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NEXUS OF FAMILY CONFLICT AND DEPRESSION AMONG MARRIED WOMEN WORKING AT PUBLIC HOSPITALS

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ABSTRACT

Family is considered the strongest support institution in terms of social and economic support. However, adversaries within the family system can influence human behavior in negative ways. In this vein, the study attempts to understand the relationship of adversaries within the family and its impact on the level of depression among married women working in public hospitals. For this purpose, two hospitals, namely, Khyber Teaching Hospital and Ledy Reading Hospitals of Peshawar City, were selected. Data were collected from a sample of 300 married working women through a structured questionnaire. Respondents were selected through purposive sampling techniques. A Chi-square statistic was applied to know about the association between family conflict and depression. The results revealed a strong association between family conflict and depression among married women working in public sector hospitals. This shows that family conflict influences married women's mental health, and its influence is also reflected in the work environment. Family conflict coupled with job responsibility causes depression among married women. Working women living in families with conflict need proper counseling and guidance. The role of the family counselor is very important in this regard. Public hospitals need to take care of the problems and issues of married working women by providing them concessions in work and special support.

Keywords: Family conflict; Depression; Work burden; Married working women.

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INTRODUCTION

Family is one of the oldest institutions that human beings have formed for regulating and integrating their behaviour to fulfil their needs. The importance of family lies in its key functions in regard to the growth, protection, and well-being of its members. That is why it is important not only for the social and physical well-being of human beings but for their psychological well-being too, because it offers social and emotional support, enhancing mental health. There are various factors that influence the family environment, such as family type, size of the family, number of offspring, marital relationship, maternal or paternal employment, and the socio-economic and religious background of the family members (Raina & Balodi, 2013). The public sphere has observed women who are married and are working to maintain a dual role as a housewife and an employee who provides financial support to their families. Jobs have many advantages for women as they can keep themselves busy, raise their socio-economic status, and access avenues for self-achievement (Sieber, 1974).

However, for women, working in male-dominated societies is a tough job with many challenges. Women are required to work full-time in organizations or offices. They are sniggered often. Other workers, mostly male, pass comments and criticize their work because of their being women (Fall et al., 2013). Along with this, women have to walk on razor's edge all the time. Their domestic life is not going smoothly, either, as they face

issues at home. They do not get any amnesty from home chores due to their work and face the dual burden of performing both duties. Working women are supposed to wake up early and complete their household work, prepare breakfast for the family and make kids ready for school and clean the home before going for duty. Coupled with the family burden, various job-related issues can be a source of stress, and making a balance between home and work results in mental health issues (Plaisier, 2009; Fatima & Parvez, 2016).

However, based on the nature of the home environment, the family can become a supporting hand that also helps in resolving work-related stress. The role of family and its environment cannot be ignored. Family is a significant system in which people are attached emotionally, sharing their feelings of oneness, trust, and cooperation in times of need (Kaur et al., 2015). In this regard, Raina and Balodi (2013) argue that family environment influences not only an individual's social and physical well-being but their psychological well-being too. However, a bad family environment leads to poor relationships among family members, parental hostility, and inconsistency that results in mental health issues such as stress, anxiety, and depression (Sharma et al., 2008).

Unpleasant work conditions and work burdens, when coupled with family conflict and lack of family support, negatively affect women's well-being and result in depression (Mubasheer, 2014). Persons from a family environment with conflict and hostility are at high threat of mental health harm in the form of depression (McCloskey et al., 1995). In the Asian context, some studies have been conducted in India that account for the family environment and occupational stress of female college teachers (see Mubasheer, 2014; Sharma et al., 2008; Kaur et al., 2015). In particular, studies on family conflict and depression are limited in the Pakistani context and especially in Khyber Pakhtunkhwa. Further, no study has been conducted to understand the effects of family conflict on married women who are working at public sector hospitals in Khyber Pakhtunkhwa. Therefore, this research aims to explore the relationship of family conflict with depression among married working women at the public hospitals of Khyber Pakhtunkhwa.

LITERATURE REVIEW

Family factors play an important role in teenage health and development (Moreira & Telzer, 2015). Pubescent from a family environment with conflict and hostility are at high threat of mental health harm in the form of depression. Some of the factors that commonly cause work-related stress, i.e., long hours, heavy workload, changes within the organization, tight deadlines, changes to duties, Job insecurity, lack of autonomy, and boring work (McCloskey et al., 1995).

A research study conducted by Kaur et al. (2014) found that family cohesion and expressiveness result in better psychological well-being in rural female while families with conflicting environments have a bad impact on the general health of women. The study further showed that women from families with cohesion and expressiveness had greater abilities to adjust themselves in their families, while conflict remained a constraint in the way of adjustment with spouses and other members of the family. Similarly, Sharma et al. (2008) noted that an awful family environment shows unhealthy relationships among members of a family and hostilities among parents, which results in psychological issues like anxiety, stress, and depression.

The intra-family conflict has been thought of as one of the factors that influence psychological well-being and sleep disturbance. The current research assesses the impact of intra-family conflict on psychological well-being mediated by sleep disturbance. The result shows a significant effect of intra-family conflict over mental health status. Further, sleep disturbance was also noted as a mediating factor between intra-family conflict and mental health issues. The study concluded that intra-family conflict is intra-family conflict strongly influences mental health status; however, sleep disturbance works as a strong mediating factor between the two. The study recommends family-centered interventions for tackling the issue of sleep disturbance to prevent mental health issues (Zhang et al., 2018).

Factors of family environment play a significant part in mental health growth. Individuals from a home with conflict and hostility are at greater risk of mental health issues (Brock & Kochanska, 2016). Intra-family is found to have a significant association with a variety of issues, including attention problems (Burt et al.,

2003). Further, intra-family hostility is associated with sleep disturbance. Intra-family conflict is noted to be significantly associated with sleep disturbance among youth in the United States while controlling the socio-demographic characteristics (El-Sheikh et al., 2016; El-Sheikh et al., 2007). Studies have also noted the role of sleep as a moderating variable between family conflict and psychological well-being. Intra-family conflict causes sleep disturbance, which in turn enhances the risk of mental health issues (Chiang et al., 2016). Similarly, in their longitudinal study, Kelly et al. (2014) found that sleep acts as an intervening variable between children's adjustment and child-parent.

The longitudinal study conducted by Robert et al. (1999) compared the mental health issues of women who experienced domestic violence and who have not experienced domestic violence in their lifetime in Australia. The results showed that women who experienced domestic violence as adults suffered more bad effects in regard to their mental health in comparison to women who had not experienced abuse as adults.

Laursen and Hafen (2010) also point to an important way in which the two kinds of relationships are fundamentally different. Close relationships between peers are voluntary, whereas those within the family are obligatory. Voluntary relationships can be sustained if the conflict is moderated so that neither partner finds the relationship aversive enough to want to disengage. With friends more than with family members, individuals must inhibit their purely selfish motives and consider what their partner wants. Within obligatory relationships, such as those between parents and children, partners need not be so careful to mitigate conflict because their relationship will continue in any case.

Another study conducted by Marcinkus et al. (2007) elucidated that employees find it difficult to balance their job and social life because of work-related stress and family-work conflict. They further wrote about many independent factors that can decrease work-family conflict and stress, such as social support for women to help them to maintain equilibrium between family issues and work, hence eliminating stress (Deelstra et al., 2003). In societies where the public considers it bad for female to work outside the home for a job, social support is vital for a female to keep her job continued. Women can work in comfortable organizations that have flexible work routines for women in comparison to organizations with strict rules (Frone, 2003). Likewise, stress is felt when a person is given a role or duty without the power and authority to make decisions on her own (Mohan & Ashok, 2011). To test the background of work-family conflict from different aspects like individual, family, and work, Zhan et al. (2011) found that workplace conditions greatly influence the level of work-family conflict. They noted that work hours per week, overtime frequency and time, less flexible work routine, lack of supervisory support, and uncomfortable organizational culture were key predictors of work-family conflict.

METHODOLOGY

Population of the Study

The population of the study is actually the number of all individuals, which is the focus of scientific investigation (Banerjee & Chaudhury, 2010). In other words, it is the whole group about which a researcher is going to draw a conclusion with reference to an issue (Bhandhari, 2021). During this research work, the researcher purposefully selects two public hospitals in Peshawar, namely Khyber Teaching Hospital (KTH) and Lady Reading Hospital (LRH). Further, the target group of this study was married working women. Hence, the population is comprised of married working women working in these hospitals.

Sampling

A sample is a particular group of individuals taken from the population for data collection purposes (Bhandhari, 2021). Sampling is very important for convenience and resource constraints (Acharya et al., 2013). Therefore, a sample of 300 married working women in public hospitals of Peshawar was taken purposively. Data was collected from 300 married working women in Khyber Teaching Hospital and Lady Reading Hospital in Peshawar. The sample respondents were purposively selected for data collection purposes.

Tools of Data Collection

Tools of data collection mean the instruments or devices for data collection, such as questionnaires or interview guides for the collection of data (DeMarrais & Lapan, 2003). In quantitative research, the questionnaire is mostly designed as an instrument to be used for data collection (Marshall, 2005). This research study also used questionnaires for the collection of data based on the study variables, i.e., family and depression. For the independent variable, i.e., family conflict help was taken from the family environment scale, while for the dependent variable, i.e., depression already available scale, Beck depression inventory was used (Beck et al., 1988). A survey method was used for data collection where the researchers distributed a questionnaire among married working women and guided the respondents on the purpose of the study.

Data Analysis

Statistical Package for Social Sciences (SPSS) is the widely used data analysis software in social sciences (Bala, 2016). SPSS was used for analysis. Data was analyzed using Chi-square tests to ascertain the association between independent variables and dependent variables. The chi-square test is a test designed to test hypotheses for statistically significant relationships between variables.

RESULTS AND DISCUSSION

Table 1 below represents the result of the chi-square association between family conflict and the level of depression of married working women at public hospitals in Peshawar, Pakistan. It was found that the statement 'in our family we argue a lot' had a significant association ($X^2 = 23.752^a$, $P = .000$) with the level of depression. Similar findings have been reported by Zhang et al. (2018), who found that intra-family conflict is a significant predictor of mental health problems and sleep disturbance. Sleep disturbance is one of the major symptoms of depression. While Devi and Kiran (2014) argue the other way around, they are of the view that the inflexible work environment is a strong predictor of a family environment. Women's position at work and work burden negatively influences the women to work at home as she has many responsibilities at home, hence creating problems through which they find it difficult to maintain a work-life balance that causes the deployment of depressive symptoms among women. Further, Panigrahi et al. (2014) have also noted similar concern that an employed woman bears double responsibility due to it being difficult for her to discharge her duties efficiently at both places, which results in continuous stress and tension affecting her mental health status. Hence, it could be said that family conflict and the work burden both have a relationship with the married working women's level of depression.

Similarly, the statement 'we are really mad at each other a lot' had a significant relationship ($X^2 = 27.925^a$, $P = .000$) with the level of depression. Likewise, in our family, we lose our tempers a lot, which was also found to be significantly associated ($X^2 = 50.002^a$, $P = .000$) with the level of depression. It shows that in family conflict, becoming mad at each other negatively affects mental health. Although conflict is natural, there are many ways to deal with it. Those who do not apply peaceful strategies for the resolution of their conflicts and become the working women of those families will have lower level of psychological well-being. Moreover, scholars have also shown the reverse relationship between depression and anger during family conflict. They are of the view that higher depression and stressful life experiences contribute to family anger (Sigurvinsdottir et al., 2021). Individuals with a family situation experiencing hostility and conflict are at high risk of mental health problems (Brock & Kochanska, 2016).

Further, the factor that in our family, we often put down each other had a significant relationship ($X^2 = 20.440^a$, $P = .000$) with depression. This means that sometimes, in conflict, the situation becomes so bad that family members try to put each other down. In such a situation, problems of acceptability arise, hence resulting in psychological issues, especially for women who are mostly dependent on male members because of the socio-cultural environment, if not financially. Moreover, regarding violence in the family, the statement that my family members sometimes are violent was also noted to have a strong association ($X^2 =$

42.389^a, $P=.000$) with the level of depression. Domestic violence is one such phenomenon women are facing due to their low level of socio-cultural status. Even such violence is seen in developed countries like Australia, where women are more empowered, as reported by Robert et al. (1999), who found a significant association of violence in families with the mental health of working women. Their results revealed that women who experienced violence as adults suffered more ill effects on their mental health status in comparison to women who didn't face such violence further women who faced both child and adult violence or abuse suffered more negative effects on their mental health in comparison to who face violence either as child or adult.

Moreover, in our family, we often raise our voices when we are made and have a significant relationship ($X^2 = 9.616^a$, $P=.022$) with level of depression. There can be two types of circumstances: one is to become mad in a conflict but not to raise a voice at others, but sometimes this madness is worse and a person starts raising their voice at others. This is a severe kind of conflict in which abusive language and derogatory comments are common. This is not only showing one's madness but an attempt to hurt the honor and respect of other people as such an angry voice is heard by families around and who may come for investigation of the reasons for conflict. Likewise, Coker et al. (2002) have found that violence against women affects the physical and mental health of both men and women. Hence, it could be said that violence in the family is not only affecting women but men as well. However, there has been an increase in family violence among women noted during COVID-19, which means the crisis situation negatively affects the family environment for women, hence increasing the risk of the mental health status of women (Thibaut & Wijngaarden-Cremers, 2020).

Table 1. Chi-square result of the association between family conflict and level of depression.

S. No	Statement	Family Conflict	Depression				Chi Square & P Value
			Low		High		
1	In our family we argue a lot	Low	84(42.0%)	63(31.5%)	30(15.0%)	23(11.5%)	X ² = 23.752 ^a P=.000
		High	68(68.0%)	9(9.0%)	11(11.0%)	12(12.0%)	
2	In our family we are really mad at each other a lot	Low	96(59.6%)	44(27.3%)	12 (7.5%)	9 (5.6%)	X ² = 27.925 ^a P=.000
		High	56(40.3%)	28(20.1%)	29(20.9%)	26 (18.7%)	
3	In our family we lose our tempers a lot.	Low	105(55.6%)	58(30.7%)	21(11.1%)	5(2.6%)	X ² = 50.002 ^a P=.000
		High	47(42.3%)	14(12.6%)	20(18.0%)	30(27.0%)	
4	In our family we often put down each other	Low	103 (50.2%)	59 (28.8%)	17 (8.3%)	26 (12.7%)	X ² = 20.440 ^a P=.000
		High	49 (51.6%)	13 (13.7%)	24 (25.3%)	9 (9.5%)	
5	My family members sometimes are violent	Low	86(52.1%)	49 (29.7%)	28 (17.0%)	2 (1.2%)	X ² = 42.389 ^a P=.000
		High	66 (48.9%)	23 (17.0%)	13 (9.6%)	33 (24.4%)	
6	In our family we raise our voice when we are mad	Low	87 (49.4%)	52 (29.5%)	22 (12.5%)	15 (8.5%)	X ² = 9.616 ^a P=.022
		High	65 (52.4%)	20 (16.1%)	19 (15.3%)	20 (16.1%)	

In sum, family conflict has been found to be strongly associated with the level of depression among working women. Moreover, scholars have also shown the reverse relationship of depression with anger during family conflict. They are of the view that higher depression and stressful life experiences contribute to family anger (Sigurvinsdottir et al., 2021). It is concluded that a higher scale of intra-family conflict results in depressive symptoms among married working women. This negatively affects their mental well-being and can cause problems such as sleep disturbance. Family-centered interventions are suggested for families affected by higher level of conflict and mental health problems (Zhang et al., 2018). Further, male partners need to be careful to mitigate conflict as married working women face a double burden of work (Devi & Kiran, 2014). Further, to cope with anxiety and depression, family support is one of the factors noted by Hu et al. (2020) as a coping strategy among the nurses during the Covid-19 pandemic. The study found that those who believed that they had family support had shown lower levels of anxiety during their work in COVID-19.

CONCLUSIONS AND RECOMMENDATIONS

The study concludes that family conflict persists in the families of married working women. It ranges from low to high. The study found that family conflict is significantly related to the level of depression among married women who work in the public health sector. It is further concluded that family conflict influences the mental well-being of married working women. Family conflicts can be one of the causes of severe depression among married working women in the public health sector. Conflicts, when couples are faced with the work burden of married working women who are performing dual jobs of doing house chores and working at hospitals negatively, influence their well-being. It is suggested that such family members need to support their women, help them with their home responsibilities, and lower their expectations of married working women at home. Working women with severe depression need to consult mental health services timely. In this regard, family members, especially males, are required to support them to access mental health services. There is also a need for a conducive work environment at the workplace for married working women that can be created to lower their burden, providing them special benefits and services such as daycare facilities and off time for baby care.

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