

# Work-Family Conflict of Working Women in the Business Process Outsourcing Sector

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## ABSTRACT

**Introduction:** Working women would have encountered inter-role conflict as they had to balance office and household work though there wasn't much data available in this regard. Aim: The present study was to understand the work-family conflict among working women in the (BPO) sector.

**Methodology:** The present study used the purposive sampling method; 80 women from all over the country were asked to fill out an online google form that recorded how they maintain office and household work working in the BOP sector, perceived stress scale, the patient health questionnaire, the subjective wellbeing index, and Work-Family conflict scale were administered on the subjects.

**Result:** The majority of women reported significant anxiety, depression, and well-being issue. Those in mid-level managerial positions had significantly higher stress than others ( $p < 0.01$ ). The stress levels positively correlated with anxiety and depression ( $p < 0.01$ ). The subjective well-being negatively correlated with anxiety and depression ( $p < 0.01$ ). Those with high stress also reported fewer social interactions and work-family conflict.

**Conclusion:** Comprehensive plans are necessary to support women's mental health and well-being and delineate work-family conflict mechanisms in the BPO sector.

**Keywords:** work family conflict, working women, stress, well-being.

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## INTRODUCTION

Women's labor force participation rate is declined since last three decades. As many conservative social attitudes continue to constrain options for women to work outside the home (Mehrotra and Sinha 2017). The challenges of women population that are currently employed are many folds (Mehrotra and Sinha (2017) and Mehrotra and Parida (2017) Large number of employed women are struggle to adjust to office and household work. Thus, work-family conflicts are increasingly growing in society. It can significantly impact personal well-being, family relationship, productivity, and quality of life. Work-family conflict is increasing due to family life patterns, shifting work, and demographic trends changing across the globe (Kossek & Distelberg, 2009; Kossek & Ollier-Malaterre, 2013). Work-family conflict occurs because demands and expectations of work from the family are not matching. Many research findings suggest work to family conflict is more rather than family-to-work conflict

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(Byron, 2005). In previous research studies, most women and men cohorts report that work overload interferes with their personal and family issues (Glavin & Schieman, 2012). Perceptions of time pressures are vital aspects that instigate work-family conflict (Frone, 2003; Kossek & Ozeki, 1998).

Some studies reveal that individual characteristics, including gender, coping skills, and personality, are responsible for work-to-family conflict (Byron, 2005; Kossek & Ozeki, 1998; Michel et al., 2011). Positive family-environment and supportive work environments provide benefits to workers, work-to-family conflict (Kossek & Ozeki, 1998; Kossek et al., 2011; Mesmer-Magnus & Viswesvaran, 2006) studies show that the indirect effect of work-family conflict may cross over to job colleagues (O'Neill et al., 2009) and families (Westman, 2001). Studies reveal that technology also interferes with personal pace and negatively impacts life standards. Performing multiple roles could interfere with personal pace, increasing scheduling work conflict, which annoys working women. Ongoing conflicts can further pose confusion, stress, depression, interpersonal conflict, divorce, problematic substance use, and suicidal thinking, which could affect personal well-being, work performance, and quality of life Burke, (1998) Dormann, & Zapf, (2002) French, Caplan, & Van Harrison, (1982). Finding a balance between work schedules and familial duties and responsibilities connecting the other family members is a common issue of concern in work-life frontiers. Kumari, 2014, Bavya and Raghunandan 2018 The work-family conflict also may result in emotional weariness.

Various factors responsible for performing better on the job, such as social support, autonomy, and positive supervisor feedback, may buffer job stress and strain (Bakker & Demerouti, 2007). It may motivate to perform better, reduce burn out and enhance work outcomes (Bakker & Demerouti, 2007). Xanthopoulou, Bakker, Demerouti, and Schaufeli (2007)

There is a literature gap working women facing in the work role conflict with family or personal life roles. Therefore, this study will help understand the consequences of work-family conflict among women in BPO sectors. This study's findings would help develop resiliency interventions model that fit specific to working women.

### **Materials and Methods: Research Design**

The study was carried out using descriptive research design and used purposive sampling methods to select the samples. Study was conducted through NIMHANS, a tertiary care hospital at Bengaluru, Karnataka, India. Study was conducted from July 2022 to December 2022. A total sample of 80 were drawn from BPO sector. Samples for the present study were the women who were working in BPO sector located in Bangalore, Hyderabad, Chennai, Delhi and Mumbai with minimum two-year' experience. Women between 20 to 60 years, who are, working in BPO sector, with a minimum of 2-year working experience, ability to comprehend and write in English, and willing to provide written informed consent

were included in the study. Those with any known psychiatric disorders were excluded from the study.

### **Tools for the Data collection:**

#### **Socio-Demographic details of working women**

The socio-demographic information schedule was prepared by the researcher to gather the personal data of the respondents. It consisted of Name, Age, city, Religion, Income of the respondent, educational qualification, Marital Status, type of family, No. of family members, No. of children (If applicable), Occupation, Work hours, Shift system (If applicable), Level of occupancy (Lower, Middle & Higher).

#### **Perceived Stress Scale 4 (PSS-4) (Cohen et al., 1983)**

The Perceived Stress Scale (PSS) published by Cohen et al., 1983. It is a 4- item questionnaire derived from PSS-10<sup>[19]</sup> and has been found to have adequate validity and good internal consistency (Cronbach's  $\alpha = 0.79$  to 0.82) in assessing stress perception levels in the general population and in special sub-groups of population in different countries.<sup>[20,21,22]</sup> A higher score indicates a high perception of stress.

#### **The Patient Health Questionnaire-4 (PHQ-4) (Kroenke et al. 2009)**

The Patient Health Questionnaire-4 (PHQ-4) was developed and validated by Kroenke, Spitzer, Williams, & Löwe, (2010) The PHQ-4 is an ultra-brief screening instrument to detect both depression and anxiety and has 2 items each from PHQ-9 and Generalized Anxiety Questionnaire7 (GAD-7). It had been validated in primary care clinics and the general population and has high internal reliability (Cronbach's  $\alpha = 0.81$ ). (Khubchandani et al. 2016; Materu et al. 2020).

#### **Subjective well-being (WHO-5 Well-Being Index 1998)**

The WHO-5 Well-Being Index is a questionnaire that measures current mental well-being with time frame the previous two weeks. The 5-item World Health Organization Well-Being Index (WHO-5) is a short and generic global rating scale measuring subjective well-being. Among numerous assessments of well-being in patient and non-patient populations the five-item World Health Organization Well-Being (Topp et al., 2015) is one of the most widely used measures.

#### **Work-Family conflict scale (Netemeyer 1996)**

The WFC and FWC Scale is a 10-item, 7-point Likert scale, which measures WFC and FWC of working individuals. The participants are asked to indicate the extent to which they agree with each item. The responses range from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate high level of work/family conflict, while lower scores indicate low levels of work/family conflict. Coefficient alpha of the scale ranged from 0.82 to 0.90. The scale was found to have good content, construct and predictive validity.

Procedure: Ethical clearance was obtained from the NIMHANS ethics committee (Ref: No. NIMH/DO/BEH. SC.DIV.) 2021-22, Date: 29.6.2022) to carry out the study google forms were created and sent to women working in BPO sectors. The Google generated form questionnaire was sent to the participants through WhatsApp and email. The participants were explained about the purpose and nature of the study and Informed consent was obtained digitally from the participants. The participants were requested to rate the all-measurement scales attached.

### Statistical Analysis

Data were analyzed using Statistical Package for the Social Sciences 20.0 (IBM Corp., IBM SPSS Statistics for Windows, Armonk, NY: USA). Demographic profile of the respondents was described through descriptive statistics such as frequency, percentage, Mean and SD. Test of normality was done using Shapiro Wilk test. Mann Whitney U test and Kruskal Willis test was done to understand the association between various variables and Spearman's rank-order correlation was run to determine the relationship between demographic variables with stress, anxiety and wellbeing, work family conflict and family work conflict.

### RESULT

The Table 1 shows the distribution of the demographic details of the 80 respondents. The majority (57.5%) were 29-40 years old, educated up to post-graduation (61.2%), married (62.5%) and Hindus (95%), and in middle level managerial jobs (66.2%). All were from urban settings only. The managerial level junior level management are 20 (25%), Working hours ranged from 8 to 11 hours. The majority of the respondents

were the income range of 40,001 to 80,000, and had a day shift (58.8%). Majority of the respondents belong to nuclear family. The mean (SD) scores for the perceived stress, PHQ-9, Depression and Anxiety and Wellbeing are as follows: 7.86 (2.94), 4.01 (2.18), 1.80 (1.19), 2.21(1.43), and 13.16 (5.95).

Table No.2 Association between work-related variables and stress, anxiety and wellbeing.

A higher score indicated the higher level of stress.

Table 3 Correlation between selected personal and work-related variables with stress, anxiety and wellbeing.

Table 4 Correlation between selected personal and work-related variables with stress, anxiety and wellbeing

### DISCUSSION

The aim of the study was to understand the work-family conflict of working women in BPO Sector. The findings of this study suggest that significant proportion of reporting was depression, anxiety, lack of work life balance, and poor mental health wellbeing and work family conflict.

The present study findings suggest that there is no statistically significant difference [Table 2, S2& S3] in the marital status and family type with respect to anxiety, depression, and wellbeing and work family conflict scores. However, previous studies revealed that married workers have higher work-to-family conflict but lower family-to-work conflict comparison to single workers (Byron, 2005).

With regard to the job roles [table 2], there were statistically significant difference in the perceived stress. Middle managers had higher stress, anxiety and depression when compared to junior level managers. This could be because the middle cadre

Table 1: Demographic Profile of the Respondents

<i>Socio-demographic details</i>		<i>n</i>	<i>(%)</i>
Age	>29	27	33.80
	29 - 40	46	57.50
	>40	7	8.70
Education (Completed)	Graduation	31	38.80
	Post-Graduation	49	61.20
Marital Status	Married	50	62.50
	Unmarried	30	37.50
Religion	Hindu	76	95.00
	Christian	4	5.00
Name of the city	Bangalore	15	18.80
	Chennai	4	5.00
	Hyderabad	43	53.80
	Mumbai	18	22.50

Name of the State	Karnataka	15	18.80
	Tamil Nadu	4	5.00
	Telangana	43	53.80
	Maharashtra	18	22.50
Management Level	Senior	7	8.80
	Middle	53	66.20
	Junior	20	25.00
Work hours - per day	8	22	27.50
	9	32	40.00
	9.5	1	1.20
	10	23	28.80
	11	2	2.50
Type of Shift (If applicable)	Day	47	58.80
	Second Shift	27	33.80
	Night Shift	6	7.50
<b>Monthly Income</b> Below Rs.40,000 Rs.40,001 to 80,000 Rs.80,001 and above			
	25		31.25
	37		46.25
	18		22.50
Family Type	Nuclear	69	86.20
	Extended	11	13.80
<b>No. of family members</b> 3 4 5 6	2	10	12.50
	29		36.20
	32		40.00
	6		7.50
	3		3.80
<b>No. children (If applicable)</b> 2 3 Not Applicable	0	10	12.50
	1	25	31.20
	12		15.00
	3		3.80
	30		37.50
<b>Age of the Children</b> 4-6yrs 7-10yrs >10yrs	< 3yrs	22	28
	21		21.80
	9		11.3
	6		7.50

Table 2: shows the factors associated with stress during the work-from-home

I. Work Infrastructure at Home Factor	n	%
Lack of Dedicated Personal Work Place caused you stress	44	55.0
Lack of Noise-free surroundings caused you stress	66	82.5
Lack of Appropriate Seating caused you stress	69	86.2
Lack of Proper Internet / power supply caused you stress	50	62.5
Lack of Other Accessories (speakers, laptop, head phones etc. caused stress	52	65.0
II. Organization Relevance Factors		

Delay in information flow for effective execution of job caused you stress?	45	56.3
Lack of timely support from management caused you stress?	57	71.3
Lack of interaction with colleagues / feeling of isolation caused you stress?	73	91.3
III. Personal Factors that caused stress during work from home		
Lack of time for regular exercises (yoga, workouts, etc.)	61	76.3
Lack/reduced of sleep	58	72.5
Lack of motivation from colleagues/ friends	59	73.8
Disappeared work-life timelines	66	82.5
IV. Familial Factor that caused stress during work from home		
Closure / Online of Schools	33	41.2
Closure of Child care centers	18	22.5
Closure of Old age homes	5	6.2
No servant maid support	74	92.5
Lack of support from spouse	30	37.5

management had to guide and supervise the juniors and have more job responsibilities (Michel et al., 2011). Many of the sensitive responsible were assigned to middle management cadre and they are held responsible for completion of task given. Studies support that more job responsibility have been identified as antecedents of work-to-family conflict (Byron, 2005; Dierdorff & Ellington, 2008; Michel et al., 2011; Voydanoff, 2005b).

Analysis of the job shift indicated that there is a significant difference ( $p < 0.01$ ) in the perceived stress, anxiety, depression and work-family, and family-work conflict scale. The results also showed that those who had night & day shift experienced higher stress when compared to those working in mid shift. Previously many studies revealed that night shift disturb the circadian rhythm and sleep and make more susceptible to stress. Jeyapal, Dinesh Raja, et al 2015, Kutty, Sneha Racheal Samuel 2018, Khaleque, Abdul 1999, ZHOU, Shiyi, et al. 2018 This could be because of the overlapping of the office hours and interruption from activities of other family members such as virtual schooling hours of their children. Kaur, Tanveer; Sharma, Preeti 2020 These findings suggest that the organizations should take necessary steps to help the nightshift employees in improving their quality of sleep.

The study findings showed [table 3] work-family conflict, age and work hours per day are positively correlated at a significant value of ( $p < 0.01$ ). It is because among working women, many are married, and aged between 29-40 years. they would have been associated with multiple familial and office work which force them frequently switching between work life and family life (i.e., work-family conflict) exhausts the resources related to time and energy, and leads to poor subjective well-being. And over working or any additional

hours that exceed the normally scheduled working time would increase stress and strain, boredom, annoyance, demotivation, increase conflict in inter-personal relationship, less time for entertainment and relax and quality time for spouse, family and friends, less productive output. Kutty, Sneha Racheal Samuel 2018, Zhou, Shiyi, et al.2018 Hence, organizations should better equip their employees with the strategies and skills that are implemented at work place in such a way that they can be used at home as well for executing the jobs in accomplishing a satisfied and fulfilled well-balanced life; both personally and professionally. Family members of working women also should attend to preventing or reducing the anxiety levels with their support and with the support of mental health professionals wherever necessary. It also implies that work shifts are designed in such a way that all employees should have enough work-free evenings or work-free week-ends.

The study findings showed [table 4] work-family conflict, age and work hours per day are positively correlated at a significant value of ( $p < 0.01$ ). It is because among working women, many are married, and aged between 29-40 years. they would have been associated with multiple familial and office work which force them frequently switching between work life and family life (i.e., work-family conflict) exhausts the resources related to time and energy, and leads to poor subjective well-being. And over working or any additional hours that exceed the normally scheduled working time would increase stress and strain, boredom, annoyance, demotivation, increase conflict in inter-personal relationship, less time for entertainment and relax and quality time for spouse, family and friends, less productive output. (Zhou, et.al. 2018, Jayapal et.al. 2015). Hence, organizations should better equip their employees with the strategies and skills that

Table 3: Association between work-related variables and stress, anxiety and wellbeing

Variable	Managerial Level			Kruskal Wallis statistics	p - value
	Senior (N=7)	Middle (N=53)	Junior (N=20)		
	Median (Q1, Q3)				
PSS	8(0,8)	9(8,9)	8(7,9)	9.22	< 0.01
PHQ	3(0,4)	5(3,5)	4(1,5)	7.77	0.02
PHQ- Anxiety	1(0,2)	2(2,3)	2(1,2)	8.26	0.02
PHQ- Depression	2(0,2)	2(1,3)	2(1,3)	2.04	0.36
Well-Being	14(5,25)	14(10,15)	14(5,20)	0.55	0.76
WFC	25(5,25)	16(14,28)	19(14,25)	0.22	0.89
FWC	23(14,25)	15(14,23)	23(15,25)	4.31	0.12
	Type of shift duty			Kruskal Wallis statistics	
	Day shift (N=47)	Second shift (N=27)	Night shift (N=6)		
	Median (Q1, Q3)				
PSS	9(8,9)	8(0,8)	9(9,9)	8.42	0.02
PHQ	5(4,6)	3(0,4)	4(4,5)	35.43	<0.01
Well-Being	10(6,14)	15(14,25)	5(5,13)	25.91	<0.01
WFC	17(14,25)	16(5,24)	25(25,25)	6.21	0.05
FWC	15(14,24)	21(15,23)	25(25,26)	12.77	<0.01

Abbreviations: Q1 = Quartile1, Q3= Quartile 3,

\*\* Correlation is significant at the 0.01 level (2-tailed); \*Correlation is significant at the 0.05level(2-tailed).

PSS=Perceived Stress Scale, PHQ= The Patient Health Questionnaire, Well-being = Subjective well-being, WFC= Work-Family Conflict, FWC= Family-work Conflict

The above table shows that there exists statistically significant difference (p<0.05) in between the categories of Managerial Level. Middle managers have higher stress, anxiety and depression.

The above table shows the results of Kruskal-Wallis's test to identify difference among the types of shifts with respect to stress anxiety, depression, and well-being and work family conflict. Analysis found that there is a significant difference (p<0.05) in the perceived stress, anxiety, depression and work-family; family-work conflict scale.

Table 4: Correlation between selected personal and work-related variables with stress, anxiety and wellbeing

		Age	No. of family members	Work hours per day	Monthly Salary	No. of children
PSS Total	ρ	-0.21	-0.21	0.30	-0.23	-0.02
	p - value	<b>0.06</b>	<b>0.06</b>	<b>0.01</b>	<b>0.04</b>	0.86
PHQ Total	ρ	0.29	-0.08	0.15	0.11	0.06
	p - value	<b>0.01</b>	0.49	0.19	0.33	0.63
Well-being Total	ρ	0.02	0.16	-0.19	-0.07	0.19
	p - value	0.84	0.15	0.10	0.52	0.09
Work-Family Conflict Total	ρ	-0.53	-0.07	0.58	-0.06	0.02
	p- value	<b>&lt;0.01</b>	0.55	<b>&lt;0.01</b>	0.63	0.85
Family-work Conflict Total	ρ	-0.06	-0.06	-0.02	-0.10	0.26
	p - value	0.60	0.60	0.84	0.37	0.02

P= The spearman rank correlation coefficient, \*\* Correlation is significant at the 0.01 level (2-tailed); \*Correlation is significant at the 0.05level(2-tailed).

PSS=Perceived Stress Scale, PHQ= The Patient Health Questionnaire, Well-being = Subjective well-being, WFC= Work-Family Conflict, FWC= Family-work Conflict

are implemented at work place in such a way that they can be used at home as well for executing the jobs in accomplishing a satisfied and fulfilled well-balanced life; both personally and professionally. Family members of working women also should attend to preventing or reducing the anxiety levels with their support and with the support of mental health professionals wherever necessary. It is suggested that work shifts should be designed in a way that all employees should have enough work-free evenings or work-free week-ends

The study has a few limitations: The sample size is small, and the participants were only women employees and was limited to the BPO sector only. Maximum participants were from Hyderabad. The Study was completely an on-line form. The researcher couldn't directly contact each respondent and giving instruction hence the identity of the participants could not be established more than what they self-disclosed.

In conclusion, women make about one third of the workforce in the BPO industry, and their involvement in this sector is unquestionably high, but they still confront a number of challenges. The existing literature showed women in general who work in BPOs sectors struggle to balance their jobs, namely office, household, and child care. This study clearly shows that working women has increased stress, weakened work-life boundaries, hampered peer communication, lacked interpersonal relationships. From the results it is evident that lack of satisfaction in work and family, contentment about not meeting working and family role demands, has elevated the stress and anxiety of the working women. The organizations need to adapt new policies and should take effective preventive measures for reducing the stress and to enhance the well-being of the working women in BPO sector.

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### DATA AVAILABILITY

The datasets analysed for the current study are available from the 1<sup>st</sup> and corresponding author on reasonable request.

### CONFLICTS OF INTEREST

There are no conflicts of interest.

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## SUPPLEMENTAL TABLES

Table S1: Stress, anxiety and wellbeing in reference to the participants' education.

Variable	Education		Mann Whitney U Test	p - Value
	Graduation (N=31)	Post-graduation (N=49)		
	Median (Q1, Q3)			
PSS	9(7,9)	8(8,9)	660.5	0.31
PHQ	5(2,6)	4(3,5)	532.0	<b>0.02</b>
PHQ-Anxiety	2 (2, 4)	2(0,3)	491.0	<b>&lt;0.01</b>
PHQ-Depression	2(1,3)	2(1,2)	791.5	0.74
Well-Being	12(10,17)	14(10,16)	741.0	0.85
WFC	17(16,29)	16(14,25)	595.5	0.10
FWC	15(14,24)	21(13,24)	665.0	0.35

Abbreviations: Q1 = Quartile1, Q3= Quartile 3, PSS=Perceived Stress Scale, PHQ= The Patient Health Questionnaire, Well-being = Subjective well-being, WFC= Work-Family Conflict, FWC= Family-work Conflict

The above table shows that there exists statistically significant difference in between thecategories of education. Graduates have higher PHQ and Anxiety compared to post-graduates.

Table S2: Stress, anxiety and wellbeing in reference to the participants' marital status

Variable	Marital Status		Mann Whitney U Test	p - Value
	Married (N=50)	Un-Married (N=30)		
	Median (Q1, Q3)			
PSS	9(7, 9)	8(7,9)	828.0	0.42
PHQ	4(3,5)	4(3,5)	827.0	0.44
PHQ. Anxiety	2(2,3)	2(1,3)	879.0	0.19
PHQ Depression	2(1,2)	2(1,3)	657.5	0.34
Well-Being	14(10,17)	14(8,15)	881.0	0.19
WFC	18(14,29)	17(14,25)	812.5	0.53
FWC	21(14,25)	15(14,21)	567.0	0.07

Abbreviations: Q1 = Quartile1, Q3= Quartile 3, PSS=Perceived Stress Scale, PHQ= The Patient Health Questionnaire, Well-being = Subjective well-being, WFC= Work-Family Conflict, FWC= Family-work Conflict

There is no statistically significant difference in the marital status with respect to stress, anxiety depression, and well-being and work family conflict scores

Table S3: Stress, anxiety and wellbeing in reference to the participants' family type.

Variable	Family Type		Mann Whitney U Test	p - Value
	Nuclear (N=69)	Joint (N=11)		
	Median (Q1, Q3)			
PSS	8(8,9)	8(7,10)	332.0	0.49
PHQ	4(3,5)	4(2,7)	356.5	0.75
PHQ. Anxiety	2(1,3)	2(1,4)	360.5	0.78
PHQ -Depression	2(0,3)	2(1,3)	382.0	0.97
Well-Being	14(10,16)	14(10,20)	477.0	0.17
WFC	22(14,25)	16(15,23)	309.0	0.32
FWC	15(14,24)	21(15,27)	490.0	0.12

Abbreviations: Q1 = Quartile1, Q3= Quartile 3

PSS=Perceived Stress Scale, PHQ= The Patient Health Questionnaire, Well-being = Subjective well-being, WFC= Work-Family Conflict, FWC= Family-work Conflict

There is no statistically significant difference in the family type with respect to stress, anxiety depression, and well-being and work family conflict scores