ST. MARY UNIVERSITY

SCHOOL OF GRADUATE STUDIES

WORK LIFE BALANCE OF FEMALE PHYSICIANS WORKING IN SELECTED GOVERNMENTAL HOSPITALS IN ADDIS ABABA, ETHIOPIA.

PRACTICES AND CHALLENGES

BY: HIWOT BERHANU (SGS/0161/2006)

JANUARY, 2019

ADDIS ABABA, ETHIOPIA

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HIWOT BERHANU TEKLEMARIAM (SGS/0161/2006)

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DECLARATION

I, the undersigned, declare that this thesis is my original work; prepared under the guidance of Dr Abraraw Chane (PhD).All sources of material used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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Name   Signature

St.Mary University, Addis Ababa   January, 2019

ENDORSMENT

The thesis has been submitted to St.Mary University, school of graduate studies for examination with my approval as a university advisor.

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Advisor   Signature

St Mary University, Addis Ababa   January, 2019

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Abstract

Since the beginning of creation, people have had to work hard to make ends meet for themselves and their families. The dramatic increase in the participation of women in the labor force is seen significantly in the recent decades. This increased engagement of women in work, with the added responsibility of home has brought to attention the issues of work-life balance. For many organizations, work life balance is a myth. Even if many organizations preach and endorse work life balance, the conflict of ever increasing work demand, pressures of deadline and the compounding requirements put serious challenge on the initiatives. Health Care Sector is an area of interest because it is an area where one has to work all the time, always vigilant and on toes. Shift work, especially night work, overtime and working on holidays places a lot of stress on the health care givers, which includes physicians and nurses both at professional and personal front. Improper work scheduling and long working hours tend to cause adverse effect on employee's health and well-being. This study is a semi descriptive and semi exploratory type and focuses on the current practices and challenges of female physicians, working in six governmental hospitals under the authority of Addis Ababa Health bureau, in the process of balancing their work and family life. A census data was collected on 158 female medical doctors. Majority of the participants (85.7%)of them responded they spend 2-4 hrs a day on house hold activities every day after spending 9-10 hrs./day (68.98%) in their work duties in the hospital where 50% of the respondents believed they never got enough time after work for their family, the stress is further compounded by the six day/week (72.7%) work schedule .The impact of the long working hour requirement, limited number health professionals and inflexible working requirements on the WLB is seen when 85.5% of the respondents indicated that they feel tired and depressed at work, they missed a quality time with family and they even worry about work when they are not actually at work. The lack of written data from the health bureau and the hardship to put all the female physicians in the study because some of them were sent to their residency program was the limitation of the study.

Key words: *Work life balance, Female doctors, Addis Ababa health Bureau, WLB Policy, Maternity leave*

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Since the beginning of creation, people have had to work to make ends meet for themselves and their families, thus through hunting and gathering, in the past. Men were always considered bread winners and so went out to hunt whiles their wives stayed at home as caretakers of the children and maintained the home. With the emergence of civilization, people began to obtain formal education. Men again, were the only ones allowed to attend school because they were considered breadwinners of their families. Those who were lucky to complete their education got white color jobs while their counterparts did menial jobs. Women were not even considered for formal education let alone get white color jobs because their place traditionally, was the kitchen. Their career was linear and predictable. (Acheampong, 2013)

One of the most significant changes in the labor market over the last decade has been the dramatic increase in the participation of women and even children in the labor force. Today, women get educated even ahead of their male counterparts. With very good passes and excellent performances, women get the opportunity to work in highly esteemed companies and institutions in the country. Sometimes the woman tends to earn more money than her husband. The changing workforce demographics have made it difficult for many individuals to balance the conflicting demands of work and family life. These difficulties have forced a re-examination of the old models of coordinating work and family life. (Acheampong, 2013).

A nation may be endowed with abundant natural and physical resources and the necessary capital and technology but unless there are competent people who can mobilize, organize and harness the resources for production of goods and services, it cannot make rapid strides towards economic and social advancement. The strengths and weakness of an organization are determined by the quality of its human resources, which play a vital role in using other organizational resources and the development process of modern economies. (Kantisree, 2013)

Work-Life balance is one concern of human resource management. It is a broad concept, which includes proper prioritizing between career and ambition on one hand, compared with pleasure, leisure, family and spiritual development on the other. It is a key factor, which determines employee satisfaction, loyalty and productivity. Globalization, working couples, nuclear families, and technology are some important factors contributing to work-life imbalance. The employees are struggling and caught between family commitments, organization's expectations, personal aspirations and with the technological innovations whereas, managements are struggling with adverse economic situation, stiff competition, mounting costs, threatening deadlines and similar constraints forcing them to reduce costs and increase productivity which has direct bearing on employees. (Vijayan&Jones, 2016)

The term Work Life Balance was coined in 1986 in response to the growing concerns by individuals and organizations alike that work can impinge upon the quality of family life and vice-versa, thus giving rise to the concepts of "family- work conflict" and "work-family conflict". The former is also referred to as work interferes with family" while the latter is also known as "family interferes with work". In other words, from the scarcity or zero-sum perspective, time devoted to work is construed as time taken away from one's family life. (Kantisree, 2013)

Work life balance is now an important determinant for more workers in attaining a thriving career. With swelling obligations in the work place, the divide between work life and private life has taken on superior significance and entails more consciousness. The stipulations of work or personal life can cause stress. Such circumstances affect workers physiologically and psychologically. Hence, it is crucial for employees to maintain a balance between work and their private lives. For the employers, work-life balance of employees is a central means in formulating appropriate strategies to tackle work-life imbalance concerns. (Tinuke, 2014)

Performance of multiple roles also becomes an integral component of an individual's professional life. As employees perform multiple roles, they have to face multiple demands put on them by others, both within and outside the organization. The pressures of work, for those in work, have been intensifying in recent decades. (Arathi&Rajkumar, 2015)

Work life balance is one of the most challenging issues being faced by the women employees in the 21st century because of the type of roles they play at home and the spillover of personal life over work life. The increased economic conditions also have necessitated both husband and wife to work for sustaining a living. However, women have achieved tremendous success in their career but still their responsibility towards home has not decreased. (Kumari&Devi, 2013)

Women make up at least 40% of the workforce in more than 80 countries, according to a Pew Research Center analysis of labor force statistics from 114 nations with data from 2010 to 2016. Across all of these countries, the median female share of the workforce is 45.4%. (http://www.pewresearch.org/fact-tank/2017/03/07/in-many-countries-at-least-four-in-ten-in-the-labor-force-are-women)

Women play a vital role in the lives of people around them and they are flooded with work and family commitments. The time and efforts they spend for their family and their work place exploit their physical, psychological, emotional and social components. Majority of them are overwhelmed while trying to balance their work and family life. Therefore, it is essential for women to balance between their family and work(Tinuke,2014)

Health Care Sector is an area of interest because it is an area where one has to work all the time, always vigilant and on toes. Shift work, especially night work, overtime and working on holidays places a lot of stress on the health care givers, which includes physicians and nurses both at professional and personal front. Improper work scheduling and long working hours tend to cause adverse effect on employee's health and well-being.

Medicine is a profession with dedication to the wellbeing of others. Careers in medicine historically demanded a selfless emphasis on caring for patients, sometimes at the expense of one's marriage, children, and personal life. Such a skewed focus worked more easily in the past when the vast majority of Doctors were men. When male Doctors spent long hours at work or travelling to meetings, their wives were home to run the household and care for the children. As women entered the medical field in increasing numbers, however, the tensions between career and family became more prominent. Although it can be done successfully, there are many challenges that female Doctors and Nurses must confront in balancing their multiple roles as Doctor, Nurse, mother, and spouse. In case of any urgency, women doctors have to attend to their

patients under any situations leaving behind their child and dependents at home. Challenges faced by female doctors are in accord with the challenges faced by women in any other profession. They face biasness, lack of support, glass ceiling, etc. One of the most prominent challenges which every woman doctor has to face in their life is work-life balance. It is very tough for the women doctors to synchronize a balance between family and this rigid type of job (Nadeem & Abbas, 2009). Research has found that significant number of women doctors was dissatisfied with their work-life balance because of over burdened night shift, less time with the family (Kumari et al., 2015). As a result, such pressure affects their health, thereby leading to absenteeism from hospitals.

Maintaining balance between work and family is essential to have physical and mental health. Proper working conditions, working schedules and support from family members will help in attaining good physical and mental health. Family-friendly workplace policies also can help women balance the competing demands of work and family responsibilities, yielding benefits for themselves, their families, and their employers.

A family friendly work place or employer is one whose policies make it possible for employees to more easily balance family and work, and to fulfill both their family and work obligation. Many of the family friendly policies of government are those laws, regulations and social policies that recognize the importance of families to society, and act to meet, directly or indirectly, the needs of children, family members and the oldest generations.

Family friendly work place policies can take different forms. Some possible examples include flex time, job sharing, temporary or permanent switch to part time, maternity/paternity leave, parental leave, family medical leave, flexible emergency leave, child care, elder care, family oriented events etc. Promoting family friendly policies is crucial because they allow parents to spend more and better time with their children, reduce stress and coping with a difficult personal medical problem, enhance employees productivity, helps employers to keep valuable employees.

Very minimal provision could be located in the Ethiopian labor law supporting work life balance for parents or workers with family responsibilities. There is only 10 days provision for paternity leave. The law entitles one hundred twenty days paid leave as a maternity leave. In the contrary, there is no provision requiring employers to provide breaks to nursing mothers are located in the

labor proclamation. The labor law entitles weekly rest days and pay on public holidays; this is not the case in many hospitals since their job requires being available twenty four seven for on call emergencies, nighttime duties and holiday duties.

This paper will try to identify the different work and family related variables that affect the work life balance of female doctors working in private hospitals. It also tries to address the resultant effect of these variables and the means women employees manage and overcome various forms of work and family related conflicts. Moreover, it also tries to understand the impact of work-life balance on job satisfaction, because it is assumed that a successful work-life balance in hospitals will make woman doctors more committed and highly productive that will lead to job satisfaction.

1.2   Statement of the problem

Work life balance is the imperative instrument in the modern working life of any individual irrespective of their occupation. It is normally a challenging exercise among employees to manage work situations, family circumstances and the intervention of these two at different conditions. In addition to that the influence of predictable and extraneous factors relevance to work life balance and imbalances are countless.

For many organizations, work life balance is a myth. Even if many organizations preach and endorse work life balance, the conflict of ever increasing work demand, pressures of deadline and the compounding requirements serious challenge the initiatives. The dynamic working environment and demanding workload in this fast-paced world required long working hours and over time engagements.

Individuals who spend more time engaged in work related issues are viewed and perceived as high performing. However, this work engagement does not come free. It comes at a cost of sacrificing one's life outside of work. This includes family, health and social activities. This burden is particularly seen in working women as their responsibilities do not end at the office. It has been generally viewed women should hold more responsibilities at home which comprises the daily chores, taking care of kids, cooking, laundering etc.

Work life balance issue is of a particular concern for women health care professionals especially doctors and nurses because the characteristics of the job requires additional workloads besides the eight hour work requirement. This includes on calls, evening duties and weekend and holiday work schedules.

Women Doctors and Nurses working in Health sectors work under the condition of work pressure, inflexible working environment and frequent patient interactions. In addition to that the women Doctors and Nurses working in Health sector undergo the pressure of multi task and multi demand and command. The women Doctors and Nurses in Health sector face the situation of caring the work responsibilities to their home. These avenues encounter the imbalance among them to manage work and family.

However, the key variables of the work life balance problems have not been clearly studied in our country. Therefore, this paper is done with the intent giving an insight on how the current practice and challenge looks like in attaining Work life balance among female physicians working in all governmental hospitals under the authority of health bureau and point to what extent work life imbalance is affecting the quality of life and motivation of female physicians.

1.3. Research questions

The research revolves around the following basic questions.

1. What is the major work and family related factors that affect the work life balance of female physicians?

2. What are the challenges faced by female physicians in balancing between their carrier and family life?

3. What are the impacts of work life imbalance on female physicians?

4. Are there any work life balance policies that are adopted and implemented by the selected governmental hospitals in?

1.4 Objective of the study

1.4.1 General Objective

- To assess the overall work life balance of female physicians working in governmental hospitals under the authority of health bureaus in Addis Ababa, Ethiopia.

1.4.2 Specific Objectives

- To identify the different work and family related variables that influences the work life balance.

- To study the current challenges female physicians face to balance their work and family life.

- To assess the impacts of work life imbalance on the lives of female physicians.

- To identify the availability of work life balance policies that are adopted and implemented by the selected governmental hospitals.

1.5   Significance of the study

In addition to fulfilling the academic requirement, the result of the study was expected to provide benefit to the selected governmental hospitals in particular and the health sector of Ethiopia in general by providing insight on the state of work life balance and its effects on the quality of life, productivity and motivation of Female physicians, where by corrective measures and policies can be implemented. This study was also intended to help the hospital administrations to straight their attention to this highly essential and contemporary function of human resource management.

It was also expected to give an insight to government agencies to incorporate core aspects of work life balance in the labor proclamation and make sure that it is implemented

The results of the study was also intended to be used as a spring board for interested researchers to future explore the various elements and impact work life balance in various sectors.

1.6 Limitation and scope of the study

1.6.1 Scope of the study

Among the different Human Resource concepts this study tried to cover the Work life balance aspect. It encompassed the different work related and family related variables that affect Work Life Balance and the measures taken to solve the work life imbalance problems. The study included all Female physicians working in six governmental hospitals under the authority of health bureau in A.A, Ethiopia.

1.6.2 Limitation of the study

The major limitation of the study is the lack of printed data from Addis Ababa health bureau regarding the total number of female physicians working in governmental Hospitals under their authority. Misleading number of physicians were given by some data clerks working in the Addis Ababa Health bureau and failed to match with the numbers of female physicians the HR of each governmental Hospitals claims to have after the initiation of the research so I had to go back to Addis Ababa health bureau to validate the numbers. The Other limitation of the study is the difficulty to include all Female physicians in the study because some of them have been sent for a residency program which challenged me to attain a complete data.

1.7 Organization of the study

Introduction of the study is discussed in the first chapter, in addition to statement of the problem, significance of the study, objective of the study, scope and limitations of the study which are verified consecutively. The second chapter discusses review of literatures from different sources. The third chapter deals with methodology of the study while the fourth chapter encompasses result and discussion. Conclusion and recommendations are listed as the fifth chapter followed by references and appendices.

1.8 Definition of terms

- ✓ **Work Life Balance (WLB)**; it is the term used to describe the balance that an individual needs between time allocated for work and other aspects of life such as personal interests, family and social engagements and leisure times (Hudson,2005)

- ✓ **Family friendly policy**; a policy which makes it possible for the employees to more easily balance family and work, and to fulfill both their family and work obligations. (Hudson, 2005)

- ✓ **General practitioner;** a physician who doesn't specialize but has a medical practice (general practice) in which he or she deals with all illness and provides preventive care and health education to patients. (Collins English dictionary,1979)

- ✓ **Specialist**; a physician who has further completed his/her medical education in a specific specialty of medicine by completing a multiple year of residency.(Collins English Dictionary,1979)

- ✓ **Sub specialist**; a specialist who further specializes in a field of study that is part of the broader specialty.(Collins English Dictionary,1979)

Chapter Two

Literature Review

2.1 Introduction

The term work-life balance, historically considered a personal issue, was first used in the United States in 1986 to give an insight on the trend of people spending more time on work-related tasks and very little time on other aspects of their personal lives. Although its usage in everyday language was infrequent for a number of years. Interestingly, work life programs existed as early as the 1930s. (Emslie& Hunt, 2009)

The meaning of work life balance has many unique characteristics. It often depends on the context of the conversation and the speakers view point. It means different things to different groups. The right balance today will probably be different by tomorrow. The right balance when one is single will be different after marriage and having children; when one is on a start to a new carrier versus when one is nearing retirement.

Academics also haven't reached consensus on the understanding and definition of the work life balance concept. Therefore one of the possible definitions or views of the concepts is the division of the activities into two categories: work related and non-work related life. Gröpel(2006) defined it as the division between the different categories of work and non-work nature. Author states that the balance between work and non-work life is seen by individuals, when time is dedicated to both, However it is seen subjectively. Visser, Williams (2006) classify Work life balance in accordance with priorities of an individual and compatibility with the life fulfillment and work and life roles of this individual, meaning that work life balance can be described as state where the devoted time for work and other activities reflects priorities, needs and ambitions of a person.

Work Life Balance in its broadest sense is defined as a satisfactory level of involvement or fit between the multiple roles in a person's life. Although definitions and explanations may vary, work life balance is generally associated with equilibrium between the amount of time and effort

somebody devotes to work and personal activities, in order to maintain an overall sense of harmony in life.

It is important to understand that work life balance does not mean to devote equal amount of time to paid work and none paid roles. More recently the concept has been recognized as more complex and has been developed to incorporate additional components. A recent study explored and measured three aspects of work life balance.

1. **Time balance**: this concerns the amount of time given to work and non-work roles.

2. **Involvement balance**: meaning the level of psychological involvement in, or commitment to, work and non-work roles.

3. **Satisfaction balance**: the level of satisfaction with work and non-work roles.

This model of work life balance, with time, involvement and satisfaction components, enables a broader and more inclusive picture to emerge. For example, someone who works two days a week and spends the rest of the week with his or her family may be unbalanced in terms of time, i.e. equal measures of work and life, but may be equally committed to the work and non-work roles, balanced involvement, and may also be highly satisfied with the level of involvement in both work and family, balanced satisfaction. Someone who works 60 hours a week might be perceived as not having Work life balance in terms of time. However, like the person who works only a few hours a week, this individual would also be unbalanced in terms of time, but may be quite content with this greater involvement in paid work, balanced satisfaction. Alternatively, someone who works 36 hours a week doesn't enjoy his or her job and spends the rest of the time pursuing preferred outside activities may be time-balanced but unbalanced in terms of involvement and satisfaction. Thus, achieving balance needs to be considered from multiple perspectives. (Hudson, 2005)

It is important to understand that work life balance does not mean to devote equal amounts of time to paid work and non-paid roles. In its broadest sense, it is defined as a satisfactory level of involvement or fit between the multiple roles in a person's life. Although definitions and explanations may vary, work-life balance is generally associated with equilibrium between the

amount of time and effort somebody devotes to work and personal activities, in order to maintain an overall sense of harmony in life. (Clarke, et al 2004)

2.2 Theoretical review

It has been suggested that the way in which work life balance ought to be interpreted is through an acknowledgement of the ideology underpinning the construct and then apply a definition that supports the ideological perspective that serves as the foundation of that interpretation (Reiter, 2007). Taxonomy of ideologies suggested by Forsyth (1980) highlights four categories into which work life balance may be viewed:

1. Absolutist

2. Exceptionist

3. Subjectivist

4. Situationist

An equal distribution of time, involvement, and satisfaction across work and life domains is demonstrative of the *Absolutist* typology. The *Exceptionist* perspective is utilitarian in nature and aims to reveal what balance works best for the greatest number of individuals. The alternative to these two perspectives is the *Subjectivist* and *Situationist* perspectives, which suggests that multiple iterations of balance exist. The *Subjectivist* perspective offers that "because no moral standards are valid except in reference to one's own behavior, moral evaluations must depend on personal perspectives". The *Situationist* perspective is one in which the employee is guided to concentrate on the optimum benefits, including maximizing satisfaction and experiences, and minimizing stress and errors, in both work and life domains. Reiter asserted that this perspective is most valuable to academics and practitioners. The *Situationist vantage* point provides researchers with the opportunity to explore those characteristics and factors that facilitate work life balance for specific groups of people. Specifically, the Situationist perspective emphasizes tailoring the definition of balance to fit the individual's personal context. Moreover, balance facilitates the grouping of individuals according to similarities in values, including by career,

gender, family structure, life stage, or income level with varying definitions of work life balance (Reiter, 2007).

Competing and multi-faced demands between work and home responsibilities have assumed increased relevance for employees in recent years, due to large part demographic and workplace changes like a greater numbers of women in the workforce, dual-career couples, transformation in family structures, a rise in the number of single parents, a growing reluctance to accept the longer hours culture, the rise of the twenty four per seven society, and technological advancements. In response to these changes and the conflict they generate among the multiple roles that individuals occupy, organizations are increasingly pressured to design various kinds of practices, intended to facilitate employees' efforts to fulfill both their employment related and their personal commitments. The way of how work life balance can be achieved and enhanced is an important issue in the field of human resource management and has received significant attention from employers, workers, government, academic researchers, and the popular media. (McPherson and Reed, 2007)

2.3 **Empirical review**

Reconciling paid work and family responsibilities affect parents all over the world, requiring constant negotiation within as well as between the household and the workplace, as a means of ensuring a manageable and equitable balance between the two. Such challenges have different implications for men and women owing to entrenched perceptions of paid employment and unpaid domestic work and the value that society attributes to them. The gendered division of labor continues to reflect traditional gender roles perceiving women as caregivers and men as breadwinners. Despite increasing female labor force participation around the world, women continue to shoulder a disproportionate share of family responsibilities resulting in a double burden. This coupled with a lack of child care institutions, contributes to women's persistently disadvantageous position in the labor market. (Tinuke,2014)

Even as more women than ever work for pay, they continue to bear a disproportionate burden of care giving for dependent family members such as children, the elderly and members with disabilities or illnesses. Available data show that everywhere women still spend considerably more hours in unpaid care work than men do, and less time in paid work. When considering the

total number of hours spent in paid and unpaid care work, women tend to have longer working days than men, on average almost more than an hour, with less time for education, training, unionization, leisure or even health care. (Acheampong,2013)

Over the last two decades, employment growth in most regions has been characterized by an increase in the incidence of non standard employment in total employment, such as part-time employment. While part-time work, especially in the absence of childcare and parental leave, has enabled many women to juggle work and family, it often comes with a substantial "penalty" in terms of lower hourly wages, job security, non-wage benefits, social protection, career advancement and training. Also, fixed-term, agency and seasonal work, on the rise in high income countries, tend to pay less than standard work. In many African, Asian and Latin American countries, the incidence of informal employment is growing and the current crisis is accentuating these trends. As women are overrepresented in non-standard jobs, they are at risk of an increased marginalization in labor markets, as evidence from previous economic crises has shown. Simultaneously, long or unpredictable working hours and the upward trend of nonstandard work schedules ,for example in the evenings, at night or weekends, as part of the spread of a more globalized, 24/7 economy, has also put considerable strain on workers and their families. In some instances, parents may be working 24-hour shifts, one on child duty while the other works. While this may permit families to make ends meet, it has negative effects on workers' well-being. (Governing Body 312th Session, Geneva, 2011)

Reconciling paid work and family responsibilities affect parents all over the world, requiring constant negotiation within as well as between the household and the workplace, as a means of ensuring a manageable and equitable balance between the two. Such challenges have different implications for men and women owing to entrenched perceptions of paid employment and unpaid domestic work and the value that society attributes to them. The gendered division of labor continues to reflect traditional gender roles perceiving women as caregivers and men as breadwinners. Despite increasing female labor force participation around the world, women continue to shoulder a disproportionate share of family responsibilities resulting in a double burden. This coupled with a lack of child care institutions, contributes to women's persistently disadvantageous position in the labor market.

Arguably, work-family balance, most especially in the African context, is an issue that borders women in employment than men (Okonkwo, 2012). This may well be because women combine the very tasking domestic duties which include childcare with their paid work activities (Bird 2006; Cross and Linehan, 2006). Although both men and women are said to experience inter-role between work and family domains (Walker, Wang, and Redmond, 2008) but women typically assume more family responsibilities than men (Pillinger, 2002). Also, managing work and family obligations are particularly difficult for women in a patriarchal society (Rehman and Roomi, 2012). For example in Nigeria, the domestic duties of cleaning home, cooking for the family, laundry work, and childcare are exclusively women's job, many of whom are also engaged in full-time paid employment (Okonkwo, 2012). In this regard, Jacobs and Gerson, (2004) indicate that psychological consequences of combining domestic duties with work responsibilities squarely fall on women. The demands of work and home pose great challenges for employees in fulfilling the multiple roles (Peng, IIies, and Dimotakis, 2011). The inability for employees to reconcile these roles will engender work-family conflict which will negatively affect both employees and employers (Jones, Burke, and Westman, 2005)

Ezzedeen and Ritchey (2009) conducted a study to explore coping strategies devised by executive women in family relationships to maintain career family balance. Several categories of career advancement and career family balance strategies emerged from the analysis which included values and beliefs relating to career and family in place of one's life, personal social support, professional social support and life course strategies.

Abraham (2002) observed that working women had to perform variety of roles acting as super moms and striking a balance between their modernity and tradition. Flexible work arrangements helped the working women to comply with their household requirements without compromising their career (Tolhurst et al, 2004)

Men and women in the current generation of physicians in particular have been found to possess a strong sense of responsibility for family life and parenting, and thus, may experience discontent or tension if work demands impinge upon a more a balanced lifestyle. These developments within the medical profession are important to understand, in part because of their potential impact upon patients, whose experiences and outcomes depend upon a dedicated cadre of clinicians and researchers.

Women, who now constitute a substantial and growing proportion of the physician work force .may face unique challenges in balancing the competing demands of professional duty and family responsibility.

Jacobs and Gerson, (2004) indicate that psychological consequences of combining domestic duties with work responsibilities squarely fall on women. The demands of work and home pose great challenges for employees in fulfilling the multiple roles (Peng, IIies, and Dimotakis, 2011). The inability foe employees to reconcile these roles will engender work-family conflict which will negatively affect both employees and employers (See Jones, Burke, and Westman, 2005).

It is clear from the interview results that Nigerian female medical doctors and nurses have challenges in their roles both at home and work as wives, mothers, carriers, and professionals. Majority of the participants described these tasks as uphill. According to them, the challenges of balancing these four roles in the Nigerian patriarchal society are enormous and very difficult. Moreover, in Nigeria, the primary responsibility of women is to take care of their homes which include caring for their immediate and extended family. It should be noted that a developed and well-managed social welfare and health care system that care for the old and disabled ones does not exist in Nigeria. Thus, these enormous responsibilities rest majorly on women, and are considered as part of their primary responsibilities while their careers are secondary and should not affect their primary responsibilities. Any Nigerian woman who neglects her primary responsibilities for her career prospects faces domestic crisis and social sanctions

.Evidence from the case studies showed that the task of combining multiple roles are very difficult for Nigerian female doctors and nurses. They found the occupational workload of the medical profession all-consuming that they become fatigued and drained and unable to perform their familial duties at the end of their daily shifts. This finding resonates with Noor's (2002) argument that when an employee devotes so much time to one part, the other function is assumed to be negatively affected. However, it should be noted that some professionals such as medical doctors and nurses do not fit the typical 9-5 work pattern (Burke, 2009), their patterns of work are characterized by long working hours (Gjerberg, 2003), overtimes, and sometimes they work during vacations and bank holidays (Perlow and Porter, 2009), all of which further make achieving WFB very difficult (Johnson, 1991). More so, perhaps strangely, medical doctors have

obligations to put their work duties, such as patients' care, above their families' responsibilities (Gjerberg, 2003).

The study also showed the intricacy of combining mothers, wives, care-givers, and professional roles among Nigerian female doctors and nurses. The results showed that in Nigeria, the primary responsibility of a woman is to take care of her home and family while every other activity including her job is classified as a secondary role. It is imperative to note that a developed and well-managed social welfare and health care system that care for the old and disabled persons does not exist in Nigeria. Thus, the responsibility of taking care of senior citizens, children and disabled ones squarely rests on women, whether employed or not. This phenomenon, consequently, affects female doctors and nurses' ability to function properly as wives, mothers, caregivers, and trained clinicians. As argued by Duxbury and Higgins, (2008), the cumulative demands of work and family roles are incompatible, involvement in one role will make participation in other functions very difficult. Most respondents explained how they invested much time and energy to their domestic responsibilities which, consequently, affect their performance at work and career progression. Allen et al., (2000) in their studies linked work-family balance with performance at work.

It is found that the major reason for conflicts is due to co workers and nature of job and work pressure. It is also found that work conflict occurs due to the reasons like work pressure, job prospects and multi-work instructions. There is a significant level of difference exist in level of work conflict among women employees based on the sector they employed with respect to close supervision, work safety and support. Due to work conflict among women employees the level of negative attitude and lack of skill emerges. It is also found the consequences of work conflict are high and opinion about the influence of work conflict among employees is significantly differing based on different designation level. It is also found that women employees living under joint family encounter more family conflict irrespective of their work designation. It is majority because of work place pressures at family, less devotion of time to family and available sources of income. Due to family conflict majority of employees realize lack of control and poor involvement in family. It is effectively found that both family and work conflicts have influence on each other among women employees in the selected study sector. (Nagaraju Battu,2015)

2.4 Conceptual framework

Organizations can implement various work-life balance initiatives that may assist employees to better balance their work and family responsibilities, gain improvements in well being and organizational benefits. There are a large variety of family friendly policies which include but are not limited to the following: ***flexible working hours, job sharing, part-time work, compressed work weeks, parental leave, telecommuting, on-site child care facility***, (Hartel et al 2007). In addition, employers may provide a range of benefits related to employees' health and well-being, including extended health insurance for the employee and dependents, personal days, and access to programs or services to encourage fitness and physical and mental health. Still, other practices may support children's education, employees' participation in volunteer work, or facilitate phased retirement.

Flexi time: Allow employees, to determine or be involved in determining the start and end times of their working day, provided a certain number of hours is worked. This can allow them to meet family or personal commitments and emergencies, enable employees to respond to both predictable and unpredictable circumstances, during the day or to reduce their commuting time by starting and ending work before or after the rush hour.

Telecommuting: It is becoming more and more common for people to do at least some of their regular work from home instead of going into the office. This type of arrangement is often called telework or telecommuting and can be advantageous for employees by allowing them to organize their work day around their personal and family needs, to decrease work related expenses, to reduce commuting time and to work in a less stressful and disruptive environment. It may also help to accommodate employees who, because of particular disabilities, are unable to leave home. The fact that employees who telework can use this added flexibility to capitalize on their personal peak productivity periods can also favorably influence a company's bottom line. Despite these benefits and the attention that telecommuting has attracted in the media, very few collective agreements contain telework provisions. The paucity of telework clauses is partly due to the fact that not all occupations are amenable to such an arrangement. Moreover, employers may be concerned by the initial implementation costs, potential legal liabilities, and difficulties in supervising and appraising the performance of teleworkers. Trade-Unions may disapprove of

work at home clauses if they perceive them as leading to greater isolation of employees, reduced job security and promotion opportunities, and diminished health and safety protection.

Compressed Work Weeks: A compressed work week is an arrangement whereby employees work longer shifts in exchange for a reduction in the number of working days in their work cycle on a weekly or biweekly basis. This can be beneficial for employees in terms of additional days off work , longer weekends allowing "mini vacations") and reduced commuting time, whereas employers can extend their daily operating hours, with less need to resort to overtime. Compressed work week arrangements may be particularly useful for employees who wish to reduce the number of days per week spent at work, but who can not financially afford to decrease their working hours. Compressed work weeks are often initiated by the employee, but sometimes the employer may initiate the option to improve operational efficiency, to maximize production (reduced daily start up costs) or to establish longer business hours which can enhance customer service. Common arrangements for a forty hours work week are working ten hours per day, four days a week; working an extra hour a day with one day off every two weeks; or working an extra half hour a day and having one day every three or four weeks off.

Part-Time Work: Part-time arrangements can also allow people with health problems, disabilities or limited disposable time (e.g. students) to participate in the labour force, develop their skills and obtain work experience. Finally, they can facilitate re-entry into the workforce for those who have had career breaks — particularly mothers (or fathers) who have stayed at home to raise their children — or provide a gradual exit for employees nearing retirement. From the employer's point of view, the use of part-time workers, where feasible, can help maximize the use of human resources and increase operational flexibility, by providing additional coverage during peak periods. Part-time employment can also be considered unsatisfactory for those employees who would prefer working longer hours to increase their income, thereby ensuring a higher standard of living for their families. The European Working Conditions Survey found that 85% of those working less than 30 hours per week were satisfied with their work–life balance. Furthermore, part-time workers and those working less than 35 hours a week reported the lowest levels of both physical and psychological health problems. Part-time work is one strategy frequently used by workers who wish to better balance their work and family life. Part-time work

should be promoted in more, higher-level occupations, for instance, Daimler Chrysler in Germany promotes part-time work in leading positions in the company. (Clarke, et al, 2004)

Job sharing is an arrangement which allows two or more employees to jointly fill one fulltime job, with responsibilities and working time shared or divided between them. Job sharing may be appropriate where opportunities for part-time jobs or other arrangements are limited. Apart from the obvious advantage of allowing employees more time for other commitments, including family responsibilities, job sharing also facilitates the development of partnerships, where job sharers can learn from each other while providing mutual support. It can benefit employers as well by improving staff retention, increasing productivity and combining a wider range of skills and experience in a single job. In some cases, such an arrangement can also provide additional coverage during busy periods, while ensuring continuity of coverage when one partner is on sick leave or holidays. For business with substantial numbers of administrative, maintenance or customer-facing employees, offering flexible working conditions can be problematic. Where the hours of work are customer-driven, organizations face limitations on flexibility for employees, but this is when family-friendly programs such as child care would be of most benefit. A positive example of childcare support is Star City Casino in Sydney that provides a 24-hour childcare facility. Management believes this has helped both staff and the organization, as evidenced by the lowest staff turnover rate of any casino in Australia. (Australia Government Website, 2005). Contextual factors that influenced the success of these work arrangements were management support and supportive organizational culture, the presence of formal human resource management practices regarding reduced work arrangements and assistance in the implementation of such arrangements.

Research conducted amongst organizations in the UK suggests that employees often remain unaware of their work-life entitlements following the implementation of work-life balance practices (Kodz et al, 1998). For example, in a survey of 945 employees in six different organizations across three sectors of employment (local government, supermarkets, and retail banking), found that 50% of employees were unaware of the family friendly practices offered by their organizations. (Yeandle et al 2002).

Five distinct aspects of work-life culture have been identified from previous studies (McDonald et al 2005), all of which should be considered by organizations when attempting to improve

employees' work-life balance. These are outlined below :(European Research Studies Volume XIII, Issue (1), 2010)

Managerial support is consistently emphasized in discussions and studies as a factor influencing work-life balance. Managers play an important role in the success of work/life programs because they are in a position to encourage or discourage employees' efforts to balance their work and family lives. Where supervisors enthusiastically support the integration of paid work and other responsibilities, employees will be more likely to take up available work-life programs. On the other hand, it has been suggested that even in 'family-friendly' organizations, managers may send negative signals indicating that the use of flexible benefits is a problem for them, their colleagues and the organization as a whole (Hudson 2005)

Career consequences: The second factor associated with a barrier to the successful implementation of work-life practices is the perception of negative career consequences. In a study of 463 professional and technical employees in biopharmaceutical firms, (Eaton 2003, 145) found that the provision of work-life practices improved employees' organizational commitment, but only to the extent that employees felt free to use the practices without negative consequences to their work lives—such as damaged career prospects. Similarly, (Cunningham, 2001), cites an American Bar Association report that although 95% of American law firms have a part-time employment policy, only 3% of lawyers have used it due to fear of career derailment. The perception that using work-life balance practices will have a negative impact on their career prospects appears to be a powerful DE motivator for employees' use of these practices (Kodz, Harper, Dench, 2002).

Organizational time expectation: Another factor that influence the uptake and overall supportiveness of work-life policies is organizational time expectations the number of hours employees are expected to work; how they use their time (e.g., whether employees are expected to take work home); In several studies, however, long working hours have been identified as a signal of commitment, productivity and motivation for advancement. One study, based on interviews with engineers in a Fortune 100 company in the US, concluded: "If one is to succeed, one has to be at work, one has to be there for long hours, and one has to continuously commit to work as a top priority. To be perceived as making a significant contribution, productivity alone is not enough. One has to maintain a continual presence at work." This is particularly the case in

organizations with presenteeism cultures where those who succeed are the ones who come in early and stay late as a matter of course. Known as "face time" being visibly at workplace, often for long hours—is seen as a sign of commitment, of loyalty, of competence and high potential (Beauregard and Lesley 2008, 9-12), but also is seen as a major barrier to achieving work/life balance. Employees who do not give the maximum amount of time possible to the organization are often defined as less productive and less committed, and are therefore less valued than employees working longer hours; We consider that the shift to evaluating performance on the basis of outputs rather than time spent physically at the workplace is, however, an essential part of developing a culture that supports work-life balance. It is very difficult to implement flexible work arrangements in organizations where the focus is on hours rather than output, and presence rather than performance. This means that organizations that want to increase work-life balance need to introduce new performance measures that focus on objectives, results and output. To do this, they need to reward output not hours and what is done, not where it is done. They also need to publicly reward people who have successfully combined work and non-work domains and not promote those who work long hours and expect others to do the same.

Genders perceptions: Perceptions that work-life policy is developed only for women are the fourth factor related to their use. A review of men's use of family-friendly employment provisions argues that barriers to men's use arise from three major sources.First the culture of many workplaces casts doubt on the legitimacy of men's claims to family responsibilities. Second, the business environment, imposing competitive pressures to maintain market share and increase earnings. Third, the domestic organization in employees' own homes often precludes men from taking up available work/life options. Some work-life provisions, such as paternity leave, are intended specifically for men and aim to foster a greater sharing of responsibilities between men and women. Thus, encouraging more men to use opportunities for flexible work is important but clearly this requires a supportive work environment as well as changes in attitudes and expectations in the wider community.

Co-worker support: An increasing amount shows that workers who make use of work-life practices suffer negative perceptions from colleagues and superiors. An experiment (Beauregard, Lesley, 2008) found that employees who used work life balance practices were perceived by co-workers as having lower levels of organizational commitment, which was thought to affect the

subsequent allocation of organizational rewards such as advancement opportunities and salary increases. Some staff that use flexible arrangements have reportedly experienced 'family friendly backlash' or resentment from co-workers In other organizations, employees without dependent care responsibilities interpret "family friendly" as favoritism and complain that they are being "unfairly" or inequitably treated. We consider that such employees feel that their colleagues with childcare or eldercare responsibilities are "getting away with less work" and that the needs of childless employees are being ignored, but this kind of attitude should be changed. This backlash against "family friendly" makes it harder for organizations who wish to address the issue.

In conclusion regarding such perceptions, it is therefore not surprising why work-life practices tend to be underused by male employees, single employees and career-oriented mothers; and that apprehension of negative career consequences for using practices has been associated with increased levels of work-life conflict.Wish to consider total life planning, as it brings topics into the workplaces that have traditionally been considered private.

The work-life balance initiatives could be designed by organizations with or without participation of their employees. A study shows that there are several organizations that do not involve their employees in the designing of work life programs, the work life balance drives in these organizations were initiated by the top management with the intention of employee retention. Organizations also believe that top management support is critical in rolling out Work life balance initiatives. It was found that, even for the work life balance proposals that impacted at the lower or middle level managers ,getting the buy-in and the support from the top management is a must even with small-scale initiatives on work-life balance which are proved to have good impact on the employee satisfaction and retention worldwide".(Parakandi, Behery, 2016).

Work life programs have the potential to significantly improve employee morale, reduce absenteeism, and retain organizational knowledge, particularly during difficult economic times. In today's global marketplace, as companies aim to reduce costs, it falls to the human resource professional to understand the critical issues of work life balance and champion work life programs. Be it employees whose family members and friends are called to serve their country, single mothers who are trying to raise their children and make a living, Generation X and Y employees who value their personal time, couples struggling to manage dual-career marriages, or

companies losing critical knowledge when employees leave for other opportunities, work life programs offer a win-win situation for employers and employees. (Nancy R. Lockwood, 2003)

Employees with work-life balance feel their lives are fulfilled both inside and outside of work, and they experience minimal conflict between work and non-work roles. Those who achieve this balance tend to have higher levels of satisfaction with their jobs and life in general, as well as lower levels of stress and depression. From an employer's viewpoint, encouraging work-life balance may attract new hires, help reduce turnover and absenteeism, and increase the chances of employees voluntarily engaging in pro-social behaviors that rise above and beyond their job requirements. Nevertheless, findings are mixed with respect to effects of employee work life balance on the company's bottom line. For example, having family-friendly work policies, when a firm uses good management practices overall, does not detract from profitability, but may not always increase profits. In sum, evidence suggests a work strategy of "running yourself ragged" has costs both for meeting performance goals and enjoying life; the employee and the organization benefit most when workers experience greater balance between what they do on and off the clock. (Byrne, 2005)

Chapter Three

Research Methodology

This chapter discusses the research design used, the sample size and sampling techniques employed in addition to methods used to collect data and how the Data was analyzed.

3.1. Study area

The study was conducted in Addis Ababa; the capital city of federal Democratic Republic of Ethiopia. It is the largest city in Ethiopia with a population of 3.38 million people according to 2014 census with annual growth rate of 3.8%.As per the latest report from Ethiopian ministry of health (2017), the total number of Hospitals in Addis Ababa city is 31(excluding 94 health centers).Out of the total 31 hospitals 11 of them are public owned. Out of the 11 public owned hospitals 6 of them are under the authority of Addis Ababa health bureau while the rest are under the Federal government authority. The six governmental hospitals under the Addis Ababa health bureau are included in the study. There are two hundred and thirteen female physicians in those six hospitals composed of 169 General practitioner and 44 Specialists.

3.2 Research Design

A research design is the arrangement of conditions for collection and analysis of data in the manner that aims to combine relevance to the research purpose with economy procedure.

A semi descriptive and semi exploratory type of study design was conducted on all the six governmental hospitals under the authority of Addis Ababa health bureau. As the purpose of Exploratory research design is to formulate a problem for more precise investigation and its major emphasis is on the discovery of ideas and insights (Kothari, 2004), semi exploratory research design was used to sort out and formulate work life balance problems for further investigation and to have insights and ideas on the current work life balance situation faced by female physicians working in the selected governmental hospitals. A descriptive type of research design was also used to narrate the facts and characteristics of work life balance situation in the study area.

3.3 Population, sample size and sampling technique

The source and the study population were all female physicians working in those governmental hospitals under Addis Ababa health bureau authority in A.A, Ethiopia.

A census data was collected from158 female physicians working in the six Hospitals which are under the authority of Addis Ababa health bureau.43 of the total 213 female physicians are send to their residency program so I wasn't able to include them on the study, where 12 of them also couldn't be tracked due to personal reasons.

Ser.No	Name of Hospital	General practitioner	Specialists	Total
1	Gandi Hospital	7	5	12
2	Minilik Hospital	26	10	37
3	Ras Desta Hospital	23	5	28
4	Tirunesh Bejing Hospital	29	3	32
5	Yekatit 12 Hospital	61	14	75
6	Zewditu Hospital	23	7	30
Total		169	44	213

3.4. Study unit

All female physicians working in those six governmental hospitals under the authority of health bureau are the study unit.

3.5 Data Sources

All female physicians working in the respective governmental hospitals under the Addis Ababa health bureau authority was used as the source population during the data collection. Semi structured self-administered questionnaires were used to collect data from the female physicians of the respective hospitals. The questionnaire has different types of questions concerning the current practices and challenges of Female physicians in attaining their work life balance. A pretest was also conducted in two Hospitals, Menilik Hospital and Yekatit 12 Hospital, to ensure the validity of the questionnaire.

3.6. Procedures of data collection

The data was collected using semi structured questionnaire which was customized to suit the objective if the study. The questionnaire is selected as a major data gathering tool because the researcher believe that the questionnaire helps the respondents to easily remember the current practices and challenges they face in maintain their work and family life balance.

3.7 Reliability and validity measurement instruments

Comments made on the survey questionnaire by the supervisor were very useful and enhanced the validity and reliability of the research instrument whilst serving as a source of good mentoring. pre testing of the designed questionnaire also served a useful purpose .Additionally the questions asked in the questionnaire were simple and straight forward which made it easy for respondents to understand and answer. A census data for the study and a high response rate achieved (74.17) by the instrument served to validate the study results.

3.8 Methods of Data analysis

The collected data was analyzed manually and using SPSS software. Tables , graphs and pie charts are used to present the quantitative data.

3.9 Ethical Consideration

A letter from St. Mary University was taken to the administration of the selected private hospitals to undertake pre survey and to assure the study is used only for academic purpose. Confidentiality and anonymity was ensured throughout the execution of the study for participants were not expected to disclose their personal information.

Chapter Four

Result and discussion

After carefully analyzing the results obtained from the questionnaire, the following data were obtained. Each data was analyzed manually and using SPSS software.

4.1. Demographic data

The study indicated that women face problems to maintain balance between work-life due to a composite of different factors mainly composed of family and work related variables. This study highlighted the fact that working women of today's generation faces both professional and family obstacles.

From a total of 213 registered female doctors a total of 158 respondents composed of 141 general practitioners and 17 specialist working in Government hospitals under the authority of Addis Ababa health Bureau has participated in completing the questionnaire giving a response rate of 74.17%.43 respondents were on Residency program and 12 respondents couldn't be traced to complete the questionnaire.

Vast majority of the respondents (92.4%) of the respondents have below 5 years work experience while the remaining 7.6% have more than five years.

The 158 participants of the study 51.2% are currently married, with hundred percent spouse employment and 83% of these married respondents have 2 kids on average. The fact that majority of the respondents being married with children and the additional 100% spouse employment will increase the strain on the female doctors to balance of work-life.

Table 1: Demographic data of Participants in the study (n=158)

Demographic variables		N	%
Marital Status	Married	81	51.2%
	Single	77	48.73%
	Separated/Divorced/Widowed	0	0%
Specialty	General Practitioner	141	89%
	Specialist	17	10.7%
	Sub Specialist	0	0%
Work Experience	1-2yrs	73	46%
	3-5yrs	73	46%
	>5yrs	12	8%

Figure1. Age Distribution of Respondents
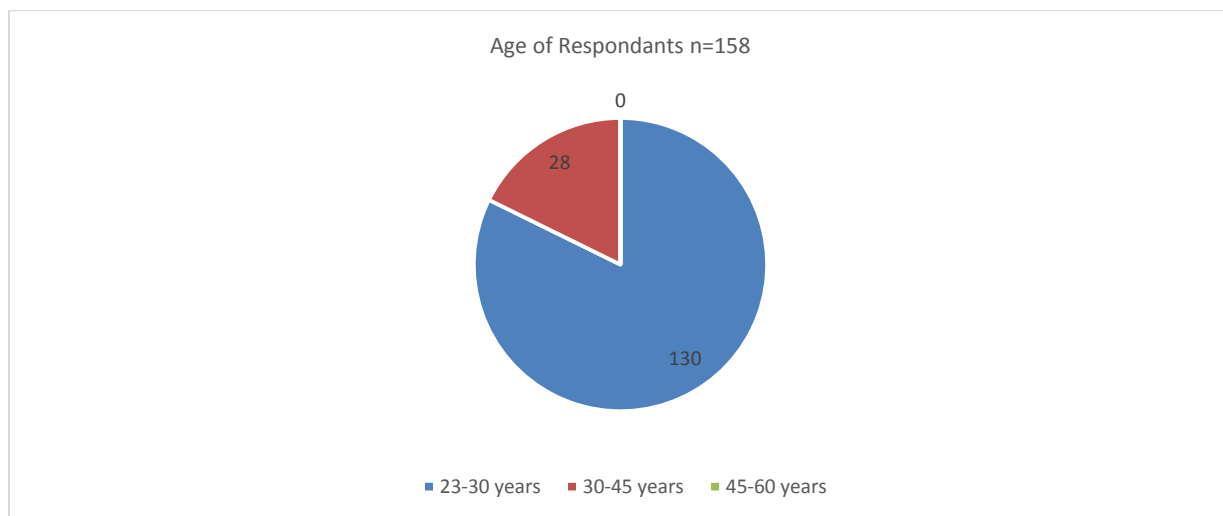
Most of the respondents of the study are younger health care professionals between the ages of 23-30 years of age and there are no participants between ages of 45-60 years.

4.2. Work-Life balance related variables

4.2.1 Family related Variables that impact work-life balance

Majority of the respondent (87.5%) spend on average 2-4 hrs per day on household chores after their daily work requirements, however, 78% of them reported that they have a support system that helps them with the house hold chores.

Figure 2: Family variables that impact WLB
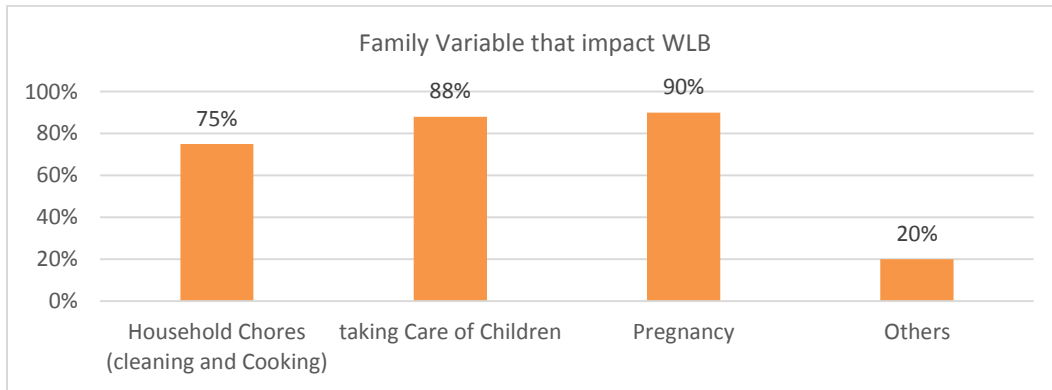
Majority of respondents believe pregnancy (90%), Taking care of children (88%) and House hold chores contribute significant in the work life imbalance of female doctors as most of these requirements are solely or heavily the responsibility of women.

Figure 3: Spouse Support in household chores among married respondents
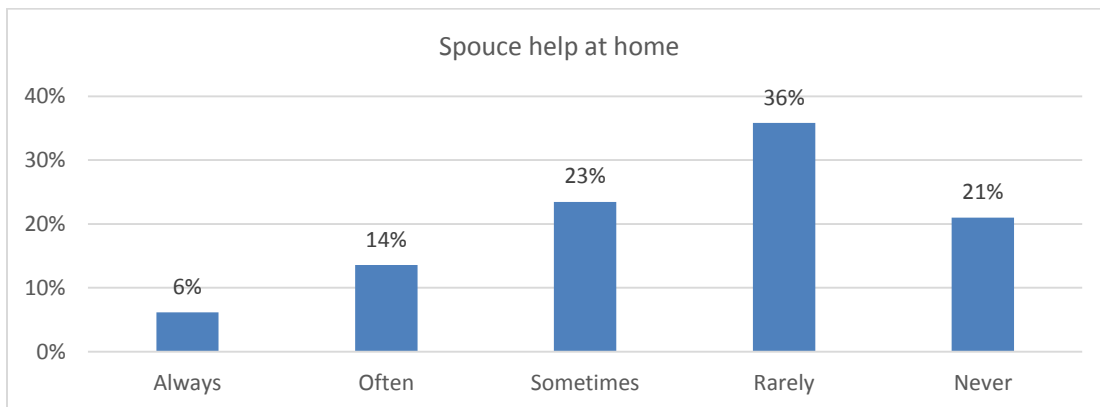
Majority of the respondents (36%) rarely get any help in from their spouses in the day to day chores at home and only 6% of respondents indicated that they always received help at home

from their spouse, indicative of the fact that women carry the lion's share of the burden in carrying out work at home.

Table 2: Satisfaction of Family members on Profession choice of female physicians

		Satisfied	**Neutral**	**Unsatisfied**
Singles	Family Members	78.44%	11.68%	9.88%
Married	Husband	55.06%	24.05%	20.89%
	Children	15.8%	70.88%	13.32%

Among the 77 respondents who are single majority of them (78.44%) have family members satisfied with their professional and carrier choice, however among the married respondents the satisfaction with the professional choice among their husband's drops to 55.06%, which is further lower (15.8%) among their children, which is also an additional factor affecting the quality of life of these female doctors. As unhappy family, husband or children due to the professional choice or time spent at work will impact the quality of family life in maintain or achieving work-life balance and as well female doctors need to put extra effort to maintain a good home environment which further strains the work-life balance.

Majority of the respondents (75%) commented that there is family support to maintain the professional life despite the limited satisfaction (55%) from husbands and 15.8% from their children.

Figure4: Family support to maintain professional life

Family Support to maintain professional life

25%

75%

■ Yes   ■ No
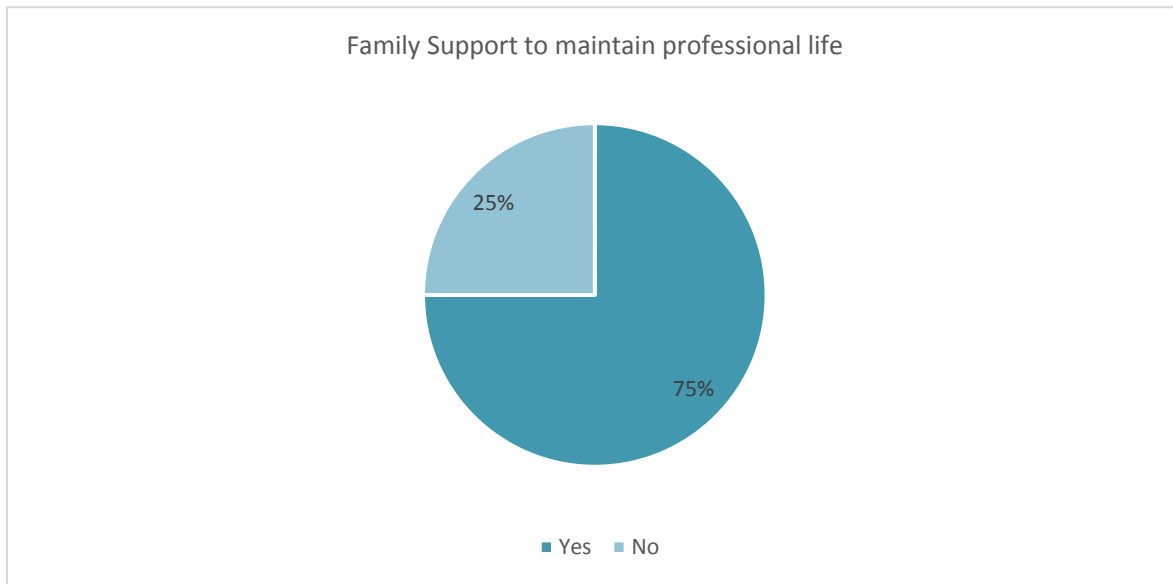
4.2.2. Work related Variables that impact work-life Balance

For majority (68.98%) of respondents the work hour per day of female is between 9-10hours and only 20.25% respondents stick to 8 hrs work hour per day. There were 10.77% female doctors that worked more than 10hrsper day. This strenuous working hour can be seen as another factor that affects the work-life balance of these female doctors for which 80.5% of the respondents indicated that they are not happy with the working hour requirements.

The Vast majority of respondents (72.7%) work 6 days a week, which means one day from their weekend is spent at work further reducing time spent with family or time spent resting.

Table 3: Working schedule, work burden and impact on work life balance

		N	%
How many hours per day do you work	8hrs	32	20.25%
	9-10hrs	109	68.98%
	>10hrs	17	10.77%
How many days in a week do you work?	5 days	27	17%
	6 days	115	72.7%
	7 days	16	10.12%
Do you work in Shift	Yes	107	67.7%
	No	51	32.3%
Are there sufficient health Professionals to manage Patient flow?	Yes	35	22.15%
	No	123	77.85%
Do you feel tired and Depressed at work?	Yes	135	85.44%
	No	35	14.56%
Have you missed out any quality time with your family or friends because of pressure at work?	Always	17	10.25%
	Often	51	32.2%
	Sometimes	68	43%
	Rarely	22	14.55%
	Never	0	0%
Do you worry about work when you not actually at work?	Always	33	20.88%
	Often	51	32.2%
	Sometimes	62	39.2%
	Rarely	12	7.59%
	Never	0	

67.7% of the respondents work in shift, where the variable working arrangement requirement has a negative impact in maintaining a stable and steady family life.

More than two third of the respondents (77.85%) believe there is shortage of health professionals to share the work burden while the remaining 22.15% think otherwise.

The impact of the long working hour requirement, limited number health professionals and inflexible working requirements on the WLB is seen when 85.5% of the respondents indicated that they feel tired and depressed at work and majority 43% and 39.2% commented they missed a quality time with family and they worry about work even when they are not actually at work respectively.

Figure 5: Satisfaction with the Working hours of the organization?
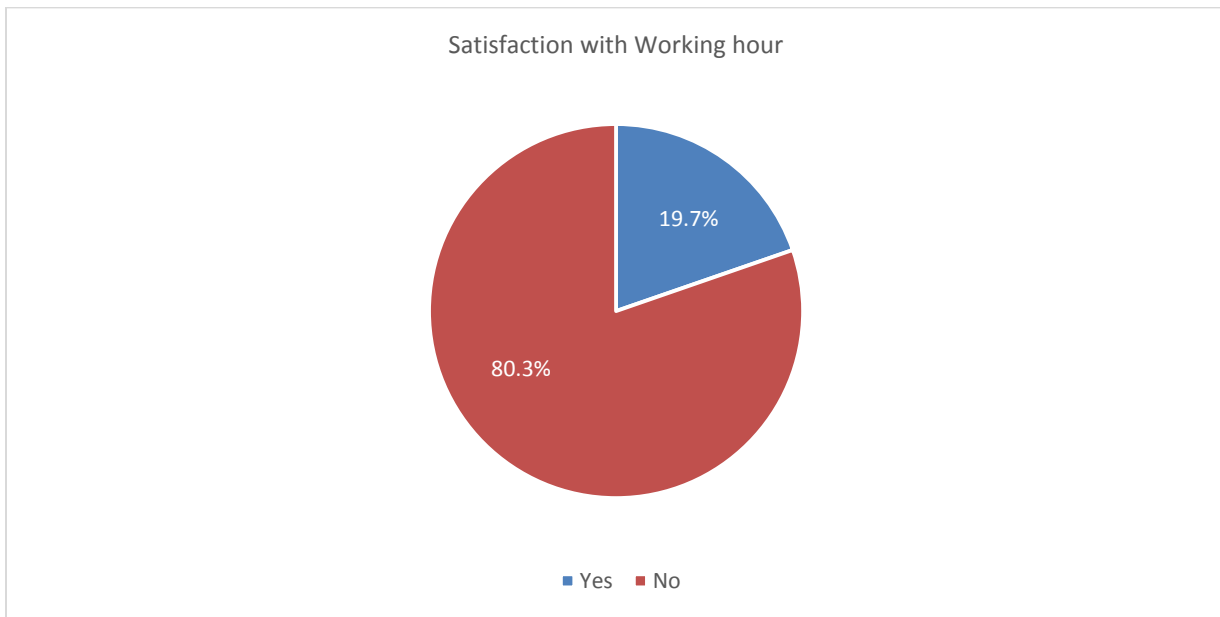
Figure 6: Work Overload status
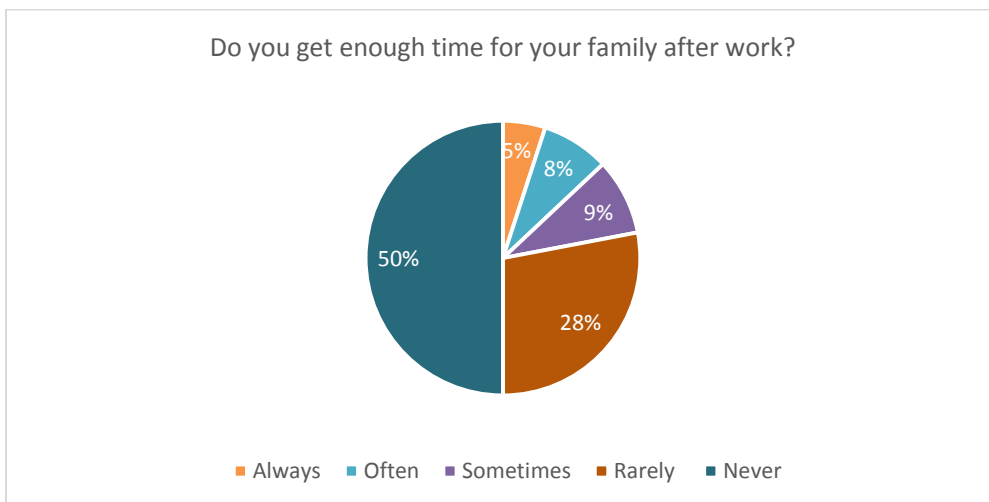
Table 4: Result on factors most important to continue working despite additional family responsibility

What is the most important factor for female physicians to continue working despite the added family responsibility?	N	%
Childcare Environment	75	47.4%
Appealing Work Environment	158	100%
Partner Understanding	110	69.6%
Flexible working time arrangement	110	69.6%
Determination/Effort	103	65.18%
Other	25	15.8%

The study participants responded regarding factors they considered to be important to continue working despite the additional family responsibility and all respondents (100%) believe appealing work environment plays a vital role, and equivalent number of respondents 69.6% also responded Partner understanding and flexible working time arrangement also play a role. Surprisingly less than 50% of responded the importance of child care environment.

Figure 7: Supervisory and colleagues support
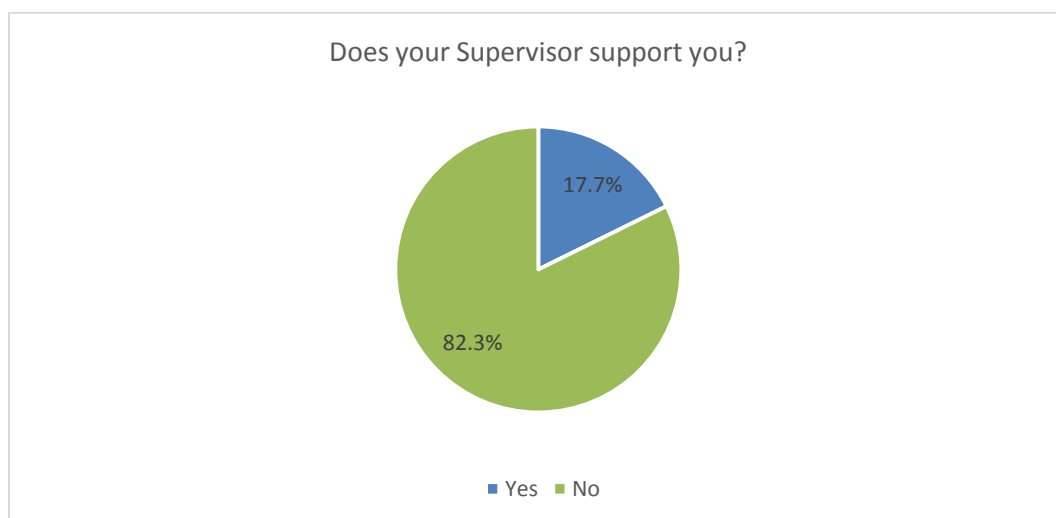
A compounding factor to the work life imbalance has been identified as limited supervisory support for female physicians as the response from the participants 82.3% indicated that there is no supervisory support while the vast majority 35.7% responded they get colleague support sometimes while 7.1% indicated they never get any form for colleague support.

Figure 8: Support from Colleagues

How Often do you get Support from Collegues?

7.1%
14.3%
14.3%
28.6%
35.7%

■ Always ■ Often ■ Sometimes ■ Rarely ■ Never
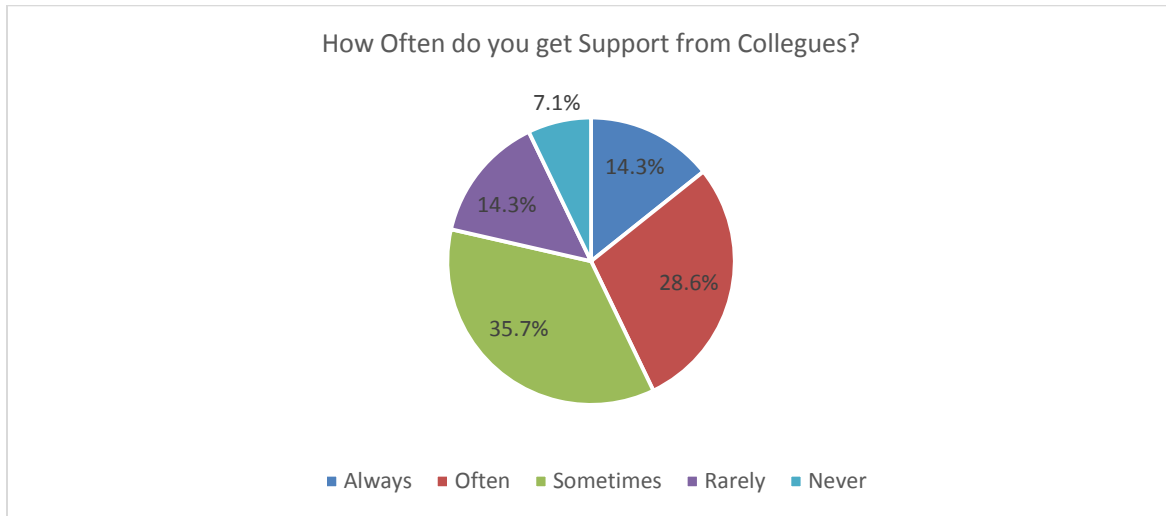
Table 5: Problem due to Disturbed work-life balance

Types of Problem	N	%
Productivity and/or work quality has reduced dramatically due to long working hours	69	43.6%
Prolonged fatigue level, Sleepiness and/or extreme tiredness	107	67.7%
I get Physically sick easily and/or frequently due to heavy workload	25	15.8%
I do not have any private time for recreation activities	56	35.44%
My work has adversely affected my relationship with my friends	69	43.67%
I feel stressed out, depressed and/or exhausted after work	149	94.3%
Work Pressure creates insomnia and/or poor diet	12	7.5%
I become Accident Prone	5	3.16%

The negative effects of work-life imbalance can be observed by the response rates where 94.3% of respondents feel stressed out, depressed and exhausted after work, 67.7% responded of having prolonged fatigue level, sleepiness and extreme tiredness and productivity and quality of work decline is seen on 43.6% of respondents.

4.2.3: Work-Life balance policy knowledge, availability and application

All respondents believe there is a strong relationship between work life balance and quality of life, with majority of respondents (75%) felling work-life balance policy should be customized to individual needs and if employees have a good work life balance all respondents (100%) agree employees will be effective and successful. With a surprising contradiction where only 42.86% of the respondents are able to balance between personal and professional life very well.

Figure 9: Work life balance policy availability know how in the organization
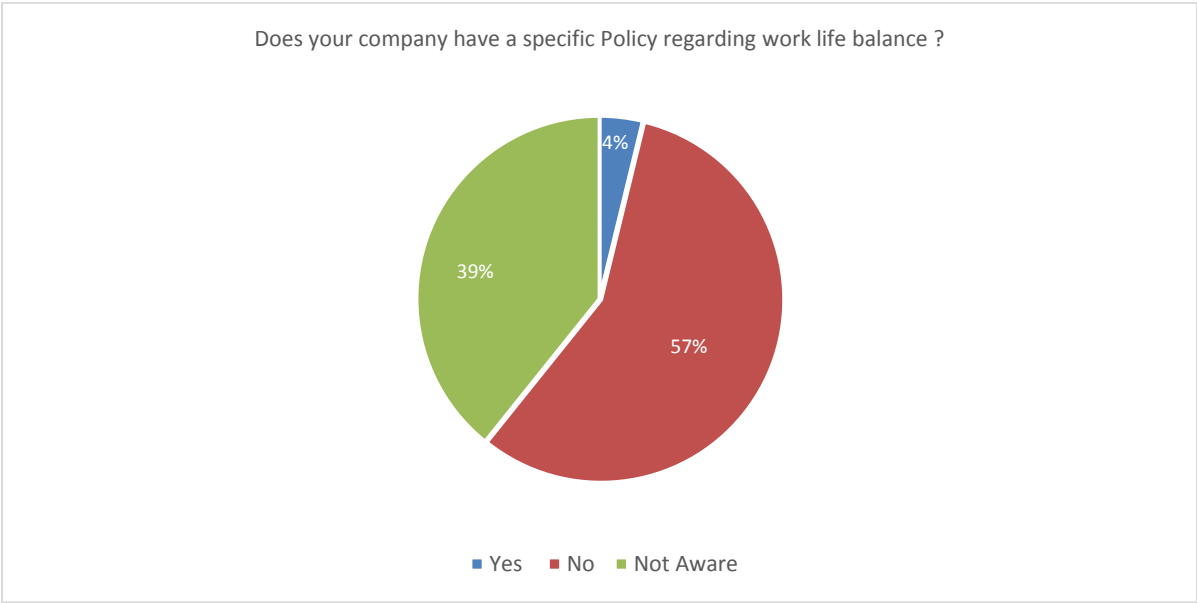
Regarding availability of specific policy regarding work life balance majority of respondents 57% believe there is no Specific WLB policy, while the second majority 39% are not aware existence of such policy and only 4% of respondents know of existence of specific WLB policy.

Figure 10: Recommendation for policy inclusion

If your organization frames a policy for employees, what points you think are important and should be included in the policy?

	Flexible Working hours	Holidays or paid time off	Health Programs	Family Support Programs	Long maternity leave	Breaks for lactating mothers	Exercise Facilities	Counseling service
Strongly Agree	50%	60.70%	67.80%	57%	67.80%	71.40%	28.50%	21.40%
Agree	42.80%	25.100%	32.10%	43.00%	25.200%	28.600%	53.60%	67.60%
Indifferenet	7.20%	14.20%	0%	0%	7%	0%	14.400%	11.00%
Disagree	0	0%	0%	0%	0%	0%	3.50%	0%

■ Strongly Agree ■ Agree ■ Indifferenet ■ Disagree

As a potential mitigation plan for the work-life balance if their organization frames a policy for employees various policy elements were recommended among which two third of respondents strongly agreed Holiday/paid time off, health programs, long maternity leave and family support programs needs to form integral part of the policy.

Chapter five

Summery, Conclusion and Recommendation

5.1 Summary of major findings

Among the 158 respondents that participated in the study 81 of them are married with two children on average and 100% Spouse employment. And 92.4% of the respondents have less than 5years work experience.

Majority of the participants 85.7% of the responded they spend 2-4 hrsa day on house hold activities every day after spending 9-10 hrs./day (68.98%) in their work duties in the hospital where 50% of the respondents believed they never got enough time after work for their family.

Pregnancy, taking care of children and household chores are key highlights that create the major work-life imbalance. This is further made an issue by the dissatisfaction of family members on the carrier and professional choice of the female physicians.

The stress is further compounded by the six day/week (72.7%) work schedule. The shortage of health professional as responded by 77.85% of participants compounded by the dissatisfaction of the working hours (80.3%) has caused 85.5% of the respondents to feel tired and depressed at work, where they should feel alive and active to manage patients.

The impact of the long working hour requirement, limited number health professionals and inflexible working requirements on the WLB is seen when 85.5% of the respondents indicated that they feel tired and depressed at work, they missed a quality time with family and they even worry about work when they are not actually at work.

Another factor highlighted that compounded the work-life imbalance is limited support from supervisors but this is down played by a good number of respondents acknowledging the support of colleagues.

Limited number of employees knows and are aware of the existence of work-life policies in their hospital.

And negative impacts of work life imbalance has been depicted by the majority of respondents as feel stressed out, depressed and exhausted after work, having prolonged fatigue level, sleepiness and extreme tiredness and decline in productivity and quality of work.

5.2 Conclusion

Reconciling paid work and family responsibilities affect parents all over the world, requiring constant negotiation within as well as between the household and the workplace, as a means of ensuring a manageable and equitable balance between the two.

The major outcomes of the study has indicated that Pregnancy, child caring and household chores on top of the extended working hours are seen as major family related factors affecting work-life balance.

Long working hours, extended working days, limited number of man power to share the work load and limited support from supervisors is seen as major work related factors affecting the work-life balance of these physicians.

These factors compounded by the absence of solid work life balance policy in the institutions and the lack of awareness of any existing policy by the employees further worsen the work life imbalance.

The resultant effect of these factors that influence work-life balance has caused a diverse effect on the wellbeing, physical and mental status and productivity of these female health care professionals and an immediate remediation action is needed to mitigate and provide a lasting solution to these diverse effects.

The absence of any solid work-life balance policies except maternity leave and the lack of knowledge of employees on the same needs to be remediated.

Various measures needs to be implemented to improve the work-life balance of female physicians given the added burden of home, child bearing and raising responsivity on top of their day to day patient management and care they provide for the society at large.

5.3 Recommendations

Based on the findings of this study on the work life balance of female physicians working in governmental hospitals under the authority of Addis Ababa health bureau in Addis Ababa, Ethiopia, practices and challenges, the following suggestions and recommendations were made so that they will overcome the challenges and help them to maintain their work life balance.

- ✓ The Hospitals needs to build an organizational culture that value Work Life Balance and assist its employees, in our case female physicians, to achieve life balance by developing a more unified and compassionate work place culture.

- ✓ The Hospitals needs to take a proactive step to adopt work family policies , leave policies, social security benefits and making arrangements of working hours to improve the quality of reconciliation of employment and family responsibilities, as part of employment rules and successfully implement the multitude of work family policies that will enhance healthy balance and harmonious relationships among health professionals ,female physicians, and their multiple roles.

- ✓ Creating awareness to its employees, female physicians, about the availability of work family policies and encouraging them to use them should also be taken by the respective Hospitals as an assignment.

- ✓ The Hospitals in collaboration with the government need to build facilities like, breast feeding facilities, facilities to keep the employees' children at work in case of emergencies, exercise facilities etc. in the Hospital compound. They also need to incorporate family support programs, health programs and counseling system to their employees to better help them in maintaining their work Life Balance.

- ✓ The government also needs to take extra efforts in training and allocating enough health care professionals to easily manage or at least minimize the burden of heavy patient load.

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Appendices 1

A self administered questionnaire to assess the work life balance of female physicians working in selected Governmental Hospitals under the authority of Health Bureau in Addis Ababa Ethiopia.

Dear respondents,

First of all I would like to thank you for your valuable cooperation. This research focuses on the work life balance of female physicians working in selected governmental hospitals under the authority of Addis Ababa Health Bureau in Addis Ababa, Ethiopia. What the practices, challenges and prospects look will not like. Your answers will not be released to anyone and will remain anonymous as your name will not be written on the questionnaire. Any information you provide will only be used for academic purpose.

I kindly request for your cooperation in helping me carry out this research as a partial fulfillment of Masters Degree in Business Administration (MBA).

N.B

- You can give more than one answer
- Please fill a tick mark in the check box provided for your answer.

Part one: General information

1. Age:

      18-30 ☐

      31-45 ☐

      45-60 ☐

2. Educational status:

      General practitioner ☐

      Specialist ☐

      Sub specialist ☐

3. Work experience:

      1yr-2yrs ☐

      3yrs-5yrs ☐

      More than 5 yrs ☐

4. Marital status:

    Married ☐

    Single ☐

    Divorced ☐

    Widowed ☐

  4.1 If married, Spouse employment:

Employed ☐

Unemployed ☐

5. Do you have skids? Yes ☐ No ☐

    5.1 How many Kids do you have who are under 18 years old? _____

6. Do you have a support system that helps you with the chores in your home? Yes ☐ No ☐

7. How many hours per day do you spend on house chores? _____

8. Does your family understand and support you on your profession? Yes ☐ No ☐

9. Are your family Members satisfied about your professional choice?

		Satisfied	Neutral	Unsatisfied
If Single	Family			
If Married	Spouse			
	Children			

Part two: Basic information

10	How many hours per day do you work?	8hrs	
		9-10hrs	
		>10hrs	
11	How many days in a week do you work?	5 days	
		6 days	
		7 days	
12	Do you work in shifts	Yes	
		No	
13	Do you feel tired or depressed at work?	Yes	
		No	
14	Are there sufficient health professionals to manage patient flow?	Yes	
		No	

No		Always	Often	Sometimes	Rarely	Never
15	Does your spouse support in you house hold chores					
16	Do you get sufficient support from you colleagues?					
17	Do you worry about work when you are not actually at work?					
18	Do you get sufficient time for your family after work?					
19	Have you missed out any quality time with your family or friends because of pressure at work?					

20. Do you get sufficient support from your supervisors? Yes ☐   No ☐

21. Are you satisfied with the working hour of the organization? Yes ☐   No ☐

22. Does your company have a specific policy which helps to maintain work life balance?

   Yes ☐   No ☐   Not aware ☐

23. If your answer is yes to question 22, can you list some of the policies?

   A.

   B.

   C.

24. What are the factors which are most important to continue working despite additional family responsibility for female physicians? (Tick all that apply)

What is the most important factor for female physicians to continue working despite the added family responsibility?	
Childcare Environment	
Appealing Work Environment	
Partner Understanding	
Flexible working time arrangement	
Determination/Effort	
Other	

25. Which one of the listed variables do you think will help you in maintaining your work life balance?

	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
Flexible working hours					
Holidays /paid time off					
Counseling services					
Health programs					
Family support programs					
Exercise facilities					
Long maternity leave					
Breaks for lactating mothers					

Part three: Miscellaneous

26. Do you suffer from any stress-related disease? Yes ☐ No ☐

27. Which of the below listed problems have you faced due to work life imbalance? (tick all that apply)

Types of Problem	
Productivity and/or work quality has reduced dramatically due to long working hours	
Prolonged fatigue level, Sleepiness and/or extreme tiredness	
I get Physically sick easily and/or frequently due to heavy workload	
I do not have any private time for recreation activities	
My work has adversely affected my relationship with my friends	
I feel stressed out, depressed and/or exhausted after work	
Work Pressure creates insomnia and/or poor diet	
I become Accident Prone	

28. Do you feel work life balance policy in the organization should be customized to individual needs? Yes ☐ No ☐

29. Do you think that if employees have good work-life balance the organization will be more effective and successful?

30. What are your suggestions for the organization to enhance employee's work-life balance?

THANK YOU VERY MUCH FOR YOUR COOPERATION.