

Work Family Conflicts and Life Satisfaction among Female Health Care Professionals

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Abstract

Background: The idea of work-family conflict (WFC) is becoming more widely accepted every day because the personal and professional lives of people are intertwined. The degree to which a person admires their life is referred to as life satisfaction. The aim of this cross sectional study was to assess the work-family conflicts and life satisfaction among female health care professionals and to assess the relationship among them.

Methods: An observational cross-sectional study was conducted among 104 female health care professionals (female doctors) in three conveniently selected hospitals in Dhaka City for the duration of six months (from December 2024 to May 2025). Data were collected by a simple random sampling technique by face to face interview. The Work-Family Conflict Scale and the Satisfaction with Life Scale were used to assess the level of work family conflicts and life satisfactions among female health care professionals.

Results: The mean score $\pm$ SD of work-to-family conflicts of the respondents was 20.46 ± 4.564 , and the range of scores for work-to-family conflicts was 5 to 35. Mean Score $\pm$ SD of family-to-work conflicts of the respondents was $17.88 \pm (4.735)$, and the score range of family-to-work conflicts was 5 to 31. Almost 53% female health care professionals were satisfied in life, 21.2% were slightly satisfied, while 6.7%, 2.9%, 13.5% and 2.9% were extremely satisfied, neutral, slightly dissatisfied and dissatisfied in life accordingly. Mean score $\pm$ SD of life satisfaction was 25.18 ± 4.778 . There was a statistically significant difference ($P < 0.05$) in work family conflicts and life satisfaction among female health care professionals.

Conclusion: Both work-to-family and family-to-work conflicts are fair for a large percentage of female healthcare professionals. There is a statistically significant negative correlation between work-to-family conflicts and life satisfaction.

Keywords: Work-family conflict, Family-work conflict, Life satisfaction, Health care professionals

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Introduction

In the modern era, people often take on several roles at the same time in various areas, including romantic relationships, family life, work, education, neighborhood, and the broader community. Effectively balancing these different roles can boost self-esteem and increase feelings of fulfillment. This can contribute to personal development as well.^{1,2} But the demands of these different roles can often turn out to be overwhelming, and as a consequence, individuals may face relevant negative effects in life.³ Maintaining different roles might give

rise to conflict among these roles. Research has shown that conflict among some roles is more likely to have a greater negative impact than others. For instance, conflicts arising between work and family roles have been found to impact people more negatively than conflicts among other roles.⁴

Work-family conflict (WFC) is defined as “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is, participation in the work role is made more difficult by virtue of participation in the family role”.⁵

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The degree to which a person admires their life is referred to as life satisfaction. The topic of life satisfaction has drawn more attention in recent decades. Studies have found links of life satisfaction with positive consequences such as health, longer life, social relationships, work output, and so on.⁶ Researchers found in Turkey that the participants' mean SWLS (satisfaction with life scale) in 2020 was 16.85 ± 3.73 . There are several variables that affect life satisfaction.⁷

Maintaining a healthy work-life balance can come with challenges, as individuals must manage both professional and personal responsibilities at the same time.⁸ Healthcare professionals act as a strong pillar of global health systems. But they are exposed to countless challenges, including substantial workloads, irregular schedules, and occupational hazards.^{9,10} Healthcare professionals tend to put their own needs on hold in order to attend to the needs of the patients they care for.⁷

Women are increasingly joining the workforce worldwide, and balancing work and family is a difficult task.¹¹ Women professionals in healthcare often face intense job demands. They are required to interact with patients regularly and work in environments with limited flexibility. In addition to their professional duties, they must also handle household and family obligations, which makes it challenging to maintain equilibrium between work and home life.⁸ Female doctors who have children show their embarrassment if work tasks diverge with mothering tasks. According to studies, married working women are more likely to have plans to leave their jobs if they are unhappy with the child care arrangements at home, receive little or no support from their spouse and family, observe few or no family-friendly policies at work, and have a traditional preference for homemaking. Among married female doctors in Pakistan, turnover intentions were significantly influenced by WFC and psychological empowerment.¹²

During the last few decades, Bangladesh has experienced significant women's participation in its economic growth.¹³ Female participation

in the workforce has increased from approximately 4% in 1974 to a remarkable 36% in 2019.^{14,15} The healthcare industry of Bangladesh has also witnessed an increased number of women participation.

WFC and its effects on life satisfaction among female health care professionals have emerged as a serious public health concern. Employers, healthcare organizations, and policymakers should create family-friendly workplaces, make counseling services easily accessible, support wellness initiatives, and promote clinical supervision in order to improve the emotional and mental well-being of female healthcare professionals. The aim of this study was to assess the work-family conflicts and life satisfaction among female health care professionals'.

Materials and Methods:

A descriptive cross-sectional study was conducted among female health care professionals (female doctors who were doing government or private services considered as female health care professionals in this study) who gave informed consent and worked more than 6 hours per day at Dhaka Medical College, Dhaka, Peoples Hospital Ltd, Khilgoan and Evergreen Hospital, Rayerbagh for six months from December, 2024 - May, 2025. Sample size was calculated by using Cochran's formula ($n = Z^2 \times (SD)^2 / d^2$), and it was 104. A convenient sampling technique was used to select the hospitals, and a simple random sampling technique was used to enroll participants for the study.

Objective of this study was to assess the work-family conflicts and life satisfaction among female health care professionals. Socio-demographic characteristics regarding age, marital status, type of service, field of work (basic subject or clinical subject), type of family, monthly family income, working hours per day, and number of children were collected in a pre tested semi structured questionnaire for statistical analysis. Work and Family Conflict Scale (WAFCS) and Satisfaction with Life Scale (SWLF), these two scales were used to measure the work-family conflict and level of satisfaction of life among the participants.

SPSS software was used for statistical analysis. Mean work to family conflict and family to work conflict was calculated, level of life satisfaction was categorized as dissatisfied, slightly dissatisfied, neutral, slightly satisfied, satisfied, and extremely satisfied. Comparison of work to family conflicts score, and level of life satisfaction was assessed by a one-way ANOVA test.

Data collection tools:

1) Socio demographic Form:

This form contained the personal information of the female healthcare professionals, including socio-demographic variables like age, marital status, type of service, field of work (basic subject or clinical subject), type of family, monthly family income, working hours per day, and number of children.

2) The Work and Family Conflict Scale :

The Work and Family Conflict Scale was a short 10-item measure assessing work-to-family conflict (5 items) and family-to-work conflict (5 items). Respondents were asked to rate their level of agreement with each item on a 7-point scale from 1 (very strongly disagree) to 7 (very strongly agree). For each subscale items were summed to provide the total work-to-family conflict score (range 5-35) and family-to-work conflict score (range 5-35) with higher scores indicating higher levels of conflict.⁵

3) The Satisfaction with Life Scale:

The Satisfaction with Life Scale (SWLS) was developed by Diener et al. It was a 5 point Likert type scale with 5 items, and each item had a 7-point scale from 1 (strongly disagree) to 7 (strongly agree).⁷ The score ranged from 5 to 35. Scores of 5-9 indicated the respondents were extremely dissatisfied with life, and the respondents who scored between 10-15 signified dissatisfied with life. The respondents with a score of 15-19 indicated slightly dissatisfied with life, scores between 20-24 indicated slightly satisfied with life, scores between 25-29 indicated satisfied with life, and scores between 31-35 indicated extremely satisfied.¹²

Results:

This cross-sectional study was carried out among 104 female healthcare professionals to

assess the status of work family conflicts and life satisfaction. Detailed results are described below.

Table-I

Distribution of the respondents by socio-demographic characteristics (N=104)

Attributes	Frequency (n)	Percentage (%)
Age (Years)		
≤35	10	9.6
>35	94	90.4
Mean (±SD) = 40.85± (5.114) Minimum=26 years, Maximum=64 years		
Marital status		
Married	98	94.2
Unmarried	6	5.8
Service Types		
Government	73	70.2
Private	31	29.8
Field of work		
Basic Subject	77	74
Clinical Subject	27	26
Types of family		
Nuclear family	69	66.3
Joint family	35	33.7
Monthly family income (Tk.)		
≤50000	3	2.9
50001-100000	26	25
≥100001	75	72.1
Duration of work (hours)		
6 to 8	91	87.5
9 to 12	12	11.5
> 12	1	1
Number of children		
0	7	6.7
1 to 2	77	74
≥3	14	13.5
Not applicable	6	5.8

Among 104 respondents, 94 (90.4%) participants were older than 35 years and only 10 (9.6%) were 35 years or younger. Mean age $\pm$ (SD) was 40.85 $\pm$ 5.114 years. Most of the participants were married 98 (94.2%). The majority of the respondents, 73 (70.2%), were employed in government services and most participants, 77 (74%), were engaged in basic (non-clinical) subjects. Two-thirds of the respondents, 69 (66.3%), lived in nuclear families. The majority, 75 (72.1%) of the participants had a monthly family income of Tk. 100,001 or more, and the vast majority, 91 (87.5%), worked 6 to 8 hours per day. Most of the respondents, 77 (74%), had 1 to 2 children, as stated in Table I.

Table II represents the mean score $\pm$ SD of work-to-family conflicts of the respondents was 20.46 $\pm$ (4.564), and the mean score $\pm$ SD of family-to-work conflicts of the respondents was 17.88 $\pm$ (4.735). According to the satisfaction with life scale, the majority, 55 (52.9%) of respondents were satisfied with life, 22 (21.2%) were slightly satisfied, 14 (13.5%) were slightly dissatisfied, 7 (6.7%) were extremely satisfied, 3 (2.9%) were

neutral, and another 3 (2.9%) were dissatisfied with life.

Table-II

Distribution of the respondents according to work to family conflicts, family to work conflicts, and life satisfaction scale (N=104)

Attributes	Score	
Work to family conflicts		
Mean Score $\pm$ SD	20.46 $\pm$ (4.564)	
Minimum score	5	
Maximum score	35	
Family to work conflicts		
Mean Score $\pm$ SD	17.88 $\pm$ (4.735)	
Minimum score	5	
Maximum score	31	
Life satisfaction	Frequency	Percentage
Dissatisfied	3	2.9
Slightly dissatisfied	14	13.5
Neutral	3	2.9
Slightly satisfied	22	21.2
Satisfied	55	52.9
Extremely satisfied	7	6.7

Table-III

Comparison of demographic variables with work-to-family conflicts (N=104)

Variables	Mean score $\pm$ SD	One way ANEOVA		
		F	df	P
Family Income				
$\leq$ 50000 Tk	18.33 $\pm$ 4.041	4.109	2	0.019
50001 to 100000 Tk	22.58 $\pm$ 5.037			
$\geq$ 100001Tk	19.81 $\pm$ 4.219			
Age				
$\leq$ 35 years	23.70 $\pm$ 5.755	5.831	1	0.018
> 35 years	20.12 $\pm$ 4.315			
Number of children				
0 (Zero)	21.29 $\pm$ 4.231	0.652	3	0.583
1 to 2	20.69 $\pm$ 4.187			
$\geq$ 3	19.64 $\pm$ 6.778			
Not applicable	18.50 $\pm$ 3.674			
Marital status				
Married	20.58 $\pm$ 4.601	1.178	1	0.280
Unmarried	18.5 $\pm$ 3.674			

Table III shows that there was a statistically significant difference between family income and work-to-family conflicts score (one-way ANOVA, $P = 0.019$). Specifically, individuals with a family income between 50,001 and 100,000 tk reported a higher work-to-family conflicts score. The respondents ≤ 35 years experienced a higher score of work-to-family conflicts than the respondents > 35 years, and the difference was statistically significant (One way ANOVA, $P = 0.018$). The respondents with zero children and ≤ 3 children experienced a higher WFC score. Married respondents observed a higher

score of work-to-family conflicts compared to unmarried respondents.

Table IV presented that the respondents with family income ≤ 50000 Tk had a higher family-to-work conflicts score compared to other income groups. A statistically significant difference (one-way ANOVA, $P = 0.003$) was observed between age groups and family-to-work conflicts score. Respondents with no children observed a higher FWC score. Married individuals observed a higher family-to-work conflicts compared to unmarried individuals, and the difference was statistically significant (one-way ANOVA, $P = 0.048$).

Table-IV

Comparison of demographic variables with family-to-work conflicts (N=104)=

Variables	Mean score $\pm$ SD	One way ANOVA		
		F	df	P
Family income				
≤ 50000 Tk	19.33 $\pm$ 5.859	1.367	2	0.26
50001 to 100000 Tk	19.08 $\pm$ 5.184			
≥ 100001 Tk	17.4 $\pm$ 4.514			
Age				
≤ 35 years	22 $\pm$ 4.190	9.053	1	0.003
> 35 years	17.44 $\pm$ 4.594			
No. of children				
0 (Zero)	20.86 $\pm$ 5.928	2.246	3	0.088
1 to 2	17.94 $\pm$ 4.381			
≥ 3	17.64 $\pm$ 5.611			
Not applicable	14.17 $\pm$ 4.119			
Marital status				
Married	18.1 $\pm$ 4.694	4.02	1	0.048
Unmarried	14.17 $\pm$ 4.119			

Table-V

Comparison of work-to-family conflicts score with life satisfaction (N=104)

Life satisfaction	Mean score $\pm$ SD	One way ANOVA		
		F	df	P
Dissatisfied	20.33 $\pm$ 0.577	2.503	5	0.035
Slightly dissatisfied	23.07 $\pm$ 4.376			
Neutral	20.33 $\pm$ 3.055			
Slightly satisfied	21.50 $\pm$ 3.937			
Satisfied	19.89 $\pm$ 4.302			
Extremely satisfied	16.57 $\pm$ 7.185			

There was a statistically significant difference (one-way ANOVA, $P = 0.035$) in work-to-family conflicts score and the level of life satisfaction, as stated in Table V.

Table-VI
Comparison of family-to-work conflicts score with life satisfaction (N=104)

Life satisfaction	Mean score $\pm$ SD	One way ANOVA		
		F	df	P
Dissatisfied	21 $\pm$ 4.359			
Slightly dissatisfied	19 $\pm$ 4.169			
Neutral	16.33 $\pm$ 2.309	2.989	5	0.015
Slightly satisfied	20.14 $\pm$ 5.427			
Satisfied	17.09 $\pm$ 4.313			
Extremely satisfied	14 $\pm$ 4.203			

A statistically significant difference (one-way ANOVA, $P = 0.015$) was present between family-to-work conflicts score and the level of life satisfaction, as stated in Table VI.

Discussion:

The purpose of this study was to assess the status of work-to-family conflicts, family-to-work conflicts, and life satisfaction among female healthcare professionals. This study was conducted in three hospitals in Dhaka city. In a nation like Bangladesh, women in healthcare play a significant role in both the workplace and the residence. To preserve life satisfaction, it is crucial to strike a balance between job and family.

The mean age $\pm$ (SD) of the respondents of this study was 40.85 $\pm$ 5.114 years. In another study, the mean age was slightly higher, which was 43.21 $\pm$ 8.07 years.¹⁷ This study represents the mean score $\pm$ SD of work-to-family conflicts of the respondents, which was 20.46 $\pm$ (4.564). Similarity was found in another study where the mean score $\pm$ SD of WFC was 20.09 $\pm$ 5.62. The mean score $\pm$ SD of family-to-work conflicts of the respondents was 17.88 $\pm$ (4.735). On the other hand, dissimilarity was found in another study where researchers found the mean score $\pm$ SD of FWC was 14.71 $\pm$ 7.14 among nurses.¹⁹ This dissimilarity may be due to the difference in the place of the study.

The current study revealed that the mean score $\pm$ SD of life satisfaction was 25.18 $\pm$ 4.778. SWLS scores were found to be 16.85 $\pm$ 3.73 in a study conducted in Turkey.⁷ Researchers found that among India's insolvent population, the mean

global life satisfaction was only 4.27 $\pm$ 3.19.¹⁸ The mean life satisfaction scores of doctors were 29.23 in another study conducted in Bangladesh.¹⁶ The mean scores of the participants on the scales were 24.15 (SD = 6.48) for life satisfaction.¹⁹

There were variations among scores of life satisfaction in different studies. Several factors may contribute to this variation. Differences in socioeconomic status, cultural values, overall living conditions, etc., may contribute to satisfaction in life. Financial hardship may also contribute to the life satisfaction score, as India's insolvent group represents a low life satisfaction score.¹⁸ As a profession doctors often have higher income, dignity, and a better lifestyle, that contribute to a high life satisfaction scores.

In the present study, there was no statistically significant difference found with number of children of the respondents and WFC. Also, there was no statistically significant difference in the number of children and FWC. While a study revealed that, the number of children had a significant impact on WFC ($p < 0.05$) among doctors.¹⁶

There was no significant difference present in marital status and WFC of the respondents in this study, but the WFC score was higher among married respondents. A study was conducted in Finland, which revealed that there was no significant difference present between marital status and WFC in employed person.¹⁷ But another study revealed a statistically significant difference (one-way ANOVA, $P < 0.01$) in marital

status and WFC among female doctors.¹⁶ As married individuals have greater family responsibilities and female doctors have to balance their hectic workload, marital status may influence the WFC score.

The present study revealed that the WFC score was higher (23.07 ± 4.376) among the respondents who were slightly dissatisfied with life. WFC score was 21.50 ± 3.937 among respondents who were slightly satisfied with life. WFC score was the same, that is 20.33 ± 0.577 in case of the respondents who were neutral and dissatisfied with life. Respondents who were satisfied with life had a WFC score of 19.89 ± 4.302 . A statistically significant difference was present between the WFC score and the level of life satisfaction (one-way ANOVA, $P = 0.035$). Work-to-family conflict plays an important role in the life satisfaction of female healthcare professionals.

In this study the respondents who were dissatisfied with life had a higher (21 ± 4.359) family-to-work conflict score in comparison to slightly satisfied (score 20.14 ± 5.427) and slightly dissatisfied (score 19 ± 4.169). The FWC score was 17.09 ± 4.313 , 16.33 ± 2.309 , and 14 ± 4.203 among the respondents who were satisfied, neutral, and extremely satisfied with their lives, respectively. The differences in life satisfaction with the mean score of FWC was statistically significant (one-way ANOVA, $P = 0.015$). There was a similarity in another study, which reported that the comparison of WFC and FWC with life satisfaction among doctors was statistically significant ($p < 0.01$).¹⁶ Family-related responsibilities and pressure may influence work and also have an important role in the life satisfaction of female healthcare professionals.

Conclusion:

This study revealed the large impact of work-to-family and family-to-work conflicts on the life satisfaction of female healthcare professionals. The findings demonstrate a negative relationship between work-to-family conflict and the life satisfaction, emphasizing the importance of maintaining a healthy balance between professional and family responsibilities. Further research should be

conducted to reduce work-family conflicts and to increase the life satisfaction of female healthcare professionals.

Recommendations:

This study was conducted only on female healthcare professionals; it should include both male and female healthcare professionals. Only urban situations were included in this study, both urban and rural areas would be included. Clinical and non-clinical female doctors were included in this study; their work load and life satisfaction are different so a comparative cross sectional study would be done between them. Other professions should also be included for further study. According to this study, policies and organizational support are crucial for preserving work-life balance.

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Conflict of Interest:

The authors declare that there is no conflict of interests regarding the publication of this paper.

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