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Work-Family Conflict and Mental Health among Healthcare Workers: The Moderating Role of Work-Family Conflict Self-Efficacy

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ABS T RAC T

Healthcare workers experience multifaceted mental health issues due to the nature of their work. Some studies have investigated predictors of mental health with varied results. Therefore, this study examined moderating roles of work-family conflict self-efficacy (WFCSC) on the relationship between work-family conflict and mental health among healthcare workers in Akure metropolis, Ondo State, Nigeria. The study adopted cross-sectional survey design while purposive sampling technique was used to select three state hospitals in Akure metropolis. Data were collected from 201 healthcare workers using validated scales and analyzed using zero-order correlation and three-step hierarchical multiple regression to test three hypotheses. All hypotheses were accepted at $p < .05$ level of significance. The result indicated that work-family conflict significantly predicted mental health among study participants. Also, the result revealed that WFCSE significantly predicted mental health among healthcare workers. Finally, the result showed that WFCSE significantly moderated the relationship between work-family conflict and mental health among healthcare workers). The study concluded that WFCSE is a strong predictor and moderator of mental health among study participants. Therefore, it is recommended that management should provide mental health support services to their workers to reduce the negative influence of work-family conflict self-efficacy on mental health outcomes.

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INTRODUCTION

Mental health is a broad term that encompasses emotional, psychological, and social well-being of an individual which is affected by factors such as stress, genetics, lifestyle, and environment (Cullen et al, 2020). Mental health is an important part of overall well-being which is essential to an individual's ability to function in everyday life. One group of workers whose mental health deserves to be studied is the healthcare workers. The World Health Organization reports that healthcare workers around the world are faced with an increasing risk of mental health problems due to the challenging nature of their work and the high levels of stress and responsibility associated with their occupations (Vizheh et al., 2020). More often, healthcare workers are exposed to traumatic events which can lead to the development of post-traumatic stress disorder (PTTSD), anxiety, depression, and burnout. Thus, the effects of mental health could be particularly serious for healthcare workers (Chigwedere et al., 2021).

Mental health among healthcare workers in Nigeria is a major public health concern. As in other climes, healthcare workers in Nigeria are more exposed to a variety of physical and psychological stressors that have led to burnout and mental health problems (Audu et al., 2013). Stressors healthcare workers experienced ranges from dealing with difficult patients, medical emergencies to that of long work hours and lack of resources. Mental health issues could also be exacerbated by the stigma and shame surrounding mental health in Nigeria, which could prevent people from seeking help (Molina, 2021).

Some factors have been implicated to predict mental health among healthcare workers. One factor considered in this study as a likely predictor of mental health is work-family conflict which is a type of inter-role conflict in which the demands of an individual's job affect the demands of the individual's family (Kotun et al., 2022). It also occurs when there is not enough time to fulfill both roles, or when the requirements of one role interfere with the requirements of the other role, or when the values and beliefs of the two roles are incompatible (Adefioye, 2019). Work-family conflict can take two types (French et al., 2018). One is time-based conflict which occurs when an individual has to choose between spending time at work or with their family (French et al., 2018). This type of conflict is especially common for those in dual-income households where both partners work. The second type is strain-based conflict which occurs when the demands of work or family life cause stress or strain that affects workers' ability to fulfill their other roles (French et al., 2018). For example, a parent who is working long hours to pay the household bills may not have enough energy to spend quality time with their children (Molina, 2021).

Another factor considered in this study is work-family conflict self-efficacy (WFCSE) which is an individual's belief in their ability to succeed in specific situations or accomplish a task (Bandura, 1997). It is individuals' judgment of their capabilities. It predicts an individual's motivation, performance, and psychological well-being including mental health (Maddux & Gosselin, 2012). WFCSE is based on four sources of information: past

performance, vicarious experiences, verbal persuasion, and physiological states (Maddux & Gosselin, 2012). Past performance is the most important source of self-efficacy, meaning that individuals who have completed a task in the past will report higher self-efficacy compared to individuals who have failed in completing tasks successfully. Individuals can acquire information vicariously, that is observing others complete tasks will influence self-efficacy (Farmer et al, 2022). Finally, WFCSE could be gained through verbal persuasion and physiological states of an individual. Some studies have confirmed the influence of WFCSE on mental health among different populations and samples (Abdel-Khalek & Lester, 2017; Mo et al., 2021; Schönfeld et al., 2016).

Also, WFCSE is investigated as a moderator between work-family conflict and mental health. It is an important factor in the relationship between work-family conflict and mental health as it influences how individuals respond to and cope with stress, and how they perceive their abilities to cope with the demands of work and family life (Farmer et al., 2022). This is because people with higher work-family conflict self-efficacy often have more positive attitudes towards their work and family responsibilities, leading to more adaptive coping strategies and better problem-solving skills. This has been found to reduce the stress associated with managing the demands of both work and family, leading to less conflicts and better overall mental health (Balogun, 2019).

The influence of work-family conflict self-efficacy on the relationship between work-family conflict and mental health among health workers has become an emerging issue due to the high risk of work-family conflict and mental health problems. Studies have shown that the experience of work-family conflict could have a negative influence on the mental health of healthcare workers such as decreased job satisfaction, increased burnout, and poor overall health status. Studies that have examined the influence of work-family conflict self-efficacy in the relationship between work-family conflict and mental health among healthcare workers have produced varying results in which further studies are required.

Therefore, the main objective of this study was to examine the moderating role of work-family conflict self-efficacy on the relationship between work-family conflict and mental health among healthcare workers in Akure metropolis, Ondo State. The following specific objectives of this study were: (1) to determine whether work-family conflict would independently predict mental health outcomes among healthcare workers, and (2) to establish whether work-family conflict self-efficacy would independently predict mental health outcomes among healthcare workers? (3) to demonstrate whether work-family conflict self-efficacy moderates the relationship between work-family conflict and mental health among healthcare workers in Akure, Ondo State.

The study would provide a further insight into the moderating role of work-family conflict self-efficacy on the relationship between work-family conflict and mental health among healthcare workers in a developing health sector such as Akure, in Ondo State. Also, by understanding how work-family conflict self-efficacy is related to work-family conflict and mental health,

organizations will be able to design policies and practices that will support healthcare workers' work-family conflict self-efficacy, and thus reduce work-family conflict and improve workers' mental health. Finally, the study will provide data for further studies on the moderating effects of WFCSE on the relationship between work-family conflict and mental health among healthcare workers.

THEORETICAL CONSTRUCTS

Three theoretical constructs were used to anchor this study. The first one is the Expectancy-value theory which was developed by Vroom and has been revised over the years (Wigfield et al., 2021). The theory posits that when making decisions, individuals will weigh the expected outcomes of potential choices against their personal values. The expected outcomes are the anticipated positive and negative results of a choice, while the value placed on these outcomes are the individual's subjective assessment of the outcomes' worth. This theory has been used to explain a variety of behaviours, such as educational choices and decision-making in the workplace (Eccles & Wigfield, 2020). For example, the theory suggests that when considering a new job opportunity, individuals weigh the expected outcomes of the job (e.g. salary, benefits, working conditions, etc.) and their own values (e.g. the importance of job security, job satisfaction, etc.). When applied to this study, it means that by understanding one's personal values and expectations, an individual will be able to develop strategies to increase self-efficacy and improve their mental health.

Social exchange theory is the second theoretical construct used in this study. The theory posits that the relationships that individuals form with others are based upon the costs and rewards associated with those relationships (Cook et al., 2013). That, the relationship individuals' form will be those that offer the greatest reward at the least cost. When applied to this study, the theory explains how work-family conflict can lead to negative consequences. If an individual feels that the rewards of one domain are not worth the costs associated with it, they will experience feelings of guilt, resentment, or frustration. This will lead to decrease in job satisfaction, decrease in productivity at work, and decrease in satisfaction in family relationships. Taken together, the theory explains work-family conflict by highlighting the costs and rewards associated with competing demands. It suggests that individuals make decisions based on their evaluation of the costs and rewards and that these decisions can have negative consequences which could affect individual mental health.

Humanistic theory is the third theory used to explain how individuals seek to understand their experiences and how they can use their own personal qualities to make choices that are beneficial to their mental health (Schneider, 2014). The theory views mental health as the outcomes of an individual's ability to take responsibility for their own life and actions. It believes that individuals are naturally resilient and capable of finding solutions to problems. That individual can increase their mental health by learning to recognize their own

strengths and weaknesses, understanding their needs and wants, and engaging in activities that give them a sense of purpose and satisfaction (Schneider, 2014).

When applied to this study, the theory emphasizes the importance of self-care and self-expression. That individual strives to take care of their physical and mental health by engaging in activities that bring them joy and satisfaction. This includes engaging in activities such as exercise, art, music, or writing, eating healthy food and engaging in creative activities. With these activities, individuals learn to appreciate and accept themselves and gain a better understanding of their needs and wants, therefore, improve their mental health.

LITERATURE REVIEW

Some studies have been conducted on the influence of work-family conflict on mental health among different populations and samples. For example, Ademuyiwa et al. (2022) examined work-family conflict between official responsibilities and family demand among female staff of higher institutions of learning in Nigeria. The result showed that mental health (stress, mental fatigue, and psychological burnout/disorder) significantly contributed to work-family conflict among study participants. Along the same line, Zhou et al. (2018) examined the mediating effects of perceived stress in the relationship between work–family conflict and mental health among 351 full-time Chinese female employees. The result indicated that women's perceptions of both work-to-family conflict and family-to-work conflict negatively related to mental health among study participants. Additionally, the results showed that negative affect and perceived stress were negatively correlated with mental health.

Also, Adisa et al. (2016) examined the multi-faceted causes and consequences of work-family conflict on mental health among participants in South-west, Nigeria. The result revealed that work pressure, heavy familial duties, poor infrastructural facilities, and lack of suitable and practicable work-family balance policies were the major causes of work-family conflict that resulted in mental health problems among study participants. Further study by Sharma et al. (2016) was on the extent to which work–family conflicts cause stress among 693 nursing staff in Uttarakhand, India and its subsequent influence on their mental health. The result revealed that work–family conflict predicted psychological (mental) health of the nursing staff.

Comparatively, Zhang et al. (2012) investigated the relationship between two forms of work-family conflict-work-family conflict and family-work conflict – and mental health outcomes among Chinese managers. Work-family conflict was positively associated with mental health of the study participants. The result contradicts the result obtained from western countries (e.g., the USA) where family-work conflict was negatively associated with life satisfaction and affective commitment which is a part of mental health (Zhang et al., 2012).

Closely related are studies on the influence of work-family conflict self-efficacy on mental health. For example, Mo et al. (2021) assessed the levels of perceived threat (susceptibility, severity, impact), negative emotions (fear,

worry) and self-efficacy among pregnant women in China during COVID-19 and their associations with mental health (depression and anxiety) and personal protective behaviour (wearing a face mask). The result showed that participants demonstrated a high level of work-family conflict self-efficacy that improves their mental health during COVID-19 pandemic.

In their own study, Abdel-Khalek and Lester (2017) explored the associations between religiosity, generalized self-efficacy, mental health, and happiness among a sample of 702 Muslim Arab college students. The results indicated that male students obtained significantly higher mean total scores on self-efficacy and mental health than was their female counterparts. Because the strongest association was found between self–efficacy and mental health in men and women, enhancing self-efficacy may be a useful intervention to improve mental health.

Also, Schönfeld et al. (2016) examined the role of general self-efficacy on the relationship between daily stress and aspects of mental health. The result indicated self-efficacy as a mediator between daily stressors and mental health among study participants. Using the young population, Parto (2011) investigated the direct and indirect effects of problem solving and self-efficacy on mental health among 914 in-school adolescents. The results revealed that self-efficacy and problem solving were the direct and indirect predictors of mental health.

Other extant studies have equally supported the influence of work-family conflict self-efficacy on mental health among different populations. For example, Adeyemo and Adeleye, (2008) who investigated emotional intelligence, religiosity and self-efficacy as predictors of psychological wellbeing (mental health) among 292 in-school adolescents in Ogbomoso, Oyo State, Nigeria found self-efficacy as an independent predictor of mental health among their study participants.

Finally, Ogunyemi and Mabekoje (2007) examined the influence of self-efficacy, risk-taking behaviour and mental health on personal growth initiative among undergraduates. The results indicated that risk-taking behaviour and self-efficacy together predicted 8.7% of the variation in mental health among study participants.

The relationship between work-family conflict self-efficacy and work-family conflict has also been investigated. For example, Lange and Kayser (2022) explored the relationship between self-efficacy, work-related stress, health outcomes (health and anxiety), contributing factors (autonomy and experience) and work-family conflict among 5163 workers in a remote work setting. The result established that self-efficacy significantly reduces work related stress. Moreover, work-family conflict increases work related stress and anxiety. Also, self-efficacy reduces work family conflict and mediates between work-family conflict and mental health outcomes among study participants.

Deuling and Burns (2017) examined work-family conflict and mental health using self-efficacy as mediator and found that self-efficacy mediated the relationship between work-family conflict and mental health among study participants.

Rubio et al. (2015) examined the relations between work-family conflict and mental health to establish the mediatory role of self-efficacy among 242 Spanish army. The result revealed that self-efficacy significantly mediated between work-family and mental health outcomes among study participants. Glaser and Hecht (2013) examined associations between work-family conflicts and mental health triggers. The result showed that self-efficacy did not moderate relations between work-to-family conflict and mental health among study participants.

Ugwu and Oji (2013) investigated the role of self-efficacy and work-family conflict on pro-social behaviour among 271 commercial bank employees in Nigeria. The results suggest that workers who believe in their ability to accomplish tasks are more likely to embark on extra-role behavior compared to those employees with high work-family conflict. These results suggest that workers who believe in their ability to accomplish tasks are more likely to embark on extra-role behaviour compared to those employees with high work-family conflict.

Wang et al. (2010) examined the relationships between two types of work–family conflict (work interfering with family [WIF] and family interfering with work [FIW]) on mental health among supervisors in China and India. The results showed that work-family conflict negatively correlated with self-efficacy.

Finally, work-family conflict self-efficacy has been examined to establish the moderating effect in the relationships between work-family conflict and mental health components. Specifically, Balogun (2019) investigated the influence of work-family conflict on mental health and the mediatory role of work-family conflict self-efficacy among 615 bank workers in Lagos, Nigeria. The result showed a significant relationship between work-family relationship and mental health components (exhaustion, depersonalization, reduced personal accomplishment, and overall burnout). Also, the result indicated that work-family conflict self-efficacy significantly moderated the relationship between work-family conflict and mental health among study participants.

Hypotheses

H1: Work-family conflict will positively predict mental health among healthcare workers in Akure metropolis.

H2: Work-family conflict self-efficacy will negatively predict mental health among mental among healthcare workers in Akure metropolis.

H3: Work-family conflict self-efficacy will moderate the relationship between work-family conflict and mental health, such that the relationship between work-family conflict and mental health will weaken for healthcare workers with higher self-efficacy to manage work-family conflict among healthcare workers in Akure metropolis

METHODOLOGY

The study employed a cross-sectional survey design while data were collected using validated questionnaires. The independent variable was work-family conflict; the dependent variable was mental health while the moderating variable was work-family conflict self-efficacy. The study took place in Akure, the capital of Ondo State, Nigeria. The participants were healthcare workers in State Hospitals in Akure metropolis. Healthcare workers in Akure were selected for the study because they tend to experience more stressful and demanding situations at work due to the cosmopolitan nature of the city (Balogun, 2023).

Purposive sampling technique was used to select three hospitals in Akure, the capital of Ondo State, Nigeria while convenience sampling technique was used for the distribution of the research questionnaires to the participants.

The study used three instruments for data collection. Mental Health was measured using General Health Questionnaire-28 (GHQ-28) developed by Goldberg et al. (1978). This consists of 28 items presented on a 7- point Likert format that ranges from 0 (not at all) to 7 (much more than usual) Sample items include: "Have you recently: … been feeling run down and out of sorts?"," … been feeling in need of a good tonic?" and "…been feeling perfectly well and in good health?" Items 1, 15, 16, 17, 18, 19, 20, and 21 were reverse-scored. Higher scores indicate poorer mental health. The original author (Goldberg et al. 1978) reported Cronbach's alpha of . 95 while in this current study, Cronbach's alpha of .89 was calculated.

Work-family Conflict Self-efficacy was assessed using Work-Family Conflict Self-Efficacy Scale (WFCSE) developed by Balogun (2019). The scale consists of 22 items that are scored on a 5-point Likert-type format ranging from 1=Strongly Disagree to 5= Strongly Agree. Sample items include: "I can fulfil my family responsibilities even after a long working hour in the office", "I can function well at work despite family interference" and "I can perform family duties adequately despite work interference". The original author reported Cronbach's alpha of .93 and in this study, Cronbach's alpha of .94 was obtained. High scores on the WFCSE mean higher self-efficacy.

Work-Family Conflict was measured using Work and Family Conflict Scale (WAFCS) developed by Haslem et al. (2015). The scales consist of 10 items presented on a 7-point Likert's format ranging from 1 very strongly disagree to 7 very strongly agree. Sample items include: "My work prevents me from spending sufficient quality time with my family'' and ''My family has a negative impact on my day-to-day work duties". High scores on the WAFCS mean higher levels of work-family conflict and vice versa. Haslem et al. (2015) found the scale to have Cronbach's alpha of .80. In this study, Cronbach's alpha of .78n was reported.

A letter of introduction was collected from the Department of Pure and Applied Psychology, Adekunle Ajasin University, Akungba-Akoko, Ondo State to identify the researchers. The letter was presented to each health authority for

permission to distribute the research questionnaires. Potential participants were met one-on-one and the consent to participate in the study was sought. Potential participants who agreed to participate in the study were told that participation was voluntary and that they can withdraw at any point in time. They were equally assured that their responses to the questionnaires will be kept confidentially. Based on the consent to participate in the study, each participant was given the questionnaire to fill. A total of 215 questionnaires were distributed out of which 207 were retrieved (i.e., 96% response rate). During screening and coding of the questionnaires, six questionnaires were incompletely filled and were discarded then left with 201 that were used for the final analysis.

IBM SPSS version 23 was used for data analysis. Both descriptive and inferential statistics were used. Zero-order correlation statistics was used to establish the relationship among study variables. Hypotheses 1, 2 and 3 were tested using 3-step hierarchical multiple regression analysis. In the regression analyses, work-family and self-efficacy to manage work-family conflict were entered in the first and second steps respectively in order to determine the extent to which they independently predict mental health among healthcare workers. Their interaction effect was added in the third step. The interaction term was standardized before it was introduced in the regression analysis.

RESULTS AND DISCUSSION

Demographic Data

A total number of 201 healthcare workers in Akure, Ondo State participated in the study. Descriptive statistics showed that 88 (44.2%) of the participants were males and 111 (55.8%) were females. The educational qualifications of the participants indicated that 15 (7.5%) have school certificates, 152 (76%) have Bachelor's degree while 33 (16.5%) have Master's degree. In terms of their religions, 147 (73.5%) were Christians while 53 (26.5%) were Muslims. The marital status revealed that 56 (27.9%) were singles, 142 (70.6%) were married while 3 (1.5%) were separated. Finally, their job positions revealed that 68 (34.2%) were junior staff while 131 (65.8%) were senior staff. Zero-order correlation statistics was computed to test the psychometric properties of the study variables and the results are presented in Table 1.Universities in Southeast Nigeria.

Table 1. Zero-order Correlation Matrix Showing the Relationships among the Study Variables

Variables	**1**	**2**	**3**
1. Work-family conflict	1		
2. Work-family conflict self-efficacy	-.26*	1	
3. Mental Health	.45*	-.46	1
Mean	29.60	78.59	88.62
SD	8.56	14.46	11.74

Note: * Significant at $p < 0.05$, N = 201.

Table 1 presents a zero-order correlations matrix of the study variables. The results revealed that work-family conflict was positively related to mental health (r (201) = .45, p < .05). This means that higher levels of work-family conflict are associated with mental health problems. Also, the result showed that work-family conflict self-efficacy significantly and negatively related to mental health (r (201) = -.46, p < .05). Therefore, high efficacy to manage work-family conflict leads to better mental health. Finally, the results indicated a negative and significant correlation between work-family conflict self-efficacy and work-family conflict [r (201) = -.26, p < .05]. This implies as self-efficacy to manage work-family conflict increases, negative work-family interference decreases.

Test of Hypotheses

Table 2 presents result for the study hypotheses. The regression analysis contained three steps. In the regression analysis, work-family conflict and work-family conflict were entered in the first and second steps, respectively, in order to determine the extent to which they independently predict mental health among healthcare workers. The interaction effects of these variables were added in the third step and the results are presented in Table 2.

Table 2. Hierarchical Multiple Regression Analysis Showing Work-Family Conflict as Predictor of Mental Health and the Moderating Role of Work-family Conflict Self-Efficacy on Mental Health

Predictors	***β***	***t***	***R***	***R²***	***ΔR²***		***F***
Step 1			.48	.23	.20		6.70**
Work-Family Conflict (WFC)	.45	-6.78**					
Step 2			.56	.31	.08		9.01**
Work-family conflict Self-Efficacy (WFCSE)	-.34	4.63**					
Step 3 (Moderation)			.57	.32	.01		8.26**
WFCSE×WFC	-.36	1.15*					

*Significant at p < 0.05, p < 0.01, N= 201

The results in Table 2 indicated that work-family conflict significantly and positively predicted mental health (β = .45, p < .05), such that healthcare workers with higher levels of work-family conflict reported higher mental health challenges. With this result, the first hypothesis is hereby supported.

Also, the results study revealed that work-family conflict self-efficacy significantly and negatively predicted mental health among healthcare workers (β = -.34, p < .05). This suggests that healthcare workers who have a high level of self-efficacy to manage work-family conflict are less likely to report work-family conflict. This result supported the second hypothesis.

Finally, the results showed that work-family conflict self-efficacy significantly moderated the relationship between work-family conflict and

mental health among healthcare workers ($\beta = -.36$, $p < .05$). This implies that the positive relationship between work-family conflict and mental health weakens significantly for healthcare with higher work-family conflict self-efficacy. This result confirmed the third hypothesis.

Healthcare workers in Nigeria face stressful and demanding situations at work which increases their work-family conflict. Thus, most healthcare workers in Nigeria are at higher risk of developing mental health problems. However, while previous research has documented a positive relationship between work-family and mental health, there is very little knowledge on the role of work-family conflict self-efficacy in this relationship. The study, therefore, examined the moderating role of work-family conflict self-efficacy on the relationship between work-family conflict and mental health among healthcare workers in Akure metropolis, Ondo State, Nigeria.

The results indicated that work-family conflict significantly predicted mental health, thus suggesting that healthcare workers who experience high work-family conflict will have poor mental health outcomes. The findings of this study supported previous results (Schieman & Glavin, 2011; Sharma et al., 2016; Moen et al., 2017) who found work-family conflict as a strong predictor of mental health across different populations and different samples. One major source of work-family conflict in Nigeria is the time demands of work, including long work hours, irregular schedules, and job-related travel. When healthcare workers are required to work long hours or are expected to be available around the clock, it results in reduced time and energy available for family responsibilities such as caregiver, household tasks, and spending quality time with family members. This has also led to increased stress, fatigue, and burnout which can negatively affect the mental health of healthcare workers. Another factor that may likely exacerbate work-family conflict among healthcare workers is the lack of flexibility in work arrangements. Healthcare workers who do not have control over their work schedules or are unable to balance their work and family responsibilities due to inflexible work policies will experience higher levels of work-family conflict. This can result in increased stress, guilt, and frustration, which can have a detrimental effect on the mental health of such workers.

The hypothesis that work-family conflict self-efficacy (WFCSE) will negatively predict mental health was also supported by the findings of the current study. Low WFCSE to manage work-family conflict was found to be associated with poor mental health. This finding supported extant studies by Singh et al. (2010) and Parto (2011). Work-family conflict self-efficacy might have predicted mental health in such way that low level of WFCSC results in poor mental health outcome because healthcare workers believing that they have low or no ability to effect change, accomplish specific tasks and achieve goals can lead to a range of issues such as depression, anxiety, and stress, therefore leading to negative effect on their mental health.

Finally, the hypothesis that work-family conflict self-efficacy will moderate the relationships between work-family conflict and mental health was confirmed. This finding corroborated with the previous studies (Abdel-Khalek

& Lester, 2017; Balogun, 2023; Schönfeld et al., 2016) that a higher level of work-family conflict indicates that the work has taken or depleted too much of an employee's limited resources. In line with the expectancy-value theory (Wigfield et al., 2021), that healthcare workers' confidence in their ability to handle and manage work-family conflict could protect them against resource loss or help conserve their limited resources, which in turn will put them in lower risk of developing mental health problems such as depression, anxiety, and insomnia.

CONCLUSIONS AND RECOMMENDATIONS

The study examined the moderating role of work-family conflict self-efficacy (WFCSE) on the relationship between work-family conflict and mental health among healthcare workers in Akure metropolis, Ondo State, Nigeria. The results confirmed that work-family conflict significantly and positively predicted mental health among study participants. Similarly, work-family conflict self-efficacy significantly and negatively predicted mental health outcomes among study participants. Furthermore, WFCSE moderated the relationship between work-family conflict and mental health among healthcare workers in Akure metropolis, Ondo State.

The present study has some important practical implications for healthcare management and other relevant stakeholders in the Nigerian health sector. First, there is a need to implement flexible work arrangements such as part-time work, job sharing, or remote work, where feasible. This will allow healthcare workers to better balance their work and family responsibilities. Second, management should create a supportive work environment. This can be achieved by promoting a positive work culture, providing adequate resources and equipment to carry out their duties, and recognizing their efforts and achievements. Third, management should provide mental health support services which will reduce the negative impact of low self-efficacy on mental health outcomes. Fourth, health workers should have access to confidential mental health counselling services to help them cope with stress and work-related challenges. Fifth, there should be regular review of the organizational policies to address work-family conflict issues effectively. This may include implementing family-friendly policies, such as parental leave, childcare support and flexible job scheduling options.

Finally, mental health workers should be encouraged to engage in self-care practices to maintain their mental well-being. The resources and information should include stress management techniques, relaxation exercises, physical activity and healthy lifestyle choices.

FURTHER STUDY

Some limitations of this study need to be mentioned. Despite the contributions of this study to literature on work-family conflict, work-family conflict self-efficacy and mental health, there are still some observable shortcomings. The first limitation of the study is the sample size. The sample size used in this study was small (201 healthcare workers) which will hinder

generalization of the study findings. Further studies should include more healthcare workers in the sample size. Second, data in this study were collected using self-reported questionnaires which will not be free of response bias. Further study should use focus group interview and key informant interview to triangulate data collected from self-reported questionnaires. Finally, only one independent variable was investigated in this study. Further study should include personality traits, self-esteem and social support to determine their individual contributions to mental health among healthcare workers.

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