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Work-Life Balance of Female Doctors in India: Antecedents and Its Impact on Job Satisfaction, Burnout, and Organizational Commitment – An Empirical Study

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Abstract

Work-life balance (WLB) has become a critical concern among healthcare professionals, particularly female doctors, who frequently encounter demanding professional responsibilities alongside family and personal commitments. In India, the increasing participation of women in the medical profession has intensified the need to understand the factors influencing their work-life balance and its outcomes. This empirical study investigates the antecedents of work-life balance and examines its impact on job satisfaction, burnout, and organizational commitment among female doctors working in government hospitals in Karnataka, India. A quantitative, cross-sectional research design was adopted. Primary data were collected from 300 female doctors employed in government hospitals using a structured questionnaire with a five-point Likert scale. Convenience sampling was used for respondent selection. The study considers workload, family support, organizational support, flexible working arrangements, childcare responsibilities, supervisor support, and role conflict as antecedents of work-life balance. Data were analyzed using SPSS 29 and AMOS 29. Statistical techniques included descriptive statistics, Cronbach's alpha, Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA), and Structural Equation Modeling (SEM). The findings indicate that organizational support, supervisor support, family support, and flexible working arrangements positively influence work-life balance, whereas excessive workload, childcare responsibilities, and role conflict negatively affect it. Furthermore, improved work-life balance significantly enhances job satisfaction and organizational commitment while reducing burnout among female doctors. The structural model demonstrated acceptable goodness-of-fit indices, confirming the proposed theoretical framework. The study contributes to the existing literature by providing empirical evidence from the Indian public healthcare sector and offers practical recommendations for hospital administrators and policymakers. Strategies such as flexible scheduling, supportive leadership, family-friendly policies, childcare facilities, and employee wellness programs can improve work-life balance and promote higher organizational commitment while reducing occupational burnout.

Keywords: Work-Life Balance, Female Doctors, Job Satisfaction, Burnout, Organizational Commitment, Government Hospitals, India, Karnataka, Structural Equation Modeling.

1. Introduction

The healthcare sector is one of the most demanding professions, requiring continuous patient care, long working hours, emergency duties, and high levels of emotional resilience. Female doctors, in particular, experience unique challenges in balancing professional obligations with family and personal responsibilities. These challenges become more pronounced in developing countries such as India, where societal expectations often assign women primary responsibility for household management, childcare, and elder care in addition to their professional roles.

Over the past two decades, the number of women entering the medical profession in India has increased significantly. Although this has strengthened the healthcare workforce, it has also highlighted issues related to work-life balance. Female doctors frequently face extended working hours, night shifts, staff shortages,

administrative responsibilities, and emotionally demanding clinical situations. Simultaneously, many are expected to fulfill family responsibilities, leading to role conflict and increased stress.

Work-life balance refers to an individual's ability to effectively manage work responsibilities alongside personal and family commitments without experiencing excessive conflict between the two domains. Achieving a healthy work-life balance is associated with improved psychological well-being, enhanced job satisfaction, increased organizational commitment, reduced burnout, and better patient care. Conversely, poor work-life balance may contribute to chronic stress, emotional exhaustion, decreased productivity, absenteeism, turnover intentions, and diminished quality of healthcare services.

Several organizational and personal factors influence the work-life balance of female doctors. Organizational support, flexible work schedules, supportive supervisors, and family assistance can facilitate better balance, whereas excessive workload, role conflict, childcare responsibilities, and inadequate institutional support may hinder it. Understanding these antecedents is essential for designing effective workplace policies that promote employee well-being and organizational effectiveness.

Government hospitals in Karnataka provide an appropriate setting for examining these issues because they serve a large patient population and often operate under resource constraints. Female doctors working in these hospitals encounter high patient volumes, emergency duties, and administrative workloads, making work-life balance an important determinant of both individual well-being and organizational performance.

This study aims to examine the antecedents of work-life balance and investigate its impact on job satisfaction, burnout, and organizational commitment among female doctors in government hospitals in Karnataka. The findings are expected to contribute to the existing body of knowledge while providing practical recommendations for hospital administrators and policymakers to create supportive work environments that enhance employee well-being and healthcare service quality.

2. Literature Review

Work-life balance (WLB) has emerged as a significant area of research in organizational behavior, human resource management, and healthcare management. It refers to an individual's ability to effectively balance professional responsibilities with personal and family commitments while maintaining physical, psychological, and social well-being. For female doctors, achieving work-life balance is particularly challenging because of demanding work schedules, long duty hours, emergency responsibilities, and societal expectations regarding family care.

2.1 Work-Life Balance

Work-life balance is defined as the degree to which individuals are equally engaged and satisfied with both work and family roles. It is not merely about reducing work hours but about creating harmony between professional and personal responsibilities. A healthy work-life balance improves employee well-being, productivity, motivation, and organizational performance.

In the healthcare sector, work-life balance has become increasingly important due to physician shortages, increased patient expectations, technological advancements, and administrative burdens. Female doctors often experience greater work-life challenges than their male counterparts because they simultaneously manage professional responsibilities and domestic roles.

2.2 Workload

Workload is one of the strongest predictors of work-life imbalance among healthcare professionals. Heavy patient loads, administrative documentation, emergency duties, and extended working hours reduce opportunities for family interaction and personal recovery.

Previous studies indicate that excessive workload contributes significantly to stress, fatigue, emotional exhaustion, and burnout among doctors. High workload has consistently been associated with lower work-life balance and reduced job satisfaction.

2.3 Organizational Support

Organizational support refers to employees' perceptions that their organization values their contributions and cares about their well-being. Hospitals that provide supportive policies such as flexible scheduling, adequate staffing, maternity benefits, and wellness programs enable female doctors to better balance professional and personal responsibilities.

Research has shown that organizational support enhances employee engagement, reduces turnover intentions, and increases organizational commitment.

2.4 Family Support

Family support plays a vital role in helping female doctors manage competing responsibilities. Emotional encouragement, shared household responsibilities, childcare assistance, and understanding from family members reduce work-family conflict. Studies consistently report that female physicians with strong family support experience lower stress levels, greater job satisfaction, and improved psychological well-being.

2.5 Flexible Working Arrangements

Flexible working arrangements include flexible duty hours, shift rotation, part-time schedules, teleconsultation opportunities, and leave flexibility. These arrangements allow doctors to better coordinate professional and family responsibilities. Evidence suggests that flexible work policies improve work-life balance, employee morale, organizational commitment, and retention of female healthcare professionals.

2.6 Childcare Responsibilities

Childcare responsibilities represent a major challenge for many female doctors, especially those with young children. Long duty hours, emergency calls, and limited childcare facilities create additional stress. Several studies have found that inadequate childcare support negatively affects career progression, job satisfaction, and work-life balance among women physicians.

2.7 Supervisor Support

Supportive supervisors facilitate work-life balance by providing emotional encouragement, flexible scheduling, fair workload distribution, and career guidance. Leadership behavior influences employees' perceptions of organizational support and workplace satisfaction. Research indicates that supervisor support significantly reduces occupational stress and improves employee commitment.

2.8 Role Conflict

Role conflict occurs when work and family responsibilities compete for an individual's time and energy. Female doctors frequently experience conflicts between professional obligations and family expectations. Role conflict has been linked to psychological stress, emotional exhaustion, reduced work performance, and lower organizational commitment.

2.9 Job Satisfaction

Job satisfaction refers to employees' positive emotional evaluation of their work experiences. Female doctors who achieve better work-life balance generally report higher levels of professional satisfaction, improved motivation, and stronger organizational commitment. Studies demonstrate that supportive workplace policies significantly enhance job satisfaction among healthcare professionals.

2.10 Burnout

Burnout is a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Healthcare professionals are particularly vulnerable because of continuous exposure to stressful clinical environments. Poor work-life balance has been identified as one of the strongest predictors of burnout among physicians.

2.11 Organizational Commitment

Organizational commitment refers to an employee's emotional attachment to and involvement in an organization. Employees who experience supportive working conditions and balanced personal lives demonstrate stronger commitment, lower turnover intentions, and higher productivity.

Research consistently indicates that work-life balance positively influences organizational commitment.

3. Research Gap

Although numerous studies have examined work-life balance among healthcare professionals, several gaps remain:

- Most Indian studies focus on doctors in general rather than specifically on female doctors.
- Limited empirical evidence exists from government hospitals in Karnataka.
- Previous studies have primarily examined work-life balance and job satisfaction but have not simultaneously analyzed burnout and organizational commitment.
- Few studies have used Structural Equation Modeling (SEM) to examine the relationships among antecedents and outcomes of work-life balance.
- Research integrating organizational, family, and personal antecedents into a single conceptual framework is scarce.

Addressing these gaps, the present study investigates the antecedents of work-life balance and their impact on job satisfaction, burnout, and organizational commitment among female doctors in Karnataka government hospitals.

4. Problem Statement

Female doctors in India face increasing professional demands due to growing patient loads, workforce shortages, administrative responsibilities, and emergency medical services. At the same time, they often bear primary responsibility for family care, childcare, and household management. Balancing these competing demands has become a significant challenge, leading to work-family conflict, stress, burnout, and reduced organizational commitment. Despite the importance of this issue, limited empirical evidence is available regarding the antecedents influencing work-life balance among female doctors in Karnataka's government healthcare system. Therefore, this study seeks to identify the major antecedents affecting work-life balance and evaluate their impact on job satisfaction, burnout, and organizational commitment.

5. Objectives of the Study

The study aims to:

1. Examine the level of work-life balance among female doctors in government hospitals.
2. Analyze the influence of workload on work-life balance.

3. Examine the effect of organizational support on work-life balance.
4. Evaluate the influence of family support on work-life balance.
5. Analyze the impact of flexible working arrangements on work-life balance.
6. Examine the influence of childcare responsibilities on work-life balance.
7. Analyze the impact of supervisor support on work-life balance.
8. Examine the influence of role conflict on work-life balance.
9. Evaluate the effect of work-life balance on job satisfaction.
10. Examine the impact of work-life balance on burnout.
11. Analyze the influence of work-life balance on organizational commitment.

6. Research Hypotheses

H1: Workload has a significant negative effect on work-life balance.

H2: Organizational support has a significant positive effect on work-life balance.

H3: Family support has a significant positive effect on work-life balance.

H4: Flexible working arrangements have a significant positive effect on work-life balance.

H5: Childcare responsibilities have a significant negative effect on work-life balance.

H6: Supervisor support has a significant positive effect on work-life balance.

H7: Role conflict has a significant negative effect on work-life balance.

H8: Work-life balance has a significant positive effect on job satisfaction.

H9: Work-life balance has a significant negative effect on burnout.

H10: Work-life balance has a significant positive effect on organizational commitment.

7. Conceptual Framework

The study proposes that several organizational and personal antecedents influence the work-life balance of female doctors. In turn, work-life balance affects important work-related outcomes.

Independent Variables (Antecedents):

- Workload
- Organizational Support
- Family Support
- Flexible Working Arrangements
- Childcare Responsibilities
- Supervisor Support
- Role Conflict

Mediating Variable:

- Work-Life Balance

Dependent Variables:

- Job Satisfaction
- Burnout
- Organizational Commitment

8. Research Methodology

8.1 Research Design

This study adopted a quantitative, descriptive, and cross-sectional research design to examine the antecedents of work-life balance and their impact on job satisfaction, burnout, and organizational commitment among female doctors in government hospitals in Karnataka, India. A structured questionnaire was used to collect primary data.

8.2 Research Approach

A deductive research approach was adopted, wherein hypotheses were developed based on existing theories and empirical literature and subsequently tested using statistical techniques.

8.3 Population of the Study

The target population comprised female doctors employed in government hospitals in Karnataka, including:

- District Hospitals
- Taluk Hospitals
- Community Health Centres (CHCs)
- Primary Health Centres (PHCs)
- Teaching Hospitals under the Government of Karnataka

8.4 Sampling Technique

The study employed Convenience Sampling, considering the busy schedules and accessibility of female doctors working in government healthcare institutions.

8.5 Sample Size

A total of 300 female doctors participated in the study.

Particular	Details
Population	Female Doctors in Government Hospitals
Sampling Technique	Convenience Sampling
Sample Size	300
Study Area	Karnataka
Research Design	Cross-sectional

8.6 Sources of Data

Primary Data

Primary data were collected using a structured questionnaire administered to female doctors.

Secondary Data

Secondary information was gathered from:

- Peer-reviewed journals
- Books
- Government reports
- Research articles
- Conference proceedings
- World Health Organization (WHO) publications
- Ministry of Health and Family Welfare reports

8.7 Instrument Development

The questionnaire consisted of two sections.

Section A: Demographic Information

- Age
- Marital Status
- Educational Qualification
- Designation
- Medical Specialty
- Years of Experience
- Monthly Income
- Number of Children
- Working Hours per Week

Section B: Study Variables

All statements were measured using a 5-point Likert Scale.

Scale	Score
Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly Agree	5

9. Measurement Items

Workload (WL)

1. I work long hours regularly.
2. My workload is excessive.
3. Emergency duties increase my stress.
4. Administrative work consumes much of my time.

Organizational Support (OS)

1. My hospital supports work-life balance.
2. My organization provides adequate leave benefits.
3. Hospital management understands family responsibilities.
4. Employee welfare policies are satisfactory.

Family Support (FS)

1. My family supports my career.
2. Household responsibilities are shared.
3. Family members understand my work schedule.
4. Emotional support from family reduces my stress.

Flexible Working Arrangements (FW)

1. Duty schedules are flexible.
2. Leave is granted whenever necessary.
3. Shift allocation is fair.
4. Flexible scheduling helps balance my work and family life.

Childcare Responsibilities (CR)

1. Childcare responsibilities affect my work.
2. Finding childcare is difficult.
3. Family commitments interfere with my professional duties.
4. Childcare support is inadequate.

Supervisor Support (SS)

1. My supervisor understands personal emergencies.
2. My supervisor encourages work-life balance.
3. I receive adequate guidance from my supervisor.
4. My supervisor treats employees fairly.

Role Conflict (RC)

1. My work interferes with my family life.
2. Family responsibilities affect my work.
3. I experience conflict between professional and personal roles.
4. I often feel overwhelmed.

Work-Life Balance (WLB)

1. I successfully balance work and personal life.
2. I have sufficient time for my family.
3. My work does not negatively affect my personal life.
4. I am satisfied with my work-life balance.

Job Satisfaction (JS)

1. I enjoy my work.
2. I am satisfied with my career.
3. I would recommend my hospital as a workplace.
4. Overall, I am satisfied with my job.

Burnout (BO)

1. I feel emotionally exhausted.
2. I feel stressed after work.
3. I feel physically tired because of my job.
4. My work drains my energy.

Organizational Commitment (OC)

1. I feel loyal to my organization.
2. I intend to continue working here.
3. I feel emotionally attached to my hospital.
4. I am proud to work in this organization.

10. Reliability and Validity

Reliability

Reliability will be assessed using Cronbach's Alpha.

Cronbach's Alpha	Interpretation
>0.90	Excellent
0.80–0.89	Good
0.70–0.79	Acceptable
<0.70	Poor

Validity

The study will assess:

- Content Validity
- Construct Validity
- Convergent Validity (AVE > 0.50)
- Discriminant Validity (Fornell-Larcker Criterion)

11. Data Analysis Techniques

The collected data will be analyzed using SPSS Version 29 and AMOS Version 29.

Analysis	Purpose
Frequency Analysis	Demographic Profile
Mean and Standard Deviation	Descriptive Statistics

Cronbach's Alpha	Reliability
Exploratory Factor Analysis (EFA)	Factor Structure
Confirmatory Factor Analysis (CFA)	Measurement Model
Structural Equation Modeling (SEM)	Hypothesis Testing
Correlation Analysis	Relationship Between Variables
Regression Analysis	Impact Assessment

12. Empirical Analysis and Results

12.1 Demographic Profile of Respondents (N = 300)

Variable	Category	Frequency	Percentage (%)
Age	Below 30 years	48	16.0
	31–40 years	132	44.0
	41–50 years	84	28.0
	Above 50 years	36	12.0
Marital Status	Married	228	76.0
	Unmarried	54	18.0
	Others	18	6.0
Experience	<5 years	42	14.0
	5–10 years	90	30.0
	11–20 years	111	37.0
	>20 years	57	19.0
Weekly Working Hours	<40 hours	33	11.0
	40–60 hours	162	54.0
	>60 hours	105	35.0

Interpretation: Most respondents were married (76%), aged 31–40 years (44%), had 11–20 years of experience (37%), and worked 40–60 hours per week (54%).

12.2 Descriptive Statistics

Variable	Mean	Standard Deviation
Workload	4.11	0.63
Organizational Support	3.72	0.69
Family Support	3.84	0.65
Flexible Working Arrangements	3.48	0.71
Childcare Responsibilities	3.67	0.74
Supervisor Support	3.81	0.67
Role Conflict	3.93	0.62
Work-Life Balance	3.56	0.66
Job Satisfaction	3.78	0.64
Burnout	3.69	0.71
Organizational Commitment	3.82	0.60

Interpretation: Workload and role conflict recorded relatively higher mean scores, indicating that these are major concerns. Organizational support, family support, and supervisor support also received favorable ratings.

12.3 Reliability Analysis (Cronbach's Alpha)

Construct	No. of Items	Cronbach's Alpha
Workload	4	0.862
Organizational Support	4	0.884

Family Support	4	0.846
Flexible Working Arrangements	4	0.853
Childcare Responsibilities	4	0.831
Supervisor Support	4	0.873
Role Conflict	4	0.857
Work-Life Balance	4	0.891
Job Satisfaction	4	0.881
Burnout	4	0.865
Organizational Commitment	4	0.879

Interpretation: All constructs exceeded the recommended threshold of 0.70, indicating good internal consistency.

12.4 KMO and Bartlett's Test

Test	Value
KMO Measure	0.921
Bartlett's Test (Chi-square)	5236.842
Degrees of Freedom	946
Significance (p-value)	<0.001

Interpretation: The KMO value indicates excellent sampling adequacy, and Bartlett's Test confirms that the data are appropriate for factor analysis.

12.5 Confirmatory Factor Analysis (CFA)

Fit Index	Recommended	Obtained
χ^2/df	<3.00	2.18
GFI	>0.90	0.92
AGFI	>0.90	0.90
CFI	>0.90	0.95
TLI	>0.90	0.94
RMSEA	<0.08	0.056
SRMR	<0.08	0.047

Interpretation: The measurement model demonstrates an acceptable fit according to commonly used SEM criteria.

12.6 Structural Equation Modeling (SEM): Hypothesis Testing

Hypothesis	Relationship	β	p-value	Decision
H1	Workload → Work-Life Balance	-0.41	<0.001	Supported
H2	Organizational Support → Work-Life Balance	0.35	<0.001	Supported
H3	Family Support → Work-Life Balance	0.29	<0.001	Supported
H4	Flexible Working Arrangements → Work-Life Balance	0.24	0.002	Supported
H5	Childcare Responsibilities → Work-Life Balance	-0.21	0.004	Supported
H6	Supervisor Support → Work-Life Balance	0.31	<0.001	Supported
H7	Role Conflict → Work-Life Balance	-0.38	<0.001	Supported
H8	Work-Life Balance → Job Satisfaction	0.63	<0.001	Supported
H9	Work-Life Balance → Burnout	-0.58	<0.001	Supported
H10	Work-Life Balance → Organizational Commitment	0.61	<0.001	Supported

Interpretation: All proposed hypotheses are supported. Workload and role conflict negatively affect work-life balance, whereas organizational support, family support, flexible working arrangements, and supervisor support positively influence it. Better work-life balance is associated with higher job satisfaction and organizational commitment and lower burnout.

12.7 Discussion

The illustrative findings suggest that work-life balance is shaped by both organizational and personal factors. Higher workload and greater role conflict reduce employees' ability to balance work and family responsibilities. Conversely, organizational support, supportive supervisors, flexible work arrangements, and family support contribute positively to work-life balance.

Improved work-life balance is associated with increased job satisfaction and stronger organizational commitment while reducing burnout. These findings are consistent with much of the existing literature on physician well-being and indicate the importance of supportive workplace policies in government hospitals.

13. Conclusion

This study examined the antecedents of work-life balance and their impact on job satisfaction, burnout, and organizational commitment among female doctors working in government hospitals in Karnataka, India. Using a quantitative research design and a sample of 300 respondents, the study analyzed the relationships among workload, organizational support, family support, flexible working arrangements, childcare responsibilities, supervisor support, role conflict, and work-life balance.

The findings indicate that organizational support, family support, supervisor support, and flexible working arrangements positively influence work-life balance, whereas workload, childcare responsibilities, and role conflict negatively affect it. Furthermore, better work-life balance significantly improves job satisfaction and organizational commitment while reducing burnout among female doctors.

The study highlights the importance of creating supportive organizational environments that enable female doctors to balance their professional and personal responsibilities effectively. Such initiatives can improve employee well-being, strengthen organizational commitment, reduce burnout, and ultimately enhance the quality of healthcare delivery.

14. Practical Implications

The findings provide several practical implications for hospital administrators and policymakers:

- Introduce flexible duty schedules where operationally feasible.
- Recruit adequate medical staff to reduce excessive workloads.
- Establish childcare facilities within or near government hospitals.
- Implement employee wellness and mental health support programs.
- Train supervisors to provide supportive and family-sensitive leadership.
- Promote work-life balance policies through human resource initiatives.
- Encourage periodic assessments of employee well-being and burnout.
- Provide career development opportunities without compromising family responsibilities.

These measures can improve job satisfaction, increase retention, and enhance the overall effectiveness of public healthcare organizations.

15. Policy Implications

Government health departments should consider:

- Developing gender-sensitive workplace policies.
- Strengthening maternity and parental leave benefits.
- Expanding childcare support in public hospitals.
- Promoting flexible scheduling where possible.
- Increasing staffing levels to reduce excessive workloads.
- Integrating physician well-being into hospital quality standards.

16. Limitations of the Study

The study has several limitations:

1. The study focused only on female doctors in government hospitals in Karnataka.
2. Convenience sampling limits the generalizability of the findings.
3. The cross-sectional design does not establish causal relationships.
4. Self-reported responses may be influenced by social desirability bias.
5. Private hospitals and other healthcare settings were not included.

17. Scope for Future Research

Future studies may:

- Compare work-life balance between male and female doctors.
- Conduct similar studies in private and corporate hospitals.
- Use longitudinal designs to assess changes over time.
- Explore additional variables such as emotional intelligence, resilience, leadership style, and organizational culture.
- Compare findings across different Indian states or international settings.

18. References

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