A study on the Conflicts between work and Personal life and their impact on Health

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Abstract - This study looks at married women's experiences with social work interventions and social group work to see how they might help them achieve a healthy work-life balance in the workplace. Finding and implementing successful strategies that cover both the professional and personal spheres is the objective of this study, given that this specific group faces very challenging difficulties. The two most common research designs are the descriptive design and the quasi-experimental design. The features of the trials that are being studied may be described using the descriptive design. Researchers were able to secretly administer the intervention to the treatment group while concealing it from the control group because to this design. This study article looks at the effects on health of work-life conflicts.

Keywords - Work, Personal Life, Conflicts, Workplace, Women, Work-Life Balance.

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INTRODUCTION

Efforts by women to do housework and raise children have grown more taxing as a result of structural shifts in family patterns away from the traditional joint family and towards the nuclear family model. They are having a harder time striking the work-life balance they seek because of the resulting imbalance between work and family, which in turn causes more problems. [1] Specifically, unpleasant work experiences like involuntary contingent labour and role overload are being linked to technical, institutional, and demographic developments that have an impact on employment. More flexible, multi-skilled "knowledge workers" are also in high demand. Found a direct and indirect correlation between these experiences and family life quality. Supporters of the idea include officials from government, management, and employees, in addition to a large body of research and academic publications. A number of factors, including worries that.[2]

Reduced health and bad performance results for people, families, and organisations might be the effect of unbalanced work-life connections. So, women need to find a way to keep their families and careers stable, and we need to help them understand the meaning of work-life balance.[3]

There is an interconnected framework of principles, theories, and practices in social work, making it a fundamental scientific endeavour. The field of social work seeks to bring together a number of different ideas and practices in order to address social problems. [4] These include: a theory of society and culture, which considers the individual's role in these systems; a programme or policy that aims to change problematic situations; and a group of people, including professionals from social services, movements, networks, and other organisations, who are dedicated to implementing these changes using specific methods.[5]

The multi-faceted interactions between humans and their natural surroundings are the focus of social work in all its manifestations. Its goal is to help individuals avoid dysfunction, live their best lives, and realise their greatest potential.[6] As a result, the goals of professional social work include transformation and issue solutions. Social workers have a key role in shaping the communities, families, and people they assist, as well as society at large.[7]

The field of social work focuses on providing evidence-based care for those experiencing psychological and social distress. So, the profession is focused on two main objectives: (a) making people's lives easier so they can have a better quality of life, and (b) helping people in the community and on an individual level develop the skills they need to live their lives better and more creatively. [8,9] To alleviate the difficulties married working women have as a result of the inherent conflict between their professional and familial responsibilities, social workers are poised to step in and provide solutions.[10]

METHODOLOGY

Qualitative research methods, such as the descriptive design that details the characteristics of the studies, and quasi-experimental methods are the most common. Using this design, the researcher exposed the treatment group to the intervention while keeping it hidden from the control group. Then, they compared the findings based on how the intervention affected the independent variable.

SAMPLING PLAN

- **Sampling Technique**

The researcher used a non-probability sampling approach. In order to meet the requirements for taking part in the Social Group Work process, this approach was selected on a monthly basis for a total of six months.

- **Sampling method**

The researcher used Purposive/Judgmental sampling—typical case sampling—as their sampling strategy. The sample was characterized by its inclusion of individuals who had participated in the social group work procedure.

- **Sample Size**

From the pool of sixty participants: The sample sizes for the control group and treatment groups were 30 each.

TOOLS OF DATA COLLECTION

The data was collected using the following evaluation tools:

1. An individual's demographic information and health issues related to work/life balance will be uncovered using a self-administered questionnaire.

2. Jeremy Hayman evaluated the Work-Life Interference Scale (WMI) created by Fisher-McAuley, Stanton, Jolton, and Garvin (2003) (2005). A 15-item scale was used to assess work-life balance, with the original instrument being reported by Fisher-McAuley et al. Work interference with personal life (WIPL), personal life interference with work (PLIW), and work/personal life enhancement (WPLE) were the three elements of work-life balance that Jeremy Hayman originally aimed to measure using his initial 19-item scale. Using this measure, we can find out how well people believe their job and personal lives are balanced right now. After factor loading patterns and reliability estimations are taken into account, the 15-item measure with 5-point Likert scales is administered to the participants. Item 7 has the wrong score. When these three dimensions were combined, the final Cronbach alpha values for WIPL were 0.93, PLIW was 0.85, and WPLE was 0.69:

- A higher WIPL score indicated less balance, and the scores may be anywhere from 7 to 35.

- The PLIW scale went from 4 to 20, with higher scores indicating less equilibrium.

- A higher WPLE score indicated more improvement; scores varied from 4 to 20.

3. A scale created by Catherine C. Parker (2007) that measures the level of risk associated with each program as it pertains to an employee's career. Participants' perceptions of the hazards associated with work-life programs and their use of these programs are assessed using the second scale. Sullivan and Mainiero (2007), Kirby and Krone (2002), Allen (2001), and DeCiera (2005) were among the works cited while addressing work-life balance programs. For each of the twelve programs, participants must indicate whether or not their present employer offers a work-life program, rate the perceived risk of using the program from 12 to 60, and indicate the likelihood that they would use the program at some point in their career. Higher scores indicate a greater perception of risk. In the probability question, participants were given a 5-point Likert scale with an extra 6-point option for programs that they felt were irrelevant. We treated questions with a "Not Applicable" response as highly improbable and gave them the same score. Therefore, in order for the scores to vary from thirteen to sixty-five, these questions were constructed on a five-point scale.

4. The participants' family satisfaction is assessed on the third scale in this research, which is Family Satisfaction. It follows the five-item scale developed by Brayfield and Rothe (1951). Having a higher score suggests more family happiness, since the term "family" in the research pertains to the following family roles: being a parent, being a spouse/partner, and general home life. The study found that the scale has an alpha reliability of 0.71.

5. An individual's health issues as a result of a work-life imbalance will be studied using a self-designed questionnaire.

6. A self-created survey to investigate how social group work improves the work-life balance.

PLAN OF ANALYSIS

The researcher had used statistical methods like to assist with data analysis and interpretation:

i. First, frequency tables (both one-way and two-way), second, measures of central tendency and dispersion, and third, a paired t-test to compare the two groups' work-life balance scores.

ii. A z-test to determine how respondents feel about the work-life balance policies and programs their companies provide and how much of a risk it is to use them,

iii. Graphs and pictograms such as bar, column, and pie charts

iv. Weighted Mean.

RESULTS

It is very necessary to get a grasp of the respondent demographics before delving into the study's aims. Consequently, demographic information was gathered and evaluated; this section displays the demographic features, including age, education level, employment position, and income.

- **Age of the Respondents**

The data gathered and evaluated on this variable is shown in the table, and its purpose was to determine the age of the respondents.

Table 1: The table displays the collected and analysed data on this variable, which was used to find out how old the respondents were.

Age group	Frequency	Percentage (%)
20-30 years	25	41.7
30-40 years	24	40.0
40-50 years	11	18.3
Total	60	100
Statistical Inference	Mean = 27.667	Standard Deviation (SD) = 7.449

Looking at the data in the table, we can see that 40 percent of the respondents were in the 30–40 age bracket, and that 41.7% were in the 20–30 age bracket. There were a very small number of responses (18.3%) falling within the age bracket of

40–50. With a standard deviation of 7.5, the average age was 27.67 years.

- **Academic Background**

The table displays the analysed data from the study that examined this variable to determine the respondents' educational qualification.

Table 2: Academic Background

Qualification	Frequency	Percentage (%)
Under graduate	28	46.67
Post graduate	32	53.33
Total	60	100

According to the data in the table, 53.33 percent of the respondents had graduate degrees or above, while 46.67 percent had bachelor's degrees or below.

- **Work Status**

Level of management, years of experience with the current organisation, total years of service, and current remuneration were some of the job status variables that were explored in this study. Table 1 displays the results of the data analysis performed on the variable.

Table 3: Work Status

Level of Management	Frequency	Percentage (%)
Top level	6	10
Middle level	26	43.3
Lower level	28	46.7
Total	60	100
Experience in Current Organization	Frequency	Percentage (%)
0-1 year	10	16.7
1-2 years	19	31.7
More than 2 years	31	51.6
Total	60	100
Total number of Years of Service	Frequency	Percentage (%)
0-3 years	15	25
3-6 years	24	40
More than 6 years	21	35
Total	60	100

- Respondents' levels of education were as follows: 46.7% were at the lower level,

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43.3% were at the medium level, and only 10% were at the highest level out of the total number of respondents.

- Approximately half of the participants (51.6%) had more than 2 years of experience, with 31.7 percent having 1-2 years of experience. A much smaller percentage (16.7%) had 0-1 year of experience with their current employers.

- Four in ten respondents had between three and six years of overall service, while another 35 percent had six years or more, and 25 percent had zero to three years of experience in their field.

- **Orientation for Families**

By collecting and analysing data on this variable, we aimed to learn about the respondents' family types, numbers of members, dependent children, and other dependents besides their own children. Table displays the analysis's findings.

Table 4: Orientation for Families

Type of Family	Frequency	Percentage (%)
Nuclear family	28	46.7
Joint family	32	53.3
Total	**60**	**100**
No. of Members	**Frequency**	**Percentage (%)**
1-2	5	8.33
2-4	26	43.33
4-6	29	48.33
Total	**60**	**100**
Statistical Inference	Mean = 2.883	Standard Deviation = 1.121
Dependent Children	**Frequency**	**Percentage (%)**
Infant/ toddlers	10	16.7
Primary school level	14	23.33
Middle and high school levels	20	33.33
College level	5	8.33
No children	11	18.33
Total	**60**	**100**
Other Dependents	**Frequency**	**Percentage (%)**
1-2 members	34	56.7
2-4 members	6	10
None	20	33.3
Total	**60**	**100**

Looking at the data in the table, we can see that nuclear families make up 46% of the total, while combined families account for 53.3%. Among those who took the survey, over half (48.33%) had four or more family members, nearly half (43.33%) had two or more relatives, and a small minority (8.33%) had one or two individuals.

The chart also shows that 33.33 percent of the respondents had children in elementary school, while 23.33 percent have children in middle school or high school. It was also noted that 8.33% of the respondents had children who were attending college, 16.7% had infants or toddlers, and 18% did not have any children at all.

The biological definition of a kid (plural: children) is an individual who is between the ages of 0 and 14. In most jurisdictions, a minor, or someone younger than the age of majority, is considered a kid for legal purposes. Children play an important part in every household. Others in the family are brightened by them. Taking care of one's children, which is a major duty for most of the people who participated in this survey, is a big part of having a good work-life balance.

There is a great deal of respect for the role of women in Indian families. Women in the workforce often face the challenge of juggling many roles, both at home and in the workplace. This survey found that on average, participants could only spend three or four hours with their dependents, which is deemed insufficient. Increased work hours and responsibilities to other family members might be to blame for the shortfall.

(a) Conflicts Between Work And Personal Life And Their Impact On Health

This section presents the study's findings on the many health issues respondents experienced as a result of work-life imbalances. Excessive labour has negative effects on men and women alike, according to Harrington (2001), affecting their health and even their ability to sleep. Mental health, emotional, physical, and behavioural disorders are the ones chosen for the research.

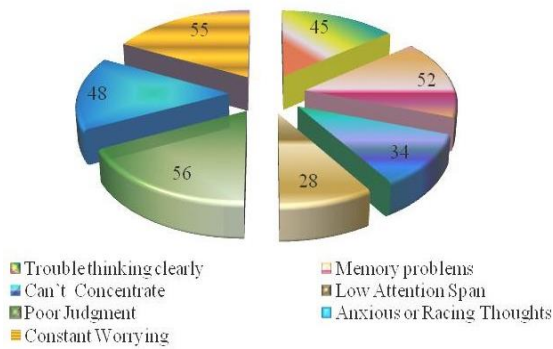**Issues with Mental Health**

Figure 1: Issues with Mental Health

This variable was examined in order to learn about the respondent's mental health issues that arise from their personal and/or professional lives. The findings of the assessment, which included questions on mental health issues such memory loss, difficulty focusing, poor judgement, worried thoughts, racing thoughts, and chronic worrying, are shown in figure.

It is concerning to see that a large portion of the respondents (56 out of 96) thought they had bad judgement; 55 out of 96 thought it was because they were always worried; 52 out of 67 thought it was because of memory problems; 48 out of 78 thought it was because they had trouble thinking clearly; 45 out of 75 thought it was because their thoughts were anxious or racing; 34 out of 78 said they couldn't concentrate; and 28 out of 78 said they had a short attention span.

Based on what has been said, it seems that the current research on the effects of work/life imbalance, such as memory issues, trouble concentrating, short attention span, poor judgement, anxiety, racing thoughts, and constant worrying, lines up with the findings of previous studies on common mental health problems caused by work/life imbalance.

Problems with Emotions

This variable is examined in order to get knowledge about mental health issues that arise as a result of one's employment and personal life. The data analysis findings for the variable are shown in figure.
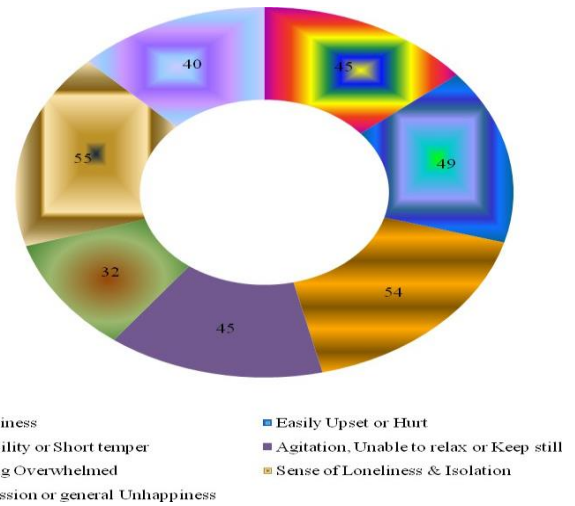

Figure 2: **Problems with Emotions**

Figure 8 shows the several types of emotional difficulties that participants experienced during the research, broken down into different parts. These problems include moodiness, easily upsetness, or Irritation, restlessness, difficulty to relax or remain quiet, overwhelming feelings of loneliness and isolation, sadness, and overall dissatisfaction are all symptoms of emotional distress. Almost half of the respondents (55 out of 60) reported feeling lonely and isolated, and nearly as many (54 out of 60) reported being easily irritated or having a short fuse, indicating that the majority of respondents (91.67% and 90%, respectively) in these groups experience emotional difficulties. In terms of mental health issues, 79 respondents (81.67%) reported being easily upset or wounded, 75 (45%) reported being irritable and moody, 60.66 % reported suffering from depression or overall dissatisfaction, and 53.33 % said they were feeling overwhelmed. Based on the image provided, it can be concluded that the majority of respondents experienced these emotional symptoms of stress, which are a result of an imbalance between their job and personal lives.

The current findings are consistent with previous reports because the participants in this study reported similar emotional problems. These included being easily upset or hurt, having a short temper, agitation, difficulty relaxing or staying still, feeling overwhelmed, feeling lonely and isolated, and experiencing depression or general unhappiness as a result of a work/life imbalance.

Health Problems

This variable studied to evaluate the physical health problems which occur due to work/personal life. Results of the data collected and analysed on the variable are depicted in figure 9.
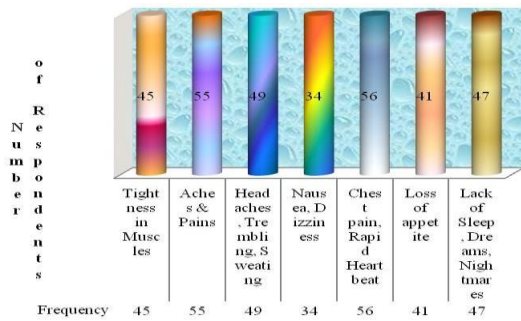
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Figure 3: Health Problems

The chart illustrates the many physical problems that respondents experienced as a result of the influence of their personal and professional lives while serving. They are grouped according to the following symptoms: muscular tension, discomfort, headaches, shivering, perspiration, vertigo, nausea, loss of appetite, fast heart rate, chest pain, and disturbed sleep, dreams, and nightmares. Notably, 56 out of 60 respondents experienced chest pain and rapid heartbeat; 55 reported aches and pains; 49 reported headaches, trembling, and sweating; 47 reported insomnia, dreams, and nightmares; 45 reported muscle tightness; 41 reported lack of appetite; and 34 reported nausea and dizziness as symptoms of their suffering.

As previously mentioned, the present research confirms the negative effects of physical ailments. Respondents reported nearly identical symptoms, including muscular tension, pain, headaches, shaking, perspiration, nausea, vertigo, chest pain, fast heart rate, decreased appetite, disturbed sleep, nightmares, and night mares, all of which were brought on by an unbalanced work/life ratio.

Problems with Conduct

Figure shows the data gathered and processed on this variable to assess the behavioural concerns caused by work/personal life imbalance.
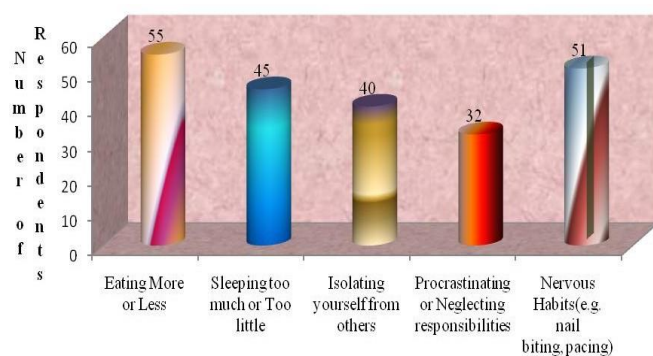

Figure 4: Problems with Conduct

Figure 10 shows that out of 60 respondents, 55 experience anxiety owing to eating too much or too little, 51 have anxious behaviours like pacing or biting their nails, and 45 report anxiety due to sleeping too much or too little. Forty people said they felt pressured to withdraw socially, and thirty-two people said they were tempted to put off or ignore their obligations.

A lack of a healthy work-life balance may be the root cause of the majority of the respondents' behavioural problems, according to the data shown above.

The results of this study are consistent with those of other studies that have looked into this topic, as the respondents reported experiencing comparable behavioural disorders as a result of a work/life imbalance.

CONCLUSION

Research on the effects of work-life conflicts on health provides insight into the complex relationship between one's professional obligations and their own health. Stress, burnout, and adverse health outcomes may be caused by an excessive workload, an absence of personal time, and a lack of separation between work and family life. It is critical to recognize and resolve these disputes for the sake of everyone's health, the success of organizations, and society as a whole. It is critical to establish rules that encourage a healthy work-life balance, include accommodating work schedules and fostering positive work environments. Consistently placing a premium on health and personal satisfaction alongside professional achievement is equally crucial in cultivating a culture that values these things. We can build stronger communities that care about their members as entirety and prioritize their health, happiness, and resilience by creating circumstances that help people strike a good work-life balance.

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