INFLUENCE OF FAMILY FRIENDLY POLICIES ON FAMILY-WORK CONFLICT AMONG HEALTH WORKERS IN NIGERIA; A STUDY OF IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE

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Abstract
Family-work conflict is often a factor that has adverse consequences on organizational productivity. Employees of some work sectors like bank, health and security institutions are prone to experience family-work conflict than those in any other sector. Scholars' attention in addressing family-work conflict is shifted to the influence of the conflict on the roles of dual work earners and value dissatisfaction with work demands. This study therefore, examined the influence of family friendly policies on family-work conflict among health workers in Ibadan North Local Government Area of Oyo State, Nigeria. Boundary theory provided the framework for this study. An ex-post-factor design was employed. Simple random techniques were used to select 384 participants for this study. Descriptive and inferential statistics were used to analyse quantitative data while qualitative data were content analysed. Results indicate that there was no significant influence of family friendly policies availability on family-work conflict among health workers t (277) = 2.16; p > .05. Making these family friendly policies available to workers is not just enough. This study recommends that organizations should try to improve the usage of these family friendly policies by its workers. This will help to give assurance of job security on employees who invariably will help to improve their work performance and increase productivity.

1.0: Background to the Study
Changes in the workplace and demography of employees have made studying the conflict between family-work more important. The impact of family on work constantly changes over time. Even though some consider family and work separate domains, in which a person's role alternate between being a family member and being an employee, it is significant to see how the impact of family responsibility has carried over to work activities outside of the family and affects workers efficiency at work. The increase in the number of dual income earner families in the workforce poses challenges to employees in the management of their roles in the family and work domains (Kossek & Lambert 2005). When these challenges are not resolved, employees experience conflict from

either the work or family domain (Galinsky & Bond 1998, Kossek & Ozeki 1998, Akerele, Osamwonyi & Amah 2007).

Since there are continuous change in the organizations as well as individuals life, meeting all these changes is difficult for both employees and organizations. There are increasing issues for both employees and organizations as they have to reconcile these matters. These changes create family-work conflicts that have implication for both employee and organization because family-work conflict spillover creates disturbance in both domains (family and work). If family and work life of an employee is disturbed or he has conflicting roles to perform, then ultimate performance of the employee and organization is affected. This issue is of great importance for both employee and organization as a whole.

Family-work conflict is primarily determined by family demands and predicts negative work outcomes (Adebola, 2005). Therefore, if an employee is experiencing high levels of family-work role conflict, his roles and responsibilities in the family interfere with his work domain. Mean-while, because the employee is more committed to the welfare of the family, this will take priority, reducing or minimizing the time and energy he will spend in the work domain. Thus, employee who experience high family role conflict should experience less affective commitment to the organization. Family-work conflict is experienced when participation in a family activity interferes with participation in a competing work activity or when family stress has a negative effect on performance in the work role (Greenhaus & Powell, 2003).

When the family values and organizational values of an employee are not severely contrasting, then there is less chances of work-life conflict. Meglino and Ravlin (1998) state that individuals were dissatisfied if they were unable to perform or behave according to their values in family and work areas as compared to other individuals who were able to behave according to their values in family and work areas. Perrewe and Hochwarter (2007) state that, contrasting values between individuals and key family members or between individuals and organizations cause conflict between family and work demands.

Family work conflict resulted in job and life dissatisfaction because such conflict hindered the achievement of essential work and family values. Prosperous career at the expense of successful life away from work was not demanded by mostly employees. It is likely that house hold chores which involve taking minor decision, cooking for the family, caring for children, buying things for home, and taking to and bringing back children from school (school run) constitute a degree of conflict, pressure, demands, and can influence work related activities. This influence can give rise to stress, and stress manifestation.

Family-work conflict is reported to be a major contributing factor to work stress among health care workers especially those in public and private hospitals (Allen et al 2000; Frone, 2003). Other factors such as Health related problems, poor performance, job dissatisfaction and lower psychological well-being may result when family demands interferes with work demands (Milliken & Dunn-Jensen,2005). Given that numerous aspects of the job are inherently stressful such as working over time, shift duty and so forth. Family-work conflict has been associated with a number of dysfunctional outcomes (Bacharach, Bamberger, & Conley, 1990). This has adverse effect family and occupational well-being (Kinnunen & Mauno, 1998), and job and life dissatisfaction (Netermeyer, Boles, & McMurrian, 1996). According to Allen et al. (2000), work family conflict

has work related antecedents and family related outcomes, wherein family related antecedents and work related outcomes are studied to understand family to work conflict.

Conflict here refers to the subjective experience of discomfort and tension associated with people's roles in home chores which involve the behaviour and reactions that occurs in response to the discomfort and tensions (stressors) such as expressions of anger and other intense emotions. Life stressors can affect the way people feel and behave on their roles. This study is interested in factors that influenced, the effect family or domestic activities have on workplace expectations, as stress is not only a matter of workplace but also family, and it is often difficult to separate work from non work life. It appears that factors occurring outside the workplace can have potential influence on job attitudes and behaviours.

As the consequences of family-work conflict becomes increasingly apparent, organizational decision makers are turning towards making family friendly policies available to employees to reduce employee family-Work conflict. Studies have shown that making family friendly policies available to employees can help balance family-work conflict (Allen et al 2000; Frone 2003). Work environments are considered Family friendly when it help workers manage the time pressures of being working parents by having policies such as vacation time, sick leave, unpaid or personal leave, or flexible work schedules, or help workers meet their continuing family responsibilities through such programs as maternity leave, leave that can be used to care for sick children or elders, affordable health insurance, and child care or elder care programs (Marshal & Barnett, 2004). As Bourg and Segal (1999) noted, family-friendly policies can serve as a way for organizations to inform employees that family is not viewed as competition.

Despite the importance of family-friendly practices in reducing the negative consequences generated by the family-work conflict, there is relatively little empirical evidence on the determinants of the availability of such practices. The common argument is that working for a firm providing such benefits does not guarantee that family-friendly policies will be available for all employees in that firm (Gray & Tudball, 2002). Budd and Brey (2003) argue that employees are not equally aware of the availability of family-friendly work practices. Gray and Tudball (2002) found that family-friendly policies are more available to managers, professionals and administrators.

Family friendly policies are important issue for health institutions because of the cost related to the dissatisfaction at work. Moreover, family-work conflict has negative consequences on the physical and mental health of employees, which may lead to an increase in health care spending (Duxbury et al, 1999). Family friendly policies are a part of fringe benefits and complements offered by organizations to their employees, such as extended health care. Extended health care can contributes to the objective of ensuring a better reconciliation of family-work life because it can affect all employee family members. It contributes to improving the physical and mental health of employees and their dependents (Human Resources and Skills Development Canada (HRSDC), 2000).The main point that organizations must consider policies that favour a better availability of family-friendly practices for all employees, regardless of their occupation, work status and level of education.

Firms as well as governments invest considerable resources in family-friendly work practices that attempt to reduce the negative consequences generated by the family-work conflict. It is surprising;

therefore, that the availability of such practices is quite modest in most firms. Moreover, there is no agreement among scholars as to whether, and to what extent, the availability of family-friendly policies/ practices have bearing on employees' wellbeing. This study therefore, underscores the influence of family friendly policies on family-work conflict among health workers in Nigeria.

1.1: Statement of the Problem

The impact of family-work conflict on employees and organizations is a contemporary issue of interest among scholars. Family-work conflict has been consistently linked to negative outcomes for individuals, their families and their employing organizations (Frone et al 1992; 1997). Outside the work domain it can lead to moodiness and parental incompetence, which can decrease the quality of marriage and family life (O'Driscoll, 2003). In the work domain, it can cause a decline in productivity, higher rates of absenteeism, high labour turnover, lower morale, lower job satisfaction, and a decrease in organizational commitment. Most health care workers, who have to work over time, find it difficult to manage family and work responsibilities.

Other Researchers have also confirmed the fact that the interaction between family and work has consequences on many aspects of an individual's life. For instance, studies indicate that employees who experience family-work conflict also report lower levels of general well–being (Aryee, 1992; Frone, 2000), lower levels of job satisfaction , higher levels of burnout (Burke, 1988), and more alcohol use and poorer health. For this reason, it is important to identify the extent to which the conflict can be reduced, whether through organizational interventions or personal tactics.

Like in other sectors, employees in the health industry have the likelihood of experiencing family-work conflict. Previous studies have focused attention on employees of other work sectors with little attention to the health sector. This study therefore, examined the influence of family friendly policies on family work-conflict among the health workers in Ibadan North Local Government Area of Oyo state, Nigeria.

2.0: Theoretical Framework

Boundary theory is adopted for this study. Boundary theory is a general cognitive theory of social classification (Zerubavel, 1991), that focuses on outcomes such as the meanings people assign to home and work and the ease and frequency of transitioning between roles (Ashforth et al., 2000). Boundary theory proposes that keeping work and family separate makes it easier to manage work-family borders; integrating work and family facilitates transitions between these domains; either strategy can improve the well-being of employees, depending on the characteristics of employees (e.g., learning goal orientation, being a "self starter", or social influence at home and work), the idiosyncratic meanings they attach to work and family (e.g., the extent to which they see these as similar roles), their preferences for integration versus segmentation, contextual factors (e.g., "family friendly" workplace norms and policies, long or irregular work hours, or social support from supervisors, coworkers and family), and the fit between their preferences and the boundaries allowed by their work place.

Boundaries are clearer and more easily maintained when roles are separated. On the other hand, more integrated role sets can make role transitions less difficult, but they can also confound the demands of these roles, increasing the chance of role blurring. family blurring, or work-family boundary ambiguity, can be defined as the experience of confusion or difficulty in distinguishing one's work from one's family roles in a given setting in which these roles are seen as highly

integrated, such as doing paid work at home (Desrochers, 2002). The integration-segmentation distinction is not a dichotomy, but a continuum in boundary theory.

Integration is believed to occur through two mechanisms: flexibility and permeability. Flexibility refers to the malleability of the boundary between two or more role/domains-its ability to expand or contract-to accommodates the demands of one domain or another (Ashforth et al., 2000; Clark, 2000; Hall & Richter, 1988). For example, a female telecommuter might be called upon to play the role of mother at any point or place during the day. Permeability involves the extent to which a boundary allows psychological or behavioural aspects of one role or domain to enter another. For example, a call center operator who is not allowed to accept personal calls nor visitors at work has an impermeable work role boundary. When two or more roles or domains are flexible and permeable, they are said to be blended (Clark, 2000) or integrated (Ashforth et al., 2000; Clark, 2000; Hall & Richter, 1988). Researchers propose that work-family blurring is more likely to occur in integrated domains (Ashforth et al., 2000; Nippert-Eng, 1996). In contrast, Nippert-Eng (1996) argues that when boundaries are highly segmented, they are "thickened" by the presence of distinct schedules, behaviours and people in each domain, so that transitions between domains requires more efforts.

Ashforth (2001) argues that role transitions involve crossing role boundaries, and he draws a distinction between "macro role transitions" and "micro role transitions." Macro transitions are the sequential (and often permanent) exiting from one role and entering of another over time, such as promotion (Ashforth, 2001) or downward job transitions (Sargent, 2001). Micro role transitions involve switching back and forth among one's currently held roles. For example, on workdays, employees may move from the roles of parents to spouses at home, transitioning to employees after the commute to work, and switching back to spouses or parents after the commute home. Since working parents who telecommute can switch within the home from work to family roles, these micro role transitions can be made more easily and more frequently. This is partly because "getting ready" for work and transportation to work are less salient (though home workers still need to be psychologically ready to work). The extent of integration also depends on one's boundary work, the mental and behavioursral activities that make up the "the strategies, principles, and practices we use to create, maintain, and modify cultural categories" (Nippert-Eng, 1996).

Nippert-Eng (1996) posits two forms of boundary work placement, which "draws the line between realms"; and transcendence, which keeps the boundary "in place by allowing people to jump back and forth over it". For example, a telecommuter may "draw the line" by asking not to be called at home during late hours unless there is a serious problem that demands immediate attention. Thus, with better family friendly policies, employees can maintain a clear work-family boundary that is adaptive to their needs, even in highly integrated arrangements such as working at home or running a family business. However, there are some occupations such as that of Priest or an on-call medical doctor or nurse where boundary work is difficult, because these workers have little control over the placement and transcendence of work and non-work boundaries. One mechanism that aids in placement and transcendence (boundary crossing) are transition rituals. Transition rituals such as putting on professional clothes or packing a brief case are habitual, patterned behaviours signifying to the individual (and sometimes to others) that he or she is in the process of exiting one role and preparing to enter another (Ashforth et al., 2000). This is often the case of most health workers. By their appearance and dispositions, it is always glaring when they are transiting from one role to another. In most cases, work in the health industry is scheduled in shifts. Some work in the morning

while some work in the night. A certain period of work may be covered and the employee takes some days off in order to attend to family-work/ responsibilities. This does not prevent family work-conflict from occurring and having great influence in the work roles of employees outside home, hence this theory.

2.1: Hypothesis

Health workers who reported high number of family friendly policies availability will score lower in family work conflict than health workers who reported low number of family friendly policies.

3.0: Study Design

The study will adopt the ex-post facto research design. This design was considered appropriate because the investigator did not have direct manipulation on the variables involved in the study.

3.1: Participants

The participants were drawn from health workers in Ibadan North Local Government Area. Categories of health worker involved were doctors and nurses.

3.2: Sample Size

The sample for the study was drawn using Conchran (1980) sample size formular as follows:

$$n = \frac{Z^2 P (1-P)}{d^2}$$

Where:

n= the sample size

Z= Z statistics for level of confidence

P= expected prevalence or proportion

d= precision

$$n = \frac{(1.96)^2 (0.05) (0.05)}{0.5^2}$$

n= 384

Therefore, the sample size is **384.**

3.3: Sampling Technique

Two categories of health workers were involved in this study. They were medical doctors and nurses who were randomly drawn from 5 private and 2 public health institutions within the study area. The participants were drawn through simple random sampling techniques. Balloting method was used to choose the participants. Equal chances were given to participants by allowing them to pick either yes or no options in the ballot papers. Those who picked yes participated in the study.

3.4: Methods of data collection

Relevant data for this study were generated in two ways: primary and secondary sources. The primary source of data was questionnaire administration. The questionnaire was structured in two sections: A and B. Section A covered demographic characteristics of respondents/ participants in the study while Section B dealt with items that measured family friendly policies availability. A list of 12 individual family friendly policies was developed by Grover and Crooker (1995), the 12

family friendly policies items were selected and divided into four main categories which were compressed work-week (alternative work arrangement where a standard work-week is reduced to five days, and employees make up the full number of hours per-week by working longer hours).

Flextime policies (four items), Family Leave policies (four items) and Employee assistance program (three items). Respondents were asked to answer whether those policies were provided or not provided in their organization with the option of (1= Provided, 0 = Not provided). The alpha reliability is .73 for the whole family friendly policies (12 items) and .41 for flextime, .40 for Family leaves and .70 for employee assistance programmes. For this current study, 2 items from the 12 items were rephrased to adapt into the Nigerian context and we obtained a Cronbach's alpha reliability coefficient of .60 for all the items used. The secondary sources of data would be: information obtained from libraries and documents dealing on family work conflicts.

3.5: Data analysis
Both qualitative and quantitative data were collected for this study. In view of this, the analysis was both qualitative and quantitative in nature.
Qualitative data: Responses from respondents/ participants generated through questionnaire administration were subjected to content analysis.
Quantitative data: The quantitative components of data generated were analysed at two levels: univariate and bivariate levels. At univariate level, data were presented using frequencies and percentages. Also, at bivariate level, the hypothesis stated in this study was tested using independent t-test with unequal sample size.

4.0: Results and Discussions
The questionnaire was administered to three hundred and eighty four (**384**) respondents. Out of the 384 questionnaire that were distributed, 318 were returned, representing a return rate of 82.8%. Thirty nine (39) out of the 318 copies of the questionnaire were discarded due to improper fillings, leaving a total of 279 that formed the basis for this analysis. The analysis is divided into two sections. Section 'A' deals with socio-demographic data of respondents while section 'B' handles thematic issue.

4.1: Section 'A': Demographic Characteristics of Respondents
Information obtained on demographic characteristics of respondents focused on their sex, age, religion, marital status, work sector and rank. Table 4.1.1 contains the data.

Table 4.1.1: Demographic Characteristics of Respondents

Variables		Frequency	Percentage
Sex	Female	112	40
	Male	167	60
Age	18-27	67	24
	28-37	119	43
	38-47	55	20
	48-57	30	10
	58-Above	8	3

Religion	Christianity	197	71
	Islam	80	28
	Traditional	1	.5
	Others	1	.5
Marital Status	Single	89	32
	Married	183	65
	Divorced	7	3
Work Sector	Public	157	56
	Private	122	44

Data in table 4.1.1 shows that out of the 279 health workers that participated in this study, 40% were females while 60% were males. It implies that more males were employees in the health sector more than the females which confirm the position of Udegbe (1997) that women reproductive roles, socio-cultural beliefs, education, glass ceiling barrier are some of the likely reasons for the imbalance of women in the formal work sector. The participants' ages were: between18 and 27 years (24%), between 28 and 37 years (43%), between 38 and 47 years (20%), between 48 and 57 years (10%) and between 58 and above (3%).

Data also indicates that 197 (71%) participants were Christians, 80 (28%) were Islamic worshipers, 1 (0.5%) was an African Traditionalist while and others was 1(0.5%) participant only. The marital status of participants also varies. Those who were married were 183 (65%), single were 89 (32%), while those who were divorced were 7 (3%). The implication is that majority of the participants were married. In terms of participants work sector, 157 (56%) were in the public sector while 122(44%) participants were in the private sector.

4.2: Section B: Family Friendly Policies and Work Conflict

In this section, data obtained from participants ranks and family friendly policies are presented in table 4.2.1and analysed.

Table 4.2.1: Distribution of respondents' ranks and their responses on family friendly policies

Variables		Frequency	Per cent age
Rank	Junior	166	60
	Senior	99	35
	Others	14	5
Family Policies	High	141	51
	Low	138	49

Table 4.2.1 shows that participants' who were junior staff constitute 60% of the total sample population. Those who were senior staff represent 35%) while others who did not disclose their ranks were 5.0%. Those that reported high number of family friendly policies availability were 141 which is 51% of the sample population while those who reported low number of family friendly policies availability were 138 which is 49% participants.

4.3: Test of hypothesis

Ho. Health workers who reported high number of family friendly policies availability will not score lower in family-work conflict than health workers who reported low number of family friendly policies.

Hi. Health workers who reported high number of family friendly policies availability will score lower in family-work conflict than health workers who reported low number of family friendly policies.

This hypothesis was tested using t-test for independent group sample. See results in table 4.3.1 and 4.3.2.

Table 4.3.1: Mean table showing the mean score of the influence of family friendly policies availability on family-work conflict

Variable		Mean x	SD	SE	N
Family friendly policies availability	High	31.96	6.09	.512	141
	Low	32.93	6.36	.541	138

As indicated in Table 4.3.1, health workers who reported high number of family friendly policies availability have lower mean score (x = 31.96) than health workers who reported low number of family friendly policies availability (x = 32.93).

Table 4.3.2: T-test for independent sample group summary showing influence of family friendly policies availability on family-work conflict among health workers

Variable		Mean	SD	DF	T	P
Family friendly policies availability	High	31.96	6.09	277	2.16	NS
	Low	32.93	6.36			

The results presented on Table 4.3.2 shows that there was no significant influence of family friendly policies availability on family-work conflict among health workers t (277) = 2.16; p > .05. Therefore, the hypothesis that health workers who reported high number of family friendly policies

availability will score lower on family-work conflict than workers who reported low number of family friendly policies availability was not confirmed by the result. This implies that high number of family friendly policies availability does not influence the family work conflict experienced by workers.

Theoretical validation of results/ findings

This study revealed that family-work conflict was not significantly influenced by family friendly policies availability. This implies that whether workers reported high availability of family friendly policies or not it will not influence their level of family work conflict. The finding is in agreement with the position of the boundary theory which focuses on outcomes such as the meanings people assign to home and work and the ease and frequency of transitioning between roles (Ashforth et al., 2000). From the proposition of the boundary school of thought, keeping work and family separate makes it easier to manage work-family borders; integrating work and family facilitates transitions between these domains; either strategy can improve the well-being of employees, depending on the characteristics of employees. Therefore, every employee designs the process of achieving his or her desired work role despite the conflict therein. For instance, learning goal orientation, being a "self starter" or being social influencer at home and at work interplay in the determination of attitude of the worker. This affects his or her disposition to work.

The study unveils the fact that family friendly policies are available in the health work sector. One thing that is crucial in the availability of these family friendly policies is the usage of such policies. This is because, the availability of the programme and the usage of the programme are theoretically distinct. These two factors can differentially affect family-work conflict.

If friendly family-work policies are available but not used, the perception of their availability might not really have any impact on the level of family-work conflict experienced. The implication is that family-work conflict still exists even when friendly family-work policies are provided. The amount of usage is also important in affecting organizational outcomes such as decreasing family-work conflict. The reasons programme usage affects employees are very similar to the reasons programme availability affects employees, but the importance of the two explanations differ. The primary processes to understanding why family-friendly policies usage affects levels of family-work conflict more can be explained by the instrumental support the organization is providing. Some employees don't make use of the available family friendly programmes due to their fear that usage of such programmes will affect the security of their jobs and their career progression.

5.2: Conclusion
The conclusion that could be drawn from this study is that it has empirically provided the direction through which organizations can help their workers to reduce family work conflict. At least, having seen that provision of family friendly policies to the worker without adequate usage by the worker has no effect in reducing family-work conflict. It becomes imperative to note that organizations need to put in systems that will allow the usage of the provided family friendly policies.

5.3: Recommendations

From the results of this study, we hereby recommend as follows:

1. That organizations should encourage the usage of family friendly policies by their employees' workers. This is because many employees may perceive these policies but may be skeptical in their usage in order to protect their jobs.

2. Again, organizations should train their workers on the benefits of these family friendly policies if properly utilized by them.

3. Employees are advised to utilize available family friendly policies since it will help in their good welfare protections and enhance their work output process.

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