Original Article:

Work-Family Conflict, Psychological Empowerment, and Turnover Intentions among Married Female Doctors

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Abstract

Objective: The aim of the present study was to examine work-family conflict and psychological empowerment as correlates and predictors of turnover intentions among married female doctors. It further aimed to identify significant differences in study variables among the sample in terms of the type of family system i.e., nuclear and joint. ***Materials and Methods:*** This correlational study analyzed a sample of 105 married female doctors aged 23-45 years (M_{age}=31.69; *SD*=5.20) working in different hospitals of Lahore, Pakistan. Participants completed Work-Family Conflict Scale, Psychological Empowerment Instrument and Turnover Intention Scale. ***Results and Discussion:*** Dimensions of work-family conflict had a significant positive relationship with turnover intentions. Furthermore, psychological empowerment had a significant negative relation with turnover intentions. Behavior-based family interference with work and psychological empowerment emerged as significant predictors of turnover intentions among the sample. No significant differences were found in study variables in terms of nuclear and joint family system. ***Conclusion:*** Implications of findings are discussed with reference to the medical profession.

Keywords*:* work-family conflict; psychological empowerment; turnover intentions; married female doctors.

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Introduction

The number of females in medical schools, medical fellowships and residencies has increased dramatically over the years. In Pakistan female students out number their male counterparts in medical schools but a significant number of females among them simply do not join the health profession due to job, economic, and social related factors. More males as compared to females, according to statistics given by Pakistan Medical and Dental Council (PMDC), are registered as general practitioners in Pakistan. PMDC statistics in 2016 further showed that only 30.4% female doctors as compared to 69.6% male doctors were registered as specialists[1].Among practicing female doctors, many experience psychological and social pressures due to demanding work conditions which interfered with their family lives. Furthermore, the feeling of being torn between work and family demands is magnified when the female doctor is married and has children. This heightened perception of work-family conflict influences their intention to stay or leave the professional field[2].

The work-family conflict (WFC) is a form of inter-role conflict where role pressures from work and family domains are mutually incompatible. The construct of WFC is reciprocal in nature, in that family can interfere with work and work can also interfere with family[3].Allen with colleagues[4] reviewed findings of several empirical researches and surmised that outcomes related to WFC can possibly be grouped

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into three categories i.e., work-related (e.g., intention to turnover, job absenteeism, organizational commitment, & job satisfaction etc.), non-work related (e.g., marital satisfaction, life satisfaction, leisure satisfaction, & family performance etc.), and stress related outcomes (e.g., depression, burnout, physical symptoms, & substance abuse etc.). Many studies have shown WFC to be negatively associated with psychological health of medical staff[5,6]and that negative effects are stronger for female doctors than they are for male doctors[7].

Although the ratio of dual career families is increasing in Pakistan, cultural norms and values related to traditional gender roles still have very strong influence[8]. Across the globe, the general consensus is that working women give more importance to their family responsibilities and due to same reasons tend to have higher work-related withdrawal behaviors as compared to men[9]. Women experience more WFC when they are married, have childcare responsibilities, have large family size, and are in stressful workplace environment[10].The theoretical framework of role theory helps explain WFC by maintaining that people experience difficulty in successfully performing each of their life roles due to incompatible role pressures from family and work domains or internalization of one role more than the other[3]. This theory argues that inter-role conflict results in adverse states like emotional exhaustion, decreased job performance, and increased job turnover intentions[11].

Psychological empowerment is a motivational construct that involves the increased sense of intrinsic task motivation among employees. It underlies four work related cognitions: self-determination, competence, impact, and meaning. Employees with high psychological empowerment feel confident about their job role, perceive a good sense of control over their work, feel that they can influence organizational outcomes, and believe that their job responsibilities are aligned with their work ethics, values, and belief systems[12].Similarly, nurses with high perceived psychological empowerment felt more respected in their workplace and showed greater organizational commitment[13]. Studies have related psychological empowerment to a variety of job-related outcomes such as job satisfaction, organizational commitment behaviors, job strain, and turnover intentions[14,15].

Medical doctors cope with varied stressors such as long working hours, sleep disturbances due to night shifts, WFC, loss of autonomy (doctors are considered responsible for the social, economic, and legal implications of their decisions), low wages, dealing with death and illness on a daily basis, fear of lawsuits for medical malpractice, and more. Indeed, factors that could detract medical doctors from maintaining composure in difficult situations could ultimately influence their ability to provide quality care to their patients[16].Hence, it is crucial to identify factors and strategies that might help doctors perform efficiently and reduce their job turnover intentions.

Job turnover intentions pose a threat to sustainable development of organizations and also decrease the morale of the remaining employees. Turnover intentions are the probability that employees are thinking of leaving an organization in the near future[17]. The theory of planned behavior[18] posited that behavioral intentions best predict actual behaviors. Likewise, turnover intentions are also described as the immediate antecedent of actual turnover. Following this theoretical assumption, many researchers studied relationship of several work-related factors (e.g., WFC, job stress, job satisfaction, and control over work) with turnover intentions than actual turnover behaviors[19-20]. Dan et al.[21] found that about half of clinical physicians in public hospitals of China had turnover intentions due to lack of support, burnout, and dissatisfaction with promotional opportunities. Female doctors in Pakistan with high WFC were also likely to have high job turnover intentions[22]. It takes many years to educate and train a medical doctor, and high turnover intentions contribute to the already existing shortage of healthcare staff in Pakistan. Therefore, it is important to address issues affecting turnover intentions of physicians.

The present study focuses on married female doctors in Lahore, Pakistan. Their role and family demands differ significantly from the ones found in western societies. Although, turnover intentions have received extensive research and theoretical attention, to our knowledge no published empirical research has examined the total variance that WFC and psychological empowerment account for turnover intentions among married female doctors in Pakistan. This study will also address the impact of nuclear and joint family systems on study variables, an angle not taken into consideration before within the context of this population in Pakistan.

Based on the existing literature, we formulated the following hypotheses:

1. WFC will correlate positively with job turnover

intentions among married female doctors.

2. Psychological empowerment will correlate negatively with job turnover intentions among married female doctors.
3. WFC and psychological empowerment will predict job turnover intentions among married female doctors.
4. Married female doctors living in joint family system will differ in WFC, psychological empowerment, and job turnover intentions from those living in nuclear family system.

Materials and Methods

This study used the correlational research design. The total sample of 105 married female doctors, aged between 23 and 45 years, was selected using purposive sampling strategy. Only female doctors who were employed full time, married, and registered with PMDC were included in this study. According to a survey, the most burned-out doctors work in these fields of medicine: Emergency medicine, Obstetrics/ gynecology, Internal medicine, Family medicine, Infectious disease, Rheumatology, Critical care, Cardiology, Neurology, Urology, Pediatrics, and Anesthesiology[23], thus married female doctors working in these fields were approached. Exclusion criteria consisted of the female married doctors who were employed for less than 6 months.

Table I: *Demographic Characteristics of the Sample (N = 105).*

Variables	*M (SD)*	*f (%)*
Age 31.69 (5.20)	-	
Education		
MBBS	-	98 (93.3)
BDS	-	7 (6.7)
Religion		
Islam	-	102 (97.1)
Christianity	-	1 (1)
Hindu	-	2 (1.9)
Hospital		
Private	-	54 (51.4)
Government	-	47 (44.8)
Semi-government	-	4 (3.8)
Area of specialization		
Emergency	-	4 (3.8)
Gynecology/obstetrics	-	40 (38.1)
Internal medicine	-	8 (7.6)
Family medicine	-	13 (12.4)
Infectious disease	-	5 (4.8)
Critical care	-	3 (2.9)
Cardiology	-	5 (4.8)
Neurology	-	5 (4.8)
Pediatrics	-	18 (17.1)
Anesthesiology	-	4 (3.8)
Working hours7.84 (2.18)	-	-
Work-experience (years)6.15 (5.15)-		
Number of children	1.42 (1.24)	-
Duration of marriage (years)	6.32 (5.95)	-
Family system		
Nuclear	-	52 (49.5)
Joint	-	53 (50.5)

Work-Family Conflict Scale[24]. This scale has 18 items and 6 dimensions; 1) time-based family interference with work (2) time-based work interference with family (3) strain-based family interference with work (4) strain-based work interference with family (5) behavior-based family interference with work (6) behavior-based work interference with family. Each dimension has 3 items. The responses are recorded on a 5-point Likert Scale (1 = *never*; 5 = *always*).

Psychological Empowerment Instrument[12].The scale measures psychological empowerment among workers and it has 12 items. The responses are recorded on 7-point Likert scale where 1 meant "*very strongly disagree*" and 7 meant "*very strongly agree*". The higher scores indicate as being more psychologically empowered.

Turnover Intention Scale[25].This scale measures turnover intentions of the employees and it has 15 items. The responses are recorded on 5-point Likert scale ranging from 1 to 5. Higher scores are indicative of greater job turnover intentions.

This research project was approved by the institutional review board of Kinnaird College for Women, Lahore. Formal permission was also sought from the authors of the questionnaires. Of 120 participants approached, 105 agreed to participate in research representing a participation rate of 87.5%. Demographic information sheet and three study questionnaires were distributed to all participants who met inclusion criteria. Eligible participants were recruited from six private (Fatima Memorial Hospital, Mid-city Hospital, Adil Hospital, National Hospital, Avicenna Medical College, & Rasheed Hospital),

three public (Children Hospital, Services Institute of Medical Sciences, & Combined Military Hospital), and one semi-government hospital of Lahore (Mayo Hospital). All participants were ensured privacy and confidentiality of their data and written informed consent was also taken from every participant.

Ethical clearance: This study was approved by ethics committee of Kinnaird College for Women, Lahore, Pakistan**.**

Results

Statistical Package for Social Sciences (SPSS) version 22 was utilized in this study. Pearson Product Moment Correlation Coefficient, Multiple Hierarchical Linear Regression and Independent Sample *t*-test were used to test hypotheses.

Table II. *Intercorrelations between Work-Family Conflict, Psychological Empowerment, and Turnover Intentions among Married Female Doctors*

Measures	1	2	3	4	5	6	7	8	a
1.Time-based WIF	---								.64
2.Time-based F1W	.30**	---							.71
3.Strain based WIF	.43***	.37***	---						.81
4.Strain based FIW	.19*	.51***	.44***	---					.85
5.Behavior based WIF	.14	.34***	.44***	.59***	---				.65
6.Behavior based FIW	.10	.28**	.32**	.44***	.69**	---			.82
7.Psy Empowerment	-.15	.01	-.21*	-.11	.04	.13	---		.89
8.Turnover intentions	.25*	.30**	.39***	.35***	.31**	.41***	-.19*	---	.80
M	3.43	3.09	3.57	3.12	3.03	3.10	5.01	2.68	
SD	.81	.89	.86	.99	.78	.89	.80	.49	

Note:N = 105. WIF = work interference with family, FIW = family interference with work, Psy = psychological, *a* = Cronbach alpha; *p< .05. **p<.01. ***p<.001.

The Cronbach alpha values of all the scales used in present study showed acceptable to excellent reliability of the questionnaires.

The correlation results in table 2 represent that there is a significant positive relationship between all dimensions of WFC scale and turnover intentions, suggesting that married female doctors who experience WFC are more likely to have intentions for leaving the job. Moreover, there is a significant negative relationship between psychological empowerment and turnover intentions implying that married female doctors who are less psychologically empowered experience more turnover intentions.

In the first model, the dimensions of WFC were added and a significant regression equation was found (F (6, 98) = 6.05, p< .001). Moreover, in the second model, the effect of psychological empowerment was added along with WFC and still the significant regression equation was found (F (7, 97) = 6.00, p < .001). The second model explained 30% variance in the turnover intentions. When the effect of WFC was excluded from second model, the variance reduced to 3% but still the model remained significant, (F (1, 97) = 4.43, p =.038). Amongst predictors, behavior based family interference with work emerged as positive while psychological empowerment emerged as negative predictor of turnover intentions among married female doctors in Pakistan.

Table III. *Multiple Hierarchical Linear Regression Analysis Showing Predictors of Turnover Intentions among Married Female Doctors (N = 105)*

Predictors	Turnover Intentions		
	R^2	ΔR^2	β
Block I	.27***	.27***	
Time-based WIF			.07
Time-based FIW			.11
Strain-based WIF			.17
Strain-based FIW			.08
Behavior-based WIF			-.11
Behavior-based FIW			.38**
Block II			
Psychological Empowerment	.30***	.03*	-.19*

Note: N = 105; WIF = work interference with family; FIW = family interference with work

*p < .05. **p < .01. ***p < .001

Table IV. *Independent Sample t-test showing Family System Differences in WFC, Psychological Empowerment, and Job Turnover Intentions among Married Female Doctors*

	JFS(n = 53)		NFS(n = 52)				95% CI	
Variable	*M*	*SD*	*M*	*SD*	*t(df)*	*p*	*LL*	*UL*
1.Time-based WIF	3.50	.67	3.35	.92	-.95 (93.14)	.342	-.46	.16
2.Time-based FIW	3.06	.83	3.12	.96	.30(103)	.765	-.29	.40
3.Strain-based WIF	3.53	.85	3.62	.87	.48(103)	.633	-.25	.42
4.Strain-based FIW	3.18	.95	3.06	1.04	-.61(103)	.544	-.50	.27
5.Behavior-based WIF	3.09	.75	2.97	.82	-.74(103)	.460	-.42	.19
6.Behavior-based FIW	3.15	.86	3.06	.95	-.53(103)	.598	-.44	.26
7.Psy Empowerment	4.90	.68	5.11	.93	1.34(103)	.184	-.10	.53
8.Turnover Intentions	2.59	.76	2.59	.63	-.02(103)	.984	-.27	.27

*Note:*JFS = joint family system; NFS = nuclear family system; *M* = mean; *SD* = standard deviation; CI = confidence interval; *LL* = lower limit; *UL* = upper limit;WIF = work interference with family; FIW = family interference with work; Psy = psychological

*$p < .05$. **$p < .01$. ***$p < .001$

Results indicate that married female doctors living in joint family system did not significantly differ from married female doctors living in nuclear family system on all study variables.

Discussion and Conclusion

In the present study, researchers sought to determine WFC and psychological empowerment as correlates and predictors of turnover intentions among married female doctors. Furthermore, impact of family system was also observed on study variables.

The first hypothesis that a positive relationship between WFC and turnover intentions among married female doctors would be found - was upheld. Findings of previous empirical studies[22,26] are also consistent with the present study's findings. Both work interference with family and family interference with work domains were positively related to turnover intentions in this study reflecting a dilemma that married working women face. In Pakistan, married working women often receive complaints from their spouses and in-laws over not fulfilling family responsibilities properly owing to their work commitments. Female doctors with children frequently report that their work commitments leave little room for other aspects of life. Likewise, their job commitments also suffer due to domestic work[27]. Marriage and child rearing among female doctors in one study[28]were found to be associated with reduced work hours and early career resignations. Female doctors with children also report feelings of guilt when work commitments interfere with parental duties. This guilt often stems from traditional societal expectations of mothering. Though they try to abide by domestic gender roles but still they believe they are far from the ideal vision of mother and wife. Thus, traditional gender role norms, socialization processes, and workload at home are likely to negatively affect women's career aspirations and preferences[29].

The second hypothesis–that a negative relationship will be found between psychological empowerment and turnover intentions among married female doctors– was also confirmed. Psychologically empowered employees feel confident of their job related tasks, consider their job meaningful, and feel that they can take work related decisions autonomously[12].Employees who do not feel psychologically empowered are likely to show less organizational commitment and high turnover intentions[15].When health sector organizations are mainly interested in economic results and do not pay attention to the human aspect of the work, they tend to reduce their employees enthusiasm and sense of self-efficacy that eventually lead to negative outcomes such as burnout and turnover intentions[30].

The third hypothesis was also accepted as WFC and psychological empowerment explained significant 30% variance in turnover intentions. Behavior based family interference with work and psychological empowerment emerged as significant predictors of turnover intentions. Women, in general, perceive family as a significant component of their social identity and situations compromising that identity are recognized as threatening. The continuous interference of family related strain in

work-related duties persuade many married women to search out for either part time jobs or leave the job altogether[31]. Studies[32,33] have found that when married working women are dissatisfied with child care arrangements at home, experience low family and spousal support, witness little or no family friendly policies at work, and have traditional preference for homemaking then they are more likely to hold job turnover intentions.

Besides behavior-based family interference with work, low psychological empowerment turned out to be a significant reason due to which married female doctors in this study showed high turnover intentions. This means that married female doctors did not perceive to have enough authority and confidence to achieve their work-related goals in a meaningful way. Chow and his colleagues[34]reported that when employees do not feel empowered, they lack confidence in communicating with their colleagues effectively and also lack a sense of pride in their work which subsequently leads to providing low quality services to customers. One review study in Pakistan[35]identified number of factors e.g., low salary, unkempt workplaces, unfair government attitude towards female physicians, workplace harassment, work-family conflicts, and guilt over missing family affairs due to which females leave their careers in dentistry. Female health workers in one qualitative study in Pakistan[36] shared that their work was belittled, and they faced disrespect and harassment in the form of sexual advances and coercion by their male colleagues. In a nutshell, employees appreciate those organizations that provide opportunities for psychological empowerment and work-life balance as it makes them stay committed to organizations they work for, both morally and emotionally.

The last hypothesis related to family systems was not confirmed. Both joint and nuclear family systems in Pakistan have their advantages and disadvantages. The advantage of living in a joint family system to a married working woman is that in-laws can understand her work-commitments and share her household and childcare responsibilities. However, this can take a drastic turn when in-laws are not cooperative and demand working daughter-in-law to do the entire household work herself. This affects her job and she loses concentration and dedication in her work. Similarly, the advantage of nuclear family system is that it gives working woman more independence and she experiences less interference from her in-laws. However, she revisits her career goals when she finds no support at home to share her household burden with and a lack of proper childcare centers in Pakistan[37]. Non-practicing Pakistani female doctors in one study reported that they had decided to leave their career in medicine due to lack of support from home and/or work[38].

Conclusion

WFC and psychological empowerment significantly predicted turnover intentions among married female doctors in Pakistan. No significant differences were found in study variables in terms of family systems. This study had few limitations. Four subscales of psychological empowerment scale were not taken into account at the time of data analyses as they had low internal consistencies. Their inclusion could have helped researchers determine which dimension more impacts turnover intentions. This study did not control the role of demographic variables such as organizational characteristics in regression analysis. This study was delimited to correlational research design, and hence causal relations among study variables cannot be established.

Future Implications

Pakistan developed its first ever national human resources for health vision in 2018 but this vision is not being implemented properly and many doctors working in hospital settings are dissatisfied with their promotions, salaries, incentives, job development opportunities, and conditions at their workplace[39]. The findings of this study have implications for administrators in health sector who can control high attrition rate of married female doctors by enforcing such culturally embedded and flexible human resource management policies that reduce WFC and increase psychological empowerment among them. Human resource managers must foster psychological empowerment in married female doctors by means of an approach that gives them a sense that their work

is valuable and visible, and instill in them a feeling of competence. A cultural change is required in the field of medicine from over-competitiveness and discrimination to one of collaboration, compassion, and adoption of self-care strategies among married female doctors. In future, researchers in Pakistan need to determine which aspect of psychological empowerment i.e., *confidence, meaning, impact, and/or self-determination* as well as the particular field of medicine is significantly related to turnover intentions among married female doctors. Another potential area for research would be to investigate possible mediators and moderators between WFC and turnover intentions among married female doctors.

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Conflict of Interest

None to disclose

Author Contributions

Idea Owner of this Study: Ms. Isra Tariq and Ms. Sara Asad

Study Design: Ms.Isra Tariq and Ms. Sara Asad

Data Collection: Ms. Isra Tariq

Data Analysis/Writing & Submitting Manuscript/ Editing & Approval of Final Draft: Ms. Sara Asad, Ms. Isra Tariq, Ms. Asma Majeed, Dr. UrusaFahim

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