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Work Life Balance of Female Doctors in Bangladesh: An Overview

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Abstract
The role women carry out today is somewhat different compared to earlier times due to the necessity of balancing the work of their home and job simultaneously. Despite achieving immense success in the work field, they cannot underestimate nor minimize the duties and responsibilities that need to be carried out at their home. Since, women also need to fulfill the obligation of their children's upbringing, incremental pressure comes into place due to the purpose of balancing both their career and relationships. The social context of Bangladesh makes it a strenuous task for women to ensure a healthy work-life balance. Although numerous researches have been conducted on the work-life balance, none of them has neither investigated nor did shed light on the work-life balance of female doctors in Bangladesh. Hence, it is essential to study and explore the prevailing situation of the work-life balance of female doctors. Although, numerous researches have been conducted on the work-life balance, none of them has neither investigated nor did shed light on the work-life balance of female doctors in Bangladesh. Hence, it is essential to study and explore the prevailing situation of the work-life balance of female doctors. The prime purpose of the study is to discover the existing condition of the work-life balance of female doctors in Bangladesh. Moreover, the study aims to explore the factors responsible for the work-life imbalance and also proposes the ways to achieve a healthy work-life balance. Female doctors from six different divisions employed at several renowned hospitals in Bangladesh were surveyed after securing ethical approval from the Bangladesh Medical Research Council (BMRC). The study aims to contribute by augmenting the apprehension of the present prevailing condition of the work-life balance of female doctors in Bangladesh.

Keywords: Work Life Balance, Female Doctors, Bangladesh

Introduction

Achieving a sound work life balance becomes challenging as an individual has to balance both work and personal life simultaneously. Female doctors working in the healthcare sector have to go through tremendous work pressure. They also need to interact with patients frequently and have to work in an inflexible working environment. Besides that, female doctors also need to care about the responsibilities towards their home and

family which creates an imbalance between their work and family since making balance is difficult (Addagabottu & Battu, 2015). Now these days, women are also working hand to hand with men. Therefore, the study is designed with an aim to explore and identify the factors that are responsible for the work life imbalance of female doctors in Bangladesh. There are existing literatures that primarily emphasized on male doctors who needs to work for longer shifts while their wives remain busy in taking care of their children (Anuradha & Pandey, 2016). However, as women are also entering in the medical discipline, the importance having a sound balance between work and family cannot be underestimated (Tripathi, 2017). Attempting to maintain a balance between professional as well as personal responsibilities, female doctors have to go through challenging and stressful situations (Anuradha & Pandey, 2016). Therefore, the study aims to investigate the perceived work life balance of female doctors from the context of Bangladesh. Researches related to work life balance of female doctors have been carried out in various countries. However, very few researches have been carried out to investigate the work life balance of female doctors in Bangladesh. This study aims to enhance our understanding regarding the present scenario of female doctor's work life balance in Bangladesh, and to unveil the factors on which female doctors prioritize more for having a healthy and sound work life balance.

Literature review

Work Life Balance (WLB) is balance between individual engagement and satisfaction both in work and family roles (Arima, 2016). WLB is pattern of individual combining their duties and dreams with peace and progress regardless of demographic factors like age, gender, race etc. (AlHazemi & Ali, 2016; Agarwal, et al., 2015). Many researchers have mentioned that WLB has no specific definitions (Addagabottu & Battu, 2015). WLB is all about how one gives priority between work and personal life. Here, work refers for career and ambition whereas life refers health, pleasure, family, leisure and spirituality. According to Arima (2016), WLB is the equilibrium point of professional and personal life. It also covers one's capacity to keep control over job, family and friends. WLB also explains individual's level of satisfaction both at work and at home without role conflict. Working women have to make tradeoffs and sacrifices every day (Tripathi, 2017).

Studies showed that managing their work and family responsibilities is one of the most crucial challenges faced by female doctors (AlHazemi & Ali, 2016). A female employee prefers flexible time and schedule in between work and families rather than other work benefits (Eaton 2003). Compared to men, balancing work and life is more difficult for women as the burden of responsibilities is disproportionate (Mazerolle & Barrett, 2018; Bird, 2006). As women have to look after their children and at the same time, have to fulfill their domestic responsibilities, it often creates a barrier for their career advancement (Sharma & Parmar, 2016; Cross and Linehan, 2006). Balancing both workplace and family is difficult for women since giving time to kids, spouse and office are their expected social behavior (Semlali, & Hassi, 2016). A study conducted by Goyal (2014) showed that 75% of the female doctors reported that they have less time for their children while 44% of the doctors have given preferences to household work indicating that the importance of household work cannot be underestimated. A study showed that gender disparity and coping up with obstacles like- retention of employment, workplace security especially in rural areas are major challenges faced by female doctors (as cited in Hossain, et al., 2019).

However, social stereotypical gender roles, for example, male as breadwinners and female as home makers, have also made it more difficult for females to manage work and family together (as cited in Agarwal, et al., 2015). Female doctor's experience burnout and fatigue due to having high workload (Rich, et al., 2016). Therefore, they struggle to give sufficient time to their family (Adisa, et al., 2014). Case studies from Nigeria depicted that as women have to carry out multiple roles, it often creates difficulty for female doctors to have a decent work life balance (Anuradha & Pandey, 2016). Research suggests that women who did not have children showed significant higher job commitment compared to women who had children (as cited in Mazerolle & Barrett, 2018). According to the study carried out by Pradhan (2016) depicted that while male are able to balance both of their family and work role; for women; there is a trade-off of one role for another. Female doctors face problems when they try to manage their career and life together which eventually, results in poor health, stress, absenteeism, lack of motivation (Goyal, 2014) and depression as well as exhaustion (Welford,2008). As a consequence, female doctors often end up by changing or shifting their career for their family life (as cited in AlGhamdi, 2014). It is reported that for the purpose of children's upbringing, female doctors give up their career

(Arima, 2016). In addition to that, long working hours engenders not only physical but also mental health of female doctors which, as a result; causes a decline in the doctor's performance (Arima, 2016). Apart from carrying out their regular duties and clinical practice, they are also required to engage themselves in researches and various professional conferences as well (Japanese Ministry of Health, Labor and Welfare, 2006). Due to the long working hours, female doctor's satisfaction regarding the work life balance gets reduced (Keeton et al. 2007). Therefore, the attempt of making a balance between their work and personal life at the same time creates an adverse effect on the career path of female doctors (Arima, 2016). The high workload of female doctors leads to stress and also creates conflict between their work and home. Therefore, due to having less flexibility, it adversely impacts their lives, leaving them lethargic and exhausted (McIntosh, et al., 2015). According to Yamazaki, Uka & Marui (2017), although the number hours spent by females is commensurate with men, the family interference for females is higher than men. However, women having young children faced the highest interference. Prakash (2018) demonstrated that gender difference exists when it comes to work-family conflict. Higgins, et al., (1994) in their study depicted that women experience greater amount of role overload compared to men. Talreja (2017) reported that women experience more work family conflict than men.

Conceptual frameworks

Conceptual frameworks guiding this study are based on current knowledge regarding both constructivist paradigms and feminist perspectives. Constructivist paradigms have allowed to incorporate doctors' experiences with multiple social factors and realities; moreover, their interactions and responses to those social factors and realities (Farkiya, Mogre, & Patni, 2017). Baum, 1995) along with their work-life and familial aspects have enabled to inquire about their views through subjective involvement (Hester-Moore, 2005). Through conversations with the participants, an attempt has been made to be a part of their realities and contexts that were constructed by their experiences. Conversations were recorded and further analyzed for the sound understanding regarding the building process of participant's subjective realities with balance to work life. (Baum 1995).

Secondly, feminist perspectives were used to understand how women conceptualize and construct their realities as both women and doctors, moreover, give meanings to their behaviors and attitudes through their living experiences. However, feminist perspectives provide a sensitive concentration on women's condition, criticizing conventional research, where women's experiences and voices are often overlooked and unrecognized (DeVault, 1990).

Methodology

A qualitative research method was chosen to gain knowledge about work-life balance of female doctors working in private hospitals of six different divisions (States) in Bangladesh. In-depth interviews, focus group discussion methods have been used to extract data from participants. Data was collected through subjective engagement with participants (Liamputtong, 2010). In-depth interviews allowed participants to share their feelings, experiences, realities and views; in their words, through interpretations and constructions of social lives (Silverman, 2006). For the selection criteria to be fulfilled, the participants were required to be a citizen of Bangladesh as well as to be an employee of private hospital in Bangladesh. Moreover, purposive sampling method was used for conducting the study. Invitations with consent form were sent to doctors through professional networks and have been contacted for the final selection.

In addition, the concept of reflexivity has been used for the purpose of the study. Being a woman and a member of doctor society and sharing a similar cultural background as the participants, the researcher was able to employ reflexive understandings to articulate gained knowledge which is also supported by Jorgenson (2011). In-depth interviews involve direct observations and contacts (between researchers and participants) so; reflexive engagements helped the researcher to explore their sensitive and personal stories and contexts. At the same time, these engagements enabled the researcher to examine the role and actions critically as an "insider" researcher as suggested by Dwyer & Buckle (2009). The study aims to enhance the understanding regarding the present scenario of female doctor's work life balance in Bangladesh and attempts to explore the factors on which female doctors prioritize more for having a healthy and sound work life balance. To explore the factors, In-Depth Interviews (IDIs), Focus Group Discussions (FGDs) have been used as Liamputtong (2010) mentioned IDI and

FGD as appropriate methods of data collection due to the fact that these sort of studies demand an interpretive and descriptive method with proper maintaining of confidentiality which provides adequate opportunities for the participants to share their feelings, experience, realities and the researcher gets better scope to explore their perspective.

In-depth interviews were conducted on a one-on-one basis as it provides ample opportunities for discussion (Denzing, 2003). FGDs were conducted with the participation of 6-8 participants with presence of researcher, recorder, gatekeeper and note keepers. Time length for each of the IDIs and FGDs ranged from thirty to ninety minutes. Prior to commencing each interview, a suitable time and location were managed depending on participant's convenience.

After the interviews, all recordings were transcribed manually using verbatim techniques. Attention was given to understand the participants' constructions of realities through reading and re-reading transcriptions (Silverman 2006). Next, coding was assigned to identify and organize the data by dividing themes and sub-themes (Ziebland & McPherson, 2006). Then, conceptually codes were assigned from literature review to organize the data so it gets easier to create a labeling of the collected data. The process is highlighted as follows.

Verbatim > Coding > Data Categorization > Developing Theme > Interpretation

Ethical approval was taken in the form of written consent which was sent to all of the participants and their authorized institutes. To comply with the ethical standard, prior to each interview, the research background and the purpose of the paper were explained to the participants. Participants were provided with a consent form to authorize their participation and the audio taping of the interview process. For protecting each of their participations confidentiality, a pseudonym has been applied in all unprocessed and processed data by omitting their real names.

Findings of the study

Firstly, socio-demographic characteristics of participants are demonstrated. Secondly, three major themes that emerged from data analysis are presented. All respondents are Bangladeshi female doctors working in different private hospitals in Bangladesh named 'A' Medical College Hospital, 'B' Hospital (Corporate), 'C' General Hospital. Experiences have varied according to age and qualifications.

Theme One: Participants' emotion and views about professional expectation Versus reality

Participants from every group acknowledged that their expectation regarding their dream and profession were either chosen by themselves or their family. AP2 expressed that *"It was my father who wanted me to become the first female doctor from my village just after him."* However, the views have changed when they experienced extreme study pressures and poor working environment. They expressed the reasons behind choosing this profession which are as follows-

- Societal acceptance as a noble profession.
- Cherishment by the parents to see their children as doctor when she is good at studies
- When one of the parents or both of them are physician
- Increasing social value and gaining social status, better socio-economic status
- Financial and job security
- Influence from relatives or neighbors'
- A better matrimonial acceptance for future marriage

The majority of respondents' agreed that although it is an influence from family to study in medicine but still it has a good social value. One Assistant professor stated that: *"I became doctor as I wanted to live well with respect and dignity with social security."*

They all thought at their starting period of study that they will have access to excellent job opportunities in the future and most importantly this job will be a financial and social security of them. But, reality differed when they were searching for job just after their internship. It was mainly stated by the Registrar, CA, HMO, and MO. Intern doctors have also agreed the same kind of fear and stated regarding job opportunities. IN-7 replied: 'I *was afraid to apply for the job of a medical officer after my internship because my in-laws would not allow me to do night duties'.*

Almost everyone said that the rapid increment of medical colleges is creating opportunities and fulfilling student's dream who wanted to study medicine. But they mentioned it as one of the reasons which impacts the chances for post-graduation along with its difficulties of entry processes after MBBS due to high number of participants. They desired that the process might be easier and seat number might be increased in proportion to applicants' number each year along with lowering the entrance fee too. They shared their challenges before and after marriages. Home and work-life balance gets hampered after marriages as they need to take care of others at home. Before marriage, they maintain their role by maintaining a sound work-life balance as evidence suggests that "*Women may be a top executive; still the "nurturing" or "care giving" roles are considered much a part of feminine roles" (*Malhotra & Sachdeva, 2005).

Participants IN-2 said that her family is concerned about security to move at night. So, hospital authority could be helpful with the transport service for female doctors.

Theme Two: Work-life balance and job satisfaction with quality of service

All the participants of this study have agreed that the increasing number of medical colleges should be discouraged in Bangladesh, and the quality of medical colleges' education and healthcare service should be increased. They look forward to keeping balances between quality and merits. They think that their knowledge is restricted by the bindings and limitations of family and work life balance. After analyzing the collected data, the key findings in this regards are as follows.

- Majority of the respondents were dissatisfied with the working conditions due to low payment, extended working hours and hospital policies for staff.
- Most of the respondents opined that the work stress is very high in the private sector.
- One-third of the respondents were happy with their jobs that are mainly from 'A' Medical College Hospital who had better salaries.
- Two-third of the respondents expressed that the staff communication in private sector is good due to high maintenance of cooperating policies.
- Everyone agreed on difficulties of post-graduation and studies beside their jobs due to high registration fees on post-graduation exams like FCPS, MD/MS, Diploma, MRCP/MRCS etc which acts as a barrier too.
- Training and job facilities are equally disappointing immediately after their graduation as both are not possible together. Some of the female doctors are doing these jobs so that they can do study further and also get trained up.
- Due to work stress, the respondents have been facing the problems because of work schedule and timings in the hospital, job sharing arrangements, pressure from the management, leave and holiday difficulties (parental leaves, sick leaves etc.), lack of leisure time, spending less time with families, financial problem, lack of motivation and enjoyment.
- Work-place security lets them to re-think about their priority of choosing specific specialized area. Some of them have chosen basic subjects to avoid clinical side chaos and threats raised from patient parties.

Female doctors often face pressure and other forms of violence's in the work areas. They often think to quit their jobs due to safety and security issues. One respondent added that- *"I become sad a when my patient died despite of my hardest effort but afraid at the same time for any uneven events by their attendance".*

ARg-1 said that *"Arrangements by hospital authorities are horrible sometimes in case of maintaining security and safety for doctors at work. I wish I could go back to these days when I have chosen my clinical career in surgery. After a lot of effort, I got chance in my desired subject and now I am like to quit this job with this*

present situation". She was upset as all of her peers have the same kind of feeling as ARg mainly deals with the patient related issues in hospitals in upper hand at first.

Participant HMO-2 said from her intern days' experiences that, *"People who come for seeking treatments, sometimes they often get furious with anger and lose their patience in case of emergencies. Sometimes they apply political and muscle powers on doctors".*

So, the roles of hospital should be strictly maintained and this issue needs to be solved with immediate care.

Theme Three: Physical and mental health issues

Conversations depicted that they have been facing the health problems for night duties and emergency on-call duties. They cannot stay in work places when their little children's are at home and unable to see them in long working hour's schedules due to no day-care facilities at hospital. They also felt that working mother has a difficult time in keeping balance both at home and work-place. The pattern of leave in hospital varies with level of designations. They mentioned the opportunities are different from their counterpart. As male can easily do practice and duties at the same time but women cannot. She needs to think of her family first and then her practice. P1 mentioned that: *'I stop my private practice regularly since my third child born and I avoid doing night surgeries at best possible'.*

So, gender disparity is prevalent in case of career choices, duty shifts, promotion, and their status as physician. One respondent highlighted this: '*I thought in minds thousand times in last 4 years to change this job but my adaptation and routines with familial chores will be changed. So, I ended up with that'.*

Participants MO5 from 'A' hospital mentioned that their benefits are different in comparing most of the hospitals as they are more in numbers compared to males. The respondents added that in the public sector, doctor enjoy the monetary aspects of incentives from the government whereas in the private sector, the situation is not the same. They have been facing the pressure from the management due to work and also, the salaries were not given on time which affects their physical and mental health. However, supports from seniors and peers are barely same for all. AP2 said that she got maternity leave for 6 months along with salary as she was an assistant professor that time in 'C' hospital. But, one junior group doctor replied *"I am unable to take leaves due to shifting difficulties in duties and sometimes cutting of salaries by the authorities".*

They are facing severe mental health issues like depressions, generalized anxiety disorders (GADs) etc. One respondent added that *"I dislike that parents force their children to become a physician. I wish I can have my own dream; parents support for what I wanted to be… I suffered to depression in my whole student life…now I am suffering in my work-life too!"*

Some of the participants mentioned that they are not encouraged by their families to take public jobs due to postings patterns because security and familial balance. So, they could not appear in civil service examination. But they are feeling that the public jobs are more secured than the private ones.

They have strongly declared that, some of media coverage news's about doctors in Bangladesh has a negative impact on people minds. The expectation by common people has been changed with yellow journalism. So it should be changed to overcome the emerging conditions in future. One MO said that *"It ruins and shattered my feelings when I saw my role model are covered badly in yellow journalism even after following actual protocols of treatments! I feels like I could go back and change my decision not to be the one who I am now!"*

Discussion

This study demonstrated work-life balance of female doctors in Bangladesh. Study was among in total of 30 physicians working in private hospitals only. This research has found various factors related with work life balance of female doctors in Bangladesh. It is found that female physicians outnumbered their male peers (52% vs. 48%) in the year of 2006–2015 which is consistent with the study of Hossain, et al. (2019). According to

SVRS survey, admission into medical college's male VS female ratio is 100:100.3 (SVRS, 2010). Through exploring the process of factors and causes in work –life balance, the study depicts similar findings to those reported in some other studies (Kofodimos, 1993; Rodbourne, 1996; Clark, 2000; Stevens, et al., 2004; Ungerson & Yeandle, 2005). In the process of making work life balance, there was a combination of compromises either with their duties or sacrifices in dream. They do duties in shifts and makes balance in familial lives. Research has also found that women are less satisfied with the work life balance due to overburdened night shift, less time with families (Kumari, et al., 2015). So, work life balance has significant importance in every employee's life. In a study, it is stated by the Joseph Rowntree Foundation and carried out on a nation-wide level by researchers at the university of Cambridge (Dex and Smith, 2002), concluded that

- ✓ There are positive effects on employee commitment from having family-friendly policies.
- ✓ Approximately nine out of every ten establishments with some experience of these policies found them cost effective.
- ✓ Increase in performance was associated with having one or other family-friendly policy in the case of five out of six performance indicators.

Kofodimos (1993) suggests that work imbalance arouses high levels of stress, distracts from quality of life, and ultimately reduces individuals' effectiveness at work. Jeffrey H. et.al. (2003) suggested that an equally high investment of time and involvement in work and family would reduce work–family conflict and stress thereby enhancing an individual's quality of life. *"The costs to your business of failing to improve work-life balance include: poor performance, absenteeism and sick leave; and higher staff turnover, recruitment and training costs (Department of Trade and Industry, 2001)."*

For a hospital, doctors are the main assets. So hospitals need to guide and motivate doctors, 'especially female doctors, to sustain in their jobs. In 'A' hospital ratio of female doctors was more than the male doctors. So, there were differences in 'A' facilities than 'B' and 'C'. 'A' policies towards their female doctors were a little bit changed than the others in comparing salaries structures, increments, festival bonus and training facilities except emergency leave and maternity issues. They do not allow maternity leave more than 3 months with payment. But 'C' policies for their female physician regarding leave taking issues are smoother than others as they give leave for 6 months stated by AP2. The low utilization of work-life balance programs has its probable root in the perception that adopting flexible working arrangements leads to less job security and hinders future career prospects (Rodbourne, 1996; Stevens, et al., 2004). Lack of sufficient time, gender bias, social and cultural norms as well as family responsibilities are the most significant challenges woman face to achieve balance in her professional and personal life.

Limitations of the study

Due to time limitation, it was not possible to apply several data collection methods. Thus, the findings may not be generalizable to gather representative findings of all female doctors working in Bangladesh but was concerned to find out the factors from a limited number of participants

Recommendation

The findings of the study recommend to the hospital authorities to initiate in making more work-family friendly policies for their female doctors who will help them to balance between work and family. Hence, this study could also act as a guide for HR practitioners in redesigning their policies in relation to work-life balance, thereby, ensuring the wellbeing of all female doctors. It might not be easy to achieve a work-life balance these days, as people are constantly pushed to work faster to cope with an increasing workload. So, some recommendation can be considered that can help them to make it easy to achieve work life balance properly, which are stated as below.

- Flexible work arrangements.
- Alternative work hours or weekly fixed working hours.

- Childcare options.
- Rest and refreshment.
- Leisure activities.
- Relieve from stresses.
- Support from family, spouses, peers and male colleagues.
- Improvement of work environment and policies run by authorities.
- Friendly work environment.
- Independence.
- Motivation and relaxation approaches by hospitals.
- Satisfaction.
- Work life balance programs, recreational leaves, increments, rewards etc.

Further study needs to be carried out with more sample size in all different divisional hospitals located at both urban and rural areas of Bangladesh both in public and private sectors.

Conclusion

This study demonstrated work-life balance of female doctors in Bangladesh. Study was among in total of 30 physicians working in private hospitals only. This research has found various factors related with work life balance of female doctors in Bangladesh. It has concluded that work life of female doctors in hospitals is good regardless the factors in terms of care towards their patients which is better than the male doctors (Tsugawa, 2016). There is no personal motive to blame the services of the doctors and private hospitals. There are many doctors who spent their life to serve the public and safeguard the lives of the patients without expecting any benefit. But still there are lacunae's in medical facilities and available policies in hospitals. So, the management should take utmost care to improve the work life balance for their female doctors as they are outnumbered day by day in Bangladesh.

References

Addagabottu,R.S., & Battu, N. (2015). A Study on the Variables that Influence Work Life Balance of Women Doctors and Nurses with Special Reference to Government and Private Hospitals of Guntur District, *International Journal of Research in Management & Business Studies* 2(3), pp 33-39.

Adisa, T. A., Mordi, C., & Mordi, T. (2014). The Challenges and Realities of Work-Family Balance among Nigerian Female Doctors and Nurses. *Economic Insights-Trends & Challenges*, *66*(3).

Agarwal, R., Mishra, A., & Dixit, P. (2015). Gender and work-life balance. *International Journal of Science Technology and Management, (4)*, *1*, 67-75.

Alghamdi, T. (2014). Balance between career and family life among female doctors in King Abdul- Aziz Medical City, Riyadh, Saudi Arabia. International Journal of Medical Science and Public Health,3(2), 203. doi:10.5455/ijmsph.2013.021220133

AlHazemi, A. A., & Ali, W. (2016). The notion of work life balance, determining factors, antecedents and consequences: a comprehensive literature survey. *International Journal of Academic Research and Reflection*, *4*(8), 74-85.

Anuradha, & Pandey, M. (2016). Impact of work-life balance on job satisfaction of women doctors. Problems and Perspectives in Management,14 (2), 319-324. doi:10.21511/ppm.14(2-2).2016.07

Arima, M. (2016). Career' or 'Family'? Increasing Work–Life Balance Satisfaction among Japanese Physicians with and without Children. Diversity and Equality in Health and Care (2016) 13(4): 290-291

Baum, F. (1995). Researching public health: Behind the qualitative quantitative methodological debate. Social sciences medicine. 40 (4), 459-468.

Bird, (2006). Work-life balance: Doing it right and avoiding the pitfalls,https://doi.org/10.1002/ert.20114

Campbell et al., (1994). The Effects of Family Responsibilities on the Work Commitment and Job Performance of Nonprofessional Women. Journal of Occupational and Organizational Psychology, 67,283-296

Clark, (2000), Work/Family Border Theory: A New Theory of Work/Family Balance.

Cross and Linehan, (2006). Barriers to advancing female careers in the high-tech sector: empirical evidence from Ireland. Women in Management Review, 21 (1), 28-39,

David Rodbourne, (1996). Learning as We Go, Work-Life Policies & Practices for Business.

Denzig and Lincoln , (2003). Collecting and Interpreting Qualitative Materials, Second edition.

DeVault, Marjorie L. (1990). Talking and listening from women standpoint: Feminist strategies for interviewing and analysis. Journal of social problems. 37(1)

Dex and Smith, (2002). The nature and pattern of family friendly employment policy in Britain, Bristol/York: The Policy Press/Joseph Rowntree Foundation.

Dwyer and Buckle, (2009).The Space Between: On Being an Insider-Outsider in Qualitative Research, International Journal of Qualitative methods, https://journals.sagepub.com/home/ijq.

Farkiya, R., Mogre, S., & Patni, P. (2017). A study of Work-Life Balance in Health Care Industry with special reference to Allopathic Doctors in Indore City.

Goyal (2014). Work-Life Balance of Nurses and Lady Doctors, International Journal of Engineering and Management Research,4(4). pp. 244-249

Hester-Moore, Sarah, Jennifer (2005). Handling uncertainty: Standard and local practices in the case of libido and contraception in evidence-based decision making. Health Sociology Review, 14(2): 174-186.

Hossain, P., Gupta, R. D., YarZar, P., Jalloh, M. S., Tasnim, N., Afrin, A., & Ahmed, S. M. (2019). 'Feminization'of physician workforce in Bangladesh, underlying factors and implications for health system: Insights from a mixed-methods study. *PloS one*, *14*(1), e0210820.

Japanese Ministry of Health, Labor and Welfare (2006)

Jeffrey H. et.al.(2003). The relation between work–family balance and quality of life, Journal of Vocational Behavior 63 (2003) 510–531.

Jorgenson, (2011). ANTENARRATIVE WRITING – TRACING AND REPRESENTING LIVING STORIES, Storytelling and the Future of Organizations: An Ante Narrative Handbook (pp. 284-297). New York: Routledge.

Kofodimos (1993). Balancing act: How managers can integrate successful careers and fulfilling personal lives, Balancing act. San Francisco: Jossey-Bass

Kumari et.al., (2015). A Study on work life balance Employees in Selected Service Sectors. Pacific business Review International, 7(10),17-23.

Liamputtong, P. (2010). The science of words and the science of numbers: Research methods of as foundations for evidence based practice in health. Oxford University press: Oxford.

Liamputtong, Pranee and Ezzy, Douglas (2005). Qualitative Research Methods. 2nd edition, Melbourne, Oxford Uniuversity Press

Mazerolle, S. M., & Barrett, J. L. (2018). Work-life balance in higher education for women: perspectives of athletic training faculty. *Athletic Training Education Journal*, *13*(3), 248-258.

McIntosh, B., McQuaid, R., & Munro, A. (2015). The impact of gender perceptions and professional values on women's careers in nursing. *Gender in Management: An International Journal*, *30*(1), 26-43.

Pradhan, G. (2016). *Work-life Balance Among Working Women: A Cross-cultural Review*. Institute for Social and Economic Change.

Prakash, V. (2018). Work-life Balance: Perceptions of the Non-Work Domain. *IIM Kozhikode Society & Management Review*, *7*(2), 97-108.

Rich, Viney, Needleman, Griffin and Woolf, (2016). 'You can't be a person and a doctor': the work-life balance of doctors in training-a qualitative study,BMJ Open. 2016 Dec 2;6 (12):e013897. doi: 10.1136/bmjopen-2016-013897.

Semlali, S., & Hassi, A. (2016). Work–life balance: how can we help women IT professionals in Morocco? *Journal of Global Responsibility*, *7*(2), 210-225.

Sharma, S., & Parmar, J. S. (2016). Work Life Balance of Medical Professionals in Government Hospitals of Himachal Pradesh. *Political Economy Journal of India*, *25*(1-2), 68.

Silverman (2003). Interpreting Qualitative Data:Methods for analyzing Talk, Text and Interaction, SAGE, Aug 22, 2006 - 448 pages.

Stevens, J., Brown, J., & Lee, C. (2004). The second work-life balance study: results from the employees' survey.

Sumaira Rehman, Muhammad Azam Roomi, (2012). Gender and work-life balance: A phenomenological study of women entrepreneurs in Pakistan,Journal of Small Business and Enterprise Development 19(2):209-228.

Malhotra, S. and Sachdeva, S. (2005). Social Roles and Role Conflict: An Interprofessional Study among Women, Journal of the Indian Academy of Applied Psychology, January - July 2005, 31 (1-2), 37-42.

Talreja, M. (2017). Women entrepreneurship and work life balance. *Global Journal of Human-Social Science Research*.

Tripathi, D. J. (2017). A Literature Review: Work, Family and Life - ERA of being a Superwoman Where Women Manage it All. IOSR Journal of Business and Management,19(03), 30-35. doi:10.9790/487x-1903013035.

Tsugawa, Y., Jena, A. B., Figueroa, J. F., Orav, E. J., Blumenthal, D. M., & Jha, A. K. (2017). Comparison of hospital mortality and readmission rates for Medicare patients treated by male vs female physicians. *JAMA internal medicine*, *177*(2), 206-213.

Ungerson and Yeandle (2005). Care Workers and Work—Life Balance: The Example of Domiciliary Caseworkers,In book: Work-Life Balance in the 21st Century,DOI: 10.1057/9780230373594_13.

Welford, R. (2008). Work-life balance in Hong Kong: Survey Result. Hong Kong: The University of Hong Kong.

Yamazaki, Y., Uka, T., & Marui, E. (2017). Professional fulfillment and parenting work-life balance in female physicians in Basic Sciences and medical research: a nationwide cross-sectional survey of all 80 medical schools in Japan. *Human resources for health*, *15*(1), 65.

Ziebland and McPherson (2006). Making sense of qualitative data analysis: an introduction with illustrations from DIPEx (personal experiences of health and illness), Medical Education, 40 (5), 405 to 414, ISSN-0308-0110, EISSN-1365-2923.

Appendix

Tools and characteristics of participants

Tools Applied	Characteristics of Respondents	Number in Each Group	Age Range(Years)
Focus Group Discussions(FGDs) Total 4 FGDs	Senior Group (Professor/Assoc. or Asst. Professor)	6	35 and Above
	Middle Group (Consultant/Registrar/Asst.Registar/SMO)	6	26 and Above
	Junior Group (Medical Officer/HMO/Intern)	8	24 and Above
In Depth Interviews(IDIs) Total 10 IDIs	Senior Group (Professor/Assoc. or Asst. Professor)	3	35 and Above
	Middle Group (Consultant/Registrar/Asst.Registar/SMO)	3	26 and Above
	Junior Group (Medical Officer/HMO/Intern)	4	24 And Above

Prompts for FGDs & IDIs

Area of discussion	Prompts Used
1. Knowledge and Experiences	- Expectations Vs reality -Social taboos - Marriage, familial pressure, support from spouse & in-laws -Barriers for Post-Graduation -Work-loads, Work-life balance, Duties & Emergency Shifting (Night Duty) -Job satisfaction, Casual leaves, Sick leaves, Recreational leaves -Support from Seniors & Peers, Opportunity as males, Private practice -Personal and family level of education, Doctor-patient relationships -Social Security Vs work place security -Quality of service, Public-Private health service, expectation by common people - Physical & Mental (Fatigue & Stress) Health of Doctors
2. Initiatives and facilities	-Government Level -Private level -Community level -Referral System
3. Prevention and recommendation	-Referral System -Insurance and policies

Tools and characteristics of participants

SL	Participants	Age range	Marital Status	Qualifications	Designations	Experiences by years	Pre-existing illness/co-morbidities/Not Answered(N/A)
1	P1	56	Married	MBBS,FCPS	Professor	32	DM,HTN
2	P2	52	Married	MBBS, FCPS,MD	Professor	29	HTN
3	AP1	48	Married	MBBS ,MD	Associate Professor	23	BA
4	AP2	44	Married	MBBS, FCPS,MD	Associate Professor	22	OA
5	AsP1	38	Married	MBBS ,MRCS,MD	Assisstant Professor	15	N/A

6	AsP2	35	Married	MBBS ,MRCP	Assisstant Professor	12	BA
7	C1	37	Married	MBBS ,MD	Consultant	15	N/A
8	C2	40	Un-married	MBBS, MD,FCPS	Consultant	18	Ovarian Cancer
9	Rg1	38	Married	MBBS ,FCPS	Registrar	15	Migraine
10	Rg2	37	Married	MBBS ,FCPS	Registrar	14	N/A
11	ARg1	26	Married	MBBS ,MRCS	Assistant Registrar	3	IBD
12	ARg2	28	Un-Married	MBBS ,PGT	Assistant Registrar	5	N/A
13	MO1	25	Un-Married	MBBS, PGT,MPH	Medical Officer	1	GAD
14	MO2	28	Married	MBBS, PGT,DCH	Medical Officer	3	N/A
15	MO3	33	Un-Married	MBBS ,PGT	Medical Officer	7	N/A
16	MO4	30	Married	MBBS,MD	Medical Officer	5	N/A
17	MO5	26	Un-Married	MBBS ,FCPS	Medical Officer	2	HTN
18	MO6	28	Married	MBBS,DO	Medical Officer	4	N/A
19	MO7	27	Divorcee	MBBS ,PGT	Medical Officer	3	N/A
20	HMO1	26	Un-Married	MBBS ,PGT	Honorary Medical Officer	2	N/A
21	HMO2	27	Un-Married	MBBS ,PGT	Honorary Medical Officer	3	N/A
22	HMO3	29	Married	MBBS ,FCPS	Honorary Medical Officer	5	N/A
23	In-3	24	Un-Married	MBBS	Intern Doctor	0.5	N/A
24	In-4	25	Un-Married	MBBS	Intern Doctor	0.4	N/A
25	In-6	25	Married	MBBS	Intern Doctor	0.8	N/A
26	In-5	26	Un-Married	MBBS	Intern Doctor	0.7	N/A
27	In-6	24	Un-Married	MBBS	Intern Doctor	0.6	N/A
28	In-7	25	Married	MBBS	Intern Doctor	0.2	Migraine
29	In-8	24	Un-Married	MBBS	Intern Doctor	0.5	N/A
30	In-9	25	Married	MBBS	Intern Doctor	0.5	N/A