WORK-LIFE BALANCE AND PERSONALITY TRAITS AS CORRELATES OF PSYCHOLOGICAL DISTRESS AMONG HEALTH WORKERS IN LAGOS STATE UNIVERSITY HOSPITAL

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Abstract
This study aimed at finding out the work-life balance and personality traits as correlates of psychological distress among health workers in Lagos State University hospital.It is also aimed at finding out the relationship between personality traits (extraversion, agreeableness, conscientiousness and openness to experience) and psychological distress, The influence of neuroticism on psychological distress was also examined. The research was based on survey design. Purposive and stratified sampling techniques were used in collecting data from the respondents. The participants consisted of 201 males and females' health workers working at LASUTH. Three instruments were used to gather information from the respondents namely; BFI (Big Five Inventory), General Health Questionnaire (GHQ-12) and Work-Life Balance Scale (WLBS). Pearson Moment Correlation, Regression analysis and Independent t-test were used to test the stated hypotheses. The result revealed that there is a significant negative correlation between extraversion, conscientiousness, agreeableness, openness to experience and psychological distress. Participants that scored high on neuroticism also scored high on psychological distress. Lastly, work-life balance and personality traits accounted for 35.4% variance of psychological distress among health workers. The result was discussed based on literature reviewed.
Keywords: Work-Life Balance, Personality Traits, and Psychological distress.

INTRODUCTION

Everyone in their daily lives will experience some form of stress and inevitably tries to utilize a unique way to response. Stress represents a normal, necessary and unavoidable life phenomenon that can generate temporary discomfort, as well as long-term consequences (Hamid, Hamid Reza, Ammar, Mina, Awat&Peyman, 2015).

Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression (lost of interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense) (Mirowsky&Ross 2002). These symptoms may be tied in with somatic symptoms (e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures (Kleinman 1991, Kirmayer 1989). Additional criteria have been used in the definition of psychological distress but these criteria do not make consensus. In particular, tenet of the stress-distress model posit that the defining features of psychological distress are the exposure to a stressful event that threatens the physical or mental health, the inability to cope effectively with this stressor and the emotional turmoil that results from this ineffective coping (Horwitz 2007). They argue that psychological distress vanishes when the stressor disappears or when an individual comes to cope effectively with this stressor. There is plenty of evidence confirming the effect of stress on distress, however, including stress in the definition of distress fails to recognise the presence of distress in the absence of stress.

The status of psychological distress in the psychiatric nosology is ambiguous and has been debated at length in the scientific literature. On the one hand, psychological distress is viewed as an emotional disturbance that may impact on the social functioning and day-to-day living of individuals (Wheaton 2007). As such, it has been the object of numerous studies seeking to identify the risk and protective factors associated with it. On the other hand, distress is a diagnostic criterion for some psychiatric disorders (e.g., obsessive-compulsive disorders; posttraumatic stress disorder) and, together with impairment in daily living, a marker of the severity of symptoms in other disorders (e.g., major depression; generalized anxiety disorder) (Phillips 2009, Watson 2009). Thus, psychological distress would be a medical concern mostly when it is accompanied by other symptoms that, when added up, satisfy the diagnostic criteria for a psychiatric disorder.

Scientific information confirms the idea that personality traits are an important factor in identifying, responding and approaching stress events (Hamid, Hamid Reza, Ammar, Mina, Awat&Peyman, 2015).

Personality traits are as preparation for thinking or acting in a similar style in response to a variety of different stimuli or situations. Studies have shown that some personality traits can predict stress level (Dumitru&Cozman, 2012). Maladaptive personality traits (e.g., neuroticism) is related with increased exposure to stressful life events and likely to make individuals susceptible in experiencing negative emotion and frustration, while, adaptive personality traits (e.g., high extraversion and conscientiousness) were less affected by daily stresses (Bolger & Schilling, 1991).

Also, family life, work life and private life are some of the most important and time-consuming factors in many individuals' lives, involving several factors such as family status, type of work, civil status, etc. WLB is reached when there is a balance between emotional and time related demands of work, family and private life (Bell Rajendran and Theiler, 2012).

WLB involves two dimensions: (1) Engagement in different roles in work and nonwork life; and (2) Minimal conflict between work and non-work roles. To reach WLB balance-, satisfaction-, fulfillment of role salience- and perceived control between multiple roles and equity across multiple roles are of importance. Psychological distress is a major problem of present era especially for employees. It is true to emphasize that with advancement of science and technology everyone wants to move forward and reach on the peak of his/her success, compete others and live more luxurious life for which they struggle round o'clock. As a result, they experienced high level of stress which may have adverse impact on their emotional, physiological, cognitive, and behavioral state. Therefore, there is a need to have a balance between work and family, enhance one's personality and develop positive attitudes for better fulfillment of goal and achievement. When individuals fail to balance their work and family, they experience high level of stress which lead to psychological distress and play an important role in development of different types of psychological disorders, such as anxiety, depression, mood disorders or various physical problems like cancer, heart attack, and migraines etc.

The main objectives are to:
1. to examine the relationship between work-life balance and psychological distress among health workers
2. to examine the relationship between personality traits dimensions (extraversion, conscientiousness, agreeableness and openness to experience) and psychological distress among health workers.
3. to examine the influence of neuroticism on psychological distress
4. to investigate the joint effect of work-life balance and personality traits on psychological distress of health workers.

The following hypotheses were formulated to test the identified aims and objectives of this current study.
1. H1:There will be a significant negative relationship between work-life balance and psychological distress among health workers
2. HI:There will be a significant negative relationship between personality traits dimensions (extraversion, conscientiousness, agreeableness and openness to experience) and psychological distress among health workers.
3. H3:Participants that score higher on neuroticism will also score higher on psychological distress compared to participants that scored lower on neuroticism
4. H4:Work-life balance and personality traits will significantly predict psychological distress among health workers.

Literature Review
The Research examines work life balance, job addiction and marital stress on the mental health status of nurses by making references to some known literature that are relevant to the subject. An attempt is also made to find out any knowledge gap that exists in current literature on the subject and how this research can bridge some of the gap.

Theoretical Review
Personality Trait Theory
Personality is defined as the set of habitual behaviours, cognitions and emotional patterns that evolve from biological and environmental factors (Philips & Gerald, 2009). Personality is set to be a mixture of genetic makeup and environmental factors. Personality is what differentiates one person from the other, separates attitudes and behaviours among people across the lifespan. While behavioral Psychologists define personality as relatively stable across conditions, trait Psychologists define personality in terms of unique qualities that defines a person's behaviour. There are different dimensions in defining and measuring personality though the five factor model, otherwise known as the Big Five, is of interest because of its non-medical approach when

compared with the Minnesota Multiphasic Personality Inventory (MMPI-2). The five factor model is a trait approach to the personality makeup of a person based on common language descriptors of personality. This theory uses descriptors of common language and therefore suggests five broad dimensions commonly used to describe the human personality and psyche.

METHODOLOGY

The study adopted a cross-sectional survey design. This is due to the nature of the study as it sought to establish the relationship between the independent and dependent variables and none of the variables will be actively manipulated. The dependent variable in this study is psychological distress while the independent variables are: work life balance and personality.

Research Setting: This study took place at Lagos State University Teaching Hospital known as LASUTH is a state owned teaching hospital in Lagos, Nigeria attached to the Lagos State University. It is strategically located in Ikeja - the state's capital.

Participants: Two hundred and fifty (201) health workers were sampled in this study. These includes: Doctors, nurses, psychologist, social workers and occupational therapist. The participants were both male and female, from different age categories, both married and single, different ethnic affiliation and possess different educational qualification.

Sampling Technique: The Purposive and stratified random sampling techniques were adopted in this study. Purposive sampling technique was used because the researcher had already chosen the kind of people that will participate in this study. While Stratified random sampling technique was employed because, the researcher divided the participants (health workers) into groups or strata namely; Doctors, nurses, psychologist, social workers and occupational therapist. Participants were sampled from all these classes of health workers.

Research Instruments: The research made used of self-developed scale which includes: psychological distress scale, work life balance scale and Big Five Inventory (BFI). The questionnaires have four sections.

Section A: Bio data

The section A of this questionnaire measured demographic variables such as gender, age, marital status, religion and ethnic group.

Section B: Psychological distress

Psychological distress was measured using the general health questionnaire (GHQ-12) developed by Goldberg (1970). It has been extremely useful in different cultures and settings (1). It was originally developed as a 60-item instrument but at present, a range of shortened versions of the questionnaire exist such as GHQ-30, GHQ-28 and GHQ-20. The scale queries of the respondent have experienced a particular symptom or behaviour recently. Each item is rated on a 4-point scale (less than usual, no more than usual, rather more than usual and more than usual).

GHQ-12 gives a total of 36 or 12 based on the selected scoring methods. The most common method of scoring is bi-modal (0-0-1-1) and Likert scoring styles (0, 1, 2, and 3). GHQ-12 is a brief, simple and easy to complete instrument. There is evidence that the GHQ-12 is a consistent and reliable instrument when used in general population. Internal consistency: Cronback's alpha was calculated to analyse internal consistency 0.78. Validity: This was analysed by calculating correlations between the total score of GHQ-12 and its factors, a correlation of 0.57 was obtained.

Section C: Work Life Balance

The second instrument used in this study is work–life balance. Work–life balance is a six-item scale designed to measure work life balance developed by Grzywacz and Carlson (2007). Which they refer to as the extent to which an individual is meeting negotiated role-related expectations in both the work and family domains. Each item includes a reference to the expectations or negotiation of roles (negotiation, expectations, etc.) and each item taps the perspective of an external party to capture what other people expect from the focal individual (people, supervisors, family members, co-workers). For example, 'I do a good job of meeting the role *expectations of critical people* in my work and family life.' An exploratory factor analysis using Principal Axis Factor Analysis was conducted on the six items. All six items loaded at .77 or above on a single factor, the Eigen values was 4.49 and 74.9 percent of the variance was explained. Grzywacz and Carlson (2007) reported a Cronbach's alpha reliability of .93. Yusuf (2018) conducted a pilot study with the work-life balance scale to ascertain the reliability of the scale for use in Nigerian setting using fifty workers of Gatimo limited GRA Ikeja Lagos and found a chronbach's alpha reliability of 0.92 and a Guttman's split half reliability of 0.89.

Section D: Big Five Inventory (BFI)

The B.F.I (Big Five Inventory) will be used to evaluate the independent variables of the research. Five personality sub-dimensions (Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to

experience) developed by John, Donahue & Kentle (1991) make up the independent variables of the study. The BFI in general is a 44 item inventory divided into the five major sub-dimensions of Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to experience.

Description: the BFI is a psychological instrument which assesses personality from a five-dimensional perspectives. The essence of the perspectives is that personality characteristics can be resolved into five broad dimensions which are distinct from one another: the five dimensions or subscales of BFI are:

a. **Extraversion:** high energy and activity level, dominance, sociability, expressiveness and positive emotions.
b. **Agreeableness:** pro-social orientation, altruism, tender mindedness, trust and modesty.
c. **Conscientiousness:** impulse control, task orientation, goal directedness.
d. **Neuroticism:** anxiety, sadness, irritability and nervous tension.
e. **Openness to experience:** It exemplifies the breadth, depth and complexity of an individual's mental and experiential life.

BFI has mean convergent validity coefficients of .75 and .85 with the Big Five Instruments authored by Costa &McCare (1992) and Goldberg (1992) respectively. The divergent validity coefficients obtained by Umeh (2008) with University Maladjustment Scale: Extroversion .48, Agreeableness .13, Conscientiousness .11, Neuroticism .39, Openness to experience .24.

Data Collection Procedure

The researcher wrote the department of Psychology to obtain an introductory letter which was taken to the head of department in Lagos state teaching hospital for approval. In the introductory letter, the researcher explained the objectives and the importance of the study to their establishment. The letter was submitted and approval was granted to conduct the research with the participants in the hospital.

On the second phase, the researcher met with the respondents in the health workers and sought for their consents to participate in the research. Consent forms were given to each respondent to read thoroughly understood and signed before the questionnaires were administered to each and every one of them that consented. Questionnaires were administered to the participants who agreed to participate after establishing rapport. The researcher ensured that participants understood the contents of the questionnaire and also ensured that they were properly completed before collecting them. Ample time was given to the participants to read the questionnaire and ask questions where they are confused. The questionnaires were collected after filling them and they were scored according to the manual of the scales. However, it was 250 fifty questionnaires that was taken to field, 30 were not returned, while 19 were not properly filled. It was 201 that was properly filled and were used for the data analysis.

Data Analysis

The results collated were entered into a Statistical Package of Social Science (SPSS), version 20.0. The data were analyzed using both descriptive and inferential statistics. The stated hypotheses were tested using Pearson moment correlation and independent t-test.

RESULTS

Data collected were presented, analyzed and interpreted in this chapter. This section is organized and quantitatively summarized in such a way that it enables one to confirm or reject whatever pre-conceived ideas we had about the relationship and differences among the variables.

This chapter is, therefore, aimed at organizing the data to facilitate analyses and interpretations.

Respondent's Bio-data

Table 3.1   Respondents Demographic Profile

Characteristics	Status	Frequency	Percent
Sex	Male	94	46.8
	Female	107	53.2
	Total	109	100.0
Age	20-30 yrs	31	15.4
	31-40 yrs	91	45.3
	41-50 yrs	58	28.9
	51yrs and above	21	10.4
Religion	Christian	110	54.7
	Islam	91	45.3
Marital Status	Single	55	27.4
	Married	118	58.7
	Separated	19	9.5
	widowed/widower	9	4.5
Ethnic group	Yoruba	107	53.2
	Igbo	46	22.9
	Hausa	10	5.0
	Others	38	18.9
Educational Qualification	WAEC/GCE	26	12.9
	OND/NCE	54	26.9
	HND/B.Sc.	97	48.3
	MSc	24	11.9
Years of experience	0-2yrs	19	9.5
	5-10yrs	57	28.4
	11-15yrs	53	26.4
	16-20yrs	72	35.8
	Total	201	100.0

Source: Fieldwork 2018

Table 3.1 shows the demographic distribution of sampled respondents by showing the sex of the respondents as the number male was 94 representing 46.8%, while the remaining 107 respondents representing 53.2% were female. This indicates that male respondents responded more than female counterparts. The distribution of respondents in terms of the respondents' age showed that 31 respondents representing 15.4% were within the age bracket of 20-30 years, 91 respondents representing 45.3% were within the age bracket of 31-40 years,58 respondents representing 28.9% were within the age bracket of 41-50 years, while 21 respondents representing 10.4% were within the age bracket of 50 years and above. This shows therefore, that the large number of young people that are between 31-40, and 41-50 years responded more.

The distribution of respondents based on religion showed that 110 respondents representing 54.7% were Christians, 91 respondents representing 45.3% were practising Islam. This shows that Christians responded more to the questionnaire. The distribution of respondents based on marital status shows that 55 respondents representing 27.4% were single, 118 respondents representing 58.7% were married, 19 respondents representing 9.5% were separatedwhile 9 respondents representing 4.5% were widowed/widower, and this shows that married people responded more to the questionnaire followed by respondents that are single. The distribution of respondents based on educational qualification revealed that 26 respondents representing 12.9% were holders of WAEC/GCE, 54 respondents representing 26.9% have acquired OND/NCE,97 respondents representing 48.3% have acquired HND/B.Sc, While 24 respondents representing 11.9% have attained MSc. This shows that majority of the respondents have attained HND/B.Sc.

Lastly, on the distribution of respondents based on years of experience revealed that 19 respondents representing 9.5 have 0-2years experience, 57 respondents representing 28.4% have 5-10years experience,53 respondents representing 26.4% have 11-15years experience, while 72respondents representing 35.8% have 16-20years experience. This shows that majority of the respondents have experience in the work.

Table 2: Table of the descriptive statistics of psychological distress and personality traits

Variables	N	Mean	SD
Psychological distress	201	21.44	6.94
Work life balance	201	28.40	5.69
Extraversion	201	28.36	5.71
Agreeableness	201	28.50	5.75
Conscientiousness	201	28.81	5.84
Openness to experience	201	28.36	5.71
Neuroticism	201	23.63	8.66

Table 2 shows the mean and standard deviation of psychological distress, work-life balance, extraversion, agreeableness conscientiousness, openness to experience and neuroticism. Psychological distress had a mean of (M=21.44; SD=6.94), work-life balance had a mean of (M=28.40; SD=5.69), extraversion had a mean of (M=28.36; SD=5.71), agreeableness had a mean of (M=28.50; SD=5.75), conscientiousness had a mean of (M=28.81; SD=5.84), openness had a mean of (M=28.36; SD=5.71) while neuroticism had a mean of (M=23.63; SD=8.66).

Hypothesis I:
There will be a significant negative relationship between work life balance and psychological distress among health workers

Table 2: correlation between work life balance and psychological distress

Variables	Mean	SD	SI	ST	Pv
Psychological distress	21.74	6.55	1		P<0.01
Work life balance	29.04	7.30	-.165*	1	

The table above shows that there was a significant negative relationship between worklife balance and psychological distress (r (201) = .-165*, p=<.01). The negative correlation is due to high levels of psychological distress scores resulting in lower levels of work life balance. Therefore, the first hypothesis is accepted.

Hypothesis 2:
There will be a significant negative relationship between extraversion, conscientiousness, agreeableness and openness to experience and psychological distress

Table 3: Correlation matrix of personality types and psychological distress

Variables	Mean	SD	EX	AG	CO	NE	OP	Pv
Psychological distress	21.74	6.55	1					P<0.01
Extraversion	29.07	7.37	-.165*	1				
Agreeableness	29.25	7.30	-.168*	.984*	1			
conscientiousness	29.30	7.39	-.173*	.962*	.960*	1		
Openness to experience	29.03	7.31	-.164*	.997*	.987*	.967*	1	

P<0.05*

Table 3 above shows the summary of Pearson Correlation analysis of the variables measured in this study. The results above show that Extraversion has significant negative correlation with psychological distress (r = -.165*, p< 0.05). Agreeableness has a significant negative correlation with psychological distress (r= -.168*,

p<0.05). Conscientiousness also has a negative correlation with psychological distress (r= -.173*, p<0.05). Lastly, openness to experience significantly correlated negatively with psychological distress (r= -.164*, p<0.05). Therefore, the hypothesis which stated that there will be a significant negative relationship between extraversion, conscientiousness, agreeableness and openness to experience and psychological distress is hereby accepted.

Hypothesis 3:
Participants that score higher on neuroticism will also score higher on psychological distress compared to participants that scored lower on psychological distress

Table 4: An independent samples T-test table displaying difference between high and low neurotic on psychological distress

Variable	Gender	N	Mean	SD	df	T	P	p<0.05
Psychological distress	High neurotic	94	26.26	7.90	199	9.332	.05	The above tabl
	Low neurotic	123	18.86	3.07				

e shows an independent samples t-test conducted to compare the difference between high and low neurotic participants on psychological distress. Participants that score higher on neuroticism also scored significantly higher on psychological distress (M=26.26, SD=7.90) compared to participants that scored lower on female (M=18.86, SD=3.07). The hypothesis which stated that participants that score higher on neuroticism will also score higher on psychological distress compared to participants that scored lower on psychological distress is hereby accepted.

Hypothesis 4:
Work-life balance and personality traits will significantly predict psychological distress among health workers.

Table 5: Summary of multiple regression analysis showing the contributions of work-life balance and personality dimensions to the prediction of psychological distress among health workers.

Variables	B	Beta	T	Sig.	R	R^2	F-ratio	Pv
Work-life balance	.819	.913	.347	.729	0.595	0.354	17.701	
Extraversion	-1.053	-1.185	-1.188	.236				P>0.05
Agreeableness	-.728	-.812	-2.178	.031				P>0.05
conscientiousness	-.004	-.005	-.020	.984				P>0.05
Openness to experience	.911	1.018	.312	.756				P>0.05
Neuroticism	.472	.594	9.827	.000				P<0.05

p<0.05

The result indicated that work-life balance is not a significant predictor of psychological distress (Beta= .913, t= .347at p>0.05). Extraversion, agreeableness, conscientiousness, Openness to experience are not significant contributors to the variance in psychological distress (Beta= -1.185, t= -1.188at p>0.05, Beta= -.812, t= -2.178at p>0.05, Beta= -.005, t= -.020at p>0.05 and Beta= 1.018, t= .312at p>0.05). Neuroticism, significantly contributes to the variance in psychological distress(Beta= .594, t= 9.827at p<0.05). Jointly, all the variables yielded significant coefficient of regression R^2 = 0.354 (p<0.05). This shows that work-life balance and personality trait accounted for 35.4% of the observed variance in psychological distress.

DISCUSSION

This study examined work life balance and personality traits as correlates of psychological distress among health workers. Other specific objectives of the study include: to examine work-life the relationship between work life balance and psychological distress among health workers, to examine the relationship between extraversion, conscientiousness, agreeableness and openness to experience and psychological distress, to examine the influence of neuroticism on psychological distress and to investigate the joint effect of work-life balance and personality traits on psychological distress of health workers. The data correlated was anysed

using SPSS version 20, while the stated hypotheses were tested using person moment correlation and independent t-test.

The finding showed that work life balance has significance negative relationship with psychological distress. The means that work life balance reduces psychological distress or may not be related to psychological distress. The negative relationship between work life balance and psychological distress implies that an increase in psychological distress, lead to decrease of work life balance. The finding supports the work of Perry, Lamont, Brunero, Gallagher & Duffield, (2015) who found that Nurses had better mental health if they had better general health, lived with a spouse/ partner rather than alone, had fewer symptoms, sleep problems or disordered eating behaviours, were not an informal career and did not work nights. This stated findings implies that work life balance among nurses helps to relieve stress and live a healthy life. The finding also is support of the role theory which hypothesized that people behave in a unique and predictable way, and that an individual's behavior is based on context, social position among other factors. The theory proposes that organizations (i.e. work and family institutions) may be regarded as role systems where the relationships between individuals are sustained by expectations that have been developed by roles (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). It is assumed in the role theory that both work and non-work institutions demand varied roles, each of which places great responsibility on the individual. These varying responsibilities in the two life domains often contend for specific amount of time, physical energy and psychological resources (Small & Riley, 1990) which often lead to conflict. But when it is properly handled, lead to healthy life.

The findings of the second hypothesis also revealed extraversion has significant negative relationship psychological distress. This means that individual that has extraversion personality trait will less likely have psychological distress or may not even have psychological distress at all. This finding is in line with the work of Kim et al. (2007) which found a negative relationship between extraversion and emotional exhaustion and no relationship with depersonalization or personal accomplishment. Also, individuals high on this trait have been found to reappraise problems positively, use rational problem-solving coping strategies and seek social support (Bakker, Van Der Zee, Lewig& Dollard. 2006).

The finding however disagrees with the study that found no evidence to support a significant relationship between extraversion and psychological distress (van den Berg & Feig, 2003).This difference in their findings and ours, might be due to the kind of participants that participated in their study, the kind of instrument used and other extraneous variables.

Similarly, the finding revealed that agreeableness has a significant negative relationship with psychological distress. There is some evidence that agreeableness is linked to high levels of social support (Bakker et al. 2006). Individual with agreeableness personality trait is softhearted, good natured, trusting, helpful, forgiving, gullible, and straightforward (Costa & McCrae, 1992). This under listed quality will likely predisposed individual to have less psychological distress. The findings are also related to Piedmont (1993) and Mills & Huebner (1998) agrees that agreeableness shows a negative relationship with emotional exhaustion and depersonalization. Similarly, Zellars et al. (2000) state that agreeableness shows a negative relationship with depersonalization but found no such relationship with emotional exhaustion. Alternatively, Kim et al. (2007) found a negative relationship between agreeableness and depersonalization but also a positive relationship between agreeableness and personal accomplishment, which had not been reported in early studies.

On the same note, conscientiousness has negative relationship with psychological distress. Conscientiousness is concerned with an individual's degree of organization, persistence, and motivation in goal-directed behavior. Conscientious individuals have also been found to utilize a coping strategy axed on problem solving (Bakker et al. 2006). The finding is also in line with the study of Miller et al. (1999), which opined that although conscientiousness did not predict psychological distress it was found to moderate the relationship between role clarity and psychological distress, such that, in more conscientious individuals, role clarity was less negatively related to psychological distress.

Furthermore, openness to experience was also found to have significant negative relationship with psychological distress. In support of this finding, individuals open to experience have also been found to use humor as a stress coping mechanism and tend to appraise stressful situations as less threatening (Bakker et al. 2006). This attributes relief them from psychological distress.

Lastly, the finding revealed that individuals that scored high on neuroticism also scored high on psychological distress compared to individual that scored low on neuroticism. The finding is in consonant with Miller et al. (1999) who found that neuroticism was a significant predictor of psychological distress in the workplace. Also, Van den Berg and Feij (2003) also found a significant relationship between neuroticism

and work stress in their study. Individual with neurotics are always restless and are prone to psychological distress because of their restless nature.

SUMMARY

This project examined work life balance and personality traits as correlates of psychological distress among health workers. The objectives of the research which includes: to examine the relationship between work-life balance and psychological distress among health workers, to examine the relationship between extraversion, conscientiousness, agreeableness and openness to experience and psychological distress and to examine the influence of neuroticism on psychological distress, to investigate the joint effect of work-life balance and personality traits on psychological distress of health workers

The summary of the finding, conclusion and recommendation of the study were highlighted. The findings were:

   i.   Work-life balance has significant negative correction with psychological distress

   ii.   There is a significant negative correction among extraversion, agreeableness, conscientiousness, openness to experience and psychological distress.

   iii.   Individuals high in neuroticism are also high in psychological distress compared to individual low in neuroticism.

CONCLUSION

Work-life balance helps to ease psychological distress and other stress that arises as a result of work. In other words, individual that balances his/her work and family very will not experience psychological distress. In support of work-life balance on psychological distress, personality traits like: extraversion, agreeableness, neuroticism, conscientiousness also correlated significant negatively with psychological distress. Meaning that the afore-listed human attributes helps in controlling psychological distress. However, neuroticism is an attributes that predisposes one to psychological distress.

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