WORK-LIFE BALANCE OF FEMALE NURSES IN PRIVATE HOSPITALS IN PORT-HARCOURT METROPOLIS, SOUTH-SOUTH NIGERIA

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Author's contribution

The authors designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Background: There is growing concern that the quality of home and work life is deteriorating and this has resulted in poor employee input and performance at home and work. Female nurses as working women are faced with multiple roles; work and family/personal roles and majority of these women encounter stress while trying to balance their work and family life. The aim of this study was to assess work-life balance and associated factors among female nurses in private hospitals in Port-Harcourt Metropolis, Rivers State, Nigeria.

Methodology: A mixed method was used. For quantitative data a semi-structured self-administered questionnaire was used to select 200 respondents using a multi-stage sampling technique. While qualitative data was collected through in-depth interviews from 12 respondents using the phenomenological approach to collect data. Internal consistency was measured using Cronbachs alpha for 23-item in check-list manual for work-life balance with an alpha of 0.686 (95% CI: 0.619 - 0.746).

Results: The mean age of respondents was 32.17 ± 5.83years. Poor work-life balance was identified in 108 (54%) of the respondents. Socio-demographic characteristics were not significant with work-life balance. However, work related factors like work stress (0.001), work long hours (0.001), poor remuneration (0.001), unsatisfying job (0.001), and family/personal related factors like spending less time with family (0.001), always feeling tired after work (0.001) and lack of time to recreate and relax (0.003) were found to be significantly associated with work-life balance. (p value <0.005). Coping strategies adopted to achieve work-life balance included personal support, family support and organizational support. Findings from the qualitative study showed that long working hours, work overload, work shift (night shift) and lack of time (family, leisure, etc.) are factors contributing to work-life imbalance among nurses.

Conclusion: Female nurses in private hospitals in Port-Harcourt Metropolis had a poor work-life balance predominantly due to stressful work and long working hours resulting in tiredness after work and inadequate time for family and recreation as well as poor remuneration. There is therefore the need for operators of private hospitals to adopt worker friendly working conditions by particularly employing more staff, paying better salaries, paid annual, maternal and sick leave for staff.

Keywords: Work-Life Balance, Female Nurses, Private Hospitals, Port-Harcourt Metropolis

Introduction

Traditionally, the role of a woman is that of home keeping (Stone, 2008). Over the years, due to education, employment opportunities, increase in family expenses and necessities, most women have become income earners to supplement the dwindling family income and increasing responsibilities of modern times (Mishel, Bernstein & Schmitt, 2016; Abramovitz, 2017). Therefore, there is a shift from stay-at-home mothers to career women and this has added more roles for the woman, (Chawla, Deepak & Neenai, 2011; Nagaraju & Karthik, 2014). Traditional demands and added roles are often too much on the female worker. This is particularly seen among nurses since nursing profession is fully service oriented and this creates heavy pressure on female nurses, (Gray, 2009; Carpenter, 2018). Ordinarily workers are expected to put in 40 hours a week on their job. This is not so for nurses because they work shift, long hours and close late depending on the exigency of work, (Garrett, 2008; Gray, 2009).

Achieving a balance between work and life is essential especially among female nurses. Work-Life imbalance often times causes occupational stress which may lead to a decrease in quality of care, health work force (nurses' resignation) and divorce, (Varma, Kelling & Goswami, 2016). Statistics from an American community survey show that nurses have the highest rate (33%) of divorce compared to doctors and other health professionals. Therefore, nursing is ranked as one of the top ten professions most likely to result in divorce, (Ly, Seabury & Jena, 2015).

In the United States, about 66% of women who worked long hours (more than 45 hours/week), were reported to have work-life conflict, stress, and overload, (Lopez, 2018). Similarly, in India, over 99% of nurses are faced with stress due to work-life imbalance (Viveka et al., 2015). In Nigeria, about 99.3% of female nurses do not have the right balance between work and family (Fapohunda, 2014). Despite these pressures, the female nurse is still expected to carry out her roles as a mother, wife, family member and community member. This, therefore, results in conflict between these responsibilities hence work-life balance is at stake.

To protect workers and give them more time for family life, the European Union and some countries have passed legislation that promotes work-life balance (Crépon & Kramarz, 2002; Sánchez, Levin & Riego, 2012). In addition, the European Union has passed a directive that enforces a maximum of 48 hours work week, including overtime (Johnson & Lipscomb, 2006). The situation is however not the same in most developing countries particularly Nigeria where there are no protective provisions against work overload. Shift work, emergency situations,

shortage of staff and increased work demand quite often makes female health care workers especially nurses face work-life conflict, (Burke & Cooper, 2008; Fereday & Oster, 2010). As working women, these female nurses are also expected to fulfill their family responsibilities and other added role which put women in more conflicting situations, (Adisa, Mordi & Mordi, 2014). The problems of work-life imbalance are worse in the private hospitals in Nigeria where there are no well-defined conditions of service that recognize women as people with multiple roles ,(Lakshmi, Ramachandran & Boohene, 2012). However, where effective coping strategies are not in place to mitigate these lack of fully paid maternity leave, sick leave, off duties etc. Then resignation from job, family conflict, divorce, poor upbringing of children, mortalities and morbidities quite often occur, (Lakshmi et al.; Jensirani & Muthumani, 2017).

Based on this background, this study aims to measure the work-life balance of female nurses in private hospitals. This is to fill the knowledge gap as regards effect of work-life imbalance/conflict, and to improve quality of care and as a guide for policy formulation and implementation by human resource managers in private health facilities in Rivers State and Nigeria.

Materials and methods

Study Area

The study was conducted in Port Harcourt metropolis. Port Harcourt is the capital and largest city of River State, Nigeria and is made up of Port Harcourt (PHALGA) and Obio-Akpor (OBALGA) Local Government Area. It lies along Bonny River and it's located in the Niger Delta. Port Harcourt metropolis is one of the 23 Local Government Areas in Rivers State. It is located on latitude 4°′45″N 6′50″E. It is a coastal city with an estimated population of 5,198,716 inhabitants (2006 Census).The city is the leading hub for medical services in the state and has a total of 233 (PHALGA, 83; OBALGA, 150) registered private health facilities (Association of General and Private Medical Practitioners Rivers State,
2017).

Study Design

This research involves triangulation. For the quantitative research, a descriptive cross-sectional study was employed. The respondents were selected from 233 health facilities using multi-stage sampling method. For the qualitative research, face-to-face interviews were done with the aid of an interview guide and recorder.

Study Population

The population for this study was all female nurses in private hospitals in Port-Harcourt metropolis. On the average, each of the 233 health facilities has 7-18 registered nurses. This gives an average of 2913 nurses.

Inclusion Criteria

Registered female nurses who has worked for at least one year.

Exclusion Criteria

Female nurse who is on any type of leave (maternity, annual etc.).

Sample Size Determination

The sample size was calculated using sample size determination formula;

n = Z α 2 pq/e 2 (Rees, 2000)

Where n = minimum sample size

Z α 2 = 1.962(Standard normal deviate corresponding to the level of significance).

p = 0.12 (12%) prevalence was from a study in India by (Viveka &Umesh, 2015).

q = 1-P (0.88)

e 2 = (0.05) level of precision

1.96 2 x 0.12 x (0.88) / 0.05

0.40567296 / 0.0025

=162.27 =162

For non-response, increase by 10% =162+16.2

Total minimum sample size = 178.

However, we worked with sample size = 200.

Sampling Method

A multi stage sampling method was used for this study

Quantitative

Multi-stage sampling technique was used.

Stage 1: Stratification of the 233 registered private hospitals into 2 Local Government Areas (LGA) in Port Harcourt metropolis. The private hospital in each of the strata were Port Harcourt 83 (PHALGA) and Obio-Akpor 150 (OBALGA).

Stage 2: Proportionate to size allocation of hospitals

Selection of 30 hospitals from the 2 LGA based on the ratio of hospitals in the 2 LGA. The number of hospitals selected was:

PHALGA 83/233 x 30 = 10.69 approx.11

OBALGA 150/233 x 30 = 19.31 approx. 19

Stage 3: Selection of 11hospitals from the 83 hospitals in PHALGA and 19 from the 150 hospitals in OBALGA by convenient sampling method.

Stage 4: This stage involved the selection of the required nurses from the selected hospitals in the two LGA. On the average, each facility has7-18 nurses. This stage thus involved selecting not more than 7nurses from each of the 30selected hospitals that met the eligibility criteria by simple random sampling method of balloting using their roaster as a sampling frame.

Qualitative

A convenient sampling technique was used

In-depth interview was chosen because of their ability to provide insightful information and twelve (12) key respondents who gave consent to participate were recruited across the thirty hospitals. Their designations were matron, assistant matron and general nurse.

Study Instrument

Work-life balance (WLB) was measured using a scale from Bellavia et al, (2005). This tool for measuring WLB contains 23 questions framed using the Likert scale of 5 points Never (1),

seldom (2), sometimes, often (4) and very often(5) with scores ranging from 1 to 5. The score of an individual was gotten and then divided by the total number of questions (23) on the measuring tool. The minimum score was 1 while the maximum score was 5. The scale was dichotomized into two groups (poor WLB and good WLB). A score <2.5 signifies poor work-life balance, while a score of ≥ 2.5 signifies good work-life balance. Internal consistency was measured using Cronbachs alpha for 23-items in the check-list manual for work-life balance with an alpha of 0.686 (95% CI: 0.619 - 0.746).

Data Collection Procedure

Data was collected using a semi-structured, self-administered questionnaire adapted from previously used instruments, (Rincy & Panchanatham, 2010; Mehtha 2012; Banu & Duraipandian, 2014).

Data Analysis

The data obtained was analysed using SPSS version 20 and the results were presented in tables. Mean and standard deviation were used for descriptive statistics while chi-square test and logistic regression were used to determine association between key variables at $p \leq 0.05$ level of significance. The qualitative aspect of the study involved a phenomenological approach involving in-depth face to face interview with selected female nurses. Qualitative data obtained during the interview sessions was transcribed verbatim and analyzed after the coding using the thematic content analysis.

Ethical Clearance

There were no ethical issues as ethical approval was obtained from the Research and Ethics Committee of the University of Port Harcourt. Permission was taken from the Medical Directors of the different private hospitals while informed consent was obtained from each participating nurse.

The authors declared no conflicts of ideas.

Limitations

Lack of a list of all registered private hospitals in Port Harcourt Metropolis. Though the Association of General and Private Medical Practitioners Rivers State, gave us the total number of private hospitals in the State, their categorization and location was not made available to me therefore I could not use a probability sampling method, I used convenient sampling method by driving through the city and any hospital seen in either of the Local Government Area was

captured. So my result is from the sample that was taken using a non- probability sampling method and might not be a true representative of the views of female nurses in private hospitals.

Recall bias; few respondents found it difficult to recall answers to some of the questions in the questionnaire.

Results

The results showed that (31%) of female nurses surveyed were between 20-29 years old while (61%) 30-39 years old. About (64%) were married and (31.5%) single. Majority of the female nurses were Christians (98.5%), (74.5%) had a Diploma while (22%) had a first degree. Majority (57.5%) were Igbo.

Furthermore (42.50%) had worked for 3-4 years while (21%) 5-6 years. About (37.5%) had no children, (32%) had 1-2 while (27.5%) had 3-4 children. Additionally, (82%) had dependents. About (42.61%) had children as dependents while (35.74%) had family members Majority of the respondents (86%) earn ₦30,000-70,000 as monthly income while (7.5%) earn ₦70,000-120,000.

Perception of work and family life

About (57.5%) of the respondents said their work was stressful, (52.5%) believed they worked long hours, and (33.5%) worked 2 shifts, additionally, (89%) felt they were under-paid, while (84.5%) considered their job to be un-satisfying.

Furthermore, (83.5%) spent less time with family, (86.5%) lacked time to recreate and relax, whereas (84.5%) felt tired always after work. (Table 1)

Table 1: Perception of Work, Family and Personal life

Characteristics	Frequency n=200	Percentage (%)
Work stressful		
Yes	115	57.5
No	85	42.5
Work long hours		
Yes	105	52.5
No	95	47.5
Number of shifts in my facility		
2	67	33.5
3	133	66.5
Under-paid		
Yes	178	89.0

No	22	11.0
Job un-satisfying		
Yes	169	84.5
No	31	15.5
Spend less time with my family		
Yes	167	83.5
No	33	16.5
Rarely find time to recreate and relax		
Yes	173	86.5
No	27	13.5
Always feel tired after work		
Yes	169	84.5
No	31	15.5

Work-Life Balance among respondents

Table2: Mean Categorization of responses on WLB using the Bellavia and Frone scale

One hundred and eight (54%) of the respondents had Poor WLB (< 2.5) and (46%) had Good WLB (≥ 2.5). Table 2,

Characteristics Never=1, seldom =2, sometimes =3, often =4, very often =5	Frequency n=200	Percentage (%)
WLB Score		
1.0 – 1.49	0	0.0
1.5 – 1.99	23	11.5
2.0 – 2.49[Poor WLB (<2.5)] = 108 (54%)	85	42.5
2.5 – 2.99	56	28.0
3.0 – 3.49	32	16.0
3.5 – 3.99	3	1.5
4.0 – 4.49	1	0.5
4.5 – 4.99[Good WLB (≥ 2.5)] = 92 (46%)	0	0.0
Categorization of WLB		
Poor WLB (<2.5)	108	54.00
Good WLB (≥2.5)	92	46.00

Factors associated with work-life balance

Table 3 shows that there is no statistical significant association observed between any of the respondents' socio-demographic characteristics and Work-Life Balance ($p>0.05$).

Table 3: Relationship between socio-demographic characteristics and WLB

Socio-demographic	WLB categorization	Total	*Df*	χ^2	OR

characteristics					*(p-value)*	(95% CI)
	Poor WLB (<2.5)	**Good WLB (≥2.5)**				
Age (years)						
≤30	44 (53.01)	39 (46.99)	83 (100.0)		0.008	0.93
> 30	64 (54.70)	53 (45.30)	117 (100.0)	1	(0.927)	(0.53-1.64)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Marital Status						
Married	66 (50.38)	65 (49.62)	131 (100.0)	1	1.60	0.65
Single	42 (60.87)	27 (39.13)	69 (100.0)		(0.206)	(0.36-1.18)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Qualification						
Diploma	84 (56.38)	65 (43.62)	149 (100.0)	1	0.98	1.45
First degree	24 (47.06)	27 (52.94)	51 (100.0)		(0.322)	(0.77-2.75)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Work experience						
≤ 3 years	44 (57.14)	33 (42.86)	77 (100.0)	1	0.31	1.23
> 3 years	64 (52.03)	59 (47.97)	123 (100.0)		(0.576)	(0.69-2.18)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Number of Children						
≤2	37 (60.66)	24 (39.34)	61 (100.0)	1	1.20	1.48
>2	71 (51.08)	68 (48.92)	139 (100.0)		(0.273)	(0.80-2.72)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Have dependent						
No	23 (63.89)	13 (36.11)	36 (100.0)	1	1.28	1.64
Yes	85 (51.83)	79 (48.87)	164 (100.0)		(0.258)	(0.78-3.47)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Income (thousand)						
30-70	95 (55.23)	77 (44.77)	172 (100.0)		0.44	1.42
>70	13 (46.43)	15 (53.57)	28 (100.0)	1	(0.508)	(0.64-3.17)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			

Table 4: Relationship between perception of work and WLB

Table 4 shows that there is a statistically significant relationship between perceived stressful work (68.70 % vs. 34.12%; OR: 4.24; p=*0.001*), long working hours (65.71% vs. 41.50%; OR: 2.75; p=0.001), under-paid (59.55% vs. 9.90%; OR: 14.72; p=*0.001*), unsatisfying job (60.95%

vs. 16.13%; OR: 8.11; p=*0.001*) and work-life balance. However, number of shift had no significant association with WLB (1.00).

Work-related factors	WLB categorization		Total	*df*	χ^2 *(p-value)*	OR (95% CI)
	Poor WLB (<2.5)	**Good WLB (≥2.5)**				
My work is stressful						
Yes	79 (68.70)	36 (31.30)	115 (100.0)	1	22.15	4.24
No	29 (34.12)	56 (65.88)	85 (100.0)		(*0.001*)*	(2.33-7.70)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
I think I work long Hours						
Yes	69 (65.71)	36 (34.29)	105 (100.0)	1	11.23	2.75
No	39 (41.05)	56 (58.95)	95 (100.0)		(*0.001*)*	(1.55-4.89)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
Number of shifts						
≤2	36 (53.73)	31 (46.27)	67 (100.0)	1	0.00	0.98
>2	72 (54.14)	61 (45.86)	133 (100.0)		(1.00)	(0.54-1.77)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
I consider myself under-paid						
Yes	106 (59.55)	72 (40.45)	178 (100.0)	1	19.98	14.72
No	2 (9.09)	20 (90.91)	22 (100.0)		(*0.001*)*	(3.33-64.94)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
I consider my Job un-satisfying						
Yes	103 (60.95)	66 (39.05)	169 (100.0)	1	19.42	8.11
No	5 (16.13)	26 (83.87)	31 (100.0)		(*0.001*)*	(2.97-22.19)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			

Table 5: Relationship between perception of Family/Personal life and WLB

Table 5 shows that there is a statistically significant association between perception of time spent with family (62.28% vs. 12.12%; OR: 11.97; p=*0.001*), not finding time to recreate and relax

(58.48% vs.27.59 %; OR: 3.70; p=0.003) and always tired after work (60.95% vs. 16.13%; OR: 8.11; p=0.001) with WLB. However, having dependent had no statistically significant association with WLB (p=0.258).

Family/personal related factors	Work life balance (WLB)		Total	*df*	*X2 (p-value)*	OR (95% CI)
	Poor WLB (<2.5)	**Good WLB (≥2.5)**				
I have no dependent						
Yes	23 (63.89)	13 (36.11)	36 (100.0)		1.28	1.64
No	85 (51.83)	79 (48.17)	164 (100.0)	1	(0.258)	(0.78-3.47)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
I spend less time with my family						
Yes	104 (62.28)	63 (37.72)	167 (100.0)	1	25.92	11.97
No	4 (12.12)	29 (87.88)	33 (100.0)		(*0.001*)*	(4.02-35.64)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
I rarely find time to recreate and relax						
Yes	100 (58.48)	71 (41.52)	171 (100.0)	1	8.32	3.70
No	8 (27.59)	21 (72.41)	29 (100.0)		(*0.003*)*	(1.55-8.82)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			
I always feel tired after work						
Yes	103 (60.95)	66 (39.05)	169 (100.0)	1	19.41	8.11
No	5 (16.13)	26 (83.87)	31 (100.0)		(*0.001*)*	(2.97-22.19)
Total	**108(54.00)**	**92(46.00)**	**200(100)**			

Coping Strategies Adopted to Achieve WLB

Table 6 shows that all the 200 female nurses studied used annual leave and 199 of them observed off day(s) from work while 18 used daycare/crèche for children. Additionally, the table shows that 99 of the female nurses used family/spouse support while 63 used house help. Furthermore,

131 switched duties with colleague, 127 used proper planning of activities while 83 used time management as coping strategies to achieve work-life balance.

The qualitative aspect involved the interview of twelve female nurses whose designations were matron, assistant matron and general nurse who have been working in the department for some time ranging from 1 to 10 years. Two major themes emerged following the content analyses and these were: 1. Experiences at work, 2. Experiences at home.

Table 6: Coping Strategies *(Ranked*) Adopted to Achieve WLB

Coping strategy (Multiple response) (n = 921)	**Ranked order (frequency)**
Organizational support	
Annual leave	200
Observing off day(s) from work	199
Use of day care/crèche for children	18
Social support	
Family/spouse support	99
Use of house help	63
Personal support	
Switching shift duty with colleague (shift swap)	131
Proper planning of daily or weekly activities	127
Time management	83

Theme 1 Experiences at Work

Respondents spoke on factors that affect work-life balance and three sub-themes emerged from respondents' experiences at work namely, long working hour, excess workload and work shift (night shift).

i. Long Working Hours

Due to prolonged work hour, participants said their responsibilities at home are suffering and they are also exposed to insecurity issues**.**

A participant said: "I *work from 8am to 6pm (2 shifts) about ten hours every day and it affects other aspects of my life especially at home. My responsibilities at home are suffering including religious and social meeting, it makes me keep all I need to do until my off days"*(Participant 2).

Another *said:" I am supposed to work for 6 hours (3 shifts) if on morning or evening duty but most times I exceed it because we usually have many patients. This made me go late the other day and I ran into a robbery incident"* (Participant 4).

ii Excess Workload

Findings from the data collected showed workload as one of the major factors that contribute to work family imbalance. Respondents indicated that excess work load leads to stress burnout and inability to perform familial roles. Examples of the statement are as below:

A participant said:" *This job is very stressful because as the matron I have both administrative and non-administrative work to do and I feel totally exhausted at the end of my shift and most times I end up going home with headaches. It is affecting my family life because I cannot do anything when I get home from work, as a result of tiredness. There was a day I left my job unfinished in order to go home early and I was queried, suspended and two weeks' salary deducted"(Participant 1).*

Another participant said: "The work-load is much most times and when it is there, it causes stress because sometimes I end up going home with headaches and I end up going home late" (Participant 1).

Another said: "The work load in this facility can be crazy, there are days when am extremely exhausted and I lack sleep at home because of work stress" (Participant 9).

iii Work Shift (Night Shift)

Data collected shows that the most challenging of the shifts is night shift because it is long and separates them from their family

A respondents said:"*My challenge is night duty which is between 12 to 14 hours because as a married woman I spend time outside the home leaving my husband alone at night and when I get back he has gone to work so I don't spend enough time with him"*(Participant 8).

Another respondent said: "*I intend to leave bed side nursing because of night shift, it is stressful and has a psychological effect on the child. My child begs me mummy please don't go and it hurts me"*(Participant 10).

Theme 2 Experiences at Home

Respondents spoke on family factors that affect work-life balance and a sub-themes emerged namely; lack of time for family.

i. Lack of time for family

A Respondent said: "*my child is being neglected because of work there are things the baby prefers me to do for her and not the maid"*(Participant 11).

Another respondent said:"*I hardly make any input in my children's education because of my job common home work is done for them by their lesson teacher"*(Participant 7).
Another said: "*I hardly find time to visit my mother because of work. I am the first daughter and still single. This job is too stressful and it makes me lack time for family or social commitments. I am a chorister but I can't remember the last time I attended rehearsal and it makes me unhappy. There is nothing I can do because I need the job to care for my sick mum"*(Participant 12).

Discussion

In this study, (54%) of the respondents had poor work-life balance. This implies that female nurses find it difficult juggling their roles between work and family/personal life. It may be due to the fact that private hospitals are predominantly profit oriented ventures without well-defined conditions of service and strategies to protect workers from over work. This is similar to findings from studies reported in three different communities in India: 53% (Lakshmi et al., 2012), 50.52% (Ipseeta et al., 2014) and 56% (Anandan & Karthikeyan, 2016). The 50.6% poor WLB in South Ethiopia (Kelbiso et al., 2017) and 54% in Japan (Makabe et al., 2014) also corroborate the finding of this study.

This finding is slightly lower than the 63.1% poor WLB reported in Malaysia (Nurumal et al., 2017). The difference could be attributed to the fact that the Malaysian study was done in government hospitals where the condition of service are better when compared to private hospitals. Also a non-probability (purposive) sampling method was used.

The 54% WLB in this study however contrasted sharply with the 99.3% found in a study done in Lagos Nigeria (Fapohunda, 2014). The difference can be ascribed to the fact that there was a mixture of nurses from public and private sectors with widely contrasting conditions of service.

Factors Associated With WLB

Socio-Demographic Factors

In this study, age, marital status, qualification, number of children, those with dependents, income, and work experience are not significantly associated with WLB. These identified factors are not contributing to work-life imbalance among female nurses ($p > 0.05$). This could be

because in the private hospitals, job description for nurses is same for everyone irrespective of qualification, experience, age etc. These findings corroborates with findings by Nurumal et al. (2017) but contrast with results reported by Anandan and Karthikeyan (2016), Singh and Victor (2017). Number of dependents showed a significant difference in the study conducted by Roshani and Bagrecha (2017). This may be due to the fact that most nurses in private settings are prone to poor WLB and so have employed some coping strategies to overcome these imbalances.

Work Factors Associated with WLB

In this study, there was a significant relationship between perceived work stress and WLB those who experience work stress are prone to work-life imbalance (p=0.01). This finding is in agreement with the results reported by Zaheer et al. (2015) and Adisa, Mordi, & Mordi, (2014). Also, there was a statistical significant relationship between remuneration and WLB those who are not earning good salary are prone to experiencing poor work-life balance (p=0.001). This may be because the poor economic situation with attendant lack of jobs is probably responsible for employers giving workers more responsibilities than necessary to save cost. This finding is also similar to those observed in a study conducted by Zalimiene and Juneviciene (2016).

Additionally, there was a statistically significant relationship between job satisfaction (p= 0.001), long working hours (p=0.001) and WLB those who are not satisfied with their job and work long hours are prone to experiencing poor work-life balance. These findings were similar to those of the study by Albertson et al. (2008) which showed that job satisfaction and long working hours were reported significant associated with WLB. Longer working hours were also found to be significant in findings reported by Saundaresan (2015) and Adisa, Mordi, &Mordi (2014).

Family /Personal Factors Associated with WLB

In this study, there was a significant relationship between time spent with my family and WLB female nurses who due to long work hours spend less time with family (p=0.001. This finding supports the results reported by Zaheer et al. 2015; Adisa, Mordi, & Mordi, 2014). Furthermore, this study revealed a statistical significant relationship between lack time to recreate and relax and WLB female nurses due to work stress and work overload, lack time to recreate and relax (p=0.003). This finding is also similar to what was observed in the study conducted by Zalimiene and Juneviciene (2016).There was also a significant association between always feeling tired after work and WLB due to work overload, female nurses always feel tired after work (p= 0.001).

Coping Strategies Adopted to Achieve WLB

In this study, the common coping strategies adopted by the respondents to maintain a WLB were going for their annual leave, days off from work, switching shift duty with colleagues, and support from spouse and other family members. These strategies are similar to those reported by Viveka and Umesh (2015) and Pasay-ana et al. (2014), Iyi (2015) and Kurki (2018).

Conclusion

This study was undertaken to assess the work-life balance of female nurses in private hospitals in Port-Harcourt metropolis. The findings revealed that 54% of female nurses had poor WLB while 46% had good WLB. Factors contributing to work-life imbalance among nurses includes: work stress, long work hours, work overload, work shift (night shift), under-pay, unsatisfying job, spending less time with family, lack of time to recreate and relax and always feeling tired after work. Coping strategies adopted to achieve WLB includes organizational support, social support and personal support. Strategies to address these identified factors for WLB by employers and adoption of the proven coping methods by the respondents would be desirable to achieve WLB among nurses in private hospitals in Nigeria and indeed any similar setting.

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