What’s the Problem?
The combination of working outside the home and within the home sometimes creates a situation of “work-family conflict” (WFC), time pressure created when work demands spill over into personal time or family life spills over into work. High levels of WFC can be a source of stress and may lead to depression, anxiety, overall poor physical and/or mental health. Unhealthy behaviors, such as cigarette smoking and alcohol abuse, are associated with high levels of WFC, as well as fatigue and illnesses such as hypertension. WFC also contributes to employee absenteeism, turnover, and low job involvement.

Why are Nurses at Risk?
Health care workers generally, and nurses particularly, are at high risk for WFC and its negative health outcomes. Long physically and emotionally demanding shifts, rotating shifts, nighttime work, and limited decision-making authority (including ability to determine one’s own work schedule) have been described in the healthcare work environment. Each of these factors may conflict with outside responsibilities such as child care, eldercare and family life. Compounding the problem, a health-care culture of responsibility and perfectionism can contribute to the postponement of family duties until they become sources of conflict.

Can Worksite Health Promotion Programs Help?
Worksite health promotion (WHP) programs can potentially offset the negative experiences of employees struggling to balance work and family. These programs are traditionally a combination of educational, organizational, and environmental activities which are designed to support healthy lifestyles and commonly consist of three goals: 1) assess health risks, 2) reduce those health risks which are amenable to intervention, and 3) promote socially and environmentally healthy lifestyles. WHP programs vary considerably and are not always equally accessible to all employees. Also, because they focus on healthy individual lifestyle factors, they may not necessarily change the working conditions which cause WFC.

While WHP programs can be a source of support for employees and their families, this benefit is generally realized only when workers are able to access those services. WHP programs should be flexible in order to be truly accessible. Often, WHP programs keep traditional daytime hours, which limits access by nurses when schedules conflict. Such scheduling difficulties are also apparent in the adherence to ‘regular’ schedules by day-care and preschool facilities which highlights the limitations of another potential source of support for working families. Finally, the focus of WHP programs on areas such as physical activity may be insufficient and direct resources away from areas that would better address the underlying sources of work family conflict and other job-related stressors.

One feasible solution is “self-scheduling,” which provides nurses with the opportunity to submit a requested work schedule to their supervisor, with the expectation that they will work a certain number of hours per week and two weekends per month. Supervisors create the final schedule, accommodating the nurses’ requests as much as possible.

What Nurses Said about Balancing Work with Family
In a study of nurses and nurse managers employed at a large hospital in Brooklyn, New York, nurses reported on their struggle to balance work and family:

- Nurses identified balancing work and family demands as a distinct contributor to mental strain.
- Nurses who had access to self-scheduling were very happy with this policy and cited it as the main factor to successfully balance work and family, as well as support their own personal health.
A large number of participants were unaware of the WHP programs available from their employer. Lack of time and scheduling conflict with work hours were the most often cited reasons for not participating in available programs. Nurses perceived a lack of managerial support for attending WHP programs, particularly those scheduled during work hours. Many participants wanted the institution to provide counselors or support groups designed to help cope with job-related strain. They explicitly preferred a counselor who was knowledgeable about nursing or support groups, exclusively comprised of nurses, in order to focus on job-specific issues.

The “Take Away” Message
Nurses were often aware of the toll that caregiving, both at home and at work, takes on their mental and physical health. Those who worked in departments within the hospital that had instituted a policy of self-scheduling were very satisfied with the policy. Nurses credited self-scheduling as the main source of work flexibility that helps them manage work and home duties, and care for their children or relatives. Increased flexibility also helped nurses take better care of their own health by supporting more opportunities to exercise and improve diet.

Abbreviations used:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WFC</td>
<td>Work Family Conflict</td>
</tr>
<tr>
<td>WHP</td>
<td>Worksite Health Promotion</td>
</tr>
</tbody>
</table>

Mira Grice Sheff is Assistant Professor in the Dept. of Environmental and Occupational Health Sciences at SUNY Downstate School of Public Health (Brooklyn, NY). Her research interests include work-family conflict and injury and violence prevention. John D. Meyer is Associate Professor, Dept. of Preventive Medicine and the Selikoff Occupational Medicine Clinics at the Icahn-Mount Sinai School of Medicine. He studies occupational risks in pregnancy and psychosocial hazards of the workplace.

References

Acknowledgment
This work was supported by the CPH-NEW pilot grant program, which is funded by Grant Number 1 U19 OH008857 from the National Institute for Occupational Safety and Health (NIOSH). The contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.

CPH-NEW, a NIOSH Center for Excellence to Promote a Healthier Workforce, is a joint initiative of the University of Massachusetts Lowell & the University of Connecticut and part of the NIOSH Total Worker Health™ program. CPH-News & Views is a semi-monthly column written by Center researchers and affiliates on emerging topics related to healthy workplaces. These comments reflect thoughts of the individual authors and do not represent conclusive research summaries, nor do they necessarily reflect a consensus among all Center personnel.

We welcome your responses and discussion. Please send all comments and questions to CPHNEW@uml.edu.