The primary purpose of this study was to explore some major consequences of work-family conflict among married male and female professionals (Medical doctors, Engineers, Lawyers, Professors and Directors). In addition, this study attempted to develop the Myanmar version of the Work-Family Conflict Scale (WFC) based on a translation of Carlson, Kacmar, and Williams’ (2000) original instrument. Specific hypotheses (2 in number) were derived from the general proposition and then they were tested using a sample of 209 professionals from Mandalay and Magway. Regression results indicated that work-family conflict was negatively related to family satisfaction and life satisfaction but not with job satisfaction. Family-work conflict was negatively related to job satisfaction and family satisfaction but not with life satisfaction. Lastly, findings suggested that work-family conflict was positively related to psychological strain and unhealthy physical symptoms. These findings are presented together with the suggestion that future research should further examine the role of WFC and its influence on the well-being of Myanmar professionals.
Some Major Consequences of Work-Family Conflict Among Married Male and Female Professionals

Theingi Htun¹

The primary purpose of this study was to explore some major consequences of work-family conflict among married male and female professionals (Medical doctors, Engineers, Lawyers, Professors and Directors). In addition, this study attempted to develop the Myanmar version of the Work-Family Conflict Scale (WFC) based on a translation of Carlson, Kacmar, and Williams’ (2000) original instrument. Specific hypotheses (2 in number) were derived from the general proposition and then they were tested using a sample of 209 professionals from Mandalay and Magway. Regression results indicated that work-family conflict was negatively related to family satisfaction and life satisfaction but not with job satisfaction. Family-work conflict was negatively related to job satisfaction and family satisfaction but not with life satisfaction. Lastly, findings suggested that work-family conflict was positively related to psychological strain and unhealthy physical symptoms. These findings are presented together with the suggestion that future research should further examine the role of WFC and its influence on the well-being of Myanmar professionals.

Keywords: job satisfaction, family satisfaction, life satisfaction, physical symptoms, psychological strain.

Introduction

People play different roles in their daily lives (e.g., an employee, a husband or a wife, a father or a mother, etc). These different roles create conflict between or among the requirements of each role. Balancing multiple roles can increase interpersonal and intrapersonal conflict experienced by maintaining professional and personal responsibilities. Balancing the demands of the work and family role has become primary daily task for many employed adults (Williams, & Alliger, 1994). As the demands of roles increase, it is unavoidable that one role will either interrupt or intrude in some way into the activities of other role. Williams & Alliger (1994) stated that, "for many parents, work and family goals must be complete for limited psychological, physical and temporal resources" (p.841). There is little doubt that workers today are confronting news and unique challenges in meetings the required demands with the resources available. Work and family are central component in people's lives and thus demands a great deal of time and energy spent managing multiple responsibilities.

Research in the area of work and family originates from the variety of disciplines (i.e., sociology, psychology, occupational health, business management, and gender and family

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studies) (Geurts and Demerrociti, 2003). Traditionally work and family domains were considered separate and therefore analyzed separately, but research has demonstrated that these two domains are actually highly interrelated. In the 1980's the stress and burnout literature emerged (Greenhaus & Beutell, 1985). This represented a shift in the literature where studies not only examined the impact of multiple roles on women but acknowledged that men could also be affected by participating in multiple roles (e.g., Barling, 1986). Research examined negative aspects of multiple roles and there was an emergence of literature on work-family conflict. Greenhaus and Beutell (1985) stated that work-family conflict occurs when "participation in the work (family) role is made more difficult by virtue of participation in the family (work) role".

Basically, the literature found that work-family conflict is not associated with well-being. As a result of this research the development family friendly employment policies were developed. Research then shifted to examine how companies responded to work-family issues (Lewis & Copper, 1999). Lastly, research in the area began to explore the antecedents and consequences of work-family conflict (e.g., Frone, Russell, & Copper, 1992a). More research is needed to explore the systematic investigation of the work-family conflict in Myanmar. Therefore, the present study attempted to develop the Myanmar version of work-family conflict scale based on a translation of Carlson, Kacmar, and Williams’ (2000) original instrument. In addition, to contribute the understanding of the consequences of the work-family conflict in Myanmar, the consequences (satisfaction outcomes, psychological outcomes and physical outcomes) of work-family conflicts were explored.

Consequences of work-family conflict

In exploring the consequences of work-family conflict, researchers have also explored how conflict between work and family roles can be a source of stress that leads to psychological and physical outcomes (Frone, Russell & Cooper, 1992a).

Satisfaction Outcomes: Allen et al. (2000) and Kossek and Ozeki, (1998) meta-analyses generally found a negative relationship between job satisfaction and work-to-family conflict and family-to-work conflict. However, some studies on work-family conflict and job satisfaction have yielded mixed results. For example, Wiley (1987) used a sample of university students (N=191) and did not find a significant relationship between work-family conflict and job satisfaction. Kossek and Ozeki (1998) suggest that this inconsistency could be due to the fact that different researchers use different measures of job satisfaction (e.g.,
global measures of job satisfaction versus specific measures of job satisfaction). Work-to-family conflict has also generally been negatively associated with various satisfaction measures such as life satisfaction, family satisfaction and leisure satisfaction. Allen et al. (2000) and Kossek and Ozeki, (1998) meta-analyses found a negative relationship between work-family conflict and family satisfaction and life satisfaction.

Physical Outcomes: Work-family conflict has been generally associated with poor self-reported physical health (Burke, 1988; Frone et al., 1997a; Geurts et al., 1999; Grandey & Cropanzano, 1999). Several physical outcomes have been examined including poor appetite, headache, stomach upset, fatigue, backache, dizziness, insomnia and non-cardiac chest pain (Burke, 1988; Geurts et al., 1999). Frone, Russell and Cooper (1997a) conducted a four-year longitudinal study examining work-family conflict to self report measures and an objective health outcome measures. They found that family-to-work conflict was positively related to poorer self-reported physical health and incidence of hypertension at follow-up.

Psychological Outcomes: Work-family conflict has also been studied in relation to various psychological measures. Frone (2000) used data from the National Comorbidity Study (N=2,700) and found that work-to-family conflict and family-to-work conflict were both positively related to mood, anxiety and substance abuse disorders. Likewise, Macwen and Barling (1994) sampled police department employees and their spouses (N=40) and found that work-to-family conflict and family-to-work conflict were positively related to depression and anxiety. Work-family conflict has also been shown to be related to global measures of psychological distress.

To this researcher’s knowledge, this study will be attempts to understand the consequences of work-family conflict for married male and female professionals in Myanmar. Therefore this study will merge and integrate work-family literature by exploring the relationship between work-family conflict and consequence variables. More specifically, the purpose of the current study was to the relationship between work-family conflict and the consequence variables (satisfaction outcomes, psychological outcomes and physical outcomes) were explored.

More specifically the current study will investigate the following hypotheses:

Hypothesis 1: Work-family conflict will be negatively associated with job satisfaction, family satisfaction and life satisfaction.

Hypothesis 2: Work-family conflict will be positively associated with physical symptoms and psychological strain.
Method

Participants

A group of 209 subjects used for the multiple regression analysis under study included married male and female professionals (Medical doctors, Engineers, Lawyers, Professors and Directors) who were employed full time and worked for a variety of organizations in Mandalay and Magway. Subjects were 132 married male and 77 married female professionals ranged in age 30-60.

Procedure

This study used a random sample of married male and female professionals working in general organization units. Two hundred and thirty three married male and female professionals in Mandalay and Magway were pooled, and surveys were administered. Valid responses were obtained from 90% of the respondents- 209 married male and female professionals.

Measures

The questionnaire packet contained six measures: the Work-Family Conflict Scale, the Job Satisfaction Scale, the Family Satisfaction Scale, and the Satisfaction with Life Scale, the Depressed Mood Scale, and the Physical Symptom Inventory.

Work-Family Conflict. The Work-Family Conflict Scale was originally developed by Carlson, Kacmar, and William (2000). It consists of two subscales: Work-to-Family Conflict and Family-to-Work Conflict. The Work-Family Conflict Scale consists of 18-item that measures three forms of Work-Family Conflict (i.e., time, strain, behavior) and both directions of Work-Family Conflict (i.e., Work-to-Family and Family-to-Work). Work-to-Family Conflict was measured with 9 items and Family-to-work Conflict was measured with 9 items. Respondents were asked to indicate their degree of agreement/disagreement on a 5-point scale: 1=strongly disagree, 5= strongly agree. The descriptions were translated into Myanmar by the researcher and checked by the supervisor against the original version to ensure the conceptual equivalence of the Myanmar version to the original version. Cronbach's alpha indicated acceptable reliabilities for all scales in the current study: .89 for Work-Family Conflict (total), .86 for Work-to-Family Conflict, and .85 for Family-to-Work Conflict.
Job Satisfaction. Job satisfaction was measured using Kofodimos's (1993) Job Satisfaction Scale. The Job Satisfaction Scale consists of 7 items. The general items measure one's feeling or state of minds regarding the nature of the work he or she performs. Participants responded on a 5-point scale ranging from strongly disagree (1) to strongly agree (5). Reported coefficient alpha for this scale was .67.

Family Satisfaction. Family satisfaction was measured with the Family Satisfaction Scale developed by Kofodimos (1993). The Family Satisfaction Scale consists of 7 items. The participants were asked to indicate from (1) strongly disagree to (5) strongly agree. Reported coefficient alpha for this scale was .86.

Life Satisfaction. Life satisfaction was measured with Satisfaction with Life Scale (SWLS) developed by Diener, Emmons, Larson and Griffin (1985). The Satisfaction with Life Scale consists of 5 items. The participants were asked to indicate from (1) strongly disagree to (5) strongly agree. The alpha of this scale was .78.

Psychological Strain. Psychological Strain was measured using Quinn and Shepard's (1974) Depressed Mood Scale. This scale contains 10 items. Participant were asked to indicate their degree of agreement/disagreement on a 5-point scale ranging from (1) strongly disagree to (5) strongly agree. Higher scores indicate more psychological strain. Sample items are "I feel downhearted and blue," "I get tired for no reason". The alpha of this scale was .78.

Physical Symptoms. Physical Symptoms were measured by the Physical Symptoms Inventory (PSI) (Spector & Jex, 1998). This scale includes 10 items to assess an individual's somatic complaints associated with psychological distress. Participants were asked to indicate how many times they had experienced 10 symptoms in the past thirty days (e.g., 0, 1, 2, 3, 4, and 5 or more). A physical symptoms score was created by adding each symptom that a participant indicated that had experienced within the last month. The alpha of this scale was .79.

Results

Demographic data presented in indicates that of the 209 participants, 132 (63.16%) were male and 77 (36.84%) were female. Twenty-six participants (12.44%) were in the 25-30 age range; 16 participants (7.66 %) were in the 31-40 age range; 137 participants (65.55%) were in the 41-50 age range; 18 participants (8.61%) were in the 51-60 age range; and 10 participants (4.78%) were in the 61 or older age range. Thirty-two participants
(15.31%) indicated that they did not have children; 155 participants (74.16%) had 1-3 children, and 10 participants (4.78%) had 4 or more children.

One hundred and sixty participants (76.56%) indicated that their highest degree completed was a bachelor’s degree; 28 participants (13.53%) indicated that their highest degree completed was a master’s degree; 19 participants (9.09%) indicated that their highest degree completed was a doctorate’s degree.

One hundred and twenty participants (57.42%) indicated that they worked in public sector and 83 participants (39.71%) indicated that they worked in private sector. Participants’ personal monthly income varied with forty-one participants (19.32%) reporting income less than 100000 Kyats, 64 participants (30.62%) reporting income in the 100001-250000 Kyats, 22 participants (10.53%) reporting income in the 250001-400000 Kyats, 16 participants (7.66%) reporting income in the 400001-600000 Kyats, and 15 participants (7.18%) reporting income in the 600001 or more.

Correlation

Pearson correlation coefficients were computed to identify the relationships between demographic variable, work-family conflict and the outcomes measures. Table 1 presents the correlations among the demographic variables, WFC, FWC, job satisfaction, family satisfaction, life satisfaction, psychological strain and physical symptoms. Means and standard deviations for all outcome measures are shown in Table 2.

Education was positively correlated with life satisfaction (r=.16, p<.05) and was negatively correlated with physical symptom (r= -.15, p<.05). Thus, the higher the individual’s level of education the more likely they were to report life satisfaction than individuals with a lower level of education. In addition, the higher the individual’s level of education the less likely they were to report physical symptoms.

Number of children was positively correlated with life satisfaction (r=14, p<.05). Thus, individuals with more children were more likely to report life satisfaction than individuals with fewer children. Tenure was positively correlated with life satisfaction (r=.15, p<.05). Thus, the more the individual’s level of tenure the more likely they were to report life satisfaction than individuals with a lower level of tenure.

Partner support was negatively correlated with WFC (r=.16, p<.05), FWC (r=.17, p<.05), and positively correlated with family satisfaction (r=.16, p=.05) and life satisfaction (r=.19, p<.05). Thus, the individuals with more partner support were more likely to report
job satisfaction than individuals with less partner support. In addition, the individuals with more partner support were less likely to report psychological strain than individuals with less partner support.

Table 1 Pearson Correlations for Demographic Variables

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>Age</th>
<th>Ed</th>
<th>No. Child</th>
<th>Tenure</th>
<th>Partner Support</th>
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<td>WFCtotal</td>
<td>.02</td>
<td>-.11</td>
<td>-.05</td>
<td>-.02</td>
<td>.06</td>
<td>-.16*</td>
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<tr>
<td>WFC</td>
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<td>-.04</td>
<td>.00</td>
<td>-.02</td>
<td>.03</td>
<td>-.10</td>
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<tr>
<td>FWC</td>
<td>.02</td>
<td>-.16**</td>
<td>-.09</td>
<td>-.02</td>
<td>-.02</td>
<td>-.17**</td>
</tr>
<tr>
<td>WRC</td>
<td>-.08</td>
<td>-.11</td>
<td>-.10</td>
<td>-.00</td>
<td>-.03</td>
<td>-.08</td>
</tr>
<tr>
<td>JS</td>
<td>.12</td>
<td>.08</td>
<td>.04</td>
<td>.09</td>
<td>.10</td>
<td>.09</td>
</tr>
<tr>
<td>FS</td>
<td>.10</td>
<td>-.01</td>
<td>.11</td>
<td>.03</td>
<td>.08</td>
<td>.16*</td>
</tr>
<tr>
<td>LS</td>
<td>.12</td>
<td>.20**</td>
<td>.16**</td>
<td>14**</td>
<td>.15**</td>
<td>.19**</td>
</tr>
<tr>
<td>DMS</td>
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<td>-.06</td>
<td>-.13</td>
<td>-.02</td>
<td>-.00</td>
<td>-.11</td>
</tr>
<tr>
<td>PSI</td>
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<td>-.16**</td>
<td>-.05</td>
<td>-.00</td>
<td>-.14</td>
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</table>

Note. *** Correlation is significant at the 0.001 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).  

Table -2 Means and Standard Deviations of Outcomes measures

<table>
<thead>
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<th>Measures</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
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<tr>
<td>Work-family conflict a</td>
<td>2.46</td>
<td>.71</td>
<td>209</td>
</tr>
<tr>
<td>Family-work conflict b</td>
<td>2.23</td>
<td>.64</td>
<td>209</td>
</tr>
<tr>
<td>Job satisfaction c</td>
<td>3.82</td>
<td>.46</td>
<td>209</td>
</tr>
<tr>
<td>Family satisfaction d</td>
<td>3.88</td>
<td>.54</td>
<td>209</td>
</tr>
<tr>
<td>Life satisfaction e</td>
<td>3.42</td>
<td>.66</td>
<td>209</td>
</tr>
<tr>
<td>Psychological strain f</td>
<td>2.24</td>
<td>.47</td>
<td>209</td>
</tr>
<tr>
<td>Physical symptoms g</td>
<td>0.85</td>
<td>.68</td>
<td>209</td>
</tr>
</tbody>
</table>

a) Higher scores indicate higher work-family conflict  
b) Higher scores indicate higher family-work conflict  
c) Higher scores indicate higher job satisfaction
d) Higher scores indicate higher family satisfaction
e) Higher scores indicate higher life satisfaction
f) Higher scores indicate higher psychological strain
g) Higher scores indicate higher physical symptoms

Table -3 Pearson Correlations for all Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
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<tr>
<td>1.WFCtotal</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.WFC</td>
<td>.87***</td>
<td>-</td>
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<td></td>
<td></td>
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<tr>
<td>3.FWC</td>
<td>.84***</td>
<td>.48***</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.JS</td>
<td>-.22**</td>
<td>-.17**</td>
<td>-.30***</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.FS</td>
<td>.29***</td>
<td>.25***</td>
<td>-.10</td>
<td>.34***</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.LS</td>
<td>.28***</td>
<td>.28***</td>
<td>-.19**</td>
<td>.33***</td>
<td>.33***</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.DMS</td>
<td>.41***</td>
<td>.38***</td>
<td>.30***</td>
<td>-.35***</td>
<td>-.31***</td>
<td>-.51***</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>8.PSI</td>
<td>.30***</td>
<td>.29***</td>
<td>.29***</td>
<td>-.23**</td>
<td>-.16*</td>
<td>-.30***</td>
<td>.52***</td>
<td>_</td>
</tr>
</tbody>
</table>

Note *p<0.05, **p<0.01, ***p<0.001

Regression Analyses

*Hypothesis I – “Conflicts and Satisfactions”*

Hypothesis I stated that WFC would be negatively associated with job satisfaction, family satisfaction and life satisfaction. WFC and FWC were entered into the independent variables and the satisfaction measures (job satisfaction, family satisfaction and life satisfaction) were the dependent variables. Results presented in Table-4 suggested that WFC was negatively associated with family satisfaction ($\beta=-.17, p<.05$) and life satisfaction ($\beta=-.23, p<.01$), but not with job satisfaction. FWC was negatively associated with job satisfaction ($\beta=-.16, p<.05$) and family satisfaction ($\beta=-.17, p<.05$). However, family-work conflict was negatively associated with only life satisfaction. Therefore hypothesis I was partially supported.
Table 4  Summary of regression for WFC and FWC and Satisfaction Outcomes

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Dependent Variables</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Job Satisfaction</td>
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<tr>
<td>Work-family conflict</td>
<td>-.09</td>
</tr>
<tr>
<td>Family-work conflict</td>
<td>-.16*</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.000

Table 5  Summary of regression for WFC, FWC and Psychological Strain and Physical Symptoms

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Dependent variables</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychological strain</td>
</tr>
<tr>
<td>Work-family conflict</td>
<td>.29***</td>
</tr>
<tr>
<td>Family-work conflict</td>
<td>18**</td>
</tr>
</tbody>
</table>

*p<.05, **p<.01, ***p<.000

Hypothesis II- Conflicts and Psychological Strain, Physical Symptoms

Hypothesis II stated that WFC and FWC would be positively associated with psychological strain and physical symptoms. WFC and FWC were entered into the model as independent variables and psychological strain and physical symptoms were the dependent variables. Findings presented in Table-5 suggest that WFC was positively associated with psychological strain ($\beta=.29$, $p<.001$) and physical symptoms ($\beta=.24$, $p<.01$). FWC was positively associated with psychological strain ($\beta=18$, $p<.05$), but not with physical symptoms. Therefore hypothesis II was partially supported.

Discussion

The primary purpose of this study was to examine the influence of work-family conflict on psychological and physical well-being. Findings also indicated that work to family conflict and family to work conflict was associated with all forms of satisfactions (job satisfaction, family satisfaction and life satisfaction). Furthermore, as predicted work to family conflict and family to work conflict were associated with psychological strain and physical symptoms.
Hypothesis I suggests that WFC would be negatively associated with job satisfaction, family satisfaction and life satisfaction. Consisted to the hypothesized relationship, WFC was negatively associated with family satisfaction and life satisfaction. Likewise, FWC was negatively associated with job satisfaction and family satisfaction. This conclusion is consistent with the work of Kim and Ling (2001), which reported that marital satisfaction, job satisfaction and life satisfaction were negatively associated with work-family conflict. Aryee (1992) carried out a study on married professional women from dual-career families in Singapore. The entire work-family conflict dimensions studied (job- spouse conflict, job-parent conflict and job-homemaker conflict) were negatively related to job satisfaction.

These results are also consistent with the previous research findings. A study was conducted to Judge, Boudreau, Bretz and Jr., (1994) on male executives to address the part analytical associations between WFC, job stress and job satisfaction. A significant relationship between WFC and satisfaction outcomes was also established by Aminrh (1996) who examined the paths associations many WFC and job satisfaction, life satisfaction among women researchers in Malaysia. Lee and Choo (2001) studied the work-family conflict among married Singapore women entrepreneurs. They reported that work-family conflict was negatively and significantly correlated with outcomes variables including job, married and life satisfaction.

Hypothesis II suggests that WFC and FWC would be positively associated with psychological strain and physical symptoms. As a result we found that work to family conflict was positively associated with psychological strain and physical symptoms. Family to work conflict was positively associated only with psychological strain. These findings support past research that demonstrated that work-family conflict is related to poorer mental health and physical symptoms (Washington, 2006). Stephen, Franks and Atienza (1997) also found that work-family conflict was associated with psychological strain.

**Summary and Conclusion**

The purpose of this study was to examine the consequences of work-family conflict among married male and female professional in some areas of Myanmar. This study also attempted to develop the Myanmar version of the Work-Family Conflict Scale based on a translation of Carlson, Kacmar, & Williams’ (2000) original instrument.

In order to do so, firstly we accepted Carlson, Kacmar, & Williams’s general emphasis in drawing up the initial Myanmar version of the Work-Family Conflict Scale,
which consisted of 18 items from Carlson, Kacmar, & Williams. The 18 items of the English version of the scale were translated into Myanmar by the author and checked by the supervisor against the original version to ensure the conceptual equivalence of the Myanmar version to the original version. To produce final version of the scale, the data were analyzed using item analysis program. According to the results, all of the items on each subscale were significant at .001 level. As a result of internal consistency reliability analysis, the reliability coefficients were found to be .89 for Work-Family Conflict (total), .86 for Work-to-Family Conflict, and .85 for Family-to-Work Conflict, respectively.

Pearson correlation coefficients were computed to identify the relationship between demographic variable, work-family conflict and outcomes measures. The hierarchical multiple regression analysis was performed to test the effects of work-family conflict for male and female professionals. Our research indicated that work-family conflict was negatively associated with family and life satisfaction. Family-work conflict was negatively associated with job satisfaction. Furthermore, work-family conflict was positively associated with psychological strain and physical symptoms. Family-work conflict was positively associated with psychological strain, but not with physical symptoms.

In conclusion, most of the findings of this research on the effects of organizational support are similar to Western research results; but there are differences still exist between Western and Myanmar populations. An important implication of this study is that Western theoretical frameworks and research findings are useful, but not wholly applicable, to culturally dissimilar societies. The cultural context might have influenced the findings; for example, family-work conflict failed to show any significant direct effect on physical well-being. Myanmar organizations might need to develop different strategies in resolving work-family conflict that take account of their cultural characteristics, distinct economic situations, social institutions and family structures.

References


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