

THE SELF-EFFICACY AND COPING STRATEGIES OF WOMEN IN MANAGING WORK-FAMILY CONFLICT DURING THE PANDEMIC

PANDEMİ DÖNEMİNDE ÇALIŞAN KADINLARIN İŞ VE AİLE ÇATIŞMASINI YÖNETME ÖZ-YETERLİLİK DÜZEYİ VE BAŞ ETME YÖNTEMLERİ

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Abstract

Objective: This study aims to determine women's self-efficacy level in managing work-family conflict and their methods of dealing with it.

Material—Methods: This descriptive study's data were collected from 334 women working during the pandemic using an online survey, an individual introduction form, and the Self-Efficacy Scale for Managing Work-Family Conflict. The data were analyzed using descriptive statistics, t-tests, and the One-way ANOVA test.

Results: According to the study, 58.4% of women reported no conflicts. However, the mean self-efficacy score was 52.35 ± 11.61. The women who worked from home and spent more time with their families had higher self-efficacy. Women under 40 with postgraduate education, working in healthcare, and experiencing adverse effects on work had lower self-efficacy. Regarding conflict resolution, 30% of women utilized intra-family communication and cooperation, while 27% could not.

Conclusion: The pandemic has significantly changed our work habits, and unfortunately, women have been disproportionately affected in multiple aspects, including work, family, and health. Although women who work from home may be able to handle conflicts effectively, they must receive training to protect their psychological well-being and manage work-family conflicts more efficiently.

Keywords: Work-family conflict, women, self-efficacy, pandemic.

Özet

Giriş: Bu çalışmanın amacı pandemi döneminde çalışan kadınların iş-aile çatışmasını yönetme öz-yeterlilik düzeyi ve çatışma ile baş etme yöntemlerinin araştırılmasıdır.

Gereç- Yöntem: Tanımlayıcı tipte yapılan bu çalışmanın verileri, pandemi sırasında çalışan 334 kadından online anket yöntemi ile birey tanıtım formu ve İş ve Aile Çatışmasını Yönetme Öz-Yeterliliği Ölçeğiyle toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, t testi ve One-way ANOVA testi kullanılmıştır.

Bulgular: Çalışmaya katılan kadınların %58,4'ü iş-aile çatışması yaşamadığını belirtirken, iş-aile çatışmasını yönetme öz-yeterlilik düzeyi 52,35±11,61 olarak bulunmuştur. Pandemi sırasında evden çalışan ve aileleriyle daha fazla zaman geçiren kadınların iş-aile çatışmasını yönetme konusunda daha yüksek öz yeterliliğe sahip olduğu bulunmuştur. Ayrıca 40 yaş altı, lisansüstü eğitim alan, sağlık personeli olarak çalışan, çalışma hızı, kalitesi ve sağlık durumu olumsuz etkilenen kadınların öz-yeterlilik düzeyi daha düşük bulunmuştur (p<0,05). Kadınların %30'u çatışma ile baş ederken en çok aile içi iletişim/konuşarak/iş birliği yöntemini kullandığı ve %27'sinin ise sorunu çözemediği belirlenmiştir.

Sonuç: Pandemi döneminde çalışma şeklinin değişmesi kadınları iş, aile ve sağlık gibi birçok yönden olumsuz olarak etkilemiştir. Evden çalışan kadınların çatışmayı yönetme öz-yeterliliği yüksek olmasına rağmen iş ve aile yaşamı arasındaki dengeyi sağlayabilmek için psikolojik sağlıklarının korunması ve iş-aile çatışmasını yönetme konusunda eğitim ile desteklenmeleri önerilmektedir.

Anahtar Kelimeler: İş-aile çatışması, kadın, öz-yeterlilik, pandemi.

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INTRODUCTION

The Coronavirus Disease (COVID-19) pandemic has changed how people work worldwide. Many workers and employers have experienced remote/home working for the first time and are unprepared (1). This situation has blurred the boundaries between work and family, causing conflict for employees (2-5). The pandemic has made managing work and family life more challenging, particularly for women, who face increased demands for domestic care and blurred boundaries with remote work (5-7). "Work-family conflict" refers to a situation where the roles and responsibilities of work and family are incompatible (8). Self-efficacy, as defined by Bandura in 1977, refers to one's belief in their ability to perform tasks. Self-efficacy in managing work and family conflict entails the belief that one can successfully balance the demands of both work and family life (9). According to studies in literature, working from home or remotely during the pandemic has led to increased work stress, negatively impacted physical and mental health, reduced employee productivity, and caused anxiety about balancing work and personal life. Additionally, those working from home during the pandemic are experiencing higher levels of work-family conflict. When analyzed by gender, women are more impacted. This leads to decreased self-efficacy, increased depression, anxiety, and stress levels, and negatively affects physical and mental health (4,10-17). The negative impact of conflict on women makes it essential to assess their conflict self-efficacy and coping methods (18-19). In this study, we examined how pandemic-induced changes in work style impacted women's work-life balance, their self-efficacy in managing work-family conflict, and their coping mechanisms. It is believed that the findings from this study can provide valuable insights into the issues and solutions related to this matter. These results can shape business practices and inspire initiatives to boost self-efficacy.

Research Questions

1. What is the self-efficacy level of women working during the pandemic to manage work-family conflict?
2. What is the change in women's work-life during the pandemic?
3. What are the methods of coping with the work-family conflict of women working during the pandemic period?

MATERIAL- METHODS

Study Design

The study was descriptive.

Participants

The study was conducted between March and August 2021, using the convenience sampling method on a population of women working during the pandemic throughout Turkey. Based on the 2019 TURKSTAT Household Technology Usage Survey, a minimum of 329 people is required for the sample size calculation, considering a 68.9% internet usage rate among women (40,41). The sample comprised 334 volunteer women who were reached through various media tools such as WhatsApp, Instagram, and Facebook. Participants had to click on a link at the beginning of the online survey before answering questions. After reading the informed consent form on the screen, they checked a box to provide consent—the study comprised individuals who actively used social media and consented to participate. The survey link was distributed via social media, such as Facebook, Twitter, blogs, and forums, with participants encouraged to participate. The power analysis found an effect size of 0.707, with a 0.98 power at a 0.05 significance level and 95% confidence interval.

Data Collection Tools

The data were obtained with the Personal Information Form and the Self-Efficacy Scale for Managing Work and Family Conflict.

Personal Information Form (PIF): The PIF, developed by the researchers in accordance with the literature, included socio-demographic characteristics of the participant, such as age,

education level, income level, marital status (9 questions), working style characteristics, such as working hours and working style, difficulty concentrating on work during the pandemic period (11 questions), and methods of coping with these problems (2 questions). (1,13,15,18,20).

The Self-Efficacy Scale for Managing Work and Family Conflict: The scale was originally developed by Hennessy (2005) and validated for use in Turkey by Amanvermez & Denizli (2016). It consists of eight items and two subscales. This is a 10-point Likert scale, where scores range from 0 to 9. High scores on total and subscales indicate strong self-efficacy in managing work-family conflict. (9,21). The Cronbach alpha value of the scale is 0.95. In this study, it was found to be 0.91. Permission to use the scale was granted via email by the author who conducted the Turkish study on validity and reliability.

Ethical Approval

The study was conducted with the permission of Ege University Medical Research Ethics Committee (Date: 20.04.2021 and Number No: E-99166796-050.06.04-136721). Informed consent form information was added at the beginning of the online

questionnaire form applied in the study. The option "I have read, understood and agree to participate in the study" was added so that those who agreed could access the questions in the form. Permission to use the scale in the research was obtained through email.

Statistical Analysis

SPPS 25.0 package program (IBM Corp. 2022) was used to analyze the study data. While evaluating the data, arithmetic mean, standard deviation, minimum, maximum, number, and percentage were used among descriptive statistical methods. Compliance with normal distribution and skewness and kurtosis values were examined. Oneway ANOVA and post-hoc (Scheffe test) tests were used for intergroup comparisons of normally distributed data; a t-test was used for two-group comparisons. The results were evaluated at a 95% confidence interval and significance at $p < 0.05$ level.

RESULT

Table 1 presents the sociodemographic data of participants. Among women, 71.3% were aged 22-39 (mean: 35.07 ± 8.19 ; (22-58)), 63.5% were married, 62.3% had undergraduate degrees, and 85% lived in urban areas. 50% of the individuals were employed in the field of education, while 66.2% had a middle-income level (Table 1).

Table 1. Socio-demographic data of the participants

Variables	n	%	
Age	22-39	238	71.3
	40 years and older	96	28.7
Marital status	Married	212	63.5
	Single	122	36.5
Education level	High school graduate	7	2.1
	College Graduate	13	3.9
	Undergraduate	208	62.3
	Postgraduate	106	31.7
Location	Urban	284	85.0
	Rural	50	15.0
Occupation	Healthcare personnel	97	29.0
	Education (teacher, academician)	167	50.0
	Officier	16	4.8
	Other (Lawyer, architect, engineer)	54	16.2
Income Status	High	107	32.0
	Middle	221	66.2
	Low	6	1.8

Table 2 presents the data on the working characteristics of the participants. The minimum working hours of women per week was 35.11 ± 16.89 (min-max: 4-160). On average, households had 0.82 ± 0.97 children (ranging from 0 to 6). The mean number of households was 2.89 ± 1.22 (0-9). During the pandemic, 38.9% of women did not change their working hours, 47.3% worked from home, and 28.1% had low motivation for work. 59.3% of women who experienced changes in their working style during the pandemic stated that they had difficulties concentrating on their work. Additionally, 69.1% of them found focusing on essential situations in their family and personal lives challenging due to their

work. Moreover, 77.2% of the respondents felt they lacked energy and had insufficient time to manage their work and personal lives. Lastly, 53.2% of the women stated that their work quality had decreased during the pandemic. Women who changed their working style indicated that they were negatively affected at high rates regarding work speed, quality, communication at the workplace, health status, and sense of belonging to work. 58.9% of women reported that household expenses increased, 45.5% reported that family time allocated to spouse and children increased, 54.4% reported that family arguments/fights/disagreements did not change, and 58.1% reported that fatigue at work increased (Table 2).

Table 2. Working characteristics data of the participants

Variables		n	%
Experiencing work-family conflict during the pandemic period	Yes	139	41.6
	No	195	58.4
Change in working hours with the pandemic	Increased	101	30.2
	Decreased	103	30.8
	No change	130	38.9
Change in the way of working with the pandemic	Flexible working	88	26.3
	Work from home	158	47.3
	No change	88	26.4
Emotional state related to the way of working during the pandemic	Low motivated	94	28.1
	Exhausted	81	24.3
	Stressful	62	18.6
	Anxious	41	12.3
	Unsatisfied	24	7.2
	Motivated	28	8.4
	All of them	2	0.6
Total	Normal	2	0.6
Do you have problems concentrating on work? (n=246) *	Yes	146	59.3
	No	100	40.6
Have you ever found it difficult to concentrate on important family or personal situations due to work? (n=246) *	Yes	170	69.1
	No	76	30.9
Do you feel overwhelmed by work and lack the energy and time to handle important situations in your life? (n=246) *	Yes	190	77.2
	No	56	22.7
Have you ever produced work of lower quality than your usual standard? (n=246) *	Yes	131	53.2
	No	115	46.7

Table 2. Continue

Variables	Positive		Negative		Not impacted	
	n	%	n	%	n	%
With new ways of working *(n=246)						
Working Speed	47	19.1	121	49.1	78	31.7
Working Quality	44	18.0	137	55.6	65	26.4
Communication in the workplace	29	11.7	136	55.2	81	32.5
Health Status	38	15.4	136	55.2	72	29.2
Sense of belonging	25	10.1	137	55.6	84	34.1
Variables	Increased		Decreased		No change	
With new ways of working *(n=246)	n	%	n	%	n	%
Household expense	145	58.9	54	21.9	47	19.1
Family time devoted to children	110	44.7	87	35.3	49	20.0
Family argument/fight/disagreement	82	33.3	30	12.1	134	54.4
Fatigue level at work	143	58.1	77	31.3	26	10.5

* "Those who have altered their work routines due to the pandemic."

Table 3. The scores of the self-efficacy scale for managing work and family conflict

Self-Efficacy for Managing Work and Family Conflict Scale	X ± SS	Min-max
Total Score of the Self-Efficacy Scale for Managing Work and Family Conflict	52.35 ± 11.61	22-72
Self-Efficacy for Managing Work and Family Conflict Scale Work-Family Conflict Sub-Dimension	25.88 ± 6.43	7-36
Self-Efficacy for Managing Work and Family Conflict Scale Family-Work Conflict Sub-Dimension	26.47 ± 6.16	8-37

Table 3 presents the findings of the Self-Efficacy Scale for Managing Work and Family Conflict. 58.4% of participants reported that they did not experience any conflict between their work and family. The total score of the Self-Efficacy Scale for Managing Work

and Family Conflict was 52.35 ± 11.61 (min-max: 22-72), the Work-Family Conflict subscale was 25.88 ± 6.43 (min-max: 7-36), and the Family-Work Conflict subscale was 26.47 ± 6.16 (min-max: 8-37) (Table 3).

Table 4. Comparison of participants' socio-demographic and work-related characteristics and Self-Efficacy Scale for Managing Work and Family Conflict

Variables		X ± SS	Test	p
Age	22-39	50.14 ± 11.57	t: -6.147*	0.000**
	40 years and older	57.83 ± 9.80		
Experience of work-family conflict	Yes	47.62 ± 11.18	t: -6.663*	0.000
	No	55.72 ± 10.72		
Problems concentrating at work	Yes	49.58 ± 11.64	t: -4.922*	0.000
	No	56.94 ± 11.39		
Education level	High school graduate	59.14 ± 12.45	F=3.447***	0.017
	College Graduate	51.76 ± 13.29		
	Undergraduate	53.52 ± 11.55		
	Postgraduate	49.68 ± 11.07		
Occupation	Healthcare personnel (a)	48.17 ± 11.71	F=6.390***	0.000
	Education (teacher, academician) (b)	54.31 ± 11.79		
	Officier	54.87 ± 8.70		
	Other (Lawyer, architect, engineer) (c)	53.05 ± 9.75		
Change in working hours with the pandemic	Increased (a)	48.29 ± 10.68	F=9.371***	0.000
	Decreased (b)	53.77 ± 12.46		
	No change (c)	54.38 ± 10.86		

Table 4. Continue

Variables	X ± SS	Test	p	Variables
Change in the way of working with the pandemic	Flexible working (a)	50.66 ±	F=6.037*** b>a b>c	0.003
	Work from home (b)	13.57		
	No change (c)	55.03 ±		
		10.96		
With the new ways of working	Positive (a)	55.53 ±	F=7.010*** b<a b<c	0.000
	Negative (b)	10.38		
	Working Speed	49.18 ±		
		12.11		
Working Quality	Positive (a)	55.11 ±	F=9.894*** b<a b<c	0.000
	Negative (b)	10.95		
	Not impacted (c)	49.17 ±		
		12.09		
Health Status	Positive (a)	55.18 ±	F=5.293*** b<c	0.001
	Negative (b)	11.79		
	Not impacted (c)	49.80 ±		
		12.37		
Sense of belonging	Positive (a)	57.36 ±	F=8.694*** b<a b<c	0.000
	Negative (b)	11.35		
	Not impacted (c)	49.23 ±		
		11.61		
Family time devoted to children	Increased (a)	54.98 ±	F=4.273*** a>b	0.006
	Decreased (b)	10.50		
	No change (c)	49.14 ±		
		11.84		
Family argument/fight/disagreement	Increased (a)	49.54 ±	F=3.058***	0.028
	Decreased (b)	11.64		
	No change (c)	55.50 ±		
		10.28		
Fatigue level at work	Increased (a)	49.73 ±	F=5.612*** a<b	0.001
	Decreased (b)	11.60		
	No change (c)	55.61 ±		
		11.60		
		56.34 ±		
		12.44		

* Independent t test; ***One-way analysis of variance Post Hoc: Scheffe; **p<0.05

Younger participants experiencing work-family conflict, difficulty concentrating, working in healthcare, with postgraduate education, flexible working style, negatively

affected work speed, quality, health, family time, and increased conflicts/fatigue had lower scale scores. (p<0.05) (Table 4).

Table 5. Participants' methods of coping with work-family conflict

Methods of Coping ****	n	%
Family communication/with talking/collaboration	35	30
Receiving support (mother, helper, psychological, etc.)	6	5
Procrastination/ Ignoring/ Silence	21	18
Leaving work/home/change of job	4	3
Organize working hours and places	12	10
Self-compromise (working at night, etc.)	8	7
Failure to resolve/discussion	32	27
Total	118	100

**** Calculated based on the respondents.

Table 5 presents findings on the methods for coping with work-family conflict among participants. Thirty percent of the participants coped with work-family conflict

through family communication/talking/collaboration. In comparison, 27% could not resolve the conflict (Table 5).

DISCUSSION

The pandemic has highlighted the need to redefine the concept of work-family conflict (22). In Brazil, it was found that working from home during the pandemic did not intensify work-family conflict for each individual, and more time could be allocated to family and leisure activities (23). Sedaroğlu (2021) found that individuals working from home during the pandemic experienced higher work-family conflict (14). Xu et al. (2022) found that remote working positively affected work-family conflict (24). Studies conducted in various regions show that gender imbalances in task distribution during the pandemic lead to negative personal and professional outcomes for women (25-26). In this study, 41.6% of women experienced work-family conflict during the pandemic. The total score of women's self-efficacy scale for managing work-family conflict was 52.35 ± 11.61 . According to the study, women's self-efficacy in managing work-family conflict is above average. During the pandemic, women who worked from home had a statistically significant higher mean score in self-efficacy to manage conflict ($p < 0.05$). The data for this study was collected about a year after the beginning of the pandemic. It is believed that women have adapted to the

changes in work-family balance caused by the pandemic. In the study, half of the participants work in the education sector. Technology and distance learning may help this group adapt quickly to remote work. Time pressure harms individuals' self-efficacy in managing conflicts between work and family (27). A study conducted with female academics found that increasing working hours and time spent working from home led to higher work-family conflict (28). In this study, women who experienced increased working hours during the pandemic had a statistically significantly lower total score on the work-family conflict self-efficacy scale. Due to the imbalance in working hours, the pandemic could make it difficult for women to balance work and family responsibilities. This study determined that 49.1% of the women ($n=246$) whose working style changed, 49.1% of the work speed, and 55.6% of the work quality were negatively affected, and 58.1% of the women's fatigue level at work increased. The mean conflict self-efficacy score of women who reported increased fatigue and whose work speed and quality were negatively affected was significantly lower than that of others. During the pandemic, the study conducted with working mothers revealed that 41% of the

women had to give multiple performances. Furthermore, 29% of the women experienced the pandemic as a period of intense struggle (38). According to a study, women experienced increased feelings of inadequacy at work during the pandemic (39). It can be argued that the pandemic has increased the workload of women, leading to a negative impact on work performance and self-efficacy and an increased risk of psychological and physiological symptoms such as fatigue. In a study of 17 female teachers during the pandemic, it was found that they experienced stress, loss of motivation, and anxiety about balancing work and home life (20). In this study, 28.1% of women reported low motivation while working, and 59.3% reported problems with concentration. The self-efficacy to manage conflict was lower in women who had problems concentrating on their work ($p<0.05$). It can be said that working conditions at home during the pandemic can cause issues such as distraction and loss of motivation, which may affect conflict self-efficacy. It may be recommended that social support be provided to cope with this situation. It is stated that social support has a positive effect on self-efficacy (29). A study of women entrepreneurs in Japan found that inadequate family support combined with work-family conflict increased the desire to quit work and decreased satisfaction levels (30). A study of women teachers in Indonesia revealed that spousal support for work-family balance positively impacted their ability to manage work-family conflict (31). In this study, the self-efficacy level of women who stated that the time they allocated to their spouses and children increased was statistically significantly higher than those who stated that their time decreased ($p<0.05$). As a result, it can be said that spouse/family support is an influential factor in women's conflict self-efficacy. According to Oakman et al. (2020), a strong relationship exists between work-family conflict and health outcomes. Working from home has a more negative impact on women's health. (10). According to this study, it was found that over

half (55.2%) of the women who changed their working style experienced negative effects on their health. Additionally, there was a statistically significant difference in the level of self-efficacy to manage conflict between the group of women whose health was negatively affected and those whose health was not affected. The former group had a lower level of self-efficacy ($p<0.05$). It can be concluded that working from home significantly negatively impacts health outcomes, especially for women. A study in our country found that healthcare professionals experienced increased work-family conflict as their coronavirus burnout levels increased (32). According to a study conducted in Pakistan, healthcare professionals who experienced work-family conflict had lower levels of general self-efficacy (33). Similarly, another study with nurses found they experienced work-family conflict more than family-work conflict (34). In this study, healthcare professionals' self-efficacy level of conflict management was lower than other professions ($p<0.05$). Our study revealed that healthcare professionals struggled to balance their workload, occupational risks, and family life during the pandemic. A study found that healthcare workers who pursued postgraduate education during the pandemic reported higher levels of emotional exhaustion than those who did not (35). Similarly, in this study, the conflict self-efficacy level of women with postgraduate education was lower than other education levels ($p<0.05$). All these results showed that healthcare workers and women with postgraduate education should be supported primarily during the pandemic. Therefore, it is essential to provide support mechanisms and training programs to increase the self-efficacy of healthcare workers. The study of 3427 healthcare workers in the UK found that initiatives to improve work quality should include organizational and management support and psychoeducation on active coping (36). Making arrangements aligned with preparedness for change is essential as it positively impacts work performance and work-

family conflict (37). In this study, it was determined that women used different methods to cope with work-family conflict, and 27% of women were unable to solve this conflict. It was found that 30% of the women used family communication, talking, and cooperation methods to cope with work-family conflict. Organizing initiatives to support intra-family communication in managing work-family conflict may be recommended in line with these results.

CONCLUSION

According to the study, changes in working conditions during the pandemic negatively impacted women's work-life and health psychologically and physiologically. In the future, there will be significant changes in how we work. Due to traditional gender roles, women may face more challenges in balancing work and family life. Consequently, employers should offer adequate support and resources to ensure their employees' physical and mental well-being, which can ultimately increase employee productivity. It was found that women in the study had above-average self-efficacy levels for managing work and family conflicts. Age, occupation, postgraduate education status, and other work-related characteristics may affect self-efficacy in managing work-family conflict. For working women, balancing work and family, reducing stress, and allocating time for personal needs can help them manage work and family conflicts. It's important to note that women working as health professionals and receiving postgraduate education have low self-efficacy in work-family conflict. This means they can more balance their work and personal lives. As this group is often at the forefront during pandemics and natural disasters, providing them with adequate support is crucial. According to a study, women who face work-family conflicts tend to rely on domestic communication to resolve the issue. As every woman's situation is unique, it is crucial to create personalized counseling support systems to prevent work-family conflicts, especially for

working women during pandemics and natural disasters.

Limitations

The research conducted with the online survey method has certain limitations. Firstly, the study's results may not be generalizable to the population it was conducted with. Secondly, the data collected from the personal declaration method used in the research could affect the study's accuracy. Additionally, the sampling method used in the research was not randomly selected, which may cause potential bias in the sampling frame.

Ethical Approval

The study was conducted with the permission of Ege University Medical Research Ethics Committee (Date: 20.04.2021 and Number No: E-99166796-050.06.04-136721). Informed consent form information was added at the beginning of the online questionnaire form applied in the study. The option "I have read, understood and agree to participate in the study" was added so that those who agreed could access the questions in the form. Permission to use the scale in the research was obtained through email.

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