

# Balance between Job, Worker Demands and Family Responsibilities of Ever-Married Female Physicians Working at Primary Health Care Centers, Makkah, 2018

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**Abstract Background:** For many female physicians, particularly those married, obtaining an acceptable balance between career demands and family life is a difficult challenge. **Objectives:** determine the influence of career and job demands on family life and vice versa among ever-married female doctors working in primary care in Makkah and discover suggested solutions to create the balance between them to become more comfortable. **Subjects and Methods:** This study was carried out using a cross-sectional design among a representative sample of female physicians who ever married and currently working in primary health care settings, Makkah. Data were collected through a self-administered questionnaire. It included questions concerning demographic information, family responsibilities, career obligations and obstacles and suggested solution. **Results:** The study included 149 female physicians. Their age ranged between 25 and 53 years with an arithmetic mean of 33.6 years and standard deviation of 6.7 years. Physicians who did not report negative impact of work on the relationship with spouse or children ( $p < 0.001$ ) and those who had no difficulty in transportation ( $p = 0.005$ ) were more satisfied in balance between career and family life than their counterparts. Physicians' suggested solutions that can offer a balance between their career and family life included mainly providing child healthcare at primary care centers was the commonest reported one (76.5%), offering more days off for maternity (65.1%) and flexibility at work (47%). **Conclusion:** Unsatisfaction of Saudi female physicians in balancing career and family life is a relatively common problem among those working in primary health care centers in Makkah. However, possible solutions were suggested by physicians.

**Keywords:** primary health care, female physician, satisfaction

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## 1. Introduction

In 1997, Saudi women doctors constituted 20.36 % of professionally active Saudi doctors. In 2012, this number reached 33.6% [1]. On other hand, practicing American women doctors accounted for 22% of the total in 1997 [2], while in 2002 they became 28%, [1] and in 2010, they raised to 30% of practicing doctors expected to be 50% by the year 2040 [3].

For many female physicians, particularly those married, obtaining an acceptable balance between career demands and family life is a difficult challenge [4]. Working in medical field has usually been characterized by obligations to put patient care above personal needs, long working hours in addition to family responsibilities [5].

The vast majority of physicians in the past were male and their wives were at home taking care of household

duties and care for the children. Nowadays, as women entering the medical field are increasing in numbers [5]. In Saudi Arabia, then the tensions between career and family life became more prominent. In Saudi Arabia, as many countries, the number of women working in medical field is steadily increasing [6,7].

The aim of our study was to determine the influence of career and job demands on family life and vice versa among ever-married female doctors working in primary care in Makkah and discover suggested solutions to create the balance between them to become more comfortable with those doctors.

## 2. Patients and Methods

This study was carried out using a cross-sectional study. The study was carried out in Makkah city. Makkah

includes 82 primary health care (PHC) centers distributed on seven health sectors: four inners (Al-zaher, Al-Kakeiah, Al-adel, Al-Sharee) and three outers (Al-Gomoom, Khalees, and Al-Kamel). This study included all female physicians who ever married and currently working in PHC from all educational levels (General physician, resident, specialist, and consultant) with no national boundaries.

## 2.1. Ethical Approval

This study was approved from regional research center and director of primary health care in Makkah. Each participant gave a verbal consent prior to recruitment and confidentiality was assured for each situation.

## 2.2. Study Sample Size Calculation and Method of Sampling

The minimum number was 149 individual. The calculation of the sample size was done by using Raosoft sample size calculator with assuming of 95% confidence level, 5% sampling error, and 50% probability of prevalence.

Sampling was done by cluster sampling. Data were collected through a self-administered questionnaire.

It has been used previously in Riyadh and proved to be valid and reliable. The questionnaire was distributed to each participant's hand to hand by the researcher for the assurance of confidentiality.

Data analysis for our study included descriptive statistical methods by using SPSS version 25.

## 2.3. Pilot Study

A pilot study was conducted on female physicians working in three primary health care centers of the MOH PHC centers in Makkah city. Their results were not included in the final analysis. Defects in the questionnaire were identified and modified accordingly.

## 3. Results

### 3.1. Demographic Profile of the Participants

The study included 149 female physicians. Their age ranged between 25 and 53 years with an arithmetic mean of 33.6 years and standard deviation of 6.7 years. The remaining demographic profile is summarized in [Table 1](#).

**Table 1. Demographic Profile Of Female Physicians, Primary Health Care, Makkah (N=149)**

		Frequency	Percentage
Current Marital Status	Married	116	77.9
	Separated	15	10.1
	Divorced	13	8.7
	Widowed	5	3.4
Nationality	Saudi	129	86.6
	Non-Saudi	20	15.4
Residence	Makkah city	134	89.9
	Outside Makkah	15	10.1
Job Title	Consultant	23	15.4
	Associate/assistant consultant	20	13.4
	Resident	58	39.0
	General practitioner	48	32.2
Type Of Job	Clinics only	97	65.1
	Shifts	52	34.9
Experience In Phc (Years)	≤5	87	58.4
	6-10	39	26.2
	>10	23	15.4

**Table 2. Family Responsibilities Of The Female Physicians, Primary Health Care, Makkah (N=149)**

Family responsibilities variables	Frequency	Percentage
Number of children		
None	43	28.9
1-2	78	52.3
≥3	28	18.8
Employment status of the spouse		
Physician	75	50.3
Non-physician	74	49.7
Having a period of interruption in the career because of any family responsibilities or social reasons		
No	128	85.9
Yes	21	14.1
1-2 years	...19	12.8
3-5 years	...2	1.3
Having family responsibilities affected choice of specialty?		
Yes	76	51.0
No	73	49.0
Discrimination or negativity from colleagues because of marital status		
Yes	80	53.7
No	69	46.3
Discrimination or negativity from the society because of work		
All the times	55	36.9
Sometimes	72	48.3
Never	22	14.8

### 3.2. Family Responsibilities

Table 2 summarizes the family responsibilities of the female physicians. More than half of them (52.3%) had one or two children while 18.8% had three children or more. Almost half of them (50.3%) married to physicians.

### 3.3. Impact of Career Obligations on Family Life

It is realized from Table 3 that nearly half of the physicians (49.7%) were working for at least 40 hours per week. Less than one-third of the participants (30.9%) thought their work has a negative impact on their relationship with their spouse or children and 20.8% of them thought their work affects their children's performance negatively at school.

More than one-fourth (27.5%) of female physicians were unsatisfied while another 27.5% were satisfied in balancing their career and family life as demonstrated in Figure 1.

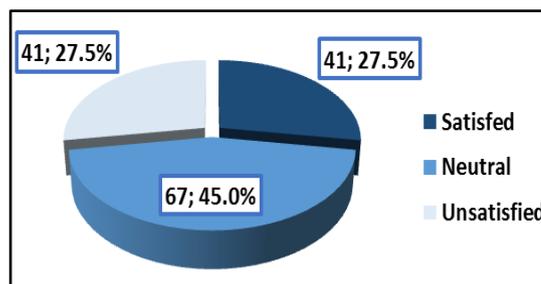


Figure 1. Satisfaction in balance between career and family life among female physicians, primary health care, Makkah

Table 3. Impact Of Career Obligations On Family Life Of The Female Physicians, Primary Health Care, Makkah (N=149)

Career obligation variables	Frequency	Percentage
Number Of Currently Working Hours Per A Week		
<40	75	50.3
≥40	74	49.7
Do You Think Your Work Has A Negative Impact On Your Relationship With Your Spouse Or Children?		
Yes	46	30.9
No	59	39.6
Neutral	44	29.5
Do You Think Your Work Affect Your Children Performance Negatively At School? (N=106)		
Yes	22	20.8
No	48	45.2
Neutral	36	34.0
What Is The Percentage Of Daily Household Duties Are You Responsible For?		
100%	19	12.8
75%	34	22.8
50%	48	32.2
25%	25	16.8
<25%	23	15.4
Do You Have Difficulties In Transportation To The Hospital?		
No	55	36.9
Yes	45	30.2
Sometimes	49	32.9

Table 4. Association Between Satisfaction In Balancing Between Career And Family Life And Socio-Demographic Characteristics Of Female Physicians

Socio-Demographic Characteristics	Satisfaction in balancing between career and family life			p-value*
	Satisfied (n=41) N (%)	Neutral (n=67) N (%)	Unsatisfied (n=41) N (%)	
Age (Years)				
Mean±Sd	36.54±7.79	32.49±5.70	32.46±6.14	0.004**
Current Marital Status				
Married (N=116)	33 (28.4)	52 (44.8)	31 (26.7)	0.776
Separated (N=15)	3 (20.0)	7 (46.7)	5 (33.3)	
Divorced (N=13)	3 (23.1)	5 (38.5)	5 (38.5)	
Widowed (N=5)	2 (40.0)	3 (60.0)	0 (0.0)	
Nationality				
Saudi (N=129)	38 (29.5)	54 (41.9)	37 (28.7)	0.146
Non-Saudi (N=20)	3 (15.0)	13 (65.0)	4 (20.0)	
Residence				
Makkah City	38 (28.4)	58 (43.3)	38 (28.4)	0.467
Outside Makkah	3 (20.0)	9 (60.0)	3 (20.0)	
Job Title				
Consultant (N=23)	14 (60.9)	6 (26.1)	3 (13.0)	0.003
Associate/Assistant Consultant (N=20)	6 (30.0)	9 (45.0)	5 (25.0)	
Resident (N=58)	12 (20.7)	32 (55.2)	14 (24.1)	
General Practitioner (N=48)	9 (18.8)	20 (41.7)	19 (39.6)	
Type Of Job				
Clinics Only (N=97)	34 (35.1)	41 (42.3)	22(22.7)	0.014
Shifts (N=52)	4 (13.5)	26 (50.0)	19 (36.5)	
Experience In Phc (Years)				
≤5 (N=87)	16 (18.4)	41 (47.1)	30 (34.5)	0.005
6-10 (N=39)	12 (30.8)	19 (48.7)	8 (20.5)	
>10 (N=23)	13 (56.5)	7 (30.4)	3 (13.0)	

\* Chi-square test

\*\*One-way analysis of variance test.

### 3.4. Factors Association with Satisfaction in Balancing between Career and Family Life

#### 1. Socio-demographic characteristics:

As clear from Table 4, the age of female physicians who were satisfied in balancing between career and family life (36.45±7.79) was significantly higher than that of unsatisfied and neutral female physicians (32.46±6.14 and 32.49±5.70, respectively), p=0.004.

#### 2. Family responsibilities

Table 5 demonstrates that 46.6% of physicians who had 3 children or more compared to 21.8% who had 1-2

children were satisfied in balancing between career and family responsibilities, p=0.022. About one-fifth (21.3%) of female physicians who reported discrimination or negativity from colleagues because of marital status compared to 34.8% of those without such discrimination or negativity were satisfied in balancing career and family life. This difference was statistically significant, p=0.049.

#### 3. Career obligations

Table 6, illustrates that 50.8% of physicians who did not report negative impact of work on the relationship with spouse or children compared to 17.4% of those who reported such negative impact were satisfied in balancing between career and family life, p<0.001.

**Table 5. Association Between Family Responsibilities And Satisfaction In Balancing Between Career And Family Life Among Female Physicians, Primary Health Care, Makkah**

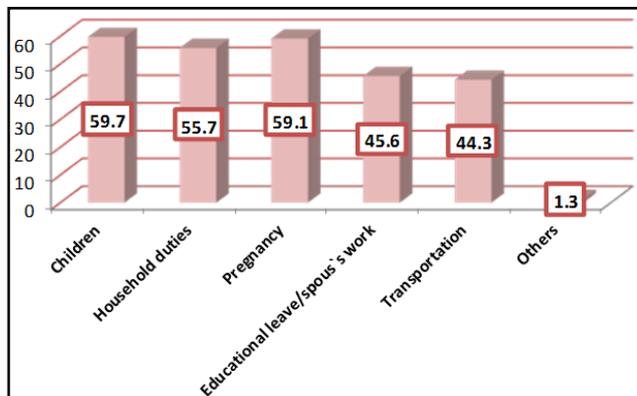
Family Responsibilities Variables	Satisfaction in balancing between career and family life			p-value
	Satisfied n=41 N (%)	Neutral n=67 N (%)	Unsatisfied n=41 N (%)	
Number Of Children				
None (N=43)	11 (25.6)	15 (34.9)	17 (39.5)	0.022
1-2 (N=78)	17 (21.8)	40 (51.3)	21 (26.9)	
≥3 (N=28)	13 (46.4)	12 (42.9)	3 (10.7)	
Employment Status Of The Spouse				
Physician	18(24.0)	37 (49.3)	20 (26.7)	0.507
Non-Physician	23(31.1)	30 (40.5)	21 (28.4)	
Having A Period Of Interruption In The Career Because Of Any Family Responsibilities Or Social Reasons				
No (N=128)	36 (28.1)	58 (45.3)	34 (26.6)	0.141
Yes, 1-2 Years (N=19)	3 (15.8)	9 (47.4)	7 (36.8)	
Yes, 3-5 Years (N=2)	2 (100)	0 (0.0)	0 (0.0)	
Having Family Responsibilities Affected Choice Of Specialty?				
Yes (N=76)	20 (26.3)	35 (46.1)	21 (27.6)	0.940
No (N=73)	21 (28.8)	32 (43.8)	20 (27.4)	
Discrimination Or Negativity From Colleagues Because Of Marital Status				
Yes (N=80)	17 (21.3)	35 (43.8)	28 (35.0)	0.049
No (N=69)	24 (34.8)	32 (46.4)	13 (18.8)	
Discrimination Or Negativity From The Society Because Of Work				
All The Times (N=55)	19 (34.5)	18 (32.7)	18 (32.7)	0.135
Sometimes (N=72)	16 (22.2)	36 (50.0)	20 (27.8)	
Never (N=22)	6 (27.3)	13 (59.1)	3 (13.6)	

**Table 6. Association Between Career Obligations And Satisfaction In Balancing Between Career And Family Life**

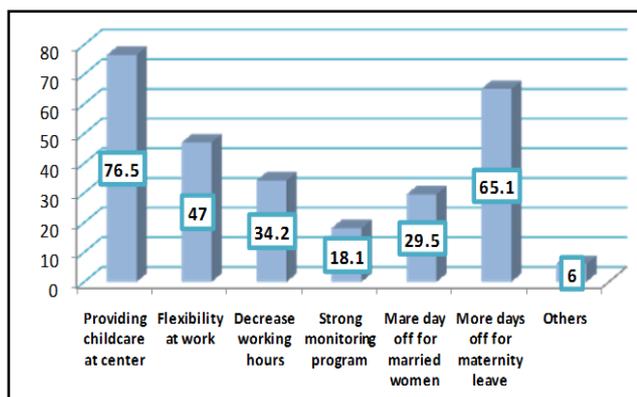
Career Obligation Variables	Satisfaction in balancing between career and family life			X <sup>2</sup> (p-value)
	Satisfied n=20 N (%)	Neutral n=123 N (%)	Unsatisfied n=15 N (%)	
Number Of Currently Working Hours Per A Week				
<40 (N=75)	25 (33.3)	35 (46.7)	15 (20.0)	0.080
≥40 (N=74)	16 (21.6)	32 (43.2)	26 (35.1)	
Do You Think Your Work Has A Negative Impact On Your Relationship With Your Spouse Or Children?				
Yes (N=46)	8 (17.4)	19 (41.3)	19 (41.3)	<0.001
No (N=59)	30 (50.8)	21 (35.6)	8 (13.6)	
Neutral (N=44)	3 (6.8)	27 (61.4)	14 (31.8)	
Do You Think Your Work Affect Your Children Performance Negatively At School? (N=106)				
Yes (N=22)	3 (13.6)	13 (59.1)	6 (27.3)	0.331
No (N=48)	18 (37.5)	21 (43.8)	9 (18.8)	
Neutral (N=36)	9 (25.0)	18 (50.0)	9 (25.0)	
What Is The Percentage Of Daily Household Duties Are You Responsible For?				
100% (N=19)	6 (31.6)	6 (31.6)	7 (36.8)	0.554
75% (N=34)	5 (14.7)	20 (58.8)	9 (26.5)	
50% (N=48)	14 (29.2)	20 (41.7)	14 (29.2)	
25% (N=25)	8 (32.0)	10 (40.0)	7 (28.0)	
<25% (N=23)	8 (34.8)	11 (47.8)	4 (17.4)	
Do You Have Difficulties In Transportation To The Hospital?				
No (N=55)	17 (30.9)	29 (52.7)	9 (16.4)	0.005
Yes (N=45)	9 (20.0)	14 (31.1)	22 (48.9)	
Sometimes (N=49)	15 (30.6)	24 (49.0)	10 (20.4)	

### 3.5. Difficulties and Suggested Solutions

The difficulties that female physicians are facing in balancing their career and family life were having children (59.7%), pregnancy (59.1%), household duties (55.7%), educational leave/spouse's work (45.6%) and transportation (44.3%) as shown in Figure 2.



**Figure 2.** Difficulties faced by female physicians in Makkah primary healthcare centers in balancing their career and family life.



**Figure 3.** Female physicians' suggested solutions for making a balance between career and less difficult family life.

Figure 3 summarizes the female physicians' suggested solutions that can offer a balance between their career and family life. Providing child healthcare at primary care centers was the commonest reported one (76.5%), followed offering more days off for maternity (65.1%) and flexibility at work (47%).

## 4. Discussion

Worldwide, it is a difficult challenge for most female physicians to achieve an acceptable balance between family responsibilities and career [8]. Working in medical profession is characterized by long job hours and responsibilities to put patient care above personal demands and family requirements, which considered a major challenge for a practicing female physician [4,5,9].

This study was implemented aimed to explore the impact of career and job demands on family life responsibilities and vice versa among ever-married female physicians working in primary care in Makkah and define suggested solutions to create the balance between them to become more comfortable [6,7,10].

The changes happened last few years in the economy as well as patterns of women's job may explain why most female physicians choose to combine career demands and family responsibilities [5,11].

In the current study, consultant, older and more experienced physicians were more satisfied in balancing career demands and family obligations [11,12,13]. This could be attributed to the fact that their children became older in age with less problems of care in addition to their job satisfaction and better salary. However, in another recent Saudi study, Al Gamdi [7], said that these factors were not associated with satisfaction in balancing career demands and family life.

It is unexpected in this study to find that physicians with more number of children were more satisfied in balancing between career demands and family responsibilities. However, this could be attributed to finding competent childcare settings. It is fundamental for the female physicians to have a high degree of confidence in the quality of the childcare, so anxiety regarding the child's safety and wellbeing does not distract them from focusing on patients and other work-related activities while away from home. Confidence and trust in the child's caregivers can dramatically minimize the stress of balancing responsibility of child care and career demands [13,14]. Also, in the present study, female physicians who had no negative impact of career obligations on relation with children were more likely to be satisfied in balancing family responsibilities with career demands [15,16].

In a study conducted in USA, women were more likely to change their career or modify their job responsibilities for the benefit of their children, with the most frequent action being a decrease in working hours [17]. Alternative work options are available in some healthcare and academic medical settings, including part-time work, shared positions, alternating work and family time (such as alternating one year of work with a year spent home raising children), taking childcare leave, having summers off, or reducing travel. In the current study, providing child healthcare at primary care centers, offering more days off for maternity and flexibility at work were among the most suggested solutions to make balance between family responsibilities and career demands [3,13].

The American College of Physicians advises maternity leave beginning at least 2 weeks prior to labor and recommends that one parent should be the infant's primary caregiver for at least 4 months [18]. Despite of that, several physicians work until the time of labour [16]. In Canada, physicians receive twelve weeks of paid maternity leave [18], in most of the developed countries, the minimum paid maternity leave is 12 weeks [1]. In KSA, paid maternity leave days shall end no later than 40 days after date of delivery as per rules and regulations of the government [7].

As hypothesized, the current study is consistent with previous researches that has observed negative relationships between satisfaction in balancing between career and family life and impact of career demands on relationship with spouse or children. In addition, this finding agreed with what has been reported by others who observed that women who expressed higher self-efficacy beliefs in managing problems when family responsibilities and work interfere with each other were more likely to experience less work/family conflict and consequently they will be

more satisfied in balancing career obligations and family responsibilities.

In the present study, female physicians who had no difficulty in transportation were more likely to be satisfied in balancing between career and family life. The same has been observed by Al-Ghamdi in a study carried out in Riyadh. [13] It is recommended to reinvestigate this issue after allowing women recently to drive in KSA as it is expected for physicians to be pioneers in this regard.

The present study revealed that having children, pregnancy, household duties, educational leave/spouse's work and transportation are the most frequent difficulties that female physicians are facing in balancing their career and family life. Quite similar findings were reported in a similar Saudi study carried out among female physicians working at King Abdul-Aziz Medical City (National Guard Hospital) in Riyadh. [13]

As expected, physicians who had clinics only were more satisfied in balancing career with family responsibilities than those who had shifts in their work. The same has been reported in a study carried out in India. This dissatisfaction affects negatively the quality of life of physicians and consequently the quality of care delivers to patients.

In the current study, discrimination or negativity from colleagues because of marital status was reported by more than half of the female physicians and this was significantly associated with dissatisfaction in balancing career demands and family responsibilities. It has been documented that the influence of pregnancy and childbirth can be minimized by informing colleagues in advance of the impending birth and the mother's plans for maternity leave. [7]

The most important limitation of this study is its cross-sectional design, which lacks the evaluation of the temporality and causality of the observed relationships. On the other hand, the most observed strength is the limited possibility of selection bias and increase the likelihood of generalization of our results as the study population constituted a representative sample of ever-married female physicians working in primary health care settings in Makkah.

## Conflict of Interest

There is no conflict of interest.



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