Understanding the causes and consequences of work-family conflict: an exploratory study of Nigerian employees

Abstract

Purpose - An important theme for the 21st century employee is the desire for work and family balance devoid of conflict. Drawing on detailed empirical research, this article examines the multi-faceted causes and consequences of work-family conflict (WFC) in a non-Western context (Nigeria).

Methodology - The paper uses qualitative data gleaned from semi-structured interviews of 88 employees (44 university lecturers and 44 medical doctors) across cities in the six geo-political zones of Nigeria.

Findings – The findings showed that work pressure, heavy familial duties, poor infrastructural facilities, and a lack of suitable and practicable work-family balance policies are the main causes of work-family conflict in Nigeria. Juvenile delinquencies, broken marriages/families, and an unhappy workforce are among the grave consequences of WFC among Nigerian employees.

Originality/value – The article suggests that the availability of basic infrastructural facilities and more government support and practicable work-family policies, among others, will reduce WFC level and will also enhance positive spill-over from the work domain to the family domain and vice-versa.

Keywords: work-family balance, work-family conflict, spill-over, Nigerian employee.
Introduction
An understanding of the causes and consequences of work-family conflict (WFC) is of practical importance for both employees and employers. For employees, it will unravel causes of WFC thereby working towards solving inherent problems to achieve a balance between work demands and familial obligations (Burke et al., 2011). Employers will be able to offer help to employees in terms of ameliorating any WFC, and eventually have a healthier, happier, and more productive workforce, thereby fostering societal harmony (Ransome, 2007; Kelly, Phyllis and Eric, 2011). This is, perhaps, why Harrington and Ladge (2009, p. 148) described work-family balance (WFB) as one of the “most significant business issues of the 21st century”. It can be argued that WFC is an issue of global concern with innumerable research on Western countries (Brough and Kalliath, 2009; O’Driscoll, Brough and Kalliath, 2006). However, there have been fewer studies in sub-Saharan Africa (specifically Nigeria) (Ajiboye, 2008; Akintoya, 2010). This article provides an empirical insight into the causes and consequences of WFC using Nigeria as the empirical focus. The social, cultural, and economic contexts differ from that of the West. This article aims to provide the Sub-Saharan African context of WFC.

WFC has been discussed extensively in the management literature and has dominated public discourse on the work-family interface in the last four decades (Runte and Mills, 2006). The strong interest in this subject may well be connected to the fact that WFC negatively affects families, workers, and employers/organisations (Grover and Crooker, 1995; Konrad and Mangel, 2000). According to Runte (2009, p. 19), conflict arises “as a result of competition for the limited resource of the employee’s time and commitment”. For Voydanoff (2004), however, WFC arises when there are pressures and conflicting responsibilities from both the work and family domains, which eventually leads to the incompatibility of the two domains. This is in stark contrast with
human capital theory that workers have a limited amount of energy and time, such that when they are involved in multiple roles, the demands of these roles (based on the assumption of scarcity of resources) will diminish the available resources (Becker, 1985; Runte, 2009).

Typically, WFC has been argued to be particularly problematic among women (Lundberg, Mardberg and Frankenhaeuser et al., 1994; Williams and Alliger, 1994), but this article has adopted a gender-neutral stance in order to find out whether male workers also experience WFC and thus will test for gender differences in the experiences of WFC. Spill-over theory has been espoused as the theoretical framework for this study. According to the spill-over theory, spill-over between work and family occurs when feelings, attitudes, and behaviours in one field (e.g. work) are affected by role participation in another area (e.g. family). The key postulation of the spill-over model is that values, behaviours, and skills learned in one area might have an effect or influence the other domain (Edwards and Rothbard, 2000; Staines, 1980). It is important to note that there is a paucity of empirical research on WFC regarding Nigeria. In addition, Nigeria leans toward a collectivist culture that emphasises the importance of family ties and perceives the family as a social security shield for every member of the family (Chakrabarty, 2009).

Most of the extant research in Africa on work-family interface has been undertaken in South Africa and focused on themes related to occupations, industries and gender (Epie and Ituma 2014; Mokomane and Chilwane, 2014). The high interest on women in this research area within the African setting Bardoel et al (2008) is attributed to the historical conceptualisation of work-family balance as predominantly affecting women in paid employment with families. The article sought data from medical doctors and university lecturers across Nigeria. The two professions would potentially present interesting similarities and differences. Across the world both professions are generally prone to WFB/WFC challenges. Medical doctors have the reputation
for long hours working cultures, working at odd hours (e.g. nights) as well as work pressures requiring attention to details, perfection and complete attention. These negative experiences has been reported almost universally; USA (Keeton et al, 2007), Japan (Umene-Nakano et al, 2013), New Zealand (Gander et al, 2010). University lecturers, on the other hand, generally, tend to have more work flexibility, but usually personally set goals for high attainment, requiring the need to balance the demanding requirements of teaching, research and professional practice. They take on administrative tasks, pastoral role for students consequently, long hours of work are also common. In the UK, for instance, academics reporting more WLC, greater discrepancy between their present and ideal levels of work-life integration tended to be less healthy, less satisfied with their jobs, and more likely to have seriously considered leaving academia (Kinman and Jones, 2008).

The similarities and differences in these two professions allow us to critically evaluate how organisational and personal targets influence WFC. Specifically, the objectives of this study are to: (a) critically evaluate the causes of WFC among medical doctors and lecturers in Nigeria, (b) examine the consequences of WFC, and (c) offer recommendations as to what can be done either to avert or ameliorate WFC. It is hoped that the findings will: (a) provide valuable empirical data to help decision making about public policy; (b) be useful for the academics and for the formulation and application of human resource management (HRM) policies that will benefit both employers and employees; and (c) stimulate further research into WFC.

**Work-family Conflict in Context**

WFC is a widely-researched subject area in business and organisational behaviour (Poelmans, O'Driscoll and Beham, 2005). Its origin in literature can be traced to the studies of Rapoport and
Rapoport (1965, 1969), Renshaw (1976), Kanter (1977), Pleck (1977), Handy (1978), and Pleck and Staines (1985). The main theme of all these studies is that work and family demands always contest for employees’ time and energy, which eventually results in conflict (Poelmans, O’Driscoll and Beham, 2005). This means that different expectations in terms of roles in work and family domains can create conflicts that can result in reduced participation, satisfaction, and performance in either or both of these domains (O’Driscoll, Brough and Kalliath, 2006). Usually, employees experience WFC when work demands interfere with participation or performance in home demands and vice-versa (Greenhaus and Beutell, 1985).

WFC is a form of inter-role conflict that occurs as a result of incompatibility between work and family role demands. This incompatibility in role demands often leads to unhealthy functioning in both work and family roles (Greenhaus and Beutell, 1985). Arguably, work and family roles are probably the most important roles in an individual’s life (Morris and Madsen, 2007) and each part has high expectations that could bring forth conflict if it is not effectively managed (Elloy and Smith, 2003). The greater the role demands of an individual’s employment, the higher the level of conflict that they are likely to experience in the family domain and vice-versa (Cinamon, 2006). However, conflict does not only come from work domain to the family domain, the reverse can also occur depending on an individual’s involvement in both spheres; it could be WFC or family-work conflict (Voydanoff, 2004). WFC occurs when work demands interfere with family needs and family-work conflict occurs when family demands interfere with work requirements (Greenhaus and Beutell, 1985; Voydanoff, 2004). Hence, conflict, in whichever direction, is always bad for employees’ participation and performance in both domains (Chandola et al., 2004).
Carlson and Frone (2003) discovered that WFC is caused by internal and external interference. Internal interference is caused by self-inflicted demands and external interference is caused by a source that is external to the individual. Greenhaus and Beutell (1985) argued that incompatibility between work and family domains could lead to three types of conflict: time-based conflict, strain-based conflict, and behaviour-based conflict. None of these conflicts is specific to a particular area, they occur in both work and family domains (Carlson, 1999). Time-based conflict occurs when time or attention from one area hinders performance in that very domain but facilitates performance in another domain. Strain-based conflict occurs when demands from one area make it very difficult to meet the demands of another domain. Behaviour-based conflict occurs when a behaviour that is active in one role is inappropriately transferred to the other role (Greenhaus and Beutell, 1985, p. 77). WFC is not exclusively a women’s issue, rather, it is an issue for both men and women (Noor, 2002). Researchers have, however, argued that women are more susceptible to experiencing WFC than men (Adisa, Mordi and Mordi, 2014; Lundberg et al., 1994; Williams and Alliger, 1994). Women are confronted with engaging in paid employment and caring for the household (Carlson and Frone, 2003), what Gerstel and Gross (1987) described as “unpaid family duties”. Women’s engagement in paid employment (which often augment their family’s financial status) (Smith, 1987) does not, in any way, disturb their domestic responsibilities such as cooking, cleaning, shopping, etc. (Cowan, 1987). This, perhaps, explains why conflicts between the demands of work and family, for women always increase (Noor, 2002).

Some extant studies (e.g. Bardoel et al 2008; Drago and Kashian, 2003) have also suggested pushing the boundaries of work-family research to include all studies and discourse connecting paid employment and the individual commitment to their kin. We argue this does not exclude
self-employment and, therefore, define work-family research to include extant research that investigates the relationships between all forms of employment, including self-employment and the individual commitment to their kith and kin. This article, while seeking to contribute to a broader debate about WFC, provides a detailed empirical evidence of the causes and consequences of WFC in a non-Western context (Nigeria) and offer recommendations to ameliorate the competing pressures of work demands and familial responsibilities.

**Conceptual Background**

Work-family interface has been viewed and researched from different standpoints (Guest, 2001). This study is guided by spill-over model (Staines, 1980), which explains how events, activities, emotions, and attitudes in one area can positively or negatively affect the other (Edwards and Rothbard, 2000). According to the model, feelings, attitudes, behaviours, and emotions in work and family domains usually transcend the physical boundaries of home and work domains; and these domains affect one another through a permeable boundary in a positive or negative way (Edwards and Rothbard, 2000; Staines, 1980). This implies that spill-over tends to occur between family and work. Typically this would arise when feelings, attitudes, and behaviours in one are affected by role participation in another. For example, happiness at work, leads to happiness at home and vice-versa (Barnett, 2005). Positive spill-over occurs when experiences and role performances in one domain manifest through enhanced emotions, attitudes, or behaviours (Carlson et al., 2006), contributing to greater involvement, satisfaction, or performance of the other (Rogers and May, 2003). Positive spill-over enhances employees’ role performance (Edwards and Rothbard, 2000; Pedersen et al., 2009). Employees who experience positive spill-over will always want to keep their job (Haar and Bardoel, 2008). This is one of the great,
benefits of positive spill-over (Edwards and Rothbard, 2000; Grzywacz, Almeida and McDonald, 2002). Conversely, negative spill-over is experienced when pressures from work and family domains are incompatible (Bellavia and Frone, 2005). For example, if an employee has a frustrating day at work, they are more likely to carry the ruinous mood home which will invariably affect the family domain (Staines, 1980).

In their study, Dilworth and Kingsbury (2005) argued that work hours are correlated with negative spill-over. This is because long working hours often include an enormous volume of work demand and, in most cases, less flexibility (Dilworth, 2004). This usually presents employees with less time to manage family responsibilities (Ruppanner and Pixley, 2012). However, in the practical world, both positive and negative spill-over can be said to co-exist to some degree and share relatively distinct determinants, as well as consequences (Jennings and Mcdougald, 2007). The key message of spill-over model is that values, behaviours, and skills learned in one area might have an effect or influence on the other (Staines 1980; Ten Brummelhuis et al., 2013). Several studies have also supported the notion that skills, values, behaviours, etc. from one domain influence another (Crouter, 1984; Edwards and Rothbard, 2000; Ruderman et al., 2002). This article has, therefore, used the spill-over model because of its strengths in explaining how experiences (negative or positive) are transferred from one domain to the other (Sok, Blomme and Tromp, 2014).

**The Nigeria Context**

Nigeria is a West African country with a population of over 177 million people, a diverse ethnic population of over 250 ethnic groups, and more than 400 dialects (CIA World Fact Book, 2014).
The workforce is estimated to be 51.33 million and the unemployment rate 23.9% (CIA World Fact Book, 2011); a claim debunked by the Nigerian Bureau of Statistics who put unemployment at 7.5% defined as “worked for less than 20 hours in week preceding survey” (Nigerian Bureau of Statistics, 2015). If one adds the 16.6% who “worked 20-39 hours week preceding survey” then the figures are similar. The Nigerian health sector is formed of private and government/public hospitals with the Medical and Dental Council of Nigeria (MDCN) regulating it. The Nigerian health workers base is one of the biggest in Africa; yet, the health sector is struggling with a shortage of manpower (HRH Fact Sheet, 2010). Nigerian universities, on the other hand, have a past glory of having been ranked among the best in the Commonwealth universities (Okebukola, 2006). The country possesses about 45 private, 37 state and 36 federal universities accounting for over a million students on a yearly basis. The universities are supervised by the Federal Ministry of Education and the National Universities Commission (NUC). However, there has been a significant increase in the number of new universities in the last decade. This vast expansion of educational institutions has led academic staff members needing to also take on administrative responsibilities, which has resulted in increased workload (NUC, 2009). The choice of these two sectors (health and educational) is borne out of the significance of health and education in national development. In addition, these two sectors have employees that are evenly distributed across the country.

**Methodology**

WLB/WFC studies in African setting have been largely empirical with the majority using quantitative methodology (Mokomane and Chilwane, 2014). Aryee (2005) specifically suggested in-depth interviews would help to shape our understanding of how work and family roles are
socially constructed and contribute to lives of urban African parents. Similarly, Bardoel et al (2008) argue that counter-intuitive findings common with quantitative methodologies are not appropriate. This study adopted an in-depth semi-structured interview approach using a purposive sampling technique. Data was collected from cities in the six geo-political zones of Nigeria. Medical doctors and lecturers from federal, state, and private institutions were interviewed. The full sample of this study was 88 (44 university lecturers and 44 medical doctors) as shown in Table 1. Respondents were sought through a combination of emails to existing personal contacts and referrals and a snowballing process. It was quite noticeable from the interviews that all of the respondents had varied demographic profiles. Applying the suitability criteria, all of the respondents were vetted in order to establish whether the interviewees were medical doctors and teaching employees of their various hospitals and universities respectively. As a rule of thumb, the researchers commenced the interviews by explaining the aims and objectives of the research. The interviewees were assured of the confidentiality and anonymity of their answers and places of work and were further guaranteed that only patterns across the answers would be reported. Open-ended questions were prepared and used as an interview guide. Depending on the responses followed by the probing, the length of the interviews varied between 35 to 40 minutes. The interviews were conducted in English. They were also voice-recorded and later transcribed for analysis. Following Braun and Clarke (2006), the generated data was concurrently analysed using thematic content analysis. The themes became the categories for analysis (the data analysis involved the use of pre.arranged enigmas that were verified by a second coder to ensure reliability). The codes were generated from the themes that emerged during the analysis stage. The coding was carefully done in order
to look for evidence that included the key research objectives. Pseudonyms were used to ensure anonymity and confidentiality.

Table 1: Respondents’ Profile

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Lecturers</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Gender</td>
<td>Marital Status</td>
<td>Age Bracket</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Married</td>
<td>Unmarried</td>
<td>31-40</td>
<td>41-50</td>
<td>51-60</td>
<td></td>
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</tr>
<tr>
<td>Private Hospital</td>
<td>7</td>
<td>9</td>
<td>12</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>State Hospital</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Federal Hospital</td>
<td>7</td>
<td>8</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>1</td>
<td>15</td>
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<tr>
<td>Subtotal</td>
<td>20</td>
<td>24</td>
<td>34</td>
<td>10</td>
<td>15</td>
<td>24</td>
<td>5</td>
<td>44</td>
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<tr>
<td>Private University</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>12</td>
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<tr>
<td>State University</td>
<td>6</td>
<td>8</td>
<td>12</td>
<td>2</td>
<td>5</td>
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<td>1</td>
<td>14</td>
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<tr>
<td>Federal University</td>
<td>8</td>
<td>10</td>
<td>16</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>3</td>
<td>18</td>
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<tr>
<td>Subtotal</td>
<td>21</td>
<td>23</td>
<td>37</td>
<td>7</td>
<td>16</td>
<td>22</td>
<td>6</td>
<td>44</td>
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<tr>
<td>Overall Total</td>
<td>41</td>
<td>47</td>
<td>74</td>
<td>14</td>
<td>31</td>
<td>46</td>
<td>11</td>
<td>88</td>
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</tr>
</tbody>
</table>

Female respondents constitute about 53 per cent, with 84 per cent of respondents being married and mostly in the age bracket 41-50 (52 per cent).

Findings

This article discovered four main causes of WFC among Nigerian employees. Respondents believed that work pressure, heavy familial duties, poor infrastructural facilities, and a lack of proper and practicable work-family policies are the main causes of WFC in Nigeria. Three significant consequences of WFC among Nigerian employees were also uncovered: broken marriage/families, unhappy workforce/performance at work, and aggravated juvenile delinquencies. Research questions, emerging themes, type of spill-over, and illustrative extracts are presented in Table 2.
Table 2: Emerging themes with illustrative extracts

<table>
<thead>
<tr>
<th>Overarching Research Questions</th>
<th>Emerging Themes</th>
<th>Type of Spill-over</th>
<th>Illustrative Extracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) What factors might be responsible for WFC</td>
<td>(a) Work pressure</td>
<td>Negative Spill-over</td>
<td>Work pressure is so much... The expectations are so high... Doctors work for long hours... the pressure often has an adverse effect on our family lives.</td>
</tr>
<tr>
<td></td>
<td>(b) Obligatory familial duties</td>
<td>Negative Spill-over</td>
<td>My household chores are so much that I am considering getting a housemaid. It is like two hard labours; one at work, the other at home.</td>
</tr>
<tr>
<td></td>
<td>(d) Poor infrastructural facilities</td>
<td>Negative Spill-over</td>
<td>lack of good supply of electricity, lack of fast and reliable internet service... because of terrible traffic that always happens as a result of bad roads and a very poor transportation system.</td>
</tr>
<tr>
<td></td>
<td>(e) Lack of proper and practical work-family policies</td>
<td>Negative Spill-over</td>
<td>There are no work-family policies in place to help me cushion my work and family's high demands... seriously, I can say that lack of work-family policies are the primary causes of WFC.</td>
</tr>
<tr>
<td>(2) What are the consequences of WFC on work and family</td>
<td>(a) Broken marriage/family</td>
<td>Negative Spill-over</td>
<td>Often, I go home with some work to do over the weekends. This has caused many damages to my family life. My wife left with the kids in anger... Lately, I got a letter from my wife's solicitor requesting for divorce...</td>
</tr>
<tr>
<td></td>
<td>(b) Unhappy employees/ performance at work</td>
<td>Negative Spill-over</td>
<td>My work demands are affecting my duties as a wife and a mother... I am always unhappy when I think about the distance between myself and my family (as a result of work commitments)... my family is not happy with me.</td>
</tr>
<tr>
<td></td>
<td>(c) Juvenile delinquencies</td>
<td>Negative Spill-over</td>
<td>Our children, unfortunately, are at the mercy of our very high work demands... most of us are not there to fulfil our parental duties as we are always away at work. The result of this is juvenile delinquencies which are heaping negative consequences on the society at large.</td>
</tr>
</tbody>
</table>

**Note: Researchers’ Findings 2015**

**Causes of WFC**

(i) Work pressure

This study found that work pressure is one of the key sources of WFC among Nigerian workers.

The university lecturers’ respondents bemoaned the pressure arising from combining academic and administrative duties. The female lecturers, specifically, found the pressure of teaching, researching, attending conferences, mentoring and supervising students, marking, and other related administrative hardly give them the time and energy to attend to familial commitments,
exacerbating WFC (especially for those who are married with children). A senior lecturer at Model University said:

*Work pressure is so much that I hardly have time for my family. The expectations are so high in terms of academic excellence...lately; most of us have got to combine academic duties with administrative work, making it really stressful and difficult to perform familial duties.*

Another lecturer explained:

*For me, the main source of WFC is excessive work pressure. For instance, I am teaching both undergraduate and postgraduate students; I just came back from a conference in South Africa, and I have four Ph.D. students under my supervision. I am also in charge of registering year-three economic and management students. Doing all of these plus researching which, to me, is at the core of being an academic is inordinate and stressful. The result of living up to these responsibilities is invariably WFC because my familial obligations always suffer in order for me to achieve satisfaction and excellence at work (Lecturer, Citadel University).*

Regarding work pressure, the majority of the lecturers’ respondents (89%) identified the pressure that is attached to achieving academic excellence combined with administrative work as one of the major causes of WFC. Similarly, 91% of medical doctors complained and attributed the cause of WFC to a huge pressure associated with the medical profession. According to the respondents (medical doctors), the pressure (physical and emotional demands) of the medical profession eliminates doctors’ abilities and willingness to fulfil their familial obligations, and remain the topmost causes of WFC among Nigerian medical doctors. Commenting on this issue, a respondent at Fenny Hospital said:

*Work pressure is the primary source of WFC for medical doctors. Doctors work for long hours... the pressure often has an adverse effect on our family lives. For instance, I have*
been away from home since yesterday morning and the shift does not end until 7pm tonight; that translates to more than 24hrs at a stretch. I do this all the time, and it is causing rifts in my family life.

Another respondent said:

The medical profession is emotional and physically demanding. Doctors always think about methods and means of solving our patients’ medical problems; which often takes control of our lives (specifically family life). Aside from work pressure, for example, I find it very difficult to switch from work mode to family mode when I am at home; (It is psychological...) and this is causing many problems between my husband and I. Such is the nature of the medical profession (Medical Doctor, Ginny Hospital. The majority of the respondents (81%) reported similar statements).

The above statements from both lecturers and medical doctors clearly show that work pressure is one of the major causes of WFC among Nigerian workers. The incompatibility between the work demands and familial obligations is one of the major causes of WFC. The competing and contradicting responsibilities of work and family lives portray a negative spill-over from work domain to family domain.

(ii) Obligatory Familial Duties

Another cause of WFC is obligatory familial duties. Respondents (particularly women) lamented about their huge domestic chores, which often provoke conflict between their work and family lives. A medical doctor said:

I wake up as early as 4.30am to bath the children, get them ready for school, clean the house and its environment, cook breakfast, drop children at school, and collect them back from school at 3 in the afternoon and then go back to work. There are several other duties awaiting my arrival from work in the evening, all of which are often so much that they are
affecting every aspect of my life, especially work because by the time I get to work in the morning, I am already tired (Medical Doctor, Gabby Hospital).

Similarly, a respondent at Topmost University attributed the main cause of her WFC to huge familial responsibilities, which are intruding into her working life:

*Even though I share the family duties with my husband, my work is still suffering as a result of my huge family responsibilities. My Head of Department has complained about my not meeting several deadline submission dates or failing to turn up for departmental meetings. I will honestly attribute the cause of my WFC to my vast familial responsibilities (Lecturer, Topmost University).*

The above statements (which represent an overwhelming 87% of the respondents’ views and experiences) indicate that vast familial duties are a cause of WFC among Nigerian workers. These familial duties seem so enormous that they intrude into their work domain in a dysfunctional way, thereby causing conflict. These findings portray a negative spill-over from family/home to work and adversely affect employees’ performance at work.

**(iii) Poor Infrastructural Facilities**

This theme is indicated by all respondents as another cause of WFC. In Nigeria, the lack of basic infrastructural facilities (such as good power supply, Internet service, good roads, good transportation system, etc.) contributes, in no small measure, to WFC. The empirical evidence suggests that the lack of good power supply and Internet service, for instance, means that a lot of work needs to be done manually thereby aggravating work pressures. Respondents also claimed that poor road networks and poor traffic management increases vehicular traffic and traveling
time and further exacerbates WFC. The following statements typify the shared experiences of more than two-thirds (71%) of the respondents:

*For me, the causes are twofold: (a) lack of good supply of electricity and (b) lack of fast and reliable Internet service. These two keep me away at work for so long that it is causing an everyday rift between my wife and I. Electricity supply is crucial to my work because I need it to use the computer and the Internet. Most of the time I have to go to the Internet shop to be able to use the Internet and, quite often, I stay there until very late in the night because the Internet service is very slow...* (Lecturer, Great University).

Some respondent complained regarding the challenges and difficulties of transportation and commuting as well as the poor state of the road network system as the visibly poor conditions or complete lack of these basic infrastructural amenities in cases tend to accentuate WFC:

*Lack of infrastructural facilities, for me, is the primary cause of WFC. For example, to resume work at 8am means I have to leave my house as early as 4am when my wife and children are still in bed sleeping...this is because of terrible traffic that always happens as a result of bad roads and very poor transportation and road network systems. I usually close at 6pm in the evening but will not get home until around 10, sometimes 11pm when my family would have gone to bed. The numbers of hours I spend commuting to and from work every day is excessive, thus causing and aggravating conflict in my work and family life (Medical Doctor, Hope Hospital).*

Another respondent noted:

*Electricity is the primary cause of WFC. With the poor state of electricity supply, work-family balance (WFB) cannot be realised as it is in developed countries. In fact, it creates so much conflict within my family because I end up using a generator for electricity and the Internet which is always slow anyway...by the time I get home very late at the night, I will be very tired and unable to do anything...my husband and children are really not happy about this (Lecturer, Citizens University).*
These findings are standard for Nigeria and perhaps some other African countries. In more developed countries electricity problems, poor road network, poor transportation systems, and slow internet services are challenges that have been mostly surmounted.

(iv) Lack of Proper and Practical Work-family Policies

An overwhelming majority of the respondents (93%) expressed their concerns regarding the lack of good work-family policies in their respective places of work. In fact, most of them are oblivious to the existence of the many work-family policies that are in practice in other parts of the world when mentioned to them by the researchers. A respondent said:

*I am hearing most of those WFB policies you just mentioned for the first time, they really will go a long way in helping me (and indeed most of my colleagues) reduce my WFC if they exist here... seriously, I can say that the lack of WFB policies are the primary causes of WFC... because if they exit, most WFC would be diminished (Medical Doctor, Victory Hospital; this view is also shared by the majority of the respondents).

Yet another respondent said:

*Is the lack of work-family policies one of the major causes of WFC? For me, Yes. This is because if WFB policies were available, the incessant conflict between my work demands and family obligations will surely be lessened to the barest minimum (if conflict ever happens)... unfortunately, we do not have them in place (Medical Doctor, Well Hospital).

The respondents’ view on the lack of WFB policies as a major factor responsible for WFC was unanimous.

**Consequences of WFC**
This study identified three main consequences of WFC among the Nigerian employees: (i) broken marriages/families, (ii) unhappy workforce and poor performance at work, and (iii) aggravated juvenile delinquencies.

(i) Broken Marriages/Family
A broken family is often the result of a broken marriage. This was identified as one of the consequences of WFC among Nigerian workers. The incompatibility of work demands and family obligations often result in conflict; which, in turn, damages marriages and family ties. Usually, employees who experience extensive strain at work find it difficult to interact with and be attentive to family at home, which often results in WFC. The incessant occurrences of these incidents often lead to broken marriages and families. The following statements typify respondents’ views and experiences:

Demands of my work and family are very high; I leave home very early in the morning and return very late in the evening...I am always not there for the children and my husband. At a point, it started affecting my marriage because my husband was not happy about it. I could not leave my job because I believed the family need my salary to flourish. However, in the end, I lost my marriage, my children and I now live alone, very sad (Medical Doctor, Sky Hospital).

Many respondents (32%) attributed their broken marriage to the price they have to pay for WFC. Incessant WFC (according to these respondents) begets marital stress and often results in broken marriages. Of the remaining respondents whose marriages are not broken (54%) also claim that their families are experiencing serious strains as a result of WFC.

(ii) Unhappy Employees and Poor Performance at Work
This theme emerged from many accounts in the data. An overwhelming majority of the respondents (86%) believed that WFC results in emotional reactions, which eventually gives rise to behavioural reactions. Respondents voiced their frustrations about the high demands of their work duties and the negative effects on their family lives. According to these respondents, their spouses and/or children are unhappy with them because of the intrusion of work into their family lives. This unhappiness spills over to their work domains making them unhappy workers. Some of the respondents suggested that the situation is affecting performance at work. A respondent said:

*I am not happy (even at work) because my wife and children are not happy with me; they complained of my being too far away from them...and to be honest I am far away from them. It is affecting me; I think about the distance between myself and my family (as a result of work commitments) and I am always unhappy because they are not happy with me* (Medical Doctor, Recharged Hospital).

A lecturer at Gold College University also said:

*Each time I remember that my wife and children are not happy with me, I feel sad, dejected, and de-motivated, and my performance at work suffers...It has been an issue for a while now...my work demand is affecting my family life obligations. Thus, my family are not happy with me; it is affecting my performance at work because I always think about it* (Lecturer, Gold University College).

The above statements suggest that inability to perform familial duties, ultimately, affects performance at work. The majority of the respondents (86%) shared this view with almost equal fervour.

(iii) Truancy Behaviour and Juvenile Delinquency
A large number of the respondents (92%) indicated that truancy behaviour and juvenile delinquency is one of the consequences of WFC. Employees whose work-family life is characterised by conflict and whose children are not well looked after (as a result of the parents’ work demands) are more likely to have delinquent children. A medical doctor at Healers’ Hospital said:

*Our children, unfortunately, are at the mercy of our high work demands...no one to care for them during the day time as myself and their father are away at work...this obviously has an effect on both home and outside home environment...it’s a private family issue, but certainly not a good one (Medical Doctors, Healers Hospital).*

Another respondent indicated:

*Children grow up in homes and it is expected that parents are always there to guide, instruct, and discipline them as required. However, most of us are not there to fulfil our parental duties as we are always away at work. The result of this is juvenile delinquency, which are heaping negative consequences on the society at large...I am battling with one at the moment, and I know of several colleagues who have similar problems (Professor of HRM, Dove University).*

WFC results in poor parent-child relations and inadequate child supervision and discipline. For an overwhelming number of respondents (92%), there is a high rate of juvenile delinquency and truancy behaviour among children as a result.

**Discussion**

The foregoing findings highlighted the major causes and consequences of WFC among Nigerian workers as perceived by respondents. Consistent with previous research on WFC (Jager, 2002; Stier, Lewin-Epstein and Braun, 2012; Voydanoff, 2004), this study found that WFC is often
caused by incompatibilities of and conflicting responsibilities from both work and family domains. However, this article adds to earlier research, thereby increase the understanding of WFC in the non-Western context (Nigeria) especially regarding causes and consequences of WFC.

Findings from this study suggest that pressure from work and heavy familial responsibilities are a major cause of WFC. With respect to medical doctors and university lectures, work pressure was huge and employees usually experience fatigue and burnout. They are therefore unable to give required attention to familial duties at home. The result also identified a specific psychological challenge for these professionals. Most of the employees reported difficulty in switching from work- to family-mode even when they are at home, with work remaining a major concern and high in their thought processes. This represents a negative spill-over from the work domain to the family domain and often triggers conflict at home. This negative spill-over suggests that an employee who has a bad and frustrating day at work is more likely to carry the ruinous mood to his/her family at home, which invariably affects the family domain (Bellavia and Frone, 2005; Staines, 1980). Work pressure does not prevent the existence of the vast familial duties at home. Respondents articulated the conflicting nature of these two responsibilities and the consequences of negative spill-over. These findings are consistent with studies of Voydanoff (2004) and Stier, Lewin-Epstein, and Braun (2012), who argued that WFC is often caused by conflicting responsibilities and incompatibilities of both work and family domains.

In addition, poor infrastructural facilities have also been identified as a cause of WFC among Nigerian workers. The absence of stable supply of electricity and Internet service aggravate work pressures on the professionals in our study. They spend a considerable number of hours
travelling to and from work because of traffic congestion, often resulting from bad road networks and a generally poor transportation system. In her research, Epie (2010) argued that working in Nigeria’s big cities is very stressful with inadequate road channels and traffic problems keeping workers on the road for hours on a daily basis. Moreover, Epie and Ituma (2014) stresses that considerable percentage of employees in Lagos spend disproportionate amount of time and energy in commuting to and from work. This is symptomatic for many cities in Sub-Saharan Africa.

Such situation, perhaps, is more predominant in many developing countries as a key indicator of their level of development. Many of these countries are still struggling to provide citizens with uninterrupted electricity supply and a high-speed Internet access. These are challenges many Western and emerging economies of East Asia have put behind them. Respondents were either unaware of or considered WFB policies dearth, non-existent or impracticable. For example, working from home as a family friendly policy will be desirable by these professionals because it would accentuate the challenge of commuting time and traffic difficulties. However, the erratic supply of electricity at home, relatively lower level of technological infrastructure in organisations, and sometimes unavailability of reliable Internet services will hinder this WFB policy of home working. Majority of our respondents, who are professionals, are oblivious of several internationally accepted and popular WFB policies (e.g. term-time working, compressed or annualised hours, job share, home working/telecommuting, on-site child care, flexi-time etc.) which are intended to help employees minimise WFC. Adisa, Mordi and Mordi (2014) in their study on Nigerian workers reported that government, employers, and policymakers in Nigeria were reluctant with regards to exploring and implementing WFB policies which are meant to enhance employee wellbeing as well as minimise WFC. This article, therefore, argues that the
lack of basic infrastructural facilities and the absence of implementable WFB policies (emancipatory policies through which employees are afforded opportunities to balance their work and non-work lives) are major barriers to realising WFB.

With regards to the consequences of WFC, this study finds that it includes increasing broken marriages/families. This is one of the consequences of being disconnected from one’s family, which occurs as a result of huge work demands. This is something we did not find reported in many extant studies. However, the National Marriage Project (1999) had reported that an increase in WFC is associated with a decrease in marital and family satisfaction and often results in dissolution of marriages. Furthermore, our finding suggests that WFC precipitates an unhappy workforce, which then has a negative impact on employees’ performances. With employees general unhappiness with respect to unfulfilled family lives spilling over to their work domains and thereby negatively affecting their performance. This finding aligns with Roth and David (2009) and Butler and Skattebo (2004), who argue that, when an employee lacks the necessary time to meet obligations at home, his/her performance at work will be negatively affected. The challenge of increasing juvenile delinquency in families associated with WFC is probably the most significant finding of this study, yet perhaps a most inexplicable one. Most parents are always at work, leaving their children at home without parental guidance and discipline. This may often allow the children to behave inappropriately including being influenced by peer pressure into extreme forms of truancy and petty crimes. According to Lipsey and Derzon (1998), juvenile delinquency often occurs as a result of poor parent-child relations, poor supervision, and lack of discipline. The findings suggest that WFC consequences can be more serious and problematic than previously known. It may also portray a huge negative spill-over,
which could be damaging for employees’ work (performance at work) and home (family). It is, however, essential that WFC is minimised in order to avert the terrible consequences of juvenile delinquency in the society.

**Implication of Findings: For Policy and Practice**
The importance of WFB for both employees and employers cannot be overstated (Fu and Shaffer, 2001). As long as these two domains (work and family) cannot be separated from each other, as they often affect each other (Greenhaus and Parasuraman, 1987), organisations should ensure smooth relationships between the two domains (Fu and Shaffer, 2001). The findings reported in this article have implications for organisations and employees. In order to reduce WFC, many organisations in the Western world have adopted various WFB policies (Galea, Houkes and De Rijk, 2014; Joyce et al., 2010; Russell, O’Connell and McGinnity, 2009). Such practices in Nigeria, however, are still relatively new (Adisa, Mordi and Mordi, 2014). With an increasing number of women in paid employment and correspondingly high number of dual-earner families, there is an increasing need for Nigerian organisations to provide employees with alternative WFB policies in order to reduce WFC and enhance the quality of employees’ work and family lives. Supportive WFB and other family programmes as well as employee friendly policies will help employees balance the competing demands of work and family responsibilities. Nevertheless, some researchers have cautioned that considerable care is needed before assuming that the more “family-friendly” policies and institutional arrangements present in Western countries would be desirable for Africa (Korenman and Kaester, 2005; Mokomane and Chilwane, 2014).

Our findings highlight various causes as well as consequences of WFC, which should attract the immediate attention of organisations, employers, government policy makers, trade unions and
other stakeholders. Such attention will yield positive results for both organisations and workers and will drastically reduce WFC. Organisations in particular should make strategic and targeted efforts to introduce WFB policies systematically in Nigeria, but should also consider employees’ family as an important aspect of, and a facilitator of, individual and organisational performance.

This study uncovered various causes of WFC that are specific to Nigeria medical doctors and university lecturers and highlights their consequences, effects on organisations, employees, and society at large. It is surprising that many Nigerian professionals (our respondents) are still unaware of WFB policies, perhaps, because these policies are not available in their places of work. This indicates that, in relative terms, Nigerian organisations may be lagging behind with respect to offering contemporary good HRM policies and practices such as WFB. This has become the hallmark of corporate and multi-national companies around the world, including those operating in Nigeria. Indeed, policy transfers, adaptations and modifications from multinationals that already practice it within Nigeria may be a perfect way to jumpstart widespread application and implementation. This is because many such Nigerian based multinationals have modified much of their global policies practices to be Nigerian compliant and specific.

This paper, therefore, argues that WFC can be reduced if organisations in Nigeria introduce various workable WFB policies and encourage employees to use them. More nationally, very little change has occurred in the Nigerian employment a regulation despite 16 years of democracy employment is still regulated by the Labour Act (1974). Anecdotal evidence shows that the typical regulated 8-hour working day are not generally enforced as longer hours are common and the reason often adduced include management style and organisational culture
endorse this practice (Epie and Ituma, 2014). Similarly, public policy aimed at infrastructural development by government would accelerate the effectiveness of WFB programmes. A policy change and commitment from government in this direction to enhance WFB would encourage employers to get serious. Such policy changes could include a temporary reduced tax or one-time tax relief for organisations seeking to implement WFB.

**Conclusions**

Overall, this article adds to the overall WFC literature by exploring the causes and consequences of WFC among Nigerian medical doctors and university lecturers using the spill-over model. Given our findings, this article offers insights that would be useful for academics, organisations, government, policymakers and other stakeholders in Nigeria with possible ripple impact on other Sub-Saharan African countries with similar geographical, business, and economic conditions. There is need for more pre-emptive government intervention to ensure more worker friendly environment to encourage family friendly policies in the workplace.

Despite the rationale provided for collecting data from only two professional groups (doctors and lecturers) the generalizability of these findings is limited. A broader spectrum of employees across a more varied sector would probably produce richer and more generalizable results, which is recommended for future studies. The use of survey research is also an option that could produce a much larger data set across a range of industries, private and public sector thus engendering more generalizability. Moreover, such quantitative study would allow for the control of several extraneous variables that could have affected this study, for example, location (urban/semi-urban/rural), gender, age, marital status, family size and income level among others.
Perhaps the WFC challenges uncovered in this paper will stimulate further research into behavioural research in sub-Saharan Africa, following Mokomane and Chilwane (2014) assertion that work-family issues require further and broader consideration. Much benefit would accrue from future studies that explore deeper psychological effects of WFC on employees’ work and family lives, through a more systematic and scientific sampling, another limitation of this paper, as well as a wider sector coverage. This study collected data using professional medical doctors and university lecturers as empirical focus, but it would be valuable if future studies explore the subject from the perspectives of employers. More specifically, such studies could investigate the level of awareness of internationally known WFB programmes by organisations and why they are non-existent or underutilised in some developing countries.

References


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