

PAPER • OPEN ACCESS

Work-Family Conflict and Burnout among Female Medical Doctors in Selected Hospitals Abuja

To cite this article: G S Ajet *et al* 2019 *IOP Conf. Ser.: Mater. Sci. Eng.* **640** 012128

View the [article online](#) for updates and enhancements.

Work-Family Conflict and Burnout among Female Medical Doctors in Selected Hospitals Abuja

G S Ajet¹ R E Offong¹ M P Ajayi¹ T C Iruonagbe¹ and E O Amoo²

¹Department of Sociology, College of Business and Social Sciences, Covenant University, Ota, Ogun State Nigeria

²Demography and Social Statistics, College of Business and Social Sciences, Covenant University, Ota, Ogun State, Nigeria

Abstract

Burnout is a sign of long-range exhaustion and deteriorated challenge that affects the wellbeing and health of individuals; it cuts across gender and has no regional boundary. The study investigated the influence of work-family conflict on burnout among female medical doctors. Method of both quantitative and qualitative research techniques was employed. A structured questionnaire was distributed among female doctors in selected hospitals. The in-depth interview was conducted with one senior female medical doctor in each hospital visited. The hospitals were those whose management obliged us the permission for the interview among identified hospitals in Abuja, Nigeria. Data were analysed using univariate bivariate and multivariate statistical techniques. For the in-depth interview, data were analysed using content analytic procedure. Individual items on three burnout categories were included in the analysis on a 7point scale. Regression model was used to analyse work-family conflict and burnout and it is statistically significant. The result indicated that emotional exhaustion only burnout factor that predicts work-family conflict. A One-way Anova model was also used to discover the significant difference in the number of practice years an emotional exhaustion between groups. A descriptive mean also indicated that 0-5years of practice duration had the lowest mean and are more likely to experience emotional exhaustion. The study concluded that female doctors go through emotional exhaustion which is a major aspect in burnout. Also, female doctors at the earliest stage of their career experienced burnout unlike those at the latest stages.

Keywords: Burnout, work-family conflict, emotional exhaustion, women, medical doctor, Nigeria

1. Introduction

Family and work is an essential mainstay of human existence [28]. Family sustains life and society while work and its derivatives such as income have strong implication for health and wellbeing. Individuals, specifically create something of value on the basis of work. Nevertheless, the family on the other hand provides reliance, safety, peace and comfort. Health is generally inviolable for the achievement of sustainable development [6]. When it comes to the health of individuals in the workplace, the problems associated with work stress are often encountered as burnout. In the workplace, burnout is said to be a product of role conflict, less family time, amongst others [30, 22]. The rapid changes in technology with globalization, alongside social and economic sectors led the family structure and roles within the family to separate. Additionally, since the 20th century till date, social changes have led to the inclusion of women in world of work with women joining the positions where they can decide in the labour force [21].

The role of both work and family cannot be understated. While home and workplace could be perceived as separate domains, studies have shown that the roles at the workplace and home are complementary [28]. Working full time in an organization and keeping the household at the same time could require a lot of coordination, support and attention. The challenges faced in trying to balance the intermingling borders of work and family domain entails comprehension of both spheres [5]. This most often, could lead to a clash in the two spheres of life with possible burnout.

Work-family conflict became popular when researchers began to study it. Work-family conflict is a form of inter-role conflict in which the role burdens from work and family domains are mutually



clashing [14, 17]. Burnout is a long-range exhaustion and deteriorated, negative psychological feelings that result in frustration, exhaustion, and decrease energy level of an individual [2, 27, 12]. Burn out, negative attitude, emotional and physical exhaustion, tiredness and anxiety are due to psychophysical breakdown in people. Three dimensions of burnout are: reduced personal accomplishment, emotional exhaustion and depersonalization [7, 2].

Frontline employees are said to undergo more conflict in their work and family roles and they also experience burnout [19, 23]. Employees, who are unable to balance their work and family responsibilities, are presumed to experience heightened burnout. In the work environment, burnout is gradually becoming recognized as a severe challenge affecting individuals working in the human services, especially health-care workers, who suffer from negative feelings for self, work and life [26]. Health-care professionals interact and work with others in emotionally demanding situations and are exposed to their patients' physical, socio-economic and psychological problems which can lead to burnout [24]. The study thus investigated the influence work-family conflict on burnout among female medical doctors in Nigeria.

2. Literature Review and Theoretical Framework

Women majorly experience work-family conflict especially in cultures that expect married females to cook, attend to their children, husband and relatives and other home roles after a day's work [4, 15]. The concept of work-family conflict consists of three distinctive conflicts: Time-based conflict can be defined as a situation whereby the time demanded for the performance of one role prevents an individual from executing other roles. Strain-based conflict; that is, negative emotions identical to anxiety that is formed in one domain but affect an individual in another domain such as the family duties causing strain and affecting the workplace and, Behaviour-based conflict; occurs when behaviours suitable to one sphere are unsuitable when acted out in another domain [14, 17].

Burnout is mostly confirmed in service and care-giving occupations such as among teachers, doctors, nurses, police, banking sector among others [10, 2, 21, 28]. Burnout is a growing and continuous challenge faced by physicians and is extremely ubiquitous in health-care settings. It is connected to strenuous working conditions and dissatisfaction with work [8]. A study among German physicians found that more than 33.3% of the health-care workers are undergoing burnout [18]. Additionally, the study reported that burnout can affect up to 45% of medical and nursing staff [11]. The effect of burnout is not only evident in the life's of physicians but it also extends to their patients especially when the quality of care given is poor [3]. In the hospital, health care providers such as the medical staffs at the emergency unit undergo burnout due to the poor working environments and emotional challenges they experience. They also experience burnout due to congested work place, serious cases treated and shifts that destabilize family and social relationships. Likewise, the development of burnout syndromes is also influenced by conflicts with patients' companions, dangerous working environments, work complications and critical care decisions [1].

Burnout is made up of three dimensions: emotional exhaustion: which involves the essential element that causes people to feel drained because of excessive psychological and emotional demands, depersonalization: this reflects interpersonal aspect of burnout. It involves an adverse and impolite way of communicating with people due to workload. Reduced personal accomplishment: It refers to a state of feeling ineffective and dissatisfied at work [20, 7]. All aspects of burnout process can be observed simultaneously.

The study is premised on the conservation of resources model (COR), which was propounded by Stevan E. Hobfoll in 1989. It states that people try to obtain and keep resources they value. People experience burnout when they lose resources, when they feel they are about to lose resources they have acquired overtime, or they do not gain from the resources already acquired. Marriage, marital status and occupation are those resources of family and work that must be kept for sustenance. Additionally, knowledge, time and money that individuals obtained are germane to manage other resources such as work and family.

Burnout can occur when there is a threat to lose resources gained or when there is an actual loss of resources. For example, female employees who go through work role conflict may not perform excellently on the job. As a result, they may be required to spend more of their resources either on the work role or household chores for fear of losing either the job or marriage. The COR model suggests that inter-role conflict leads to burnout; in juggling work and family roles, funds and others resources are used disproportionately. When there is an actual loss or potential to loose resources, it leads to a negative state of being which could produce discontentment, anxiety, depression and physical tension. Work family conflict and burnout are interrelated because those who experience burnout may likely report work family conflict. The COR model posits that conflict in one domain leads to unavailability of resources in another domain. Therefore, when conflict is experienced at work, it leaves little or no resources for the family [13] and adequate resources are needed by individuals to meet the demands of work and family and shield themselves from burnout [25]. Thus, making plans to leave work role is a type of behaviour needed to replace or protect the threatened resources. If this type of behaviour is not taken, the resources may become useless and inadequate which could eventually lead to burnout [16, 29, 13].

3. Research Design

Method of both quantitative and qualitative research techniques was employed. A structured questionnaire was distributed amongst willing female doctors in selected hospitals (N=117). In the qualitative, in-depth interview was conducted with one senior doctor in each hospital visited in order to have a representative of the hospital population. The hospitals were those whose management obliged us the permission for the interview among identified hospitals in FCT Abuja Nigeria. FCT Abuja was chosen because of the staff strength of female medical doctors.

3.1 Study Population

For both methods, female medical doctors are the target audience. The sample size consisted of 117 female doctors derived from Israel Gleen's sample size determination technique. Multi stage sampling was the sampling technique used. This was applied by the division of FCT Abuja into four districts with the selection of phase one and phase two districts respectively and purposely selecting hospitals from the chosen districts based on their staff strength (female medical doctors).

3.2 Variables Measurement

At the qualitative segments qualified participants are most senior female doctors in hospitals selected. Sections on socio-demographic data were used for the assessment including: number of practice years, marital status, and availability of children. Scales on work-family conflict, Maslach burnout inventory were also applied. The two dimensions of work family conflict; time-based conflict and strain based conflict were measured on a 5-point likert scale with 5 items that indicated work-family conflict. The maslach burnout inventory was measured with 12 items on a 7-point likert scale. Items were written in a clear expression about personal feelings and attitudes. 0(everyday) to 7 (never) was used to label the frequency at each point. Maslach burnout inventory has 3 subscales: emotional exhaustion, (statements no. 27–29); depersonalization, (statements no. 30-32); and reduced professional accomplishment, (statements no. 33-38). Burnout is conceptualized as a continuous variable, ranging from a high to average to low possibility of undergoing each element of burnout. The analysis used for the qualitative research was implemented using content analysis. Data reduction was done to ensure that only the relevant data that align with the statistical analysis was used.

4. Ethical consideration

Approval for this study was obtained from the hospital management board in FCT Abuja. The hospitals that were not covered by the hospital management board especially private hospitals were given individual letters to the Chief Medical Director for approval. Respondents gave their consent

before taking part in the study. All information pertaining to the participants was treated with confidentiality.

5. Results

5.1 Background information about Respondents

Table 1 showed that 43.6% of respondents have spent relatively 0 years and below 5 years in the medical practice while, 31.9% of respondents have spent 6-10 years in medical practice. Also, 20.2% of respondents have been in the medical practice for 11-15 years while only 4.5% of female medical doctors have been practicing medicine for 15 years and above. In the distribution of respondents by marital status, the result indicated that 26.6% of the respondents are single, 8.5% of the respondents are engaged while majority of the respondents are married with 62.8%. The result also indicated that 53.2% of female doctors had children while 46.9% did not have children.

Table 1: Socio-demographic Characteristics of Respondents.

Selected variables	Frequency	Percentage%
Practice Duration		
0-5 years	41	43.6
6-10 years	30	31.9
11-15 years	19	20.2
15 & above	4	4.3
Marital Status		
Single	25	26.6
Engaged	8	8.5
Married	59	62.8
Divorced	2	2.1
Availability of children		
Yes	50	53.2
No	44.1	46.8
Total	94	100.0

5.2 Interpretation for the relationship between work-family conflict and burnout

It also revealed that the Anova Statistics is statistically significant ($P = 0.000$, meaning that the $P < 0.05$). This implies that the independent variables significantly influence work family conflict amongst female medical doctors. The result presented in table 2a shows emotional exhaustion as a major factor that predicts work family conflict amongst female doctors it is evident in table 3 that emotional exhaustion is the only burnout factor that predicts work-family conflict. ($\beta = 0.736$, $P \text{ value} = 0.000$)

Table 2: Illustrating the relationship between burnout and work-family conflict.

ANOVA ^a						
Model		Sum of squares	Df	Mean Square	F	Sig
1	Regression	60.446	3	20.148	32.288	0.000
	Residual	52.418	84	0.624		
	Total	112.864	87			

Table 2a

Factors	Unstandardized Coefficient		Standardized Coefficients (Beta)	t	Sig
	B	Std. error			
Constant	1.588	0.742			0.035
Emotional Exhaustion	0.433	0.047	0.736	9.274	0.000
Depersonalization	-0.018	0.094	-0.016	-0.197	0.845
Reduced Personal Accomplishment	-0.141	0.183	-0.058	-0.769	0.444

R= 0.536

This empirical result is corroborated by responses from the in-depth interview in which, a number of participants indicated that they feel physically and emotionally exhausted after work.

“Yes, I feel really exhausted especially when you see like a 100 patients a day when you go home you just want to sleep and make up for the time that you have lost”.

(Doctor, 3years of practice)

With lots of patients to attend to, the stress faced by female doctors affects their ability to relate with people at home. Another female doctor explains:

“Yes I feel emotionally, physically and mentally drained at work. With my family there is always an understanding and I can always decide on how to balance my home but at work, you can't give excuses you have to find a way to get things done as everything is formal, you can't start giving flimsy excuses”.

(Doctor, 4years of practice)

This female doctor experiences physical, mental and emotional burnout but explains how understanding her family is with her choice of career. It does not take away the responsibility as a doctor which cannot be negotiated with. Another female doctor explained that:

“Due to work, sometimes I feel emotionally, physically and mentally drained at work and when I get home I am drained, I can't interact well with my children and I don't have the mental capacity to engage with them because of the things that has happened to me at work and the stress I carry home”.

(Doctor, 8years of practice years)

To this category of female doctor, burnout affects the relationship she shares with her family. From the respondents it shows that female doctors experience emotional exhaustion in various degrees which inevitably affects their relationship with their family.

5.3 The significant difference between the practice duration and emotional exhaustion

Table 3 showed that there is a significant difference between number of practice years and emotional exhaustion ($P = 0.000$, meaning that the $P < 0.05$). This implies that there's a doctors with 0-5 practice years, 6-10 practice years, 11-15 practice years, 15years and above experience emotional exhaustion.

Table 3: Result for One-way Anova for the significant difference between the practice duration and emotional exhaustion

ANOVA					
Emotional exhaustion					
Sum of	Df	Mean Square	F	Sig.	

	Squares				
Between Groups	30.176	3	10.059	2.854	.042
Within Groups	303.113	86	3.525		
Total	333.289	89			

5.4 The relationship practice duration and emotional exhaustion

Based on the result from table 4, there was a statistically significant difference at $p < 0.05$ level in the emotional exhaustion scores for the four groups ($F = 2.85$, $P = 0.042$). The higher the mean, the less likely burnout (emotional exhaustion) is experienced and 0-5 years of medical practice had the lowest mean ($M = 3.77$, $SD = 1.784$) which implies that those people within the range are more likely to experience burnout unlike female doctors within the age group of 6-10 years of medical practice who are less likely to experience burnout ($M = 5.10$, $SD = 1.970$).

Table 4: The descriptive mean showing the relationship practice duration and emotional exhaustion

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
0-5 years	39	3.77	1.784	.286	3.19	4.35
6-10 years	29	5.10	1.970	.366	4.35	5.85
11-15 years	18	4.17	1.948	.459	3.20	5.14
15 & above	4	4.50	1.732	.866	1.74	7.26
Total	90	4.31	1.935	.204	3.91	4.72

This empirical result is corroborated by responses from the in-depth interview in which, two female medical doctors with the practice years of 6-10 years and 11-15 years reported that they experienced burnout (emotional exhaustion) in their early years of practice.

“I don’t feel emotionally exhausted now but in the early years of my practice, as practice actually starts when you start house job, that’s when you start your career so at that stage, I felt physically, mentally and emotionally exhausted”.

(Doctor, 15 years of practice)

“I used to feel so exhausted especially emotionally and physically but as I grew in my practice, I adjusted to work and home. When I am at work I am strictly focused with work and when I get home I focus on my husband and children”.

(Doctor, 8 years of practice)

6. Discussion

The study identified emotional exhaustion as the only predictor of work family conflict ($\beta = 0.736$, P value = 0.000). Female doctors suffer from the inability to balance their work and home due to emotional exhaustion. This is due to the fact that the nature of their job has emotional, physical and mental demands as they have to care for patients all day long which leave them emotionally drained. Also, as women are seen as caretakers at home, having to go home to their family and take up various household responsibilities at home causes fatigue and strain amongst female medical doctors. Another study discovered that emotional exhaustion involves the fundamental factor that causes healthcare providers to feel emotionally exhausted due to excessive psychological and emotional demands [7]. Moreover, Health-care professionals interact and work with others in emotionally demanding situations and are exposed to their patients’ physical, socio-economic and psychological problems which can result to burnout [24]. While trying to cope with excessive work demands, frontline employees might drain their energies and reduce the possibility of shielding burnout. They may also fail to achieve their responsibilities at home [25].

Subsequently, the finding also indicated that female doctors between the practice duration of 0-5years experience burnout (emotional exhaustion) more than other years of practice ($M=3.77$, $SD=1.780$). On the other hand, based on the respondents the female doctors with the practice years from 6-10 had the highest mean results of doctors who have never experienced burnout ($M=5.10$, $SD=1.97$). This is due to the fact that the longer they remain in the medical practice they tend to adjust to the medical culture which reduces the level of burnout (emotional exhaustion) faced unlike those in 0-5years of practice who are just starting their career. This corroborates with the findings of another study in which burnout was more prevalent in respondents within early to mid-years of medical practice; that is, residents and fellowship trainees [9].

7. Study Limitations

Some respondents were reluctant in answering the questionnaire due to other activities that occupied their time and due to the length of the question which they found discouraging. Few of the respondents did not return the questionnaire at the appointed time which was a waste of resources and which also had effect on the response rate. Also, the study was done in a short amount of time which affected the coverage of various hospitals in Abuja as they failed to give their approval on time.

8. Conclusion and Recommendations

The present study concluded that female doctors go through emotional exhaustion which is a major aspect in burnout. This could be due to the conflicting roles they play at home and at work which causes strain and fatigue. Also, the studies show that female doctors at the earliest stage of their career experienced burnout (emotional exhaustion) unlike those at the later stages of their career. Since most doctors at the early career were involved in the experience of burn out, the author considers it expedient that all employers of young female doctors should devolve manageable assignments to them to avoid burnout and the likely ill-health consequences. Also, repeated studies could be done on the effect of work-family conflict and burnout in other fields for possible comparison and in order states or through the country.

Acknowledgements

I acknowledge my co-author Rebecca, for her continuous efforts in the completion of this paper, I also acknowledge my research assistants Mr and Mrs Ajet, for their physical and monetary support, my Supervisor Dr Ajayi and Dr Amoo who has worked tirelessly over this work and made it presentable today. I appreciate and all distinguished faculty of Sociology Department.

References

- [1] Abdo S El-Sallamy R El-Sherbiny A and Kabbash I 2015 Burnout among physicians and nursing staff working in the emergency hospital of Tanta University, Egypt. *Eastern Mediterranean Health Journal* **12**(21) 906-15
- [2] Abdulai A S Rasaq A I and Hakeem B 2017 Academic Burnout and Classroom Assessment Environment: The Case of University's Accounting Students in Kwara State, Nigeria. *Nitte Management Review* **11**(1) 1-21
- [3] Abdulghafour Y Bo-hamrab A Al-Randic M Kamel M and El-Shazly M 2011 Burnout syndrome among physicians working in primary health care centers in Kuwait. *Alexandria Journal* **47** 351–7
- [4] Adegboyega L O and Oresina F 2017 Stress and coping techniques of female bank staff in Kogi State, Nigeria. *Asia Pacific Journal of Education, Arts and Sciences* **4**(1) 98-104
- [5] Ajayi M P 2013 Work-Family Balance among Women in selected Banks in Lagos State, Nigeria. *Covenant University* 3
- [6] Amoo E O Olawole-Isaac A Nelson O Ajayi M P Adekola P O Amana T R et al. 2018 Spousal Disruption and Coping Strategies Among Women with Cervical Cancer in Nigeria: A Schematic Framework for Wellbeing. *African Population Studies* **32**(1) 4012-21
- [7] Coban H Irmis A 2016 Work-Family Conflict And Burnout in Turkish Banking Industry. *European Scientific Journal* 1857- 7431
- [8] De- Oliveira G Ahmad S Stock M Harter R Almeida M. and Fitzgerald P 2011 High incidence of burnout in academic chairpersons of anesthesiology: should we be taking better care of our leaders? *Anesthesiology* **114**(1) 81–93
- [9] Dyrbye L West C and Satele D 2014 Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. *Academic Medicine* **89**(3) 443–51
- [10] Ejaz A K Asghar A S Muhammad A and Jawwad M S 2012 Work-Family Conflict And Burnout Among Lecturers of Public Sector Colleges *Pakistan Journal of Psychology* **43**(2) 93-107
- [11] Embriaco N Azoulay E Barrau K Kentish N Pochard F and Loundou A 2007 High level of burnout in intensivists: prevalence and associated factors *Am J Respir Crit Care Med* **175**(7), 686–92.
- [12] Freudenberger 1974 *Burn-Out: The cost of High Achievement*. Garden City, NY: Anchor Press.
- [13] Grandey A and Cropanzano R 1999 The Conservation of Resources Model Applied to Work–Family Conflict and Strain *Journal of Vocational Behavior* **54**(2) 350-70
- [14] Greenhaus J and Beutell N 1985 Sources of conflict between work and family roles. *Academy of Management Review* **10**(1) 76-88
- [15] Grönlund A and Ida Ö 2018 In search of family-friendly careers? Professional strategies, work conditions and gender differences in work–family conflict *Community, Work and Family* 87-105
- [16] Hobfoll S E 1998 *Stress, Culture, and Community: The Psychology and Philosophy of Stress*. New York: Plenum.
- [17] Jain S and Shreekuma N 2016 Work–Family Conflict in India: Construct Validation and Current Status. *Asia-Pacific Journal of Management Research and Innovation* **12**(1) 31-45
- [18] Janus K Amelung V Gaitanides M and Schwartz F 2007 German physicians “on strike”—shedding light on the roots of physician dissatisfaction *Health Policy* 357–65
- [19] Karatepe O and Uludag O 2008 Affectivity, conflicts in the work-family interface, and hotel employee outcomes *International Journal of Hospitality Management* **27**(1) 30-41
- [20] Maslach C and Goldberg J 1981 Prevention of Burnout: New Perspectives. *Applied and Preventive Psychology* **7** 63-74
- [21] Mehmet M Öme Ü and Abdulkadir B 2014 Impact of Work-Family Conflict and Burnout on Performance of Accounting Professionals *Social and Behavioral Sciences* **131** 264 –70

- [22] Ogundipe O Olagunju A Iasebikan V and Coker A 2014 Burnout among doctors in residency training in a tertiary hospital *Asian Journal of Psychiatry* **10** 27–32
- [23] Osman M Karatepe A Ugur Y and Emin B 2010 Work-Family Conflict And Burnout In Frontline Service Jobs: Direct, Mediating And Moderating Effects *Ekonomika A Management* 61-73
- [24] Pavlakis A Raftopoulos V and Theodorou M 2010 Burnout syndrome in Cypriot physiotherapists: a national survey *BMC Health Serv Res*, **10**(63)
- [25] Rupert P Stevanovic P and Hunley H 2009 Work-family conflict and burnout among practicing psychologists *Research and Practice* **40**(1) 54-61
- [26] Sørgaard K Ryan P Hill R and Dawson I 2007 OSCAR Group Sources of stress and burnout in acute psychiatric care: inpatient vs. community staff *Soc Psychiatry Psychiatr Epidemiol*, **42**(10) 794–802
- [27] Taris T Schreurs P and Schaufeli W 1999 Construct validity of the Maslach Burnout Inventory-General Survey: A two-sample examination of its factor structure and correlates *Work & Stress* **13** 223-37
- [28] Ugwu C J 2017 Relationship Of Work Conflict, Familyconflict And Psychological Distress Among Female Bank Employees In Port Harcourt Metropolis, Rivers State, Nigeria. *European Journal of Psychological Research* 88-96
- [29] Wright A and Cropanzano R 1998 Emotional exhaustion as a predictor of job performance and voluntary turnover *Journal of Applied Psychology* **83**(3) 486-93
- [30] Yao D and Wright S 2000 National survey of internal medicine residency program directors regarding problem residents *Journal of the American Medical Association* **284** 1099–1104