Universe Scientific Publishing

ORIGINAL ARTICLE

Decision Difficulty, Work-Family Conflict, and Social Support for Chinese Nurses in Guangzhou after the Two-Child Policy

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Abstract: Background:Althoughmainland China implemented a two-child policy (every legally married may have two children) on January 1, 2016, women in China are becoming increasingly cautious in their decision-making about family planning, due to work-family conflicts and a lack of social support.

Objective:The aim of this study was to investigate Chinese nurses' intents to have a second child, and to explore the relationship between decision making difficulties in terms of childbearing intents, work-family conflict, and social support for Chinese nurses.

Methods:Data were collected at three different hospital levels in four districts of Guangzhou, from 711 nurses of childbearing age (18-50 years) who had had at least one child. A structured questionnaire was used, composed of the Decisional Conflict Scale (DCS), Work-Family Conflict Scale (WFCS), and Scale of Perceived Social Support (SPSS).

Results:Participants' mean age was 33.6 years (18-50). The mean scores of decisional conflict by DCS, work-family conflict by WFCS and perceived social support by SPSS were 40.9 (SD = 14.8), 55.83 (SD = 15.18) and 57.85 (SD = 15.77), respectively. Work-family conflict was positively correlated with decisional conflict ($P < 0.01$), and social support was negatively related to decisional conflict ($P < 0.01$). By logistic regression analysis, family interference with work (FIW), especially time-based FIW, was a significant predictor of nurses having decisional conflicts in their childbearing intents (OR=1.083, 95% CI: 1.045 to 1.123). Perceived social support was another significant predictor of decisional difficulty (OR=0.981, 95% CI: 0.970 to 0.992).

Discussion:This study found that female nurses, working night shifts and with temporary job contract had higher decisional conflicts in intents of having a second child. The results showed that for Chinese nurses, work-family conflict influences decisional conflicts about having a second child. More importance should be attached to fulfill nurse's needs of bearing children.

Keywords: Decisional conflict; Social support; Two-child policy; Work-family conflict

1. Introduction

In the 1980s, mainland China implemented a Family Planning Policy stating that a legally married couple may only have one child. Due to this policy, China entered a low-fertility period. From 2001 to 2013, the fertility rate in China fell from 1.34% to 1.21% (China Statistical Yearbook, 2016).The ratio of the aging population has been risen to 10.8% in 2016 (China Statistical Yearbook, 2017), which means China has entered into the aging society. With the impact of a

doi: 10.18686/jn.v7i1.142

globally aging population, the Chinese government implemented a two-child per couple policy on January 1, 2016. Since the implementation of this policy, the total fertility rate in mainland China has not increased significantly, although many couples are qualified to have a second child.

According to a population-based General Social Survey, more than 40% of childbearing women stated they did not want to have a second child (Zhang, & Wang, 2016). One recent survey has found there are 11 million couples in China who are qualified to have a second child, but only 1.85 million ofthat total has indicated their intention to have a second child (Liu, 2016). In another research survey of a total sample of 5,997 childbearing couples, just 3.9% stated they definitely wanted a second child (Zhao, 2015). As childbearing intents have not increased after the implementation of the two-child per couple policy, many researchers are eager to determine what factors influence Chinese couples' childbearing intents. Recently, people became more cautious about the choice of bearing children, researches found economic level would be concerned while making the fertility choice(Wang, 2015). Married women who have to go to work had a lower expected number of children, and support from work would help to reduce the decisional conflict of having a second child, besides, fertility concept, child care, age of the first child, education level and work would also make influence(Miller,&Pasta,1995; Yong, Hu, M, Huang, L, Zhuang, Pi, G, & Feng, *et al*. 2016) . Many researches focused on couples and few focused on nurses. The aim of this research was to investigate Chinese nurses' intents to have a second child.

In 2016, the total number of registered nurses in mainland China was 3.5 million, and most were of childbearing age. Several research studies have found that nurses were suffering moderate to high levels of work-family conflict, potentially leading to decreased well-being, emotional exhaustion, job burnout, and job turnover (Leineweber, Westerlund, Chungkham, Lindqvist, & Tishelman, 2014; Lu, Hu, Huang, Zhuang, & Hao, 2016; Rahman, Abdul-Mumin, & Naing, 2016). In 2016, there were 17.86 million newborn babies in China, increasing nurses' workload, especially the workload of maternity nurses (Feng, & Li, 2016). Meanwhile, the two-child per couple policy also allows all nurses who are of childbearing age to have a second child. However, nurses play an important role in their families, and are also committed in their nursing care duties at work. When they cannot meet the needs of both family and work, work-family or family-work conflicts will occur (Chen, Chen, & Zhao, 2010).

Work-family conflicts have negative impacts on nurses' childbearing intents, especially those with temporary job contracts (Begall, & Mill, 2011). Chen, Chen, Zhao, and Duan (2010) reported that nurses with temporary job contracts experienced more work-family conflicts due to lower earnings, compared to nurses with a permanent job contract. Other research found that female nurses need to invest more time and care than their husbands into supporting parents or children, and they perceived high rates of work-family conflict, and social support especially family support might help to release work-family conflict (Zhao, 2011). While there are increasing numbers of research studies investigating the fertility intentions of Chinese childbearing couples, there is a lack of research focused on Chinese nurses. Therefore, this study aims to investigate Chinese nurses' intents to have a second child, and to explore the relationship between decision difficulty in childbearing intents, work-family conflict, and social support for Chinese nurses.

2. Design and Sample

The design of this study was a cross-sectional survey. Standardized instruments were used to measure decision difficulty, work-family conflict, perceived social support and socio-demographic factors impacting nurses' decision-making on childbearing intents. Quota sampling was used to recruit subjects in three types of hospitals, including tertiary hospitals, secondary hospitals and primary (community) hospitals. Inclusion criteria were nurses of childbearing age between 18 to 50 years, and who already had at least one child as they were more pressured to face the choice of childbearing.

3. Data collection

This study was conducted at three different types of hospitals in four districts of Guangzhou. All nurseswere voluntary participants in this study, and could withdraw at any time. The researchers obtained ethical approval from the

hospitals that were involved in the study. A general information sheet was used to collect participants' socio-demographic characteristics, including age, gender, marital status, hospital type, years of work experience, working unit, employment type, position, monthly income, current family status, and plans for having a second child. Beforestarting the questionnaire, participants were asked to recallthe progress of decision of having a second child.

The Decisional Conflict Scale (DCS) was used to measure decisional conflict in Chinese nurses' decision-making to have a second child. The validated version of DCS was used to measured the decisional conflict of making choice of injection of influenza vaccine, for this article, whether to have a second child is also a choice. The DCS has a total of 16 items with three subscales that cover decision uncertainty, factors contributing to uncertainty, and perceived effective decision making. A higher total score means greater conflict, and scores greater than 37.5 were associated with decision delay, indicating difficulty in decision-making (O'Connor, 2010). The DCS had been used in Chinese American women (Shiu-Yu C., 2015). The DCS was translated totraditional Chinesethrough an iterative, forward translationand back-translation by three native speakers. A pilot study with 14 Chinese nurses who had at least one child was conducted to assess if therewere anyissues with the Chinese translation and reliability of the instrument. The translated Chinese version of DCS in thisstudy showed reliability (Cronbach's α =0.876).The Work-Family Conflict Scale (WFCS) was used to measure both directions of work-family conflict in Chinese nurses. The WFCS consists of 18 items and six dimensions: time-based work-family conflict, time-based family-work conflict, strain-based work-family conflict, strain-based family-work conflict, behavior-based work-family conflict and behavior-based family-work conflict (Carlson, Kacmar, & Williams, 2000). Higher scores indicate higher conflicts. The alpha reliability coefficient of Chinese version was 0.837-0.894 (Zhang, 2007). The Scale of Perceived Social Support (SPSS) was used to measure nurses' perceived social support. The SPSS consists of 12 items, with higher scores indicating higher perceived social support. The coefficient alpha of the original version was 0.91 (Zimet, Powell, Farley, Werkman, & Berkoff, 1990) and for the Chinese version was 0.88 (Huang, &Jiang, 1996).

Variables	**Mean (SD)**	**n (%)**
Age	33.59 (6.17)	
<35 years		420 (59.0)
≥35years		291 (41.0)
Gender		
Male		30 (4.2)
Female		681 (95.8)
Marital status		
Married		660 (92.8)
Single or divorced		51 (7.2)
Hospital level		
Tertiary		524 (73.7)
Secondary		140 (19.7)
Primary (community hospital)		47 (6.6)
Working experience		
<10 years		373 (52.5)
11-20 years		234 (32.9)
>20 years		104 (14.6)
Working unit		
Medical		171 (24.1)
Surgical		182 (25.6)
Obstetrics and Gynecology		61 (8.6)

Pediatrics		27 (3.8)
Emergency and ICU		127 (17.9)
Others (e.g. operating room)		143 (20.1)
Employment type		
Permanent		430 (60.5)
Non-permanent		281 (39.5)
Working position		
Assistant Nurse		4 (0.6)
Nurse		116 (16.3)
Nurse Specialist		375 (52.7)
Advanced Practitioner Nurse		208 (29.3)
Director or Associate Director Nurse		8 (1.1)
Monthly income (RMB)		
≤5599		254 (35.7)
5600-10000		497 (70.0)
>10000		60 (8.3)
Night shift		
Yes		595 (83.7)
No		116 (16.3)
Second-child plan		
Planned to have a second child		207 (29.1)
Do not have the plan		255 (35.9)
Indecisive about the plan		133 (18.7)
Already had a second child		116 (16.3)

Table 1. Participant Characteristics(N=711)

	Min	Max	Mean±SD
DCS_total	0	89	40.9±14.8
DCS 1: uncertainty about choosing alternatives	0	100	45.52±21.1
DCS 2: factors contributing to uncertainty	0	89	42.82±13.8
DCS 3: perceived effectiveness of the decision	0	100	32.52±25.9
WFCS_total	18	90	55.83±15.18
Work Interference with Family (WIF)	9	45	31.19±8.26
WIF 1: time-based work interference with family	3	15	10.87±3.19
WIF 2: strain-based workinterference with family	3	15	9.0±3.29
WIF 3: behavior-based work interference with family	3	15	11.23±3.17
Family Interference with work (FIW)	9	45	24.64±8.57
FIW 1: time-based family interference with work	3	15	7.49±3.45
FIW 2:strain-based family interference with work	3	15	9.08±3.42
FIW 3: behavior-based family interference with work	3	15	8.16±3.33
Scale of Perceived Social support	0	84	57.85±15.77

Table 2. Descriptive statistics for key study variables (N=711)

Abbreviations: DCS = Decisional Conflict Scale, WFCS = Work-Family Conflict Scale, Min = Minimum,Max=Maximum, SD = standard deviation, SPSS = Scale of Perceived social support.

Pearson r	1	2	3	4	5	6	7	8	9	10	11	12	13
1.DCS	-												
2. DCS 1	0.54**	-											
3. DCS 2	0.90**	0.33**	-										
4. DCS 3	0.83**	0.19**	0.61**	-									
5.WFCS	0.30**	0.11**	0.28**	0.27**	-								
6. WIF	0.22**	0.08**	0.21**	0.20**	0.90**	-							
7. WIF 1	0.18**	0.05	0.16**	0.18**	0.70**	0.84**	-						
8. WIF 2	0.15**	0.07	0.14**	0.12**	0.75**	0.87**	0.64**	-					
9. WIF 3	0.23**	0.09*	0.22**	0.20**	0.84**	0.83**	0.51**	0.56**	-				
10. FIW	0.32**	0.11**	0.29**	0.29**	0.91**	0.62**	0.42**	0.47**	0.68**	-			
11. FIW 1	0.24**	0.05	0.22**	0.24**	0.77**	0.54**	0.44**	0.44**	0.50**	0.84**	-		
12. FIW 2	0.26**	0.11**	0.24**	0.23**	0.75**	0.46**	0.26**	0.32**	0.56**	0.89**	0.64**	-	
13. FIW 3	0.31**	0.11**	0.30**	0.28**	0.81**	0.61**	0.38**	0.44**	0.71**	0.83**	0.50**	0.64**	-
14. SPSS	-0.20**	-0.21**	-0.19**	-0.09*	-0.06	-0.04	-0.01	-0.005	-0.09*	-0.07	-0.04	-0.06	-0.08*

*P<0.05; **P<0.01

Table 3. Associations between decision conflicts and key study variables(N=711)

Abbreviations: DCS = Decisional Conflict Scale; DCS 1: uncertainty about choosing alternatives; DCS 2: factors contributing to uncertainty; DCS 3: perceived effectiveness of the decision; FIW, Family interference with work; FIW 1: time-based family interference with work; FIW 2:strain-based family interference with work; FIW 3: behavior-based family interference with work; SPSS = Scale of Perceived social support; WFCS = Work-Family Conflict Scale; WIF, Work Interference with Family; WIF 1: time-based work interference with family; WIF 2: strain-based family interference with work; WIF 3: behavior-based work interference with family.

TABLE 4Predictors of decisional conflict in fertility decision among Chinese nurses by Logistic Regression (N=711)

				95% CI for OR		
Variables	B	SE	OR	Low	High	P
Gender (male, female)	0.147	0.061	1.158	1.028	1.304	0.015
Employment type (temporary, permanent)	0.401	0.175	1.493	1.060	2.103	0.022
Night shift (yes, no)	-0.492	0.166	0.611	0.442	0.847	0.003
Family interference with work	0.080	0.018	1.083	1.045	1.123	<0.001
Time-based family interference with work	-0.095	0.046	0.909	0.831	0.995	0.039
Perceived Social Support	-0.019	0.006	0.981	0.970	0.992	0.001

Table 4. Predictors of decisional conflict in fertility decision among Chinese nurses by Logistic Regression (N=711)

Abbreviations: CI, Confidence interval; OR, odds ratio.

4. Data analysis

Data were managed and analyzed using SPSS version 21.0 (IBM SPSS Statistics, Armonk, NY, USA). Descriptive statistics were used to describe participants' socio-demographic characteristics and mean and standard deviation of study outcome measures. Pearson correlations were performed to examine correlations among key study variables. In the regression models, measure of decision conflicts was treated as a categorical variable.Multiple logistic regression models were used to determine the risk factors of decisional difficulty conflict in nurses' fertility intentions to have a second child. P value less than 0.05 was taken as the threshold of statistical significance.

5. Results

A total of 763 eligible nurses were approached, with 711 nurses from three hospital levels voluntarily joining this study, for a response rate of 93.18%. 30 male and 681 female (the total ratio of male and female nurses was about 1:37.3 in 2014). Participant characteristics are shown in Table 1. Participant mean age was 33.59 (SD, 6.17). Most participants were female nurses (n=681, 95.8%) and married (n=660, 92.8%). The majority of nurses came from tertiary hospitals (n=524, 73.7%). Approximately 60% of nurses had a permanent job contract (n=430, 60.5%), and more than half worked as a nurse specialist (n=375, 52.7%). Fewer than 30% of nurses were willing to have a second child (n=208, 27.3%). Table 2 presents the mean scores of key study variables. From Table 3, decision conflict was positively correlated with work-family conflict ($r=0.299$, $p<0.01$), and negatively associated with perceived social support ($r=-0.198$, $p<0.01$). Logistic regression analysis found that female nurses, temporary job contracts and job with night shifts were risk factors for decisional conflict in childbearing intents (All p values<0.05). Regression analysis also confirmed that work-family conflict and a lack of social support were significant predictors of decisional conflict in nurses' childbearing intents ($p<0.001$, $p=0.001$, respectively) (Table 4).

6. Ethics Statement

All nurseswere voluntary participants in this study, and could withdraw at any time. The researchers obtained ethical approval from the hospitals that were involved in the study.

7. Discussion

Study findings indicate that only 29.1% of nurses intended to have a second child, with Chinese nurses reporting high decisional conflict in their childbearing intents. The mean score of DCS was 40.9, which was far higher than the cutoff score of DCS (37.5) (Carlson *et al*. 2000). High decisional conflict could lead to decision delays in childbearing intents. This study also found that work-family conflict showed a significantly positive relationship with decisional

conflict in terms of having a second child. In other words, more work-family conflict will decrease nurses' childbearing intents. Previous research found that work-family conflict can negatively impact nurses, for example, long working hours and childcare can lead to sleep disturbances (Berkman, Liu, Hammer, Moen, & Buxton, 2015), musculoskeletal pain (Nutzi, Koch, Baur, & Elfering, 2015), lower job satisfaction and higher turnover intentions (Unruh, Raffenaud, & Fottler, 2016), lower organizational commitment and higher job stress (Ravangard, Yasami, Shokrpour, Sajjadnia, & Farhadi, 2015).

However, more perceived social support increases nurses' willingness to have a second child. In the current study, social support had a positive moderating effect on the association between work-family conflict and decisional conflict to have a second child. Previous research has also indicated that social support can be a mediator in buffering decisional conflict when making choices (Brabers, de Jong, Groenewegen, & van Dijk, 2016). Social support is known to play an important role in reducing work-family conflict. For example, support from supervisors could include creating a better working environment, encouraging teamwork, adjusting working hours and increasing staffing numbers. This helps increase psychological capital by developing resources, such as setting appropriate challenging goals and creating multiple pathways for nurses to reach their goals (Ghislieri, Gatti, Molino, & Cortese, 2017; Hao, Wu, Liu, Li, & Wu, 2015). Meanwhile, social support from managers can help employees deal with family issues, which would help weaken the effects of family-work conflict on emotional exhaustion (Liu, Wang, Chang, Shi, & Shao, 2015). Support from co-workers could also help to reduce work-family conflict (McTernan, Dollard, Tuckey, & Vandenberg, 2016).

In terms of their intentions to have a second child, nurses first consider whether they could balance work and family. A second child would mean shouldering more responsibilities and would require more time to deal with family issues. It has been reported that the number of staff who were expecting children was growing, increasing their daily workload and work stress (Wang, Chang, Fu, & Wang, 2012). It is suggested that hospital managers should consider increasing staff numbers, and providing flexible working schedules.

There are several limitations in this study. First, nurses participating in this study had one child, and only worked in hospitals in Guangzhou. Because of this, it may not be possible to generalize the study findings to nurses who have not yet had a child. While this study represents the experiences of a unique population of nurses in mainland China, the combination of pregnancy and full-time employment is a potential reality for any woman globally (Quinn, 2016). Thus, more research is needed to determine whether, or to what degree, the findings of this study are relevant to nurses in other cities, or to women working in other industries (Quinn, 2016). Second, data on the decision at the time of making a choice of giving birth to a second child were retrospective, this cross-sectional study, which investigated the level of decisional conflict in fertility intentions, might be influenced by recall bias. Future prospective longitudinal studies are required to determine other potential supports to reduce decision difficulty, and help nurses balance work and family responsibilities.

8. Conclusion

This study found that female nurses, working night shifts and with temporary job contract had higher decisional conflicts in intents of having a second child. Research findings suggest that work-family conflict is a risk factor in nurses' intentions to have a second child. Social support, especially family support, could play a positive role in helping nurses balance work and family commitments. More research is needed to understand how hospital managers can support nurses' childbearing intents. Other social demographics, such as temporary job contracts, and having only one child, were significant predictors of Chinese nurses' intents for a second child. More research is required, in diverse settings with different populations of nurses, or with working women in other industries, to further expand on these findings.

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