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Healthcare Workers' Mental Health and Work-Family Conflict: the Moderating Effect 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. In Akure, Ondo State, Nigeria, this study looked at the moderating effects of work-family conflict self-efficacy (WFCSC) on the association between work-family conflict and mental health among healthcare professionals. The study adopted cross-sectional survey design while purposive sampling technique was used to select three state hospitals in Akure metropolis. Three hypotheses were tested through the use of zero-order correlation and three-step hierarchical multiple regression analysis on data obtained from 201 healthcare workers using validated scales. 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 found that among study participants, WFCSE is a powerful predictor and modifier of mental health. Consequently, it is advised that management offer mental health support services to employees in order to lessen the detrimental impact that work-family conflict self-efficacy has 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 subjected to stressful situations that may cause 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 on them (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 the needs of an individual's family are impacted by their place of employment (Kotun et al., 2022). It also occurs when there is not enough time to fulfill both roles, or when the values and beliefs of the two positions are irreconcilable, or when the responsibilities of one function conflict with the requirements of the other role (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).

Work-family conflict self-efficacy (WFCSE), or a person's confidence in their capacity to succeed in particular circumstances or complete a task, is another aspect taken into account in this study (Bandura, 1997). It is people's assessment of their own ability. According to Maddux and Gosselin (2012), it forecasts a person's motivation, performance, and psychological well-being, including mental health. Four information sources form the basis of WFCSE:

verbal persuasion, physiological conditions, past performance, and vicarious experiences (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).

The role of WFCSE as a moderator between work-family conflict and mental health is also being studied. It plays a significant role in the interaction between work-family conflict and mental health because it affects how people react to stress, manage it, and believe they can handle the demands of both work and family life (Farmer et al., 2022). This is due to the fact that individuals who have higher levels of self-efficacy about work-family conflict tend to have more positive views regarding their work and family duties, which promotes more flexible coping mechanisms and improved problem-solving abilities. 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).

Given the increased risk of both work-family conflict and mental health issues among health workers, the impact of work-family conflict self-efficacy on the link between work-family conflict and mental health has emerged as a significant concern. Research has indicated that work-family conflict may have detrimental effects on healthcare workers' mental health, including low job satisfaction, increased burnout, and poor general health. Research that have looked at how work-family conflict self-efficacy affects the connection between work-family conflict and mental health in healthcare professionals have yielded 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 would work-family conflict self-efficacy be a reliable indicator of mental health outcomes for healthcare professionals on their own? (3) to show if self-efficacy regarding work-family conflict moderates the association between work-family conflict and mental health in Akure, Ondo State, among healthcare workers.

The study would provide a further insight into the association between work-family conflict and mental health among healthcare workers in a developing health sector like Akure, Ondo State, is moderated by work-family conflict self-efficacy. Organizations can also create policies and practices that support the work-family conflict self-efficacy of healthcare workers, thereby

lowering work-family conflict and enhancing workers' mental health, by knowing the relationship between work-family conflict self-efficacy and mental health. Lastly, the study will yield information for additional research on the moderating effects of WFCSE on the connection between healthcare workers' mental health and work-family conflict.

LITERATURE REVIEW

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.

Research on the impact of work-family conflict on mental health across various populations and samples has been done. For instance, Ademuyiwa et al. (2022) investigated work-family conflict among female employees of Nigerian higher education institutions between official obligations and familial demands. The findings demonstrated that among study participants, work-family conflict was strongly influenced by mental health (stress, mental exhaustion, and psychological burnout/disorder). Similarly, Zhou et al. (2018) investigated how perceived stress acted as a mediator in the connection 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) investigated the complex origins and effects 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) examined the connection between Chinese managers' mental health outcomes and two types of work-family conflict: work-family conflict and family-work conflict. Participants' mental health was positively correlated with work-family conflict. The outcome defies that of western nations (the USA, for example), where family-work conflict was linked to lower levels of affective commitment and life satisfaction. 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 negative emotions (fear, concern), self-efficacy, and perceived threat (susceptibility, severity, effect) among pregnant women in China during COVID-19, as well as their correlations with personal protective action (wearing a face mask) and mental health (depression and anxiety). The findings indicated that during the COVID-19 pandemic, participants exhibited a high degree of work-family conflict self-efficacy, which enhances their mental health.

Abdel-Khalek and Lester (2017) investigated the relationships among a sample of 702 Muslim Arab college students between religiosity, generalized self-efficacy, mental health, and happiness in their own study. According to the findings, male students outperformed their female counterparts in terms of mean total scores on self-efficacy and mental health. Improving self-efficacy may be a helpful intervention to promote mental health because the highest correlation between self-efficacy and mental health was shown in both men and women.

Schönfeld et al. (2016) also looked at how general self-efficacy affected the connection between elements of mental health and everyday stress. The findings showed that among study participants, self-efficacy acted as a mediator between everyday stressors and mental health. Parto (2011) examined the impact of problem solving and self-efficacy on mental health in 914 teenagers enrolled in school, both directly and indirectly, using this young population. The findings showed that problem-solving skills and self-efficacy were the main direct and indirect indicators 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 well-being (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 Undergraduates' self-efficacy, willingness to take risks, and mental health in relation to personal growth initiatives. The findings showed that self-efficacy and risk-taking behaviour combined 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, workplace stress and anxiety are increased by work-family conflict. Additionally, among study participants, self-efficacy both mediates the relationship between work-family conflict and mental health outcomes and lowers work-family conflict.

Using self-efficacy as a mediator, Deuling and Burns (2017) investigated the association between work-family conflict and mental health in study participants and discovered that self-efficacy mediated the relationship between work-family conflict and mental health.

In order to determine the mediating effect of self-efficacy among 242 Spanish army personnel, Rubio et al. (2015) investigated the relationships between work-family conflict and mental health. The findings showed that among research participants, self-efficacy significantly mediated the

relationship between work-family and mental health outcomes. Glaser and Hecht (2013) investigated relationships between mental health triggers and work-family problems. The findings demonstrated that among research participants, work-to-family conflict and mental health were not mediated by self-efficacy.

Ugwu and Oji (2013) examined the impact of work-family conflict and self-efficacy on pro-social behaviour in 271 Nigerian employees of commercial banks. According to the findings, individuals with high levels of work-family conflict are less likely to engage in extra-role conduct than employees who have faith in their abilities to complete duties. These findings imply that employees with high work-family conflict are less likely to engage in extra-role conduct than employees who have faith in their capacity to complete duties.

Wang et al. (2010) investigated the effects on supervisors' mental health in China and India of two forms of work–family conflict: work interfering with family [WIF] and family interfering with work [FIW]. The findings demonstrated a negative correlation between self-efficacy and work-family conflict.

Lastly, the moderating role in the associations between work-family conflict and mental health components has been investigated by looking at work-family conflict self-efficacy. In particular, 615 bank employees in Lagos, Nigeria participated in a study by Balogun (2019) to examine the impact of work-family conflict on mental health and the mediating function of work-family conflict self-efficacy. The findings indicated a strong correlation between mental health factors (depersonalization, fatigue, decreased self-accomplishment, and general burnout) and work-family relationships. Additionally, the outcome showed that among study participants, work-family conflict self-efficacy significantly influenced the connection between work-family conflict and mental health.

Hypotheses

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

H2: Self-efficacy around work-family conflict will be adversely 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 professionals in the city of Akure

METHODOLOGY

Validated questionnaires were used in the study to collect data using a cross-sectional survey approach. Work-family conflict was the independent variable, mental health was the dependent variable, and work-family conflict self-efficacy was the moderating variable. The study was conducted in Nigeria's Ondo State capital, Akure. The participants were medical staff members

working at the state hospitals in the city of Akure. Because of Akure's cosmopolitan atmosphere, healthcare professionals there frequently deal with tough and stressful work environments, which is why they were chosen for the study (Balogun, 2023).

In Akure, the capital of Ondo State, Nigeria, three hospitals were chosen using the purposeful sampling technique, and research questionnaires were distributed to participants using the convenience sampling technique.

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). The 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 while95while in this current study, the Cronbach's alpha of .89 was calculated.

Balogun (2019) developed the Work-Family Conflict Self-Efficacy Scale (WFCSE) to measure work-family conflict self-efficacy. The scale has 22 items with a 5-point Likert-type scoring system, where 1 represents strong disagreement and 5 represents strong agreement. The following are some examples of sample items: "I can function well at work despite family interference," "I can fulfil my family responsibilities even after a long day at the office," and "I can perform family duties adequately despite work interference." The study's Cronbach's alpha was.94, compared to the original author's reported value of.93. Higher self-efficacy is indicated by high WFCSE scores.

The Work and Family Conflict Scale (WAFCS), created by Haslem et al. (2015), was used to measure work-family conflict. The ten elements on the scales, which range from 1 very strongly disagree to 7 very strongly agree, are displayed on a 7-point Likert scale. For example, "My family negatively affects my day-to-day work duties" and "My work prevents me from spending sufficient quality time with my family" are examples of sample items. Higher levels of work-family conflict are correlated with higher scores on the WAFCS, and vice versa. According to Haslem et al. (2015), the scale's Cronbach's alpha was.80. Cronbach's alpha of.78n was reported in this study.

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 take part in the research was requested. When potential volunteers consented to take part in the study, they were informed that it was completely optional and they could back out at any time. They also received assurances that the information they provided on the surveys would be kept private. Each participant was given a questionnaire to complete in accordance with their agreement to participate in the study. 207 of the 215 questionnaires that were issued were collected, yielding a 96% response

rate. Six surveys were found to be incomplete throughout the screening and coding process; these were removed, leaving 201 completed questionnaires for the final analysis.

For data analysis, IBM SPSS version 23 was employed. There was use of both inferential and descriptive statistics. Zero-order correlation statistics was used to establish the relationship among study variables. An analysis of three-step hierarchical multiple regression was used to assess hypotheses 1, 2, and 3. To find out how much work-family and self-efficacy to manage work-family conflict independently influence mental health among healthcare workers, these variables were entered in the first and second steps of the regression analysis, respectively. The final phase included the addition of their interaction impact. Prior to its introduction in the regression analysis, the interaction term underwent standardization.

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.

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.

A zero-order correlations matrix of the research variables is shown in Table 1. The findings showed a positive correlation between mental health and work-family conflict ($r (201) = .45$, $p < .05$). This implies that mental health issues are linked to higher levels of work-family conflict. Additionally, the outcome demonstrated a significant and negative relationship between mental health and work-family conflict self-efficacy ($r (201) = -.46$, $p < .05$). Better mental health follows from greater efficacy in managing work-family conflict. Lastly, the findings showed a substantial and negative connection [$r (201) = -.26$, p

<.05] between work-family conflict self-efficacy and work-family conflict. This suggests that negative work-family interference diminishes as self-efficacy to manage work-family conflict rises.

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 result are presented in Table 2.

Table 2. Hierarchical Multiple Regression Analysis Showing Work-Family Conflict as Predictor of Mental Health and Work-Family Conflict Self-Efficacy's Moderating Effect on Mental Health

Predictors	***β***	***t***	***R***	R^2	ΔR^2	***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.

Furthermore, the study's findings showed that among healthcare workers, work-family conflict self-efficacy significantly and negatively predicted mental health (β = -.34, p <.05). This implies that healthcare professionals are less likely to report work-family conflict if they have a high degree of self-efficacy in managing work-family conflict. The second hypothesis was validated by this outcome.

Ultimately, the findings demonstrated that among healthcare workers, work-family conflict self-efficacy significantly attenuated the link between work-family conflict and mental health (β = -.36, p <.05). This suggests that for healthcare with higher work-family conflict self-efficacy, the beneficial association between work-family conflict and mental health diminishes dramatically. The third hypothesis was supported by this outcome.

Nigerian healthcare personnel deal with demanding and stressful work environments, which exacerbates work-family conflict. As a result, the majority

of Nigerian healthcare professionals are more likely to experience mental health issues. Though earlier studies have shown a favorable correlation between work-family and mental health, little is known about the function of work-family conflict self-efficacy in this relationship. Therefore, among healthcare workers in Akure, Ondo State, Nigeria, the study looked at the moderating influence of work-family conflict self-efficacy on the connection between work-family conflict and mental health.

The findings showed that work-family conflict was a strong predictor of mental health, implying that mental health outcomes will be poor for healthcare workers who have high levels of work-family conflict. The results of this investigation corroborated those of earlier studies (Schieman & Glavin, 2011; Sharma et al., 2016; Moen et al., 2017), which discovered that work-family conflict was a potent predictor of mental health in a variety of samples and demographics. Work-related travel, lengthy work hours, and erratic scheduling are some of the main causes of work-family conflict in Nigeria. 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 increase 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. Higher levels of work-family conflict will be experienced by healthcare workers who lack control over their work schedules or who are unable to manage their obligations to their families because of rigid work policies. These workers may experience elevated levels of stress, guilt, and frustration as a result, which may be harmful to their mental health.

The results of the current study also provided support for the hypothesis that work-family conflict self-efficacy (WFCSE) will negatively affect mental health. It was discovered that poor mental health was linked to low WFCSE in managing work-family conflict. 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.

Lastly, it was verified that the association between work-family conflict and mental health will be tempered by work-family conflict self-efficacy. This result is consistent with earlier research (Abdel-Khalek & Lester, 2017; Balogun, 2023; Schönfeld et al., 2016), which found that a higher degree of work-family conflict is a sign that an employee's limited resources have been overtaken or exhausted by their employment. 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 looked at how work-family conflict self-efficacy (WFCSE) among healthcare professionals in Akure, Ondo State, Nigeria, mediated the association between work-family conflict and mental health. The findings demonstrated that among research participants, work-family conflict significantly and favourably predicted mental health. Similarly, among study participants, work-family conflict self-efficacy strongly and negatively predicted mental health outcomes. Furthermore, among healthcare professionals in Akure, Ondo State, WFCSE attenuated the association between work-family conflict and mental health.

For healthcare administrators and other pertinent parties involved in the Nigerian health system, the current study has some significant practical ramifications.

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 employees to better manage their obligations to their families and their jobs.

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, in order to lessen the detrimental effects of poor self-efficacy on mental health outcomes, management should offer mental health support services. Fourth, to help them deal with stress and issues related to their jobs, health professionals should have access to private mental health counseling services. Fifth, in order to effectively handle work-family conflict concerns, organizational policies should be reviewed on a regular basis. This can entail putting in place family-friendly laws and regulations, like those pertaining to flexible work schedules, childcare assistance, and parental leave.

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 needs 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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REFERENCES

Abdel-Khalek, A. M., & Lester, D. (2017). The association between religiosity, generalized self-efficacy, mental health, and happiness in Arab college students. Personality and Individual Differences, 109, 12-16.

Adefioye, A. O. (2019). Influence of work-family conflict and burnout on psychological well-being among NSCDC Officers in Ibadan. B.Sc. Thesis submitted to the Department of Psychology, University of Ibadan, Pp i-vii, 1-58.

Adisa, T. A., Osabutey, E. L., & Gbadamosi, G. (2016). Understanding the causes and consequences of work-family conflict: An exploratory study of Nigerian employees. Employee Relations, 38(5), 770-788.

Ademuyiwa, J. A., Dahunsi, T. N., Adetunji, A. A., & Adeniran, A. O. (2022). Work–family conflicts among female staff of higher institutions in Nigeria. Journal of Family Issues, 43(3), 703-718.

Adeyemo, D. A., & Adeleye, A. T. (2008). Emotional intelligence, religiosity and self-efficacy as predictors of psychological well-being among secondary school adolescents in Ogbomoso, Nigeria. Europe's Journal of Psychology, 4(1), 22-31.

Audu, I. A., Idris, S. H., Olisah, V. O., & Sheikh, T. L. (2013). Stigmatization of people with mental illness among inhabitants of a rural community in northern Nigeria. International Journal of Social Psychiatry, 59(1), 55-60.

Balogun, A. G. (2023). Moderating effects of personal resources on work engagement and work-family conflict. SA Journal of Industrial Psychology, 49(0), a2052.

Balogun, A. G. (2019). Work-family conflict and burnout among working mothers: The role of work-family conflict self-efficacy. Gender and Behaviour, 17(4), 14224-14236.

Bandura, A. (1997). Self-efficacy: The exercise of control. Journal of Current Directions in Psychological Science. 36 (2), 87-112.

Chigwedere, O. C., Sadath, A., Kabir, Z., &Arensman, E. (2021). The impact of epidemics and pandemics on the mental health of healthcare workers: a systematic review. International Journal of Environmental Research and Public Health, 18(13), 6695.

Cook, K. S., Cheshire, C., Rice, E. R., & Nakagawa, S. (2013). Social exchange theory. Handbook of Social Psychology, 61-88.

Cullen, W., Gulati, G., & Kelly, B. D. (2020). Mental health in the COVID-19 pandemic. QJM: An International Journal of Medicine, 113(5), 311-312.

Deuling, J. K., & Burns, L. (2017). Perfectionism and work-family conflict: Self-esteem and self-efficacy as mediator. Personality and Individual Differences, 116, 326-330.

Eccles, J. S., & Wigfield, A. (2020). From expectancy-value theory to situated expectancy-value theory: A developmental, social cognitive, and sociocultural perspective on motivation. Contemporary Educational Psychology, 61, 101859.

Farmer, H., Xu, H., & Dupre, M. E. (2022). Self-efficacy. In Encyclopaedia of Gerontology and Population Aging (pp. 4410-4413). Cham: Springer International Publishing.

French, K. A., Dumani, S., Allen, T. D., & Shockley, K. M. (2018). A meta-analysis of work–family conflict and social support. Psychological bulletin, 144(3), 284.

Goldberg, D. P. (1978). General Health Questionnaire-12. Manual of the General Health Questionnaire. Windsor: National Foundation for Educational Research.

Glaser, W., & Hecht, T. D. (2013). Work-family conflicts, threat-appraisal, self-efficacy and emotional exhaustion. Journal of Managerial Psychology, 28(2), 164-182.

Haslam, D., Filus, A., Morawska, A., Sanders, M. R., & Fletcher, R. (2015). The work–family conflict scale (WAFCS): Development and initial validation of a self-report measure of work–family conflict for use with parents. Child Psychiatry & Human Development, 46, 346-357.

Lange, M., & Kayser, I. (2022). The role of self-efficacy, work-related autonomy and work-family conflict on employee's stress level during home-based

remote work in Germany. International Journal of Environmental Research and Public Health, 19(9), 49-55.

Kotun, O., Pischko, I., & Lozinska, N. (2022). Examination of military personnel changed psychological states during long-term deployment in a war zone. Annals of Psychology, 38(1), 191-200.

Maddux, J. E., & Gosselin, J. T. (2012). Self-efficacy. The Guilford Press.

Mo, P. K. H., Fong, V. W. I., Song, B., Di, J., Wang, Q., & Wang, L. (2021). Association of perceived threat, negative emotions, and self-efficacy with mental health and personal protective behaviour among Chinese pregnant women during the COVID-19 pandemic: cross-sectional survey study. Journal of medical Internet research, 23(4), e24053.

Molina, J. A. (2021). The work–family conflict: Evidence from the recent decade and lines of future research. Journal of Family and Economic Issues, 42, 4-10.

Ogunyemi, A. O., & Mabekoje, S. O. (2007). Self-efficacy, risk-taking behavior and mental health as predictors of personal growth initiative among university undergraduates. Electronic Journal of Research in Educational Psychology,5(12), 349-362

Parto, M. (2011). Problem solving, self-efficacy, and mental health in adolescents: Assessing the mediating role of assertiveness. Procedia-Social and Behavioral Sciences, 30, 644-648.

Schönfeld, P., Brailovskaia, J., Bieda, A., Zhang, X. C., & Margraf, J. (2016). The effects of daily stress on positive and negative mental health: Mediation through self-efficacy. International Journal of Clinical and Health Psychology, 16(1), 1-10.

Schneider, R. (2014). Convex bodies: the Brunn–Minkowski theory (No. 151). Cambridge University Press.

Sharma, J., Dhar, R. L., &Tyagi, A. (2016). Stress as a mediator between work–family conflict and psychological health among the nursing staff: Moderating role of emotional intelligence. Applied Nursing Research, 30, 268-275.

Singh, A. P., Shukla, A., & Singh, P. A. (2010). Perceived self-efficacy and mental health among elderly. Delhi Psychiatry Journal, 13, 314–321.

Ugwu, L. I., & Oji, I. (2013). Psychological contract breach, work-family conflict and self-efficacy as predictors of pro-social behaviour among a sample of

Nigerian bank employees. International Review of Social Sciences & Humanities, 6(1), 135-145.

Zhang, J., & Liu, Y. (2011). Antecedents of work-family conflict: Review and prospect. International Journal of Business & Management, 6(1), 89-101.

Zhou, S., Da, S., Guo, H., & Zhang, X. (2018). Work–family conflict and mental health among female employees: A sequential mediation model via negative affect and perceived stress. Frontiers in Psychology, 9, 544.