ASSESSMENT OF RELATIONSHIP BETWEEN WORK-FAMILY CONFLICT AND HEALTH STATUS OF CIVIL SERVANTS IN EBONYI STATE, NIGERIA

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Abstract

This study determines relationship between work-family conflict and health status and among married civil servants in Ebonyi State. Three research questions and one hypothesis guided the study. The study employed descriptive survey research design and used population of 1665, male 968 and female 697 married civil servants in Ebonyi State Ministries. Sample of 737 (Male 430, Female 307) married civil servants in Ebonyi State Ministries were selected through multistage sampling technique. An adopted 18-item standardized instrument titled: Work-family Conflict Scale Questionnaire (WFCSQ) which had a reliability coefficient of 0.97 and a self-developed structured questionnaire titled: Health Status Questionnaire (HSQ) with 0.94 reliability coefficient were used as instruments for data collection. Overall reliability co-efficient of the instruments was 0.964. Stepwise regression statistic was used to test the hypothesis at 0.05 level of significance. The study found thatmarried civil servants in Ebonyi State had high work-family conflict $\bar{x}$ *=3.45* $\pm$ *0 and low health status* $\bar{x}$ *=2.95* $\pm$ *0.29. Result further showed that work-family conflict and health status of the married civil servants in Ebonyi State are positively and moderately correlated at r=0.338.On the stepwise regression on the relationship between work-family conflict and health status, result indicated a moderate relationship (R = 0.321) and the relationship was significant (F-cal = 84.011; p = 0.000).The implication of this study is that if this trends continuous on the health status of married civil servants in EbonyiState, it might have the capability of deny a nation the utilization of complete available labour force especially in Ebonyi State. The study therefore, recommended that Government should have bye-laws that will evaluate the health status of civil servants at least quarterly every year.*

Keywords: Work-family Conflict, Health Status, Civil Servants, Ebonyi State

Introduction

Studies have shown that workers in the workplace most often report of health problems. For instance, the report from National Examination Board in Occupational Safety (2010) (NEBOSH) revealed that about 40% of workers were unhappy, and almost one in ten were described as extremely unhappy when working. Vaughan-Jones and Barham, (2009) writes that in United Kingdom over 25% of the workers suffered from a work-limiting illness or injury and as working ages are raising, the burden of chronic diseases in the working age population is likely to increase over the next 30 years. In Nigeria, it has been identified that many workers report of many health problems such as physical, emotional fatigue, negative responses towards oneself and others, headaches and backache, (Yusuf and Adeoye, 2011).

Work-family conflict is a form of inter role conflict in which the role pressures from the work and family domains are equally incompatible with each other (Greenhaus and Beutell, 1985). Greenhaus and Powell (2003) explained that work-family conflict occurs when participation in work action hinders participation in a family functions or when work stress has negative effects on behaviour within the family domain. It occurs when feelings, attitudes, and behaviour generated in the workplace spill over into family life, or when work limits time spent with family (Lambert, 1991). In this study, work-family conflict is conflict which civil servant in their bid to do or meet the roles expected of them experience in their workplace and within the family. The conflict emanates from strain-based, time-based, and behaviour-based work-family conflict (Edwards and Rothbard, 2005). Time–based work-family conflict emanates when time required for achieving a particular goal makes it impossible to meet the requirements of another. Strain-based work-family conflict is when the strain or stress experienced in one role crosses over and impedes with participation in another role(Byron, 2005) and behaviour-based conflict occurs "when specific behaviours required in one domain are incompatible with behavioural expectations in another role (Carlson, Kacmar and Williams, (2000).

Therefore, Rau-foster (2004) identified work- family settings as a fertile breeding ground for conflict to arise which reduces health status of workers.Health status according to American Thoracic Society, (2007) is an individual's relative level of wellness and illness, taking into account the presence of biological or physiological dysfunction, systems and functional deficiency. Benyamini (1997) affirmed that "health status can be considered in terms of a person's body structure and functions and the presence or absence of disease or sign including their symptoms and what they can and cannot do. Therefore, health status is a holistic concept that is determined by more than the presence or absence of any disease which may range from the functioning of the manifestation of individual's physical, social and emotional life in the society(Onuzulike (2004).

Physical health has to do with the efficient bodily functioning; healthy body; biological wellbeing; ability to resist illness(Hurley and Schlaadt, 1992). Power, Dodd and Noland (2006) explained that "physical health is not only related to absence of disease but involves all aspects of physical fitness as well and that if a worker is physical fit, he/she can work effectively but if weard down by juggling from home to work and work to home, it may result to conflict which may cause unhealthy physical health status to the worker such as black and red eye, pains in back or spine, vomiting, nausea running nose, hypertension, common cold and cough, pains in low abdomen and bruises." Power Dodd and Noland (2006) stressed further that such can result to the worker being prone accident, being disfigured and harsh in responses or relationship both in the home and the workplace and suggested that any alteration from the above assertion will result to conflict which will endanger the health of the worker both at home and workplace since he/she cannot solve

problems and continues working. Therefore, work and health can be altered which is a sense of fulfillment that accompanies an active mind.

Social health is the ability to relate well with people; contribute to community wellbeing or cultural fitness; social role expectation and ability to adapt very well in an environment (Onuzulike, 2004). Powers, Dodd and Noland (2006) described social health as "the development and maintenance of meaningful interpersonal relationships and that this usually result in the creation of a support network of friends and family." But if there is interferences in role demand, conflict occurs which might results to some bad social behaviours such as quarrelling, uneasy going on with others, unable to chat with people, lack self- confidence, aggressive over issues in the office, late to work and at home and loss interest in activities .

Emotional health refers to the ability to maintain self- esteem; self- acceptance and the aptitude to comprehend one's feelings. It also refers to the individual's ability to give and accept love. But if there is any disagreement on the feeling work-family conflict stress occur which may alter feelings like not over- coming problems, easily weighed down by little problems, developing bad temperament, feeling unhappy, losing sleep over worry and depressed.

Onuzulike (2004) asserted that "individual's health status may be assessed by asking the person to report his/her health perceptions in the areas of interest, such as physical functioning, emotional well-being, mental wellbeing, pain or discomfort and overall perception of health and social wellbeing. Fegerlind (1990) asserted that health status could be adjudged high or low depending on the rating of the evaluator. Mann (1992) also posited that status of a thing means position. Therefore when status in this situation is applied to health, it implies the position of health. The researcher equally opined that evaluation of status does not follow definite principles, and agreed that status in a given condition may be high or low depending on the judgment of the evaluator. This implies that the health status of civil servant in Ebonyi State was adjudged either high or low.Following from the above, the Health Status Questionnaire (HSQ) for the present study were designed to measure subjective health status in 3 dimensions of health using self-rating as a measure of health status. The usefulness of health self-rating as a measure of health status hinges on the purposes for which measurement is intended. Wright (1990) argued that provided all one requires is an overall assessment of health then a self-rating fills this role well. Therefore, the self-rating of health status was used to measure the health status of civil servants in Ebonyi State. This was done in order to establish relationship between work-family conflict and health status among married civil servants in Ebonyi State.

Relationship is the way in which two or more people or things are connected or the state of being connected. Westman and Eden (1997) carried out study on work-family conflict and health status of male and female employees in Israel and found moderate significant relationship between work-family conflict and health at r= 0.304.Schaufeli and Buunk (2002) emphasized that high work-family conflict contributes to low health status. Study by Ajayi (2013) indicated relationship between work-family conflict and health status among married commercial banks workers in Lagos State, Nigeria and that WFC and HS had positive moderate significant relationship between work-family conflict and health status r = 0.316. Noor (2013) study reported that there was a positive moderate significant relationship between work-family conflict and employees well-being r = 0.391 among workers in Malaysia. Zeynep (2015) revealed a positive moderate significant relationship between work-family conflict and health status among married academic and non - academic of university in Ankara- Turkey (r =0. 331) also study by Hall, Bonita and Long (2014)

equally revealed a positive moderate significant relationship between work-family conflict and health status among employees in textile industries in Canada (r = 0 .329).

Therefore, this might be the reason why Annie (2015) opined that employees who experienced work-family conflict might have life dissatisfaction, anxiety, and depression, poor health, increased interpersonal conflict, absenteeism, tiredness, and there will be loss of talented employees. Also Grzywaxz, (2000) reported that work-family conflict may lead to increased rates of somatic complains, obesity, high blood pressure, rapid heart rate, poor sleep quality and substance abuse among employees especially married ones. Higgins (2015) also reported that work-family conflict relates to a rise in diastolic blood pressure, stress/strain/, burnout, depression, anxiety and psychological strain hence need to determine relationship between work-family conflict and health status.

Statement of the Problem

Jean-Pierre and Mike (2011) reported that the global prevalence of health problems within an individual's lifetime in the workplace ranges from 10% to 15% and an estimated 350 million individual workers in the world are depressed in the workplace. Mayo Clinic (2015) explained that such civil servants are always having persistent feeling of sadness and loss of interest. Health line (2015) conceived that civil servants are having health problems that are related to WFC such as a severe mood disorder involving feelings of sadness, frustration, loss, or anger which affects them in their family and in the workplace on daily bases for up to two weeks or more.Across number of employees in the workplace in Nigeria, there is an observed trend of increased lateness to work(Yusuf and Adeoye, 2011) and decreased libido, lack of interest and enjoyment in the workplace and home, act of self-harm or suicide, poor quality sleep and disturbed appetite, fighting, being aggressive over issues in the office and even in the home (Ugwu & Kanu, 2014; Hunt, 2016).

In Ebonyi State, it was observed that civil servants in the government Ministries are always complaining of health problems, coming to work as they wish, always absent in the offices, going out from office during official working hour. If asked why they do so, they would always say that they are not feeling fine, their children are sick, they are hospitalized, or they went for school run. This has caused most of the civil servants to loss their job and some of them have been surcharged of their salaries and being suspended from their job. Therefore, since evidence abound that there is a relationship between work-family conflict and health status and since workers in Ebonyi State might be exposed to this same condition. Then this study therefore investigated level of work-family conflict, health status and relationship between work-family conflict and health status among married civil servants in Ebonyi State.

Methodology

This study employed descriptive survey research design and was conducted in Ebonyi State among all the married civil servants in government ministries. The population of this study comprised 1665 (Male = 968; Female = 697) married civil servants in Ebonyi State Ministries (Ebonyi State Civil Service Commission, 2016). Sample of 737 (Male 430, Female 307) married civil servants in Ebonyi State Ministries participated in the study. This represented 45% of each male and female population in each State Ministry in Ebonyi State. Multistage sampling procedure was used in selecting the sample. An adopted 18-item standardized instrument titled: Work-family Conflict Scale Questionnaire (WFCSQ) developed by Carlson, Kacmar and Williams (2000) and a self-developed structured questionnaire tilted: Health Status Questionnaire (HSQ) which had 57- item was used as instruments for

data collection. The entire instrument consisted of 77 items meant to elicit information on the degree to which the respondents possessed the attributes of the variables under study. The questionnaire contains three sections A,B and C. Section A contain two items (1-2) on demographic data of the respondents. Section B contained 18-items in which items 3-8 measured time-based work-family conflict (TBWFC); 9-14 measured strain-based work-family conflict (SBWFC) and 15-18 measured behaviour-based work-family conflict (BBWFC). The respondents were required to indicate on a 4-point scale of strongly agree, agree, disagree and strongly disagree on their level of agreement or otherwise to the variables under study.

Section C contained 57 items in which item numbered 21-77 was meant to elicit information on the Health Status of the respondents. Specifically, items 21-50 were meant to elicit responses on the physical health status (PHS) of the respondents, 51-66 were for social health status (SHS) and 67-77were for the emotional health status (EHS) of the respondents. The respondents were also required to indicate on a 4-point scale of how often they had the feeling in the last year, namely: Always (AL) = 4, Occasionally (OC) = 3, Rarely (RA) = 2 and Never (NE) = 1. The choice of this Likert type scale was based on Nelson (2001) who expressed that Likert type scale encourages the respondents to express their thoughts freely without being biased or influenced. Rea and Parker (1997) also noted that the Likert scale type is used widely to measure personal characteristics and reflects the extreme positions on the structured statements

Face and content validation of the instrument were obtained through the judgment of five experts from the field Health Education and psychology. The reliability of the instrument,the Work-family Conflict Scale Questionnaire (WFCSQ) and Health Status Questionnaire (HSQ) was obtained using Cronbach Alpha procedure. The overall reliability co-efficient of the instrument was 0.964.The internal consistency of each subscale was computed separately to determine the reliability in which Work-family Conflict Scale Questionnaire yielded a reliability coefficient 0.974. Thus, TBWFC had reliability coefficient 0.966, SBWFC 0.912, and BWFC 0.955.Health Status Questionnaire had reliability coefficient 0.979 in which PHS had reliability coefficient 0.956, SHS 0.906 and EHS 0.976. The instrument was considered reliable for use in the present study. This was because according to Ogbazi and Okpala 's (1994), if the correlation coefficient obtained in an instrument is up to 0.60 and above, the instrument should be considered good enough to be used for a study.

Data were analyzed using Spearman correlation co-efficient 'r', mean(x) score, standard deviation, and stepwise regression and t-test statistic. Spearman correlation co-efficient 'r' was employed to answer research question 1. Thereafter, Pallant (2011) interpretation of the value of 'r' was adopted. In the interpretation, a value of 0.10-0.29 were considered "low'' relationship, 0.30-0.49 "moderate relationship'' 0.50-0.99 ''high'' relationship and 1.0 perfect relationship. A plus (+) or (-) sign indicates whether the correlation is positive or negative. Mean score and standard deviation were used to answer research questions 2 and 3.The criterion mean ($\bar{x}$) of 2.50 was set for the study. The criterion mean was derived by adding up the scale values and dividing the sum by the number of scale options thus: 4+3+2+1=10/4=2.50. Thereafter, Olaitan (1983) criterion adopted from Likert's scaling was applied to categorize the different construct being studied for the purpose of description. A criterion mean of 2.50 and above was adjudged high level of work-family conflict while below 2.50 considered low work - family conflict. On the other hand, mean scores of 2.50 and above were considered low health status while below 2.50 was considered the reverse and interpreted as high health status. This is because the less frequent the married civil servants suffered the health problems included in the health status questionnaire, the higher their health status could be. Stepwise Regression statistic was employed to test hypothesis 1 and t-test was used to test hypotheses 2 and 3. The hypothesis was tested at 0.05 alpha level of significance.

Results

Table 1: **Level of Work-Family Conflict of Married Civil Servants in Ebonyi State**

Variables	$\bar{x}$	SD	Decision
Time-based work-family conflict (TBWFC)	3.47	0.55	H
Strain-based work-family conflict (SBWFC)	3.46	0.52	H
Behaviour-based work-family conflict (BBWFC)	3.41	0.57	H
Work-family conflict (WFC)	3.45	0.44	H

H = High work-family conflict

L = Low work-family conflict

Table 1 shows that the respondents mean score for each of the three index of work-family conflict namely: TBWFC mean score $\bar{x} = 3.47 \pm 0.55$, SBWFC $\bar{x} = 3.46 \pm 0.52$ and BBWFC $\bar{x} = 3.41 \pm 0.57$ was above the criterion mean score= 2.50, set for the study. Similarly, the mean score on overall work-family conflict 3.45 ± 0.44 was above the criterion mean of 2.50 set for the study, suggesting a high work-family conflict among married civil servants in Ebonyi State.

Table 2: **Health Status of Married Civil Servants in Ebonyi State (n = 731)**

Variables	$\bar{x}$	SD	Decision
Physical Health Status (PHS)	2.57	0.55	L
Social Health Status (SHS)	3.15	0.52	L
Emotional Health Status (EHS)	3.16	0.57	L
Health status	2.95	0.29	L

H = High health status

L = Low health status

Table 2 shows that the respondents mean score for each of the three dimension of health status namely: PHS $\bar{x} = 3.57 \pm 0.55$, SHS = 3.15 ± 0.52 and EHS $\bar{x} = 3.16 \pm 0.57$ was above the criterion mean ($\bar{x} = 2.50$) set for the study. The mean score on overall health status 2.95 ± 0.29 was also above the criterion means of 2.50 set for the study, indicating a low health status.

Table 3: **Relationship between Work-family Conflict and Health Status of Married Civil Servants in Ebonyi State**

Variables	Health status	PHS	SHS	EHS
Work-family conflict	0.338			
TBWFC		0.401	0.059	0.191
SBWFC		0.200	0.109	.260
BBWFC		0.856	0.409	0.545

TBWFC=Time based work-family conflict

SBWFC= Strain-based work-family conflict

BBWFC=Behaviour-based work-family conflict

PHS= Physical health status

SHS=Social health status

EHS= Emotional health status

Table 3 shows that the married civil servants PHS has relationship with TBWFC (r = 401), SBWFC (r = 0.200), and BBWFC (r = 0.856); SHS relates to TBWFC (r = 0.059), SBWFC (r = 0.109) and BBWFC (r = 0.409); EHS relates to TBWFC (r = 0.191), SBWFC (r = 0.260) and BBWFC (r = 0.545). The Table further shows that, generally, work-family conflict has relationship with health status (r = 0.338) of married civil servants in Ebonyi State. The above data indicate that work-family conflict and health status of the married civil servants in Ebonyi are positively and moderately correlated at r=0.338

Table 4: **Relationship between Work-Family Conflict and Health Status of Married Civil Servants in Ebonyi State**

Variables	R	R^2	B	F-cal	Df	p-value
WFC						
	0.321	0.103	0.216	84.011	1	0.000*
HS						

* Significant at p < .05

Table 6 showed that stepwise regression on the relationship between work-family conflict and health status was a moderate relationship (R = 0.321) and this relationship was significant (F-cal = 84.011; p = 0.000). The value of β = 0.216 implies that the WFC contributes 21.6% to the regression model. The value of R^2 = 0.103 implies that the variables accounted for 10.3% variance in the regression model. This suggests that there might be many factors that can explain this variation, but work-family conflict explains only 10% in the health status of married civil servants in Ebonyi State. Therefore there must be other variables that have influence also.

The hypothesis 1 which stated that there is no significant relationship between work-family conflict and health status of married civil servants in Ebonyi State was rejected since F-cal 84.011 was significant at P=0.000.

Discussion

Results in Table 1 indicated that married civil servants have high level of work-family conflict. Time-based work-family conflict (TBWFC) had mean score 3.47 ± 0.55, Strain-based work-family conflict (SBWFC) 3.46± 0.52 and behaviour-based work-family conflict (BBWFC) 3.41± 0.57 was above the criterion mean ($\bar{x}$=2.50), set for the study. Similarly, the mean score on overall work-family conflict 3.45± 0.44 was also above the criterion mean of 2.50 set for the study. This finding agreed with the study carried out by Westman and Eden (1997) on work-family conflict and health status of male and female employees in Israel which indicated that employees in Israel had high level of work-family conflict. The finding in this study equally agreed with the study by Schangeli and Buunk (2000) which found out that employees in Japan indicated high level of work-family conflict. Study by Aminah (2008) which indicated that male and female lecturer in Universities of Putra Malaysia had high work – family conflict and low health status, is also in line with the finding of this study. Furthermore, study by Adekola (2010) is also in line with the finding of this study, where male and female executives in Nigeria had high work-family conflict. Similarly study by Hammed (2015) which found out that employee in Maguiladora plant in Mexico had high level of work-family conflict agreed with the finding of this study.

Results in Table 2 showed that married civil servants in Ebonyi State had low health status. The mean score and SD of health status index: PHS 3.57± 0.55, SHS 3.15± 0.52 and EHS 3.16± 0.57

was above the criterion mean ($\bar{x}$ = 2.50) set for the study. The mean score on overall health status 2.95 ± 0.29 was also above the criterion means of 2.50 set for the study. This finding was not surprising since evidence abound that work-family conflict is related to reduction in the health status. For instance, Schaufeli and Buunk (2002) study testified that employee who reported high work-family conflict may however have low health status.

The result of this study is in agreement with Hammed (2015) who found that employees in Maguiladora plant in Mexico had low health status. The finding of this study agreed with the work of Adekola (2010) who found out those male and female executives in Nigeria had low health status. The study further agreed with Aminah (2008) who reported that lecturers in Universities in Putra Malaysia indicated low health status as a result of work-family conflict. Some of the consequences of this finding is that the moment civil servants experiences work-family conflict, their health status and happiness decreases and there will be increased emotional exhaustion, stress, poor job performance and reduction in quality of life enjoyed (Alam Biswas, & Hassan ,2016). Furthermore, the low health status found in this study is in line with Oliver, Gutzwillier and Balder (2009) which revealed that work-life conflict is related to several physical and mental health problems since employee with a high work-family conflict usually show a comparatively high risk of self-reported poor health, anxiety and depression, lack of energy and optimism, serious backache, headaches, sleep disorders and fatigue because the health status has become low.

Examining the relationship between work-family conflict and health status of married civil servants in Ebonyi State, result in Table 3 indicated relationship between work-family conflict and health status among married civil servants in Ebonyi State. The Coefficient of regression (r = .401) indicated a positive moderate relationship between work-family conflict and health status. SBWFC indicated moderate positive relationship (r = 0.200), and BBWFC indicated high positive relationship (r = 0.856); SHS has a low positive relationship to TBWFC (r = 0.059), SBWFC a low positive relationship (r = 0.109) and BBWFC ,a moderate positive relationship (r = 0.409); EHS has a low positive relationship to TBWFC (r = 0.191), SBWFC a low positive relationship (r = 0.260) and BBWFC a high positive relationship (r = 0.545).The Table further showed that, generally, work-family conflict had moderate positive relationship with health status (r = 0.338) among married civil servants in Ebonyi State.

Result in Table 4 showed a positive moderate significant relationship between work-family conflict and health status among married civil Servants in Ebonyi State (r = 0.321). The F-cal was significant p = 0.000 alpha level. This finding was expected because results in Table 1 and 2 had earlier indicated high WFC and low HS. The finding agrees with the position of Schaufeli and Buunk (2002) who emphasized that high work-family conflict contributes to low health status. This finding also agrees with Ajayi (2013)who found relationship between work-family conflict and health status among married commercial banks workers in Lagos State, Nigeria and that WFC and HS had positive moderate significant relationship between work-family conflict and health status r = 0.316. It also agrees with Noor (2013) who showed that there was a positive moderate significant relationship between work-family conflict and employees well-being r = 0.391 among workers in Malaysia.

Furthermore, results in Table 4 is in agreement with the finding of Zeynep (2015) who revealed that a positive moderate significant relationship between work-family conflict and health status among married academic and non -academic university in Ankara- Turkey (r = 331) and also study by Hall, Bonita and Long (2014) which revealed a positive moderate significant relationship between work-family conflict and health status among employees in textile industries in Canada (r = 0 .329).

Therefore, this might be the reason why Annie (2015) opined that employees who experienced work-family conflict might have life dissatisfaction, anxiety, and depression, poor health, increased interpersonal conflict, absenteeism, tiredness, and there will be loss of talented employees. Also Grzywaxz, (2000) reported that work-family conflict may lead to increased rates of somatic complains, obesity, high blood pressure, rapid heart rate, poor sleep quality and substance abuse among employees especially married ones. Higgins (2015) also reported that work-family conflict relates to a rise in diastolic blood pressure, stress/strain/, burnout, depression, anxiety and psychological strain.

The implication of this finding implies that since WFC affect civil servants in Ebonyi State, this might lead to loss of job, bickering, aggressive behaviours over issues in the workplace and even in the home, being absent from his/her office work, , degradation of other life role (Spouse and child abuse). There will be increase life damaging behaviour (alcoholism and drug abuse) and productivity level could also be reduced since one's health determines his or her ability to work effectively in any organization.

Conclusion and Recommendations

In the light of the findings of this study, it was discovered that there were positive moderate relationships between work-family conflict and health status among married civil servants in Ebonyi State. Work-family conflict accounted for 10.3% variance in the health status of married civil servant in Ebonyi State. This suggests that there might be many factors that can explain this variation, but work-family conflict explains only 10% in the health status of married civil servants in Ebonyi State. This implies that if the trends continuous on the health status of married civil servants in Ebonyi State it might have the capability of depriving organizations of quality labour force; deny a nation the utilization of complete available labour force especially in Ebony. The study therefore, recommends that Government should have bye-laws that will evaluate the health status of civil servants at least quarterly in a year and Family Supportive Programmes such as child care assistance, alternative work schedules can be employed by civil servants in order to reduce work-family conflict and increased their health status.

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