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Work-Life Conflict and Health Care Delivery: Perspectives of Healthcare Workers in Public Hospitals in the Cape Coast Metropolis, Ghana

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Abstract
Healthcare workers are life savers. Their contributions to development are highly valued. However, given the nature of their job, it has become a hurdle managing paid-work and social life. Informed by the spillover and boundary theories, we examined how healthcare workers manage their paid work and their social lives leading to an influence on healthcare delivery in the Cape Coast Metropolis, Ghana. This was a quantitative study where a survey protocol was used to elicit data from 112 healthcare workers. The study found that female healthcare workers experienced work-life conflict more than their male counterparts. Both junior and senior healthcare workers experienced work-life conflict given the demands of their work. Younger healthcare workers expressed higher work-life conflict while the married juggled between these two domains because of extra responsibilities. The study concluded that paid work has interfered with the social lives of healthcare workers due to rigid work schedules, just as the lack of logistics and modern technology at the health facilities have foiled healthcare delivery. The study recommends that the Ministry of Health should resource social workers so that they can render adequate support to healthcare workers to ease work-life conflict and enhance healthcare delivery.

Keywords: Health, healthcare delivery, work-life conflict, perspectives, Ghana**.**

Introduction
The study examined the implications of work-life conflict on healthcare delivery in the Cape Coast Metropolis. The health sector is an important component of the social system that needs maximum attention because it provides services that save lives. Therefore, when healthcare workers are faced with a lot of work-life issues, it is imperative to address them. The reason is that their attitudes towards their patients and largely health care delivery are likely to be affected by the extent to which they manage their paid work and social life. Paid work and social life demands may cause stress among healthcare givers if not adequately managed (Katz & Khan, 1966). Many times, the conflict between paid work and the social life of healthcare workers may affect their health as well as the well-being of their patients (Brough et al., 2005). This is because healthcare providers often displace their inability to manage paid

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work and social life on how they treat and handle patients (Kinnunen et al., 2006).

The European Agency of Safety and Health stressed that 25 percent of public service workers such as nurses, doctors, teachers, bankers, and drivers, suffer from work-life conflicts and work-related health problems, such as less life satisfaction, higher levels of stress, poor appetite, fatigue, less physical exercise, and emotional exhaustion (Cox et al., 2000). Patients in the care of a burnout healthcare provider are also likely to be at risk, adding another depth to the danger of failing to strike a balance between paid work and social life.

In 2006, Doble and Supiyiya assessed the gender differences in the perception of work-life balance in India. Gender differences regarding perceptions of work-life balance for Indian male and female employees showed that 95 percent of women against 83 percent of men believed that part-time work would improve their balance. Also, 92 percent of women against 74 percent of men asserted that their companies should provide child-care facilities to improve work-life balance. This assertion confirmed Lyness's and Thompson's (2000) study on climbing the corporate ladder to ascertain whether women and male follow the same route. Their report shows that female employees had many more barriers than male employees, and these barriers affect the advancement of female employees.

How to cope with work-family conflicts in an international career context was a study conducted by Makela and Suutari (2015) in Finland. The results indicated that the demanding nature of their jobs meant that global careerists faced not only time-based, strain-based, and work-family conflicts but also mobility-based conflicts. Managers were found mainly to use active problem-solving strategies alongside family-level coping strategies, though in addition, emotional coping, avoidance, and reappraisal strategies were in evidence. Among other strategies to cope with their work-life conflict was the ability to plan using a timetable.

Akkas et al. (2015) study, on the causes and consequences of work-family conflict among female employees in Bangladesh, found that factors such as long working hours, job inflexibility, work overload, child care responsibility, and the absence of husband's support lead to work-family conflict. Working women are encountering role conflict because of family responsibilities. Reduced work-family conflict leads to higher commitment of female workers to their organizations whereas increased work-life conflict causes lower commitment. In addition, Ratnaprabha et al. (2017) found that work-life conflict was associated with the elderly who were parenting as compared to the young ones who had no parental responsibilities. Similarly, female bankers experienced more work-life conflict than men just as married bankers stressed

a juggle between their paid work and social life relative to the unmarried (Darko-Asumadu et al., 2018).

Hadjri et al. (2021) analyzed the effect of burnout and work-family conflict directly on the performance of 142 healthcare workers at Palembang Hospital and indirectly through work stress as a mediating variable. The Structural Equation Modeling (SEM) showed that burnout and work-family conflict had a significant effect on performance. Burnout significantly affected work stress but work-family conflict and work stress have no significant effect on the performance of healthcare workers.

In another study by Moustaq et al. (2023) on the association between work-life imbalance, employees' unhappiness, work's impact on family, and family impacts on work among 656 nurses in Bangladesh, a Pearson correlation showed the positive association between employees' unhappiness, family's negative impact on career, work's negative impact on family, and work-life imbalance. Maintaining nurses' work-life balance is critical in improving healthcare organizations' productivity, delivery of quality patient care, and ensuring positive clinical outcomes.

In response to managing the work-life balance and healthcare delivery of health workers, the 2020 National Health Policy outlined five policy objectives. It is aimed at strengthening the healthcare delivery system to be resilient; encourage the adoption of healthy lifestyles, improve the physical environment; improve the socio-economic status of the population, and sustainable financing for health (Ministry of Health, 2020). As part of the strategy to build a resilient healthcare delivery system, the government taught of instituting service packages, ensuring a safe working environment, increase availability and appropriate health technology and infrastructure to improve the welfare of healthcare workers (Ministry of Health, 2020). The availability and utilisation of these welfare packages can help healthcare workers manage their work and social life. Despite these policies, little is known about the work-life conflict of healthcare workers sector in Ghana, although the life of people is designed for the efficiency of their work. A few research conducted on the phenomenon in Ghana mostly focused on the corporate society and educational system (Darko-Asumadu et al., 2018; Ampah, 2013).

Understanding the perceptions of healthcare workers on their work-life domains, implications of work-life interferences among healthcare workers, coping strategies adopted by healthcare workers amid the interferences, assessing their awareness and utilisation of work-life policies at their facilities is key to healthcare delivery. Healthcare workers are trained professionals who have the responsibility of providing healthcare to sick people in society. Similarly, social workers, are trained personnel who are devoted to helping the

vulnerable, including the sick, with the aim of alleviating their conditions (Whitaker et al., 2006) although their academic background, professional training, and orientations differ in relation to their approach to patients. Regardless, they work in tandem to provide quality health care. Healthcare workers such as nurses, doctors, pharmacists, and laboratory technicians function to deliver services to the sick and ailing directly or indirectly. Healthcare social workers largely depend on healthcare workers to provide emotional and social support to patients coping with medical trauma such as terminal, acute, and chronic illness. In addition, healthcare social workers provide information and counselling services for clients to aid them in their recovery from mental or physical illness (National Association for Social Workers, 2011).

It is therefore imperative to pay critical attention to healthcare workers since they are the first point of engagement by patients and their diagnoses and prognosis will serve as a determination of the roles of healthcare social workers. Consequently, any health policy that impedes their work-life balance and ultimately influences their health care delivery, will eventually affect the services of social workers. For instance, Tarekegne (2022) argued that hospital social workers practice in increasingly specialized environments and are frequently assigned to specific medical units that are based on the diagnosis of healthcare workers. Social workers in hospitals and medical centres provide frontline services to patients with conditions spanning the entire healthcare continuum. According to a national survey of licensed social workers, hospitals are the most common primary employment setting for healthcare social workers (Whitaker et al., 2006). Hospital social workers help patients and their families understand a particular illness and work through the emotions of a diagnosis. It is also part of their responsibility to sensitize other healthcare providers like doctors, nurses, and allied health professionals on the social and emotional aspects of a patient's illness.

The study employed the spillover and boundary theories. The spillover model already was proposed by Zedeck and Mosier in the 1990s. According to this theory, the attitudes and experiences of a person in a domain (work) are positively related to the person's attitudes and experiences in another domain (family). Work-life conflict is based on the belief that we are dealing with multiple forms of interaction in the paid work and social domains. This phenomenon is assumed to be bidirectional, where work can interfere with family and family can interfere with work. This implies that the emotions and experiences that healthcare workers encounter at home or work have the tendency to affect their work or social life negatively or positively. For instance, their attitude and experience at home may influence their output at the workplace. This can influence the quality of social or family life or work life of the healthcare workers.

With regard to the boundary theory, the process of negotiating and maintaining boundaries between work and life is vital. The theory proposes that individuals manage the boundaries between work and personal life through processes of segmenting and/or integrating domains (Ashforth et al., 2000). According to the theory, boundaries are clearer and easily maintained when roles are separated. On one hand, more integrated roles can make role transition less difficult, but they can also confuse the demands of these roles, increasing the chance of role blurring. Role blurring is defined as the difficulty in differentiating between one's paid work and social life in a given setting such that the person does paid work at home. Integration is believed to occur through flexibility and permeability. Flexibility refers to the ability to expand or contract boundaries between two or more roles to accommodate the demand of one domain or another while permeability involves the extent to which the boundary allows one domain to enter another. When two or more roles are flexible and permeable, they are said to be blended. Based on the boundary theory, healthcare workers set boundaries around their roles by separating their work from social life in order to easily maintain their roles. This separation can either make moving from one domain less difficult or more confusing. Healthcare workers would find work-life confusing when they find it difficult to distinguish work roles from social life. It is against this backdrop that the current sought to explore work-life conflict and healthcare delivery: Perspectives of healthcare workers in public hospitals in the Cape Coast Metropolis, Ghana**.** Specifically, this study sought to:

- Explore the perceptions of healthcare workers on work-life conflict.
- Examine the implications of work-life conflict on healthcare delivery by healthcare workers.
- Identify coping strategies of healthcare workers in managing work-life conflict.

Methodology

Research design

The study used the quantitative methods of conducting research and data analysis. In specific terms, a descriptive survey was adopted in this study. Cross-sectional studies capture aspects of social life including population characteristics, individual behavior, social interaction and aspects of social groups, institutions, and structures (Blaikie, 2009). This design was used because the substance of this study entails a detailed description of how work-life conflict can affect healthcare delivery of healthcare workers. The study design chosen for this study, allowed the researchers to describe the two variables: work-life conflict and healthcare delivery, and establish the relationship between them (Sarantakos, 2005).

Population, sample size, and sampling procedure

The population of healthcare workers included in the study were pharmacists, laboratory technicians, nurses, and doctors in the selected hospitals in the Cape Coast Metropolis. The study population (Cape Coast Metropolitan Hospital=96 and University of Cape Coast Hospital=64) constituted 160 healthcare workers. However, due to the nature of their work, only 139 healthcare providers were available for selection. Again, these two hospitals are referral hospitals with a large number of patients and workforce, whose workloads are immense. Based on the population (N=139), a sample size of 112 healthcare workers was selected (Krejcie & Morgan, 1970). The simple random technique (lottery method) was used to randomly select a sample of 9 out of 11 doctors (Cape Coast Metropolitan Hospital=6 and University of Cape Coast Hospital=3), 85 out of 110 nurses (Cape Coast Metropolitan Hospital=50 and University of Cape Coast Hospital=35), 8 out of 10 pharmacists (Cape Coast Metropolitan Hospital=4 and University of Cape Coast Hospital=4) and 10 out of 10 laboratory technicians (Cape Coast Metropolitan Hospital=5 and University of Cape Coast Hospital=5) resulting in a total number of 112 healthcare workers from both hospitals. The researchers had the sampling frame which contained the list of healthcare workers in the two institutions. Each member on the list was assigned a number after which the numbers were selected at random to obtain the sample of 112 healthcare workers.

Instruments for data collection

The study employed the questionnaire as a tool for data collection. The questionnaire contained closed and open-ended questions in relation to the objectives of the study. It was categorised into four main sections. Section one captured the background of healthcare social workers. The second, third, and fourth sections addressed the perceptions of healthcare workers on work-life conflict; the implications of work-life conflict on healthcare delivery by healthcare workers, and coping strategies of healthcare workers in managing work-life conflict.

Data collection procedure

The researchers went to the selected health institutions to seek permission from the management of the health facilities to enable us to collect the data. The management took copies of our instrument to peruse it. Afterward, the heads of the facilities granted us permission and, led by the senior administrators of the hospitals, the researchers went to the various departments and units. We introduced ourselves to the healthcare workers and distributed the questionnaires for them to fill. Healthcare workers who were free at the time responded immediately while those who were busy requested to fill it during their break period. We gave them our call card to call us to come for the instrument once they had completed it. We were able to retrieve some of the instruments on the same day, while others were retrieved within a week.

Data analysis

The data obtained were edited, coded, and analysed using the Statistical Product and Service Solutions (SPSS) software version 22. The objectives of this study namely: Explore perceptions of workers on work-life conflict, examine the implications of work-life conflict on health care delivery by healthcare workers and find out the coping strategies of healthcare workers in managing work-life conflict were explained using descriptive and inferential statistics. Descriptive results were presented using frequency tables and mean scores while the inferential statistics were presented using the Pearson correlation coefficient. The analyzed data was used to confirm or disprove empirical literature.

Results

This section is divided into various subsections. The first subsection focused on the background characteristics of respondents. The other subsections explore the perceptions of healthcare workers on work-life conflict, the implications of work-life conflict on healthcare delivery by healthcare workers, and the coping strategies of healthcare workers in managing work-life conflict in selected hospitals in the Cape Coast Metropolis.

Socio-demographic characteristics of healthcare workers

The section presented the socio-demographic characteristics of healthcare workers. Specifically, this study looked at age, sex, marital status, level of education, department of healthcare workers, and their income levels. Their ages helped the researchers identify the specific age interval the majority of healthcare workers fell. The study showed that 23.2% fell within 20-24 years, 42.9% were aged between 25-29 years, 21.4% were between 30 -34 years, 5.4% and 7.1% fell within 35-39 years and 40 years and above respectively. It can be deduced that the greater number of healthcare workers in the selected hospitals were between the ages of 25-29.

The sample of 112 respondents consisted of 43.8% males and 56.3% females. The majority of the respondents were females. Concerning the marital status of healthcare workers in the selected hospitals, 56.3% were single while 39.3% were married. 22.7% were widowed while a few (1.8%) were co-habiting. It can be deduced that the majority of healthcare workers were single. The majority of respondents (82.1%) had tertiary education, a major requirement to occupy healthcare worker status. The findings revealed that 9.8% of the respondents had diplomas from technical universities whereas 3.6% had advanced-level certificates and Master's degrees in Health. This study found that 38.4% of healthcare workers were assigned to the general ward department. While 5.4% of them were in the critical care department, 10.7% worked in the outpatient clinic. Also, 17% and 28.6% of the healthcare workers worked in the maternity ward and ear, nose, and throat departments respectively. It can be

observed that the majority of sampled healthcare workers were with the general ward department, dental care, children's ward, and dispensary.

Perceptions of healthcare workers on work-life conflict

The section sought to explore healthcare worker's perceptions about work-life conflict. To achieve this objective, the researchers used some socio-demographic characteristics such as gender, educational status, age, and marital status to assess respondents' perceptions of work-life conflict.

Table 1: Perceptions of healthcare workers on work-life conflict

Statements	SD	D	N	A	SA	Mean
Women experience more work family conflict than men	2.7	7.1	24.1	41.1	25	3.7
Single workers balance more than married ones	2.7	15.2	16.1	48.2	17.9	3.6
Younger employees experience greater conflict than older ones	4.5	18. 8	19.6	43.8	13.4	3.4
Family responsibilities affect the work of women than men	9.8	15.2	25.0	37.5	12.5	3.6
Work responsibility affects the social life of men than women	13.4	18.8	25.0	26.8	16.1	3.1
Average mean score						**3.4**

Source: Fieldwork (2022)

Table 1 depicts that 66.1 percent of the respondents articulated that female healthcare workers experience more work-family conflict than their male counterparts. This is supported by the fact that half (50%) of the healthcare workers perceived family responsibilities affecting the work of females as compared to males in the selected hospitals. Healthcare workers also perceived their younger colleagues to experience more work-life conflict than the elderly ones. In a nutshell, the average mean for perception of healthcare workers is 3.4. Per the average mean value, the perceptions of the healthcare workers were high in the following: Women experience more work-family conflict than men, workers who are single are able to balance their work and family roles better than those married, and family responsibilities have higher effects on women than men. Healthcare workers who were single stood a better chance of

balancing their paid work and social life relative to the married ones considering 66.1 percent of them attested to this.

Implications of work-life conflict on healthcare workers

The purpose of this objective was to find out the implications of combining paid work and social life of the health worker in health delivery. From Table 2, more than half of the healthcare workers (61.6%) stressed that combining paid work and family activities was stressful. 54.4% of healthcare workers agreed that they experienced body pains as a result of combining paid work and family roles.

Table 2: Implications of work-life conflict among healthcare workers

Statements	SD	D	N	A	SA	Mean
Combining both domains is stressful	6.3	8.9	23.2	34.8	26.8	3.6
I experience pains all over my body	3.6	12.5	29.5	32.1	22.3	3.5
My eating pattern has changed	5.4	8.9	20.5	48.2	17.0	3.6
Little body exercise	2.7	9.8	25.0	31.3	31.3	3.9
I buy food outside when at work	2.7	8.9	17.0	36.6	34.8	3.9
I am not efficient	19.6	22.3	21.4	20.5	11.6	2.8
I am under pressure during work emergency	9.8	16.1	16.1	37.5	20.5	3.4
Average mean score						**3.5**

Source: Fieldwork (2022)

It was observed that the eating patterns of healthcare worker (65.2%) had changed due to the nature of their work. As high as 71.4% of healthcare workers had little or no time for body exercise while 58% approved that they work under pressure during emergency periods. Per the average mean (3.5), the majority of healthcare workers believed that suffering from stress, body pains, changes in eating patterns, little or no time for body exercise, and buying food outside when at work, have direct implications on healthcare delivery.

Awareness, availability, and usage of work-life conflict policies

The study assessed healthcare worker's awareness, availability, and usage of work-life conflict policies in the hospitals. Responses of healthcare workers are categorised into Yes and No. It was essential to compute their level of awareness, availability and usage of healthcare workers to determine their knowledge about the existence of these policies and if so, whether they were beneficiaries.

Table 3: Awareness, availability and usage of work-life conflict policies

Policies	Awareness		Availability		Usage	
	Yes(%)	No(%)	Yes(%)	No(%)	Yes(%)	No(%)
Flexible work	79.5	20.5	70.5	29.5	64.3	35.7
Study leave	84.8	15.2	74.1	25.9	65.2	34.8
Part timework	60.7	39.3	53.6	46.4	47.3	52.7
Job sharing	68.8	31.3	67.0	30.0	58.0	42.0
Paid sabbatical leave	51.8	48.2	44.6	55.4	42.9	57.1
Work from home	46.4	53.6	41.1	58.9	42.9	58.0
Compressed work	41.1	58.9	38.4	61.6	38.4	61.6
Bereavement leave	56.3	43.8	58.0	42.0	55.4	44.6
Paid maternity leave	73.2	26.8	58.0	42.0	51.8	48.2
Short term leave	76.8	23.2	61.6	38.4	48.2	51.8
Family support services	45.5	54.5	43.8	56.3	42.9	57.1
Paternity leave	36.6	63.4	38.4	61.6	40.2	59.8
Career advancement	75.9	24.1	67.9	32.1	47.3	52.7
Use of vacation time	63.4	36.6	55.4	44.6	47.3	52.7
Paid leave for sick family members	33.0	67.0	41.1	58.9	33.0	67.0
Unpaid family medical leave	42.0	58.0	36.6	63.4	39.3	60.7
Reduced working hours	51.8	48.2	41.1	58.9	33.9	66.1
Shift swapping	70.5	29.5	68.8	31.3	58.9	41.1

Source: Fieldwork (2022)

Table 3 showed that the majority (84.8%) of healthcare workers were aware of the study-leave policy which also was available in their hospitals, and more than half (65.2%) of them utilised this policy. We realized that healthcare workers (51.8%) were aware of paid sabbatical-leave policy in the hospitals but the majority (55.4% and 57.1%) stressed that that policy was not available and usable. The majority of healthcare workers (67%) were not aware of paid leave for sick family members in the hospital because such a policy was not available for them to utilise. Likewise, 58 percent of healthcare workers stated that, although they were health professionals, they were not aware of unpaid family medical leave, nor did they know about its availability and usage; hence they were non-beneficiaries of such a policy. The absence of such a policy can lead to healthcare worker turnover. Also, shift swapping in these facilities was adequately utilised because of their awareness and availability. This implied

that workers rely on co-workers in dealing with work-life conflict. Flexible work schedules, mostly derived from shift swapping, were available and utilised by healthcare workers with 79.5% of healthcare workers voicing their awareness of such a policy.

Work-life conflict and healthcare delivery

The study examined the relationship between work-life issues and healthcare delivery by healthcare workers. The availability of required personnel, timely follow of information, funds to procure needed health equipment, adequate care process, and infrastructure were some indicators of health care delivery. This was correlated against the work-life conflict issues like taking work home most evenings and weekends, having no time to socialise with partners or family due to the demands of work, working at odd times (late and weekends), relationships with partners, missing out on family or social responsibilities due to long working hours, worry about their health due to the stress related work. Inferential statistical analysis, namely Pearson correlation, was performed to determine the extent to which these variables explain work-life conflict of healthcare workers.

Table 4: Healthcare delivery variables and work-life conflict

	1	**2**	**3**	**4**	**5**
Work-life conflict	1.000				
Required personnel	-.256	1.000			
Timely flow of information	.174	.016	1.000		
Health equipment	-.218	.332	.401	1.000	
Adequate care process	-.688	-.092	.300	-.253	1.000

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

Source: Fieldwork (2022)

The results showed a statistically significant negative weak correlation ($r_{(112)} = -0.256$; $p=0.002<0.05$) between availability of required personnel and work-life conflict among healthcare workers. This implied that as the number of personnel required to deliver health care services goes up, work-life conflict reduces. Thus, recruiting the required number of professional healthcare workers to proportionally match admitted patients reduced work-life conflict to a lesser extent. A significant number of recruited health experts reduced paid work and social life conflict as they were able to shift and swap with other colleagues to occasionally meet social demands. The study also showed a statistically significant moderate negative correlation ($r_{(112)} = -0.688$; $p=0.000<0.05$) between adequate care processes and infrastructure and work-life conflict among healthcare workers. This implied that as the methods employed to provide health care services to people and the level of coordination of those methods suffice, work-life conflict will decrease moderately. This

means that the level of coordination among healthcare givers as well as timely information flow determine how they juggle between paid work and social life. Lastly, the result from the study revealed an inverse association ($r_{(112)} = -0.218$; $p<0.05$) between funds to procure needed health equipment for healthcare delivery and work-life conflict among healthcare workers. The findings also showed a statistically significant relationship ($p=0.001$) between these variables ($p<0.05$). This showed that the provision of healthcare equipment reduced the workload of healthcare workers but not that much, and that ultimately reduced work-life conflict. There is a moderate negative correlation between work-life conflict and healthcare delivery by healthcare workers in the selected hospitals. This is emerging from the extrinsic link between work-life conflict and the plethora of non-existing work-life balance policies such as unpaid family medical leave, paid sabbatical leave policy, and paid leave for sick family members, which were either non-existing or unutilized.

Coping strategies of healthcare workers in managing work-life conflict

The study examined the coping strategies of healthcare workers in managing work-life conflict. It was necessary to calculate the percentages of the coping strategies of healthcare workers to find out how they manage work-life conflict. The responses, categorised into strongly disagree (SD), disagree(D), neutral (N), agree (A), and strongly agree (SA), are shown in Table 5.

Table 5: Coping strategies of healthcare workers in managing conflict

Statements	SD	D	N	A	SA
I discuss work issues with superior	4.5	9.8	20.5	47.3	17.9
I organize my day with a planner	13.4	20.5	21.4	33.9	10.7
I avoid checking time at work	13.4	22.3	17.9	34.8	1.6
Family members assist me at work	11.6	23.2	28.6	31.2	5.4
Co-workers assist me	5.4	8.9	17.9	50.4	12.5
I do several things at the same time	7.1	18.8	25.9	41.1	7.1
I focus on one thing at a time	4.5	8.9	17.0	43.8	25.9

Source: Fieldwork (2022)

In Table 5, the majority of healthcare workers (65.2%) openly discussed issues relating to work-life conflict with their superiors which eventually helped them manage work-life conflict. 33 percent of healthcare workers do not organize their day using a planner while nearly 45 percent said otherwise. Concerning not checking time regularly when performing activities at work and at home, 46 percent of the respondents settled that it helps them to manage work-life

conflict while 35 percent also disagreed. Further, 62.5 percent agreed that their co-workers assist them in successfully completing their work when they are occupied with home or social responsibilities but 14.3 percent disagreed. This showed that their co-workers assisted them in successfully completing their work when they were occupied outside work which was a coping strategy for work-life conflict.

Discussion

With regards to the perceptions of healthcare workers on work-life conflict, female healthcare workers experience more work-family conflict than their male counterparts. This confirms Doble and Supiyiya's (2010) argument that women experience conflicts more than men because they mostly assume more childbearing responsibilities such as taking children to school and picking them up from school, taking them to the hospital, and attending to their basic needs than men. Healthcare workers also perceived younger professionals experienced more work-life conflict as compared to the elderly ones. The finding contradicts the argument by Ratnaprabha et al. (2017) that older workers experience greater work-life conflict than younger ones. Healthcare workers who were single were able to manage their work and social lives more than married ones. This finding supports the arguments by Darko-Asumadu et al. (2018) who reported that bankers who are married experience more work-life conflict than those who are not married.

Also, the study sought to examine the implications of combining paid work and social life of the health worker in health delivery. One of the findings of the study showed that combining paid work and social life was stressful for healthcare workers. This confirms Darko-Asumadu's et al. (2018) argument that work-life conflict significantly leads to work stress. Also, the study discovered that combining paid work and social life as a health worker was accompanied by a lot of pressure, especially during emergencies. This finding confirms Doble and Supiyiya (2010) argument that there is increased pressure due to recurring thoughts of work at health facilities. It can be deduced that healthcare workers suffered some challenges while combining their paid work and social lives.

Fourthly, healthcare workers developed coping strategies to manage two domains. One strategy developed by healthcare workers was to openly discuss their difficulties in managing these domains with their superiors at the workplace. In this regard, their supervisors would be able to understand their challenges and assist them whenever they have such problems. This confirms Singh's and Nayak's (2015) argument that striking relationships and discussions between managers and individuals can help in reducing work-life conflict. In some studies, workers organised their day using a planner. But this was contrary to the current study where few of the healthcare workers planned

towards their day. This finding contradicts Makela's and Suutari's (2015) argument that planning one's day using a timetable helped workers cope with their work-life conflict. In as much as each healthcare worker performed specialised roles at the hospitals, their co-workers assisted them in completing their assigned work duties. This confirms Rendon's and Romyna's (2016) work that employees rely on husbands, grandparents and family, co-workers, bosses, and other strategies to achieve work and family balance.

Ainapur et al. (2016) argued that work-life conflict policies were most effective when they enhanced employees' autonomy and increased their capacity to perform well in work and family situations. Healthcare workers identified several policies. Lazar et al. (2010) revealed that work-life conflict has significant business costs associated with lack of engagement, absenteeism, turnover rates, low productivity, creativity, or poor retention levels, and there are some factors organizational work-life culture that may compromise availability and use of these policies. Also, the majority of the respondents made adequate use of the shift-swapping policy in the hospitals because it was available and that enhanced good relations and reliance on co-workers. This finding confirmed Rendon's and Romyna's (2016) work that employees rely on co-workers and bosses to balance work and family life. Healthcare workers made use of flexible working schedules since it was available; which could influence their productivity. Shagvaliyeya and Yazdanifard (2014) asserted that flexible working practices improved workplace morale which enhanced work-life balance. This study showed that 58 percent of healthcare workers sometimes come under pressure during emergencies at their workplaces, which can ultimately affect their social lives negatively.

Zedeck's and Mosier's (1990) spillover theory suggests that the attitudes and experiences of workers in one domain (home) can affect their attitudes and experiences in another domain (work) and vice versa. That is, when the attitudes and experiences are positive or negative in one domain, it is transferred to another domain. Relating the findings to the spillover theory, the majority of healthcare workers argued that they did all their work at the hospital which will have a positive effect on their social lives as they will have adequate time to attend to social responsibilities. Regarding how healthcare social workers combine paid work and social life, Ashforth et al, (2000) boundary theory depicts that healthcare workers set boundaries around their roles by separating their work from social life in order to easily maintain their roles. This separation can either make moving from one domain less difficult or more confusing. Healthcare workers would find work-life easy to distinguish work role from social life since the study revealed that 45 percent of healthcare workers do not bring work home. Again, 50 percent of healthcare workers said, that finding time for hobbies, leisure activities, or maintaining relationships with friends and extended family was difficult due to long working hours. All these roles,

relating this to the boundary theory, were separated and if there is no flexibility in moving from one domain to the other, then healthcare workers could experience role blurring (Ashforth et al., 2000). Work-life conflict can lead to stress and reduce employee commitment to healthcare delivery (Akkas et al., 2015).

We recommend the following:

- The Ministry of Health should enforce the policy on part-time work, short-term and shift swapping to make healthcare social workers more efficient and effective in the workplace.
- The government and the Ministry of Health should organise workshops for healthcare workers on time management and its effect on their output.
- The management of the various hospitals should make the reduced working hours policy available for healthcare workers so as to reduce work stress.
- The Ministry of Health in collaboration with the government of Ghana should provide adequate funds to procure modern technology to the various hospitals to enhance good health service delivery.
- The Ministry of Health should adequately resource social workers so that they can render their full support to healthcare workers to ease work-life conflict and enhance healthcare delivery.

The findings of the study had implications for social work. Healthcare social workers are professionally trained to deliver quality health care to their patients. Their core mandate is to value their patients as ascribed in their core values as healthcare professionals. However, the incessant pressure and demands at the workplace coupled with long working hours are undesirable pathways to healthcare delivery. A closer look at the moderate negative correlation between work-life conflict and healthcare delivery by healthcare workers is an indication that the plethora of non-existing and/or unutilised work-life balance policies such as unpaid family medical leave, paid sabbatical leave policy and paid leave for sick family members resulting in poor health care delivery. Healthcare social workers are employed in multiple corporative and non-administrative settings and fill a variety of roles in assisting healthcare workers at the top, middle, and lower levels of management, to balance their paid and social life efficiently (Macias, 2014). The study provided ways social workers can enhance work-life balance of healthcare workers at a micro level by educating healthcare workers on time management skills. On a meso level, social workers can interact with the extended family members of health workers to provide support at home in their absence. If social workers are able to provide an individual's support system, it may help improve work-life balance of healthcare workers and enhance healthcare delivery. On a macro level, social workers can be instrumental in leading larger targeted educational efforts aimed at managing paid work and social responsibilities (Macias, 2014).

A study of this nature had limitations. It focused on sampled healthcare workers in only public hospitals in the Cape Coast Metropolis. That is, the views of healthcare workers in public hospitals in other regions and that of private hospitals were not considered; which can affect the generalisation of the findings and comparative analysis. Therefore, the views of healthcare social workers in different regions and in private hospitals should be included in future studies. Despite these limitations, the study's findings are essential to healthcare social workers and the Ministry of Health in their attempt to provide quality health care.

Conclusions

Female healthcare workers experienced work-life conflict more than their male counterparts in the selected hospitals. Both junior and senior healthcare providers experienced difficulties balancing paid work and social life given the demanding nature of their work. In terms of age, younger healthcare workers expressed higher work-life conflict than older workers. Likewise, the married juggled between these two domains because of the extra responsibilities associated with performing the role of a husband or wife. The workload of the healthcare workers affected their health status because their work was stressful. Provision of health care equipment, recruiting of more health professionals and adequate care processes and infrastructure were needed to reduce work-life conflict. This could ultimately facilitate healthcare delivery among healthcare workers in both the Cape Coast Metropolis and the University of Cape Coast Hospitals.

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