



THE ROLE OF AGE, JOB EXPERIENCE, EDUCATIONAL ATTAINMENT, AND LENGTH OF MARRIAGE IN WORK-FAMILY CONFLICT OF MARRIED NURSES

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ABSTRACT

The purpose of this study was to explore the role of age, job experience, educational attainment and length of marriage in work-family conflict. We employed a cross-sectional survey design in the study. The participants were 181 (173 female and 8 male) nurses selected through the purposive sampling technique among married nursing staff at the University of Benin Teaching Hospital. The mean age was 35.39 years (SD = 8.65, range = 21-59 years). Work-family conflict was assessed using the 9 items measuring the interference between work and family of the Multidimensional Work-Family Conflict Scale. Five hypotheses were tested in the study. Percentages, means, independent sample t-test, and one-way ANOVA were used for analyses. Results indicated nurses with BSc degree and above manifested significantly lower strain-based conflict than those with Registered Nurses Certificate and Midwife Certificate holders. Furthermore, nurses with BSc degree and above reported significantly lower behaviour-based conflict than those with Registered Nurses Certificate and Midwife Certificate holders. In terms of overall score, nurses with BSc degree and above reported significantly lower work-family conflict than those with Registered Nurses Certificate and Midwife Certificate holders. In conclusion, educational attainment and length of marriage are important determinants of work-family conflict among nurses and, therefore, should be considered by employers of labour, clinicians, and family life educators in identifying interventions aimed at overcoming the problem of work-family conflict.

Keywords: *Gender, age, job experience, educational attainment, length of marriage, work-family conflict, nurses*

INTRODUCTION

Work and family are essential components of a person's existence (Lee & Hong, 2005). When work and family are imbalanced, employees' well-being and the quality of life will be affected (Kossek & Ozeki, 1998), causing a high-level of stress and reducing their usefulness at work (Kofodimos, 1993). The principal concept in the work-family research is the work-family conflict (Allen, Herts, Bruck, & Sutton, 2000; Byron, 2005), which was defined as "a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect" (Greenhaus & Beutell, 1985,). Despite the fact that negative spillover may take place in both directions, work-family conflict is far more established than family-work conflict (Aryee, Leung, & Lo, 1999; Netemeyer, Boleg, & McMurrian, 1996; Bellavia & Frone, 2005) owing to the fact that work restrictions are less porous than family boundaries (Dugan, Matthew, & Bames-Farrell, 2012).

According to Gutek, Searle and Klepa (1991), this may be due to the fact that work burden are easier to measure, but it may also be so that employees' appraisals are coloured by anticipations pertaining to the qualities of a good member of staff: a good worker is not expected to think about family affairs at work or let them disturb her or his working, but a good worker may think about work matters at home and therefore let them get involved with her or his family life. Accordingly, as Frone, Russell, and Cooper (1992b) have stated, work and family boundaries are asymmetrically permeable.

Greenhaus and Powell (2003) note that work-family conflict arises when involvement in work activity interferes with participation in a contending family activity or when work stress has a negative effect on behaviour within the family domain. An example of such a conflict is



accepting a promotion that requires more hours which, in turn, decreases the number of hours at home with the family.

The psychological aspect of the work-family interface is explained through the competition of the two roles. In short, competition brings psychological strain. Goode's (1960) role strain theory views this to be true and claims that it is typical to experience a sense of difficulty or strain when attempting to meet the prospects of numerous roles. Similarly, Slater (1963) argues that energy is fixed and that people will naturally feel more inclined toward certain activities than others causing them to limit their participation in less important activities or give them up altogether. He warns that participation in too numerous activities can leave people feeling discontented. This creates an imbalance in application of time, energy, and attention between roles (Edwards & Rothbard, 2000).

A detailed study of the literature revealed three forms of work-family conflict: time-based conflict, strain-based conflict and behaviour-based conflict. Time-based conflict refers to the numerous roles that compete for an individual's time. Time-related conditions, such as long work hours, schedule inflexibility, shift work requirements, and overtime/evening duties, are consistently related to work-family conflict (Byron, 2005; Judge, Boudreau, & Bretz, 1994; Parasuraman, Purohit, Godshalk, & Beutell, 1996). Strain-based conflict suggests that strain experienced in one role crosses over and interferes with participation in another role (e.g., the stress of tending to a sick child affects one's ability to concentrate at work). Work stress is caused by conflict within one's occupational role, work role ambiguity, and work role overload (Kahn & Byosiere, 1992) and leads to role pressure and incompatibility (Greenhaus & Beutell, 1985).

Behavior-based conflict occurs when specific behaviour required in one role are out of keeping with behavioural expectations in another role (e.g. aggression and emotional restriction required for managerial positions are unsuited with the need for harmony and emotional openness by family members). For example, studies on correctional officers have found that behaviour-based conflict was associated to work stress and job satisfaction (Triplett, Mullings, & Scarborough, 1999; Lambert, Hogan, Camp, & Ventura, 2006).

Researchers from several disciplines have looked at the effects that work-family conflict has on individuals, their families, and the organizations in which they work. At the individual level, studies suggest that work-family conflict is associated with poor physical and mental health (Thomas & Ganster, 1995; Frone, Russell, & Cooper 1997; Frone, 2000; Burke & Greenglass, 2001; Madsen, Miller & John, 2005), and lower life satisfaction (Higgins, Duxbury, & Irving, 1992; Thomas & Ganster, 1995; Kossek & Ozeki, 1998).

In addition, cross-sectional research gives reliable support that work-family conflict is linked with a variety of negative work-family-and stress-related outcomes (Allen et al., 2000). Frone (2000) asserts that, depending on the type of work-family conflict and type of disorder, workers frequently experiencing work-family conflict were about 2-30 times more likely than were workers who reported no work-family conflict, to experience a clinically significant mental health problem. Also, longitudinal studies have indicated that work-family conflicts predict unpleasant health consequences (Frone, Russell & Cooper, 1997) and stress as well as intentions to leave the organization.

Most of the studies on work-family conflicts among nurses were conducted in Western and European societies. Relatively little is known about work-family relationships in our societies. The Nigerian society is also undergoing a metamorphosis, as the number of dual career families is on the increase. Women's crossing of the role-boundary by incorporating paid work in their already existing nurturance role has brought significant challenges to many households (Ugwu, 2009). Nursing is generally perceived as a stressful and demanding



profession. It is both physically and psychologically challenging, as nurses deal with people who are suffering from major or minor health problems and life-threatening situations (Bakker, Killmer, Siegrist & Schaufeli, 2000). Therefore, the results of the current study may provide information on the role of age, job experience, educational attainment and length of marriage in work-family conflict. Knowing whether work-family conflict may be predicted by age, job experience, educational attainment and length of marriage may help researchers, psychological health professionals, head of organizations and, particularly, medical directors and directors of nursing services to identify interventions aimed at overcoming the problem of work-family conflict.

According to many career models, individuals may view their careers differently depending on which age-related career stage they are in (Viega, 1983). In particular, researchers have observed that, in early stages of their careers, individuals are often willing to sacrifice their personal lives in the interest of their career progression (Gordon & Whelan-Berry, 2007). However, as individuals advance in age to the maturity stage of their careers, they have been found to place a greater emphasis on a balance between their work and family lives when assessing their careers. Thus, because of the greater priority that individuals give to their family roles as they age, the career satisfaction of older individuals is likely to be more negatively affected by work-family conflict than that of younger individuals (Mjoli, Dywili & Dodd, 2013).

However, those who are older would have more valued work resources, such as seniority, tenure, status and income (Grandey & Cropanzano, 1999). With more resources, it is less likely for older workers to experience work stress and work interfering with family. Viega (1983) based his own disagreement on career model. According to many career models, individuals may view their careers differently, depending on which age-related career stage they are in (Viega, 1983). Researchers have discovered that, in early stages of their careers, individuals are often enthusiastic to give up their individual lives in the interest of their career progression (Gordon & Whelan-Berry, 2007). However, as individuals move forward in age to the maturity stage of their careers, they have been found to place a greater importance on a balance between their work and family lives when evaluating their professions. Thus, because of the greater priority that individuals give to their family roles as they age, the career satisfaction of older individuals is likely to be more negatively affected by work-family conflict than of younger individuals (Mjoli, Dywili, & Dodd, 2013).

Another demographic characteristic that may have an impact on work-family conflict is the level of education. People who attain higher level of education might land on a job that is more demanding with higher occupational responsibilities and expectations (Lee & Hong, 2005). The educational level of some staff may strengthen their role outside the family and raise organizational commitment. Those with higher education may have the chance to be elevated and to be posted to another location. When accepted, such remuneration may generate work-family conflict as they need to take on more responsibilities, increasing their work commitment (Carnicer, Sanchez, & Perez, 2004). The results of TUIK (2006) indicated that family relations of university graduates and postgraduates have a tendency to be on the low side put side by side those of high school graduates (Anafarta & Kuruüzüm, 2012).

Another factor that may have impact on the level and direction of the conflict is job experience of the worker. Both for males and females, longer job experience helps deal with work demands without being much affected by family obligations since experience endows them with requisite professional quality of excelling and adaptability (Cinamon & Rich, 2005). Experience and competence obtained help employees develop formal and informal strategies to overcome problems created by work-family conflict and family-work conflict (Anafarta & Kuruüzüm, 2012).



The results of past studies that have examined length of marriage have been inconsistent. So there is still some debate in the literature as to the exact nature of the relationship between duration of marriage and marital quality (Clements & Swensen, 2000). However a well-documented fact about marriage is that marital relationships have a strong tendency to decrease in satisfaction over the first twenty years of the marriage. The findings by Osiki (1995) indicated that marital duration does not have any direct relationship on the level of marital satisfaction to be derived. This means that whether couples are long-married (that is, 11 years and above) or recently married (0 - 10 years), their levels of marital adjustment is significantly the same. The findings are, however, at variance with several studies. Awe (1986) opines that such difference is occasioned by the fact that the first few years are periods of active adaptation to one's spouse. According to Awe (1986), couples usually spend the first few years of their marriage adjusting to their individual differences and other external factors affecting their marriage. The first two to five years are the most critical for couples in marriage since, after the first five years of marriage, couples begin to tolerate each other and to understand each other better, especially when children start coming.

Building on previous research on the role of age, educational attainment, job experience, and length of marriage in work-family conflict, we formulated the following hypotheses:

1. Nursing staff who are very old (above 50 years) will score significantly higher on the dimensions of work-family conflict (time-based, strain-based and behaviour-based conflict) and the overall work-family conflict than those nurses who were very young (< 30 years), younger (31-40 years), and older (41-50 years).
2. Nursing staff with university degree and above will report significant less on the dimensions of work-family conflict (time-based, strain-based and behaviour-based conflict) and overall work-family conflict than the nursing staff with the other two certificates (Registered Nursing and Midwife certificates).
3. Nursing staff with longer job experience (21 years above) will manifest significantly higher on the dimension of work-family conflict (time-based, strain-based and behaviour-based conflict) and overall work-family conflict than each of the other nursing staff with short (less than 10 years) and moderate (11-20 years) job experience.
4. Age, job experience, educational levels, and duration of marriage will jointly and independently predict work-family conflict among the nursing staff.

METHOD

Research Design

This study is a cross-sectional survey design. Independent variables are age, job experience, educational attainment, and length of marriage. Dependent variable is work-family conflict.

Participants

The sample comprised 181 married nursing staff selected through purposive sampling from the University of Benin Teaching Hospital, including those attending the School of Post Basic Nursing in the hospital. A total of 173 (95.6%) females and 8 (4.4%) males at the mean age of 35.39 years (SD 8.65), ranging in age between 21 and 59 years participated in the study. The sample varied in terms of job experience, educational attainment, and duration of marriage. Majority of the nurses, (n = 109, 60.2%) have worked for less than 10 years, 54 (29.8%) have had between 11 and 20 years working experience and 18 (9.9%) nurses had worked for more than 21 years. The majority (n = 118, 65%) of the married nursing staff had Midwife Certificate,



followed by 40 (22.1%) nurses who only had Registered Nurse Certificate and 23 (12.7%) nurses had Bachelor's and higher degrees. Lastly, 117 (64.6%) had been married for less than 10 years, 45 (24.93%) had been married for between 11 and 20 years and 19 (10.5%) were married for more than 21 years.

Measures

Participants responded to a questionnaire consisting of two parts, which included demographic variables and assessment of the work-family conflict. The demographic section sought information on participants' age, gender, job experience, educational level and duration of marriage. Additional data were also obtained using the Work-Family Conflict Scale, an 18-item multidimensional measure of both work-family conflict and family-work conflict. Respondents rated from "strongly disagree" to "strongly agree" their agreement or disagreement with a statements indicating difficulty participation in the professional domain. A sample item is "I have to miss family activities owing to the amount of time I must spend on work responsibilities." Information on the reliability of this scale is provided by Tement, Korunka, and Pfifer (2010). They examined these by calculating the internal consistency by means of the Cronbach alpha coefficient. The dimensions of work-family conflict were time-based conflict, strain-based conflict, and behaviour-based conflict. The Alpha figures for each of three dimensions were as follows: Time-based conflict, .90; strain-based conflict, .85; and behaviour-based conflict, .87. Thus, internal consistencies for all three dimensions were acceptably high and above the suggested minimally acceptable range, between .65 and .70 (Devellis, 2003). In Nigeria, Amazue (2013) validate the instrument using Nigerian samples. The responses of the participants were further subjected to item analysis. The result of the item analysis revealed that the items have an internal consistency of alpha .87 and a Spearman corrected split-half reliability index of .56. In this study, the ratings for all the dimensions (time, strain and behaviour) were totalled to yield a work-family conflict score with higher scores representing higher levels of inter-role conflict. Reliability for the current sample was high ($\alpha = .77$).

Procedure

Official permission was sought from the Ethics and Research Committee of the University of Benin Teaching Hospital for the data to be obtained from the married nurses who would be willing to participate in the study. A cover sheet explaining that the questions were related to the participants' own thoughts and feelings and that all responses would be confidential was on the front page of each copy of the questionnaire. They were also asked to provide informed consent on the paper. The questionnaire was administered to the married nurses in their wards. For the married nurses in the school of Post Basic Nursing, it was administered on them in their classrooms. Of the 230 questionnaires administered, only 181 were correctly completed and returned, representing 78.69% response rate. It took the participants about 10 minutes to fill the questionnaire.

Data Analysis

The statistical analyses were carried out with the SPSS (version 16.0) program. Cronbach's alpha coefficient was used to assess the reliability of the scale. Descriptive statistics (for example, percentages, means and standard deviations) were used to describe the data. One-way ANOVA was used to examine the effect of age, educational attainment, job experience, and duration of marriage on work-family conflict. Lastly, multiple regressions were used to assess the influence of duration of marriage on work-family conflict.



RESULTS

The first hypothesis, which states that nursing staff who are very-old (above 50 years) will score significantly higher on the dimensions of work-family conflict (time-based, strain-based and behaviour-based conflict) and the overall work-family conflict than those nurses who are very young (< 30 years), younger (31-40 years), and older (41-50 years), was tested using a One-way ANOVA. The summary of the test is presented in Table1.

Table1: One-Way ANOVA for Age Categories on the Dimensions Work-Family Conflict and Overall Work-to-Family Conflict

Dependent variables	Sources	SS	df	MS	F	P
Time-based	Between	10.74	3	3.58	.69	> .05
	Within	912.07	177	5.15		
	Total	922.82	180			
Strain-based	Between	9.73	3	3.24	.30	> .05
	Within	1904.66	177	10.76		
	Total	1914.39	180			
Behavioural-based	Between	15.16	3	5.05	.40	> .05
	Within	2236.92	177	12.64		
	Total	2252.08	180			
Work-to-Family Conflict	Between	79.25	3	26.42	.48	> .05
	Within	9704.99	177	54.83		
	Total	9784.24	180			

The results indicated that there were no significant differences between the very old nurses and each of the nurses in the other age groups (very young, young, and older) on time-based ($F [3, 177] = .69, p > .05$), strain-based ($F [3, 177] = .30, p > .05$), behaviour-based ($F [3, 177] = .40, p > .05$) and the overall work-to-family ($F [3, 177] = .48, p > .05$) conflict. Therefore, the stated hypothesis is rejected.

The second hypothesis which states that nursing staff with university degree and above will report significant less on the dimensions of work-family conflict (time-based, strain-based and behaviour-based conflict) and overall work-family conflict than the nursing staff with the other two certificates (Registered Nursing and Midwife certificates) was also tested using the One-way ANOVA. The summary of the test is presented in Table 2



Table2: One-Way ANOVA for Education Attainment on the Dimensions Work-Family Conflict and Overall Work-to-Family Conflict

Dependent variables	Sources	SS	df	MS	F	P
Time-based	Between	10.74	2	8.82	1.74	> .05
	Within	912.07	178	5.09		
	Total	922.82	180			
Strain-based	Between	9.73	2	32.02	3.08	< .05
	Within	1904.66	178	10.39		
	Total	1914.39	180			
Behavioural-based	Between	15.16	2	53.37	4.43	< .01
	Within	2236.92	178	12.05		
	Total	2252.08	180			
Work-to-Family Conflict	Between	79.25	2	164.27	3.09	< .05
	Within	9704.99	178	53.12		
	Total	9784.24	180			

As shown in the Table, the results indicated that there were significant differences between nursing staff with Bachelor's degrees and above and nursing staff with the other two certificates (Registered Nursing Certificate and Midwife Certificate) on strain-based ($F [2, 178] = 3.08, p < .05$), behavior-based ($F [2, 178] = 4.43, p < .01$), and overall work-to-family ($F [2, 178] = 3.09, p < .05$) conflict.

To determine the direction of significance, a post hoc test (Scheffe's) was conducted. The result showed that the mean scores for strain-based ($\bar{X} = 9.13$), behaviour-based ($\bar{X} = 7.87$) and overall work-to-family ($\bar{X} = 26.04$) conflict for nursing staff with Bachelor's degree and above were significantly lower compared to those reported by nursing staff with each of the other two certificates. However, the mean scores for the nurses with Registered Nursing Certificate and nurses with Midwife Certificate were not statistically different from one another on strain-based, behavior-based and overall work-family conflict. Therefore, the stated hypothesis is partially confirmed.

Table3: Summary of Post Hoc Test Showing the Differences between the Mean Scores of the Educational Attainment on the Dimensions Work-Family Conflict and Overall Work-to-Family Conflict

Dependent variables	Independent Variables	1	2	\bar{X}	SD	N
Strain-based	Registered Nurse			11.20	3.22	40
	Midwife	.54		10.64	3.13	118
	BSc degree and above	2.07*	1.51*	9.13	3.68	23
Behavioural-based	Registered Nurse			10.30	3.46	40
	Midwife	.18		10.12	3.47	118
	BSc degree and above	2.43*	2.25*	7.87	3.49	23
Work-to-Family Conflict	Registered Nurse			30.08	7.79	40
	Midwife	-.02		30.09	6.85	118
	BSc degree and above	4.03*	4.05*	26.04	8.25	23

The third hypothesis sought to know whether nursing staff with longer job experience (21 years above) will manifest significantly higher on the dimension of work-family conflict (time-based, strain-based and behaviour-based conflict) and overall work-family conflict than each of the other nursing staff with short (less than 10 years) and moderate (11-20 years) job experience. It was tested with One-way ANOVA. The result is presented in Table 5.

Table4: One-Way ANOVA for Job Experience on the Dimensions Work-Family Conflict and Overall Work-to-Family Conflict

Dependent variables	Sources	SS	df	MS	F	P
Time-based	Between	3.59	2	1.79	.35	> .05
	Within	919.22	178	5.16		
	Total	919.22	180			
Strain-based	Between	2.25	2	1.12	.11	> .05
	Within	1912.14	178	10.74		
	Total	1914.39	180			
Behavioural-based	Between	15.74	2	7.87	.63	> .05
	Within	2236.33	178	12.56		
	Total	2252.07	180			
Work-to-Family Conflict	Between	13.46	2	6.73	.12	> .05
	Within	9770.78	178	54.89		
	Total	9784.24	180			

As shown above, the results indicated that there were no significant differences between nursing staff with longer job experiences (21 years above) and each of the other nursing staff with short (less than 10 years) and moderate (11 – 20 years) job experience on time-based conflict ($F [2, 178] = .12, p > .05$), strain-based conflict ($F [2, 178] = .35, p > .05$), behaviour-based conflict ($F [2, 178] = .11, p > .05$) and overall work-family conflict ($F [2, 178] = .63, p > .05$). Therefore, the stated hypothesis is rejected.

Lastly, the fourth hypothesis states that age, job experience, educational levels, and duration of marriage will jointly and independently predict work-family conflict among the nursing staff. It was tested with the use of multiple regressions.

Table 5: Summary of Multiple Regressions Showing the Influence of Age, Job Experience, Educational Status and Duration of Marriage on Work-Family Conflict

Variables	R	R ²	F	P	B	T	Sig
Age					-.158	-1.243	> .05
Job experience	.201	.040	1.845	> .05	-.137	-.956	> .05
Educational level					-.136	-1.785	> .05
Duration of marriage					.302	2.018	< .05

The result in Table 5 shows that age, job experience, educational levels and marital status did not jointly predict work-family conflict among the nursing staff $R = .201, R^2 = .040; F (4, 176) = 1.845; p > .05$. This implies that all predictor variables did not interact together to predict work-family conflict. However, the analysis of the independent predictors indicates that only duration of marriage predicted significant independent influence on work-family conflict ($\beta = .302; t = 2.018; p < .05$) among the nurses. Therefore, the stated hypothesis is partially confirmed.



DISCUSSION

The purpose of this study was to examine the role of demographic characteristics (age, educational attainment, job experience and duration of marriage) in the dimensions of work-family conflict (time-based, strain-based and behaviour-based conflict) and the overall work-family conflict among married nursing staff. In terms of the overall results, the findings of the current study provide evidence for some of the hypotheses, while it did not for others.

The first hypothesis revealed that there were no significant differences between the very old nurses and the other nurses in the other age bracket (very young, young, and older nurses) when compared on the dimensions of time-based, strain-based, behaviour-based, and the overall work-family conflict. This finding is very surprising; one would have expected that older nurses with their more valued work resources, such as seniority, tenure, status and income (Grandey & Cropanzano, 1999) to experience tremendous less work stress and less work interfering with their families. Mjoli, Dywili and Dodd (2013) claim that, because of the greater priority that individuals give to their family roles as they age, the career satisfaction of older individuals is likely to be more negatively affected by work-family conflict than of younger individuals. This was, however, not the case in this study. It, thus, means that, irrespective of age of married nurses, the experience of work-family conflict is generally the same.

The result on the second hypothesis showed that there were significant differences between nurses with Bachelor's degree and above and nurses with the other two certificates (Registered Nursing Certificate and Midwife Certificate) on strain-based, behaviour-based and the overall work-family conflict. Further analysis revealed that nurses with university degrees reported significantly lowest cases on strain-based, behavior-based and overall work-family conflict compared to nurses who were holders of the other two certificates. The findings also showed that the Registered Nurse Certificate holders and Midwife Certificate holders were not statistically different from each other on time-based, strain-based, behavior-based and overall work-family conflict. This finding is contrary to what Carnicer, Sanchez and Perez (2004) claimed, that educational level of some staff may strengthen their role outside the family and raise organizational commitment. Those with higher education may have the chance to be elevated and to be posted to another location. When accepted, such remuneration may generate work-family conflict, as they need to take on more responsibilities thereby increasing their work commitment.

Findings with regards to educational attainment suggest that nurses should be encouraged to improve on their education. Nurses should invest more time in educational achievements. Higher education of nurses, as demonstrated in this study, has the capacity to reduce work-family conflict. This could guarantee their economic independence and security while engaging in both work and family roles. As nurses become more educated, they can gain more power in adjusting well to work and family responsibilities and are able to see more alternatives for their lives. Nurses with low educational attainment may be exposed to certain obstacles in the workplaces, such as prejudice, scrutiny, conflict between work and family life, and unfavourable working conditions.

The results of the third hypothesis revealed that there were no significant differences between nurses with longer job experience and nurses with short and moderate job experience on time-based, strain-based, behaviour-based and overall work-family conflict. However, Anafarta and Kuruuzum (2012) state that experience and competence obtained help employees develop formal and informal strategies to overcome problems created by work-family conflict and family-work conflict. This study demonstrated that the experience, abilities, skills, knowledge, motivations or traits defined in terms of the behaviour needed for successful job



performance gained by nurses who have served longer on the job could not be used to deal with the problem of work-family conflict.

The findings on the last hypothesis showed that age, job experience, educational levels and length of marriage did not jointly predict work-family conflict among the nursing staff. This implies that all predictor variables did not interact together to predict work-family conflict. However, the analysis of the independent predictors indicates that only length of marriage predicted work-family conflict. This finding is consistent with previous research which claimed that length of marriage does have direct relationship with the level of marital satisfaction to be derived. According to Awe (1986), couples usually spend the first few years of their marriage adjusting to their individual differences and other external factors affecting their marriage. The first two to five years are the most critical for couples in marriage since, after the first five years of marriage, couples begin to tolerate each other and to understand each other better, especially when children start coming. One possible explanation for this result could be that the understanding and maturity in handling issues related to work and family responsibilities may have developed and gets better overtime. Having been together for many years, it is possible they have now learnt ways to handle and cope with problems that may arise from conflict associated with work and family. This study has proved that the length of marriage is an important determinant of work-family conflict.

Limitations and strengths of the study

The principal limitation of this study is the unequal proportion of married female and male nursing staff in the sample as well as the cross-sectional nature of the evaluation of work-family conflict. In addition, there were only 181 staff nurses in this study, coupled with the fact that these sampled nurses were drawn from Benin City alone. This may make generalization of results difficult. Despite these limitations, this study is an important effort to advance the literature on the role of age, educational attainment, job experience and length of marriage in work-family conflict. It raises questions about variables that may affect work-family conflict among staff nurses in Nigeria. For example, the results indicated that such factors as education attainment and length of marriage were relatively more influential on work-family conflict among married nursing staff.

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