



RESEARCH PAPER

The Work-Life Balance between the Professional and Private Life of Married Female Doctors of DHQ Sargodha

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ABSTRACT

The aim of this study is to find work-life balance between professional and personal life of married women doctors who are employed at the District Headquarters (DHQ) Hospital in Sargodha. A quantitative research design was employed in order to gather data on 100 female doctors who were married, and this was done by the use of a structured self-administered questionnaire. The research was conducted to evaluate the perception of work-life balance, find out the factors that influence it, determine the level of awareness, and analyze the family, spousal support, and institutional policy. SPSS was used to carry out descriptive and correlational analyses. The results are that the majority of the respondents are characterized by satisfactory awareness of the work-life balance and moderate satisfaction with the flexible working hours, the workplace environment, and the family support. Nevertheless, the results of correlation indicate the absence of statistically significant values between stress, work-related issues, spousal support, and perceived work-life balance. The paper presents the necessity of more institutional policies, work flexibility, and mental health services to improve the work-life balance among female medical practitioners.

KEYWORDS Work Life, Private Life, Balance, Socioeconomic Status, DHQ Sargodha

Introduction

The work-life balance is, thus, a sound exercise that remains quite challenging for female doctors and mothers to maintain at any given instance, particularly as they juggle their careers and families (Akanji et al., 2020). These women are hurried by work pressure especially in the healthcare sector, working long hours, and are in touch with many patients and have rigid working conditions (Ahmed, et. al., 2015; Castles et al., 2021). These professional pressures are shifted with their family responsibilities thus creating sharply defined working and family roles. This imbalance is due to the fact that it is quite hard to balance between a career and domestic work since women especially those of the younger generation are still expected to work as house wives while completing their careers (Dhingra & Dhingra, 2021). The research in view aims at establishing the causes for this work-life imbalance among female doctors with a focus on Pakistan.

Traditionally, doctors have been characterized by the work overload and devotion to the patients' needs that may overshadow the doctors' interests and responsibilities toward their families (Dousin et al., 2022). This model used to work well in the past when most of the doctors are male and the female counterparts stayed at home to take care of the children. This combined with the increase of the female sex in medical

profession resulted into conflict between work and family responsibilities (Liu et al., 2021). It is an important issue especially in countries such as Pakistan and other countries that practice Islamic religion, this area is still largely uninvestigated. The objective of the study is to determine the relevance of work life balance among the female doctors in Pakistan, examine various barriers that hinder the female doctors from balancing their work and personal life and come up with possible remedies to make this balancing process easier (Mone et al., 2019).

Work-life balance therefore is the way through which individuals are able to juggle between their working life and personal life and have quality and satisfying life (Parida et al., 2023). This balance is considered to be very important for two reasons – people have to devote their time to employment and also do not need to be unhappy in their self-life. The issue of work-life conflict was first discussed by the scientific community in the 1960s and, at that time, the conflict was noted to have a positive impact on an individual's family life (Raffi et al., 2020). First of all, one of the most important aspects of improving the work-life balance is flexibility at work that enables the workers to decide when to start the tasks, when to complete them as well as how many time they are to spend on it (Rao & Shailashri, 2021).

Most marked by industrialization and urbanization especially after the Second World War, there has been enhancement of both male and female employment hence boosting the employment of two income earners families (Akanji et al., 2020). These households are usually depend on care from other female members of the family who do not work for income earning activities (Castles et al., 2021). However, family-based source of care has reduced over the years because of factors like rural-to-urban drain, need to earn an income. This has resulted into what is called work-family conflict whereby the demands of work are in conflict with the demands of the family hence denying one a chance to meet the demands of the other. As evidenced by the literature, working long hours is a major source of work-family conflict, hence the need for measures to enhance work life balance (Dhingra & Dhingra, 2021; Dousin et al., 2022; Liu et al., 2021).

In Pakistani context it has been established that job development opportunities, managerial support, working environment, rewards, and work-life policies are influential retention factors (Mone et al., 2019). People working at the organization need a higher standard of living which includes not just income but most importantly time and money for their families. They require cheap child care, education and in general equal rights for employment hence freer opportunities to practice their hobbies and interests. Maintaining this balance between work and home life is very critical for ones well-being (Parida et al., 2023).

For women, work life balance means opportunity to organize their employment and personal lives in a healthy and harmonically way. Analyses of productivity levels in work organizations show that work-life balance also affects it greatly (Raffi et al., 2020). There is a positive correlation between the optimal balance of working and personal life with satisfaction at work, dedication and staking higher chances of success in the careers among women. On the other hand, where women are unable to balance between their careers and families they are likely to be forced out of their places of work (Rao & Shailashri, 2021). But with correct encouragement and changes, women are capable to show their abilities at their best. With education on the increase and corporate openings available for women and men alike, both genders require a clear method for controlling

working hours with one's personal life effectively to be able to live a productive life with equal opportunity for relationships (Arshad et al., 2022).

The two constructs that define the model; work – family conflict, and family – work conflict, both relate to pressure arising from the attempt to balance between working responsibilities and family obligations (Azzam et al., 2023). Such battles are emerging clearly more than before especially because work and family responsibilities are extending their claim on attention (Dhingra & Dhingra, 2021). Societal prescriptions of motherhood make it difficult for women to balance between work and family responsibilities on one hand and on the other hand, provide for themselves and maintain their careers while at the same time being expected to be intensively parenting for their children (Fatima et al., 2024; Fukuzaki et al., 2023). Other issues arising to women with employment include; access to proper and affordable childcare and eldercare.

Concisely, female doctors have many adversities in finding an appropriate balance between work and family, especially given conditions of the country such as Pakistan (Humphries et al., 2020). The purpose of this research is to determine the causes of work-life imbalance amongst Female Doctors working in Pakistan and finding ways to improve work-life balance in her life. It is therefore important that these challenges are addressed in order to improve the quality of life of female doctors, increase their level of job satisfaction and make them more productive at work as well as at home.

Literature Review

The concept of work-life balance (WLB) has become one of the topical issues of medical professionals, especially female doctors, as medical practice is highly demanding, and gender expectations are still present in terms of family life. Work-life balance is a concept that indicates the possibility of an individual to efficiently balance professional tasks and personal and family life and, in this way, be psychologically well and find satisfaction in life (Parida et al., 2023). Early academic debates on work-life conflict emphasized the adverse role of conflict between the demands of work and family spheres on personal well-being, productivity, and job satisfaction (Raffi et al., 2020). These issues are especially hard to manage in the healthcare environment where long hours of work, emotional work, and strict schedules put additional pressure on both women and men, making work-life balance particularly a challenge (Castles et al., 2021).

Some of them also reported that female physicians have a greater work-family conflict than males, mostly because of conventional caregiving norms and a lack of institutional adaptability (Dousin et al., 2022; Liu et al., 2021). Traditionally, the system of the medical profession has been designed to have male doctors whose wives took care of the home and children. Nevertheless, with the growing number of women in the medical field, this paradigm has been broken, which has increased the conflict between work and home (Akanji et al., 2020). It has been shown that young female physicians and doctors in the initial years of their careers experience more stress because they have to build careers and marry at the same time as they have to attend to children (Dhingra & Dhingra, 2021).

Organizational aspects have a determining role in determining the work-life balance outcomes. Such factors as flexible working hours, supportive management, fair workplace culture, and family friendly policies were found to be important factors in enhancing work-life balance and job satisfaction in female healthcare workers (Rao and Shailashri, 2021; Mone et al., 2019). On the other hand, stress and burnout, as well as

lower retention rates in female physicians, are also associated with poor institutional support (Humphries et al., 2020). The research carried out in developed and developing nations also indicates that despite more healthcare organizations starting to take work-life balance seriously, they do not introduce effective policies (Mordi et al., 2023; Azzam et al., 2023).

There is also a massive effect of family and spousal support on women and whether they can manage to balance work and personal life. There is empirical evidence that emotional, practical, and financial support provided by the spouse and the extended family can moderate the stress levels and improve coping styles among working women (Raffi et al., 2020; Rao and Shailashri, 2021). According to scholars, however, family support cannot counteract the lack of organizational support, especially in highly-stressful careers, like medicine (Liu et al., 2021). The availability of affordable daycare services and a family-sharing problem are also chronic problems that may enhance the conflict between work and family among the female doctors (Fukuzaki et al., 2023).

The literature on work-life balance in female doctors in the Pakistani setting is also sparse, although the nation has a high level of sociocultural pressure on the role of women at home. According to available research, policies of work-life balance, managerial support, existence of career development opportunities, and professional environment influence the retention and job satisfaction of female healthcare professionals in Pakistan to a significant extent (Arshad et al., 2022; Mone et al., 2019). Moreover, the socio-cultural beliefs about motherhood and child care tend to increase the burden on employed women, and they can more challenge the challenges of developing professionally and maintaining family commitments (Fatima et al., 2024). These literature gaps highlight the necessity of localized empirical investigations that will explore dynamics of work-life balance among married female Pakistani doctors in the field of health care especially in state-run institutions.

Hypotheses

H01: The absence of high-quality personal time is significantly correlated with elevated stress levels among female physicians.

H02: Work-life balance and work-related challenges are strongly interconnected for female doctors.

H03: Spousal support plays a notable role in the work-life balance of female medical practitioners.

Material and Methods

This paper adopts a quantitative research strategy to capture and compare work-life balance of the female doctors depending on the identified determinants and relations that are amenable to quantification and aggregation. Survey design was adopted for this study, population of marital female doctors at DHQ Sargodha was considered for sampling and in order to make its results generalizable a cluster sampling technique was used. The data were collected by using self-administered questionnaire having Shapero's Likert scale questions from 100 respondents. Smart sampling was applied due to the pre-testing done which is aimed at identifying question ambiguity and sample size reduction. Quantitative data was analyzed by using statistical techniques such as univariate analysis and descriptive analysis while qualitative data was analysis by coding and

entering the data into Statistical Package for the Social Sciences (SPSS). The following ethical issues were fundamental; consent, privacy and the conformable response of respondents. The study also minimized the use of personal identifiers and kept the subjects well informed of the nature of the study, their right to withdraw from the study and how the result of the study would be utilized. The study followed the set research ethics standards in order to safeguard the participants' rights of participation and safeguard the study.

Table 1
Demographic Characteristics of Respondents

Demographic Category	Category Range	Frequency	Percentage (%)
Age	20 to 30 years	36	36.0
	31 to 40 years	27	27.0
	41 to 50 years	27	27.0
	More than 51 years	10	10.0
Residential Area	Urban	80	80.0
	Rural	20	20.0
Designation	House officer	25	25.0
	Medical officer	40	40.0
	Postgraduate trainee	35	35.0
Specialization	Surgeon	25	25.0
	Cardiology	42	42.0
	Orthopedic surgeon	20	20.0
	Pediatrics	11	11.0
Income (Monthly)	45,000 to 55,000 PKR	2	2.0
	56,000 to 75,000 PKR	37	37.0
	76,000 to 85,000 PKR	46	46.0
	More than 86,000 PKR	15	15.0
Work Experience	6 to 12 months	11	11.0
	1 to 2 years	35	35.0
	3 to 4 years	45	45.0
	More than 4 years	9	9.0
Number of Children	1 to 2	23	23.0
	3 to 4	48	48.0
	More than 5	22	22.0
	None	7	7.0
Number of Family Members	2 to 6	24	24.0
	7 to 11	58	58.0
	12 to 16	17	17.0
	More than 16	1	1.0
Husband's Occupation	Physician	17	17.0
	Businessman	54	54.0
	Government servant	26	26.0
	None	3	3.0
Husband's Monthly Income In PKR	45,000 to 55,000	14	14.0
	56,000 to 75,000	35	35.0
	76,000 to 85,000	41	41.0
	More than 85,000	10	10.0

This table provides with the demographic information of the respondents. Most of the respondents are young, 36% of them are aged 20-30 while 54% are aged 31 – 50. Majority, specifically 80% of the respondents, live in urban areas to show predisposition of clinic and other related medical facilities in the urban centers. As for the occupational status, 40% of the participants are Medical Officers and 35% – are Postgraduate Trainees. When it comes to the focus area, the majority (42%) focus on cardiology, while others are surgeons (25 per cent), orthopedic surgeons (20 per cent) or pediatricians (11 per cent). Around 46% of the respondents' monthly income varies between PKR76000 to PKR85000 per month, more than half of the respondents (45%) of them have work experience of 3

to 4 years. On the personal front 48 percent have between 3 and 4 children and 58 percent have family sizes of 7 to 11 and this contributes to large family sizes hence increase in work to family conflict. Majority of the respondents' husbands are business person (54%) most of whom have income ranging between 76000-85000 PKR (41%). All in all, the evidences disclosed that these female doctors, mainly coming from the early-middle of the career, are handling heavy career responsibilities along with equally immense family responsibilities that may have implications on the work-life conflict.

Table 2
Perception about Work Life Balance

Category	Sometimes	Rarely	Never
Missing out on Quality Time with Family	20 (20.0%)	47 (47.0%)	33 (33.0%)
Issues at Work Make Me Cranky at Home	22 (22.0%)	54 (54.0%)	24 (24.0%)
Family Matters Reduce Time for Work	25 (25.0%)	56 (56.0%)	19 (19.0%)
Unable to Spend Enough Time with Family	21 (21.0%)	53 (53.0%)	26 (26.0%)
Finding Time for Hobbies is Difficult	24 (24.0%)	53 (53.0%)	23 (23.0%)
Can't Get Proper Rest Due to Family Issues	21 (21.0%)	45 (45.0%)	34 (34.0%)
Think or Worry About My Job	28 (28.0%)	50 (50.0%)	22 (22.0%)
Think About Reducing Work Hours/Stress	37 (37.0%)	47 (47.0%)	16 (16.0%)
Try to Balance Work and Private Life	54 (54.0%)	43 (43.0%)	3 (3.0%)
Hard to Relax and Forget Work Issues	16 (16.0%)	42 (42.0%)	42 (42.0%)
Family Issues Distract from Work	18 (18.0%)	48 (48.0%)	34 (34.0%)
Doctors Expected to Prioritize Job Over Family	17 (17.0%)	62 (62.0%)	21 (21.0%)
Working Involves a Lot of Time Away from Home	35 (35.0%)	57 (57.0%)	8 (8.0%)
Hospital Authorities Follow WLB Policies	26 (26.0%)	70 (70.0%)	4 (4.0%)
Feel Tired or Depressed Because of Work	22 (22.0%)	45 (45.0%)	33 (33.0%)
Work Affects My Housework	32 (32.0%)	61 (61.0%)	7 (7.0%)

The above table provides an overview of respondents' perceptions across various categories related to work-life balance, flexible working hours, and family support. A majority of respondents rated their hospital's flexible working hours as satisfactory (59%), while a smaller proportion found them good (16%) or poor (25%). Awareness of work-life balance was rated as satisfactory by 62%, with 29% indicating good awareness. Similarly, policies of the medical center about work-life balance were mostly rated satisfactory (65%), while 23% found them good. When it came to balancing work and private life, 52% found it satisfactory, though 32% rated it poor. In terms of the working atmosphere, 40% of respondents considered it good, while the majority (52%) found it satisfactory. A significant number of respondents (54%) rated their bonding with children as good, indicating a positive family-work relationship, while support from family was also highly rated as good by 57%. Spousal support was perceived as good by 43% of respondents, with 41% rating it satisfactory and 16% poor. Overall, most respondents expressed satisfaction with various aspects of their work-life balance, although a substantial proportion still indicated areas for improvement, particularly in work-life balance and flexible hours.

Table 3
Hypothesis 1

		I think to reduce my work hours and stress level.	I miss out on quality time with my family.
I think to reduce my work hours and stress level.	Pearson Correlation	1	.055
	Sig. (2-tailed)		.589
	N	100	100
I miss out on quality time with my family.	Pearson Correlation	.055	1
	Sig. (2-tailed)	.589	
	N	100	100

The table presents the Pearson correlation between two variables: reducing work hours to lower stress levels and missing out on quality time with family among working female doctors. The Pearson correlation coefficient between these two variables is 0.055, indicating a very weak positive relationship. This suggests that changes in work hours have little to no direct association with the amount of quality time missed with family. The significance value (Sig. 2-tailed) is 0.589, which is greater than the conventional threshold of 0.05. This indicates that the relationship between the two variables is not statistically significant. In other words, there is no substantial evidence to suggest that reducing work hours and stress levels is related to missing out on family time in this sample of female doctors.

Table 4
Hypothesis 2

		Relaxing and forgetting about work issues is hard for me.	The balance between my work life and private life is.
Relaxing and forgetting about work issues is hard for me.	Pearson Correlation	1	.059
	Sig. (2-tailed)		.561
	N	100	100
The balance between my work life and private life is.	Pearson Correlation	.059	1
	Sig. (2-tailed)	.561	
	N	100	100

The table examines the relationship between two variables: the difficulty in relaxing and forgetting about work issues, and the balance between work and private life for working female doctors. The Pearson correlation coefficient is 0.059, indicating a very weak positive relationship between the two variables, meaning that challenges in relaxing after work have little association with the overall balance between work and personal life. The significance value (Sig. 2-tailed) is 0.561, which exceeds the common threshold of 0.05. This indicates that the relationship between these two factors is not statistically significant, meaning there is no evidence to suggest a meaningful association between work-related issues and work-life balance in this sample.

Table 5
Hypothesis 3

		The balance between my work life and private life is.	Support from your spouse is.
The balance between my work life and private life is.	Pearson Correlation	1	.068
	Sig. (2-tailed)		.498
	N	100	100
Support from your spouse is.	Pearson Correlation	.068	1
	Sig. (2-tailed)	.498	
	N	100	100

The table presents the Pearson correlation between the balance of work and private life and spousal support among female doctors. The Pearson correlation coefficient is 0.068, indicating a very weak positive association between these two variables, suggesting that spousal support has minimal influence on the perceived balance between work and private life. The significance value (Sig. 2-tailed) is 0.498, which is higher than the standard threshold of 0.05. This indicates that the relationship between spousal support and work-life balance is not statistically significant in this sample, meaning there is no strong evidence to support a meaningful association between these two factors.

Discussion

The findings are quite useful for the understanding of issues regarding work-life balance, flexibility, and workplace satisfaction among female healthcare professionals (Arshad et al., 2022). Taken collectively, these findings show that the employees are reasonably satisfied with most of the subcategories explored while indicating significant variations in some specific areas, including work-life balance and the effects of people using flexible hours, for instance (Jeevitha & Deepak, 2024). It may be said that one of the prominent discursive constructions that appear from the data is the question of flexible working hours. In the case of working hours' flexibility, most respondents gave a satisfactory positive response, but still a significant number complained of inadequate flexibility of working hours. This is in line with past studies; for instance, (Mordi et al., 2023) study revealed that healthcare personnel had a moderate appreciation for flexible working hours, but those hours rarely met their preferences (Azzam et al., 2023). Healthcare by its very nature entails extended and unstructured working hours, even newest approaches to flexibility have been implemented. Flexibility in the health care sector may not sufficiently reflect the needs of women who still have to bear a greater share of health care delivering, though often they also have to undertake much of care giving at home (Fukuzaki et al., 2023).

Another fundamental point refers to work and family conflict, as a constant concern among many female doctors. A fair majority of respondents regarded their work-life balance fairly to good, though a significant proportion of the respondents reported unsatisfactory scores, hence this remains a serious issue of concern. According to the work of (Onwuamaegbu & Sydney-Agbor, 2023; Saulat et al., 2019), it is in line with this finding suggesting that as much as female employees in the health care sector have adopted effective work-family conflict management strategies, their work schedules and organizational policies have not allowed for the emergence of a perfect work-life balance in the current complex dynamic working environment (Sushil Shankar et al., 2020). However, the issue of work-life balance does not seem to be helped by the fact that the job itself usually is highly stressful and requires workers to engage in a lot of emotional labor that denies them the opportunity to rest and recharge.

When it comes to working environment, results were moderate, most of the respondents were unsatisfied and fewer were satisfied and found it ideal. This is in line with findings from contemporary studies, (Liu et al., 2021; Mone et al., 2019; Parida et al., 2023) established that despite organizations having incorporated strategies that are aimed at enhancing the working environment, more than one half of the female healthcare workers are still experiencing workplace culture, discrimination, and lack of support. Promoting organization culture and work environment is one of the essential ways that enhance the retention and organizational commitment of employees, and reduce stress levels particularly in the health sector (Akanji et al., 2020). However, much of the time the message that has come through seems to depict that there are still more rooms that need to be filled in order to ensure women are provided an optimal environment that can allow both corporate and family responsibilities.

Another factor that was derived from the data samples includes the importance of the contact with one's family and marital support. The greater part of respondents have mentioned good family and spousal support which has been already described by the scholars (Raffi et al., 2020; Rao & Shailashri, 2021) as significantly influencing the decrease in stress levels and enhancing work-life balance among working women. Such support is especially valued where women are still expected to balance work and family

care, as it is often the case. Nevertheless, there was also an agreement in terms of ranking the degree of family and spousal support which, although seemed quite satisfying, failed to entirely eliminate the problem of struggling with the load of work and family responsibilities, as can be observed in other studies (Liu et al., 2021). This implies then that while external support systems are important, they cannot be replacement for institutional support especially in form of policies and flexibility at workplace.

Conclusion

Lastly, this research brings out the fact that female healthcare professionals continue to struggle with work and family or other life gains. Self-arranged work hours are also moderately perceived positively and spousal or family support is strongly endorsed but all these cannot fully mitigate the double burdens that these women have to undertake. The problem of work-life conflict is still topical, as most female doctors hardly respond to the question as to whether they can attain an optimal balance between their professional and home responsibilities. Moreover, despite the changes in workplace environments which the media made, there are still some discrepancies in making offices and other working places more inclusive and sensitive to demands and challenges that women in healthcare encountered. Evaluation of these findings with the findings of the recent studies of the last five years indicates that while there has been some advancement through offering flexibility at work, and in support systems, all is not well with the females' work-life balances as the systematic barriers remain firmly entrenched and unrelenting in providing the balanced work-life that many working females, especially the doctors, yearn for. To overcome these issues it is necessary to enhance the organizational policies and practices, change the organizational culture that supports inequality and provide better institutional support including not only the work flexible hours but also more oriented on mental health. All in all, it can be suggested that practical intervention aimed at enhancing female health care workers' work-life must be a complex and multi-faceted one.

Recommendations

Adopt better flexible work-hour plans that would provide for better needs of women employing health care services. Offer organizational support in form of mental health services and stress related helping services. Support workplace environment that can be described as equal opportunity with gender sensitivity. Intensify the promotion of mass access to the services of childcare and family support institutions within the limits of healthcare facilities. Lack of data generalization owing to the narrow choice of target group – female doctors of a given region. It is accepted that the sample size used in this study may not generalise the findings for all the healthcare professionals. The absence of valuable qualitative results to include the participants' subjective experience into consideration.

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