Work-Life Balance in a Medical Unit of U.S. Army Reservists: An Exploratory Study

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WORK-LIFE BALANCE IN A MEDICAL UNIT OF U.S. ARMY RESERVISTS: AN EXPLORATORY STUDY

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Abstract

Work-family life balance influences employee job satisfaction and quality of life. When work and family life are in balance, employees perform at higher levels and have fewer health problems. U.S. Army Reservists in both civilian and Reserve medical occupations may face work-life balance conflicts from both their full-time/civilian and part-time/military medical occupations. Army Reservists in a medical unit were surveyed about their work-family life balance behaviors using the Work–Life Climate Scale in an exploratory cross-sectional study. Most reported rarely experiencing work-life conflict behaviors; however, many also reported that they worked late three to seven days of the week. Long work hours decrease work-family balance levels and may lead to lower quality of life and poor health outcomes. If results of larger, more-definitive studies also note long work hours as a work-family life conflict for Reservists in medical units, organizational and policy change may be needed to support the mission.

Introduction

Work-life balance—high life satisfaction and low conflict across work and nonwork roles—is affected by the interaction of individual and workplace elements. On one hand, when role conflict arises, worker stress increases and job satisfaction decreases, leading to poor mental and physical health outcomes. On the other hand, positive participation in one role can spill over to the other role. Balancing work and nonwork roles effectively with high participation in and integration of both roles can lead to improved quality of life (Knecht & Freund, 2016; Rahman et al., 2017; Sirgy & Lee, 2018).

Specifically, the interaction between work and family life can contribute positively or negatively to both job and family satisfaction, which are influencers of overall quality of life and health. A review found high employee job and life performance and satisfaction levels as well as low levels of physical and mental health
problems when work and home life were balanced with active participation in both roles (Sirgy & Lee, 2018). Incompatibility of work and home life because of long, inflexible, or shift-work hours, job demands, or work stress was shown to increase work-family conflict levels and decrease family life satisfaction (Ford et al., 2018). Life becomes more unbalanced in work settings that possess high job expectations, lack of time to meet those expectations, low autonomy and schedule flexibility, role uncertainty (Sirgy & Lee, 2018), and job expectation of being available to work during nonwork hours (Dettmers, 2017).

Finding the balance in managing dual roles of work and family has been suggested as a strategy that can enrich both roles (Leduc et al., 2016). Work skills can enrich family skills, and vice versa. It seems that preference for boundary management by segmenting boundaries, clearly separating work life from family life, may not always prevent conflict. Integrating or interfacing boundaries predicted positive work-family life enrichment but was also associated with more conflict. It has been speculated that more work-family conflict is experienced when work disrupts family life (Leduc et al., 2016).

For the workplace, there are positive support and policy influences on work-family life balance, including flextime, childcare assistance, social support, and worksite health-promotion programs, leading to improved recruitment, retention, and productivity (Sirgy & Lee, 2018). For the employee, positive workplace supports and work-family life-promoting policies show small effects on work-family conflict; however, employee perception of workplace efforts supportive of work-family life balance were found to be a predictor of job and family life satisfaction levels (Ford et al., 2018).

Work–Family Life Balance in the Military

Challenges for the military around work-family life balance are different from civilian issues in their intensity and demands, as the military is a 24/7 operation with heavy workloads and accompanying work-family conflict stressors. For example, relocations and separations with little advance notice are common. Exposure to combat, trauma, and other hazards during deployment are related not only to mental and physical health problems for the soldier but also to family stress and conflict in accommodating for the absence (Wadsworth & Southwell, 2011). Additionally, in a literature review of nondeployment contributors to soldier health outcomes, work-family life balance and role conflict were noted as health risks (Brooks & Greenberg, 2018). In response, the military has adopted more flexible and family-friendly benefits over time to support the mission (Wadsworth & Southwell, 2011).

In the military, work-family life balance requires serving the Army’s demands for time and commitment while still serving self and family. When active-duty soldiers
were surveyed regarding their and their families’ needs, work-life balance was a priority concern noted, especially for officers and those stationed away from family. Those who identified this as a top priority requested that recreation and family bonding activities be provided by the military (Sims et al., 2017).

Medical and healthcare professionals also face occupational stressors and challenges to work-life balance related to work setting and organizational factors that may lead to burnout, physical and mental exhaustion. In healthcare, work-life balance is also challenging, and employee coping behaviors have not been frequently measured. The conflicting demand of sacrificing personal needs for patient and safety needs was shown to lead to occupational stress and poor family life satisfaction. In a large study of healthcare professionals in a health system, low levels of work-life balance were related to occupational stress and burnout (Schwartz et al., 2019).

The U.S. Army Reserve, consisting of civilian soldiers with careers or attending college, fills the positions of active-duty soldiers while they are deployed overseas, responding to natural disasters, safeguarding communication technology, providing biohazard training, and working in civil affairs and military and medical services support (U.S. Army Reserve, n.d.). Those Reservists serving in both civilian and Reserve medical occupations may face work-life balance conflicts.

The research question in this exploratory study asks, “What is the work-life balance level of soldiers in a medical unit of the U.S. Army Reserve stationed in a Midwestern state?”

Methods

Sample

Twenty-nine U.S. Army Reservists from a medical unit in a Midwestern state were asked to participate in a survey research study before a scheduled battle assembly (monthly trainings in which Reservists practice military readiness skills in case of eventual mobilization). Their Reserve roles included nurses, veterinarians, emergency medical technicians, and other allied health professions. All Reservists in attendance at a 2023 battle assembly were asked to participate in the study and were provided an informed consent document detailing the information about which they would be surveyed and their freedom to decide whether to participate. All consented. Most (59%) were female, and a little over half (55%) were never deployed. See Table 1 for participant demographic information.
Table 1. Demographics of the Sample

<table>
<thead>
<tr>
<th>Demographic</th>
<th>n(%)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11(37.9)</td>
</tr>
<tr>
<td>Female</td>
<td>17(58.6)</td>
</tr>
<tr>
<td>Deployments</td>
<td></td>
</tr>
<tr>
<td>No previous deployments</td>
<td>16(55.2)</td>
</tr>
<tr>
<td>One deployment</td>
<td>5(17.2)</td>
</tr>
<tr>
<td>Two or more deployments</td>
<td>7(24.1)</td>
</tr>
</tbody>
</table>

Note. N = 29. One participant was removed because it appeared there was purposeful improper reporting. *Totals not equaling 100% indicate missing data.

Instrument

The Work–Life Climate Scale (Sexton et al., 2017), with good internal consistency (Chronbach alpha = .83) and strong psychometrics, was used to measure work-family life balance behaviors in respondents. Following a prompt that asked about past week frequency of occurrence, seven work-family life balance behavioral statements such as “Skipped a meal” and “Changed personal plans because of work” were listed. Table 2 shows all questions. Respondents were to rate on a scale of rarely (<1 day), some (1–2 days), occasionally (3–4 days), all (5–7 days), or not applicable. Two demographic questions, asking about sex and number of deployments, were also asked.
Table 2. Descriptive Statistics for Individual Items on the Work–Life Climate Scale

<table>
<thead>
<tr>
<th></th>
<th>Rarely (&lt;1 day) n(%)</th>
<th>Some (1–2 days) n(%)</th>
<th>Occasionally (3–4 days) n(%)</th>
<th>All (5–7 days) n(%)</th>
<th>Not applicable n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipped a meal</td>
<td>11(37.9)</td>
<td>9(31.0)</td>
<td>2(6.9)</td>
<td>6(20.7)</td>
<td>1(3.4)</td>
</tr>
<tr>
<td>Ate a poorly balanced meal</td>
<td>10(34.5)</td>
<td>11(37.9)</td>
<td>3(10.3)</td>
<td>5(17.2)</td>
<td>—</td>
</tr>
<tr>
<td>Worked through a shift without a break</td>
<td>8(27.6)</td>
<td>9(31.0)</td>
<td>5(17.2)</td>
<td>4(13.8)</td>
<td>3(10.3)</td>
</tr>
<tr>
<td>Arrived home late from work</td>
<td>7(24.1)</td>
<td>7(24.1)</td>
<td>10(34.5)</td>
<td>3(10.3)</td>
<td>2(6.9)</td>
</tr>
<tr>
<td>Slept less than 5 hours/night</td>
<td>12(41.4)</td>
<td>7(24.1)</td>
<td>6(20.7)</td>
<td>4(13.8)</td>
<td>—</td>
</tr>
<tr>
<td>Changed personal/family plans because of work</td>
<td>13(44.8)</td>
<td>8(27.6)</td>
<td>3(10.3)</td>
<td>3(10.3)</td>
<td>2(6.9)</td>
</tr>
<tr>
<td>Felt frustrated by technology</td>
<td>11(37.9)</td>
<td>6(20.7)</td>
<td>5(17.2)</td>
<td>5(17.2)</td>
<td>2(6.9)</td>
</tr>
</tbody>
</table>

Procedure

In a cross-sectional study, after all approvals and consent, and immediately before a weekend battle assembly, respondents completed the confidential written survey.

Analysis

Frequencies and proportions were calculated on each of the items.

Results

As seen in Table 2, for five of the seven items, most respondents reported frequency of occurrence as rare; however, for the item “ate a poorly balanced meal,” most responded that this occurred some days. About 28% of respondents, though, “skipped a meal” or “ate a poorly balanced meal” either occasionally or all days of the week.

For the item “arrived home late from work,” most reported that this occurred occasionally. Almost 45% of respondents, though, reported that they “arrived home late from work” either occasionally or all days of the week.

About 35% also reported that they “slept less than five hours per night” or “felt frustrated by technology” either occasionally or all days of the week.

Discussion

Respondents were medical and healthcare professionals working in both civilian and military roles. Their roles in healthcare demand serving patient needs, which may lead to poor work-life balance (Schwartz et al., 2019), and their roles in the military demand serving the Army’s needs, which may take time away from family (Sims et al., 2017). Because of the dual demands, Reservists in medical units may demonstrate poor work-family life balance behaviors. Results of this study, however, indicate few perceived work–family life conflicts of respondents. Possibly, these respondents positively integrated their work and life roles, as both were healthcare roles that served others. Balancing their roles in this way may lead to improved life satisfaction and quality of life (Knecht & Freund, 2016; Rahman et al., 2017; Sirgy & Lee, 2018).

In addition, many respondents had had one or no deployments. Exposure to combat increases soldier stress and decreases work-family life balance as the family accommodates for the soldier’s absence (Wadsworth & Southwell, 2011). Being Reservists, not full-time soldiers, may also have contributed to their reporting of few poor work–family life balance behaviors. Studies on active-duty soldiers reported
poor work-life balance as a health risk (Brooks & Greenberg, 2018) and a priority concern for soldiers and their families (Sims et al., 2017).

Almost half of respondents, however, reported that they “arrived home late from work” either occasionally or all days of the week. Long work hours may be a potential work-life balance and health concern for this group. Especially for those in healthcare, poor work-life balance was associated with job burnout and low family-life satisfaction (Schwartz et al., 2019). Of all the work-family life behaviors, those that disrupt family time cause the most conflict (Leduc et al., 2016). Work and life become most unbalanced when the employee is expected to work during nonwork hours (Dettmers, 2017).

Although the survey gathered perceptions of an understudied group as a precursor to a possible larger study, small sample size, geographic location, and possible social desirability bias may have affected generalizability of results. If results of larger, more-definitive studies, including qualitative examination, point to long work hours as a work-family life conflict for Reservists in medical units, more organizational efforts and policy change may be needed to support the mission; therefore, continuation of the military’s family-friendly policies (Wadsworth & Southwell, 2011) may be appropriate. Other organizational changes at the workplace, such as flextime and childcare programs, positively perceived by employees in business and industry and showing some effects (Ford et al., 2018), should also be investigated. When work and family life are in balance, employees perform at higher levels, are more satisfied with their jobs, and have fewer health problems (Sirgy & Lee, 2018).

Additionally, as work-life balance is often a multivariate, complex topic, perhaps a more-qualitative approach could be used in the future in this population to identify aspects of work-life balance not captured in this questionnaire approach. Through facilitation of a qualitative, more open-ended discussion and data-collection process, perhaps novel work-life balance initiatives can be initiated to meet needs that remain undiscovered within medical units of U.S. Army Reservists today.
References


