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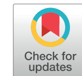
Original Research

Work-family conflict and self-rated health among dwellers in Minia, Egypt: Financial strain vs social support



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ARTICLE INFO

Article history:
Received 6 December 2017
Received in revised form
12 January 2018
Accepted 18 January 2018

Keywords:
Work-family conflict
Self-rated health
Egypt

ABSTRACT

Objectives: Egypt's economic reform is accompanied by both financial and social strains. Due to lack of evidence, we examined the associations between work-family conflict in its 2 directions, work-to-family conflicts (WFCs), and family-to-work conflicts (FWCs) and self-rated health in Minia, Egypt, and whether the association will vary by being financially responsible for others and by the level of perceived social support.
Study design: A cross-sectional study that included 1021 healthy participants aged 18–60 years from Minia district.
Methods: Data on participants' work-family conflict, social, and demographic data and individual self-rated health were collected by a questionnaire survey. Multivariable logistic regression analyses were used to calculate the odds ratios (ORs) with its 95% confidence intervals (CIs) for poor self-rated health according to categories of work-family conflict.
Results: There were significant positive associations between the poor self-rated health and both high WFC and FWC. Compared with participants with low WFC and low FWC, participants with high WFC low FWC, low WFC high FWC, and high WFC high FWC had multivariable-adjusted ORs (95% CIs) for poor self-rated health of 6.93 (3.02–13.13), 2.09 (1.06–4.12), and 10.05 (4.98–20.27), respectively. Giving financial support to others but not the level of perceived social support from others was an effect modifier of the association.
Conclusions: Work-family conflict was positively associated with the self-report of poor health, especially in those who were financially responsible for other family members.
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https://doi.org/10.1016/j.puhe.2018.01.016
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Introduction

Over the past several decades, the number of workers who feel the time and energy required for work interferes with their duties at home has been steadily increasing.[1–3] Work-family conflict refers to the expectations and demands associated with one domain (e.g., work) affecting the other domain (e.g., family), with the term 'conflict' implying that the two domains compete for the individual's time and energy in an inverse interaction. Work-to-family conflicts (WFCs) arise if work interferes with family life and the opportunities to fulfill one's demands as a parent or a spouse, whereas family-to-work conflicts (FWCs) refer to situations where family responsibilities interfere with the abilities to perform at work.[1–3]

General self-rated health, a widely used measure of the perceived current health status, has been shown to be a predictor of future morbidity and mortality, functional decline and disability, and the utilization of health care.[4] Importantly, there is growing evidence linking work-family conflict with poor self-rated health.[1-3,5-8] The research has shown that the direction of the conflict (i.e., work interfering with family, WFC vs family interfering with work, FWC) is an important distinction in studying the health/work-family conflict associations.[1–3,8] Most previous studies focused on WFC, seen as a result of occupational conditions,[1–3,6,7] others have focused on the effect of family responsibilities on the work environment,[1–3] whereas some other studies, as well as the present study, have investigated the work-family boundary management in two directions: WFC and/or FWC.[1–3,5,8] A few studies have described how socioeconomic conditions modified the associations between work-family conflict and self-rated health.[7,8] Some of these studies have shown these conflicts associated with poor self-rated health in women more than men,[1–3,6–8] whereas the large part of studies pointed to similar associations in both genders.[1–3,5,8] A study among Brazilian civil servants showed that the association between work-family conflict and self-rated health has differed by the educational level only among females.[7] Another study suggested that the impacts of work-family conflict on self-rated health would also differ by household income.[8]

The association between work-family conflict and health status has been studied, mostly in Western Europe,[1–3,5,6] North America,[7] and Asia.[8] In Egypt, the most populous country in Africa, studies about influence of work-family conflict on health are lacking. Data from the last census, in 2017, pointed to both the increased proportions of unemployment and divorce rates 32%, and 60%, respectively,[9] which could be preceded or accompanied by some sorts of work-family conflict. This is despite the fact that the Egyptian society is an oriental Eastern one, where family bonds prevail, and one expects to receive a strong social support from his family.[10,11] The current ongoing economic reform in Egypt has been associated with some financial troubles at family and institution levels that could lead to a significant social stress.[12,13] This study aimed to investigate the association between work-family conflict and self-rated health among dwellers in Minia district, and whether this association will be modified by variables related to the financial aspects 'Giving or not financial support to others' or to family relations, 'Receiving a high or low social support.' We focused on one district due to limited resources; however, the unemployment and divorce rates in Minia district, 21% and 30%, respectively, were not of the odd extremes but ranks modest among the Egyptian governorates.[9]

Methods

Study design

A cross-sectional study was conducted.

Study subjects

Participants were collected from Minia city and an affiliated rural area by house-to-house visits that were chosen randomly. The sample size was calculated using Epi Info software version 2000, considering Minia population as 5,500,000 and the prevalence of work-family conflict as 70%. This study included 1200 participants, aged 18–60 years who were recruited by a systematic random sample technique according to the actual urban/rural distribution of residency. Subjects who were unwilling to participate and those with incomplete questionnaire, n = 66, were excluded. We further excluded 113 subjects who reported medical histories of cancer, cardiovascular disease, stroke, other chronic diseases, and/or depression to minimize the possible effects of the initial health status.

A self-administered (sometimes aided) questionnaire was submitted to the participants, including questions about their sociodemographic characteristics, medical histories, and personal habits. The questionnaire was distributed during the period June–July, 2017 (response rate = 94.5%).

Exposure variables

With a three-scale assessment (0 = never, 1 = to some extent, 2 = often) of the eight items of the National Study of Midlife Development in the United States:[14] WFC was assessed with the following four items (i) 'Your job reduces the amount of time you can spend with the family'; (ii) 'Problems at work make you irritable at home'; (iii) 'Your work involves a lot of travel away from home'; (iv) 'Your job takes so much energy you do not feel up to doing things that need attention at home.' The other four items were used to assess FWC as follows: (v) 'Family matters reduce the time you can devote to your job'; (vi) 'Family worries about problems distract you from your work'; (vii) 'Family activities stop you getting the amount of sleep you need to do your job well'; (viii) 'Family obligations reduce the time you need to relax or be yourself.'

Accordingly, by summing all the four items in each of the WFC and FWC scores, the total scores ranged from 0 to 8. Based on the median of each score, we dichotomized WFC and FWC into low (<median, 3 for WFC and 2 for FWC) and high (≥the median), and then created four categories: (i) low WFC and low FWC; (ii) high WFC and low FWC; (iii) low WFC and high FWC; and (iv) high WFC and high FWC. The internal consistency of the questionnaire was 0.78 by Cronbach's alpha test.

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