Work Stress and Marital Conflict as Correlate of Well-Being of Formal Caregivers in Abeokuta Township

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ABSTRACT

This paper sought to investigate the mitigating offect of work stress and marital conflict on the psychological well-being of formal caregivers. The study took place in Abeokuta township of Ogun state Nigeria. Two hundred and seventeen (217) formal caregivers were purposively selected from five non- governmental social services agencies to take part in the study. Structured questionnaires were used for the purpose of data collection. Results reveals that job stress and work family conflict influenced psychological well-being of informal caregivers negatively. As a result of these findings, it was recommended that there should be reduction in the work load for institutional caregivers in order to reduce their stress level. More also good job rotation and schedule of work that do not conflict with family responsibilities should be put in place in order to enhance psychological well-being.

Keywords: Work stress, Work family conflict and Well-being.

INTRODUCTION

Formal caregivers give assistance to other people who as a result of physical challenges, chronic illness or cognitive impairment could not perform certain activities on their own; the word "care" implies intimacy and connection. Care giving most often involves "semi-care", the emotional works of managing feelings and establishing and maintaining relationships or what Bernard (1971) termed as the stroking function in addition to physical care. Home care involves the mixture of formal and informal care. The trend is towards emphasis on more formal care since, unlike the past, more informal caregivers are employed; they preffered to remain employed but must juggle limited time between care giving and maintaining a sick relative and a job.

The demands of striking balance between work and family life can be a major source of stress in an individual's life, leading to a harmful effects on one's health and wellbeing (Frone, 2003). Everyone experience stress in life on daily basis, however, excessive amounts of stress have the capacity to cause diminished performance in life including home, work life and relationships as well as the physical and psychological well-being of the individual (Casey, 2011). For many two aspects of life are two important and they are; work and family. As many people take up multiple jobs in order to have dual income and an increase in the number of hours spent at work, many find that they are now juggling between the dual roles of work and family responsibilities (Byron, 2005). This has led to the phenomena of conflict between work role and family responsibility which has generated increased interest in the research surrounding this topic (Karimi, Karimi, &Nouri, 2011).

Work stress is majorly attributed to conflict within one's work role, work role ambiguity, and job role overload (Kahn & Byosiere, 1992) and this in turn leads to role pressure and incompatibility (Greenhaus & Beutell, 1985). Conversely, family-related stress for example, marital and parental conflict can interfere with work roles (Byron, 2005). Burdensome nature of care giving will often result in the caregiver suffering from severe depression, stress and social isolation.

Giving care to a recipient, can be very burdensome and demanding; it be a 24 hours, 7 days a week commitment which can take all of the caregiver's free time (Thomas Day, 2012). Singles, married, widowed adults or institutional care givers with extended families were more vulnerable to be victims of the problems in care giving. One of the concequence of this vulnerabikity is the insufficient fund to manage themselves and families. Single mothers or even married women that are bread winners of the family and still providing formal care services will be grossly unprepared to meet both personal needs and the developmental needs of their children.

STATEMENT OF THE PROBLEM

Perhaps now more than ever before, job stress poses a serios health challenge threat to workers. Around half of all formal caregivers are effectively excluded from other paid jobs as a result of heavy demands and care responsibilities of loved ones. Formal caregivers lack time to care for themselves and their loved ones, they are likely to have problem in obtaining child care and other parenting issues and finally, stress related illness caused in the bid to of trying to balance work and family life schedules and priorities. Furthermore, individuals who experienced work-family conflict have been found to develop increased health risks, inapropiate performance in family roles (marital partner and parent), reduced family and life satisfaction, and poor marital relations. (Suchet & Barling, 1986; Bedian, Burke, & Moffett, 1988; Burke, 1988; Higgins, Duxbury, & Irving, 1992; Hughes &Galinsky, 1994; Boles, Johnston, & Hair, 1997). Therefore, this study set out to ascertain the effect of work stress and marital conflict on the psychological health of formal caregivers.

LITERATURE REVIEW

Karasek's Job Demand-Control Model

This is a theory of work proposed by Karasek (1979) and expanded by Karasek and Theorell (1990). Karasek first proposition is referred to as the Job Demands–Control (JDC) Model, and also used the term "discretion" as a synonym for control. He suggested that excessive job demands or pressures (both psychological and psychosocial) can influence stress levels (especially psychological strain), on their own yet these stresses are not the most significant contributors to strain experiences. Rather, the level of strain people experience in their work will be determined by if they or do not have any control over the demands they have to deal with. This, according to Karasek (1979), means that there is a relationship between interactive effects of Demands and Control (or discretion) on stress levels.

Job stress may result into negative psychological well-being, such as depression, when the worker is do not know how he or she may control or or cope with high level of stress. Ability to control stess is benefitial to individuals' well-being as it encourages problem solving and allows for environmental changes that allows for effective coping mechanism with job demand (Ross &Mirowsky, 1989). Thus control is argued to be one possible coping strategy that workers may use to improve their well-being.

Work Stress and Psychological Well-Being

Work stress comes in different forms and affects human being in different ways. To a small extent, stress can be positive but when stress becomes overwhelming, it can destroy the health, mood, productivity, relationships, and quality of life.

Copper model has also stressed the importance conflict between work and home as one of the sources of stressor. Although argument exits as to the specific definition of stress, researchers generally argued that stress is "an unpleasant emotional experience associated with fear, dread, anxiety, irritation, annoyance, anger, sadness, grief, and depression" (Motowidlo, Packard, & Manning, 1986).

Smith, Larson, and Segal, (2007), argued thay, high level of stress can be disastrous and threaten the professionals' physical and mental health, and place them at risk for serious health-related problems over time. However, while some workplace stress is positive, too much stress can interfere with one's productivity and impact one's physical and emotional health, and ability to deal with it can mean the difference between success or failure.

Welbourne, Johnson, and Erez (1998) proposed that individuals in organizations enact two key work roles: the individual role and the caregiver's role. The job-holder role is representative of the formally prescribed (or in-role) duties and responsibilities that employees must fulfil, in contrast, the caregivers' duties includes employee hopes to be good organizational citizens. This demonstrated the empirical differences of these two conflicting roles, and recent research has demonstrated that employees often have feeling of pressure to engage in both types of roles (Perlow, 1998). Bedeian, (1988) found support for the relationship between work-family conflict and job stress. Other researchers have also reported a significant positive relationship between work-family conflict and work-stress. In an attempt to establish the relationship between work-family conflict and work-stress, Allen, (2000) did a meta-analysis examining the effects of work-family conflict and concluded that work-family conflict was significantly related to job/work stress, affective professional stress, and negative feelings at work.

Work-Family Conflict and Psychological Health

Work–family conflict is a specific type of role conflict in which work-role demands interfere with family-role demands (Greenhaus & Beutell, 1985). When conflict occurs it will gives adverse effects to both organization and individuals. The inability to endure both commitments will also form the behaviour of absenteeism, increasing the intent to turnover in work place including reducing the job commitment. Studies have long showed that these two variables are related, and have since found that this relationship has existed in the form of conflict.

Kahn et al. (1964) suggested that work-family conflict happens as a result of incompatibility between demands from work and family. Greenhaus and Beutell (1985) later summarized that job-family conflict happens when demands from one role affects one's ability to meet the demands associated with another role in another domain.

Greenhaus and Beutell (1985) and Kahn et al., (1964) examined job-family conflict as a one-dimensional construct despite the fact that the definitions they provided demonstrated that job roles affected family roles and family affected work roles which suggests a bidirectional relationship (Allen, Hesrt, Bruck, & Sutton, 2000; Frone, Russell, & Cooper, 1992). Some other studies, however, did not recognize this aspect of the construct and treated job-family conflict as being comprised of two different but related forms of inter-role conflict focusing on how the two variables not interferes with each other. Family (Frone et al., 1992; Netemeyer, Boles & McMurrian, 1996).

HYPOTHESIS

1. There is a significant relationship between work stress of formal caregivers and their psychological well-being.
2. There is a significant relationship between work family conflict of formal caregivers and their psychological well-being.

METHODOLOGY

Research Design

The research design that was used for this article paper is the Ex-post-facto design. The research design was adopted because the researcher did not manipulate any variable in the study. The variables of interest had already occurred to participants before the study began.

Sample and Sampling Technique

The study took place in Abeokuta township using five of the non-governmental agencies. The researcher employed the use of multi stage sampling technique. The initial stage was the use of purposive sampling technique in selecting participants and the second stage was the random sampling technique of selecting 217 formal caregivers who took part in the study.

Research Instrument

The instrument adopted for this study is a questionnaire by the researcher. Its aim is to know the effects of psychosocial factors on psychological well being of formal caregivers. Section A deals with the socio-demographic information of formal caregivers. Psychological well-being questionnaire developed by Ryff has sixteen items and respondents' perception on each stated items was rated using 5-point Likert scale ranging from strongly disagree to strongly agree. Work-family conflict scale was developed by Higgins and Duxbury (1992), it consists of 17 items of questions with 5-points Likert rating scale ranging from 1= never to 5= always. This measures the perception of the degree to which work interferes with family life of formal caregivers. Job stress Scale developed by Marlin Company and American Institute of Stress (1998). It consists of 8 items. The response format of the stress is a five-point rating scale ranging from 1= never to 5 = very often. The author reported a reliability co-efficient of this scale which are reasonably high (Cronbach's alpha. 0.87; retest reliability r 0.88). The mean was used to dichotomize work overload into high and low work load.

Research Procedure

The researcher spent some days distributing the questionnaires to various agencies at different places in Abeokuta Town. The researcher was with the respondents to put them through the questions that may appear to be unclear to them. However, the questionnaires were collected back as soon as the respondents were through filling them.

RESULTS

Demographic Characteristics of the Respondents

Table5.1. *Distribution of Respondents by Age*

Age		
24-30 years	94	43.3
31-35 years	73	33.6
36 years and above	50	23.0

Table 5.1 above shows that 94(43.3%) of the respondents fall between the age group of 24-30 years while larger proportion 73(33.6%) were between the age bracket of 31-35 years and 50(23%) fall between the age range of 36 years and above.

Table5.2. *Distribution of respondents by sex*

Sex	Frequency	Percentage
Male	41	18.9
Female	176	81.1

Table 5.2 shows that 41(18.9%) of the 217 respondents were male while 176(81.1%) were female.

Table5.3. *Distribution of respondents by marital status*

Marital status	Frequency	Percentage
Married	74	34.1
Single	143	65.9

Table 5.3 shows the marital status of the respondents, 35(16.1%) were married, 56(25.8%) were single, 39(18%) were separated/divorced and 87(40.1%) were single parents.

Table5.4. *Distribution of respondents by educational status*

Educational status	Frequency	Percentage
WASC/NECO	13	6.0
NCE/OND	6	2.8
Hnd/B.sc	143	65.9
Postgraduate	55	25.3

Table 5.4 shows the educational status of the respondents, 13(6%) were O'level holder while 6(2.8%) possess NCE/OND certificate, larger proportion 143(65.9%) acquired degree certificate and 55(25.3%) attained postgraduate level.

Table5.5. *Distribution of respondents by personal income per month*

Personal income per month	Frequency	Percentage
More than 100000	26	12.0
100000-50000	77	35.5
49999-30000	83	38.2
29999-10000	31	14.3

Table 5.5 shows the personal income of the respondents per month 26(12%) earned more than 100000 Naira per month, 77(35.2%) earned between 100000-50000 Naira per month, majority 83(38.2%) reported receiving between 49999-30000 Naira monthly and 31(14.3%) earned between 29999-10000 Naira per month.

TEST OF HYPOTHESES

Hypothesis One

Hypothesis one states that there is a significant relationship between job stress of formal caregivers and their psychological well-being. The hypothesis was tested using Pearson r correlation analysis. The result is presented in table 5.6

Table5.6. *Pearson Product Moment correlation showing the relationship between job stress of formal caregivers and psychological well-being*

Variables	Mean	S.D	N	r – cal	P	Remark
Job stress of formal caregivers	18.55	1.88	217			
Psychological well-being	56.81	5.29	217	-.62	<.05	Sig.

The results obtained from the test are shown in table 5.6 above. The table shows that there was significant inverse relationship between job stress of formal caregivers and psychological well-being ($r= -.62$, df = 217, $p<.05$). This suggests that increase in job stress significantly relate to decrease in psychological well-being of formal caregivers.

Hypothesis Two

Hypothesis two states that there will be significant inverse relationship between work family conflict of formal caregivers and their psychological well-being. The hypothesis was tested using Pearson r correlation analysis. The result is presented in table 5.7.

Table5.7. *Pearson Product Moment correlation showing the relationship between work-family conflict of formal caregivers and psychological well-being*

Variables	Mean	S.D	N	r	P	Remark
Work family conflict of formal caregivers	12.52	1.88	217		<.05	
Psychological well-being	56.81	5.29	217	-.55		Sig.

The results obtained from the test are shown in table 5.7 above. The table shows that there was significant inverse relationship between work-family conflict of formal caregivers and psychological well-being ($r=-.551$, df = 217, $p<.05$). This suggests that increase in work family conflict of formal caregivers significantly leads to decreasing psychological well-being.

DISCUSSION

The paper looked into the influence of work stress and job- family conflict on the psychological health of institutional caregivers in Abeokuta town. The results of the tested hyphoteses are discussed below.

The result reveals that there was association between job- stress of institutional caregivers and their psychological health. This finding confirms the work of (Westman&Etzion, 2006: Voydanoff, 2007). Job demands and work stresses have been established to have direct impacts on the quality of life of families and the psychological health of family members. Theories have proved that caregiving is an unwanted stressor that has consequences and usually negative for the caregiver's wellbeing. There was an association between job- family conflict of institutional caregivers and their psychological well-being. This indicates that as job- family conflict of institutional caregivers increases, psychological wellbeing decreases. This is also supported by the previous literature who reported that job and family conflict concerns among caregivers account for negative well-being of institutional caregivers as they conflict work and family role in a daily bases (Stone et al, 1987; Scharlach& Boyd, 1989). Jobs connected with these negative outcomes are those with irregular work arrangement (Davis, Goodman, Pirretti, & Almeida, 2008), rotating and off scheduled shift work (He, Zhao, &Archbold, 2002), work schedules that conflict with marital partners (White&Keith, 1990), excessively long work weeks (Voydanoff, 2005b), and jobs that separate family members for a long period of time require long periods of time (Orthner& Rose, 2003; Zvonkovic, Solomon, Humble, &Manoogian, 2005). These work schedules have demonstrated to have negative impact on family members especially those that involve off and on which can create role confusion in both the separating family member and members of their household.

CONCLUSION

Conclusions drawn in this study were premised on the tested hypotheses. Formal Caregiver perception of work stress and job-family conflict influenced formal caregivers' psychological wellbeing. Institutional caregivers with high level of stress will have negative psychological well-being. Formal caregivers with role conflict will also have negative psychological well-being. The above needs suggest that social workers and psychologists must provide caregivers with essential support and facilitations so as to reduce their poor psychological wellbeing. Being a formal caregiver would at the same time influence the caregivers' health and work status.

RECOMMENDATIONS

Participation of institutional caregivers in the society will be effective if adequately informed about career condition and appropriately educated by social workers, so as provide effective psychological support. Caregivers who experience high burden are at risk of developing emotional problem like

depression. Individual with low socio-economic status may need Medicaid health. This includes assistance in in-home care and personal care, such as help with bathing, dressing, cooking, cleaning, eating, moving around, and a activities daily routine of life.

The current study suggests the following policies to support formal caregivers' efforts:

➢ Reduction in work load of formal caregiver that could cause stress and other psychological health issues by employing more formal caregivers.

➢ Good job rotation and scheduled of work for formal caregivers in order not to impaire with family responsibilities thereby reducing poor psychological wellbeing.

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