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RESEARCH PAPER

Work-Family Conflict and Psychosocial Problems among Lady Health Workers in Pakistan: The Mediating Role of Compassion Fatigue

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ABSTRACT

This study finds the mediating role of compassion fatigue in association of work-family conflict and psycho-social issues in lady health workers. Lady Health Workers (LHWs) in Pakistan play a vital role in the community healthcare system but often face intense work-family demands and stressors. This study explores the relationship between work-family conflict and psycho-social problems, examining compassion fatigue as a potential mediator.A cross-sectional design was employed with a purposive sample of 100 LHWs from Lahore, Rawalpindi, and Sialkot. Participants completed the Work-Family Conflict Scale, Compassion Fatigue Scale, and the Psycho-social Problems in Lady Health Workers Scale. Mediation analysis was performed using Hayes' bootstrapping method.Compassion fatigue partially mediated the relationship between both work-to-family and family-to-work conflict with psycho-social problems. Direct and indirect paths were statistically significant ($p < .05$), with compassion fatigue contributing significantly to psychological strain. It is recommended to propose an intervention plan on account of psychosocial problems faced by lady health workers.

KEYWORDS Lady Health Workers, Work- Conflict, Compassion Fatigue, Psychosocial Issues

Introduction

Women are the foundation of society (Mittal, 2015). She plays an important role in the country's economic development, and her commitment is on par with that of their male colleagues (Kumari, 2014). The country's progress will be stalled unless women actively participate in many national, social, economic, and political activities. Women have traditionally been homemakers, but in the twenty-first century, more education, improved understanding, and rising financial demands on families have led to women choosing occupations (Verma & Mulani, 2018). Despite the fact that women have begun to work outside the home, there are still a number of concerns and hurdles that professional women currently face because of the demands of jobs (Mittal, 2015). One such job is of Lady health care workers. The government of Pakistan inaugurated a program for Lady Health workers with the aim of strengthening the health care systems at household and communal levels. This program also connected the local communities with hospitals (Bechange. et al, 2021). Around 110,000 LHWs are recruited for this program with the basic responsibilities of providing general health care services, family planning advice on health promotion, screening and providing basic treatments for diarrhea, malaria, intestinal problems and respiratory infections. Lady health workers extends their services to whole community but special services are given for maternal and child health in rural and slum areas (Schaff et al., 2020). One or two villages are assigned to each LHWs with a population of 1500 peo0ple (Hassan et al., 2019).). Her house also serves as the LHW's office. A lady health supervisor (LHS) oversees the work of 20–25 lady health workers (LHWs) daily, and her office is usually located inside a Basic Health Unit (BHU) or a Rural Health Centre (RHC), that are

Pakistan's primary healthcare facilities. A District Programme Implementation Unit (DPIU) supervisor oversees the activities of all LHSs and LHWs in a district (Jalal, 2011).

For such a demanding job they require an active engagement of their physical, mental and emotional health. Various factors have been identified as important stressors, particularly for LHWs in the early stages of their careers when they have less expertise (Urbanetto et al, 2011). Visiting people's homes, networks, and farms while dealing with a variety of complex and divergent concerns can be overwhelming (Haq et al, 2008). Ineffective regime and incorporation at the outset, wage distribution issues, career uncertainty, insufficient accessibility of important librettos, poor consultancy scheme, less proper management and relationships with backup health services, lack of decent care regulations, sluggish response to the earnestness of aims and priorities, insufficient attention to hygienic practices and breastfeeding issues (Wazir et al, 2013). Stress has been connected to a variety of characteristics of working life. Workplace variables such as job pressure and role-based problems such as lackluster performance, role conflicts, and role conflict can be stressful. Threats to job advancement and achievement, such as the possibility of being laid off, being undervalued, and unclear promotion prospects, are stressful. Reduced productivity, diminished capacity to operate, and a lack of compassion for the institution and colleagues are all linked to stress (Moustaka & Constantinidis, 2022). In addition Depression, anxiety, stress, and insomnia symptoms were found to be present in LDHW (Gramigna, 2021).

LHWs portrayed that 26% of respondents had mental pain, the aggregate figure of 19% of respondents had huge work pressure. Generally, the shortfall of professional success was a wellspring of moderate to exceptionally high tension in 53% of the respondents, while working with other gender was making moderate extremely high strain in 23% of respondents (Haq et al, 2008). Exploration has shown that LHW is a high-hazard occupation regarding pressure-related issues like despondency and so forth stress can decrease the confidence occasions of life, prompt hypertension, heart issues, debilitate resistance, add to compulsion, misery, touchiness, and lessen the general status of conduct, intellectual and physiological prosperity (Largo-Wight, 2011).

Similarly in collectivistic culture like Pakistan, family is a major responsibility and women are considered to be an internal runner of the family. They are considered to be carrying a soul responsibility of providing nourishment to the children, taking care of the household, managing relationships and being a binding knot of the family. With all these responsibilities from the family and meeting demands of the job a work family conflict arises for the working women. As per Greenhaus and Beutell (1985), work-family conflict is a sort of cross conflict that develops when career and family roles have conflicting demands. Work-family conflict can be divided into two categories. When career experience and commitments intersect with family life, job family conflict (WFC) arises, while family work conflict (FWC) arises when family duties collide with work life.

Striking a balance between work and life in sophisticated industrial cultures is difficult due to increased professional demands and in family contexts. Individuals are needed to handle multiple tasks at the same time while balancing their work and personal lives (Fotiadis et al., 2019).

Work and family conflict has long been recognized as having negative consequences for women and their families (Allen et al., 2000; Aryee et al., 2005; Amstad et al., 2011). People with greater frequency of work family conflict have greater depressive symptoms (Zhang et al., 2017), marital troubles (Barling and Macewen, 1992; Higgins et al., 1992), increased mortality (Frone et al., 1997), poor lower satisfaction with life, well-being, and family life quality (Frone et al., 1997). (Aryee et al., 1999; Stoeva et al., 2002). Hence work family conflict is associated with a lot of psychosocial problems.

Psychosocial difficulties include events which are related to household matters, financial concerns, abuse, loneliness, grief and depressive, anxiety and mental health issues tendencies. Hence forth psychosocial issues are those problems that affect the personal, social, occupational and environmental wellbeing (Bikson et al., 2009). Biopsychosocial Model explains this narrative as problems occurring in social hierarchy that consists of personal, familial and societal level. Women constitutes the society, they play a pivotal role in helping the society to stand on its own. The task of managing job and home can give many potential threats to a women's mental health resulting in overstrain, rejection, tension, irritation, stress, isolation, anxiety and fatigue (Kaur et al., 2012).

Along with these psychological problems social problems also accompany such as role conflict, disharmony, maladjustment, inadequate support system and occupational hazards. The strain of working efficiently in both of these places torn them apart (Berry and Murray, 2014). The term psycho-social refers to one's psychological development in an interaction with a social environment (Lassi et al., 2020). These problems can vary in there range from mild to severe and had respective effects according to severity levels and creating a psychosocial morbidity. They might encounter communication problems, psychological disorders and emotional problems such as internalizing and externalizing (Rabbani et al., 2023). Individuals with psycho-social problems own several discrete features including turbulences in self-image; capacity to have a positive interpersonal relationship; suitable series of emotions, way of observing themselves, others and the world and inversely possessing inappropriate impulse control (Berry and Murray, 2014).

Lady Health Care work is a kind of job that requires empathy, understanding and compassion. On a spiritual, mental, and financial level, compassion and empathy demonstrated by healthcare, emergency, and community outreach personnel can be costly. Compassion fatigue (CF) is a term used to describe the stress brought on by being exposed to a traumatized person rather than the trauma itself (Figley, 2013).

When secondary traumatic stress (STS) is paired with cumulative burnout (BO), a state of physical and mental exhaustion caused by a reduced ability to cope with daily life (Friedman, 1996), the result is CF (Cocker & Joss, 2016).

CF symptoms include exhaustion, anger, and poor coping behaviors such as alcohol and drug misuse. A lower capacity to experience empathy and sympathy, a need for of contentment or career satisfaction, disappearance from job, and a lessened ability to decide and treat patients are some of the other signs and symptoms (Mathieu, 2018). Figley (2013) produced the most widely used description of CF, which defines it as "a condition of weariness and As a result of prolonged contact to empathy stress and everything that it entails, there is physical, psychological, and social disintegration" (p. 253). This description encompasses the numerous characteristics of CF more efficiently. (Lynch & Lobo, 2012) described CF as an existing relationship between the caretaker and the patient/client, all of which are related to the caregiver role and the cognitive and emotional responses it elicits (Lynch & Lobo, 2012).

Hence compassion fatigue can act as a predictor for psychosocial problems in lady health care workers. The result of this study will be beneficial for psychology students to understand the possible effects of stressors in LDHW and to come up with strategies to overcome these predictors. In addition, clinical psychologists would be benefited as it will be help full in identifying stressors and making an intervention plan. Hospital management will take benefit by arranging workshops and managing to provide a work-friendly and stress-free environment to lessen the possible effect of the above-mentioned predictors on the mental health of lady health workers.

Literature Review

Performing as an aiding professional can provide a great deal of satisfaction and long-term benefits. However, the ability to serve people as a nursing assistant, support worker, consultant, teacher, psychologist, doctor, or other medical professional might have a detrimental effect on the practitioner.

This research study purposive on focusing on lady health workers. It is evident that in Pakistan lady health workers play a vital role in providing door to door medical aid to people. In doing so they tend to face prominent hardships which lead to mental health issues among impairing their personal, professional and social life. Despite being an essential part of health care system a very little research has been done on them. This research study will focus on determining work-family conflict, distress tolerance and compassion fatigue as the predictors of psychosocial issues in lady health workers.

Visiting the homes, networks and fields, with numerous, complex and diverting issues can be overpowering (Haq et al, 2008). Ineffective administration and incorporation at starting level, issues in wages distributions, career uncertainty, inadequate availability of important operettas, poor consultancy system, less effective management and relation with secondary health services, lack of good care provisions, sluggish response in the seriousness of aims and objectives, insufficient attention in the issues related to hygiene and breast feeding (Wazir et al, 2013).

Difficult working conditions are the major one, which simply translated into hostile situations in terms of less awareness or total unawareness on the part of basic health seekers specially the rural women. This simply adds fuel to the fire in terms of de-motivational picture for the workers and eventually effect the family and community (Wurie et al, 2016).

Managing managerial shortcoming like unpredictable stockpile of prescriptions and immunizations (70%) and not getting their compensation on schedule (Haq et al, 2008).

Occupation stress alluded as bad emotive and actual reactions happens when job struggle started (Azzone et al., 2009). Working experts in the health sector often exposed to workplace burnout that undoubtedly paved the way for many stressors. Compassion fatigue, psychosocial issues and distress tolerance are one of them (Craig & Sprang, 2010).

Exploration has shown that LHW is a high-hazard occupation in regard of pressure related issues like despondency and so forth stress can decrease the confident occasions of the life, prompts hypertension, heart issues, debilitate resistance, add to compulsion, misery, touchiness and lessen the general status of conduct, intellectual and physiological prosperity (Largo-Wight, 2011).

Health care providers many times faced the job burden that simply generated the many psychological issues like compassion fatigue, psychosocial issues and distress tolerance (Craig & Sprang, 2010).

Literature explores that work-family conflict is associated with psychosocial issues in lady health workers. Work-family differences occur as a person face unsuited needs linking work and family responsibilities, basing involvement in both roles turn out to be further hard (Greenhaus &Beutell, 1985). Inside work-family struggle and family- work struggle, further three types of contention are identified: time sesnsitive, strain-based, and conduct based (Greenhaus and Powell, 2006).

In some particular cases work-family conflict has been linked with high profession-based exhaustion, work burden, declining health and problems of sometimes institutional disloyalty and issues related to psychosocial context (Amstad et al., 2011).

Literature explores that compassion fatigue is associated with psychosocial issues in lady health workers (Jackson, 2004). Compassion fatigue can be explained by signs like lack of concern, hopelessness, clinical judgment mistakes, sleep disorders, and hypertension (Jackson, 2004).

Thus, these dangers have been related with more unfortunate physical and emotional well-being, diminished mental prosperity, and lower nature of care (Blanco-Donoso et al., 2021). These dangers likewise meddle with workers' private lives, just as their family climate, obstructing them from acceptably adjusting the two aspects of their lives (Blanco-Donoso et al., 2021)

Material and Methods

Participants

This review is based on example size of 30 sample points to each predictor chosen on purposive sampling strategy by using Haris Formula (Haris, 1985). The population of lady health workers who were positioned in different hospitals and health care centres from the cities Lahore, Rawalpindi and Sialkot of Pakistan, with a professional training of over two years (15 months instructional course and least 9 months working experience) as per the standards of WHO. Sample of 100 LDHW were taken with experience of more than 1 year ranging in age from mid-20's to mid-50's. The age range of the sample was 20 to 50 years with mean age of 34.60 years (± SD = 8.30).

Measures

Work-family Conflict Scale (WFC; Carlson, Kacmar&Williams, 2000)

Work-family scale was employed to assess the work-family conflicts of lady health workers. The respective scale has two subscales i.e., work-to-family conflict and family-to-work conflict and three sub-dimensions of time-based, role strain-based and behaviour-based interference. It has six different subscales that measured the six dimensions of work–family conflict: time-based work interface family, time-based family Interface work, strain-based work interface family, strain-based family interface work, behavior-based work interface family, and behavior-based family interface work. It is an 18-items scale with 3-items for each sub-dimension, scored on a five-point likert scale in i.e., strongly agree (5), agree (4), no comments (3), disagree (2) and strongly disagree (1). The reliability score of WFCS is .86. The sum total of scores of three dimensions for each sub-scale indicates the degree of conflict. The highest score will be 90 while the lowest score will be 18. The tool was used in present study after taking formal permission from the author. Urdu translation version of the tool was used in present research project after taking permission from the original authors. The reliability score of WFCS is .86.

Compassion Fatigue Scale (Subhan & Shahid, 2018)

Compassion fatigue scale is a 55 items scale by Subhan and Shahid (2018). This scale was used to measure compassion fatigue in lady health workers. It has six different subscales that measured the six dimensions of compassion fatigue termed as over sensitivity (F1), incompetency (F2), psychosomatic exhaustion (F3), escape (F4), sympathetic (F5) and over indulgence (F6). It is scored on a five-point likert scale in i.e., always (4), often (3), sometimes (2), occasionally (1) and not at all (0). The reliability score

of CFS was .94. The sum total of scores indicates the degree of compassion fatigue. The highest score will be 220 while the lowest score will be 0.

Psychosocial Problems in Lady Health Workers (Subhan& Anwar, 2020)

This scale was developed by Subhan and Anwar (2020). It was used to assess psychosocial issues in lady health workers. It has three different subscales that measured the three dimensions of psychosocial problems in lady health workers, termed as work related stress (F1), familial stress (F2) and stigmatization (F3). It is a 40-items scale scored on a four-point likert scale in i.e., strongly a lot (3), to some extent (2), a little bit (1) and never (0). The reliability score of PSPLHW was .93.The sum total of scores indicates the degree of psychosocial issues. The highest score will be 120 while the lowest score will be 00.

Procedure

After presenting to institutional review board and taking permission from the board the research was conducted in Health care centres from Rawalpindi, Sialkot and Lahore, cities of Pakistan. Participants were approached by taking permission from respective Union Councils and were taken consents for research study. Participants were informed about their right of privacy and confidentiality of data will be ensured during research study. Participants were informed about the research topic and rights they held during the research process. Questionnaires were provided to participants measuring 3 assumed predictors of psychosocial issues in lady health workers.

Scoring and Statistical Analysis

SPSS was used for statistical analysis. It was assumed that compassion fatigue would mediate the association of work-family conflict and psychosocial issues in lady health workers. The mediation analysis was employed by using Hayes (2018) bootstrapping approach to find out the mediating role of Compassion fatigue in association of work-family conflict and psychosocial problems in lady health workers.

Results and Discussion

Table 1
Frequencies and Percentages of Socio-demographic Characteristics of the Participants

Variables	n	%
Qualification		
Matric	11	11.0
Intermediate	31	31.0
Bachelors	58	58.0
Religion		
Muslim	80	80.0
Non-Muslim	20	20.0
Family System		
Nuclear	53	53.0
Joint	47	47.0
Experience		
1-5 years	34	34.0
6-10 years	32	32.0
More than 10 years	34	34.0
Duration of marriage		
1-5 years	36	36.0
6-10 years	29	29.0
More than 10 years	35	35.0
Number of children		
1	39	39.0

2	27	27.0
3	17	17.0
4	15	15.0
5	2	2.0
Spouse Occupation		
Government Job	37	37.0
Private Job	49	49.0
Business	9	9.0
Jobless	5	5.0

Table 2
Regression Coefficients, Standard Error, and Model Summary Information for the Work- Family Conflict, Compassion Fatigue and Psychosocial Problems in Lady Health Workers

Consequent								
		***M*(CF)**				***Y*(PSP)**		
Antecedent		***B***	***SE***	***p***		***β***	***SE***	***p***
WFC (*X*)	*A*	.22	.54	.05*	*c'*	.17	.26	.05*
CF (*M*)		---	---	---	*b*	.56	.04	.001***
		R^2 = .05				R^2 = .39		
		F(1, 98) = 4.78, p = .05*				*F(2, 97) = 30.03, p =* .001***		

Note. WFC= Work-Family Conflict; CF= Compassion Fatigue; PSP = Psychosocial Problems *p < .05, ***p<.00

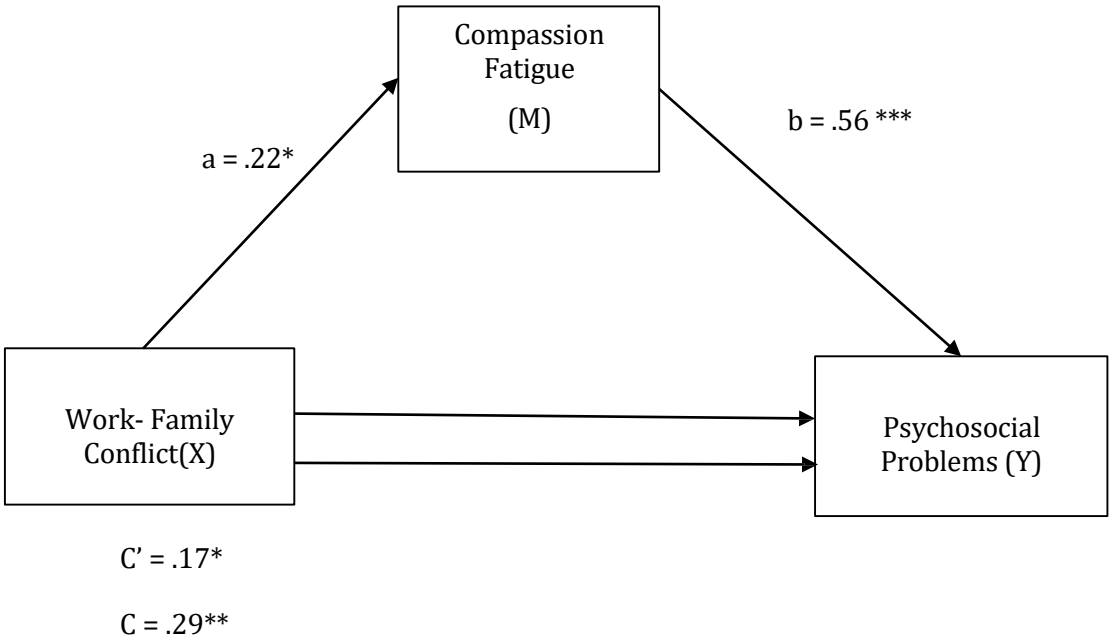

Figure 1. Mediation model of compassion fatigue (M) on the relationship between work-family conflict (X) and psychosocial problems (Y).

Table 3
Regression Coefficients, Standard Error, and Model Summary Information for the Family- Work Conflict, Compassion Fatigue and Psychosocial Problems in Lady Health Workers

Consequent								
		M(CF)				**Y(PSP)**		
Antecedent		**B**	**SE**	**p**		**β**	**SE**	**p**
FWC (*X*)	*a*	.34	.53	.001***	*c'*	.18	.28	.05*
CF (*M*)		---	---	---	*B*	.53	.053	.001***
		R^2 = .01				R^2 = .13		

	*F(1, 98) = 12.84, p = .001***	*F(2, 97) = 15.06, p = .001***

Note. FWC= Family-Work Conflict; CF= Compassion Fatigue; PSP = Psychosocial Problems. *$p < .05$, ***$p<.001$

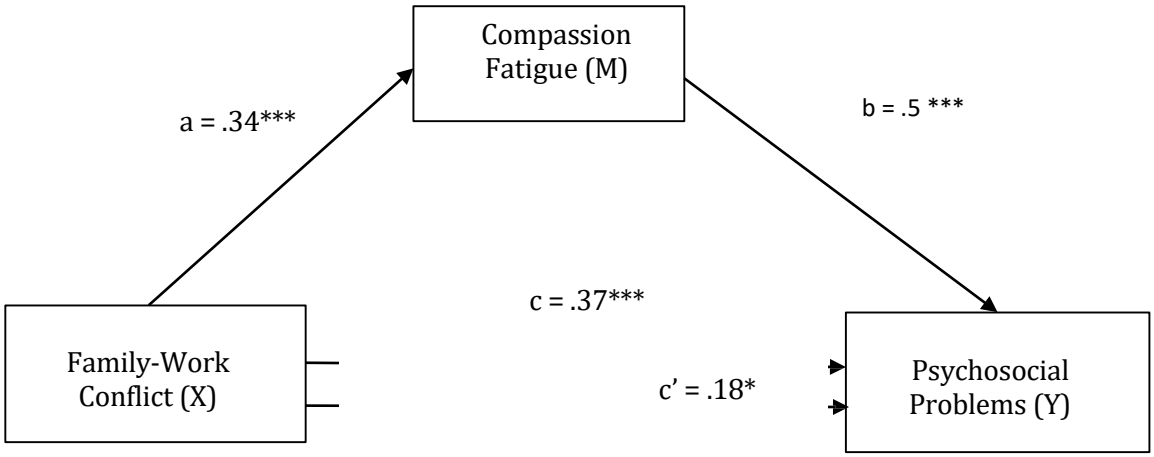

Figure 3. Mediation model of compassion fatigue (M) on the relationship between family-work conflict (X) and psychosocial problems (Y).

Discussion

Current study depicts compassion fatigue as significant mediator between work-family conflict and psychosocial problems & family-work conflict and psychosocial problems. In previous literature the study looked into the extent to which work–family conflicts cause compassion fatigue in nurses and the influence this has on their mental health. A survey of 693 nursing staff was conducted (Sharma et al., 2016). The findings demonstrated that compassion fatigue worked as a mediator between the nursing staff's work–family conflict and their psychological wellbeing (Sharma et al., 2016).

Results of mediation analysis indicated that compassion fatigue partially mediate the relationship of work-family conflict and family work conflict with psychosocial problems.

Figure 1 depicts significant total effect of work-family conflict on psychosocial problems *(β* = .29, SE = .26, $p < .01$). Additionally, in Table 7 results also depicted the significant direct effects of work-family conflict on compassion fatigue ($\beta = .22$, $SE = .54$, $p < .05$), and compassion fatigue on psychosocial problems ($\beta = .56$, $SE = .08$, $p < .001$). Results indicated that compassion fatigue partially mediate the relationship of work-family conflict and psychosocial problems because after controlling the compassion fatigue, the direct effect of work-family conflict on psychosocial problems is reduced ($\beta = .17$, $SE = .26$, $p < .05$) and c' path is significant.

Figure 2 depicts significant total effect of family-work conflict on psychosocial problems ($\beta = .37$, $SE = .30$, $p < .001$). Moreover, in Table 8 results also suggested significant direct effects of family-work conflict on compassion fatigue ($\beta = .34$, $SE = .53$, $p < .001$) and compassion fatigue on psychosocial problems ($\beta = .53$, $SE = .05$, $p < .001$). Compassion fatigue mediates the relationship of family-work conflict and psychosocial problems after controlling the role of compassion fatigue, the direct effect of family-work conflict on psychosocial problems is minimized ($\beta = .18$, $SE = .28$, $p < .05$) but c' path is still significant.

Conclusion

The current study's primary objective is to add the body of knowledge in context to work-family conflict and psychosocial issues with compassion fatigue as mediators for work-family conflict and predictors for psychosocial problems. A conceptual and empirical

focus on work-family conflict, family-work conflict has significantly improved our understanding and outlook of compassion fatigue with growing attention to psychosocial problems in lady health workers. Review of the current research on work-family conflict suggests that the concept has not only been acknowledges as being significant in the onset and maintenance of psychosocial problems, but mediating role of compassion fatigue in lady health workers. Furthermore, the current research revealed a detailed look at the way in which work-family conflict, and compassion fatigue play a role in mental health issues. Yet a number of questions remain regarding the application of the study results to improve treatment in psychosocial issues, the potential association of distress intolerance and compassion fatigue with work-family conflict, and finally, seeking a way to increase better work and family conditions for lady health workers to lessen compassion fatigue so that the impact of a psychosocial problems in their life is significantly lowered.

Recommendations

While doing current research work few limitations were faced by researcher which along with the recommendations to overcome them are as follows:

Data collection was done in major cities of Pakistan i.e. Lahore, Sialkot and Rawalpindi. Outcomes indicates the findings of LDHWs from urban areas. 65% population of Pakistan is living in rural areas with LDHWs as only and basic health care facilities. Challenges faced in rural areas assumed to be different from the ones from urban areas. Therefore it is recommended to do a research study keeping LDHWs from rural areas.

Furthermore, divorced and widowed workers were not included in the sample.

Henceforth it is recommended that in future research studies divorced and widow health care workers should be included in research study.

One of the major limitations is in this study no intervention plan was devised. The sole purpose of the study was to identify the association among study variables and to fine the predictors of dependent variable. It is thus recommended to propose an intervention plan on account of psychosocial problems faced by lady health workers

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