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## RESEARCH ARTICLE

### EFFECT OF WORK-LIFE BALANCE ON HEALTHCARE WORKERS' PERFORMANCE: A STUDY OF SELECTED PRIMARY HEALTHCARE FACILITIES IN LAGOS STATE

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#### ABSTRACT

Work-life balance can be defined as maintaining equilibrium between work and non-work activities. A great concern facing any organization regardless of its size or purpose is its ability to achieve the desired objectives. An imperative factor that has the power to enhance or hinder this ability is the performance of its employees. Human resource management faces a critical issue that deeply threatens the performance of employees and that is work life balance. Work life balance has become a popular term that describes the increased need to achieve equilibrium between all facets of life. The trend of combining a career, marriage and parenthood has become increasingly prevalent due to financial pressure on families. This multi-faceted life has given rise to the concept of work life balance and the significance it has on the performance of an individual. An individual's inability to balance work and personal life domains has the potential to severely impede their performance at both work and personal lives (Poulose and Sudarsan, 2014). Although time is limited, healthcare workers are expected to perform various professional activities that are work related as well as non-work related, as such it is important to ensure that individuals have the ability to satisfy responsibilities from both domains and aspects. The individual's inability to satisfy the responsibilities from both domains adversely affect the performance at work. The study investigated the impact of work life balance on healthcare professionals' performance in selected primary healthcare facilities in Lagos State Nigeria. Three specific objectives were stated, and research hypotheses were constructed to guide the study. A cross-sectional research design, and a combination of convenience and snowball sampling was adopted for data collection. Hard copies and online questionnaires of structured questions were given out and mailed to healthcare professionals working in the six health care facilities in the State. Out of the 500 copies of questionnaire sent out, through random sampling technique. 462 (four hundred and sixty-two) questionnaires were returned. A response rate of 93% was obtained which was found adequate and used for the study. The study employed the use of primary data to examine the impact of work life balance on performance of the healthcare workers. Regression analysis using Statistical Product and Service Solution (SPSS) for windows and Microsoft excel computer program enabled data coding, editing and entry, plus data analysis and testing of hypotheses. Upon the successful analysis of the data collected for this study, the findings revealed that work flexibility, career development and long working hours are moderate predictors of healthcare workers' performance ( $R = 0.500$ ). A unit increase in these variables led to 50% increase in employee performance of workers and the relationship depicted in this study is significant at 95% confidence interval. In addition, the finding revealed that, career development is found to be the most dominant relational dimension ( $\beta = 0.445$ ) in determining the variation in employee performance. The study recommended that the management of healthcare facilities should set up work-life policies and programs that would support their employees in fulfilling both their official duties at the workplace and their individual responsibilities outside the workplace as well. In addition, efforts to improve career development in workplaces can be put in place to promote, provide training, and evaluate work performance so that employees who have high potential and competence can develop their career.

#### INTRODUCTION

Work-life balance is an essential part of managing human resource to achieve the organizational goal, while maintaining stability between the worker's basic family functions and the

hassles of the work. Clark (2009) defines work-life balance as contentment and good functioning at work and at home with negligible role conflicts. Work life balance can also be defined as maintaining equilibrium between work and non-work responsibilities. People have limited time to perform various activities that are work related as well as non-work related and therefore it is imperative to ensure that individuals could

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satisfy responsibilities from both domains. An individual's inability to satisfy responsibilities from both domains adversely affects the performance at work as well as in their personal lives. Work life balance is a widely used concept, however, the influence it has on employee performance is not so easily seen. The importance and necessity of maintaining work life balance was previously seen as the responsibility of the individual, however today organisations are beginning to recognise the implications that work life balance has on the performance of the individual as well as the organisation. This study will investigate the influence of work life balance on the performance of healthcare professionals working in primary health care facilities in Lagos State. According to Fapohunda (2014), developing economies like Nigeria are faced with serious economic challenges and labour market pressures added to poor social infrastructures, poverty, high unemployment, insecurity, corruption, among others. These conditions further intensify the work and life of an average Nigerian worker (healthcare workers inclusive) whose aim is to make a living and who may have to painstakingly build up accommodating arrangements and cognitive psychological coping behaviours that stimulate desirable satisfaction and effectual functioning both at work and at home.

Work-life balance is a critical factor that has an impact on job satisfaction and employee performance. One of the most significant priorities for organizations, has been improving performance and productivity of its employees (Fapohunda 2014). The organizational commitment of the human capital has significant value in an era of business competition where organizations struggle to retain their skilled workforce (Jena, 2015). For healthcare professionals working in health facilities, achieving work-life balance can be challenging. Within the health sector, apart from the physicians and pharmacists, nurses form the most dominant group of the workforce, and organizational commitment of nurses and the factors that impact commitment is a critical area of concern due to the high turnover and severe shortage of nurses (Labrague et al., 2018). The nursing profession is considered as one of the most valuable professions in hospitals (Khalilzadeh Nagneh et al., 2017), as nurses form the front-line staff that connect health care facilities and patients (Jernigan, Beggs and Kohut, 2016). The nursing profession is female dominated and thus work-life balance plays a more important role in the lives of nurses (Rajkonwar and Rastogi, 2018). The health sector is noted for its long hour culture and high workloads especially for nurses who stay 24hours with patients which seem to result in the neglect of other areas of life of the nurses, spending less time with one's family. This trend could have a negative influence on the individuals because Nigeria places some values on the family system which has resulted in greater interference between work and family life and the experience faced in one domain of life directly impacts the other domain of life. The failure of a family system is termed as a failure on the individual's part which tends to affect success of the individual (Ojo, Salau, & Falola, 2014). Thus, work-life balance has emerged as a topic of critical importance (Leslie, King and Clair, 2019). In recent years, the demands of consumers of healthcare and employers of labour are struggling with availability and the efficiency of the workforce's services which have increased following the brain drain in the health sector. There is gross shortage of healthcare professionals in Nigeria, and Lagos which is a cosmopolitan city with a population of 20million (2006 Census figure) and increased health needs also has its own share of the shortage.

Scarcity of accommodation and long stay on Lagos traffic pose a more serious challenge for healthcare workers who also work long hours and this may affect performance. For decades, scholars have described how organizations were built upon the implicit model of an "ideal worker": one who is wholly devoted to their job and is available 24 hours a day, 365 days a year, every year of their career. In the last decades, labour conditions have changed; insecurity and emigration of healthcare professionals, gross shortage of staff and long working hours make it difficult to meet family responsibilities, and job insecurity has increased (Rhnima, Wils, Pousa & Frigon 2014). Similarly, changes have also occurred in families due to high unemployment rate, and number of families with dependent family members or single-parent families are on the increase. Because of the profound changes taking place in families and the labour market, balancing work, and family is an increasing workforce demand (Kamau, Muleke, Makaya and Wagoki 2013).

Research evidence also suggests that work-related variables such as, shortage of staff, long stay on the Lagos traffic, work overload, burnout and job stress are significantly related to the experience of work-life balance. Basically, work-life balance practices are supposed to be an integral part of management of human resources which the government and employers of labour should take into consideration. It is against this background that the study investigated the impact of work life balance on the performance of healthcare professionals in Lagos State. The sample of participants for this study was randomly selected and thereafter the respondents were subjected to a self-administered questionnaire in order to solicit the desired results from the sample in an attempt to understand the influence of work life balance on the performance of healthcare professionals.

**Statement of the Problem:** Work Life Balance being a social concept often advocates for employees to find the right balance between their work and non-work roles, while health institutions are scrutinized on putting in place a variety of work life practices and policies that can foster workplace well-being. However, the dominance of role conflict realities (that is role overload and role interference) are producing detrimental consequences on the outcomes of Work Life Balance. Lack of work flexibility, career development and long working hours are stressing out many gainfully employed but undervalued professionals, reducing their job productivity as well as causing broken homes (Mmakwe & Ukoha 2018). In the community, there is growing concern that the quality of home and community life is deteriorating. These have resulted to poor employee input and productivity at the work place because an employee, who finds it difficult to properly balance his or her family life, tends to also have difficulties managing tasks at his or her workplace, therefore resulting in poor employee performance (Ugwu, Amazue & Onyedire 2017). Organizations must concentrate their attention on promoting systematic, individual, and isolated initiatives to achieve an efficient work-life balance in the Nigerian healthcare system. (Oludayo et al., 2015).

The studies above addressed the work life balance concept in relation to performance, and commitment. It is clear that very little study has been done on work-life balance, and especially its effects on performance of healthcare workers in Lagos State, Nigeria. There is thus a wide gap of knowledge which needs to be filled by this research. From the above background,

the study seeks to find out the effect of work-life balance on employee productivity, in selected healthcare facilities in Lagos State, Nigeria as case study.

### Objectives of the study

#### Broad objective

The main objective of the study is to assess the impact of work-life balance on healthcare professionals' performance in selected primary healthcare facilities in Lagos State.

#### Specific objectives

##### To determine:

- What constitutes work-life balance for an employee
- Factors militating against work-life balance and employee performance
- The effect of long working hours on healthcare professionals' performance.
- The interventions and strategies for managing work stress.

#### Research Hypotheses

**HO1.** Work flexibility has no significant effect on performance of healthcare professionals working in primary healthcare facilities.

**HO2.** There is no significant relationship between career development and employees' performance

**HO3.** There is no relationship between long working hours and employee's performance

#### Operational definition of terms

- **Work life balance (WLB)**- is defined as a state of equilibrium in which the demands of the employee's job and personal life are equal, one does not disturb or disrupt the other and there is no conflict between the two.
- **Healthcare Professional** -a trained nurse, doctor and pharmacist who has undergone a course of study in a recognized and accredited institution for training of nurses, physicians and pharmacists who has been duly registered by the Regulatory Council(NMCN, NMA and PCN) and is licensed to practice in Nigeria.
- **Impact** – a strong influence or change in the professional's performance at work as a result of his or her personal or family responsibilities.
- **Performance**- the amount of useful work accomplished or carried through, which can be estimated in terms of time needed, resources used and outcome. It is also a process of performing a task or function.
- **Employee performance**- is the result of effort, ability, and task perception. It is behaviour that can be evaluated in terms of the extent to which these contributions add to organizational effectiveness and the achievement of goals and objectives.

## RESEARCH METHODOLOGY

Explains the strategies and approaches used in carrying out this analysis in detail. This involves the design and selection of subjects. The data type and sources, methods for the processing of data and how reliability and validity were assured and clarified. It also gives explanations about the measurement of study variables, the analyses and presentation of results.

**Research Design:** The study adopted a survey research design for more precise investigation. The survey research design has been chosen because it enabled the researcher to elicit responses from a pool of respondents that are learned and able to interpret questionnaire items with little or no guidance and assistance.

**Research setting:** The study was carried out in Alimosho, Surulere and Somolu Local Government Areas of Lagos State, Southwest Nigeria. Lagos is a state in south-western Nigeria which was founded by the Awori in the thirteenth Century and was named Eko. Present day Lagos was created in 1967 and was the former Capital of Nigeria before the capital was moved to Abuja in 1990. It has a population of 20 million according to the 2006 Nigeria national census. It has 20 local government areas and is divided into 5 health zones. Lagos is the commercial hub and mega city of Africa and a centre of excellence in healthcare delivery. It is bounded by the east and north by Ogun State, while it is bounded by the west by Benin republic, on the southern border lies the Atlantic Ocean. Total land area 3,577km<sup>2</sup>, it has a total of 305 Primary Health Centres.

#### MAP OF LAGOS STATE



Source- <https://www.google.com/search>

**Population of the Study:** The population of this study is in two levels, healthcare facilities and healthcare professionals. The organizational population consists of all Primary Health care Facilities in Alimosho, Surulere and Shomolu Local Government Areas in Lagos State, Nigeria. The employee population used in this study is made up of the professional doctors, nurses and pharmacists in the healthcare facilities of Lagos State. The population under consideration is 5,982.

**Study Population:** The target population consisted of all the healthcare professionals (Nurses, Pharmacists and Physicians) in the Primary Health Centres in each of the three local government area councils in Lagos state. All trained, registered and licenced professionals in the facilities at the time of the study. It has a heterogeneous workforce that is typically faced with stress-related problems.

**Sampling Procedure and Size:** The facilities were purposively selected, due to accessibility and because the population also has all the characteristics of healthcare professionals. The sample consisted of all the healthcare professionals in the six Primary Health Centres and the total population was used. The method for small population as quoted by Watson (2011) and used by Scott smith, (2013) in his PhD thesis was adopted because of the nature of duty of health care professionals especially nurses. Most nurses cover three shift duties of morning, afternoon, and night, with some others on off duty, annual/maternity leave, study leave and even sick leave. The population is not known, so it was approximated, so the confidence level was placed at 95%, the total number of professionals met on duty each day for the one month of data collection constituted the sample. The breakdown of the number of healthcare professionals in the six facilities is as follows;

**Table 1. Facilities Studied**

| NAME OF FACILITY     | MALES | FEMALES | TOTAL |
|----------------------|-------|---------|-------|
| RAUF AREGBESHOLA PHC | 32    | 18      | 50    |
| OKUNOLA PHC          | 18    | 40      | 58    |
| SURULERE PHC         | 33    | 23      | 56    |
| AKERELE PHC          | 40    | 37      | 77    |
| OLOJA PHC            | 31    | 30      | 61    |
| BAJULAIYE PHC        | 40    | 33      | 73    |
|                      | 194   | 181     | 375   |

The sample size was determined using Taro Yamane, (1967) formula thus:

$$n = \frac{N}{1+N(e)^2}$$

Where: n = sample size  
 N= population size  
 e= sample error level of significance  
 l = constant

Therefore;

$$= \frac{5,982}{1 + [5,982 (0.05)^2]}$$

$$= \frac{5,982}{1 + (5,982 \times 0.0025)}$$

$$\frac{5,982}{15.955} = 375$$

The sample size was three hundred and seventy-five (375) at 95% confidence level and 5% error of precision level. However, in order to take care of non-response, 30% was added as suggested by Israel (2013). Thus, the sample equals to 487 {that is, 375 + (30% of 375)}. One hundred and twelve (112) was added to the calculated sample size of 375 which brings it to 487. The study employed random sampling technique in order to ensure equal chance of being selected. The questionnaire was distributed randomly to every staff at contact. Simple random sampling was used because it is cheaper to study a sample than the entire population. It also affords the researcher to be more thorough and to obtain quicker results than a complete coverage of the population.

**Sources and Methods of Data Collection:** Primary data was employed in this study. The major research instrument used for this study was the structured questionnaire. Self-administered questionnaire was used as the main tool for data collection.

The items on the questionnaire were divided into two sections; Section A to find out information on demographic characteristics and Section B to find information as relating to the variables under study. The independent variable is work life balance while the dependent variable is employee performance. The questionnaire elicited respondents' views on various items developed to measure each variable. The questionnaire includes closed ended questions on a five-point Likert scale items developed from Murithi (2017) that have studied similar variables. The questionnaire was structured into different sections to capture data on employee performance, work flexibility, career development and long working hours.

**Validity of the instruments:** The research adopted content validity which refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. Burns (2000) proposes that several data collection methods enable the researcher to avoid the deficiency that arises from using only one instrument for data collection. In connection with these content and face validity was used whereby the experts from nursing and health administration assessed the relevance of the content in the questionnaires and corrected where necessary.

**Reliability of instruments:** To achieve high level of reliability, trained research assistants were used for the data collection and they ensured that most copies of questionnaires were filled in their presence to ensure that the right people filled the questionnaire. This makes the research findings more objective and dependable. Cronbach's Co-efficient Alpha approach was used to measure internal consistency of the research instruments and a scale of 0.7 was adopted for acceptance of reliability.

**Method of Data Analysis:** Analysis is the application of reasoning to understand and interpret the collected data, (Kothari, 2004). The analysis of the quantitative data collected was presented in tables to explain and answer the research questions using frequency and percentage. In generating the actual results, frequency tables were generated to determine the number of respondents who will express their opinion on a particular item. In addition to that the computer programs were used as instruments to analyze quantitative data; Regression analysis using Statistical Product and Service Solution (SPSS) for windows and Microsoft excel computer program enabled data coding, editing and entry, plus data analysis and testing of hypotheses.

**DATA PRESENTATION, ANALYSIS AND DISCUSSIONS**

**Data Presentation:** Three hundred and seventy five questionnaires were properly filled and returned out of the total number of four hundred and eighty five that was issued and had to be verified for adequacy for data processing (Borg & Gall 2008).

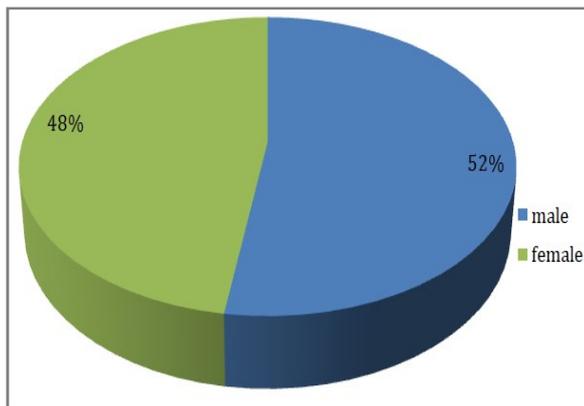
**Response Rate of Questionnaire:** Four hundred and sixty-two (462) participants out of the 486 sample participants filled-in the questionnaires.

| Response Rate of Questionnaire       | Frequency | Percentage (%) |
|--------------------------------------|-----------|----------------|
| Number of questionnaires distributed | 487       | 100            |
| Properly filled and used             | 462       | 94.9           |
| Not properly filled                  | 25        | 5.1            |

Source: Field work, 2022

Reasonable response rate was achieved after the researcher made physical visits to remind the respondents to fill-in the questionnaires. The return rate was 95% which is considered adequate since the initial sample size was four hundred and sixty-two (462). Statistically, 70% and over was deemed excellent sample response rate and the researcher can proceed with data analysis (Babbie & Earl 2009).

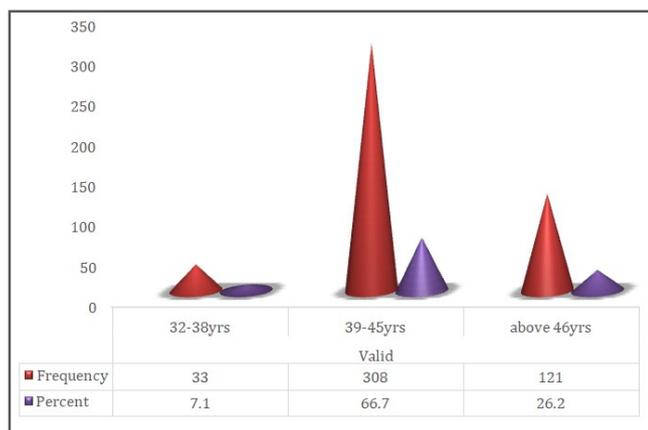
**Demographic profiles:** This section presents the demographic characteristics of the sampled respondents. It includes the gender distribution of respondents, age distribution of respondents, academic qualification and years of working experience of the respondents.



Field survey (2022)

Figure 4.1. Distribution of respondents by gender

The figure 4.1 above shows the distribution of respondents by gender. Out of the 462 respondents, 242 respondents representing 52.4% were male, while 220 respondents representing 47.6% were female. Though the number of male respondents is more than the female, it did not affect the result of the study. This is because the gender of the respondents did not affect the responses provided in any way.

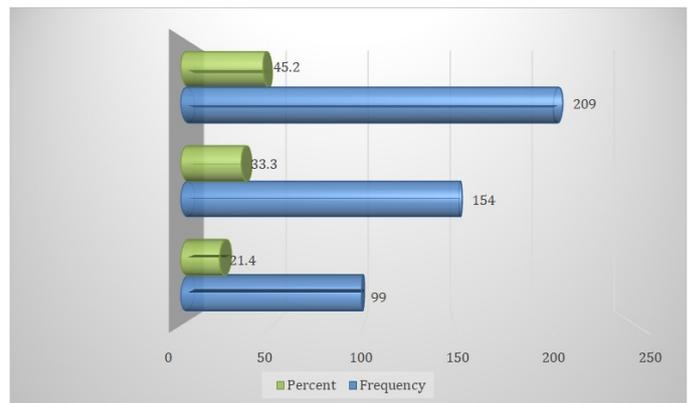


Field survey (2022)

Figure 4.2. Distribution of respondents by age

**Age Distribution of respondents:** Figure 4.2 above shows the distribution of respondents by age, and out of the 462 respondents, 33 respondents representing 7.1% were between the ages of 32 and 38yrs, 308 respondents representing 66.7% were between the ages of 39 and 45 years while 121 respondents representing 26.2% were above 46years. The statistics indicate that the work force is a mix of both relatively

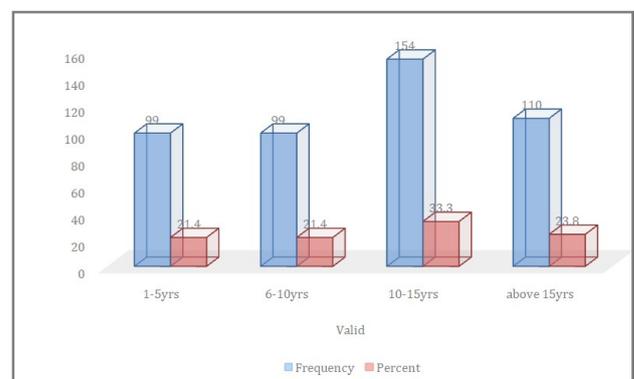
young and mature employees. This implies they are experienced and still productive.



Field survey (2022)

Figure 4.3. Distribution of respondents by academic qualification

**Academic qualification:** The figure 4.3 above shows the distribution of respondents by academic qualification, and out of the 462 respondents, 99 respondents representing 21.4% had Diploma as their academic qualification, 154 respondents representing 33.3% had Bachelors degree as their academic qualification while 209 respondents representing 45.2% had postgraduate degrees as their academic qualification. All the respondents have a level of formal education. This is not far from expectation since certain qualification is required before one can work in any health facility.



Field survey (2022)

Figure 4.4. Years of working experience of respondents

**Years of working experience:** The figure 4.4 above shows the years of working experience of respondents in any health facility. Out of the 462 respondents, 99 respondents representing 21.4% had been working with the primary health facility for 1 to 5 years, another 99 respondents representing 21.4% had been working with the facility for 6 – 10years, 154 respondents representing 33.3% had been working with the facility for 10 – 15 years, and 110 respondents representing 23.8% had been working with the facility for more than 15 yrs. This implies that most of the respondents have spent more than five years in the facility and it is expected that with their years of experience, they will have a better understanding of the concept under study and their responses can be relied on, to make conclusions.

**Inferential Statistics:** The study examines the work-life balance and employee performance. The dependent variables is employee performance (EP) while the independent variable is

work-life balance measured by work flexibility (WF),career development (CD) and long working hours(LWH) . Each item on the questionnaire was coded based on its main variable initials and its serial position in relation to other items under the same latent construct. For example, six items were used to measure employee performance were coded EP 1 - EP 6, ten items were used to measure work flexibility (WF) and coded WE 1-WF 10, eight items were used to measure career development (CD) and coded CD 1 – CD 8 and lastly, three items were used to measure long working hours (LWH) LWH 1 – LWH 3. However, before the test of hypotheses, the data were subjected to preliminary analysis to test for the assumptions of regression.

**Preliminary Analysis:** To achieve the underlying assumption of the multiple regression analysis, the variables were examined with the aim of establishing normality, linearity, multicollinearity, and auto correlation. The output begins with a preliminary analysis of the reliability test and table of correlation matrix upon which decisions are based.

**Reliability Test:** A pilot study was conducted to test for the validity and reliability of the instrument. The validity of the instrument was obtained by experts in healthcare management. Each scale item was rated in terms of the relevance of its constructs. The items were rated on 5-point ordinal scale: ranging from strongly disagree, disagree, undecided, agree and strongly agree. The questionnaire was further subjected to a reliability test using data collected from 35 samples of respondents from Eti-osa Local Government Area.

**Table 4.2. Reliability Result**

| Variable                  | Number of Items | Cronbach Alpha |
|---------------------------|-----------------|----------------|
| Employee Performance (EP) | 6               | 0.767          |
| Work Flexibility (WF)     | 10              | 0.802          |
| Career Development (CD)   | 8               | 0.793          |
| Long Working Hours (LWH)  | 3               | 0.822          |

Field survey (2021)

The result revealed that items for estimating employee performance (EP)has a reliability scale of 0.767, items for work flexibility (WF) has a reliability scale of 0.802, items for career development (CD) has a reliability scale of 0.793 and items for long working hours (LWH) has a reliability scale of 0.822 as shown in table 4.2 above.

**Correlation Analysis:** The relationship between the dependent and the independent variable indicators were examined using correlation analysis. The statistic used was Pearson correlation coefficient (r) and p-value analysis. A correlation was perceived significant when the probability value was below 0.05 (p-value ≤ 0.05). Correlation values (r) close to zero meant a weak relationship and r close to one meant a strong correlation existed. Table 4.3 below represents the results of the correlation analysis. The results revealed that work flexibility (WF) and employee performance are positively and significantly related (r = 0.114, p = 0.014). The table further indicated that career development (CD) and employee performance are positively and significantly related (r = 0.249, p = 0.000). It was also established that long working hours (LWH) and employee performance were positively and significantly related (r = 0.265, p = 0.000). This implies that an increase in any unit of the independent variables leads to an improvement in employee performance.

**Table 4.3. Correlation of the variables**

|     |                     | WF | CD     | LWH    | EP     |
|-----|---------------------|----|--------|--------|--------|
| WF  | Pearson Correlation | 1  | .375** | .139** | .114*  |
|     | Sig. (2-tailed)     |    | .000   | .003   | .014   |
|     | N                   |    | 462    | 462    | 462    |
| CD  | Pearson Correlation |    | 1      | .400** | .249** |
|     | Sig. (2-tailed)     |    |        | .000   | .000   |
|     | N                   |    |        | 462    | 462    |
| LWH | Pearson Correlation |    |        | 1      | .265** |
|     | Sig. (2-tailed)     |    |        |        | .000   |
|     | N                   |    |        |        | 462    |
| EP  | Pearson Correlation |    |        |        | 1      |
|     | Sig. (2-tailed)     |    |        |        |        |
|     | N                   |    |        |        | 462    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Table 4.3 above shows the correlation coefficients between the respective variables all of which have values that are less than 0.9 and greater than 0.1. Another assumption of linear regression is that of multicollinearity. Multicollinearity increases the variance of regression coefficients and threatens the validity of the regression equation. This indicates that the variables correlate enough to be used for the study and there is no chance of harmful multicollinearity.

**Test for Auto Correlation:** The assumption of no auto correlation of the error terms is also a requirement of linear regression. Norusis (1995) is of the opinion that Durbin-Watson can be used to test the independence of error terms. He added that the general rule of thumb is that if the Durbin-Watson value is between 1.5 and 2.5, the assumption of independence of the terms is not violated. The Durbin Watson coefficient stood at 1.619 as shown in Table 4.6, this falls within the benchmark. This indicates the absence of harmful serial correlation and fulfils one of the assumptions of linear regression.

**Test of Hypotheses:** This section presents the test of hypotheses as stated in the previous chapter. The regression output begins with the dependent variable – Employee Performance (EP) From Table 4.4.

**Table 4.4. Regression output 1**

| Model |            | Sum of Squares | Df  | Mean Square | F      | Sig.              |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1     | Regression | 20.472         | 2   | 10.236      | 43.698 | .000 <sup>b</sup> |
|       | Residual   | 107.516        | 459 | .234        |        |                   |
|       | Total      | 127.987        | 461 |             |        |                   |

a. Dependent Variable: EP

b. Predictors: (Constant), WF,CD,LWH

The F-statistic which measures the adequacy and fitness of the model used in the study stood at 43.698 with a p-value of 0.000 which is significant at 5%; this shows that the model is fit for the data.

**Table 4.5. Regression output 2**

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|---------------|
| 1     | .500 <sup>a</sup> | .460     | .456              | .48398                     | 1.619         |

a. Predictors: (Constant),WF,CD,LWH

b. Dependent Variable: EP

The finding shows that R, the multiple correlation coefficient stood (R) at 0.500 which indicates work flexibility (WF), career development (CD) and long working hours (LWH) are moderate predictors of employee performance (EP).

Table 4.6. Regression output 3

| Model | Unstandardized Coefficients |            | Standardized Coefficients | t    | Sig.   |      |
|-------|-----------------------------|------------|---------------------------|------|--------|------|
|       | B                           | Std. Error | Beta                      |      |        |      |
| 1     | (Constant)                  | 1.703      | .153                      |      | 11.120 | .000 |
|       | WF                          | .013       | .004                      | .012 | .279   | .020 |
|       | CD                          | .445       | .051                      | .405 | 8.767  | .000 |
|       | LWH                         | .059       | .022                      | .054 | .498   | .019 |

Table 4.7: Summary of Hypothesis

| Hypothesis     | Relationship | B     | t statistics | p-value | Decision |
|----------------|--------------|-------|--------------|---------|----------|
| H <sub>1</sub> | WF => EP     | 0.013 | 0.279        | 0.020   | Rejected |
| H <sub>2</sub> | CD => EP     | 0.445 | 8.767        | 0.000   | Rejected |
| H <sub>3</sub> | LWH => EP    | 0.059 | 0.498        | 0.019   | Rejected |

The multiple coefficients of determination of the variables  $R^2$ , stood at 0.46 indicating that about 46% of the total variation in work-life balance is explained by variations in work flexibility (WF), career development (CD) and long working hours (LWH) as captured in the study. The adjusted  $R^2$  being 0.456 indicates that the independent variables i.e., WF, CD and LWH, will still explain 45.6% of the variations in employee performance (EP) even if other variables were added to the study. The table 4.6 above shows the summary of the regression analysis carried out to test the hypotheses 1 and 3 using employee performance (EP) as the dependent variable. The coefficient of work flexibility (WF) stood at 0.013 which is positive. This implies that increase in work flexibility will lead to an increase in employee performance. However, the significance of this can be judged from the t statistics and its significance which stood at 0.279 with a p-value of 0.020. The p-value is less than 0.05, indicating that the relationship depicted in the model is significant at 95% confidence level. This implies that the study has enough statistical evidence to reject the null hypothesis which states that- Work flexibility has no significant effect on the employee's performance. Thus, the alternative hypothesis applies, stated that - Work flexibility has significant effect on employees' performance.

Also, the coefficient of career development (CD) is 0.445 which is positive. This implies that an increase in career development will lead to an increase in the performance of the employees. However, the significance of this can be judged from the t statistics and its significance which stood at 8.767 with a p-value of 0.000. The p-value is less than 0.05, indicating that the relationship depicted in the model is significant at 99% confidence level. This implies that the study does not have enough statistical evidence to accept the null hypothesis which states that - career development (CD) has no significant effect on the productivity of employees, thus the alternative hypothesis is accepted which states that career development (CD) has significant effect on the performance of the employees. Lastly, the coefficient of long working hour (LWH) is 0.059 which is positive. This implies that an increase in long working hour will lead to an increase in the performance of the employees. However, the significance of this can be judged from the t statistics and its significance which stood at 0.498 with a p-value of 0.019. The p-value is less than 0.05, indicating that the relationship depicted in the model is significant at 99% confidence level. This implies that the study does not have enough statistical evidence to accept the null hypothesis which states that - Long working hour has no significant effect on the performance of employees, thus the alternative hypothesis is accepted which states that- long

working hour has significant effect on the performance of the employees.

## DISCUSSION OF FINDING

The study evaluates the effect of work life balance on healthcare professionals' performance in primary health facilities in Lagos State. For a nurse, doctor or pharmacist to remain productive in the organization, the organization must continue to improve on their work life balance incentives. This will produce an employee that will be more effective and efficient in delivery of services to the clients. This study has shown that work life balance is an important factor that brings about employee performance. The employee is productive by his ability to render a "come back again services" to their clients and this is achieved when employee is motivated by the various work-friendly policies given to them by the organization. The first finding is that work flexibility has a positive significant influence on employee performance. The finding agrees with the report of Mmakwe & Ukoha (2018) who stated that flexibility in working hours enhanced employee motivation and commitment to the organization.

Employee assistance programmes in the organization created a good avenue for an organization extending a helping hand to individuals in the organization. The second finding is that career development has a positive significant impact on performance of healthcare professionals. The findings support the previous report of Murithi (2017).

According to Kakui & Gachunga (2016), career development helps to retain and motivate employees through the career development process; employees are assisted in setting realistic goals and to develop the required skills and abilities for target positions. The third finding is that long working hours has a positive significant impact on performance of healthcare professionals especially nurses. The findings agree with Vallo and Mashau (2020) who reported a significant effect of long working hours on employee productivity. According to Sauermaun (2016), working hours is a direct measure of worker productivity. This direct measure of worker productivity enhances the evaluation of how the number of working hours could also affect employee performance. The study findings oppose the literature findings that indicated that long working hours lead to decreased employee productivity. This could be due to the complexity and intensity of work in the health sector which could differ from the studies in the literature.

## SUMMARY, CONCLUSION AND RECOMMENDATION

The aim of this section is to summarize the analysis and interpretation of the study, provide recommendations for the problems identified in the study and also make suggestions for further areas of research within the research interest.

### Summary

The purpose of this study is to evaluate the effect of work life balance on performance of healthcare professionals. In realizing the aforementioned aim, the study was structured into different sections. The first section dealt with the background of the study, identified appropriate problems relating to the study, outlined the objectives to the study, formulated appropriate research questions, hypotheses and examined the rationale for the hypothesis. It also highlighted the scope and significance of the study, conceptual and empirical review. Relevant theories related to the study were identified and extant literature was also reviewed. The methodology used in the study was presented, in line with the research design, population of the study, sampling unit and sampling technique, method of data collection, research instrument, validity and reliability of research instrument and data analysis were all addressed. The study adopted descriptive survey research design. The sampling technique adopted for this study was random sampling technique and the study made use of a five-point Likert-scale questionnaire for collecting data. The data was analyzed using Regression method. There was presentation of the analysis, results, and discussion of major findings. The analysis was done through descriptive and inferential statistics. Descriptive analysis interpreted the respondent demographic information. The use of percentages and frequency distribution tables with charts and figures aided with the statistical package for social sciences (SPSS) and Microsoft Excel were used in analyzing and interpreting data. Inferential analysis was used to determine the relationship between the variables. Data generated from the questionnaire were sorted, arranged, coded, analyzed and the final acceptance or rejection of the hypotheses were made.

### Major empirical findings and result of hypothesis testing are outlined thus:

- Work flexibility has a positive significant influence on employee performance.
- Career development has a positive significant impact on performance of nurses, doctors and pharmacists.
- Long working hours has a positive significant impact on performance of the employees.

## CONCLUSION

This study concluded that work life balance philosophy is associated with real benefits for an organization. This is because the social and psychological life of every employee needs to be rightly put in check for them to be an asset and not just an employee that is used to carry out day to day operations of the organization. Employees are happier when they can balance their work life demands. Management also experiences improved relationship with employees. Management support for employees work life balance fosters a good relationship between the work force and management which improve effective communication in the organization.

A critical analysis on the subject matter of this research was carried out and discoveries have been made. Three variables which are work flexibility, career development and long working hours were used as determinants of work life balance for the study. The results revealed a moderate positive relationship of these identified factors on employee's performance. Therefore, based on the foregoing, this research concluded that for healthcare professionals in Lagos to achieve high level of performance, there is need to pay more attention on the work life balance of its workforce across all levels.

### Recommendation

#### Based on the findings of the study, the following recommendations were made:

i. The results of this study found that work flexibility has a direct positive effect on employee performance. The implication is that if work flexibility is improved, it will result in increased employee performance. The management of health care facilities should set up work-life policies and programs that would support their employees in fulfilling both their official duties at the workplace and their individual responsibilities outside the workplace as well. The results of the study found that career development has a direct positive effect on employee performance. The implication is that if career development is improved, it will result in increased employee performance. Efforts to improve career development can be done by promoting, transferring, providing training, and evaluating work performance so that employees who have high potential and competence can develop. Thus career development is one of the important factors that must be considered to increase employee productivity. Also, the management should develop strategies and initiatives to reduce employees' dissatisfaction and possible burnout. This is because employees are under-performing and possibly suffering adverse behavioral or health effects due to the extreme level of stress occasioned by long work hours. Though the study reported a significant relationship between long working hours and productivity, Performance would decrease at some point due to the stress and health levels and other factors, impacting workers' ability to be productive. Management of healthcare facilities should design improved remuneration policies or rewards programs which would reduce workers wanting to work longer hours than required.

**BArea of Further Studies:** Given that the context of this study was limited to healthcare professionals in Lagos state, future research could consider another subsector. Such studies could enrich knowledge on variables in the evaluation of work life balance. Again, future research may consider a comparative study of states with similar features of traffic and housing problems. It is however believed that this may help identify the other factors that affect work life balance.

**Ethical Consideration:** The researchers maintained the following ethical considerations during the course of the research: anonymity and confidentiality of participants, obtained informed consent and voluntary participation.

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