Journal of Namibian Studies, 35 S1 (2023): 2598-2614 ISSN: 2197-5523 (online)

Role Conflict Among Female Doctors And Their Challenges In The Family: A Sociological Study

Dr. Vijaylaxmi Choudhary

Assistant Professor, Nirwan University, Jaipur, Rajasthan, India.

Abstract

Introduction: Introduction context provide an overview on conflicts that faced by female doctors. The higher work pressure is the main reason behind the conflicts. Addressing issues, female doctors get effective health well-beings.

Aim: The aim of the study is to identify the role conflict experienced by female doctors and the challenges they face in managing their professional and family responsibilities.

Literature review: Through the literature review section, the researcher get in-depth insights on the conflicts and different challenges in families faced by female doctors. In this context, different strategies increase the work-life balance for the doctors that fulfill the family obligation.

Methodology: Primary quantitative method used in this study where total 90 female doctor offered their responses as per the questions that asked in Google form survey.

Finding and analysis: IBM SPSS tool used analysis all the gathered information. In this context, linear regression analysis help to get the output for this study that help in data interpretation aspects.

Discussion: This context helps to fulfill the objectives and research questions of this study. Here, female doctors got improved work-life balance.

Conclusion: In end, wok-life balance is an important key aspects that increase satisfaction and mental peace that reduces conflicts.

Keywords: Work-life balance, Organizational culture, Flexibility, Resources, Female Doctor, conflict etc.

Introduction

In the last few years, the addition of women in the medical profession brings effective growth in the medical profession segment. Here, in the medical field, this increasing trend brings significant malformation to the traditional gender. When a female doctor pursues a career in medical science, female doctors faced various types of issues during managing professional responsibilities as well as family obligations that create negative impacts on their career development plans. Increasing the demand for medical expertise along with different family issues brings conflicts as well as several mental challenges for female doctors (Seven et al. 2021).

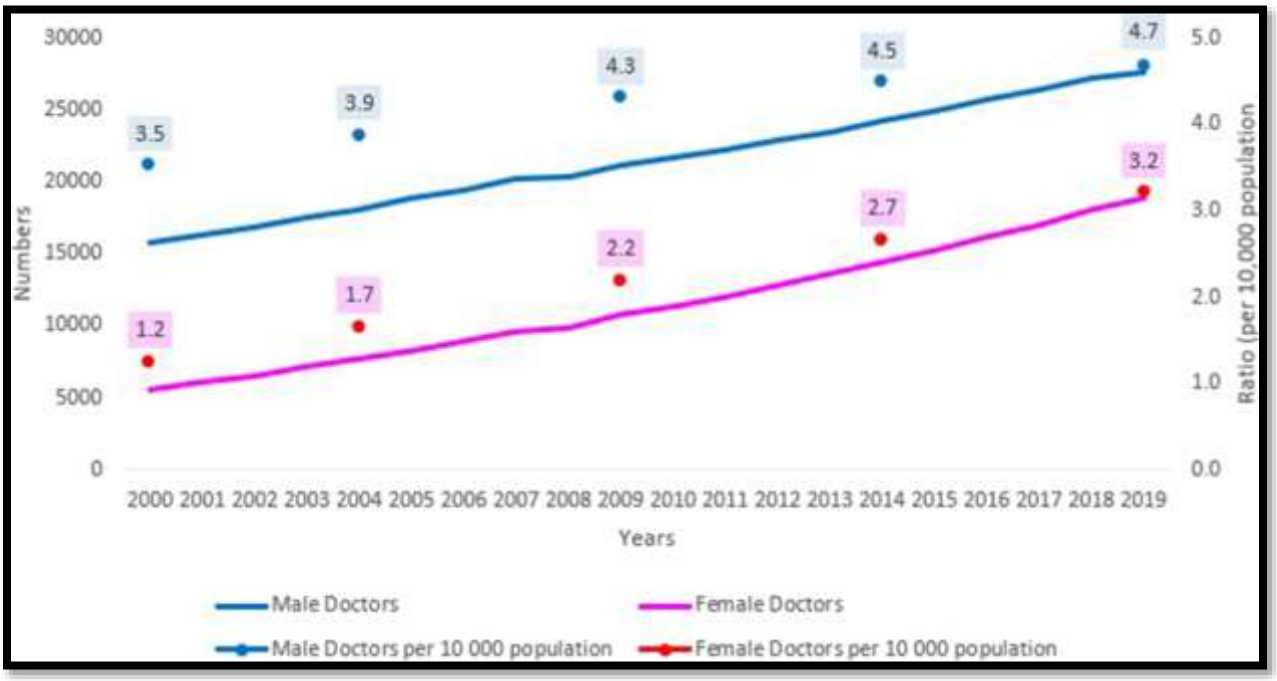


Figure 1: Increasing number of female doctors

(Source: Tiwari et al. 2011)

The above image indicates the increase in female doctors every year. In the financial year 2019, there were approximately 3 female doctors for the 10000 population which increased the workload for

female doctors (Tiwari et al. 2011). With a higher scale of workload, female doctors do not spend quality time with family that brings challenges to the work-life balance segment. On the other hand, missed family events as well as reduced interaction time with children also affected their personal life that lead to conflicts between family and female doctors (Altena et al. 2020). In the medical field, there are non-effective work environments as well as less flexibility in work schedules and higher time allocation leads to conflicts. Understanding the different challenges faced by female doctors is an important key aspect of reducing the conflicts between doctors and their families.

The study aims to identify the role conflict experienced by female doctors and the challenges they face in managing their professional and family responsibilities.

Research objectives are

RO1: To examine the extent of role conflict experienced by female doctors

RO2: To explore the institutional factors affecting female doctors and their ability to manage their professional and family responsibilities

RO3: To identify the challenges faced by female doctors in achieving work-family balance

RO4: To recommend proper strategies to increase the work-family balance among female doctors

Research questions are

RQ1: What are the experiences and perceptions of female doctors regarding role conflict?

RQ2: What institutional factors contribute to role conflict among female doctors?

RQ3: What are the challenges faced by female doctors in balancing their work and family responsibilities?

RQ4: What are the effective strategies that help female doctors in their work-family balance?

Literature review

Different Experiences of female doctors regarding role conflict

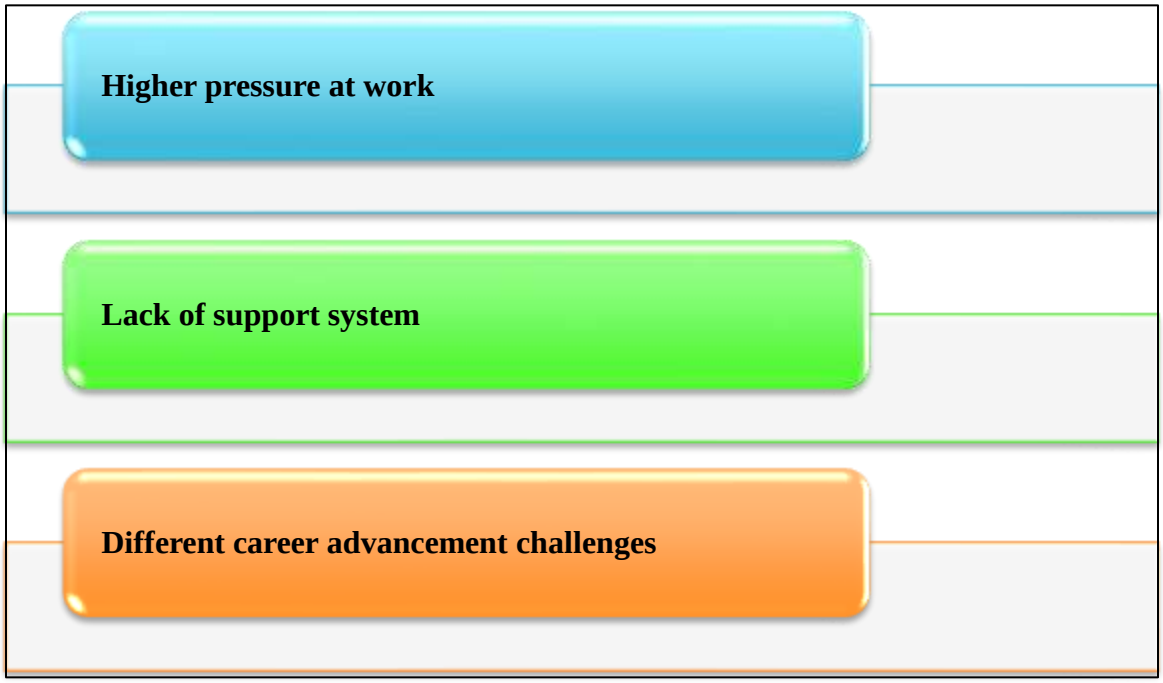


Figure 2: Different conflicting experiences faced by female doctors

(Source: Alblihed & Alzghaibi, 2022)

Figure one offer information about the experiences of conflicts that faced in personal-professional life. In the conflicts, female doctors have different experiences. As per the study by Alblihed & Alzghaibi (2022), due to the higher pressure at work, female doctors faced work-life imbalances that bring stress. Here, due to this imbalance, female doctors did not fulfill the family responsibilities that lead to conflicts. On the other hand, Templeton et al. (2019) stated that a lack of support system also leads to conflict for female doctors. Here, different career advancement challenges also create negative impacts on the work-life balance for female doctors.

Different institutional factors contribute to role conflict among female doctors

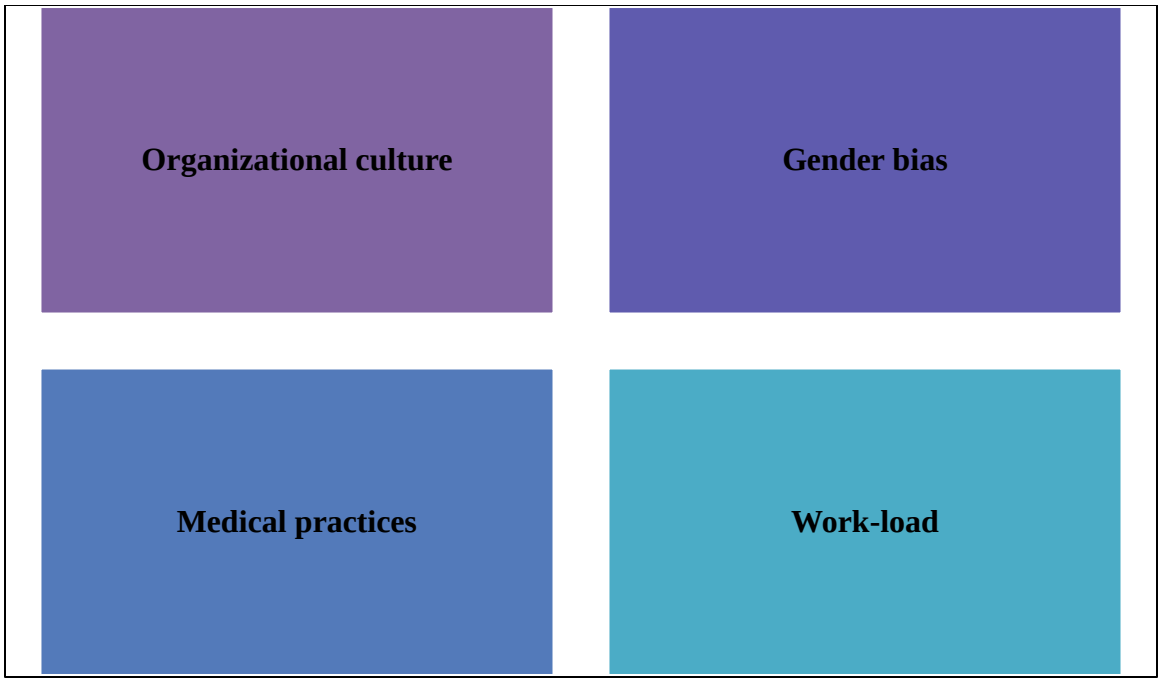


Figure 3: institutional factors that influences conflicts

(Source: Patel et al. 2019)

Figure 3 provides an overview of institution factors that brings conflicts for female doctors. Several factors influence conflicts. As per the opinion of Patel et al. (2019), organizational culture is one of the major factors that can support female doctors to reduce conflicts. Here, if the organization did not offer support then a higher workload brings conflicts. On the other hand, Rollins et al. (2021) argued that this conflict not only hampered career development but also affected the psychological health of female doctors. Gender bias and stereotypes are other factors that bring challenges to work-life balance for a female doctor. Medical practice is another reason behind this conflict.

Challenges faced by female doctors in balancing their work and family responsibilities

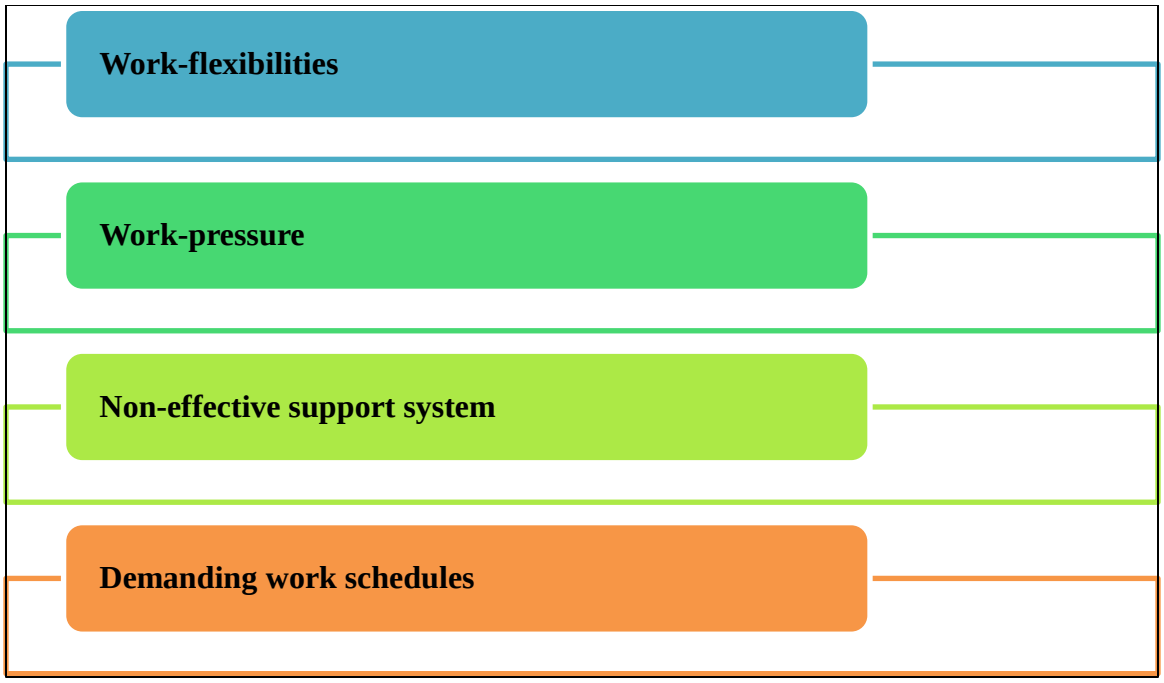


Figure 4: Challenges faced by female doctors in their professional field

(Source: Capelli et al. 2023)

Figure 4 provides information on different types of challenges that faced by female doctors and these challenges are the proper reason behind imbalance of work-life segment. In terms of challenges faced by female doctors related to the work-flexibilities as well as a work-pressure, non-effective support system and demanding work schedules. As per the reviews of Singh, Steele & Singh (2021), limited work flexibility is one of the major challenges faced by an individual in the medical field. Due to the limited resources, female doctors also faced issues in their professions that brought conflicts when doctors sacrificed their personal life events. In this context, a higher workload also creates negative impacts on the work-life balance where female doctors struggle to meet the expectation of families as a result it brings conflicts (Capelli et al. 2023).

Effective strategies that help female doctors in their work-family balance

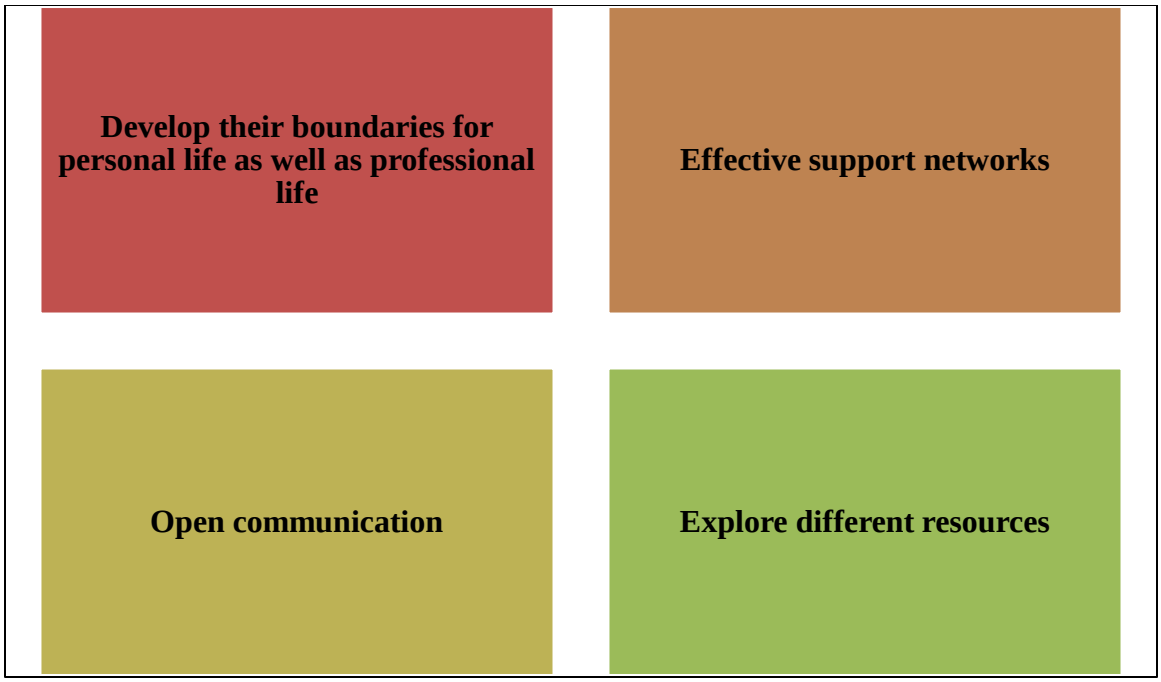


Figure 5: Strategies offers effective work-life balance

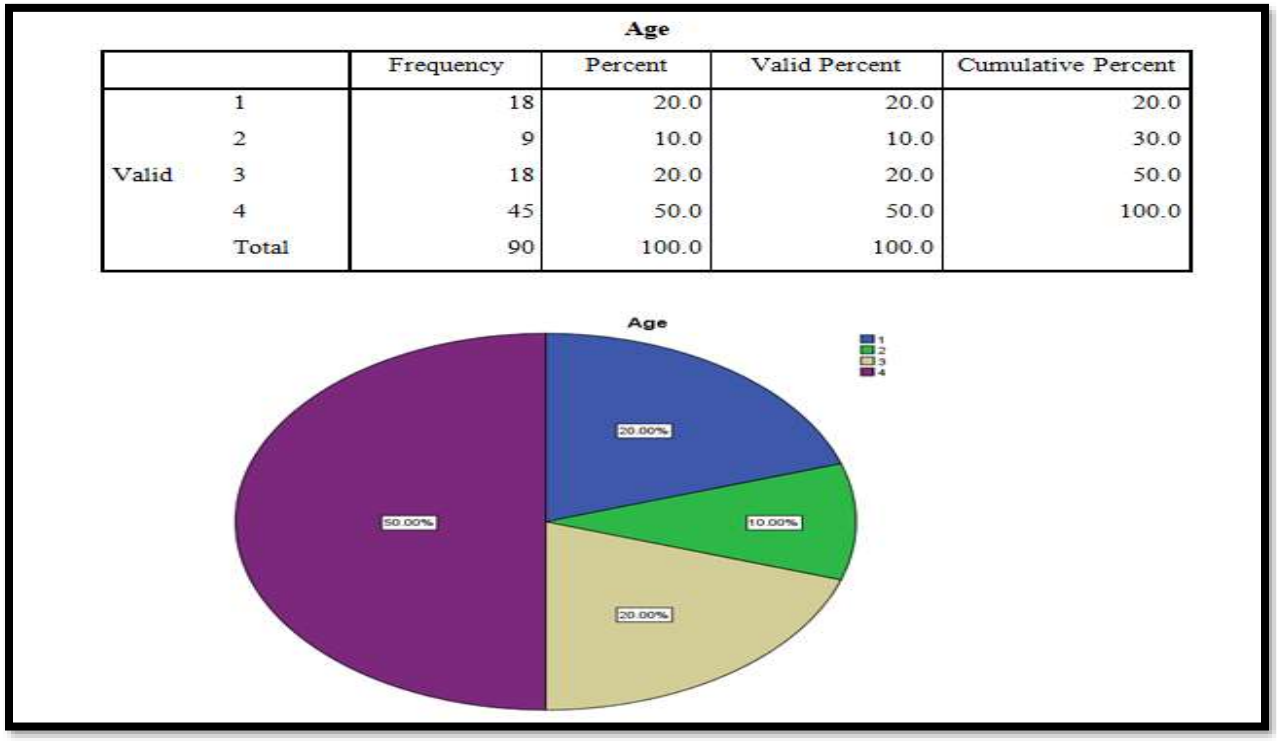
(Source: (White & Maniam, 2020)

The above figure 5 provides effective initiatives that taken by female doctor that increases the balance in work-life aspects. Several strategies help female doctors to maintain their work-life balance. As per the study by Stutzman et al. (2020), female doctors should develop their boundaries for personal life as well as professional life that bring effective work-life balances. Here, involvement in family events can fulfill the expectation of the family that reduces the conflict. On the other hand, female doctors should focus on effective support networks for maintaining work-life balance. Here, making good relationships with colleagues can offer flexibility in professional life for female doctors (White & Maniam, 2020). Open communication is another effective strategy that eliminates conflicts. Female doctors should explore different resources that can reduce the limitation of resources. By getting effective resources, doctors maintain their workload that helps balance a personal and professional life in positive ways.

Methodology

In the methodology section, this study used primary quantitative research methodology. In this research, positivist research

philosophy was used due to the quantitative data. On the other hand, descriptive research design was used to understand the distribution of different types of variables associated with the study. In this context, the primary data collection method was used. As per the study by Niipare (2020), data was gathered from non-existing sources called primary data collection. Here, the Google Form survey tool was used to gather study-related data. In this study, a total of 90 female doctors took part and provided valuable information about balancing their work and family responsibilities. This study used the primary quantitative data analysis method to analyze all the responses. Here, IBM SPSS tool was used to get statistical analysis. In this analysis, the researcher offered descriptive analysis as well as linear regression analysis that include a model summary test, ANOVA test and coefficient test. In this study, respondents' responses play vital role to make perfect balance in professional and personal life.



Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	18	20.0	20.0	20.0
	2	9	10.0	10.0	30.0
	3	18	20.0	20.0	50.0
	4	45	50.0	50.0	100.0
	Total	90	100.0	100.0	

Figure 6: Age of respondents

(Source: IBM SPSS)

The above-mentioned figure offers an age group of participants. Here, out of 90 respondents, 45 female doctors are between 41

and 50 years, whereas 18 doctors are between 25 and 30 years old. On the other hand, out of 90, 9 doctors have aged between 31 years to 35 years.

Monthly Salary

monthly_salary

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	27	30.0	30.0	30.0
	2	9	10.0	10.0	40.0
	3	18	20.0	20.0	60.0
	4	36	40.0	40.0	100.0
	Total	90	100.0	100.0	

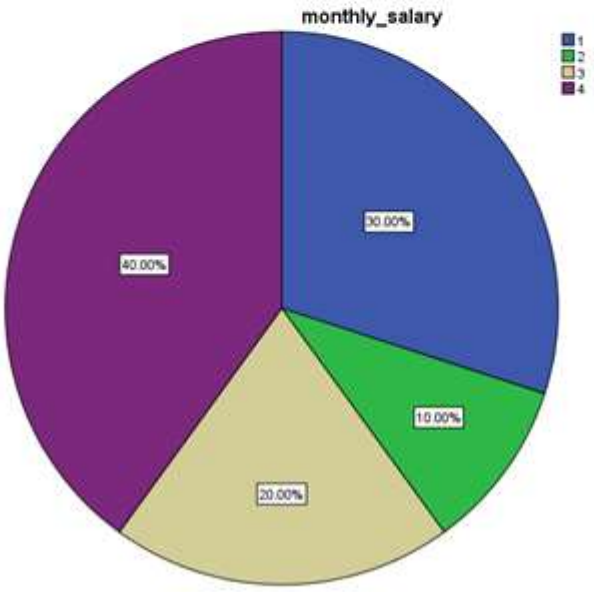


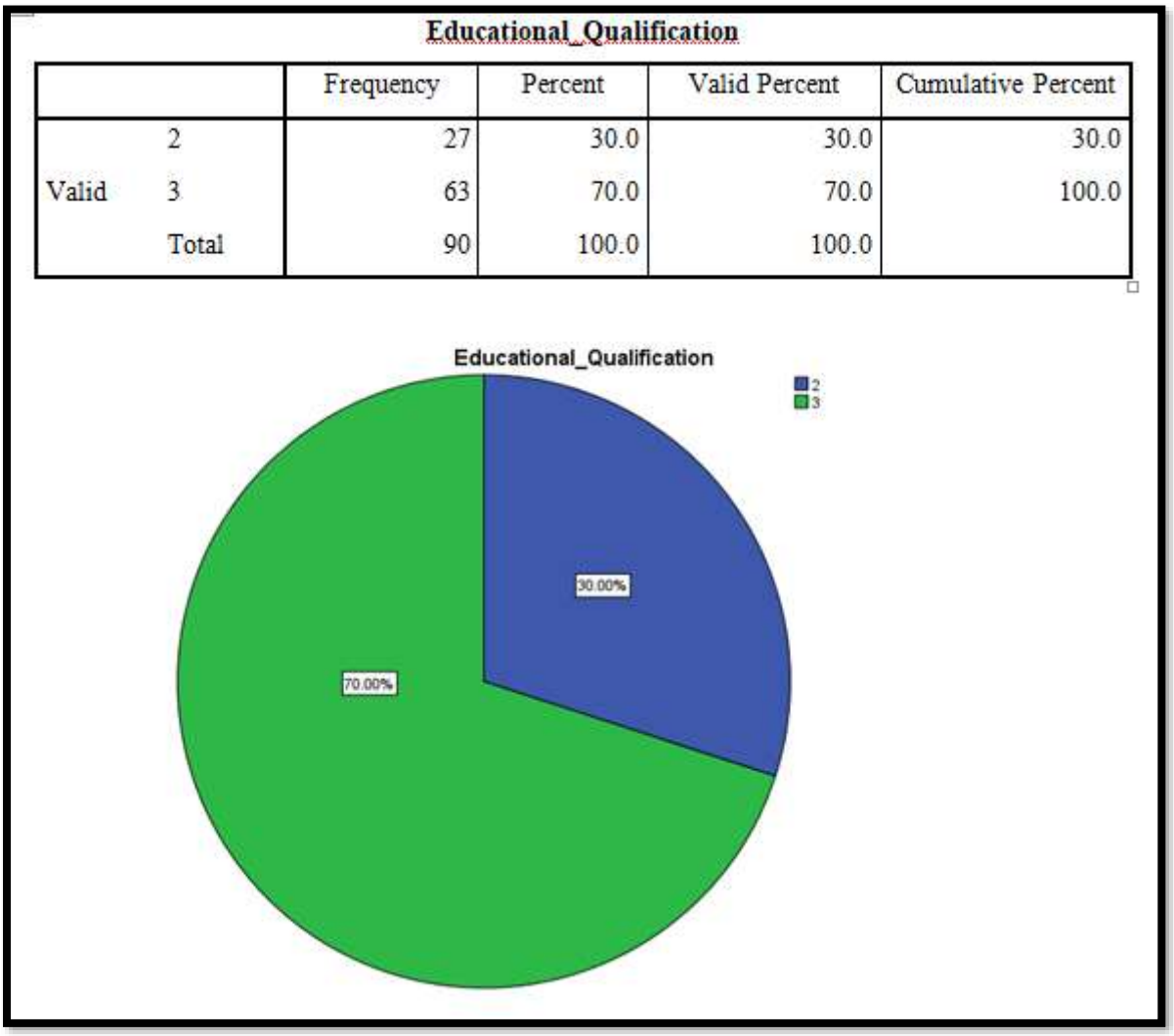
Figure 7: Salary of respondents

(Source: IBM SPSS)

The above figure offers information on earring salaries by the female doctors who provided their valuable time for this study. Here, 36 female doctors earn 81000 to 90000 thousand rupees per month. On the other hand, 27 respondents earned about 50000 to 60000 thousand rupees per month. Here, the number of female

doctors who earned 71000 to 80000 and 61000 to 70000 thousand is 18 and 9 respectively.

Educational Qualification



Educational_Qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	27	30.0	30.0	30.0
	3	63	70.0	70.0	100.0
	Total	90	100.0	100.0	

Figure 8: Educational qualification of respondents

(Source: IBM SPSS)

The above figures described the educational qualifications of respondents. Here, 63 female doctors completed their post-graduation in their field whereas 27 doctors did graduation. All the respondents help the researcher of this study by providing valuable experiences as per the asked questions by the researcher.

Hypotheses

H1: Higher work-load is one of the reasons for experienced conflicts in their work-life balance female doctors,

H2: Societal expectations can create impacts on the work-life balance.

H3: Work-life balance of female doctors' influenced by institutional factors in the medical field.

Regression analysis

H1

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.631[a]	.398	.391	2.15766	1.153

a. Predictors: (Constant), IV1_Work_Family_Balance

b. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	270.715	1	270.715	58.149	.000[b]
	Residual	409.685	88	4.656		
	Total	680.400	89			

a. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

b. Predictors: (Constant), IV1_Work_Family_Balance

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.319	.441		2.990	.004
	IV1_Work_Family_Balance	.351	.046	.631	7.626	.000

a. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

Table 1: Statistical analysis (Regression analysis) for Hypothesis 1

(Source: IBM SPSS)

The above image offers analysis results for hypothesis 1. In the model summary test, the R-square value is 0.398. A positive result signifies this test. On the other hand, the Durbin-Watson value is 1.153 that is positive and greater than 1. This result signified this test. Here, the R-value for the independent variable 1 is 0.631. By completing the ANOVA test, the researcher got an F value of 58.149. Here, the t value of 7.626 is greater than 0.05 and signified this coefficient test.

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.913[a]	.834	.832	1.13424	1.449

a. Predictors: (Constant), IV2_Societal_Expectations_and_Gender_Roles

b. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	567.187	1	567.187	440.874	.000[b]
	Residual	113.213	88	1.287		
	Total	680.400	89			

a. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

b. Predictors: (Constant), IV2_Societal_Expectations_and_Gender_Roles

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.190	.225		.841	.402
	IV2_Societal_Expectations_and_Gender_Roles	.573	.027	.913	20.997	.000

a. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

Table 1: Regression analysis for Hypothesis 2

(Source: IBM SPSS)

The above image offers analytical results for the independent variable 2. Here, R-value is 0.913, the R-square value

is 0.834, and these positive values signified this model summary test. On the other hand, Durbin Watson's value for this IV2 is 1.449 that positively signified this hypothesis 1. In this linear regression analysis, the F value is 440.87 which is greater than 0.05. Hence, this result signified this ANOVA test. In this analysis, the researcher determined the t value from the coefficient test and the value is 20.997.

H3

Model Summary[c]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	1.000[a]	1.000	1.000	.00000	.[b]

a. Predictors: (Constant), IV3_Institutional_Factors_Affecting_Female_Doctors

b. Not computed because there is no residual variance.

c. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	680.400	1	680.400	.	.[b]
	Residual	.000	88	.000		
	Total	680.400	89			

a. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

b. Predictors: (Constant), IV3_Institutional_Factors_Affecting_Female_Doctors

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.000	.000		.	.
	IV3_Institutional_Factors_Affecting_Female_Doctors	1.000	.000	1.000	.	.

a. Dependent Variable: DV_Role_Conflict_among_Female_Doctors

Table 1: Regression analysis for Hypothesis 3

(Source: IBM SPSS)

The above image offers regression analysis results for independent variable 3. Here, by completing regression analysis, model summary test results are seen in this study. Here, Durbin Watson value is 135.125 whereas the R-value is 1. On the other hand, R-square 1 and this positive result signified this regression analysis. In the ANOVA test, F-value is -78945.00 signified at 0.178. The T value for this independent variable is -17.900 which is signified at 17.97 values.

Discussion

Balancing work and family responsibilities is a complex and multifaceted challenge that faced many female doctors in this 21st century. Here, it is important for healthcare organizations as well as society to bring an effective work environment for female doctors that brings effective life-work balance. On the other hand, by developing supportive work environments, implementing family-friendly policies, and challenging gender biases, female doctors fulfill their responsibilities to the family. In the life-work balance, organizational, support plays a vital role. Here, getting effective work flexibility can help to mitigate all the challenges. This flexibility not only mitigates challenges but also reduces psychological issues faced by female doctors that improved their productivity also. In this context, balancing work-family responsibilities can also have an impact on personal relationships (Sunarti, Rizkillah & Muktiyah, 2020). Here, time constraints create negative impacts on family expectations. Effective open communication is an effective recommended initiative that can solve or address this issue. Developing effective coping strategies also helped female doctors to make effective networks that offered effective bonds between colleagues who offered work flexibility. By having work flexibility, female doctors can reduce the developing conflicts in the family (Wang et al. 2020). On the other hand, to achieve a better work-life balance, female doctors achieved their overall well-being and professional success that help in mitigating conflicts.

Conclusion

In the end, it can be concluded that increasing the workload among female doctors in their field is one of the major reasons to lead conflicts in professional as well as personal life. Here, female doctors sacrifice their personal life that affects the family expectations. As a result, work-life balance has been observed.

This study provided the different factors that lead to this conflict that includes the work environment, non-availability of resources, and limited support from medical organizations. These factors brought challenges for female doctors. Here, by setting the proper boundaries between personal as well as professional life, female doctors can mitigate all the issues associated with work-life balance.

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