

Work Life Balance among Medical Doctors of Selected Teaching Hospitals of Kathmandu

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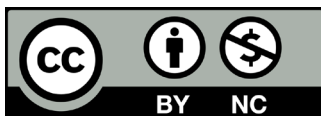
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ABSTRACT

Introduction: Work-life balance among doctors impacts personal and professional growth, patient care, and hospital performance. Since there are noticeably few studies assessing the same, this study aims to assess the work-life balance among medical doctors working in selected teaching hospitals of Kathmandu.

Methods: A cross-sectional descriptive study was conducted among medical doctors in Nepal, involving 372 participants. Self-administered survey questionnaires were used for data collection during the study period from March 15, 2022, to July 20, 2023. The collected data underwent manual editing and coding before being transferred to SPSS for analysis. Ethical clearance was obtained from IIHMR University, India, and NHRC, Nepal.

Results: The study highlights diverse effects of personal life on work, with a median score of 10 within 4 to 20 range. "Work/personal life enhancement" shows moderate balance (median 12.00) within 4 to 20 scores. "Work interference with personal life" has median 25.00, impacting life across 7 to 35 scores. This insight has implications for personal-professional life, patient care, and hospital performance.

Conclusion: Study showed the requirement to manage job demands for preventing burnout and fostering a healthier work-life balance. Prioritizing initiatives addressing identified work-life conflicts within the medical profession will enhance and promote a more balanced and effective work environment.

Keywords: Medical doctors; Teaching hospital; Work-life balance.

INTRODUCTION

Work-life balance is "the state of less role conflict with better satisfaction and good functioning at work and home".¹ Although a well-respected profession, medicine can be demanding; doctors must put in long hours, make difficult choices when faced with ambiguity, and manage death and suffering while preserving compassion leading to upheavals in their work-life balance.²

Medical professionals experience high workloads that are linked to poor work-life balance, decreased job and life satisfaction, which has a detrimental impact on patient's safety and raises the risk of medical errors.³ The grade of patient care, performance and productivity

of the hospital, along with the doctors' personal and professional lives, are all improved by work life balance among doctors employed in hospitals.⁴ There are surprisingly few studies that deal with work-life balance among doctors in Nepal. This study therefore aims to assess the work-life balance of medical doctors working in Kathmandu's teaching hospitals.

METHODS

A cross-sectional descriptive study was conducted among Nepalese medical doctors practicing in selected

5 different teaching hospitals of Kathmandu Valley, Nepal, which took place from 15 March 2022 to 20 July 2023, following the ethical clearance from Nepal Health Research Council (NHRC) (ref no: 3650). The study included registered Nepalese doctors practicing in teaching hospitals. Based on the sample size formula for known population, $n = \frac{no}{1 + (no - 1)/N}$ where, N = total population and $no = \frac{(z^2 \times p \times q)}{e^2}$ where again, $z = 1.96$ at 95% CI, $p = 50\%$, $q = 1 - p$, $e =$ margin of error i.e., 5%, our sample size landed up to 261. Taking into account the non-response error of 30%, the total sample landed up to 372. Total list of doctors were prepared from each hospital. A predesigned questionnaire of work life balance was adopted,⁵ which was originally designed and used by Hayman in 2005.⁶ The scores from the questionnaire were converted into percentile ranks, where 50th percentile (median) was taken to distinguish between poor and good results work-life balance. In a study done to assess for work-life balance in Jordan, median was used for the same purpose.⁷ For classification difficulties, applying the median as a cut-off point can be a reasonable strategy as cited by researchers.^{8,9}

RESULTS

Among 372 respondents, analysis reveals gender distribution and marital status, with 206(55.38%) male and 166(44.62%) females. More than half i.e 212(57%) are married, while 7(1.9%) are divorced, 2(0.5%) are separated, and 151(40.6%) were never married. Further data shows the mean monthly income at NRs. 52,968.19, job experience averages at 8.15 years (± 7.072 SD), and ages range from 23 to 66 years (Table 1).

Variable	Category	Frequency	Percentage
Sex	Male	206	55.38
	Female	166	44.62
Marital Status	Currently married	212	57
	Divorced	7	1.9
	Separated	2	0.5
	Never married	151	40.6
Monthly Income	Mean \pm SD = 52968.19 \pm 43826.563 Minimum= 12000 Maximum= 500000		
Job experience	Mean \pm SD = 8.15 \pm 7.072 Minimum= 1 Maximum= 41		
Age	Mean \pm SD = 32.9 \pm 7.685 Minimum= 23 Maximum= 66		

A significant portion of respondents strongly feel the impact of hospital work on their personal lives, with 117(31.5%) agreeing that their personal lives suffer due to work commitments. Additionally, 71(19.15%) strongly agree that their jobs make their personal lives challenging. Conflict between professional and personal responsibilities is suggested by 63(16.9%) occasionally neglecting family needs and 94(25.3%) putting their personal lives on hold for hospital work. The data also shows that 113(30.4%) strongly agree on missing out on personal activities due to work, and 98(26.3%) express strong dissatisfaction with the available time for non-work activities, highlighting potential challenges in achieving a satisfactory work-life balance (Table 2)

Table 2: Work interference with personal life

State-ments	Strongly disagree	Disagree	Uncer-tain	Agree	Strongly agree
Personal life suffers because of hospital work	44 (11.8%)	32 (8.6%)	59 (15.9%)	120 (32.2%)	117 (31.5%)
Job makes personal life difficult	29 (7.8%)	56 (15%)	91 (24.5%)	125 (33.6%)	71 (19.1%)
Neglect family needs because of hospital work	38 (10.2%)	39 (10.5%)	106 (28.5%)	126 (33.9%)	63 (16.9%)
Put personal life on hold for hospital work	31 (9.1%)	49 (8.6%)	84 (15.9%)	114 (36%)	94 (30.4%)
Miss personal activities because of hospital work	34 (9.1%)	32 (8.6%)	59 (15.9%)	134 (36%)	51 (25.3%)
Struggle to juggle work and non-work	21 (5.7%)	66 (17.7%)	96 (25.8%)	138 (37.1%)	51 (13.7%)
Happy with the amount of time for non-work activities	98 (26.3%)	109 (29.3%)	96 (25.8%)	56 (15.1%)	13 (3.5%)

Notably, 44(11.8%) participants strongly agree and 66(17.8%) agree that their personal life drains their energy for hospital and 28(7.5%) strongly agree to feeling tired to be effective at work. Few i.e 13(3.5%) participants believe that their work suffers due to personal life, and 9(2.4%) find it hard to work because of personal matters. (Table 3).

Table 3: Personal life interference with work

State-ments	Strongly disagree	Disagree	Uncer-tain	Agree	Strong-ly agree
Personal life drains me of energy for hospital work	92 (24.7%)	97 (26.1%)	73 (19.6%)	66 (17.8%)	44 (11.8%)
Too tired to be effective at hospital	59 (15.9%)	119 (32%)	86 (23.1%)	80 (21.5%)	28 (7.5%)
My work suffers because of my personal life	100 (26.9%)	139 (37.4%)	66 (17.7%)	54 (14.5%)	13 (3.5%)
Hard to work because of personal matters	90 (24.2%)	158 (42.5%)	67 (18.0%)	48 (12.9%)	9 (2.4%)

In terms of personal life energizing job performance, 63(16.9%) participants strongly agree on the same. Regarding jobs energizing personal activities, uncertainty prevails in almost a third of respondents while a small segment agrees. In terms of mood, 111(29.8%) are uncertain about personal life's impact on hospital mood while agreements are also evident. Regarding hospital work's influence on mood, there's a mixture of agreement of little more than a third of respondents agreeing on the same statement contrastingly similar proportion expressed disagreement too. (Table 4).

The median values indicate moderate levels on average, suggesting a nuanced scenario where individuals experience a mix of both positive and negative impacts between their work and personal lives. The range between the minimum and maximum values underscores the diversity of experiences within the group (Table 5).

Table 4: Work personal life enhancement

State-ments	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
Personal life gives me energy for job	26 (7.0%)	54 (14.5%)	96 (25.8%)	133 (35.8%)	63 (16.9%)
Job gives me energy to pursue personal activities	70 (18.8%)	78 (21%)	113 (30.4%)	92 (24.7%)	19 (5.1%)
Better mood at hospital because of personal life	40 (10.8%)	49 (13.2%)	111 (29.8%)	127 (34.1%)	45 (12.1%)
Better mood because of my hospital work	76 (20.4%)	65 (17.5%)	138 (37.1%)	78 (21%)	15 (4%)

Table 5: Overall work-life balance

Statements	Median	Maxi-mum	Mini-mum	25th per-centile	75th per-centile
Personal life interference with work	10.00	4	20	7.00	13.00
Work/personal life enhance-ment	12.00	4	20	10.00	14.00
Work interfe-rence with personal life	25.00	7	35	19.00	29.00

Based on the median score, over half of respondents i.e 208(55.9%) grapples with personal matters affecting work, and an equal portion of 208(55.9%) experience work obligations encroaching on their personal lives. Additionally, 204(54.8%) participants a lack of positive connection between their work and personal life (Table 6).

Table 6: Level of work-life balance

Characteritics	Frequency
Personal life interference with work	208 (55.9%)
Poor work/personal life enhancement	204 (54.8%)
Work interference with personal life	208 (55.9%)

DISCUSSION

The demographic profile of the 372 individuals in this study offers valuable insights. The relatively balanced distribution of sexes (55.38% male, 44.62% female) offers a diverse representation, shedding light on gender dynamics in the medical profession. Similar results were found in a study in Jordan (52% male, 48% female).¹⁰ Additionally, a majority of participants (57%) being married suggests potential implications for work-life balance and job commitments, as indicated by challenges identified in studies from Ethiopia and Saudi Arabia.^{11, 12} The presence of individuals who are divorced/separated, though small in number, underlines the importance of considering personal life circumstances when assessing the well-being and job satisfaction of medical professionals. Over half of the participants in this study reported personal life interference with work, indicating a significant impact on work effectiveness. Similar findings were observed in Australia and New Zealand, where nearly half felt family responsibilities affected their work.¹³ In the current study, 55% felt work interfered with their personal life, potentially leading to stress and burnout. Interestingly, this contrasts with the study conducted in Australia and New Zealand where three-fourths reported work demands affecting family life; however, that study focused only on female doctors.¹³

The concept of "Poor work/personal life enhancement" highlights a lack of synergy between one's job and personal life, potentially leading to dissatisfaction and a sense of imbalance. In a Jordanian study, 62.9% experienced work-life conflict, with 39% facing frequent work intrusion into personal lives, slightly less than our study.⁷ Personal life suffering due to work (63.2%) and work making personal life difficult (61%) were also prevalent, slightly higher than our study.⁷ Negative work-personal life enhancement was reported by 37%, slightly less than in our study.⁷ This suggests that physicians in our context may face greater challenges in maintaining work-life balance compared to Jordanian physicians. More than half of U.S. physicians are experiencing professional burnout and work-life balance dissatisfaction, a situation similar to Nepal.^{14, 15} A Sri Lankan study found a moderate level of work-life balance with an overall mean score of 3.93.¹⁶ This study was conducted in a limited number of teaching hospitals in Kathmandu within a specific timeframe. Therefore, the findings may not be widely applicable. Additionally, reliance on self-reported questionnaires raises concerns about credibility that cannot be entirely dismissed.

CONCLUSION

The study provides fair gender representation, revealing complex gender dynamics in the medical profession. Over half of participants reported personal lives impacting job performance, emphasizing the crucial link between well-being and work effectiveness. Acknowledgment of work-life conflict by more than half emphasizes the need to manage work demands to prevent burnout and enhance work-life balance. The concept of poor work/personal life optimization highlights the significance of cultivating a harmonious integration of these two aspects of life among medical doctors.

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