Work-family balance and health outcomes

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Work-family balance (WFB): the equilibrium archived when one is able to adequately reconcile the demands of paid work with those of the family.

Converse:

Work-family conflict (WFC): the extent to which experiences in work and family roles are mutually incompatible.

* Triggered by simultaneous demands in both roles.
* Bi-directional.
* Essence is inter-role interference.
* Literature dominated by conflict perspective.
* Recent calls for balanced approach acknowledging/emphasising positive connections between work and family.
* However WFC remains area of concern for several reasons/societal changes:
  * Economic context
  * Demographic context
  * Work context
  * Social context
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<thead>
<tr>
<th>Changes</th>
<th>Work-family conflict</th>
<th>Impact</th>
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<tr>
<td><strong>Economic</strong></td>
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<tr>
<td>• Globalization of markets</td>
<td>Time-based conflict</td>
<td>Family</td>
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<td>• Increased female labour force participation</td>
<td>Time demands of one role restrict the amount of time that can be devoted to the other role</td>
<td>• Decreased socialization</td>
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<td>Strain-based Conflict</td>
<td>• Adaptation problems</td>
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<td>Stress due to performance of one role is carried or transferred to the other role.</td>
<td>• Reduced marital satisfaction</td>
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<td>Behavioural conflicts</td>
<td>Work</td>
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<td>Effective behaviour in one role is inappropriately applied to the other role.</td>
<td>• Reduced work satisfaction</td>
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<td>• Increased absenteeism</td>
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<td>• High employee turnover</td>
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<td>• Demotivation</td>
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<td><strong>Demographic</strong></td>
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<td>• Aging population</td>
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<td>• Increased migration</td>
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<td><strong>Work context</strong></td>
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<td>• Increased use of technology</td>
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<td>• Increase in atypical jobs and work schedules</td>
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<td><strong>Social context</strong></td>
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<td>• Increase in no. of single parents</td>
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<td>• Diversification of families</td>
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<td>• Dual earner families</td>
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**Health**
Health

- A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO)

- WFC has impact on:
  - Psychological/mental
  - Physical health
  - Dietary and lifestyle habits
  - Child and adolescent health
  - Employers and health system
Mental/ psychological health outcomes

- High correlation between WFC and depression
- High degree of anxiety, irritability and overall stress.

Gender gender-based differences:

- **Women**: High likelihood of being clinically diagnosed with mood disorders
- **Men**: High likelihood of suffering from drug or alcohol dependence
*Physical health outcomes*

Association with:

- Hypertension,
- High serum cholesterol levels
- Cardiovascular and gastrointestinal problems
- Migraines
- Psychosomatic symptoms such as fatigue, lack of appetite and nervous tension
* Dietary habits and lifestyle of families
I can’t continue working these hours... I feel as though I’m missing Michael’s childhood.

His name’s Mark!
Child health and survival directly related to parents’ S-E circumstances and work environments.

Wide evidence that parents’ access to supportive workplace policies (maternity, paternity & parental leave); flexible arrangements, on-site childcare etc. improves infant and child health.
*Adolescent health*

Parents’ WFC and poor WFB also linked to various adolescent and youth problem behaviours
* Employer and health systems

High likelihood of:

• Work-related accidents and injury
• Employees succumbing to professional burnout
“I DON'T LOVE THE PHRASE 'BALANCING WORK AND FAMILY.' IT SETS UP THIS IDEA OF SCALES OF JUSTICE WITH WORK ON ONE SIDE AND FAMILY ON THE OTHER SIDE.”

NORAH O'DONNELL