The Implications of Work-Family Interface on Health

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Abstract: *The intricate relationship between an individual's work and family life has become a topic of increasing interest in the realm of academic research. Scholars have sought to understand the various ways in which these two domains intersect and the implications of such interactions on an individual's overall health and well-being. One key aspect of this research has focused on the concept of work-family balance which examines how the demands and resources present in the work and family spheres can have a direct impact on personal functioning and well-being. Existing studies have revealed that the challenges of balancing work and family responsibilities can lead to a range of negative outcomes, both for the individual and the organization as a whole. Juggling between the responsibilities towards their families and expectations of the workplace along with constant conflict to maintain a balance between work and family can have serious implications on the life of an individual by affecting their quality of life and overall well-being.*

Key Words: *Health, well-being, work-family balance, performance.*

1. INTRODUCTION:

There is a widespread demand from employees for the right to balance work and home life in today's busy world in which finding time for oneself seems impossible. While some organizations have attempted to address these concerns by implementing work-life support initiatives such as health and wellness programs, the existing literature suggests that the effectiveness of these interventions remains a subject of debate. Moreover, there are numerous negative consequences encountered by employees who undergo extensive work-family conflict such as deteriorated physical health and emotional well-being, as well as reduced performance and lower satisfaction in the work-family domain (Bellavia & Frone, 2005). Due to the difficulties experienced by employees with health issues, the connection between health outcomes and work-family conflict is quite disturbing. In order to be considered as possessing good health, both physical and psychological components of health and well-being are essential for an individual (Sanderson, 2004). Reports of physical symptoms and overall health problems along with specific physiological condition assessment i.e. cholesterol, blood pressure are some of the indicators of physical health problems which are responsible for causing overall physical health problems. Likewise, health-related behavior which are unhealthy in nature such as lack of physical exercise, unhealthy diets, excessive tobacco and alcohol consumption, also contribute to overall physical health problems. On the other hand, the experiences of dissatisfaction and negative emotions are considered to be psychological health problems. Along with specific emotions such as anger, depression and frustration, the indicators of a variety of negative emotions comprises of overall psychological strain and life distress, while dissatisfaction includes negative evaluations of specific life roles i.e. work and family dissatisfaction along with one's overall life dissatisfaction. Even though physical and psychological components of health and well-being cannot be completely separated, there are numerous causal linkages explaining the different pathways through which health and well-being is impeded by work-family conflict (Greenhaus et al, 2006).

2. WORK-FAMILY INTERFACE:

The relationship between work-family conflict and depression have been examined by numerous studies. Instead of assessing a clinical depressive disorder, most of these studies have accessed depressive moods or symptoms. The assumptions that those employees who experience work-family conflict also experience high levels of depression is supported by the findings of these studies. In addition, depression is related to both forms of interference i.e. work interfering family and vice-versa (Frone et al, 1996). Moreover, a positive relationship between work-family conflict and depression have also been observed consistently by these studies. The relationship between work and family conflict

and other aspects of psychological health like psychological strain, anxiety and life distress have also been examined by a handful of studies. Just as symptoms of depression, these studies have also found out that both directions of interference i.e. work interfering with family and vice-versa are believed to be associated with these forms of psychological strain (Parasuraman et al, 1996). The existence of significant relationship between work-family conflict and psychological outcomes have been illustrated by other studies that focused either on work interfering with family exclusively or on bidirectional interference (Matthews et al, 1996; Parasuraman et al, 1996).

By using different types of expressions such as burnout, somatic-psychological health and psychological symptoms, several studies have combined psychological and physiological health items into a single measure. Despite being few in number, these studies have demonstrated that work interfering with family and vice-versa holds a significant relationship with outcomes of strain (Kirchmeyer & Cohen, 1999). There are two different approaches taken by research which links work-family conflict and physical health outcomes. The first approach which involved a small number of studies examined physical conditions which are specific in nature such as blood pressure, cholesterol level, hypertension and stress. On the other hand, general self-reports of physical symptoms, health complaints, somatic complaints and overall health issues have been assessed by a second approach that involves a large number of studies. Research revealed that work interfering family and family interfering work were both positively related to diastolic blood pressure level while family interfering work was linked with hypertension (Thomas & Ganster, 1995). In addition, individuals who underwent extensive work interference with family reported higher cholesterol levels. There have been implications of other studies which predicted physical conditions for the impact of work-family interface on physical health even though these studies did not assess work-family conflict directly. One study reported that female managers' blood pressure remained high and their norepinephrine secretion increased after work, whereas there was a fall in male managers' blood pressure and catecholamine sharply at 5 p.m. Similarly, another study reported that after work, the norepinephrine elevation was significantly greater for women as compared to men, specifically for working mothers. These findings suggested that the rise in blood pressure and norepinephrine levels was a result of greater challenges faced by women in juggling work and family responsibilities as compared to men (Greenhaus et al, 2006).

The evidence of an indirect linkage between work-family conflict and physical manifestations of health was reported by a study that was conducted on female nurses (Goldstein et al, 1999). The study reported higher cortisol levels at night for married nurses as compared to unmarried nurses. Moreover, there were similar levels of norepinephrine on work days and off days for married nurses, while there was significant decrease in norepinephrine for unmarried nurses on off days as compared to work days. The study also revealed that a decrease in heart rate was significantly greater for women without children from day time to evening as compared to women with children (Goldstein et al, 1999). Similarly, another study revealed that the production of high levels of systolic and diastolic blood pressure among white-collar women resulted from extensive family responsibilities and high job demands. To conclude, these findings suggested a possible linkage between physical health and family responsibilities for women wherein physical effects on health resulted from juggling work and family demands (Greenhaus et al, 2006). Researchers have examined the relationship between conflict and behavior that can produce health problems by taking into account the potential impact of work-family conflict on physical health problems. As per findings, there has been an association of work-family conflict with substance dependence, extensive use of medications, alcohol-use and smoking (Grzywacz & Marks, 2000).

With regard to the choices of food and physical activities, there has been an impact of work-family on physical health of families who are seen to be racing against time in order to meet the demands of work, child-care, shopping for grocery and preparation of meals. In a qualitative study conducted in United States, workers were unable to prepare a healthy menu due to the constraint in time and energy which was required to shop and prepare meals (Devine et al, 2003). In fact, the main obstacle to eating healthy is considered to be time constraint faced by employees, which has been reported by various surveys. Notably, the time constraint has been attributed to work demands which resulted in loss of energy after work, due to which employees were unable to prepare healthier meals when they reached home. Thus, the factors responsible for determining food choices were speed and convenience. In order to reconcile work demands and nutritional needs of the family, different strategies have been adopted by the employees. The creativity and strong organisational abilities of families have been demonstrated by some methods while other methods seemed to be costly and there were questions raised about health issues when employees opted to eat in restaurants or when they bought frozen foods. Employees were unable to share meal times with their family members due to time constraints and hectic work schedules. Having meals with family is considered as a period of transition between professional and family obligations and not just a mere occasion of eating together. It also provides the opportunity for socialization and transmission of nutritional culture along with providing opportunity for parent-child contact (Nathalie et al, 2007). In fact, a positive emotional effect on parent-child relationship has been observed by eating together as a family by a U.S. Council of Advisors in 2000 (Zuzanek, 2000).

3. CONCLUSION:

There has been an association of work-family conflict with a myriad of indicators of poor health and impaired well-being as observed by the research. It includes poor mental and physical health, reduced life satisfaction, increased stress levels, higher emotional exhaustion, reduced physical exercise, consumption of alcohol, increased depression and anxiety levels, fatigue and poor appetite experienced by individuals who juggle between work and family demands. There has also been an association of work-family conflict with limited exercise and poor choices that has been either assessed directly or inferred from family responsibilities (Grzywacz & Marks, 2001). Stress is considered as an important variable by which we can understand how the health of employees are affected by work-family conflict. The roots of work-family conflict have been found in the study of organizational stress where conflict in work-family domains have been viewed from the stress perspective. In fact, the manner in which individuals react to stressful environments can be traced from the origins of health and well-being (Sanderson, 2004). The consistent relationship between work-family conflict and overall life satisfaction has been highlighted by the literature. While assessing work interference with family and family interference with work, studies have found that both directions of interference were associated with diminished quality of life or reduced life satisfaction (Duxbury & Higgins, 1991). The fact that the impact of work-family conflict on life satisfaction was partially or fully mediated by satisfaction with work-family domain has been revealed by several studies (Aryee et al, 1999). Thus, there is clearly a positive association of work-family conflict with anxiety, depression and emotional strain, whereas, overall life satisfaction and indicators of combined physical and emotional symptoms is associated negatively (Frone, 2000). In addition, there have been an impact on the overall psychological well-being due to interference of both directions between work and family roles.

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