CONTEMPORARY RESEARCH ON WORK LIFE BALANCE IN MALAYSIA

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CHAPTER 4

ASSOCIATION BETWEEN WORK-FAMILY CONFLICT AND HEALTH BEHAVIOURS: A SYSTEMATIC REVIEW

Madihah Mohd Shukri

Introduction

A great deal of research has been devoted to identifying the social and psychological factors –including stress- that is associated with healthy and unhealthy lifestyles (Umberson et al., 2008). In particular, stress including work-family conflict is a particularly important mediator of health- behaviour relationships because it is a common and seemingly inevitable aspect of life and because its broad effects can influence a range of bodily systems and behaviours (Baum & Posluszny, 1999). A basic principle of stress perspective is that work-family conflict evokes psychological (e.g. anxiety, depression) and physical (e.g. increased heart rate and blood pressure) arousal and that individuals may implement health behaviours in an attempt to reduce that arousal (Ensel & Lin, 2004; Umberson et al., 2008). Thus, increasing indulgence in risky behaviours such as smoking and drinking alcohol and engaging in less healthy behaviours such as unhealthy diet and physically inactive may help to alleviate such psychological and physiological arousal and regulate mood state, at least temporarily (Kassel et al., 2003; Umberson et al., 2008). In other words, work

family conflict was likely to be linked with unhealthy but pleasurable behaviour via a poor strategy for coping, such that people are prone to eat high fat intake, low fruit and vegetable intake, sedentary activity in response to stress (Krueger & Chang, 2008). In similar vein, the tension reduction hypothesis (Conger, 1956) proposes that individuals with alcohol positive expectations tend to increase the consumption of alcohol when considering the possibility to experience a situation of stress. Drinking would be used to reduce to anxiety, possibly due to the sedative and depressant effect of alcohol in nervous system.

Another perspective which attempts to explain the link between negative work family conflict effects of stress-induced behaviours is based on time availability (Allen & Armstrong, 2006). Such approach suggests that time is a finite resource with demands from work and family roles, as well as individual needs, in competition for its use. Therefore, it seems likely that individual who feel that their time and energy resources are depleted by work and family demands which will be less likely to take the additional time needed to engage in healthy behaviours including physical activity and make sound dietary food choices. In a qualitative study examining the influence of conflict between work and family obligations on employed parents' own dietary choices, Devine et al (2006) observed that less healthful food were selected not only because they were fast and easy to obtain or prepare, but because they are viewed as a reward to make up for a difficult day. Thus, the essential assumption is that work-family conflict may be potentially associated with adverse behaviours; i.e. by disrupting an individual's ability to engage in health promoting behaviours such as healthy eating and physical activity or increasing indulgence in risky health related behaviours such as alcohol consumption and smoking (Stetson et al., 1997

Objectives of this review

The present review explores the relationship between work-family conflict and health behaviours. Several critical types of health behaviours which had been identified as contributing to short or long term health consequences provided by the literature

elsewhere (e.g., WHO, 2011) either health protective behaviours including healthy eating and physical activity, or risky behaviours including drinking alcohol and smoking. In addition, this article reviews recent research examining the mechanisms linking the work family conflict and its direction (i.e. work interfering with family, WIF; family interfering with work, FIW) with specific health behaviours, is based on an assumption that, for the most part, the experience of conflicts lead to health behaviours rather than the reverse. The focus will be on:

1) eating behaviour (excluding clinical studies focusing on eating pathology such as eating disorders etc)
2) physical activity and exercise (excluding studies focusing on physical activity or exercise intervention)
3) general drinking behaviour (excluding clinical studies focusing on dependence and addiction)
4) smoking status and intensity i.e. number of cigarettes smoked (excluding smoing stages such as initial, cessation and relapse etc.)

Method

Research papers were sourced initially through electronic data bases, including an advanced version of web of science and PSYCHINFO. In addition, relevant references from the published literature were explored and included when they met the inclusion criteria. Search terms included 'work-family conflict' in combination with 'health behaviours'. Search terms also include work-family conflict with specific types of behaviour. For instance, 'work-family conflict' in combination with 'eating', 'work-family conflict' in combination with 'smoking' etc. Articles were considered for the review if an objective was to examine the relationship between work-family conflict and specific types of health behaviours.