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Assessment of Work-Life Balance, Job Addiction and Mental Health Status of Practicing Nigerian Nurses.

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Abstract. This study examined the work-life balance, job addiction and mental health status of nurses serving in Osun State, Nigeria. Six hundred and fifty questionnaires were sent out, response rate was 69.2% (450) and three hundred and fifty-seven (55%) (357) were valid. Hence, a total number of three hundred and fifty-seven (357) nurses made up of male (17.9%) and female (82.1%) was purposively selected from various hospitals in Osun State and responded to the Work-life balance scale (WLB), Work addiction inventory (WAI) and Illness Behaviour Questionnaire (IBQ). Descriptive statistics (frequency count and percentages) were used to describe participants' demographic characteristics, while inferential statistics (simple linear regression and Pearson moment correlation analysis) were used to test the hypotheses.The prevalence of work-life balance was 30% of pathological level, job addiction at 14.8%, disease conviction 30%,irritability 50.7%, general hypochondriasis 39.5%,somatic perception 31.9%,affective disturbance 42.6%, affective inhibition 33.6%, denial problem 31.7% and general illness reaction 47.1%. Work-life balance was observed to significantly predict illness behavior and job addiction significantly predicts illness behavior of nurses serving in Osun state. Based on the findings, it is recommended that a healthy work-life balance should be encouraged among nurses and stress coping skills be taught in other to ensure a positive mental health status.

Keywords: Work-life balance, job addiction, nurses and mental health.

1. Introduction

Health entails a broad domain of empowering people and it contributes not only to the realization of hopes, wishes and fulfillment of needs but also to dealing with the environment (Nasrin,Fatemeh&Saeed, 2014). In line with the above definition, it seems that health is a resource for daily life but not a means for life itself. Health is an applied, positive concept that emphasizes both physical strength and its individual and social resources. As defined by Encyclopedia of Psychiatry (Bahrami, 1991), mental health refers to the mental status where the individual feels comfortable, functions in their society without difficulties and enjoys their personal traits in the society. The term 'mental health' is used to refer to the mental status of individuals who have a high level of behavioral and emotional conformity and not merely a lack of mental disorders (Reber, 2011). Some psychologists believe that mental health is having a humane goal in life, with intention to solve problems logically, adaptation to the social milieu based on scientific and ethical norms, belief in work and responsibility and following the principles of righteousness and benevolence (Shafiabadi, 1992).

A nurse is a person who has completed a programme of basic general nursing education and is licensed by the appropriate regulatory body to practice in his/her country. The function of nurses in caring for individuals is to assess their responses to their health status and to assist them in the performance of those activities contributing to health or recovery in such a way

as to help them gain full or partial independence as rapidly as possible (Henderson, 1977). Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in many specialties with differing levels of prescription authority (Brown, 2011). It is a particularly stressful profession, and nurses consistently identify stress as a major work-related concern. They have among the highest levels of occupational stress when compared to other professions. This stress is caused by a complex interplay of the environment, psychosocial stressors, and the demands of nursing, including new technology that must be mastered, the emotional and physical labor involved in nursing, shift work and high workload. This stress puts nurses at risk for short-term and long-term health problems, including sleep disorders, depression, high mortality, psychiatric disorders, stress-related illnesses, and illness in general. Nurses are at risk of developing compassion fatigue and moral distress which can worsen mental health. They also have very high rates of occupational burnout (40%) and emotional exhaustion (43.2%) (Roberts, 2012).

Nursing is one of the various occupations that may expose people to stressful mental and social factors, which are often dangerous and can threaten their health and life. Nursing is a particularly stressful job that may induce physical and mental disorders in the practitioners. Abokheili, Abresi and Hamedan (2014) examined mental health status among psychiatric nurses at Zare Teaching Hospital. They found that 89.6% of the nurses enjoyed good mental health while 10.4% were vulnerable. In the same vein, 18.8%, 20.8%, 43.8% and 2.1% were vulnerable to mental disorders in the forms of somatic symptoms, anxiety and insomnia, social functioning and depression, respectively. That study further showed that 2.1% had anxiety disorders and 4.2% suffered social functioning disorders. Overall, the psychiatric nurses had satisfactory levels of mental health.

As a matter of fact, the inability to marry work and family chores together have impacted mental health of nurses. Work-life balance primarily deals with employees' ability to properly prioritize between their work and everyday life, social life, health, family. (Fapohunda, 2014).Worklife balance (WLB) is largely associated with matters of workers' productivity, performance and job satisfaction. Where there is appropriate balance between work and life, workers (are able to) put in their best shots at work because their families are contented. Finding a suitable balance between work and life is a challenge for all workers. Consequent upon this, Fapohunda (2014) maintains that when there are happy homes, work places tend to be conflict-free and enjoyable places to be.

However, excessive work might predispose the employee to injury, fatigue and high levels of stress. Excessive work, also known as work addiction, is defined as a work-related injury, characterized by excessive and constant labor (Rodriguez, 2014). It belongs to the class of behavioral addictions, also called non-substance addictions, and is quite frequent in society (Scheen, 2013). Workaholics usually build their lives around work, are perfectionist, deny having any health problems, and when they fall ill, they return to work before having fully recovered, which leads to physical injury and an increased risk of complications (Scheen, 2013).

For workaholics, being extremely busy is more than a lifestyle. It is a prerequisite for professional success (Giannini&Scabia, 2014). Work addicts may experience some physical symptoms, such as extreme tiredness, elevated blood pressure, sleeplessness, indigestion, hair loss and heart problems. However, since these symptoms alone are not proof of a possible work addiction, the correct diagnosis must also assess psychological and social aspects (Garrido, 2014).Considering the importance of nursing in healthcare system and high social expectations of nurses in dealing with patients' problems, it is necessary for the nurses to have ideal mental and physical health status (Stanley, 2003). The nursing profession is vulnerable to many occupational stressors such as shift work,

workload, conflict with colleagues, continuous contact with patients' death and suffering and uncertain professional responsibilities. However, a nurse that is able to balance his/her work with her family duties will experience high mental wellbeing. Though job addiction may negatively influence the nurses mental health, worklife balance might enhance the nurse's mental health positively (Hasan, 2017 &Scheen, 2013).

One gap exists in mental health research, and that is awareness of research knowledge by society in general. Public awareness about the phenomenon does not appear to be widespread, which informed the need for this study. Besides, the contributing roles of these variables (work life balance and job addiction) have not been carried out in our environment. Thus, this study therefore intends to bridge the gap in knowledge by examining the effect of work-life balance and job addiction on the mental health status of nurses. Based on the problems, this study aims to answer the following research questions: To what extent will work-life balance independently and significantly predict illness behaviour of nurses serving in Osun state? Is job addiction a significant predictor of illness behaviour among the nurses serving in Osun state?

2. Hypotheses

- Work-life balance will independently significantly predict illness behaviour of nurses serving in Osun state.
- Job addiction will independently significantly predict illness behaviour of the nurses serving in Osun state.

3. Research Methodology

3.1 Participants

A cross sectional design was used for this study. A total of three hundred and fifty-seven (357) nurses made up of male 64(17.9%) and female 293(82.1%) was purposively selected from various hospitals (Obafemi Awolowo University Teaching Hospital Ile-Ife, State Hospital Osogbo, State Hospital Ede, State Hospital Ilesha, State Hospital Iwo, Ladoke Akintola University Teaching Hospital Osogbo, Sacred Heart hospital Osogbo, Seventh Day Adventist Hospital Ile-Ife, state hospital Ile-Ife and Redeemers University Health in Osun State. Sample size was calculated using the formula by Araoye, 2008. The sample consists of both genders without age limit as an important requirement to be among the sample. A non-probability purposive and stratified sampling technique was used in selecting the participants. A stratified sampling technique was also adopted because the researcher divided the participants into sections according to their work schedule, departments and work cadre.

3.2 Measures

A battery of three instruments was adapted and used as tools for data collection.
Work–family balance scale by Grzywacz and Carlson (2007), Work addiction inventory(WAI) developed by Fisher, Spence and Robbin (1992), and Illness behavior questionnaires (IBQ) by Pilowsky and Spence,(1993).

3.3 Work–family Balance Scale.

Hayman (2005) adapted work-life balance scale originally developed by Fisher (2001) was used to assess dimensions of work-life balance. The scale consists of 15 items, designed to assess three dimensions of work life balance, i.e., work interference with personal life (WIPL-7 items), personal life interference with work (PLIW-4 items), and work/personal life enhancement (WPLE-4). The more inclusive wording of personal life compared to family provides the opportunity to measure the interface between work and regardless of employee marital or family status (Hayman, 2005).The first dimension, work interference with personal life (WIPL) included items reflecting the extent to which work interferes with personal life e.g. "Personal life suffers because of work" and "Put personal life on hold for work". The second dimension is personal life interference with work (PLIW). The items included in this component indicate the opposite direction of work personal life interference. Examples of the items include "Personal life drains me of energy for work" and "Hard to work because of personal matters". They depict the extent to

which ones' personal life interferes with work. The items of the third dimension work/personal life enhancement (WPLE) involved positive effects of ones' work on personal life or vice versa, the extent to which ones' personal life enhances work. Examples of the items included were, "Personal life gives me energy for my job" and "Better mood because of my job". The respondents were asked to indicate the frequency with which they felt in a particular way during the past three months, using a seven point time rated scale (e.g. 1=Not at all, 4=Sometimes and 7=All the time).

Reliability for the scale, using Cronbach alpha coefficient was .93 for WIPL, .85 for PLIW and .69 for WPLE. High score indicated lower interference and, lower levels of interference were interpreted as higher levels of work-life balance. Work life balance scale have been used on Nigerian population by Uzonwanne and Ijide (2017). Also a pilot study was carried out using work-life balance scale to ascertain the reliability of the scale for use in Nigerian setting using one hundred and eighty nurses (180) at ObafemiAwolowo Teaching Hospital, Ile-Ife south western Nigeria. Achronbach's alpha of 0.89 and a Guttman's split half reliability of 0.77 was found.

3.4 WorkAddiction Inventory (WAI)

Job addiction was measured by Workaholism Battery developed by (WorkBAT; Spence & Robbins, 1992).The original Workaholism Battery was developed by WorkBAT; Spence & Robbins, (1992). The psychometric properties of the WorkBAT were reviewed earlier but it should be noted that the 33 item self-report questionnaire was developed based on a triadic conception of workaholism, including the factors of Work Involvement (WI), internal Drive (D), and Enjoyment (E). WI measures a general attitude of psychological involvement with work and has yielded moderate internal consistency reliability estimates (alpha coefficients) ranging from .67 to .81.
Similarly a pilot study was conducted with the Workaholism Battery to examine the reliability of the scale for use in Nigerian setting using one hundred and eighty nurses at ObafemiAwolowo Teaching Hospital, Ile-Ife Southwestern Nigeria and found a chronbach's alpha reliability of 0.76 and a Guttman's split half reliability of 0.57. Workaholism Battery (Spence &Robins, 1992) correlated significant positively with work addiction scale at ($r = .565$; $p<0.5$).

3.5 Illness Behaviour Questionnaire

The Illness Behaviour Questionnaire (IBQ) of Pilowsky and Spence (1983), is a 62-item inventory which was developed as a standardized psychological self-report instrument to record aspects of illness behaviour particularly those attitudes that suggest inappropriate or maladaptive modes of responding to one's state of health (Pilowsky 1971). Various studies have employed Illness Behaviour Questionnaire as a psychological instrument to operationalize the concept of illness behaviour. For instance Botha (1996) examined the relationship between posttraumatic stress disorder and illness behaviour. Three factors were extracted from IBQ and all three dimensions were found to be correlated with trauma. Furthermore, Boyle and La Dean (2000) also examined the discriminant validity of the Illness Behaviour Questionnaire among clinical and nonclinical population. It was found that clinicaloutpatients obtained significantly higher scores than did nonclinical groups on most of the lBQ scales, suggesting discernible discriminant validity. Illness Behaviour Questionnaire has also been used by Nigerian clinicians and researchers over the years. For instance, Arogundade and Akinbobola (2013) employed the psychological instrument in their study which examined the influence of locus of control on illness behaviour. Findings reflect that locus of control accounted for 21% variance in illness behaviour.Akinnawo and Bello (2017) validated the instrument on a Nigerian population using it as a diagnostic tool for psychological trauma.Pilowsky and Spence (1983) provided the original psychometric properties using Australian samples. Adebakin (1990), Eriobu (1998), Nworah (1999), Ofoche (1998) and Pimenta (1998) provided the properties for Nigerian sample.

Table 1: Norms reported are the mean scores of healthy Nigerian adults

	SCALE	MALE (n=60)	FEMALE (n=60)
1	Disease Conviction	1.36	1.75
2	Irritability	1.48	1.70
3	General Hypochondriasis	2.78	3.03
4	Psychological/Somatic Perception	2.10	2.28
5	Affective Disturbance	1.45	1.83
6	Affective Inhibition	2.16	2.43
7	Denial of Problem	2.33	2.38
8	General illness reaction	8.63	8.78
	IBQ Overall Scale	22.32	24.20

Pilowsky and Spence (1983) carried out a test retest reliability to establish a 12-weeks test retest reliability coefficient. The result of their findings shows that the reliability coefficient of the eight dimensions ranges from 0.67 - 0.85. Furthermore, Adebankin (1990) also carry out a test reliability within 3 weeks interval and the result range from 0.02 - 0.28. In terms of discriminant validity, the scale was able to differentiate between people with sickle cell and normal non patient population. Furthermore, concurrent validity of IBQ and SCL was established by Derogatis, Lipman and Covi (1977). The coefficient for IBQ with SCL was -0.21 between IBQ (D) and SCL-90R (G, Phobic Anxiety). The equivalent coefficients obtained by Adebakin (1990) between IBQ and STAI-Y2 by Spielberger, Gorsuch and Lushene (1983) ranged from -0.27 on scale G to 0.39 on scale E.

A pilot study was conducted with the illness behaviour disorder to examine the reliability of the scale for use in Nigerian setting using one hundred and eighty nurses at ObafemiAwolowo Teaching Hospital,Ile-Ife and found a chronbach's alpha reliability of 0.93 and a Guttman's split half reliability of 0.86.

4. Results

4.1 Demographic characteristics of the sample

The summary of the participants socio-demographic reveals that64(17.9%) of the respondents were male while 293 (82.1%) of them were female, 291(81.5%) of the respondents were Christian,34(9.5%) of the respondents were single,322 (90.2%) of them were married while 1 (.3%) of them was divorced/separated, 65 (18.2%) of them were muslim while 1 (.3%) of them practice other religion,308(86.3%) of the respondents were Yorubas, 40 (11.2%) of them were Igbos while 9 (2.5%) of them Hausas,176(48.5%) of the respondents were Registered Nurse/Midwife, 144 (40.3%) of them were BSC, 34 (9.5%) of them were master's degree holders, while 6 (1.7%) of them were PhD holders,85(23.8%) of the respondents which are majority were Nursing Officer(NO) 1, 2(23%) were NO11, Senior Nursing Office, 78(21.8%), principal nursing officer (PNO) 40(11.2), Assistant Chief Nursing Officer (ACNO) 22(6.2), Chief nursing officer (CNO) 44(12.3), Assistant Director of nursing service(ADNS) 4(1.1), while 2(.6%) of them were Director of nursing service(DNS), 85(23.8%) of the respondents work permanently in the morning, 4(23.0%) of them work permanently in the afternoon, 12(21.8%) of them work permanently night, 44(11.2%) of them work 2shifts, while 212(6.2%) of them worked 3shifts .

Table 2: The pattern and prevalence of work-life balance, marital stress, job addiction and illness behaviour.

Variables	Prevalence	Mild	Severe
Work life balance	**30.0%**	25.8%	4.2%
Job addiction	**14.80%**	12.6%	2.2%
Disease conviction	**30.0%**	15.7%	14.3%
Irritability	**50.7%**	37%	13.7%
General hypochondriasis	**39.5%**	28%	11.5%
Somatic perception	**31.9%**	22.1%	9.8%

Affective disturbance	**42.6%**	34.2%	8.4%
Affective inhibition	**33.6%**	21%	12.6%
Denial problem	**31.7%**	23.3%	8.4%
General illness reaction	**47.1%**	30.9%	16.2%
IBQ Total	**45.4%**	30.8%	14.6%

The table 2 above showed that among the respondents, on work-life balance, the prevalence is 30%, 25.8% were moderate while 4.2% severe. The prevalence for Job addiction is 14.80%, 12.6% of the nurses were moderate on job addiction while 2.2% severe. The prevalence for disease conviction is 30.0%, 15.7% of the nurses were moderate while 14.3% severe. The prevalence for irritability is 50.7%, 37.0% of the nurses were moderate while 13.7% severe. The prevalence for general hypochondriasis is 39.5%, 28.0% of the nurses were moderate while 9.8% severe. The prevalence for somatic perception is 31.9%, 22.1% of the nurses were moderate while 9.8% severe. The prevalence for affective disturbance is 42.6%, 34.2% of the nurses were moderate while 8.4% severe. The prevalence for affective inhibition is 33.6%, 21% of the nurses were moderate while 12.6% severe. The prevalence for denial problem is 31.7%, 23.3% of the nurses were moderate while 8.4% severe. The prevalence for general illness reaction is 47.1%, 31.9% of the nurses were moderate while 16.2% severe. The prevalence for IBQ total is 45.4%, 30.8% of the nurses were moderate while14.6% severe.

Hypothesis one: Work-life balance will independently significantly predict illness behaviour among nurses.

Table 3: Summary of Regression analysis showing the predictive influence of worklife balance to illness behavior of the nurses.

Model	**SS**	**Df**	$Mean^2$	**F**	**P**
Regression	1069.357	1	1069.357	16.832	.000
Residual	22553.93	355	63.532		
Total	23623.28	356			

Predictor	**B**	**SE.B**	**B**	**T**	**P**
Constant	17.155	1.664		10.310	.000
WLB	.145	.035	.213	4.103	.000

[F(1, 356) = 16.832, p<0.05, R^2 =.045]

The result indicates that work-life balance significantly predicts the nurses' illness behaviour (Beta= 0.145, t= 4.103 at p<0.05). Independently, the variable yielded R^2 of 0.045 (p<0.05). hence, work life balance significantly predicts illness behavior, accounting for 4.5 % of the observed variance in nurses' illness behaviour. The above finding supports hypothesis 1, the hypothesis therefore confirmed.
To determine further relationship between work-life balance and the dimensions of IBQ, correlation matrix analysis was computed. The result is presented in Table 4

Table 4: Pearson Correlation Matrix among Illness behaviour questionnaire and work-life balance

	DC	IR	GH	SP	AD	AI	DP	GI
Work-life balance	.276**	-.027	.146**	.228**	.104*	.106*	-.067	**.155****
Disease conviction	1	.052	.468**	.227**	.424**	.278**	-.182**	.318**
Irritability		1	.065	.005	.143**	.055	.072	.199**
General hypochondriasis			1	.284**	.507**	.275**	-.233**	.520**
Somatic perception				1	.269**	.279**	-.146**	.276**
Affective disturbance					1	.218**	-.243**	.461**
Affective inhibition						1	.004	.263**
Denial of problem							1	-.115*
General illness reaction								1

Note: N=357 for all analyses. (* P≤.05, **=P≤.01)

The results above show that disease conviction, General hypochondriasis,Somatic perception and Affective disturbance, Affective, inhibition and general illness reaction correlated significant and negatively with work-life balance (r = 0.276**, p<.05; r = 0.146**, p<.01; r = 0.228**, p<.01; r = 0.228**, p<.05, r = 0.104**, p<.01; r = 0.106**, p<.01 & r = 0.155**, p<.01) respectively. However, irritability and denial of problem do not correlate with work life balance

Hypothesis 2: Job addiction will significantly and independently predict illness behaviour of the nurses.

Table 5: Summary of Regression analysis showing the contribution of job addiction to the prediction of mental health

Model	**SS**	**Df**	$Mean^2$	**F**	**P**
Regression	576.703	1	576.703	8.883	.003
Residual	123046.58	355	64.920		
Total	23623.28	356			

Predictor	**B**	**SE.B**	**B**	**t**	**P**
Constant	19.645	1.445		13.598	.000
Job addiction	.076	.026	.0156	2.980	.003

[F(1, 357) = 8.883, p<0.05, R^2 =.024]

The result indicates that job addiction significantly predicts the nurses illness behaviour (Beta= 0. .076, t= 2.980 at p<0.05). Independently, the variable yielded R^2 of 0.024 (p<0.05). Hence, job addiction significantly predicts illness behavior of nurses accounted for 2.4 % of the variance in nurses' illness behaviour. The above findings supports hypothesis.

To determine further relationship between the dimensions of IBQ and job addiction, correlation matrix analysis was computed. The result is presented in Table 6.

Table 6: Pearson Correlation Matrix among Illness behaviour questionnaire and job addiction

	DC	IR	GH	SP	AD	AI	DP	GI
Job addiction	.137**	.077	.100**	.106**	.010*	.062*	-.005	**.148****
Disease conviction	1	.052	.468**	.227**	.424**	.278**	-.182**	.318**
Irritability		1	.065	.005	.143**	.055	.072	.199**
General hypochondriasis			1	.284**	.507**	.275**	-.233**	.520**
Somatic perception				1	.269**	.279**	-.146**	.276**
Affective disturbance					1	.218**	-.243**	.461**
Affective inhibition						1	.004	.263**
Denial problem							1	.115*
General illness reaction								1

*Note: N=357 for all analyses. **=P≤.01

The results above revealed that Irritability, Somatic perception, Affective disturbance and Affective inhibition correlated significantly and positively with job addiction (r = 0.052**, p<.05; r = 0.065**, p<.05; r = 0.284**, p<.05 & r =0.269**, p<.05) respectively. However, irritability, general illness reaction and Denial problem did not correlate with job addiction.

5. Discussions

This study examined the effect of work-life balance and job addiction on the illness behaviour of nurses with the aim of examining the predictive influence of job addiction on illness behaviour of nurses. Findings from the current study revealed that nursing is a stressful job that may induce physical and mental disorders in the practitioners. Workplace stress causes serious harm to both the employees and organizations. Stress threatens employees' health as the main elements affecting work (Roberts & Golding, 1999). Thus, considering

the importance of nursing, the nurses' mental and physical health is directly related to the quality of their performance in taking care of patients (Kilfedder et al., 2001). A study by Cole and Nelson (2001) revealed that 93% of nurses are continuously exposed to workplace stressors that can affect their mental and physical health. In Iran, nurses constitute a considerable percent of healthcare employees. Nursing is considered as a difficult job with shift work.

The pattern and prevalence of the variables of the study was examined.It was revealed that the prevalence rate of worklife balance of nurses serving in Osun state was 30% (25.8% were moderate while 4.2% were severe).whilejob addiction wasat a rate of 14.8% with 2.2% severe prevalence of Job addiction. Using the illness behaviour questionnaire scale to measure the mental health status of nurses, illness behaviour of nurses in Osun statewas observed to have a prevalence rate of 45.4% with a severe percentage of 14.6%.Disease conviction, General hypochondriasis, Somatic perception, Affective disturbance and Denial of problems recorded prevalence rates of 30%, 39.5%, 31.9%, 42.6%, 33.6% and 31.7% respectively.Irritability of nurses had a prevalence rate of 50.7% with a severe percentage of 13.7%. All theseare show a considerable number prevalence of vulnerability to mental illness and the results of this study is in congruence with a previous study by Abokheli et al(2014) who examined nurses mental status working in Zare Teaching Hospital. In that study, it was found that 89.6% of nurses enjoyed mental health while 10.4% were vulnerable. Moreover, 18.8%, 20.8%, 43.8%, and 2.1% were vulnerable to mental disorders in terms of somatic symptoms, anxiety and insomnia, social functioning and depression, respectively.

The finding of the first hypothesis revealed that worklife balance significantly predicted nurses' mental health status (illness behaviour). In other words, the mental health statuses of participants in this study were negatively impacted by their work-life situation. Specifically, work life balance has a significant positive relationship with the following dimension of general illness behaviour (mental health status) somatic perception, affective disturbances, general hypochondriasis, affective inhibition and general illness behaviour. This finding implies that the more that the nurses are able to balance their home and work duties, the less somatic perception, affective disturbances, affective inhibition and general illness behaviour they will experience. This is in line with the work of Perry, Lamont, Brunero, Gallagher and Duffield, (2015) who studied mental health of nurses in acute teaching hospital settings, they found that 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 finding portrays that work life balance helps the nurses to be healthy, free from somatic perception, affective disturbances, affective inhibition, irritability and general illness behaviour which are all components of illness behaviour questionnaire (mental health). The finding is also related to the finding of Mark and Smith (2017) who investigated the relationships between job characteristics and coping in predicting levels of anxiety and depression in nurses. They found that job demands, extrinsic effort, and over-commitment were associated with higher levels of anxiety and depression. This finding portrays that there need to be a balance between work and family for a healthy living of the nurses.

The second hypothesis reveals that job addiction independently significantly predict illness behaviour r(mental health status) among nurses. Specifically, job addiction correlated significantly positively with disease conviction, irritability, general hypochondriasis, somatic perception, affectivedisturbance and affective inhibition. Addiction to work has its effects on personal and mental health. Job addiction is a state in which a person is mentally, socially and physically attached to his or her job often at the expense of other significant people or life issues. This finding is supported by Smith (2007) who affirmed that job addiction or workaholism is a progressive illness with stages such as volarisation, addiction and control.

6. Conclusions

This study has shown that there exists a great problem in the Nursing section of the health system. Since Nurses are one of the most important persons in the management of health and illnesses, it becomes important that we identify the factors that can hinder their functionality and address them for the benefit of patients. Hence, the study concludes that work-life balance significantly predicts illness behaviour of nurses serving in Osun State and job addiction significantly predicts illness behaviour among nurses serving in Osun State. However, mental health status of Nurses is impacted by stressful marriages and work-life balance.Nurses who are addicted to their work are having mental health challenges rather than job commitment. This is based on the finding between job addiction and mental health status.

7. Recommendations

Considering the findings of this study, it becomes imperative that a healthy work-life balance should be encouraged among employees in order to reduce the impact of work on the mental health of workers. Again the mental health statuses of Nurses should be periodically assessed in order to ensure that they are in the right frame of mind to rendering professional health services to patients. Also the working schedule of Nurses should be flexible, such that it gives them opportunity to address personal issues rather than merely limiting them to a structured working schedule. Finally Nurses who have been observed to be addicted to work should be assessed by Psychologists in order to ensure that their addiction status is not translated or degenerated into psychosocial problems.

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