



Demographic Differences in the Work-Family Conflict and Health Status among Married Civil Servants in Ebonyi State, Nigeria

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ABSTRACT

Using cross-sectional survey, the study described demographic differences in work-family conflict (WFC) and health status (HS) among 737 married civil servants. Work-family Conflict Scale (WFCS) and a self-developed Health Status Scale (HSC) were used to collect data. Results showed females had higher WFC than males; younger ones (18-40 years) had higher WFC than older ones; those with qualifications below SSCE had higher WFC than those with SSCE and above; and junior workers had higher WFC than seniors. The reverse was the case in relation to health status. All the differences in WFC and HS were significant with regard to demographic variables studied. The findings of this study seemed to suggest a relationship between WFC and HS, implying that the higher ones WFC, the lower the HS of the individual. The study concluded that high level of WFC experienced by the subjects might have contributed to their low health status. Health promotion in the workplace should be a top priority of government since workers' health determines their ability to work effectively in any organization.

Keywords: Work-family conflict, health status, married civil servants

INTRODUCTION

The work environment, in any form and intensity, is capable of creating conflict between the demands of the work place and the demands for meeting the family social and financial needs. For example, Allen, Herst, Bruck and Sutton (2000) reported that as workers try to fulfill work-family roles, the demand becomes a source of stress. This stress might be responsible for diminishing the workers' psychological and physical well-being. Researchers (Ugwu & Kalu, 2014; Hunt, 2016) reported the demand can decrease workers' libido, sleep, interest and enjoyment in the workplace and home and being aggressive over issues in the office and even in the home.

Work-family conflict (WFC) occurs when time devoted to or time spent fulfilling professional responsibilities interfere or limit the amount of time available to perform family related responsibilities (Mazerolle, Case & Case, 2008). Grosswald (2013) opined that WFC is the intrusion of work roles and responsibilities on family duties and the worry civil servants encounter while trying to fulfill their duties in the workplace and in their homes. The WFC could be in the form of time-based, strain-based and behaviour-based (Edwards & Rothbard, 2005). Time-based WFC occurs when time required for achieving a particular goal makes it impossible to meet the requirements of another. Greenhaus and Friedman (2000) averred that strain-based conflict is derived from role-produced strain, when strains from one role make an employee not to fulfill the responsibilities in another role. Murphy and Zagorski (2006) noted that behaviour-based WFC occurs when the way a worker behaves at work conflicts with the way he or she needs to behave at home and vice versa.

Greenhaus and Powell (2006) noted that if workers do not play their role appropriately within the work-family environment, the mismatch might result to decrease in health status. Health status (HS) is the range of the functioning or the manifestation of the individual's physical, emotional and social life. Elom (2017) identified gender, age, level of education and job status as demographic variables that might influence WFC and HS of workers. Curtis (2015) had posited that combining work role with child care is a major problem for the working woman; whether the woman employs a baby sitter, a house keeper, a day worker or sends her child to a day care centre, there is often anxiety, worry and guilt as a result of the conflict between her responsibilities as a mother and as a professional woman. Annie (2015) reported that there was a significant difference in the work-family conflict of married employees in Nigeria. However, a study on gender differences in work-family conflict indicated no significant difference in the level of work-family conflict among workers in Netherlands (Geerte & Maud, 2014)).

On health status, Oliver, Gutzimllier and Balder (2009) found a significant difference in the health status of male and female employees in Switzerland while Noor (2013) revealed no significant difference in the health status of male and female employees in Malaysia. According to Warr (2007), age might be a determinant of levels of work-family conflict and health status of civil servants and older workers studied tended to be more contented with their achievement. This scenario contributed to the wellbeing of older people thereby inclined to live longer than expected than younger ones. Folkma, Lazarus, Piriley and Novacek (2007) noted that at a younger age (below 40 years), workers experience more hassles in the areas of work, home maintenance, personal life, finance and with friends in order to cope with the demand in the society, which may cause such workers to experience work-family conflict. Zick, Bryant and Osterbacker (2001) found that differences in level of work-family conflict existed among civil servants below ages 40 years and above 40 years because age below 40 years had more work hours in the office and at home than their older colleagues. Study conducted by

Milkie and Peltola (1999) showed a significant difference in the level of work-family conflict of workers below age 40 years and 41 years and above.

Studies found disparities in work-family conflict and health status based on levels of education. For instance, Kitterod and Lappergard (2010) grouped level of education into two: primary and above primary levels. They reported that less educated (primary level) workers more often experienced higher levels of work-family conflict which might lower their health status compared to the more educated (SSCE and higher) workers. This is because, according to them, those with higher levels of education tend to have a more flexible work situation than others. Estes (2004) reported that civil servants with higher education had better access to work modification and ability to adjust work expectations, schedule flexibility, and reduced hours or family medical leave than those with lower education which reduces their work-family conflict. Kitterod and Lappergard (2010) found that workers with lower educational qualification may experience higher levels of work-family conflict than highly educated ones and that there was a significant difference in the level of work-family conflict among married civil servants they studied in relation to their level of education. However, a study by Dilworth (2000) on the other hand reported that highly educated civil servants may perceive more work-family conflict than less educated ones because of the expectations associated with their career (e.g., traveling and long working hours) which the less educated ones may not be exposed to.

According to John (2006), job status is referred to the placement of the employee on the organizational cadre that ranges from senior to junior staff. Mesmer-magnus and Wiswesvavan (2006) reported that senior civil servants incur greater benefits in the workplace than junior ones which is capable of boosting their morale thereby making them to have better health status. Studies (Johnson & Swanson, 2006; Becker & Moen, 1999) found that senior workers may adjust their work hours and possibly career advancement as the best way to accommodate work-family conflict which junior workers may not have opportunity of doing. A study (Udedibie, 2012) on the role of couple, marital quality, and job status in work-family conflict and health status among married mothers in Nigeria found no significant difference in the health status of the mothers in Nigeria on the basis of job status.

The negative outcome of combining work-family roles by workers has made majority of workers suffer depressive disorder, reduction in functioning ability and a leading cause of disability affecting workers globally (Yusuf & Adeoye, 2011; WHO, 2012). Alam, Biswas and Hassan (2000) stressed that the average annual costs incurred by employed workers may be 4.2 times higher than those of other members of the population. This is a worrisome state of affairs hence the interest of the researchers to investigate the demographic differences in the level of work-family conflict and health status of married civil servants in Ebonyi State, Nigeria.

METHODS

This study adopted the cross-sectional survey research design. The study was conducted among 737 (Male = 430, Female = 307) married civil servants in Government Ministries in Ebonyi State. The instruments used in collecting data for the study comprised an adopted 18-item Work-family Conflict Scale (WFCS) developed by Carlson, Kacmar and Williams (2000) and a self-developed Health Status Questionnaire (HSQ) consisting of 57 items. A cross validation of the instruments was obtained through the judgment of five experts in the field of Human Resources Management and Health Education. The reliability of the instruments yielded reliability coefficients of 0.97 for WFCS and 0.98 for HSQ. These reliability coefficients were considered high enough based on Ogbazi and Okpala's (1994) suggestions of 0.60 for good instruments.

A consent note with the explanation for the research purpose, method of responses and assurance of the anonymity was attached with the instruments to ensure that all ethical issues were cleared and satisfied prior to participants enlisting for the study. The researchers administered the instruments on the respondents with the help of research assistants who were unmarried civil servants in the Ministries. Copies of the instruments administered on the respondents each day were retrieved from them immediately on completion. Out of the 737 copies of the instruments administered, 731 (about 99.2% return rate) were properly completed and used for data analysis. Data were analyzed using mean (\bar{x}) score and standard deviation to answer the research questions. A criterion mean of 2.50 was set to determine levels of work-family conflict and level of health status. A criterion mean of 2.50 and above was adjudged high level of work-family conflict while below a mean 2.50 was considered low level of work-family conflict. On the other hand, mean score of 2.50 and above was considered low health status while below mean score of 2.50 was considered the reverse and interpreted as high health status. The t-test statistic was used to test hypotheses at 0.05 alpha level.

RESULTS

Table 1: Mean, Standard Deviation and Summary of t-test in Work-Family Conflict of Married Civil Servants based on Gender, Age, Level of Education and Job Status

Variables		N	\bar{x}	SD	t-value	p-value
Gender	Male	426	3.31	0.47	32.135*	0.000
	Female	305	3.63	0.30		
Age (Years)	18-40	316	3.46	0.40	7.608*	0.000
	41 & above	415	3.44	0.46		
Education	Below SSCE	244	3.47	0.38	13.746*	0.000
	SSCE & above	487	3.45	0.46		
Job status	Junior worker	276	3.49	0.38	22.825*	0.000
	Senior worker	455	3.42	0.46		

* Significant at $p < 0.05$

Table 1 shows a high level of WFC across all socio-demographic variables under study. Specifically, females have a higher mean score than males, those aged 18–40 years have higher level of work-family conflict score than those aged 40 years and above, those with educational level below SSCE have higher level of WFC than those with higher educational level and, junior workers have higher level of WFC than senior workers. When t-test is run significant differences ($p < 0.05$) are found in the work-family conflict with regard to all the demographic characteristics studied.

Table 2. Mean, Standard Deviation and Summary of t-test in Health Status of Married Civil Servants based on Gender, Age, Level of Education and Job Status

Variables		N	\bar{x}	SD	t-value	p-value
Gender	Male	426	2.91	0.29	5.108*	0.000
	Female	305	3.03	0.27		
Age (Years)	18-40	316	2.99	0.27	4.355*	0.000
	41 & above	415	2.92	0.31		
Education	Below SSCE	244	2.98	0.28	4.603*	0.000
	SSCE & above	487	2.92	0.31		
Job status	Junior worker	276	2.99	0.27	3.225*	0.000
	Senior worker	455	2.93	0.32		

Table 2 shows a low health status among the married civil servants across all the social demographic variables. Specifically, females have a lower health status than males. Those aged 18-40 years have a lower HS than those 41 years and above, those with level of education below SSCE have a lower HS than those with SSCE and above, and junior workers have a lower HS than senior workers. When t-test is run significant differences ($p < 0.05$) are found in the HS of the civil servants with regard to all the demographic characteristics studied.

DISCUSSION

Results in Table 1 showed that difference existed between levels of WFC of the male and female married civil servants with females having higher level of WFC (3.63 ± 0.30) than males (3.31 ± 0.33) and the difference in level of WFC was significant ($t\text{-value} = 32.135$; $p = 0.000$). These findings were not surprising reasons being that employed women are most times responsible for child care and other household errands in which most employed men rarely get involved. The extra responsibilities normally add to extra source of work-family conflict for the women (Robinson & Godbey, 1997). According to Pleck (2007), there is a direct relationship between level of WFC and health status. This could imply that, by extension, the level of WFC experienced by females might contribute to their health status. The findings of Pleck (2007) also agree that males and females differ in their experience of work-family conflict. Carrie's (2007) study affirmed that there was significant difference in the level of work-family conflict of males and females in a University population. The findings of the present study appear to be similar with the findings of Annie (2015) that there was a significant difference in the work-family conflict of married employees he studied. However, the findings of the present did not lend credence to the findings of Geerte and Maud (2014) who reported there was no gender study difference in work-family conflict in their Netherlands's population. This difference in findings of these studies might be accounted for by the cultural differences in gender roles as observed in Nigeria, a developing country, and Netherlands, an industrialized nation.

A look a results also showed there was a significant difference in the levels of WFC by age, with those aged 18-40 years (3.46 ± 0.40) having higher level of WFC than those aged 41 years & above (3.44 ± 0.46) and the difference in WFC was significant ($t\text{-value} = 7.608$; $p = 0.000$). This result was not surprising since the younger a worker is the more naïve the worker will likely to be in handling situations both at work and home; and the probability of increased WFC will be high (Folkma, Lazarus, Piriley & Novacek, 2007). The finding was expected because Milkie and Peltola (1999) had earlier observed that older civil servants have become more familiar with

routine work in their offices and parenting practices at home and the probability of decreased WFC will be high. The findings of the study corroborates those of Zick, Bryant and Osterbacker (2001) that differences existed in work-family conflict among civil servants they studied in relation to age.

A difference was found in work-family conflict of married civil servants based on level of education, with those who have lower level of education (below SSCE, 3.47 ± 0.38) having a higher mean score than those who have SSCE and above (3.45 ± 0.46), and this difference was significant (t -cal 13.746, $p = 0.000$). This finding was expected because educated civil servants may have higher capacity to engage domestic servants in order to get help and progress in their work (Cheal, 2008). The reason for this difference could also be attributed to the assertion by Estes (2004) that civil servants with higher education have better access to work modification and ability to adjust their work expectations by making their schedule flexible, and have reduced hours at work than those with lower education. This finding corroborates those of Kararepe and Uludag (2008) that workers with lower educational qualification experience more WFC than the highly educated workers.

Results in Table 1 indicated that differences existed among the married civil servants in relation to job status, with junior workers having higher level of WFC (3.49 ± 0.38) than the senior workers (3.42 ± 0.46) and the difference in WFC in relation to job status was significant (t -cal = 22.825; $p = 0.000$). The finding does not lend credence to those of Udedibie (2012) which reported that there was no significant difference in the work-family conflict among married mothers they studied.

Results in Table 2 showed that differences existed in the health status of the married civil servants in relation to gender, with males having better HS (2.92 ± 0.29) than females (3.03 ± 0.27) and the difference was significant (t -cal = 5.108; $p = 0.000$). This finding was expected since most of the women work longer hours than men and both do not share duties equally at home; therefore, women tend to experience more psychological symptoms of occupational health problems than men (Melhinsh, 1998). Curtis (2015) posited that combining work role with child care is a major problem for the working women, whether a woman employs a baby sitter, a house keeper, a day worker or sends her child to a day care centre, there is often anxiety, worry and guilt as a result of the conflict between their responsibilities as mothers and as professional women. The work of Aminah (2008) in Putra Malaysian University found that differences existed in the health status of their population in relation to gender. Other studies (Oliver, Gutzimllier & Balder, 2009; Noor, 2013) also found significant differences in the health status of their sample with regard to gender in environments like Switzerland and Malaysia.

Results in Table 2 indicated difference in HS among the married civil servants age with 40 years and above (2.92 ± 0.31) having better health status (2.99 ± 0.27) than their younger colleagues and the difference in HS in relation to age was significant (t -cal = 4.355; $p = 0.000$). The finding corroborates the findings of Milkie and Peltola (2014) which posited that civil servant below 40 years may experience high work-family conflict and probably have low health status. This finding also lends credence to Ajayi's (2013) finding that a significant difference existed in the WFC and HS of commercial bank workers in Lagos, Nigeria.

Results in Table 2 showed that differences exist in the health status of the married civil servants on the basis of their level of education, with those possessing SSCE and above (2.92 ± 0.31) having better HS (2.98 ± 0.28) than those with lower education, and the difference was significant (t -value = 4.603; $p = 0.000$). This finding agrees with Dilworth (2000) which

reported a significant difference in the health status of married civil servants he studied. According to Glavin and Scierman (2011), this agreement might be accounted for considering that less educated civil servants may have excessive work pressure, work more than 50 hours a week, or have high work aspiration, which may expose them to more WFC capable of exposing them to a myriad of health problem including heart failure, headache, and high blood pressure.

A look at the results could show that difference existed in the health status score of the married civil servants in relation to their job status, with the senior civil servants (2.93 ± 0.32) having a better level of HS than their junior colleagues (2.99 ± 0.27) and the difference was significant ($t\text{-cal} = 3.225$; $p = 0.000$). A study by Udedibie (2012) on role of couple, marital quality, and job status in work-family conflict and health status among mothers found no significant difference in the health status on the basis of their job status, thereby failed to corroborate with the finding of the present study.

CONCLUSIONS

Married civil servants in Ebonyi State experienced high level of WFC and low HS and differences existed in WFC and HS in relation to the demographic variables studied. It was also observed that across the variables of interest, those who reported high level of WFC also reported low HS. The findings of this study seemed to suggest a relationship between WFC and HS, implying that the higher ones WFC, the lower the HS of the individual. This suggestion could be confirmed with a critical look at the findings across the demographic variables of gender, age, level of education and job status. Even though this relationship was not established statistically, it is interesting to note so that future researchers could be better guided for further studies. This may also support the claim by Allen, Herst, Bruck and Sutton (2000) that when workers are trying to fulfill work-family roles, it becomes a source of stress which might be responsible for diminishing psychological and physical well-being.

The study therefore recommended that health promotion in the workplace should be a top priority of the government and employers of labour since one's health determines his or her ability to work effectively in any organization. It is worthy to recommend that government should establish primary and nursery schools in all the clustered ministries to reduce the movement of civil servants in the name of going for 'school runs' thereby reducing stress among the workers

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