



**JOURNAL OF PSYCHOLOGY AND
ALLIED DISCIPLINES (JPAD)**

*A PUBLICATION OF THE
DEPARTMENT OF PSYCHOLOGY
Alex Ekwueme Federal University,
Ndufu-Alike*

ISSN No Print: 2992 - 524X
ISSN No Online: 2992 - 5258

Does Work-life Balance Predict Psychological Well-being among Federal Medical Doctors and Nurses in Southeast Nigeria?

Promise O. Onwuamaegbu¹ . Ngozi N. Sydney-Agbor²

¹Department of Peace and Conflict Resolution, Psychology, Criminology and Security Studies, University of Agriculture and Environmental Sciences, Umuagwo, Nigeria.

²Department of Psychology, Imo State University, Owerri, Nigeria

Received: 10 March 2023 / Accepted: 14 May 2023

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Abstract

The need to ascertain the impact of work-life balance (WLB) among doctors and nurses is imperative considering their ever-increasing work demands. Thus, the study seeks to ascertain if work interference with personal life (WIPL), personal life interference with work (PLIW), work/personal life enhancement (W/PLE), and if overall WLB will positively predict psychological well-being. The study equally examines whether doctors and nurses will significantly differ in their psychological well-being. To achieve this, three hundred and four doctors and nurses drawn from three Federal Hospitals through the cross-sectional survey research design in Southeast Nigeria. They comprised one hundred and eleven (111) doctors and one hundred and ninety-three (193) nurses between the ages of 30 –58 ($M = 44.20$, $SD = 6.28$). Results indicate that WIPL, PLIW, W/PLE, and overall WLB do not predict psychological well-being. However, doctors are found to differ significantly from Nurses in their psychological well-being. It was recommended inter alia that wellness programmes aimed at improving the psychological well-being of doctors and more especially nurses should be routinely done.

Keywords: Psychological wellbeing, work-life balance, doctors and nurses, Federal medical center, Nigeria.

Ngozi N. Sydney-Agbor (*Corresponding author*)
ngozisydney@gmail.com

Department of Psychology,
Imo State University, Owerri, Imo State, Nigeria

Introduction

In recent years, the well-being of healthcare providers has been gaining attention as a major public health concern and threat to quality care delivery (Søvold et al., 2021). Healthcare professionals are exposed to multiple stress factors within their work, which may influence their physical, mental, and emotional well-being in negative ways (Khana, et al., 2020; Muller et al., 2020). These challenges are heightened with the emergence of Corona Virus Disease (COVID-19) and by the emergence of new more infectious variants of the virus (Søvold et al., 2021). The quick changes in medical practice in the past 25 years have heightened interest in estimating doctors and nurses' psychological well-being and their perspectives on their work (Baker & Canter 2003). Low degrees of psychological well-being and occupational satisfaction among doctors and nurses might influence their relationship with their patients and compromise nature of care. Doctors and nurses are confronted with a ton of work requests since the number of individuals seeking medical attention is far higher than the accessible labour supply, predisposing them to exhaustion, stress and burnout which negatively impact their psychological wellbeing (Kolo *et al.*, 2017; Linn *et al.*, 2005). These progressions have additionally impacted emergency clinic work and may have expanded the difficulties of adjusting work and individual jobs among doctors and nurses.

The Nigerian health sector is noted for its long work-hour culture because of deficiency in labour supply and high responsibilities required of doctors and nurses which appear to cause neglect of their personal life such as investing sufficient time with their family or on private matters. This pattern contributes adversely to their individual psychological wellbeing since Nigeria places some importance on the family's structure (Ojo *et al.*, 2014).

Psychological well-being is an emotional term that has various implications to various people. It can be recognized when an individual gets joy, and life satisfaction and didn't show side effects of depression (Nzenweaku et al., 2020). Other than that, psychological wellbeing is about lives going great in light of the mix of feeling better and working successfully (Huppert, 2011). Individuals with high psychological wellbeing are fit, competent, and satisfied with their professional and personal life (Sharma, 2014). The occupation people engaged in overtime will continue to influence both their work satisfaction and psychological wellbeing.

The beginning of enquiries on work-life balance could be traced back to investigations of women playing numerous roles, the proof is tracked down in the work of Iliyasu *et al.* (2012) (cited in Barnett & Baruch, 2015) as they researched on psychological distress associated with the equilibrium between remunerations and concerns created by people. Shanker and Bhatnagar (2010), opined that to comprehend the need of work-life balance, one needs to grasp its history, causes and effects, and as such, the balancing act becomes easier. The corporate universe of today is highly exhausting and the work culture differs from one organization to another. Today, the cutoff times are getting tighter, and a single occupation is not enough to match that cutoff time, coupled with the need to give quality output and result is undeniably challenging to maintain a family life.

Work-life balance is about individuals feeling gratified with the way they share their time and energy between paid work and all the other activities they need to do. Hence, it alludes to the need in each one of us to have equilibrium in our lives. People perform better when they have some component of balance between their work and personal lives (Ibegbulam & Ejikeme, 2021). The emphasis on general satisfaction with a balance between leisure and serious activities, conversely, assesses the way the significance of work and confidential life contrasts between people (Abendroth & Ducki, 2011), and that exercises in different areas can be commonly enhanced (Ojo et al., 2014). People are happy with their work-family activities when they see that they have adequate assets to satisfy their numerous needs in the work and home spaces (Mordi et al., 2012).

Work-life balance has three dimensions: work interference with personal life (WIPL), personal life interference with work (PLIW), and work/personal life enhancement (W/PLE). Work interference with personal life is the intersection of work and personal life. Many aspects of one's work-life can interfere with personal life including family, leisure, and health. The problem of balancing work and personal life arises from incompatibility between the actual roles, especially when family roles are included. Researchers have found that work interference with personal life can take many different forms: one of the most common typologies is proposed by Akanji (2012), who recognized three forms of conflict: time-based, strain-based, and behavior-based. Time-based conflict occurs when time spent in one role leads to difficulty in fulfilling another role. Strain-based conflict occurs when strain experienced in work interferes with the personal role. Behavior-based conflict is exhibited when certain behaviours are inappropriately transferred from one role to the other role.

The second dimension is personal life interference with work (PLIW) which explains how personal life (family, leisure) intrudes into an individual's work life positively or negatively. These experiences have been proven to occur simultaneously within individuals at different levels and explain their wellbeing in a more nuanced way than conflict and enrichment in isolation. Balogun (2020) found out in their study on the role of personal life on work domains among women that higher participation in personal life does not significantly interfere with work more negatively among women.

The third and final dimension is work/personal life enhancement (W/PLE) which talks about creating a balance between work and personal activities such that, no one will suffer but be enhanced. The thinking seems to be that to enhance our personal wellbeing, we need to cut back on our work or if we want to make an impact at work, then our personal life will inevitably have to suffer. Work and personal life are seen as some kind of zero-sum game: if one goes up the other must go down. But writing in the Harvard Business Review, Stewart and Friedman (2017) argue that many truly successful people have achieved greatness at work, not by giving up their families, communities, and private selves but by fully embracing these aspects of themselves. This can be possible in organization where job stress is low. When doctors and nurses maintain a balanced work-life, it will avail them time to rest properly, thereby affecting their psychological wellbeing positively, but when the reverse becomes the case, their psychological wellbeing will be lowered.

Studies abound, confirming that work-life balance promotes psychological well-being (Ezzedeen & Swierez, 2002; Honda et al., 2015; Lavalekar & Pande, 2019; Mmakwe & Ojiabo, 2018; Shema & Ventrogen, 2015). However, this study anchors on segmentation theory of work life balance which proposes that in the relationship between work and home, the two aspects do not affect the other as they are segmented and thereby an independent entity (Edwards & Rothband, 2000; Staines, 1980; Young & Kleiner, 1992). Gagnano et al. (2020) noted that since the era of industrial revolution, life and work have been inherently divided by space, function and time. It has been argued that it is a way in which employees sternly holds back thoughts, action and feelings relating to work when at home and vice versa when at work, thereby enabling employees to maintain fine-lines in relation to family and work (Piotrkowski, 1979). This allows employees to skillfully sort their life (Bello & Tanko, 2020) and as such, the relationship between work and life may not impact psychological well-being.

The researchers wonder if the present study will lend support to the segmentation theory or if the current study will yield similar empirical findings among nurses and doctors of Federal hospitals in Southeast, Nigeria. This study also seeks to compare the psychological well-being of doctors and nurses in these hospitals. It is against these backdrops that the following hypotheses were postulated:

1. Work interference with personal life (WIPL) will positively predict psychological wellbeing among Doctors and Nurses of federal hospitals in South East Nigeria.

2. Personal life interference with work (PLIW) will positively predict psychological wellbeing among Doctors and Nurses of federal hospitals in South East Nigeria.
3. Work/personal life enhancement (W/PLE) will positively predict psychological wellbeing among Doctors and Nurses of federal hospitals in South East Nigeria.
4. Overall work-life balance will positively predict psychological wellbeing among Doctors and Nurses of federal hospitals in South East Nigeria.
5. Doctors and Nurses will significantly differ in their psychological wellbeing.

Method

Participants and Procedure

A total of three hundred and four (304) doctors and nurses drawn from three Federal Hospitals in Southeast namely: Federal Medical Center Owerri, Federal Medical Center Umuahia and Alex Ekwueme Federal University Teaching Hospital Abakaliki participated in the study. The participants were drawn through a convenience sampling technique. This method of selecting participants allows the researchers to select participants who were accessible and inclined to participate in the study. They comprised one hundred and eleven (111) (36.51%) doctors, and one hundred and ninety-three (193) (63.49%) nurses. One hundred and sixty-six (166) (54.6%) males and one hundred and thirty-eight (138) (45.4%) females out of which one hundred and nineteen (119) (39.1%) were single while one hundred and eighty-five (185) (60.9%) were married. Their ages ranged from 30-58 years with a mean age of 44.20 years ($SD=6.28$). A total of 350 questionnaires were distributed out of which 321 (91.71%) were retrieved. Out of the 321 retrieved questionnaires, 17 (5.30%) were discarded for incomplete filling of the questionnaires. Only 304 (94.70) out of the 321 retrieved were finally scored and analyzed.

Instruments

Psychological Wellbeing Scale (Ryff, 1989) was employed as a measure of psychological wellbeing in this study. The 42-items 6-point Likert scale ranging from 1= "Strongly Disagree" to 6= "Strongly Agree, measures six different qualities of high psychological functioning which are (a) self-acceptance, (b) mastery of the surrounding environment, (c) good association with others, (d) consistent growth and development, (e) purposeful living, and, (f) the capacity of self-determination (autonomy). Psychological Wellbeing Scale has been used over the years in Nigeria and Africa. For example, Wissing *et al.* (2010), reported a reliability of .89 for the overall scale. Similarly, the researcher obtained a Cronbach's alpha coefficient of .96, which exceeded Nunnally's (1978) minimum internal consistency criteria of .70 for determining the adequacy of a measure's internal consistency and thus indicating that the scale is reliable for use among Nigerian samples. The norm obtained for the modified psychological wellbeing scale (PWS) is 195.90 with high scores implying higher psychological wellbeing while lower scores imply lower psychological wellbeing.

The second instrument is Work-life Balance Scale advanced by Hayman (2005). It assesses how fit individuals are in controlling their work and life domains. It is a five-point Likert scale which ranges from 1 – Strongly Disagree to 5 – Strongly Agree. Work-life balance scale has three (3) domains: work interference with personal life (WIPL) (sample items include personal life suffers because of work); personal life interference with work (PLIW), (e.g., job makes personal life difficult); and work/personal life enhancement (W/PLE), (e.g., “job gives me energy to pursue personal things”). Hayman (2005) provided a Reliability Coefficient Index of .93, .85, and .69 for WIPL, PLIW, and W/PLE respectively while .76 is the overall reliability for the scale. The item evaluation for the work interference with personal life (WIPL)

dimension of the work life balance scale obtained on overall Cronbach's alpha coefficient of .84. The corrected item-totals ranged from .59 to .77 the norm obtained for this subscale is 13.43. For personal life interference with work (PLIW), corrected item-totals ranged from .37 to .79 while the norm obtained is 19.86 with Cronbach's alpha of .79. For work/personal life enhancement (W/PLE), a Cronbach's alpha coefficient of .84 was obtained. The corrected item-totals ranged from .52 to .79. The norm obtained for this subscale is 17.98. The overall norm for the scale is 51.27. Scores above the norm indicate high of work life balance (WLB) while scores lower than the norm indicate low work-life balance (WLB).

Work-Life Balance Scale has been validated and used severally in Nigeria and adequate reliability was reported (Akinawo & Onisile, 2019; Okojide et al., 2020; Oluwayemisi & Opayemi, 2022). The researchers obtained an overall Cronbach's alpha coefficient of .93 for the overall scale and .84, .79, and .84 respectively for WIPL, PLIW and WPLE dimensions of the scale.

Design/Statistics

Cross-Sectional Survey design was adopted, while data were analyzed using 3-step hierarchical multiple regression statistics. However, in addition to the above statistic, the independent sample t-test was used to evaluate the fifth hypothesis because it compared the mean scores of participants on a continuous variable (psychological wellbeing scores), for two different groups of participants, Doctors and Nurses (Pallant, 2011).

Result

Table 1: Mean and Standard Deviation of Psychological Wellbeing, WIPL, PLIW, W/PLE, Work-Life Balance (Overall) and Correlations of the Demographic Variables

	Mean	SD	1	2	3	4	5	6	7	8
1. Psy WLB	185.27	21.75	1							
2. WIPL	14.37	4.01	.002	1						
3. PLIW	17.98	5.46	-.097	.405**	1					
4. W/PLE	17.61	5.35	-.044	.395**	.418**	1				
5. WLB Overall	49.92	11.51	-.068	.717	.801**	.780**	1			
6. Age	44.20	6.28	-.014	.026	-.077	.016	-.014	1		
7. Gender	45	.50	-.017	.017	-.049	-.102	-.053	.157**	1	
8. M/S	1.61	.49	-.089	.055	.016	.051	.080	.680**	-.122*	1

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level.

From the above table, the mean of 185.27 which is below, the norm (195.90) for psychological well-being scale is an indication that the participants have low psychological well-being. Their work does not interfere with their personal life (WIPL) because the mean of 14.37 is higher than the scale norm. However, their personal life interferes with their work (PLIW) and they had a low work/personal life enhancement (W/PLE) (mean < norm). Similarly, the mean on overall work-life balance reveals that the participants have low work-life balance (mean < norm).

For the correlation of the variables, psychological well-being did not correlate with any of the variables. WIPL significantly correlated with PLIW ($r = .405$, $p < .01$), W/PLE ($r = .395$, $p < .01$),

and the overall work-life balance ($r = .717, p < .01$). Also, PLIW correlated significantly with W/PLE ($r = .418, p < .01$) and overall work-life balance ($r = .801, p < .01$). W/PLE significantly correlated with overall work-life balance ($r = .780, p < .01$). A significant negative correlation was found between gender and age ($r = -.157, p < .01$) as well as marital status ($r = -.122, p < .05$) while marital status positively correlated with age ($r = .680, p < .01$).

Table 2: Summary of Multiple Regression Analysis for Psychological Wellbeing, WIPL, PLIW, W/PLE, and Work-Life Balance (Overall).

Model	β	t value	p value
WIPL	.093	.637	.525
PLIW	-.058	-.307	.759
W/PLE	.031	.171	.865
WLB (Overall)	-.112	-.298	.766
R ²	.012		
F	.913		
Df	4,299		
Dubin Watson	1.86		

Dependent variable: Psychological wellbeing

The above table tested hypotheses 1 to 4. The overall model for the multiple regression was not significant [$R^2 = .012, F(4,299) = .913, P = .456$]. only 1.2% of the variation in psychological wellbeing is accounted for by the predictors. The Durbin-Watson of 1.88 falls within the acceptable range ($1.5 < D < 2.5$), an indication of no autocorrelation problem in the data. The results further showed that none of the dimensions of psychological wellbeing: WIPL ($\beta = .093, p = .525, t = .637$); PLIW [$\beta = -.52, p = .759, t = -.307$] and WP/LE [$\beta = .031, p = .865, t = .171$] was significant. Similarly, the overall work life-balance [$\beta = -.112, p = .766, t = -.298$] did not predict psychological wellbeing. Thus hypothesis 1, 2, 3 and 4 are rejected.

Table 3: Summary of Means and Standard Deviation for Independent Sample t-test Comparing Psychological Wellbeing among Doctors and Nurses

Job Type	N	Mean	SD	t	df	Sig. (2-tailed)
Nurses	193	181.79	22.91	-3.99	302	.000
Doctors	111	191.31	18.14			

An independent sample t-test was conducted to compare the psychological wellbeing scores among nurses and doctors. The result as presented in Table 3 above shows a significant difference in psychological wellbeing scores for doctors ($M = 191.31, SD = 18.14$) and nurses ($M = 181.79, SD = 22.91, t = -3.99, p = .000$). From the means, Doctors scored significantly higher in psychological wellbeing scores than nurses. Thus, the fifth hypothesis is upheld implying that doctors and nurses significantly differed in their psychological wellbeing.

Discussion

The findings of this study revealed that the three dimensions of work-life balance including the overall scale did not significantly predict psychological wellbeing among doctors and nurses working in federal medical centres in South East Nigeria. This contradicts the findings of Ezzedeen and Swierez, (2002); Honda et al., (2015); Lavalekar and Pande, (2019); Mmakwe

and Ojiabo (2018); Shema and Ventrogen (2015). The family border theory by Clark (2000) submitted that work and family are not separate spheres but are interdependent domains or roles with permeable boundaries, this further explained why work-life balance did not influence psychological well-being. Furthermore, Ryff's psychological theory enshrined six basic components that will help an individual's psychological well-being among which are Autonomy and Personal Growth. Federal medical centres are mostly regulated by the Federal Ministry of Health, it is, therefore, most likely that doctors and nurses in these centres do not have adequate autonomy and lack the required environment for personal growth. This could account for the variation in the findings of this study with other studies and could also explain their low psychological well-being.

It was however found in this study that doctors differed significantly from nurses in their psychological well-being with doctors having higher psychological wellbeing than nurses. This is in line with previous research findings (Ayden, 2021; Yayla & ESKIA, 2021) and contradicts the findings of Thanki and Pestonjee (2020) and Clausen *et al.*, (2021). The salary disparity and job description between doctors and nurses in these facilities could account for this variation in psychological well-being.

Implications of the Study

The study has far-reaching implications for the worker, employer, industrial psychologists and the society at large. First, the general low psychological wellbeing found among doctors and nurses buttresses the need for federal government to improve the working conditions of these workers and to increase their staff strength. This will lead to reduced workload which can enhance their psychological wellbeing. The finding has also raised the need for these workers to have time for leisure activities and embrace wellness programmes aimed at improving their overall wellbeing especially among nurses.

Based on this outcome, the researchers recommend that federal government through the ministry of health should strive to improve the remuneration of doctors and nurses in federal medical centres considering their tedious roles and importance. Wellness seminars and workshops should be organized aimed at equipping doctors and nurses with the necessary skills of balancing their work with their life as well as improving their psychological wellbeing. Increasing the remuneration of nurses as well as recruitment of more nurses can enhance their psychological well-being.

Limitations and Suggestions for Further Research

This research work is not without some limitations and as such caution should be applied in the generalization of the findings of this study as the sample size is not representative enough. Similarly, the use of self-report measures in collecting data does not guarantee the elimination of extraneous variables including ascertaining the genuineness of the participants' responses. Therefore, further research should be conducted using larger sample size and same replicated in other geo-political zones in Nigeria. This will increase the generalization of the findings. Similarly, demographic variables should be included and analyzed as mediating variables. It is also suggested that this study be replicated among either only doctors or nurses.

Conclusion

This study has revealed that work life balance including the three dimensions is not significant predictors of the psychological well-being of doctors and nurses contrary to most studies reviewed in. This suggests that other variables within the hospital environment might be responsible for the lowered psychological well-being. The disparity in the psychological well-

being of doctors and nurses should be of concern to the management of these hospitals since both are partners in promoting and improving the health of patients.

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