



Work-life balance among social workers in some selected welfare homes and rehab centres in Lagos state

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ARTICLE INFO

Keywords:

Parental demands,
Rehab centres,
Social workers,
Spousal support,
Work-life balance,
Workplace support.

ABSTRACT

This cross-sectional study investigated work-life balance among social workers in selected welfare homes and rehabilitation centres in Lagos state. In a combination of between subject and within subject design (using ex-post-facto configuration), the relationships of work life balance, work centrality, household responsibility, parental demands, spousal support and workplace support were examined. The study was anchored on the conflict theory. Results revealed that household responsibility, parental demands contributes accounted for about 18.5% of the variance in social workers work-life balance. Older social workers reported more personal enhancement, and thus improved work-life balance than younger social workers. Significant mean differences were also observed in the personal life interference with work and work/personal life enhancement as moderated by support systems between male and female social workers, as well as younger and older social workers. Between-participants comparison revealed that work-life balance was very poor among younger and female social workers compared to older social worker, as well as male social workers. Findings in the study were discussed in the light of extant literatures on the emerging trends of increasing vulnerable groups and the demands for the service of social workers in Lagos state. Recommendations were made on areas (factors) that social workers need to consider in order to experience work life balance.

Social work is the profession of a group of people that improves the quality of life and well-being of individuals, groups, and communities by direct social care practice, policy development, organizing communities and psycho-social intervention (Pople & Leighninger (2011). With the purpose of helping people and the society at large, social workers must undergo requisite formal academic training, and acquire skills in human relations as well as adhere to governmental regulatory requirements in order to help the vulnerable attain self-satisfactory growth, social satisfaction and independence. According to Pople and Leighninger (2011), there are seven core functions that the social worker profession draws from in human development and the reconciliation of the complexity of interactions between human beings and their environment. These seven core functions include: engagement, assessment, planning, implementation, monitoring/evaluation, supportive counseling, and graduated disengagement (Pople & Leighninger, 2011). In performing these core functions, social workers face the issue of balancing their work as professionals with their personal life and family care.

Noor's study (cited in Banu and Duraipandian, 2014) explains that work-life balance often involves

issues with family, working hours, welfare, number of years in the present employment, total number of years worked, and so on. Work Life Balance (WLB) and the well-being of social workers have become imperative in order to ensure enhanced performance efficiency. Work life balance has attracted numerous contributions from researchers and human resource practitioners that attempt to investigate on various factors influencing work-life-balance, their interrelationship and possible outcomes of different levels of work-life-balance among employees (Akinbode & Ayodeji, 2016). Presently, the demand for the service of social workers has increased tremendously since there is a great increase in the percentage of the vulnerable in our societies. The economic downturns as well as increased family-marital disagreement in most homes have put pressure on parents and guardians. Some of these parents/guardians abandon their wards to the fate of the police rescue teams or good Samaritans who often take them to police stations from where they are transferred to special homes, orphanage, and/or centres depending on the subject's age (Akinbode & Ayodeji, 2016). This has adversely resulted in increased workload for the social workers in those homes and centers. The wellbeing of these social

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workers working in these homes and centers can be negatively affected by work overload and job insecurity (See Aminah, 1997). From all indication, the number of people in the social work profession keeps growing for many factors such as the demand in welfare and humanitarian services.

The pressure and demand for services affects the professionals in balancing their work and life, resulting in work-family conflict. Studies have showed in the recent past that work-family conflict directly affects the health of working professionals as well as their families and organizations (Carlson & Kacmar, 2000; Voydanoff, 2005). These factors show the dynamics of work and life (family). When there is a good relationship between work and family, work-life balance is achieved. But when the reverse is the case, there is work-family conflict based on the premise that balance is a negotiation of role expectations between an individual and his/her partner within the home and work domains (Carlson, Gyzwacz, & Zivnuska, 2009; Carlson & Kacmar, 2000; Voydanoff, 2005). Lagos state is a mega city with increasing population. The number of people in need of care, supports and assistance from afflictions (natural and artificial) keeps expanding by the day - from simple social dislocation to a sophisticated 'man induced' social problems of incessant killings, refugees, drug addiction leading to mental illness, child abandonment and orphans, child abuse, neglect of the elderly, domestic violence, etc., Lagos grapples with increasing number of the un-served (mostly children and elderly) requiring different types of support and assistance. As divergent as these problems and the people affected are, the means of resolving these problems by government remains a challenge to contemporary social work practice.

Social work as a profession has gained tremendous recognition in Lagos State of recent as the need to provide welfare facilities for the citizenry have become imperative, thereby making the work of social work more recognized and lucrative. Lately there are privately owned rehab centres that are registered and operate legally under the Lagos State Ministry of Youths and Social Development. This ministry through both government owned homes and privately-owned homes gives succor to the vulnerable members of the society, viz: children, youth and the elderly. Under this ministry the State operates some homes and centres where these vulnerable members of the society are put under the care of social workers. These homes/centres include: Motherless Babies Home, Lekki; K. Olubukola Fowowe Memorial Children Center, Ogba; Children Centre, Idi Araba;

Correctional Centers for Girls, Idi Araba; Correctional Centers for Senior Girls Idi Araba, Correctional Center for Junior Boys, Birrel; Correctional Centre for Senior Boys, Isheri; Special Correctional Centre for Boys, Oregun; Special Correctional Centers for Girls, Idi Araba; Ketu Special Children Centre, Birrel, Yaba; Rehabilitation and Vocational Training Center, Isheri; Rehabilitation Training Centre, Isheri; Vocational Rehabilitation Centre for People with Disabilities, Owutu, Ikorodu, Rehabilitation and Training Centre, Majidun, Ikorodu, and many other homes and centres across the state.

Social workers in homes and centres are faced with dual responsibility of having to raise and care for their own family as well as the children/people mandated to be cared for in their various care homes and centres (See: Aminah, 1997). Social workers in the rehab homes may struggle with finding the balance needed to deal and handle the demands of both work life and domestic family life affairs. Social workers and similar professionals are at considerable risk of experiencing burnout – that is the index of dislocation between what people are and what they do (See Maslach & Leiter, 2000; Leiter & Maslach, 2000). The current study seeks to examine work-life balance among social workers in selected homes/centres in Lagos state. Given the increasing pressure and demands life and work placed on social workers, balancing work and personal life is very challenging and stressful for many of them. Social workers might likely feel empowered if they know which strategies to implement in order to balance work and family life.

According to Clutterbuck (2005), the balance between the professional and private lives is a state in which an individual deal with a potential conflict between various requirements concerning her/his time and energy in a way that her/his desire of well-being and fulfillment becomes fully met (Clutterbuck, 2005). Balance between work and personal lives is also described as an ability to join work with other aspects of human life, such as home, family, social activity and interests. It occurs when work does not overtake the private life, and vice-versa when non-professional life is not developed at the expense of work (Borkowska, 2004). Greenhaus, Collins and Shaw (2003) define this phenomenon as an extent to which a person is equally satisfied and equally engaged in his/her roles played at work and at home. Kirchmeyer (2000) observed that work-life balance is an equal distribution of time, energy and

engagement in all the areas of life in a way that you achieve satisfaction in all of them.

Work/family balance has become a great issue of concern because parents especially the women are pursuing jobs and careers while having families. In many households both partners work, creating dual demands in work and family for both individuals. Just as work is expected to play an increasingly dominant role in peoples' lives, household life is becoming more complex. The structures of family life have been evolving with the decline of the extended family and increasing numbers of dual earner couple households (Akinbode & Ayodeji, 2016). In the time past, the bond that exist in the extended family cushions the extent of stress of raising family as there exist a joint effort from the extended family members to care and provide for any child/children in the homes. But with the nuclear family system, balancing job demands and household tasks, including household and childcare demands, has become a huge barrier that prevents men as well as women from achieving work-life balance. These might affect the physical and psychological health, cause work stress, marital instability, broken homes, and so on (Akinbode & Ayodeji, 2016). This may force individuals to change their work philosophy to pursue the balance between work and personal life outside of work.

According to Shobitha and Sudarsan (2014) social workers like other employees working in organizations, most often encounter eternal challenge of performing well and are forced to devote most of their time at work. Commitment towards self-development, allegiance to family and social life in order to fulfil the demands and duties along with profession obligations are imperative for any social worker. The balancing act of social workers in this three-dimensional aspect of life namely work, societal and personal life, as depicted in the Figure 1, is termed as work life balance (Shobitha & Sudarsan, 2014). Any imbalance between work and personal commitments and the inefficient management of life priorities can lead to serious consequences in each or all these domains. Thus, work life balance and employee perception of wellbeing have come to be recognized to be vital for the growth and effectiveness in social work profession (Shobitha & Sudarsan, 2014).

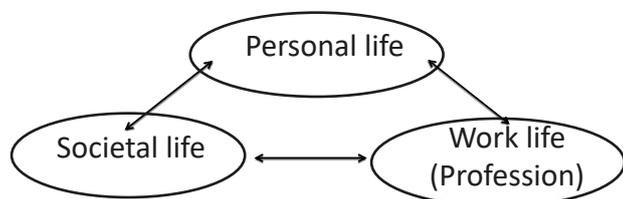


Figure 1: Work life balance (Shobitha, & Sudarsan, 2014).

Conflict theory posited that work-family conflict occurs when demands of work life create problems in fulfilling the demands of family life (See: Greenhaus & Beutell, 1985). Greenhaus and Beutell (1985) identified time-based conflict, strain-based conflict and behaviour-based conflict. When the time demands on one role make it difficult to participate in another role, it is known as time-based conflict (Parasuraman & Greenhaus, 1997). The second type of conflict which is known as strain-based conflict occurs when psychological symptoms (anxiety, fatigue and irritability) generated by work/family demands spill-over or intrude into the other role, making it difficult to fulfil the responsibilities of that role. Behaviour-based conflict takes place when expected or appropriate behaviour in the family role (expressiveness, emotional sensitivity, etc.) is dysfunctional or inappropriate in the workplace.

Several researchers (e.g., Aminah 1995; Aryee, 1999; Burke, 1989; Greenhaus & Beutell, 1985; Pleck, 1985; Greenhaus & Parasuraman, 1986; Voydanoff, 1987) have documented the experience of work-family conflict among women, and have provided convincing evidence of the adverse effects of such conflict on their wellbeing in both the work and family domains (Haddon, Hede, & Whiteoak, 2009). Matthews, Conger and Wickrame (1996) revealed that regardless of direction, conflict between work and family was related to lower commitment to work and organizations, care-related absence and higher turnover intention. They also found that family outcomes such as lower marital quality and family satisfaction are related to work-family conflict (Haddon, Hede & Whiteoak, 2009). Frone, (2003) observed that greater depression, physical health complaints and hypertension results from work-to-family conflict while greater consumption of alcohol results from family-to-work conflict (Frone, 2003). Furthermore, Edralin (2013) found that negative spillover of work to family or family to work stimulates stress among the entrepreneurs while positive spillover can lead to their elevated levels of life satisfaction. The present study examines the relationships of work life balance, work centrality, household responsibility, parental demands, spousal support and workplace support.

Hypotheses

1. Work centrality will be significantly related to work-life balance
2. Household responsibility, spouse support, parental demands and workplace support will explain a significant variance in work-life balance.

3. Female social worker will report poor work-life balance, work interference with personal life, personal life interference with work as well as work personal life enhancement.
4. Younger social worker will report poor work-life balance, work interference with personal life, personal life interference with work as well as work personal life enhancement compared to their older counterparts.

Method

Participants

Fifty (50) social workers consisting of twenty-three men and twenty-seven (27) women drawn from eleven (11) government-owned, and three (3) privately-owned welfare homes and centres participated in the survey. The participants were adults - less than 31 years (1, 2.0%), 31-40yrs (13, 26%), 41-50years (30, 60%), and ≥ 50 years (6, 12%). The participants had an average job tenure of 10 years.

Instruments

Six measures, and a short biographical questionnaire detailing respondent's biodata and family/house supports were employed to elicit the requisite information on work life balance and individual, family and work-related variables which served as the data for analysis.

Work Centrality Scale

This is a 12-item scale developed by Paullay et al. (1994), which was designed to assess the extent to which people believe that work is (for them) or should be (in general) a central part of life. Items on the scale include: "work should only be a small part of one's life", "Life is worth living only when people get absorbed in work", "I have other activities more important than my work", "Most things in life are more important than work", and "Overall, I consider work to be very central to my existence". The items are rated on a six-point likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Paullay et al. (1994) reported coefficient α of .76, while the present researchers obtained a discriminant validity of .65 using Nigerian sample. All items are scored directly, and higher scores indicate more centrality of work.

Work Life Balance Scale

This is a 15-item checklist developed by Fisher (2001). The checklist was originally designed to measure the interface between work and non-work regardless of employee marital or family status and

so assess three dimensions of work life balance, i.e., work interference with personal life (WIPL-7 items), personal life interference with work (PLIW-4 items), and work/personal life enhancement (WPLE-4 items). Sample of the items on the scale include: "Personal life suffers because of work", "Job makes personal life difficult", "Neglect personal needs because of work", "Put personal life on hold for work", "Too tired to be effective at work", and "Better mood because of my job". As adapted in the current study the items are rated on a 3-point likert rating scale (e.g. 1 (Not at all), 2 (Sometimes) and 3 (All the time)). The present researchers obtained a Cronbach α coefficient of .69 and a discriminant validity of .52 respectively. Responses of all the items are directly scored as checked and the lower the score the more work life balance.

House Hold Responsibility Index (HHRI)

This is a 6-item measure developed by Hyman et al. (2003). The scale was designed to assess the degree/frequency of responsibility for cooking; shopping; cleaning; washing/ironing, looking after small children/sick relative; and small house hold repairs was used. House hold responsibility index was calculated from the sum of responses to six items for each participant. Respondents are expected to indicate how often they are involved in (cooking; shopping; cleaning; washing/ironing, looking after small children/sick relative; and small house hold repairs). The original scale was on a 5-point likert scale response structure, but as adapted by Akinbode & Akinbode (2019) a response structure of 3-point likert scale ranging from 1 (always someone else's responsibility) to 3 (always my responsibility) was adopted. Hyman et al. (2003) reported Cronbach α coefficient of .70, while Akinbode and Akinbode (2019) obtained discriminant validity of .47. All items are scored directly, and higher scores imply higher volume of household responsibility.

Spouse Support Scale

This 5-item checklist was developed by Hyman et al. (2003). The scale was designed to measure caregivers attitudinal, emotional and physical spouse support. Example of the items include: "How much does your spouse help with the housework?", "How much emotional help does your spouse give you regarding your work?" The items are rated on 5-point scale 1 (Very little) to 5 (Very much). Hyman et al (2003) reported Cronbach alpha coefficient of 0.63, while the present researchers obtained discriminant validity of 0.54. All items are scored directly, and higher

scores indicate appreciable attitudinal, emotional and physical spouse support.

Parental Demand Scale (PD Scale)

It is a 6-item scale developed by Hyman et al (2003). The items were designed to assess parental demands. Example of the items include: Who at home is responsible to: “take care of child during sickness”, “to drop and pick the child from school”. The items are rated on a 5-point Likert scale ranging from 1 (always someone else’s responsibility) to 5 (always joint responsibility). Hyman et al (2003) reported Cronbach alpha coefficient of 0.83, while the present researchers obtained discriminant validity of 0.74. Responses on all items are directly scored and higher scores indicate heavy/higher parental demands.

Work Place Support Scale (WPS Scale)

This 9-item inventory was developed by Banu and Duraipandian (2014). The originally it was 11-items scale, but a short version of the scale which a 9-item scale was used. The inventory was designed to assess workplace support scheme. A sample item from this scale is “I work in an environment that is supportive of my family and personal commitments”, my leave is never denied by my manager”, “My organization encourages its employees to go on annual vacation/ time off”, “My director is concerned about the welfare of those under him”. The response structure is a 2-point scale of “Yes” and “No”, “I have adequate technology support to do my work in the office”. The present researchers obtained discriminant validity of .67 while Banu & Duraipandian (2014) reported a Cronbach α coefficient of .89. The higher the frequency of “Yes” response checked the better the quality of workplace support received.

Procedure

Permission was obtained from the heads of the various centres for the data collection. Three research assistants were trained for the administration of the questionnaires in the selected government and private caregiver homes in Lagos metropolis. The purpose of the study was explained to the selected social workers by the research assistants and they were assured of confidentiality of information given. The participants responded to the questionnaires in their various offices while the research assistants were available to respond to their questions and to ensure that the questionnaires are filled correctly and completely. Fifty-five (55) questionnaires were administered, but fifty (50) were returned completely filled and useful. The entire administration of the questionnaire took five weeks.

Design/Statistics

The study is a quasi-experiment and ex-post-facto design was employed. Pearson product moment correlation, linear multiple regression, independent t-test analysis and ANOVA were used to analyse the data.

Results

In order to investigate the relationship between the of the criterion measures (work-life balance and its dimensions) and the predictor variables (house hold responsibility, spousal support, parental demand, workplace support) Pearson’s Product Moment Correlation coefficient was executed and a multiple regression analysis was undertaken to establish the predictive value of the established relationship. The results of the analyses are presented in Tables 1 and Table 2 below.

Table 1 indicates that work centrality had no significant correlation with work life balance including its dimensions. Work-life balance had a significant positive correlation with its three dimensions of work-life balance: work interference with personal life, personal life interference with work, and work/ personal life enhancement. Household responsibility had a significant negative correlation with work-life balance, personal life interference with work, and with work/personal life enhancement. Parental demand had a significant negative correlation with work-life balance, personal life interference with work, and with work/personal life enhancement. There were also significant correlations of work-life balance, household responsibility and parental demand. Spousal support and work place support were not significantly correlated with work-life balance and its dimensions.

In order to predict work-life balance by household responsibility, spouse support, parental demands and workplace support a linear regression analysis was computed, as shown in Table 2. Regression analysis showed that the predictor variables (household responsibility, spouse support, parental demand and work place support) contributed to the prediction of work-life balance among social workers in Lagos state welfare home and centres. The joint contribution of the variables was an R^2 of .18. This implies that about 18.5% of the observed variance in work-life balance was accounted for by house hold responsibility, spouse support, parental demand and work place support.

Gender differences in social workers work-life balance, work interference with personal life, personal life inference with work and personal life enhancement was investigated by executing independent t-test comparison of mean work-life balance.

Table 3 showed that there was no significant difference in work-life balance and its dimensions between female and male social workers.

Hypothesis 1: *There will be significant correlation between the work centrality and work life balance (including its dimensions) of social work professionals.*

Table 1: Correlation Matrix of Predictor Variables and Criterion Variables (Work Life Balance and Work Centrality)

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. Centrality	36.86	8.89	-							
2. Work Life Balance	26.12	2.84	-.18	-						
3. Household Responsibility	13.42	3.33	-.10	-.56*	-					
4. Spousal Support	15.80	3.48	.15	.20	-.23	-				
5. Parental demand	19.10	5.04	-.00	.35*	.62**	-.38**	-			
6. Work place support	9.50	1.41	.04	-.18	-.03	.09	.13	-		
7. Work interference with personal life	11.68	1.75	-.37**	.53**	.14	.10	.07	-.06	-	
8. Personal life interference with work	5.16	1.16	-.17	.72**	-.54**	.2	-.37**	.01	.28*	-
9. Work/personal life enhancement	9.28	1.90	.18	.56**	-.33*	.06	-.36*	-.22	-.31*	.20

** $p < .01$; * $p < .05$

Table 2: Linear regression predicting work life balance by household responsibility, spouse support, parental demands and workplace support

	<i>B</i>	<i>Beta</i>	<i>t</i>	<i>R</i>	<i>R</i> ²	<i>F</i>	<i>p</i>
Household responsibility	-.22	-.26	-1.50				
Spouse support	.06	.07	.46				
Parental demand	-.08	-.15	-.80	.43	.18	2.56	$p < .05$
Work place support	-.32	-.16	-1.17				

Table 3: Independent samples t-test comparison of scores on work life balance by gender

Variables	Gender	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>DF</i>	<i>Sig.</i>
Work Life Balance	Male	23	26.04	3.09	-.17	48	.863
	Female	27	26.18	2.66			
Work interference with personal life	Male	23	11.17	1.46	-1.93	48	.059
	Female	27	12.11	1.88			
Personal life interference with work	Male	23	5.34	1.36	1.05	48	.298
	Female	27	5.00	.960			
Work/personal life enhancement	Male	23	9.52	1.87	.825	48	.414
	Female	27	9.07	1.93			

Table 4: Independent t-test comparison of work life balance by age

Variables	Gender	<i>N</i>	<i>M</i>	<i>SD</i>	<i>T</i>	<i>Df</i>	<i>Sig.</i>
Work Life Balance	Younger	14	27.64	3.09	2.49	48	.016
	Older	36	25.52	2.66			
Work interference with personal life	Younger	14	11.92	1.46	.62	48	.538
	Older	36	11.58	1.88			
Personal life interference with work	Younger	14	5.07	1.36	-.33	48	.742
	Older	36	5.19	.960			
Work/personal life enhancement	Younger	14	10.64	1.87	3.49	48	.001
	Older	36	8.75	1.93			

In order to investigate age differences in the reported work-life balance (as well as work interference with personal life, personal life interference with work as well as work personal life Enhancement), independent t-test comparison of means was computed.

Table 4 showed that there was a significant difference in work-life balance and its Work/personal life

enhancement dimension between younger and older social workers. Older workers reported more work-life balance and obtained higher scores in work/personal life enhancement than younger social workers. Note that lower scores indicate more work life balance.

Table 5 showed the influence of social workers home support (i.e. husband/wife support, grandparents support, House-helps support and co-worker support) on work-life balance, work interference with personal life, personal life interference with work as well as work personal life enhancement was investigated in using one-Way ANOVA in Table 5. The result showed that the variation in scores which exists within each of the group (57.15) is greater than that which exists between the groups (9.57), $F = 3.93$,

$p > 0.05$. The various mean scores for the groups is shown in Table 6.

Table 6 revealed that work/personal life enhancement was significant for husband/wife family with dependents other than children. By implication, Work life Balance (WLB) was better, Work/Personal Life Enhancement (WPLE) was higher, and Personal Life Interference with Work (PLIW) was significantly low with family support from husband/wife and grandparent.

Table 5: One-way ANOVA comparison of work-life balance by House Support Types

Variables		Sum of Squares	DF	Mean Square	F	Sig.
Work-Life-Balance	Between Groups	25.86	2	12.93	1.65	$p > .05$
	Within Groups	369.42	47	7.86		
	Total	395.28	49			
WIPL	Between Groups	7.88	2	3.94	1.29	$p > .05$
	Within Groups	143.01	47	3.04		
	Total	150.88	49			
PLIW	Between Groups	9.57	2	4.78	3.93	$p < .05$
	Within Groups	57.15	47	1.22		
	Total	66.72	49			
WPLE	Between Groups	37.39	2	18.70	6.25	$p < .05$
	Within Groups	140.69	47	2.99		
	Total	178.08	49			

Note. WIPL: Work Interfering with Personal Life; PLIW: Personal Life Interference with Work; WPLE: Work/Personal Life Enhancement

Table 6: Mean and Standard Deviation work-life balance by House Support Types

Variables	WLB	WIPL	PLIW	WPLE
	Mean/SD	Mean/SD	Mean/SD	Mean/SD
Husband/Wife Support	24.55/0.67	11.32/0.33	4.05/1.21	12.11/0.73
Grandparents Support	22.78/0.47	12.26/0.78	4.34/0.57	11.64/0.98
House Help Support	26.75/1.24	11.93/0.87	5.32/1.34	10.54/0.68
Co-workers Support	27.97/0.59	10.65/0.83	5.86/1.33	10.99/0.87

Discussion

It was found in this study that work centrality had no significant relationship with work life balance (including its dimensions). There was no evidence that the degree of general importance that working has in the life of an individual at any given point in time or the importance that work plays in his/her life has relationship with their work-life balance. Household responsibility and parental demands showed significant negative correlations with work-life balance, personal life interference with work and work/personal life enhancement. This result provided supporting evidence for a relationship between the two constructs. It was suggested in the findings of Parasuraman and Simmers (2001) that there was a relationship between parental responsibilities and time obligation to family and work-family conflict among self- and organizationally employed

individuals. Their results showed that the outline of work-family conflict predictors in the family domain varied according to employment status. Parental demand was positively related to work-family conflict among self-employed individuals, while family involvement was negatively correlated with work-family conflict among individuals employed in organizations. Various studies had suggested that family related factors such as number of children and childcare responsibilities lead to imbalance in work and family roles. It was found that increased number of children at home results in increased home demands causing additional stress and work family conflict (Lundberg & Chesney, (1991).

It was also found in this study that spousal support and work place support had no significant correlation with work-life balance and its dimensions. This result contradicts the findings of previous

studies (Tremblay, Genin, & Loreto, 2011; Warner & Hausdorf, 2009; Warner and Hausdorf (2009) conducted a study on work life issues among health care workers in Canada. The results indicated that a positive relationship exists between the organization and supervisor support for work-life issues and reduction of work-to-family conflict. Tremblay, Genin and Loreto (2011) illustrated the importance of organisational support to work-life balance in a demanding work environment among police officers and agents in Québec using case study methodology involving a questionnaire and in-depth interviews. Likewise, family support including spouse support was observed to have an impact on work life balance of individuals.

There was no significant difference in work-life balance between male and female social workers in Lagos state homes and centres. This finding is consistent with some previous studies. Duxbury and Higgins (2001) who observed significant increases in work-life conflict were observed regardless of gender, job type and parental status. However, this finding contradicts previous studies by some researchers (Elliott, 2003; Parasuraman & Simmers, 2011). Parasuraman and Simmers' (2011) study revealed that gender had significant influence on work-family issues. Elliott (2003) reported that child care as well as care for elderly, imposes more emotional burden on females compared to males. Ross and Mirowsky (1988) showed that employed mothers finding difficulties in child-care arrangements experienced high depression.

The study found that that there was a significant age difference in work-life balance as well as work/personal life enhancement between younger and older social workers. This result supports a previous study by Thriveni and Rama (2012) who examined a significant relationship between age, experience, number of dependents and perception of work- life balance among women employees in Bangalore city, India. Finally, our finding established the work life balance was better when husband/wife and grandparent support social workers. Moreover, work/personal life enhancement, and personal life interference with work improved, compared to house help and co-workers support at work with family support from husband/wife and grandparent.

Based on the findings of this study, there is need for enhanced support systems to be provided for social workers in the welfare homes and rehabilitation centers. Our finding also established the functional

relevance of “workplace support systems” in the maintenance of Personal Life Interference with work (PLIW) and work/personal life enhancement (WPLE) among the sampled social workers. We have established that household responsibility and parental demands significantly contributes to the variance in work life balance, personal life interference with work and work/personal life enhancement. Another notable finding was that work life balance is a function of age of social workers. Older social workers reported high enhancement, thus high balance, than the younger social workers. In conclusion, this study provided empirical data on work life balance among social work professionals across different welfare homes and rehabilitation centres in Lagos state under the supervision of the Ministry of Youths and Social Development. Therefore, the findings and recommendations should serve as springboard for appropriate interventions aimed at providing support systems and programs for social workers.

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