary to have a complete restructuring of society but merely to after it enough to incorporate women into other meaningful and equitable roles.

According to liberal feminists, all women are capable of asserting their ability to achieve equality; therefore it is possible for change to happen without altering the structure of society. Issues important to liberal feminists include reproductive rights and abortion access, sexual harassment, voting, education, fair compensation for work, affordable childcare, affordable health care, and bringing to light the frequency of sexual and domestic violence against women. Liberal feminism is grounded in classical thinking that individuals should be free to develop their outer talents and pursue their own interest. Liberal economists accept the basic organization of a society but seek to expand the rights and opportunities to women. Liberal feminists support the equal rights

amendment and oppose prejudice and discrimination that block the aspiration of women (Bhattarai, 2006).

2.2.1.2 Marxist Feminism

Marxist feminism is a sub-type of feminist theory which focuses on the dismantling of capitalism as a way to liberate women. Marxist feminism states that private property, which gives rise to economic inequality, dependence, political, confusion and ultimately unhealthy social relations between men and women, is the root of women's oppression in the current social context. It looks at the family in a very negative and critical way.

According to Marxist theory, the individual is heavily influenced by the structure of society, which in all modern societies means a class structure; that is, people's opportunities, wants and interests are seen to be shaped by the mode of production that characterizes the society they inhabit. Marxist feminists see contemporary gender inequality as determined ultimately by the capitalist mode of production. Gender oppression is class oppression and women's subordination is seen as a form of class oppression which is maintained (like racism) because it serves the interests of capital and the ruling class. Marxist feminists have extended traditional Marxist analysis by looking at domestic labour as well as wage work in order to support their position (Bhattarai, 2006).

2.2.1.3 Radical Feminism

Radical feminist theory came to friction during the late 1960s and 1970s when a group of women who were working in the civil rights and antiwar movement become aware of their own oppression through the treatment they received from their male cohorts. Radical feminist view is very strict. They argue that the measure of a woman would be other own separate institutions and kick out their relationships with men. Its view is that, through the establishment of

women centered institutions; women will come to rely on other women and not on men.

Radical feminism is a "current within feminism that focuses on the theory of patriarchy as a system of power that organizes society into a complex of relationships based on an assumption of "male supremacy used to oppress women. Radical feminism aims to challenge and to overthrow patriarchy by opposing standard gender roles and what they see as male oppression of women, and calls for a radical reordering of society. Early radical feminism, arising within second-wave feminism in the 1960s typically viewed patriarchy as a "transhistorical phenomenon prior to or deeper than other sources of oppression, "not only the oldest and most universal form of domination but the primary form" and the model for all others. Later politics derived from radical feminism ranged from cultural feminism to more syncretic politics that placed issues of class, economics, etc. on a par with patriarchy as sources of oppression (Bhattacharai, 2006).

2.2.1.4 Social Feminism

Social feminism is a branch of feminism that focuses upon both the public and private spheres of a woman's life and argues that liberation can only be achieved by working to end both the economic and cultural sources of women's oppression. Socialist feminism is a dualist theory that broadens Marxist feminism's argument for the role of capitalism in the oppression of women and radical feminism's theory of the role of gender and the patriarchy.

Socialist feminists see women's relationship to the economy as the origin of women's oppression gender is conceptualized as a social, political, ideological and economic category that lacks particular shape under capitalism. Socialist feminists set as their goal transforming basic structural arrangements of society so that categories of class, gender, sexualizing and race no longer act as barriers to equal sharing of resources. Socialist feminists focus on the relations between paid and unpaid labour, and the interconnection between production

and reproduction, the private and the public. Some contributors to this perspective have critiqued traditional Marxism for failing to find an inherent connection between patriarchy and classism. Marx and Engels were largely silent on gender oppression except to subsume it underneath broader class oppression (Regmi, 2003).

2.2.1.5 Black Feminism

Recent Black Feminism is a political/social movement that grew out of Black women's feelings of discontent with both the Civil Rights Movement and the Feminist Movement of the 1960s and 1970s. Black feminism argues that sexism, class oppression, and racism are inextricably bound together. Forms of feminism that strive to overcome sexism and class oppression but ignore race can discriminate against many people, including women, through racial bias. The Combahee River Collective argued in 1974 that the liberation of black women entails freedom for all people, since it would require the end of racism, sexism, and class oppression. One of the theories that evolved out of this movement was Alice Walker's Womanism.

Black feminists contend that the liberation of black women entails freedom for all people, since it would require the end of racism, sexism, and class oppression. There is a long-standing and important alliance between postcolonial feminists, which overlaps with transnational feminism and third-world feminism, and black feminists. Both have struggled for recognition, not only from men in their own culture, but also from Western feminists (Wikipedia, 2005).

2.3 Nursing and Feminism

Nursing has long had an ambivalent relationship with the women's movement. The profession was largely unaffected by the first wave of feminism in the late 1800s to the early 20th century that ultimately granted suffrage to American women. Problems between nursing and feminism emerged with the second

wave of the movement in the 1960s, when the battle for access to education, the professions, and freedom from abuse and exploitation occurred. Feminists urged bright, young women interested in health care to eschew nursing in favor of the higher status and more lucrative profession of medicine. Nursing leaders were put in the unenviable position of wanting to encourage and support women in pursuing careers and insisting on equal pay and fair treatment and fending off attacks on nursing as lowly “women’s work.”

Nursing frequently had been touted as a family-friendly occupation. (Note that this precluded nursing being perceived of as a profession. Women's work has been denigrated throughout most of history and continues so today. Women's roles in childbearing and child care and their “double day” of work and home responsibilities have put women at a disadvantage in pursuing careers. The challenge for feminists (and nurses who are feminists) is to address the differences between protective legislation and equality, rather than trying to turn potential nurses into physicians.

First, we must acknowledge that feminism is positive for both men and women in society and in nursing. Whenever opportunities are offered equally across the population, society benefits from the increased availability of talent. This was the same argument women used to compel law schools, medical schools, and other professional programs to allow equal access to qualified women. We said that they would have access then to the talents of twice as many qualified students, and this has proven true.

The ambivalence that has characterized the relationship between nursing and feminism should exist no more. Nursing can embrace the movement because equality benefits individuals, society, and, thus, the recipients of nurses' care. We no longer need to hang back, fearful that feminism will drive more talented students away from nursing and into other professions. We can use our considerable creative skills to design ways to invite men into nursing and to

develop programs that make full use of all of society's talented members who desire to enter nursing (Sullivan, 2008).

2.4 Functional Theory of Society

Functionalism was the dominant theoretical perspective in sociology during the 1940s and 1950s. Functionalism adopts the similar perspective in which the various parts like brain, lungs, heart, liver etc structurally worked for human body. Likewise the various parts of society seem to be interrelated and taken together. They form a complete social system. Family, religion, kinship system and many other institutions play the role for the existence of the society as a whole. Functionalism begins with the observation that behavior in society is structured. Relationships between members of the society are organized in terms of rules and regulations, values provide general guide lines for behavior and they are translated into more specific directives in terms of rules and norms. One of the main concerns of functionalist theory is to explain how social life is possible. Many functionalists are concerned with shares values; social unity and solidarity maintain the equilibrium of the society (Haralambos, 2000).

2.5 Social Structure in Gender

Gender is the socio-economic variable to analyze the roles responsibilities, constraints and opportunities of people involved and it considers both male and female. Gender roles are learned behavior in given society conditioning which activates tasks and responsibilities are considered feminine and masculine. The roles are changeable with class, caste, race, ethnicity, religion, age time situation etc, It influences the division of labor, access to resources, benefits, information and decision making when working at gender, it is crucial to bear in mind the difference between sex and gender (Thapaliya, 2004).

Women in Nepal, as elsewhere, hold triple responsibility of reproduction, production and community management. However reproduction is not treated

as work and house holding is not considered a predicting job even by the state organs. Women's access to property and modern avenues of education, skill development and knowledge is very rare. Nepalese women in general lag far behind men (Acharya, 1977). Women suffer from discriminatory practices in opportunities for education, personal mobility which is the very necessity for skill development. Independent decision- making is also highly restricted. Women in Nepal work for longer hours than men but do not possess any opportunity in gainful employment and have extremely limited property right. Lack of control over property, women are deprived of decision making about the household income (NESAC, 1998).

The existing literature shows that there were women in development (WID) approach prior to the emergence of gender and development (GAD) approach in the 1980s. The primary focus of the WID approach was on the inclusion/ integration of women in the development projects embedded with the objective for making them more efficient. But the GAD approach attempted to address inequalities in the social roles of men and women and vice versa development. It has also linked the productive and reproductive roles of women with the assumption that the social construction of these roles primarily triggers the oppression of the women. Understandably, gender is the system of socially ascribed roles and relationship between men and women, which are determined not by biology but social, political, and economic context. Given the fact that gender roles are learned, they can change over time (Regmi, 2000).

2.6 Marital Status

The marital status of women does affect her work. According to Shrestha's findings "A married woman should be able to keep a fair balance between the job hold work and household work. She can neither give less importance to the household responsibility nor to the job responsibility." In the case of an unmarried woman the work burden of home will be less than the burden of work for married women (Shrestha, 1982: 61).

Marriage has an overwhelming importance in a woman's life. The event of marriage determines almost all her life options and subsequent livelihood. According to Hindu tradition, marriage is essential for all, whether man or woman. While man's life is not considered complete without a wife, a woman has no option but to marry. The husband becomes the leading power and the wife's circumstances in one of the ethical subordination (Uprety, 2008).

A married woman has many tasks to fulfill and she has to bear more burden than an unmarried female. A single woman is able to take part in the outside work more freely without any hesitation than the married women. It is important to deal with marital status, because it is through to daughter-in-law (Acharya, 1979).

2.7 Occupation

In modern urban industrial society, occupation and income are two very important factors in the determination of individual's status. Not only the nature of occupation and amount of income but also the nature of work and individuals specialization in it is the important contributing factors in deciding his socio-economic status. The achieved criteria of education, occupation and income have become the important bases of status determination of women in contemporary society (Acharya, 1995).

Employment opportunity for women is limited. There are only a few women who hold high paying, prestigious and decision-making jobs (Shrestha, 1982: 229). Writing about the occupational status of the women in Nepal, Seddon said- "Women are confined into their domestic and subsistence activities" (Seddon, 1987).

2.8 Women Participation in Work

Through out history, men and women have contributed in producing and reproducing the social work around the both on a day to day basis and over long periods of time. Yet the nature of this partnership and the distribution of

responsibilities within it has taken different forms of responsibilities within it, over time until recently, paid work in Western countries was predominantly the sphere of men. Over the past few decades this situation has changed radically; more and more women have moved in the labour force. Today between 35 and 60 percent of women aged between sixteen and sixty in most European countries hold paid jobs outside the home (Giddens, 2001).

According to a study by Acharya and Bennett on the status of women in Nepal (1979-81) - women spend on the average of 9.91 hours per day in domestic farm labour as opposed to 5.68 hours per day for men. Rural women generate more of the total house hold income than men 50 percent of the total income is contributed by women as compared to 44 percent by men and 6 percent by children.

More and more Nepalese women are entering into job market today either because of economic necessity or in search of new career. If one looks into the occupational distribution of families from 1971 to 1991 census, one would find a considerable increase in the proportion of women employed in services, professional and technical and technical and sales services (Giddens, 2001).

2.8.1 Women and the Workplace

Much of the changed with the separation of the workplace from the home has brought about by the development of modern industry. The movement of production in mechanized factories was probably the largest single factor. Work was done at the machine's pace by individuals hired specifically for the tasks, so employers gradually began to contract workers as individuals rather than families.

With time and the progress of industrialization, an increasing division was established between home and workplace. The idea of separate spheres- public and private became entrenched in popular attitudes. Men, by merit of their employment outside the home, spent more time in the public realm and became

more involved in local affairs, politics and the market. Women came to be associated with 'domestic' values and were responsible for tasks such as childcare, maintaining the home and preparing food for the family. The idea that 'a women's place is in the home' had different implications for women at varying levels in society. Affluent women enjoyed the services of maids, nurses and domestic servants. The burdens were hardest for poorer women, who had to cope with the household chores as well as engaging in industrial work to supplement their husband's income.

Rates of employment of women outside the home, for all classes, were quite low until entering into the twentieth century. Even as late as 1910, in Britain, more than third of gainful employed women were maids or house servants. The female labour force consisted mainly of young single women, whose wages, when they worked in factories or offices, were often sent by their employers direct to their parents. Once married, they generally withdrew from the labor force and concentrated on family obligations (Giddens, 2001).

2.9 Review of Previous Studies

Another problem faced by women is stress caused by role conflict or multiple roles. Research has suggested that the use and choice of coping strategies may be a factor in reducing such stress a coping resource that has been found to reduce stress is social support. The particular social support mechanisms most helpful to working women are emotional support and tangible support. Tangible support is defined as providing some sort of assistance for another person. There is a work/family conflict that particularly affects working women. It is extended work hours. There is research that suggests that a child's well being suffers as a result of lack of time with parents. Specifically, "the lack of sensitive, responsive, and consistent care from overworked parents or substitute providers can lead to decreased cognitive and social skills. And can promote attachment insecurity in children (Piotrkowski, et al 1987).

Using structural equation modeling, this paper compares a more traditional, unmediated model of work-based role stress and its consequences on job satisfaction and burnout to two models in which the role stress-affective work outcome relationship is mediated (partially and completely) by work-home conflict across two samples of public sector professionals: engineers and nurses. The findings indicate that a model in which role conflict and overload have both direct and indirect effects - via work-home conflict - on job burnout and satisfaction ('Partial Mediation' model) achieves a better overall 'fit' than two alternative models. Furthermore, the findings suggest that while the two groups perceive many aspects of the work-home relationship differently, for both groups, work-based role conflict is an important antecedent of work-home conflict, and increased burnout an important direct consequence of work-home conflict. Finally, on the basis of the findings, the authors conclude that perspectives which view the work and non-work realms as independent must be reconsidered, and that the nature of the work-home relationship may, to a great extent, be contingent upon the way different occupational groups perceive their work situations (Samuel, et al. 1988).

In nurses occupational stress appears to vary according to individual and job characteristics, and work-family conflict. Common occupational stressors among nurses are workload, role ambiguity, interpersonal relationships, and death and dying concerns. Emotional distress, burnout and psychological morbidity could also result from occupational stress. Nurses' common coping mechanisms include problem solving, social support and avoidance. Perceived control appears to be an important mediator of occupational stress. Coping and job satisfaction appear to be reciprocally related. Shift work is highly prevalent among nurses and a significant source of stress. The effects, moderating influences, coping mechanisms and risk factors associated with shift work are considered in detail here. Prophylactic and curative measures are important for nurses at both personal as well as organizational levels (Bhattacharya, 2010).

This meta-analytic review combines the results of more than 60 studies to help determine the relative effects of work, non-work, and demographic and individual factors on work interference with family (WIF) and family interference with work (FIW). As expected, work factors related more strongly to WIF, and some non-work factors were more strongly related to FIW. Demographic factors, such as an employee's sex and marital status, tended to relate weakly to WIF and FIW. Overall the analysis supports the notion that WIF and FIW have unique antecedents, and therefore, may require different interventions or solutions to prevent or reduce their occurrence. Lastly, the analysis suggests that demographic variables, such as sex and marital status, are alone poor predictors of work–family conflict (Byron, 2003).

The present study developed and tested an integrative model of the work-family interface. This model was applied separately to male and female sub samples to assess mean gender differences and gender differences in the links between the variables. Analyses were based on existing questionnaire data from 320 participants who were full-time professional employees of Canadian organizations. Gender differences were found in the relationship between family demands and family interference with work, while the results for family interference with work and job satisfaction, and family satisfaction and life satisfaction were equivocal. These results generally provide support for previous research indicating that an asymmetry continues to exist between men and women in their work and family roles (Allyson, et al. 2004).

There is a general consensus among researchers that many married professional women experience significant levels of work-family conflict. It has long been known, however, that perceived control over a work situation alleviates some work-family stress. The spouse and age of child or children can also be moderating factors. Women enjoy paid work and are better off both economically and psychologically. Many make adaptations by defining success in terms of becoming experts in their field, for example, rather than attempting to climb corporate hierarchies. There are indications that senior female

professionals experience lower stress levels and exhibit better health than their more junior counterparts (Hanson and Sloane, 1992).

It is possible to feel a general level of satisfaction with both job and family in the face of significant work-family conflict. The 'satisfaction' is meant a feeling of contentment or fulfillment. This concept has not yet been explored within an Asian context. Women in Hong Kong have great exposure to Western ideas through increasing technology and media access; yet, cultural values and attitudes towards women remain traditional. According to traditional Chinese thinking, women are viewed primarily as caretakers of the family and are treated as second-class citizens and inferior to men. Married managerial women in Hong Kong appear to encounter a lot of work-family problems in the Chinese socio-cultural environment. Their increased participation in the workplace has not resulted in changes in their family role. Rather, the taking-up of paid employment by women seems to have led to a considerable expansion in their role, since their husbands continue to limit their own participation in childcare and household chores. Although one might predict that married professional women suffer significant work-family conflict (or feelings of inadequacy and/or guilt), it can also be anticipated that they enjoy their paid role and accept their traditional roles by surviving through the incongruities between their strong Confucian values and their participation in the labour force (Lo, et al.2005).

Female nurses working a continuous 3-shift roster found that the average sleep duration per 24-hours across the roster is almost one hour less for nurses who combine shift work, partner and parent roles. In particular, they are not free to use the later starting afternoon shift as an opportunity to repay the sleep debt incurred on night shift. The results show an interaction between work and family roles resulting in chronic fatigue that is a risk factor especially when combined with the acute fatigue associated with night work. The sleep record data is supported by interview data which highlight shift work as a stressor that reduces the opportunity for participation in social and leisure activities by all

three of the groups studied: single, partnered and partnered with children. The strain of shift work on personal and social relationships reduces the resources available for coping with the emotional and physical stressors encountered by nurses in their work and family roles (Nursing Wikipedia).

Results indicate that shift workers and their partners are congruent in their perceptions of the impact of shift work on the worker in all three lifestyle factors relating to tolerance across the three shift types. Shift workers experience more health/stress and social/family problems on the evening shift; this is related to their partners' increased sense of personal disruption. Similarly, when partners report the perceived impact of shift work on these same dimensions, it is associated with shift workers' heightened sense of personal disruption. Fewer sleep/fatigue and health/stress problems on the night shift are related to greater sleep flexibility, and evening types experience increased sleep/fatigue problems on the day shift. Social measures (particularly the personal disruption of the partner) rather than biological measures are the greatest predictors of shift workers' personal disruption. Findings are supported by qualitative data. It appears that the partner understands and owns sense of disruption is critical to the experience of the shift worker regarding coping and predictability of tolerance (Newey, 2008).

Aside from the large and complex body of literature pertaining to working environments and work-family conflict, the theoretical and pragmatic underpinnings of this research lie in two papers, one academic and one professional. The first, by Beatty, explored the attitude of 193 professional women listed in the Who's Who of Canadian Women. She concluded that 'successful professional and managerial women (do) not exhibit high levels of anxiety, depression and hostility, nor do these outcomes increase for women in high-level executive positions'. This work was supplemented by Wilton and Gaskell's report on research that sheds new light on work flexibility and senior managers, revealing the difficulties of fitting flexibility into senior positions. Flexibility is concerned with enabling workers with family responsibilities to

engage equally in the paid workplace and valuing the diverse work patterns that emerge within organizations as workers balance work and family. In most cases, however, it was found that with supportive management and strict time (Wilton and Goskelli's, 2001).

In conclusion, work and family relation and balance is shown in above literature reviewed which shows that flexibility is concerned with enabling workers with family responsibilities to engage equally in the paid workplace and valuing the diverse work patterns that emerge within organizations as workers balance work and family. Shift workers experience more health/stress and social/family problems on the evening shift; this is related to their partners' increased sense of personal disruption. Similarly, when partners report the perception about impact of shift work on these same dimensions. The strain of shift work on personal and social relationships reduces the resources available for coping with the emotional and physical stressors encountered by nurses in their work and family roles. Although one might predict that married professional women suffer significant work-family conflict, it can also be anticipated that they enjoy their paid role and accept their traditional roles by surviving through the incongruence between their strong Confucian values and their participation in the labour force. Gender differences were found in the relationship between family demands and family interference with work, while the results for family interference with work and job satisfaction, and family satisfaction and life satisfaction are equivocal.

2.10 Conceptual Framework

Family are important consideration for women in deciding whether they would participate in struggle and to what extent, i.e., whether they would be leading decision makers and activists or participants. Support from families sustained the work of woman whereas pressure from home is extremely crucial.

It elucidates that family interaction and nursing professional is influenced by various factors e.g. shift duty, time given to family, relation with family, socio-cultural factor, norms and values, and decision making, etc.

Shift duty is the main factor of making family balance between works. Shift duty means rotational duty of nurses. It includes morning, evening and night duty. Time is very important for individual and family. Nurses have to do three shift duties alternatively in hospital. If person gives more time to family, there should healthy relationship between each other. Working women can't give full time to family. Family relation plays vital contribution to workplace.

A woman in nursing profession also is very challenging for conservative society. In society each and every individual are under the norms and values. Our norms and values give us direction and guideline.

Marriage has an overwhelming importance in a woman's life. The event of marriage determines almost all her life options and subsequent livelihood. According to Hindu tradition, marriage is essential for all, whether man or woman. Generally Nepalese women have less decision making power; they rarely participate in family's important matters. So involvement in family decision making is also influence the balance between work and family.

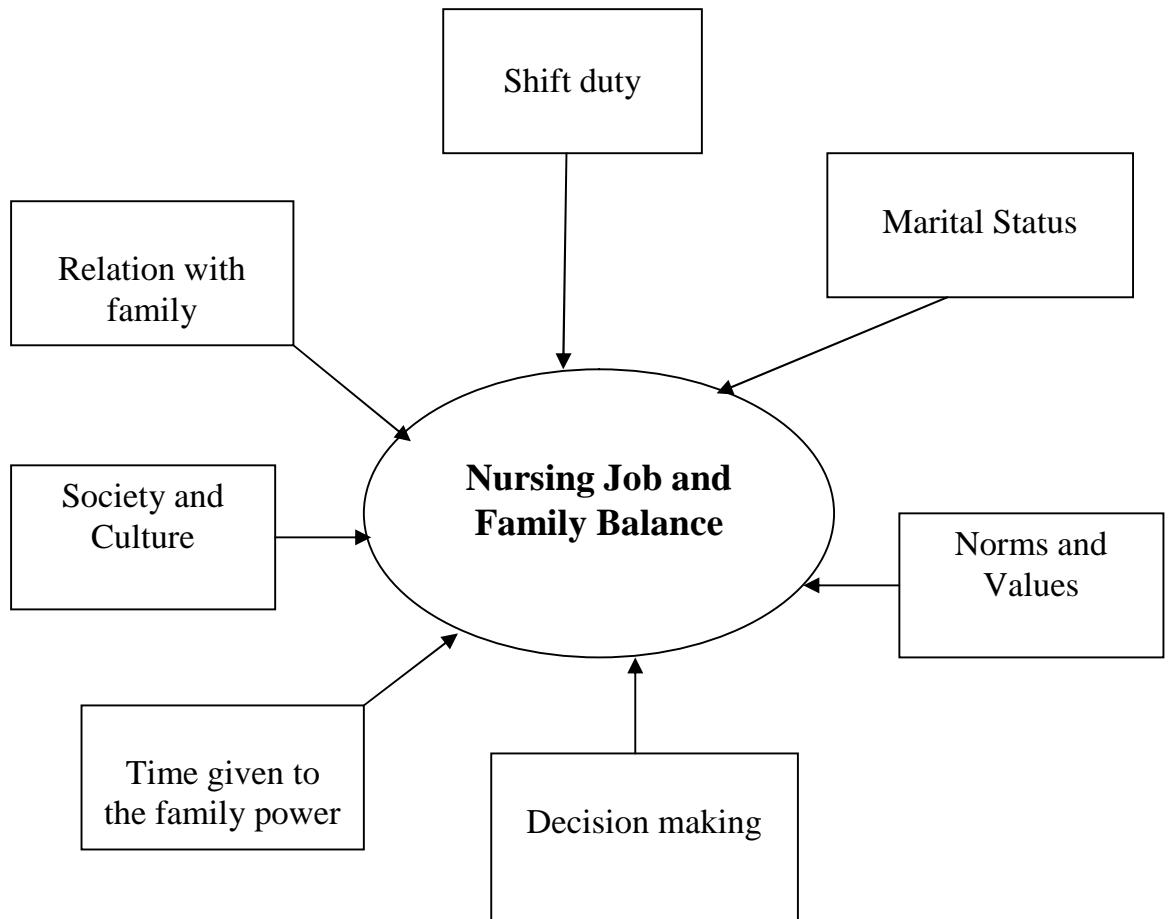


Figure 1: Influence on Nursing Job and Family Balance.

CHAPTER III

RESEARCH METHODS

The result of a research depends on the careful selection of most appropriate research methods. Various research methods are adopted to carry out this study are presented below. Research methodology is necessary for social science research work. It includes research design, nature and source of data, unit of the study, sampling procedure and data collection techniques, data analysis and presentation.

3.1 Research Design

Research design simply called an overall research plan, guidelines to a researcher to get answers of the research questions and help him/her to control experimental, extraneous and error variances of a particular research problem. Thus, it becomes quite important to provide a careful attention while preparing a research design for a particular study. In this study, a descriptive as well as exploratory research design has been applied.

3.2 Nature and Source of Data

The nature of the study is basically qualitative and quantitative. The study is based on both primary and secondary sources of information. In order to fulfill the specific objectives of the study, the analysis was mainly based upon primary data. The primary data has been acquired from questionnaire schedules, observations and key informants. The secondary data has been collected from various published and unpublished materials such as research articles, books, journals, seminar papers, occupational papers, case studies, research reports and thesis etc.

3.3 Unit of the Study

In this study, nursing personnel refers to all those nursing staff working in Western Regional Hospital, Pokhara. Information related to nursing staff is collected from married nursing staff.

3.4 Universe and sampling of the Study

The universe of this study is married nursing women working at Western Regional Hospital, Pokhara. The universe is composed of different level of married nursing women and of multi caste/ ethnicity, religion, and age group. The total numbers of nursing personnel of the W.R.H. are 103. Among them Staff Nurse are 96 and Auxiliary Nurse Midwives are 7. Nursing personnel includes Staff Nurse and ANM. Among the total number of nursing personnel, only 80 married women are chosen by using purposive sampling technique.

3.5 Data Collection Techniques

The data are collected by applying various techniques such as structured questionnaire schedule, key informants, and observation.

3.5.1 Questionnaire Schedule

The respondent is requested to provide information in the form of facts, attitudes and opinion about the concerned matter. The question has developed in both forms i.e. open-ended and close- ended to gather all the expected and unexpected information related to the topic. A questionnaire is a list of questions prepared and distributed to secure response to certain questions. It is a device for securing answers to questions by using a form, which the respondents fill by themselves. The data is collected using the structured mixed form of questions so that it can be easily quantified for the study. A questionnaire technique is suitable in doing the survey when the respondents are educated. So this method is applied in this study. This technique is better to generate the fact which respondent hesitate to give on direct interview.

The questionnaire has prepared (Appendix) to elicit information to the objective of the study. The questionnaire was designed to collect both qualitative and quantitative information as a personal history of the respondents, their present demographic information, working environment, time given to family, relation with family, perception about night duty, manage

the duty while any problems in family, family problems due to shift duty, discrimination and problems faced by them etc. A questionnaire schedule is organized on the basis of following.

Ethical Consideration

In this study some ethical norms and values are used which guide for unbiasedness during study period. Such as:

1. In this study, there is not mentioned any respondent's personal/ private relation and secrete thing, which affects her life.
2. Informed verbal consent was taken from each respondent.
3. Objectives of the study were explained to the respondents.
4. Nobody was forced to participate in the study.
5. The collected data was kept confidential and anonymous.
6. The principles of human justice were maintained.

Pretest and Verification of Measurement

In order to test the schedule prepared, a pre- test (pilot study) is carried out. Yong (1996) highlights the importance of pre-testing as:

Pre-testing provides not only a test of the clarity of the questions and of the correctness of interpretation put upon by the respondent, but it also affords the possibility of discovery of new aspects of the problem under scrutiny but not anticipated in the planning area. For the purpose, the pilot study was carried out in private Nursing Home where the nursing personnel worked among 10 staffs on 5th March, 2010.

The results from pretest are tabulated and analyzed. This analysis helps to refine the questions in the schedule and to discover new aspects about the work

and family balance for nurses. Some important interferences and insights obtain from this procedure are incorporated into the schedule before printing its final version. In some cases, the pre-test provided more options for the same questions which are previously unnoticed. And some questions which appear to be difficult to draw answer from the respondents has reconstructed.

A measurement instrument is valid if it measures only what we intend it to measure. The validity of the instruments is maintained by consulting experts and concerned teachers from the beginning of the study.

Reliability of instrument is maintained by:

- Pre- testing the instrument in the non study respondents of nurses who are working in Nursing Home, Pokhara. 10 percent of the sample sizes are tested.
- Necessary changes have made in the questionnaire before the actual study.
- Data are collected by investigator herself.

3.5.2 Key Informants Interview

For getting special insights on certain aspects and for collecting more important qualitative data, key informant interview has been also conducted with various persons from concerned organizations such as Hospital Matron, Ward In charges, Nursing Supervisors, Campus Chief, Lecturers, and Instructors of Nursing Campus. This interview is totally unstructured.

3.5.3 Observation

In this study observation technique has adopted in various steps in order to study qualitative information. Being nursing personnel, it becomes easy to the researcher to observe and collect the necessary data whenever it is needed. Hence, the relevant information regarding to the nursing job and family balance has been collected through direct observation as well.

3.6 Data Analysis and Presentation

The information has collected from 80 respondents, which has been tabulated and analyzed descriptively and statistically under different headings and sub heading. The data are presented using simple table, bar diagram, and pie-chart in suitable places to give better understanding of the study. Most probably the study is based on questionnaire schedule; the validity of the analysis depends on the quality of the respondents.

CHAPTER IV

DEMOGRAPHIC SETTING AND SOCIO-DEMOGRAPHIC CHARACTERISTICS

The data are collected from W.R.H, Pokhara. The total respondents are 80. The study has focused to find out the work and family for nurses. The study has been made on the basis of questionnaire schedule, key informants and observation. Data are tabulated by prepared tally sheet and analysis done by using statistical tools. Representation has done using table, chart, bar diagram and pie chart etc.

4.1 Site Selection

Western Regional Hospital was selected for the study. It was established in 2012 B.S. It is the government hospital of Western Development Region. The area is selected for this study because it is one of the biggest government hospital. It provides the health services to the local people. Most of the nurses are working here. This site is purposively selected to meet the requirement of the study.

4.1.1 Introduction of the Study Area- Pokhara

Physical Setting of Pokhara

Pokhara is the second biggest city of Nepal. It lies on the lap of Annapurna range in the Western Development Region. It is the zonal headquarter and regional headquarter of Gandaki Zone and Western Development Region respectively. Likewise, it is the Headquarter of Kaski District as well. It lies about 200 km away from Kathmandu, the capital city of Nepal, at the altitude of about 900 m from the sea level. It is a valley and through almost central part of it flows, the Seti River by making several deep, amazing and gorgeous gorges. Pokhara is considered to be the most beautiful city in Nepal and has

many places of attraction which have been enhancing a number of tourists whether they are native or foreigners. To name, the Seti River, lakes like Phewa, Begnas, Rupa etc, caves like Mahendra cave, Gupteshwor Cave ,Siddha Cave ,etc, Sarankot, Khaun Danda, World Peace Pagoda, temples like Vindyaabsini, Tal Bahari, Bhadrakali , museums like Annapurna museum, International Mountain museum and Regional museum etc are the various places of tourist attraction in Pokhara.

Cultural Setting of Pokhara

The total population of Pokhara is 15, 69,112 according to Pokhara sub metropolitan office. This population includes people from various castes, ie. Brahmin, Chhetri, Newar, Thakuri, Gurung, Magar, Tamang, Damai, Kami, and Sarki.

Likewise, from religious point of view, Pokhara is inhabited by the people following different religions such as Hinduism, Buddhism, Islam, and Christianity. These people belonging to different castes and religions have their own culture. It means cultures in Pokhara are also of different types. Thus, from religious and cultural point of view Pokhara can be called a mosaic of various religion and culture.

There are various places of religious importance such as Vindyaabsini, Tal Bahari and Bhadrakali temples, World Peace Pagoda, Ramghat etc are here in Pokhara region, which are attracting a number of devotees and tourists.

The Study Area- Western Regional Hospital

The study area of this research was Western Regional Hospital, Pokhara. It is a government hospital of Western Development Region. It was established in 2012 B.S. as Soldiers Board Hospital by Bir Singh Gurung. It became Western Regional Hospital in 2043 B.S. This hospital provides outpatient, inpatient, emergencies and diagnostic services to the people of Western Region. There are 350 beds running now where the patients and bed occupancy rate is 100

percent. Western Regional Hospital maintains a high standard of nursing care and medical practice through proper qualification of workers committed to promoting the health of local community.

4.2 Socio- Demographic Characteristics

4.2.1 Distribution of Respondents by Age Group

Age, a biological factor contributes to social differentiation. It distributes privileges and responsibilities, rights and duties, in term of separate statuses (Rao, 2005). Age structure is crucial demographic data in examining population characteristics. These demographic variables have direct implications for several issues related socio-economic aspects of a population such as trend of population increase, labour force and female population in the reproductive age. Therefore, any socio-economic development planning should consider the age structure of the population.

Table 1: Distribution of Respondents by Age Group

S.N.	Age group	No. of Respondents	Percent
1.	20-24 Years	17	21.25
2.	25-29 Years	23	28.75
3.	30-39 Years	24	30.00
4.	Above 40 Years	16	20.00
	Total	80	100.00

Source: Field Survey, 2010

The table 1 explains that the range of the respondent's age is 20 - 40 years. The majority of respondents (30.00%) are 35-39 years. Similarly, 20 percent respondents are above 40 years of age. The age between 25-29 years respondents are 28.75 percent whereas 21.25 percent respondents are within the age group of 20- 24 years.

The study shows that 80 percent of the respondents of W.R.H. belong 20 to 40 years of age group. The majority of nursing staff falls within the middle age group category. The middle age women can mold and train them to take up all the responsibilities and challenges in the job because they have been working for a long time and experienced too.

4.2.2 Distribution of Respondents by Ethnicity/Caste

Ethnicity/ Caste is the identification of a person. This makes one group distinct from other. Most of the social codes are established according to culture of caste/ethnic group. Caste represents any of the hereditary Hindu social classes. Brahmin, Chhetri, Gurung, and Newar are the major ethnic groups.

Table 2: Distribution of Respondents by Ethnicity/Caste

S.N.	Ethnicity/Caste	No. of Respondents	Percent
1.	Brahmin	41	51.25
2.	Chhetri	12	15.00
3.	Gurung	11	13.75
4.	Newar	7	8.75
5.	Others	9	11.25
	Total	80	100.00

Source: Field Survey.2010

The table 2 indicates that among 80 respondents, highest percentages of respondents (51.25%) are Brahmin. Likewise Chhetri were 15.00 percent, Gurung are 13.75 percent, Newar are 8.75 percent and others (Magar, Nepali, Rai, and Thakali) are 11.25 percent. This table indicates a clear dominance of the Brahmin group among nursing staff.

4.2.3 Distribution of Respondents according to Religion

“Religion is the belief in the supernatural- forces that have some influence or control upon world.....the supernatural.” Malinowski’s (distinctive contribution to the sociology of religion) has argued that religion promotes social solidarity

by dealing with situations of emotional stress, which threaten the stability of society (Haralambos, 2004).

Religion regulates the activities of people in own way. It is major component of demography as it has strong effect on people's lives of this country. Religion is one of important factors/elements of any society-which maintain law and order in society. It also guides behavior; thinking and working which work is do/not.

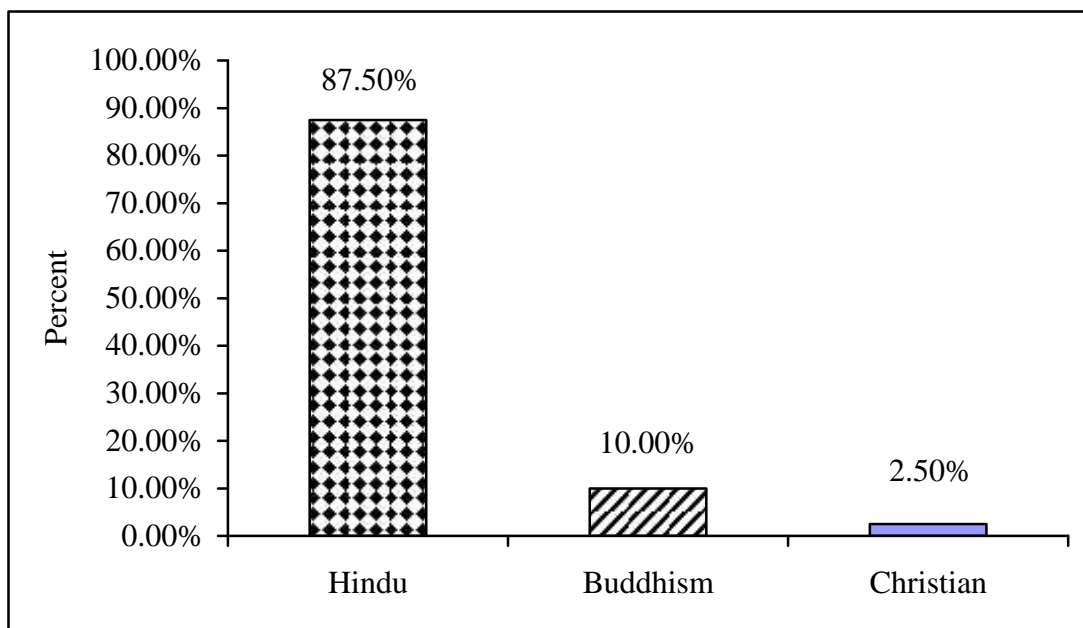


Figure 2: Distribution of Respondents according to Religion

The figure 2 explains that out of 80 respondents Hindu respondents are (87.5%) percent, Buddhism respondents are 10 percent and Christian respondents are 2.5 percent.

Nepal is the secular country where 86.5 percentage of its national population is Hindus with 7.8 percentages Buddhist (CBS, 2000). The survey also clearly supports the fact that the proportions of the involvement of the Hindu nursing personnel are comparatively higher in the comparison to other religious groups.

4.2.4 Distribution of Respondents according to Family Size

Size of the family does affect the financial condition of the family which in turn affects the work of the women. According to Acharya and Benette – The

larger the family sizes the lower the participation rate of women in subsistence production (Acharya and Benette, 1982). Women with large families have to give attention to all the members of the family, so that she will have less time to devote to her work and herself.

Table 3: Distribution of Respondents according to Family Size

S.N.	Family Size	No. of Respondents	Percent
1.	3-5	42	52.50
2.	5-8	21	26.25
3.	9-12	17	21.25
	Total	80	100.00

Source: Field Survey, 2010

Table3 states that out of 80 respondents, 52.5 percent respondents have 3-5 members living together, 26.25 percent respondents have 6-8 family members and 21.25 percent respondents have 9-12 family members together. This study clearly shows that most of the respondents have 3-5 family members living together. Only 21.25 percent respondents have large family members.

4.2.5 Distribution of Respondents by Structure of Family

For this study, the families are divided into two types- nuclear and joint family. Nuclear family is defined as the family in which parents with their unmarried offspring are living whereas in joint family more than two generation live together. Nuclear families are smaller in size in comparison to joint family; women have less autonomy in joint family compared to nuclear family.

Analysis of family structure of respondents is important as it is the basic social institution of human being that provides the first identity to the individual in the society and it influences all aspects of one's life. It is the most elementary form of society (Regmi, 2003).

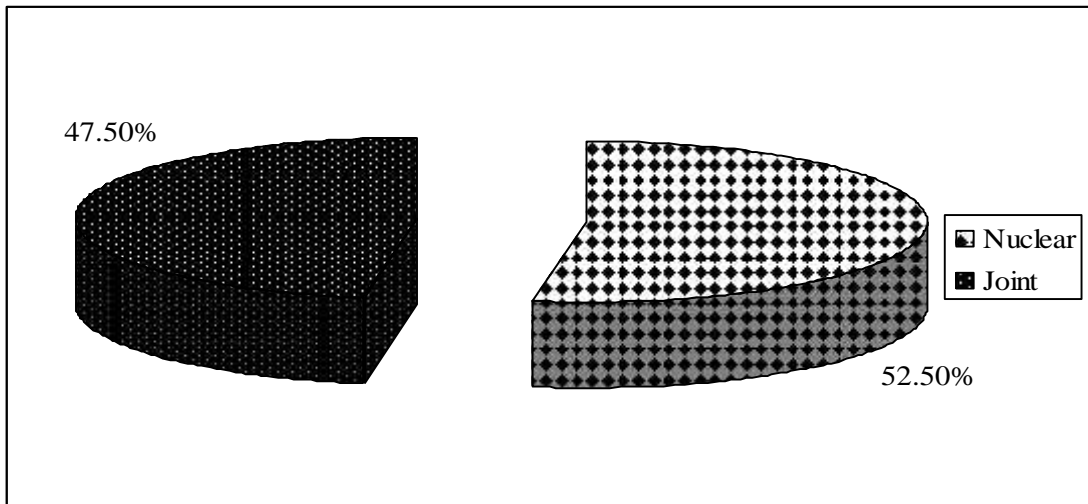


Figure 3: Distribution of Respondents by Structure of Family

The figure 3 shows that majority of respondents (52.5%) have lived in nuclear family where as the percentage of nursing staff representing joint family is (47.5%). The main cause of choosing a nuclear family according to the respondents is that they want to be released from family burden and burden of household task. They prefer to live independently with their husbands and children.

CHAPTER V

WORKING ENVIRONMENT

This chapter explores the working environment of respondents. The first part of this chapter explains the different aspects of employment as their job status, sufficiency and allocation of salary, equal opportunity, feeling of discrimination, and job satisfaction.

5.1 Distribution of Respondents by Employed Field

There are various field of employment of nursing professional. They are- ANM and Staff Nurse. ANM staffs are also included in nursing professional. Field of employment has also affected to family interaction and relation.

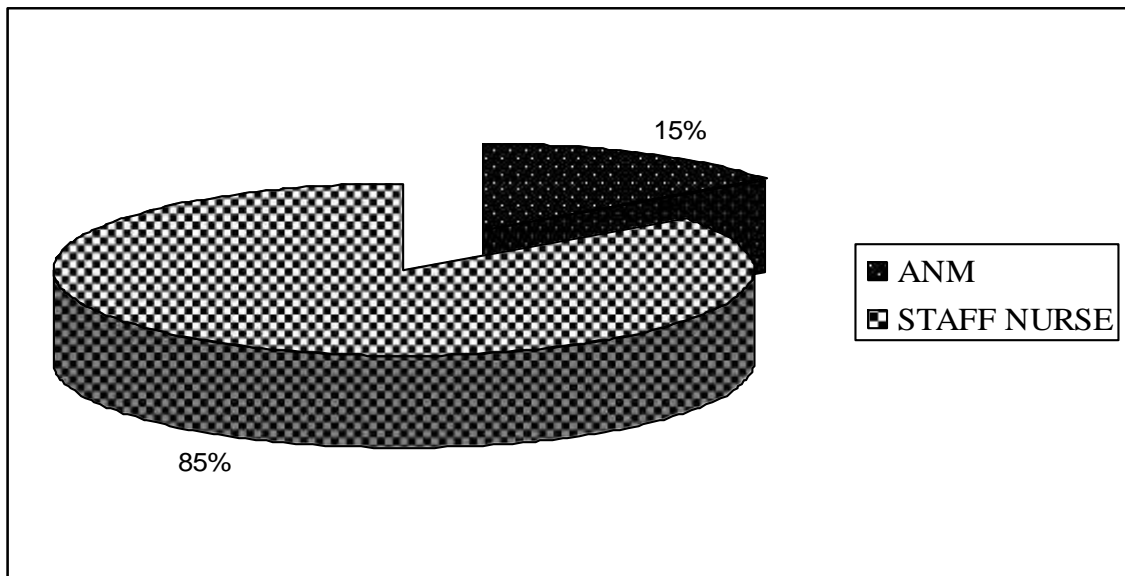


Figure 4: Distribution of Respondents by Field of Employed

According to figure 4, among 80 respondents, majority (85%) are staff nurse, 15 percent are ANM .The study clearly shows that most of the respondents are Staff Nurse.

5.2 Distribution of Respondents by Professional Status

Jobs are categorized as permanent, temporary, contract, and volunteer in nature. Permanent job refers to long lasting job. Jobs of temporary nature are uncertain and run on the ability of the employee and will of the employer. Job assigned on contract basis has certain legal provisions to be accepted by an employee within a certain fixed period of time. Volunteer job means a person who voluntarily undertakes a task. Professional status also affects the family interaction patterns.

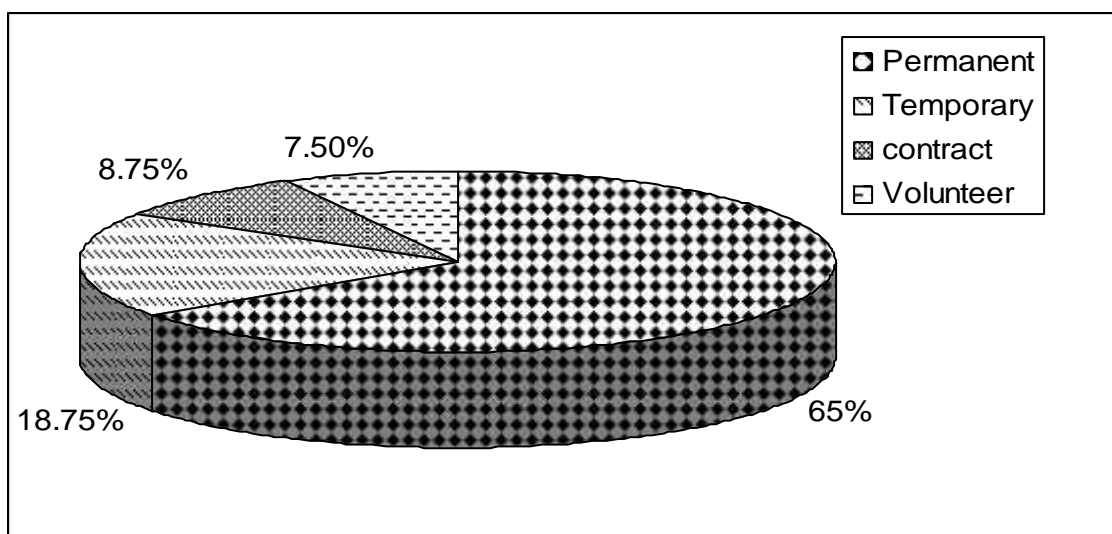


Figure 5: Distribution of Respondents by Professional Status

With reference to the figure 5, 65 percent respondents engage in the permanent job. Similarly 18.75 percent respondents are temporary. Only 8.75 percent have jobs in contract whereas 7.5 percent worked as a volunteer.

It clearly shows that most of the respondents are permanently appointed and getting provisional funds and job security. Some of them are working as a volunteer. Volunteer staffs have faced the problems of economic burden as well as family conflict.

5.3 Distribution of Respondents by Sufficiency of Salary for Family Basic Needs

Generally basic needs mean minimum necessity of survival in the society with respect, so there is no limitation about basic needs. It depends upon family's living standard as prosperous family has higher level basic need and poor family has limited basic need.

Table 4: Distribution of Respondents by Sufficiency of Salary for Family Basic Needs

S.N.	Response	No. of Respondents	Percent
1.	Sufficient	22	27.50
2.	Partly	40	50.00
3.	Insufficient	18	22.50
	Total	80	100.00

Source: Field Survey, 2010

The given table 4 shows about the sufficiency of salary for family basic needs. Among 80 respondents 27.5 percent have fulfill their family basic needs by salary whereas 50 percent respondents feel that it is partly sufficient for their basic needs. Similarly 22.5 percent respondent's salary is not sufficient

The study states that most of the respondents' salary is partly sufficient to fulfill their needs. We can say that they have yet not get better scale of their work as their contributions to work.

5.4 Distribution of Respondents by Allocation of Their Salary

Salary is a regular income. Different job holders spend it for different purposes. Some body collects it and spends for self purpose. And many job holding women spend it for family's need through head of the family.

Table 5: Distribution of Respondents by Allocation of Their Salary

S.N.	Response	No. of Respondents	Percent
1.	Give to family head	11	13.75
2.	Expend on family needs	47	58.75
3.	Keep self	17	21.25
4.	Expense for house rent	17	21.25
5.	Expense for Children education	4	5.00
	Total	80	100.00

Source: Field Survey, 2010

In accordance with the table 5, most of respondent (58.75%) spend their salary for family's daily need where as 13.75 percent respondents give their salary to the family head. Likewise, equal percent (21.25%) respondents spend their salary by keeping themselves and expensing for house rent respectively. Only 5 percent expense for their children's education.

This analysis shows that most of the respondents have to spend their salary for their family's need. It is true that only male cannot afford all the needs of household expenditure. That is why women also are equally responsible for household needs and family's betterment. Thus, it is revealed that the need of women as a partner of men for supporting the family is an essence. There is more concentration especially in the case of married women. This reflects the changing thoughts of husband dominated society for wife as co-worker.

5.5 Distribution of Respondents by Management of Household Economy

On an institutional level, interchanges take place between the economy and the family. The economy produces goods and services for consumption by families. Families use income earned in production activities to buy these goods and services. Management of household activities includes expenditure on family daily needs by different person.

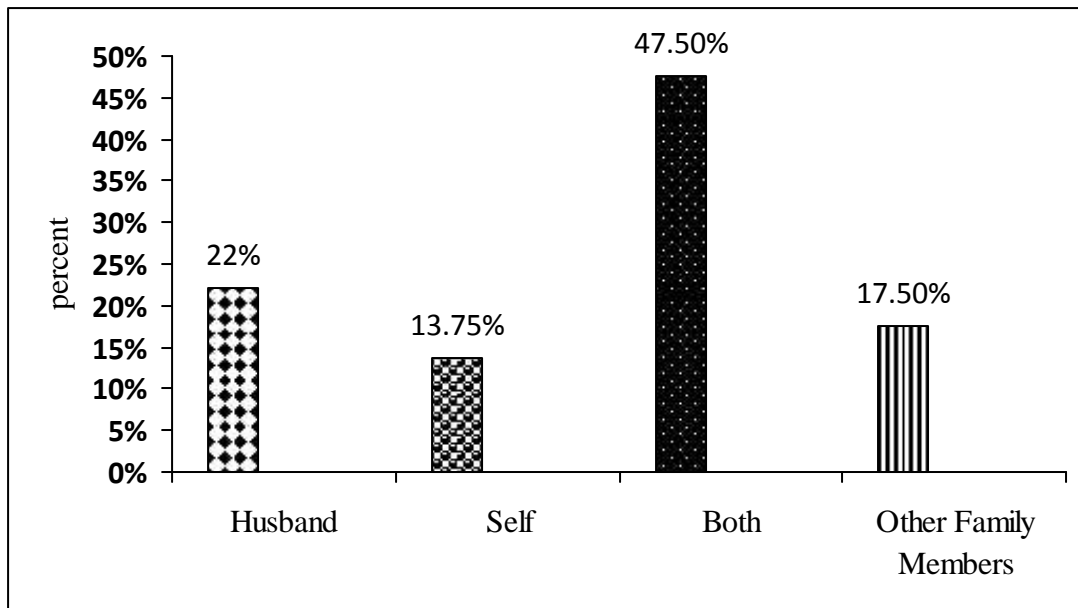


Figure 6: Distribution of Respondents by Management of Household Economy

The figure 6 shows about the person who manages for family's daily need. It seems that 47.5 percent respondents' household activities are managed by both husband and wife where as 17.5 percent respondents state that their house is managed by other family members (other family members include father and mother in law, brother and sister). Likewise, 22 percent respondents' household economy is managed by husband whereas 13.75 percent respondents manage all household activities by themselves.

It can be clearly said that respondents who live in a nuclear family, both husband and wife together are responsible for the management of household economy. Some of respondents managed their family economy by themselves.

5.6 Distribution of Respondents by Sharing of Spouse Salary

According to the exchange model of family dynamics, the household in the traditional single- provider family provides economic support to the wife in exchange for her household duties, child care, companionship and support.

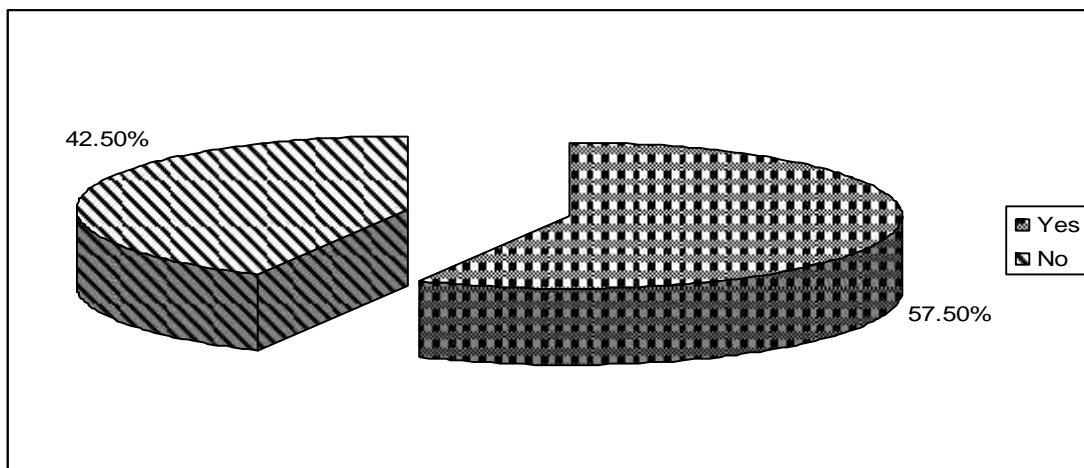


Figure 7: Distribution of Respondents by Sharing of Spouse Salary

The given figure 7 explains the sharing of spouse salary with respondents. Among 80 respondents, 57.5 percent respondents' spouse share their salary with wife whereas 42.5 percent respondents do not get any salary from their spouse.

This analysis indicates that most of the respondents get whole amount of salary from their spouse or male partner who helps to manage the family basic needs as well as other expenditure.

5.7 Distribution of Respondents by Getting an Equal Opportunity from Office

Opportunity includes training and in-service education. Training refers to process of learning skills that one needs to do job. Trained persons are the need of today's competitive world. It helps a person to apply his/her knowledge logically in the appropriate place/situation. In other word, training enhances the educational knowledge more. Training is very important to furnish ones more definitely.

Lack of opportunity related to the job will not increase the efficiency to work. In Nepal only a few women are educated and jobholders. But still they are not in high level of service, due to the lack of opportunities. In technical field

training is very important for development of skill and new knowledge. In service education means on the job training.

Table 6: Distribution of Respondents by Getting an Equal Opportunity from Office

S.N.	Response	No. of Respondents	Percent
1.	Yes	30	37.50
2.	Partly	35	43.75
3.	No	15	18.75
	Total	80	100.00

Source: Field Survey, 2010

As reference with the table 6, out of 80 respondents, 18.75 percent state that they do not get equal opportunity from office. Similarly 43.75 percent also state that they get opportunity partly. Only 37.5 percent respondents get an opportunity in job. The study shows that most of the respondents do not get equal opportunities from the office. Few percentages of respondents feel discrimination where they are working.

5.8 Distribution of Respondents by Satisfaction in the Present Job

There is no limitation of human wants so a human being has to be satisfied for long time with same situation. This principle is implemented in health sector too. If a person gets a job according to his/her desire, there will be higher satisfaction rate otherwise not, especially with job nature, work place, remuneration etc.

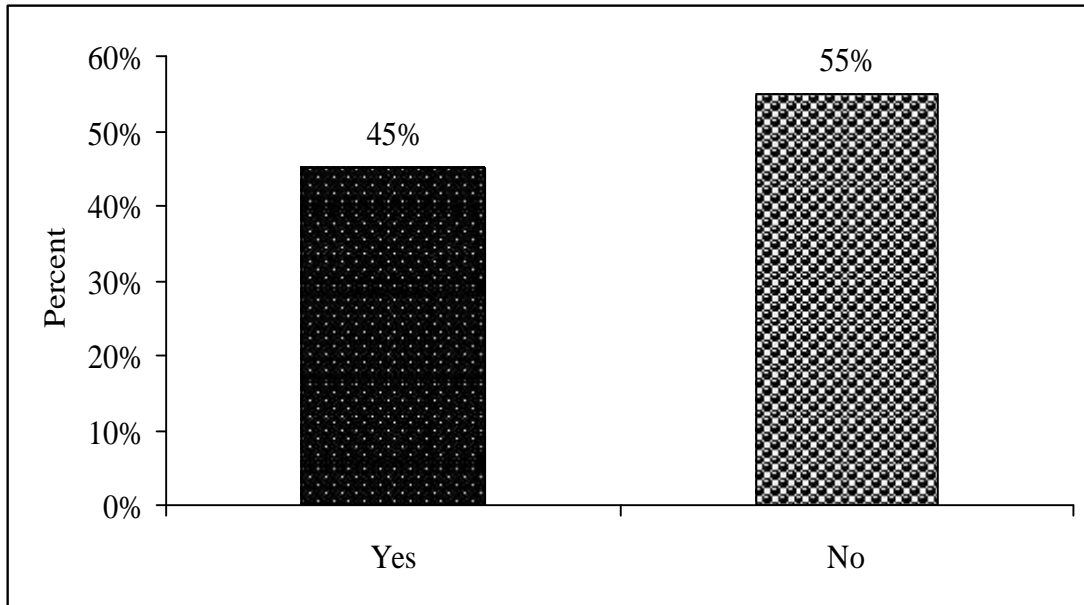


Figure 8: Distribution of Respondents by Satisfaction in Present Job

As the given figure 8, majority of (55%) respondents are not satisfied with their present job where as 45 percent are satisfied. This shows that most of the employed are not satisfied with their present job. It indicates that nearly half of the respondents are dissatisfied with their job and they are compelled of economic independence.

5.9 Distribution of Respondents by Causes of Dissatisfied with Present Job

Economic function of work and the conditions associated with performing a work role have pervasive effects on family life. Work- role demands are relatively heavy among families at higher occupational levels in terms of amount and scheduling of work- time, job transfers and duties expected of corporate wives. There are four types of causes; they are low level of job, work load, duty hour, and frequent transfer of the ward.

Table 7: Distribution of Respondents by Causes of Dissatisfied with Present Job (n=34)

S.N.	Response	No. of Respondents	Percent
1.	Low Level of Job	14	31.80
2.	Work Load	16	36.36
3.	Duty Hour	12	27.27
4.	Frequently Transfer the Ward	2	4.54
	Total	34	100.00

Source: Field Survey, 2010

According to the table 8, among 44 respondents, 36.36 percent are dissatisfied due to work load in their job. Similarly 27.27 percent are dissatisfied by duty hour whereas 31.8 percent respondents are not satisfied due to low level of job and only 4.54 percent are not satisfied with their percent job because they are frequently transferred the ward. The analysis clearly explains that workload is the major cause of dissatisfaction for nurses.

CHAPTER VI

BALANCING WORK AND FAMILY

6.1 Distribution of Respondents by Occupying Equal Status in family

In Nepal, women and men have got unequal status. Men get primary position and women are treated as their subordinates, but educated women think that both women and men have to get equal status in the society. They are against of that ascribed status which a human being gets according to his/her birth.

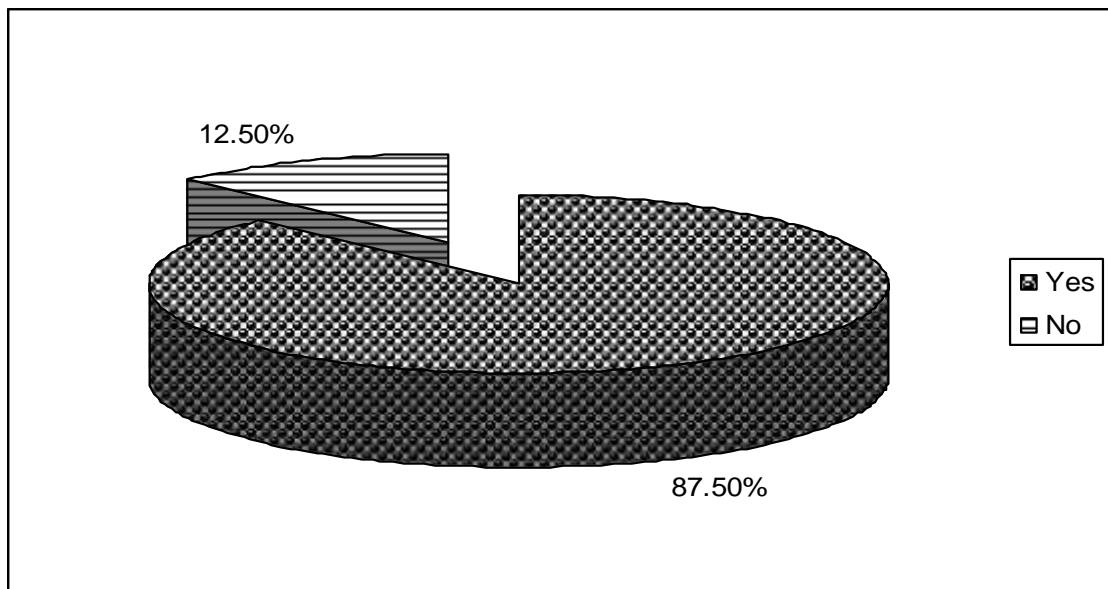


Figure 9: Distribution of Respondents by Occupying Equal Status in Family

The figure 9 shows the status of respondents in family. Among 80 respondents, 87.5 percent respondents occupy equal status as other members where as 12.5 percent respondents do not get an equal status in family as other family members. This study shows that most of respondents occupy equal status as other family members in family. The lowest numbers of respondents still do not get equal status as other family members.

6.2 Distribution of Respondents by Causes of Not Maintaining Equal Status in Family

The women of Nepal are deprived of their rights due to the traditional beliefs, socio-customs, superstitions, patriarchal nature of our society and discriminatory practices. One tangible measurement of women status is their access to control over economic resources. In Nepal there is discrimination between male and female in terms of resources allocation in the family.

Table 8: Distribution of Respondents by Causes of Not Maintaining Equal Status in Family (n=10)

S.N.	Response	No. of Respondents	Percent
1.	Because of male Domination	7	70
2.	Joint family	1	10
3.	Being a nurse	2	20
	Total	10	100

Source: Field Survey, 2010

As reference with the table 9, among 10 respondents, 70 percent respondents mentioned the cause of male domination was the major cause of not maintaining equal status in the family. Similarly 10 percent state the cause of joint family and 20 percent tell about being a nurse is a reason of not occupying equal status as other family member in family. This study states that majority of respondents do not occupied equal status in family because of male domination. Only 10 percent of respondents state the cause of joint family. It reveals that male dominated society is still prevalence in nurse's family too.

6.3 Distribution of Respondents by Relation with Family Members

Relation is a way in which one person or thing is related or connected to another. It keeps the feeling prevailing between persons. The family is considered to be a private institution providing a heaven from the burdens and responsibilities of work. On the other hand, families are expected to adapt the conditions of work, to socialize children to become competent workers, and to provide emotional support to workers to enhance their effectiveness. The family is partially responsible for its members entering the labor force with the skills and motivation needed to operate within an individual and commercial environment

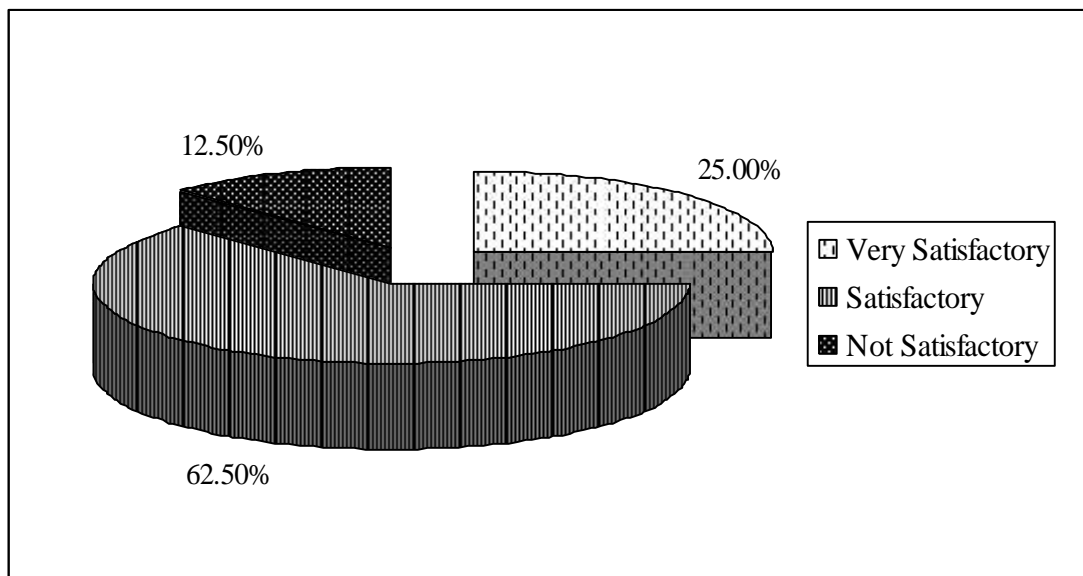


Figure 10: Distribution of Respondents by Relation with Family Members

The figure 10 explains about the relation of respondents with family members. It seems that 62.5 Percent respondent's relation is only satisfactory with family, 25 percent respondents relation is very satisfactory where as 12.5 percent respondents' relation has not satisfactory with family members. This analysis indicates that majority of respondents' relation with family member is satisfactory. The lowest percentage of respondents' relation has not been satisfactory with family because of being a nurse.

6.4 Distribution of Respondents by Acceptance of Opinion by Family Members

Our society is patriarchal society. So, men are considered as superior in our society. They make rules and regulations. They cover all most of the public sphere. They earn money and they control over power. So, females are deprived from their right.

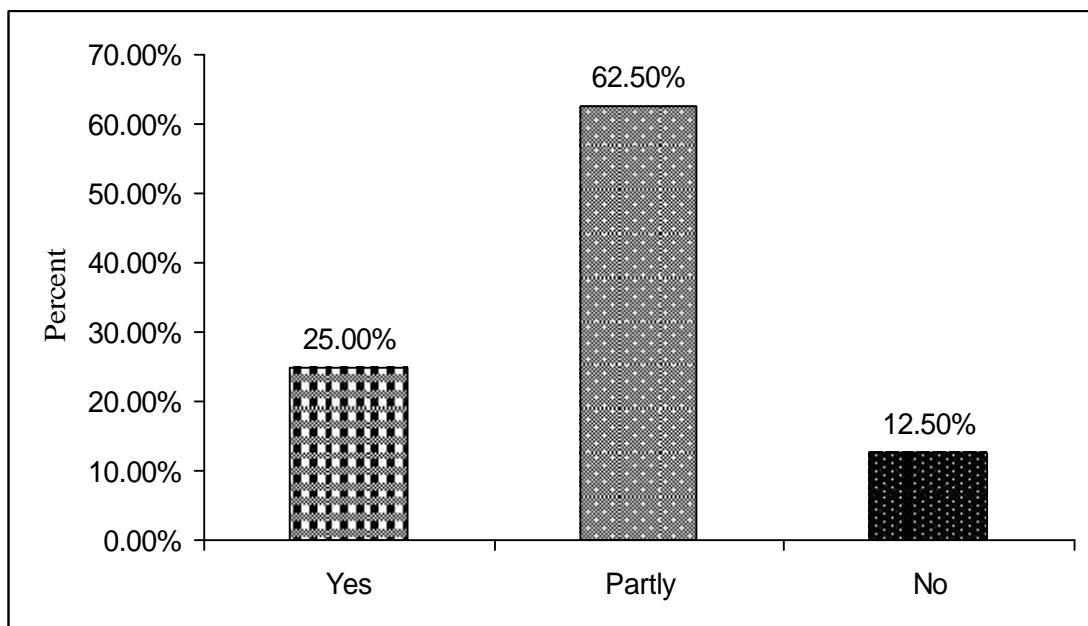


Figure 11: Distribution of Respondents by Acceptance of Opinion by Family Members

The given figure 11 shows the acceptance of opinion of respondents by family members. Among 80 respondents, 62.5 percent respondents feel that their family members partly accept their opinion where as 12.5 percent perceive that their opinions are not easily accepted in family. Similarly 25 percent respondents state that their family members fully accept their opinion. The study clearly shows that majority of respondents' family accept their opinion. The lowest percent of respondents' family do not easily accept their ideas and thoughts.

6.5 Distribution of Respondents by Involvement in Household Activities with Family

There exists a clear work division among men, women and children in our society. No doubt there exists a patriarchal attitude in the society where women have to take care of all the household chores. Nowadays, women are also equally involved in agriculture as well as income generating chores. So they are suffering from dual role. There are various studies which show household work causes women give up their job. Home making is considered to be the main career of women in our society and she should be prepared to sacrifice her work career for the enlistment of home making career.

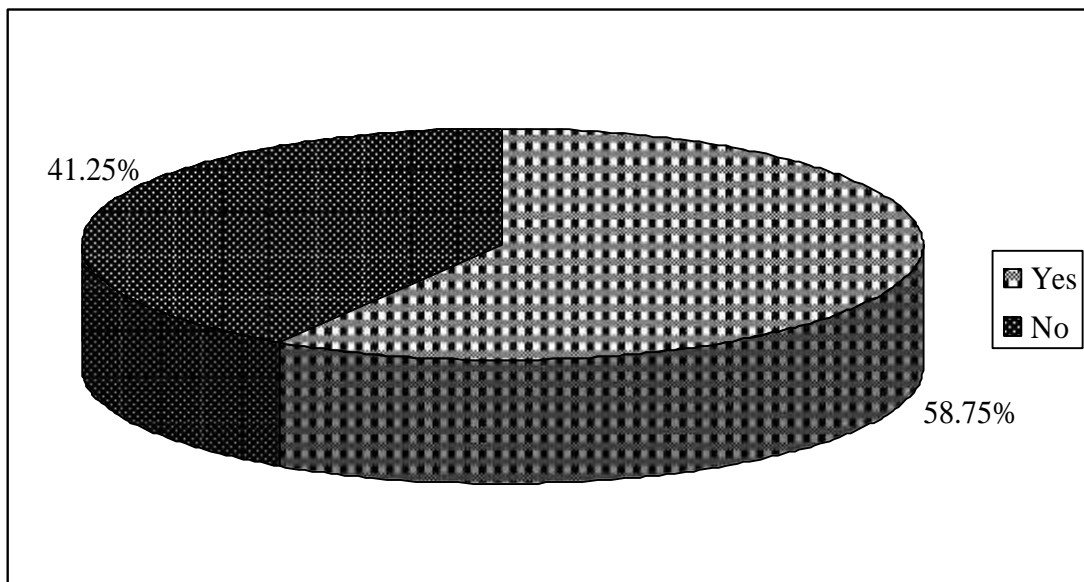


Figure 12: Distribution of Respondents by Involvement in Household Activities with Family

According to the figure 12, out of 80 respondents, majority of the respondents (58.75%) are involved in household activities with family whereas 41.25 percent respondents are not involved. It clearly shows that even in job they are also involved in all household activities. Most of the respondents are fully involved in household activities with family besides their duty.

6.6 Distribution of Respondents by Feeling of Discrimination in Family

Discrimination includes any conduct based on distinction made on grounds of natural or social categories, which have no relation either to individual's capacities or merits, or to the concrete behavior of the individual and active or over aspect of negative prejudice toward a person or group. We can feel our society's unequal behavior between sex and different caste groups.

In Nepal, there is discrimination between male and female in terms of resources allocation in the family. That is why women have less access to control over economic resources

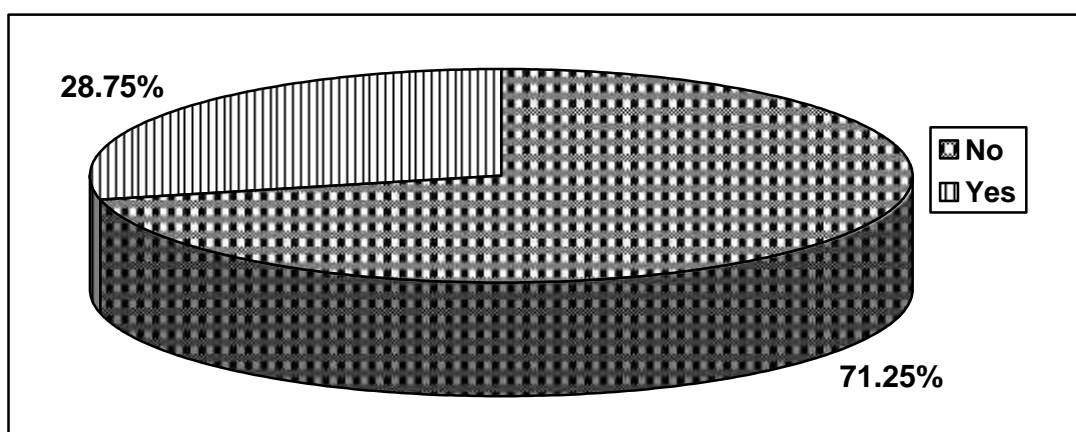


Figure 13: Distribution of Respondents by Feeling of Discrimination in Family

The figure 13 shows about the respondents' feeling of discrimination from family member. Among 80 respondents 28.75 percent are felt discrimination from family where as 71.25 percent are not felt any discrimination by family members.

The study shows that most of respondents felt no discrimination from family members. But, still 28.75 percent respondents think that they are discriminated in family.

6.7 Distribution of Respondents by Types of Discrimination Feeling

Women are given equal rights to the constitution. But also, their participation in every sphere of life seems to be low. Many legal provisions were amended to make it suitable for women's growth in development process. Lack of access to and control over productive resources is one of the major factors that hamper women's equal participation in economic activities and the decision making process.

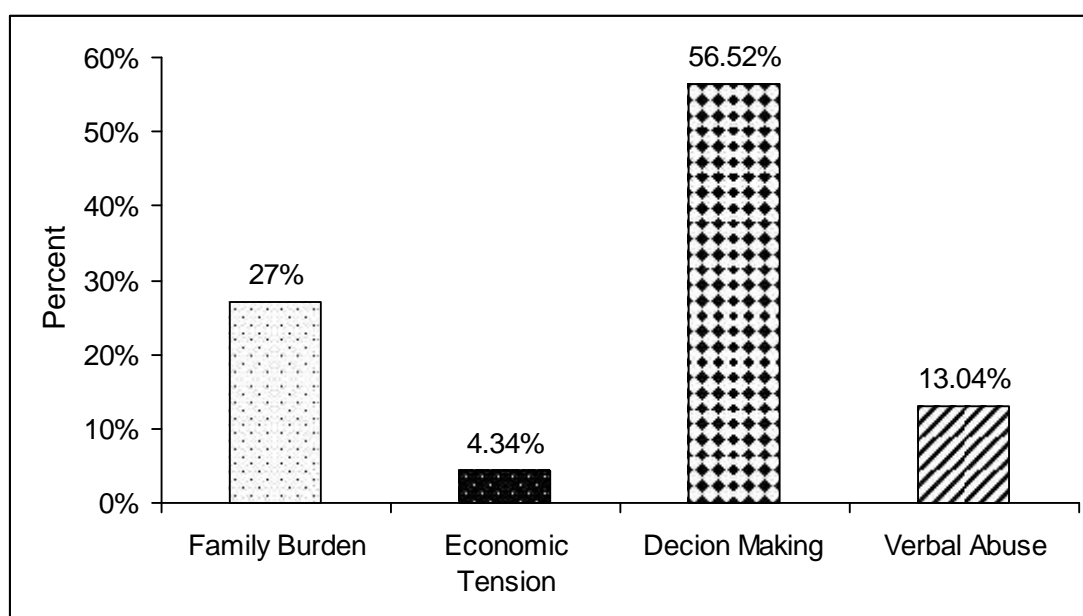


Figure 14: Distribution of Respondents by Types of Discrimination Feeling (n=23)

According to the figure 14, among 23 respondents, majority of respondents (56.52%) face discrimination in decision making of important things. Their family does not accept any decisions. 26.08 percent respondents are suffering from family burden and 13.04 percent are suffered from verbal abuse. Similarly 4.34 percent respondents are discriminated by economic tension.

This study elaborates that most of respondents stated that they are discriminated on decision making in the family. Their ideas and thoughts are

not easily accepted. The lowest number of respondents feels discrimination due to economic tension.

6.8 Distribution of Respondents by Time Given to Family

The timing and scheduling of work role activities have a greater effect on family life than the number of hours worked. One set of themes relating to the constraints work places on families revolves around time and timing-the scheduling of work and the timing to major demands. Especially in highly absorptive occupation, which make time demands well beyond the 40- hour week and even draw other family members in as vital players in the occupational world, the limited amount of time left for personal or familial pursuits is a source of strain.

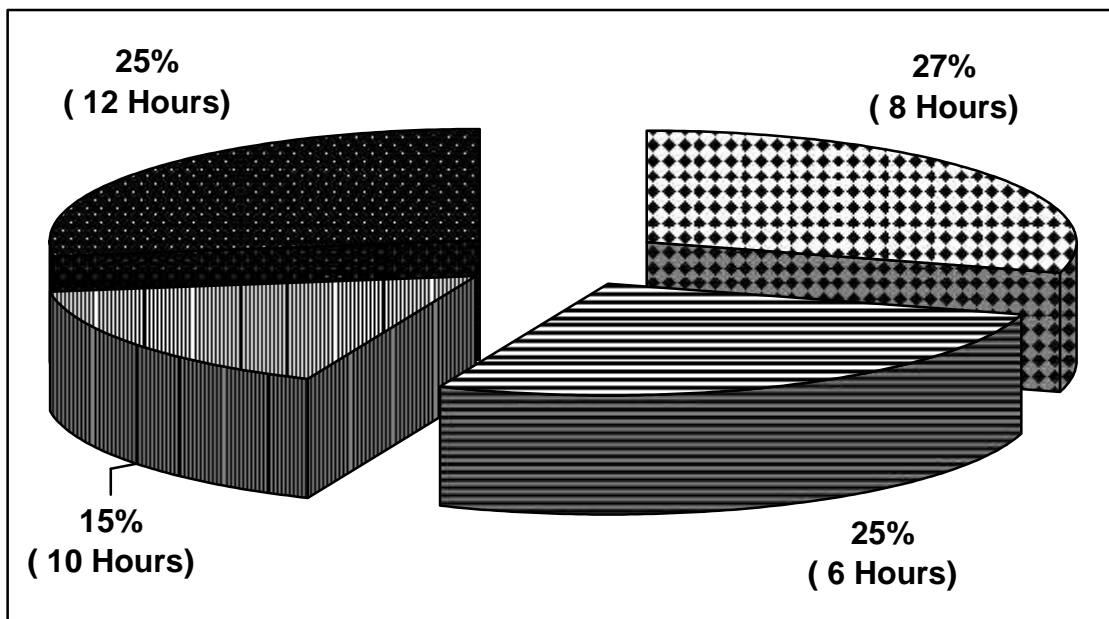


Figure 15: Distribution of Respondents by Time Given to Family

The figure 15 shows about the time given by respondents to family per day. Because of shift duty, the nurse cannot give her full time to their family. They have to go to duty at night also. Among 80 respondents 27 percent respondents spend 8 hours with family. Equal percent (25%) of respondents give 6 hours and 12 hours to family respectively. Only 15 percent give 10 hours to their family members in a day.

This analysis shows that majority of respondents give 8 hours to their family. 6 hours time has given by 25 percent of respondents. Only 15 percent respondents spend 10 hours time to family. The particular patterning of work time may also unduly interference with and disrupts family functioning.

6.9 Distribution of Respondents by Facing Family Problems due to Shift Duty

Shift workers have other work- family issues to contend with, due to the way their hours affect the expected synchrony between work and non work events. One study discovered that each shift carried its own characteristics family problems.

Shift duty refers to morning, evening, and night duty done by nurse. Working night shifts does not have a significant effect on the conflict in balancing the work and child care. Three-shift duty is more likely to increase the family conflict. When supportiveness about child care responsibilities with small children the conflict is likely to increase.

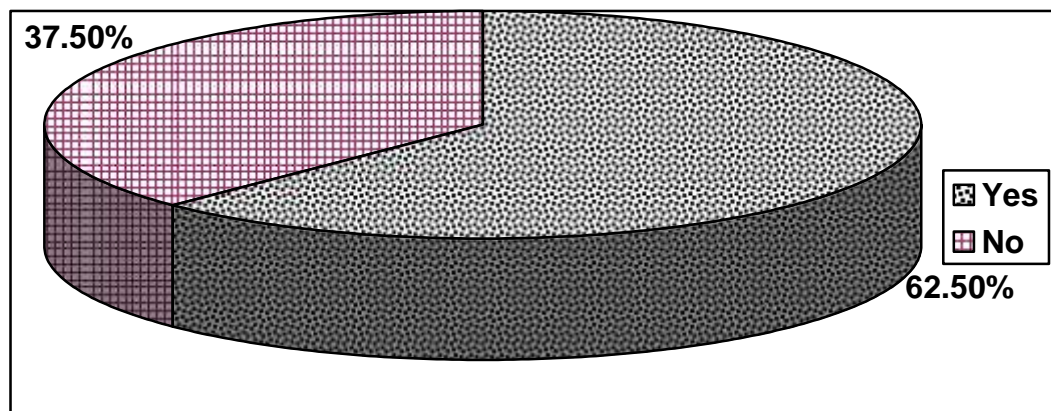


Figure 16: Distribution of Respondents by Facing Family Problems due to Shift Duty

According to the figure16, 62.5 percent respondents are faced family problem due to shift duty where as 37.5 percent do not have any family problems because of their shift duty. The study shows that majority of respondents have

no any family problem because of shift duty because their family are well known about their job. But 37.5 percent respondents still have faced some family problems due to shift duty.

6.10 Distribution of Respondents by Facing Types of Family Problem due to Shift Duty

Shift work also has negative effects on family relationships. Husband/ wife relationships are most affected among those on the night shift; parent/ child relations often become problematic among those working the afternoon shift.

For working women in traditional kind of families, single parents with sole responsibility for children, or men who expect to share family tasks, flextime seems to permit a more comfortable synchrony of work and family responsibilities.

Table 9: Distribution of Respondents by Facing Types of Family Problem due to Shift Duty (n=50)

S.N.	Response	No. of Respondents	Percent
1.	Lack of child Care	14	28
2.	Physical Problem	5	10
3.	Conflict with Husband	7	14
4.	Family workload	24	78
	Total	50	100

Source: Field Survey, 2010

The given table 11 shows about the different types of family problems faced by respondents due to shift duty. Out of 50 respondents, most of (48.00%) respondents have faced family workload along with duty. Likewise 28 percent respondents are under the problem of child care. Likewise 14 percent respondents have conflict with husband whereas 10 percent respondents have physical problem due to shift duty.

This analysis states that majority of respondents face the family problems of workload due to their shift duty. They have to manage both office work and household tasks. The percentage of respondents that face lack of child care is 28. Shift duty becomes a cause of creation conflict between husband and wives.

6.11 Distribution of Respondents by Perception of Family on Night Duty

The main problem faced by Nepalese women is the restriction on the mobility of women by family problems. This is mainly due to gender- based process of socialization where the patriarchal mentality prevails both within the household and among other sectors of social life. Women’s public mobility is culturally restricted which confines them to a subordinated position. Patriarchal society and male dominated concept are the main cause of restriction and freedom for women. Here, every activity of women is suspected by males. Mostly the married man does not want to give freedom to his female. If females come home late their family members suspect their activities.

But even in less absorptive pursuits the time of work events can have profound impact on families. There will more friction between husband and wife for night- shift workers and more trouble with the father role for afternoon- shift workers.

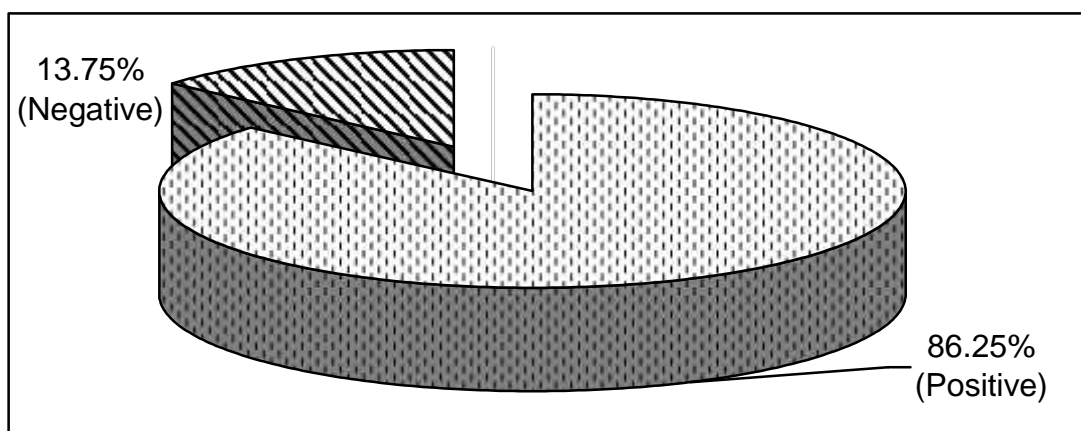


Figure 17: Distribution of Respondents by Perception of Family on Night Duty

According to the figure17, out of 80 respondents 13.75 percent respondents' family perceive their night shift duty negatively whereas 86.25 percent respondents are seeing positively by their family while in night duty.

This study explains that majority of respondents are perceived as positively from family members in night duty. It is due to the educated family who are well known about the job of the respondents. But 13.75 percent respondents are thought negatively in night duty and faced family burden.

6.12 Distribution of Respondents by Managing House while in a Duty

The women holding paid jobs out side the family spend less time performing family tasks than women not employed. The most aspect of married females' employment in the present analysis is simply its effect on the level of wives' performance of family roles. The relation between household division of labour and wives' employment indicated that when wives held paid jobs, they reported doing a lower proportion of the work performed by the couple.

Table 10: Distribution of Respondents by Managing House while in a Duty

S.N.	Response	No. of Respondents	Percent
1.	Self	11	13.75
2.	Husband	30	37.50
3.	Other Family Member	39	78.75
	Total	80	100.00

Source: Field Survey, 2010

The given table 12 shows about the persons who manage the house while respondents are in duty. Among 80 respondents, majority (78.75%) of respondents' household management has been covered by other family members. Similarly, 37.5 percent respondent's home is managed by their husband whereas 13.75 percent respondents are self responsible for household activities along with duty.

The study shows that the majority of respondents are helped by family members in household activities while they are in duty. Some respondents are helped by husband for household activities. Only 13.75 percent respondents are fully responsible for household by themselves.

6.13 Distribution of Respondents by Type of Activities Hold by Themselves

Several sectors of profession had no control in their income. Male has control over all power, income and property in their houses. In fact, only male can't carry all the workloads. Employed women should be responsible for domestic and outside works. Those who travel extensively or work evening and weekends find it difficult to fulfill some aspects of family roles, including companionship with spouse and children and participation in household duties.

In a household chore, women have to perform various types of works. Generally there exists patriarchal attitude in the society where women have to take care of all the household chores. She is treated as a good housekeeper and a good mother. But the women in the modern times, especially in the urban areas, have to perform dual roles i.e. taking care of the whole household activities and working outside the home for extra income to support the family. Household activities are divided into four categories. They are kitchen work, cleaning and washing, gardening, child care and all of above.

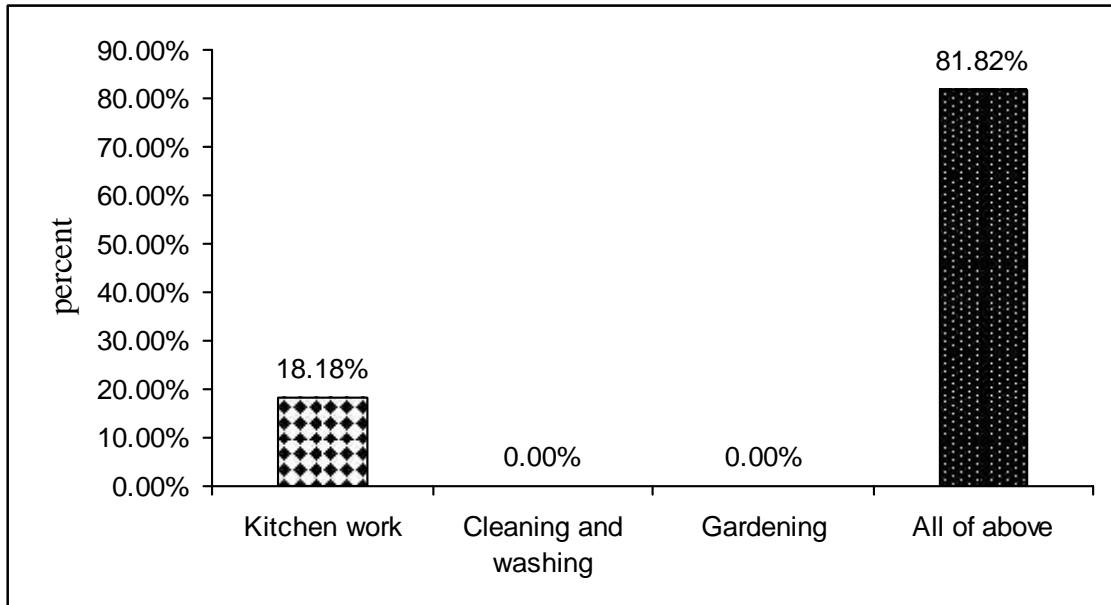


Figure 18: Distribution of Respondents by Type of Activities Hold by Themselves (n=11)

The above figure 18 shows the types of household activities held by respondents themselves. Of 11 respondents, the majority of respondents (81.82%) are done all type of household activities like- kitchen work, cleaning and washing, and gardening. Only 18.18 percent respondents involve themselves in kitchen work.

The study elaborates that the majority of respondents are responsible for all type of household tasks like kitchen work, cleaning and washing as well as gardening. As separately, only 18 percent respondents are responsible for kitchen work. They are responsible for both household tasks and office work.

6.14 Distribution of Respondents by Family Help in Household Works

The potential for cohesion is greater in two- career families because wife employment provides additional opportunities for exchanges of instrumental right and duties between husband and wife. If the wife also performs economic duties and the husband also performs house hold duties, the expanded performance of instrumental roles provides additional motivation for the

husband and wife to engage in expressive activities, which in term increase marital cohesion (Scanzoni, 1972).

The cause for this uncooperative behavior could be the backbiting of patriarchal society which makes them feel uneasy. But it is a challenge to this society male member helping women openly in public activities. It is a kind of male perception to help women in their household chores as well as in the public activities too.

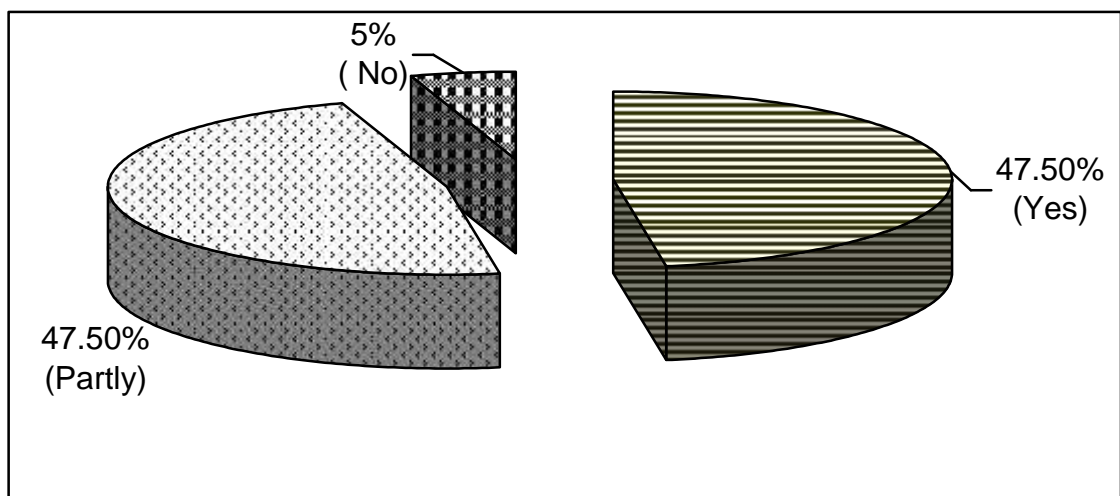


Figure 19: Distribution of Respondents by Family Help in Household Works

The given figure 19 states about the family co-operation for respondents in household works. Among 80 respondents equal number (47.5%) of respondents are fully and partly helped by family members in their household work in comparison to 5 percent respondents who are not get any type of help for the household work. The study shows that majority of respondents are helped by family in household works. Only few respondents do not get any help from their family.

6.15 Distribution of Respondents by Managing the Duty while Any Problems in Family

In this study, problems include illness of family member and lack of person for child care. If any person of family becomes ill, it directly affects the whole activities of family members.

Table 11: Distribution of Respondents by Managing the Duty while Any Problems in Family

S.N.	Response	No. of Respondents	Percent
1.	Change the duty	30	37.50
2.	Take leave	38	47.50
3.	Request to friend	12	15.00
	Total	80	100.00

Source: Field Survey, 2010

The given table 13 states about the management of duty by respondents while any problems in family. Most of the respondents (47.5%) manage their duty by taking leave if there is any problem in family. Similarly, 37.5 percent respondents change the duty whereas only 15 percent respondents request to their friends for the duty while there is any problems in family. It shows that majority of nurses take leave in duty while there is problem in family. Some of them are making balance by changing duty and requesting to friend. There is no other alternate solution for nurses if there is problem in family.

6.15 Distribution of Respondents by Feeling of Balance between Household Tasks and Office Work

In each family, woman has got multiple roles to play, for example a woman is a mother, wife, and daughter in law etc. At the same time if she is employed, it is an additional duty also. These all factors together press her to divide the 24 hours time proportionally which is a quite difficult task.

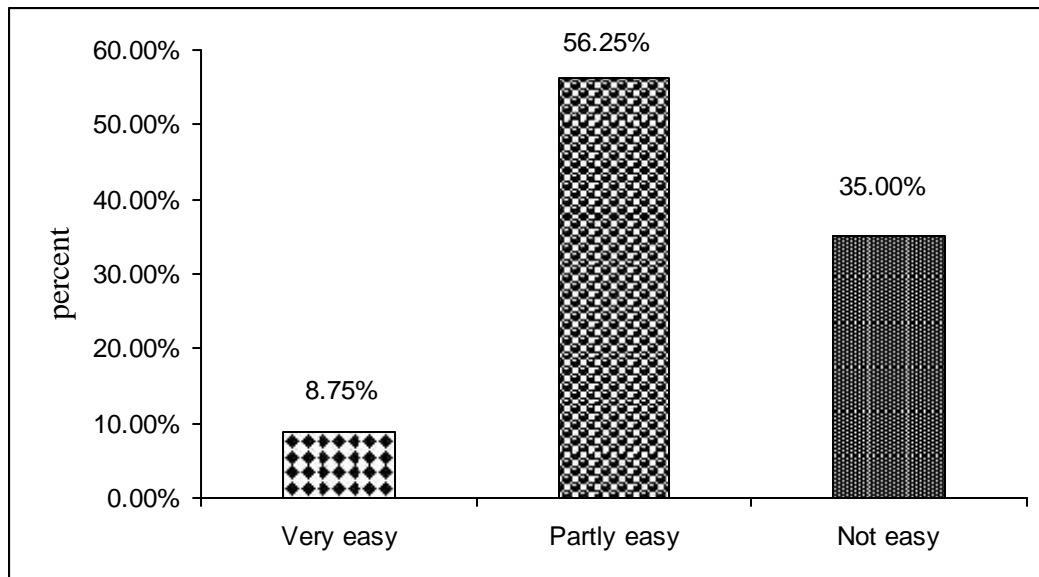


Figure 20: Distribution of Respondents by Feeling of Balance between Household Tasks and Office Work

The given figure 20 gives the information about the feeling of balance between household tasks and official work. Out of 80 respondents, 56.25 percent tell that it is partly easy in balance. Similarly, 35 percent respondents feel that it is not easy between household tasks and official works whereas only 8.75 percent respondents feel it is very easy to adjust with dual roles. This analysis states that most of the respondents feel that it is easy for the adjustment between household task and shift duty. But 35 percent respondents told that it is not easy to make balance between dual roles.

6.16 Distribution of Respondents by Causes of Feeling Difficulty between household task and office work

The linkage of work and family vary tremendously difficult in character. Important structural dimensions of both work and family provide quite different contexts for their interrelationships.

In Nepal the working women have to face conflict- role because of the dual works. They have to pay attention to their work in the office for further career advancement and domestic responsibilities are also equality important for

them. In this situation service role conflict role and dilemmas can occur in their life.

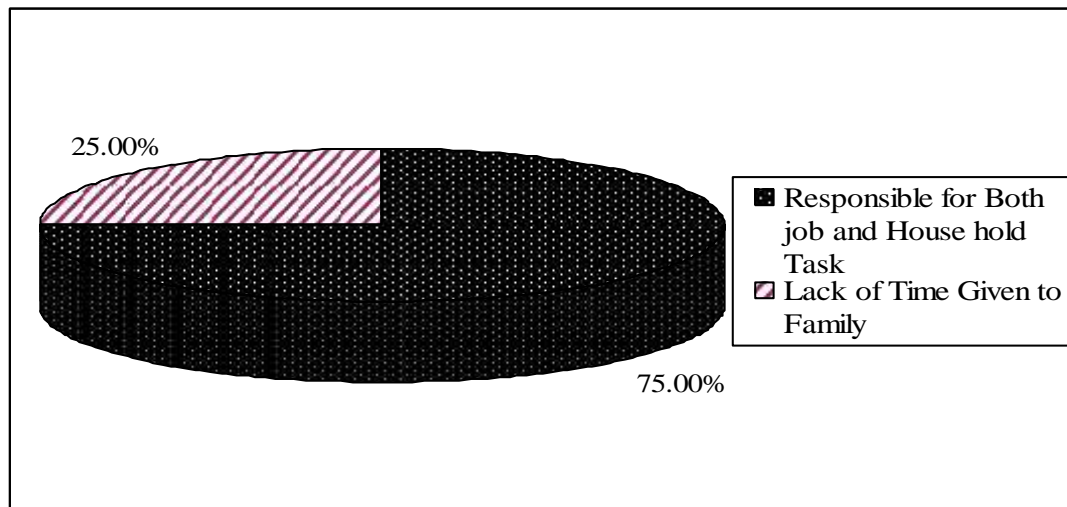


Figure 21: Distribution of Respondents by Causes of Feeling Difficulty between household tasks and office work (n=28)

As accordance with the figure 21, among 28 respondents 75 percent respondents give reasons behind in adjustment of house task and official works was they are responsible for dual work whereas 25 percent state the causes of lack of time given to family.

The study shows that most of respondents feel difficulty in dual roles because they were responsible for both job and household task. But 25 percent respondents think that lack of time given to family is the cause behind the difficulty.

6.17 Distribution of Respondents by Involvement in Decision Making in Family

Decision making power is important factor of human life. Generally Nepalese women have less decision making power. They rarely participate in family's important matters. But educated and employed women are involving in decision.

Table 12: Distribution of Respondents by Involvement in Family Decision Making in Family

S.N.	Response	No. of Respondents	Percent
1.	Yes	45	56.25
2.	Partly	11	13.75
3.	No	24	30.00
	Total	80	100.00

Source: Field Survey, 2010

As reference with the table 13, majority (56.25%) of respondents are involved in family decision making. Likewise, 30 percent respondents are not involved in family's decision making. Among them, 13.75 percent respondents are partly involved in family decision making. Partly means only involve in minor decision making rather than major. This analysis explains that most of the respondents are involved in family decision making. At the moment, women are not still involved in family decision making. The cause behind it may be the patriarchy male dominated society.

6.18 Other Problems of Respondents

According to respondents, they are always busy and they have no time for entertainment from social activities, festivals and ceremonies and occasions. Similarly, because of their shift duty time, they don't have enough time to stay with their family and children. Due to this problem their children feel isolated and deprive from mother's affection. Because of night shift duty, family conflict is aroused and the relation between couple also is not well.

Next problem said by the respondents though they are educated and economically self- dependents; they are still unable to hold a higher status than the male. In this study most of the respondents have same answer that due to the dual role and heavy workload they are not enjoying their life perfectly.

They also claim that they are performing both household work and office work but their household works are not helped by their family members.

In this research, a few respondents raised voice against the patriarchal society. They said that though they are educated and capable of earning for family, they are subordinated by male. They have very little decision making power within the household and they are under the control of the family.

There is another big problem which makes them unhappy in their life. In brief we can say that though they are educated and self dependent, they are not happy in their life because they are still suffering from problems such as dual role, tiredness, restriction, and control on their mobility by family, subordinate position in the society, discriminatory law biased culture and patriarchy norms and values which control enhancing their status.

CHAPTER VII

SUMMARY, MAJOR FINDINGS, CONCLUSION AND RECOMENDATIONS

7.1 Summary

This sociological study is attempted to highlight the nursing job and family balance. To make it more specific, only married nursing women are taken. Lots of literatures are received in the context of work and family balance for nurses. Family is relatively a dept at managing occupational condition by using various coping strategies, by adjusting the division of labour in the family, and by staging work and family roles over the life course. Nurses are those people who do shift duty in health organization. They do morning, evening and night shift duty alternatively that time is very important to the family. Among them night duty become an issue for the whole family, husband as well as children. Children are deprived from mother's love and care.

The main objective of this study is to find out the nursing job and family balance. This indicator is determined to assess the work and family balance for nurses. The Western Regional Hospital is selected to identify these facts. The descriptive research and exploratory research designs have used to find out the facts. The questionnaire schedule, key informants and observation are used to collect the primary data. In this study purposive sampling technique has used. The primary data survey has been used to get the actual information.

Majority of respondents are in between the age group of 20- 40 years. Most of them are Brahmin and Hindu. Among 80 respondents, majority of them live in nuclear family. Staff nurses get higher rank with permanent job in hospital. Majority of respondents expense their salary for the family basic needs where those respondents do not get any salary from their spouse. Of 80 respondents, most of respondents do not get equal opportunity from office among nurses

too. More than half numbers of respondents are not satisfied with present job due to work load.

Out of 80 respondents, more nurses occupy equal status in family as other family members whereas 12.5 percent respondents do not get equal status in family. Majority of respondent's relation with family member is satisfactory whereas 28.75 percent respondents felt discrimination in family. The study reveals that 25 percent respondents give only 6 hours time to the family. Among them 13.75 percent respondents' family are perceived negatively in night duty. Shift duty made a cause of conflict with husband for 14 percent respondents whereas respondents also have the problem of child care. Majority of respondents face family workload due to shift duty. Most of respondents manage their duty by requesting for friend when they have problems in family. Of 80 respondents, 13.75 percent are fully responsible for both household task and office work. Majority of respondents are involved in family decision making. Among them, 35 percent respondents feel that it is not easy in balance between household work and official work.

Discrimination is deep-rooted in our patriarchal society which can be seen in nurses' family too. 'Shift duty' is the main cause effect the family relationship. Night duty is not easily accepted by family members. The dual role is also a cause of in adjustment between work and family. Most of respondents are fully responsible for household activities except job. There is also a conflict between husband and wife of nurses due to shift duty. If there are any problems, nurses any how manage their duty by taking leave.

7.2 Major Findings

The major findings of this study are given below:

-) About 80 percent of the nursing staffs are mainly in between the age group of 20-40 whereas 20 percent respondents are above 40 years.

-) The study reveals that 51.25 percent nurses are Brahmin in caste whereas there is also the average participation of other ethnic caste group.
-) Majority of respondents are Hindu from nuclear family.
-) Most of the respondents are staff nurse and get permanent job, 18.75 percent respondents work as temporary, 8.75 percent respondents are on contract basis and only 7.5 percent are volunteer.
-) This study shows that more than fifty percent nursing personnel expense their salary for family's basic needs, 21.25 percent nurses spend their salary by keeping self and expense for house rent respectively. Only 5 percent respondents expense salary for children education.
-) The study states that around 43 percent nurses don't get any salary from spouse and near about 58 percent nurses get full amount of salary from spouse.
-) Around 63 percent nursing staff don't get equal opportunity from office whereas 37 percent respondents get equal opportunity from office.
-) More than half (55%) percentages of nurses are not satisfied with their present job because of workload whereas 45 percent are satisfied with job. Workload is the major cause of dissatisfaction in the present job among nurses.
-) The study shows that 12.5 percent nurses don't occupy equal status in family and 87.5 percent respondents occupy equal status in family as other family members.
-) Among them, 12.5 percent nurses' relation with family is not good whereas 87.5 percent respondents' family relation is satisfactory.
-) Out of 80 respondents, 28.75 percent of nursing personnel feel discrimination from family member whereas 71.25 percent respondents are not felt discrimination in family. On the basis of type of

discrimination, majority of respondents feel discrimination on decision making.

-) This study reveals that 25 percent nurses give only 6 hours time to the family where as 27 percent spend 8 hours with their family members. Similarly, 15 percent nurses give 10 hours to family and 25 percent spend 12 hours to family.
-) Majority of nursing staff (62.5%) face family problems due to shift duty whereas 37.50 percent do not face any family problems. Among family problems, majority nurses (78%) have family workload, 28 percent have problem of child care. Similarly, 14 respondents have conflict with husband due to shift duty whereas 10 percent respondents have physical problem due to shift duty.
-) Nurses of 13.75 percent's family are perceived negatively while they are in night duty and 86.25 percent nurses' families think positively on night duty.
-) Near about 14 percent are fully responsible for their household task and office work whereas majority of respondents' house is maintained by their family members.
-) Among 80 nurses, 47.5 percent manage their duty by taking leave while any problems in family. Similarly 37.5 percent nurses managed duty by changing duty shift and 15 percent request to friend if there is any problem in family.
-) Out of 80 respondents, 35 percent nursing staff feel that it is not easy in adjustment between household task and official work whereas 65 percent respondents feel easy balance between dual roles.
-) About 56 percent nurses involve on decision making in family collectively whereas 30 percent are not involved in important decision making in family. Similarly around 14 percent respondents are partly involved in minor family decision making.

7.3 Conclusion

This study mainly focuses on nursing job and family balance. It is conducted to identify the work and family balance for nurses. Therefore to fulfill the objective of this research study descriptive study as well as exploratory research design have used among nursing staff of W.R.H. Purposive sampling technique is adopted to carry out the study. Total 80 married nursing women are included in the study. Structured questionnaire schedule, key informants and observation are used as tools to collect data.

This thesis represents that among nursing personnel also all are lacked from equal opportunity. Because of time factor and workload, they are not satisfied with their present job. Discrimination is deep-rooted in our patriarchal and male dominated society which can be seen in nurses' family too. Shift duty is the main cause effect the family relationship. Night duty is not easily accepted by family members. The dual role is also a one type of in adjustment between work and family. Most of respondents are fully responsible for household for household activities except job. There is also a conflict between husband and wife of nurses due to shift duty. Nurses also have a problem of child care because of lack of time given to child. If there are any problems, nurses any how manage their duty by taking leave and requesting to friends. At the moment also nurses are not fully involved in family decision making.

Most of the respondents' family relation is good and their family helped them for house hold activities. Even they do not give important time to the family; majority of respondents do not have any family problems. Although some respondents perceived as negatively, they are not suffering from serious family problems. The work- family interrelation is influenced by socio- economic constraints, time and spatial constraints and psychological effects. At this 21st century also, nurses are perceived negatively at night duty. Some nurses are still suffering from torture by husband because of shift duty.

7.4 Recommendations

-) The concept of patriarchal and male domination society should be gradually changed for the improvement on participation, education, empowerment and freedom of women.
-) The family as well as society should be aware about nursing profession and shift duty.
-) The duty hour for nurses should be minimized and it should be fixed as weekly hour basis so that nurses can spend more time with family.
-) There should be child care center inside the hospital which may help to nurses to keep their children during the duty time.
-) Hospitals should be provided a vehicle facility to all staff for each shift which will help nurses for managing their time for house.
-) Similar type of research study can be conducted in large scale with large sample from various hospital will give comparative results.
-) Students and researchers are recommended to study in this topic from sociological view point using various theoretical perspectives.