

# Gender as a Moderator between Work-Family Conflict and Job Satisfaction of Medical Doctors: The Case of Ghana

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## Abstract

In recent times, during the outbreak of the novel COVID-19 pandemic, many health care workers, especially doctors, have to work long or irregular hours due to the increasing demand for health care services. Work and family have been prominent in an individual's life and require a great deal of time, energy and other resources to manage these multiple responsibilities. Worldwide studies have revealed that doctors have to deal with quite several extraneous difficult tasks in their day-to-day working environment resulting in a high percentage of doctors quitting this noble profession. However, there is a lack of evidence relating to the role of gender in this whole problem. Therefore, this assessed moderating role of gender between work-family conflict and job satisfaction in the case of Ghanaian doctors during the novel coronavirus era. A multi-stage sampling technique was employed to select three hundred and sixty-four (364) doctors for this study. A structured E-questionnaires was distributed using social media platform, mainly to collect data from study participants. Although, gender and work-family conflict were significantly related to job satisfaction, gender did not moderate the relationship between work-family conflict and job satisfaction. Therefore, this study recommends hospital management and policy makers consider ways of managing the autonomy, flexi-time, recognition, and working conditions of doctors to improve their job satisfaction during this pandemic and beyond.

## Keywords

Work-Family Conflict, Job Satisfaction, Gender, COVID-19, Ghana Health Service

## 1. Introduction

The discrepancy between employees' work and family demands has proven to be challenging in this 21<sup>st</sup> century dynamic organizational environment. A plethora of studies have indicated that every profession, including those in the educational sectors, medical sectors, business financial sectors, and even domestic sectors, is susceptible to work and family associated crisis (Pfleiderer, Bortul, Palmisano, Rodde, & Hasebrook, 2018; Opoku Mensah, Amissah, & Nsaful, 2018; Zotorvie, Kudo, & Adade, 2017; Pitney, Mazerolle, & Pagnotta, 2011).

Job satisfaction is one of the three job attitudes exhibited by employees in an organization. It is believed to be an overly researched construct in the field of organizational behavior as it has demonstrated to influence several variables such as productivity, turnover, absenteeism, quality work-life (Martins, Tukur, Danburam, & Salwau, 2016; de Oliveira Vasconcelos Filho, de Souza, Elias, & D'Ávila Viana, 2016; Owolabi, 2015).

Doctors are essential workers and constitute great human resources for a country in times of an uncertainty and clinical complexity, such as the COVID-19 pandemic. Global concern has stipulated that doctors have to cope with numerous extraneous difficult tasks in their day-to-day working environment, resulting in many doctors resigning from this noble profession (WHO, 2017). A cordial doctor-patient relationship is of great significance in health care while a role confused doctor coupled with dissatisfaction on a job will be detrimental (Annor, 2016; Nataša et al., 2010). Over the years, Ghanaian doctors have encountered many plights in the professional facets ranging from medical technology, inadequate finances, and medical education (Adua, Frimpong, Li, & Wang, 2017). During the recent times outbreak of the novel COVID-19 pandemic, many health care professionals, particularly, doctors have to work long hours due to the increasing request for health care services. As a result of the high demand, many countries have experienced a shortage of health care workers forcing most junior doctors to be working in new demanding roles (WHO, 2020).

Greenhaus and Beutel (1985) defined the concept of work-family on the multidimensional premises of time-based, strain-based, and behavior-based. For some time now, male and female duties have evolved; hence, men and women's the responsibilities have become more similar, making it obvious the dilemma of gender and work-family conflicts.

### 1.1. Statement of the Problem

Work and family are outstanding aspects of an individual's life and require a great deal of time, energy, and other resources to manage these responsibilities. Previous studies show that conflicts arise from both work and family spheres and leads to various consequences on the individual, family and organization (Opoku Mensah, Amissah, & Nsaful, 2018; Erdamar & Demirel, 2016; Dartey-Baah, 2015).

Though work-family conflict, when managed appropriately, can lead to significant outcomes such as job satisfaction, family satisfaction, family performance, work performance, marital satisfaction, and organizational commitment (Greenhaus, Ziegert, & Allen, 2012), it does not erase the fact that medical doctors are at the front line of the increasing cases of the novel 2019 coronavirus which put them at risk of infection and consequently, putting their lives in danger. Other dangers include pathogen exposure, long working hours, occupational burnout, psychological distress, fatigue, and even death (Centers for Disease Control and Prevention, 2020).

This study will bridge the gap by adding up to the literature the multi-dimensionality of work-family conflicts connected with the rigid working time of Ghanaian medical doctors being call during odd hours to attend to emergencies. Rui (2017) stipulated that job satisfaction does not solely affect medical doctors' careers but can have a significant effect on the patients they attend to. In regards to the gap, various factors that can contribute or are determinants to doctors' overall job satisfaction or dissatisfaction such as degree of autonomy, the number of working hours, work intensity, salary, lack of recognition, working environment, communication and feedback and being married (Martins, Tukur, Danburam, & Salwau, 2016; Fu, Sun, Wang et al., 2013; Ajayi, Bello, & Asuzu, 2018). Concentrating on these gaps was the focus of this research. Lots of literature emphasizes the effects of work-family on the female and downplaying its effects on the male counterparts (Opoku Mensah, Amissah, & Nsaful, 2018). The study looked at the final effect work-family conflict, and job satisfaction has on both male and female doctors in Ghanaian hospitals during this COVID-19 global crisis.

## 1.2. Purpose of the Study

The purpose is to assess the moderating role of gender between work-family conflict and job satisfaction in Ghanaian doctors' case during the novel coronavirus pandemic. To attain a successful and valid conclusion, the following objectives guided the study:

- 1) To examine the effect of work-family conflict (behavior-based, time-based, and strain-based) on job satisfaction among medical doctors in Ghana during the COVID-19 pandemic.
- 2) To measure the effect of work-family conflict on gender among these Ghanaian doctors.
- 3) To assess the effect of gender in moderating the relationship between work-family conflict and job satisfaction among these doctors.

## 1.3. Research Questions

The following research questions addressed the specific objectives of the study:

- 1) To what extent does work-family conflict influence medical doctors' job satisfaction during the COVID-19 pandemic in Ghana?

2) What reasons account for the effect of work-family conflict on gender among medical doctors in Ghana?

3) What factors influence gender in moderating the relationship between work-family and job satisfaction among medical doctors in Ghana?

#### **1.4. Significance of the Study**

The study will provide a piece of empirical evidence from vital information to health (hospital) managements, policymakers, and individuals in academia. To the hospital management and policymakers in the country, the study's findings of the study will inform their strategic and policy decisions regarding the work-family conflict (WFC) and job satisfaction (JS) of doctors during any major pandemic that the country might have to face in the future.

Further, it will contribute to the growing literature on the variables of study (WFC, JS, and gender) for the individuals in academia. It will also serve as a basis for further studies in other areas in the health sectors that employees' welfare and attitudes aid their overall productivity.

## **2. Literature**

### **2.1. Work-Family Conflict**

Work-family conflict has opposing concerns for both staff members and management (Hamid & Amin, 2014). According to Nawab and Iqbal (2013), workers encounter conflicts from work-related to distinct reasons of work stressors like limited authority, working hours and work overload. However, management should be deliberate to consider family-related needs due to their gender characteristics mainly; both sexes tend not to have significant differences in their encounter of work-family issues (Nasurdin, Ahmad, & Zainal, 2013). Unreasonable job stress emanating from bad working conditions is considered one of the major components that cause work-family conflict (Jamadin et al., 2015). The work-family conflict phenomenon ascertains how commitment in one role can incapacitate the individual from performing another equally significant role in the individual's life (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). Some researchers who investigated work-family conflict clarify family role as the contention starting role and work as the contention tolerating role. In contrast, others suggest work to be the contention starting role and family to be the contention tolerating role depending on the researcher's analytic view. Carlson, Kacmar, and Williams (2000) elaborated on a dimensional measure of work-family conflict constructed to outline three main forms of work-family conflict (time-based, strain-based, and behavior-based). This study would concentrate on WFC's multidimensionality that would intend to add up to the scanty literature available. This study will consider the Role Theory (Katz and Kahn, 1978). The theory proposed that the assumption encompassing the various duties an individual performs can produce inter-role conflict when the contention to dominate the time the individual uses to satisfy all other demands for his or her work

and family duties since each duty requires time, energy, and dedication.

## 2.2. Job Satisfaction

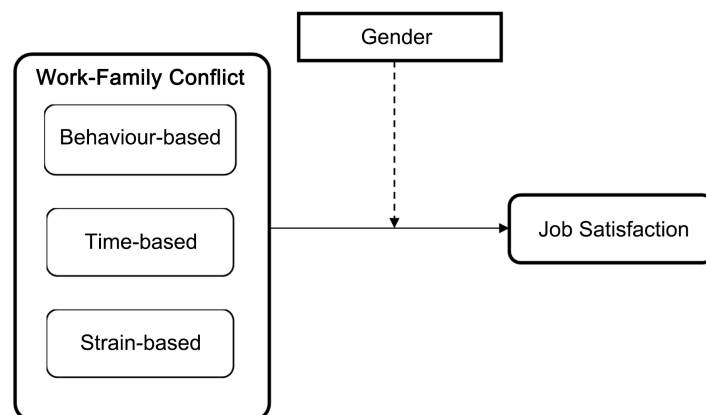
In present-day society, one of the essential measures to self-realization is getting a job. The satisfaction an individual is supposed to derive from the job is considered a key factor in achieving quality of life (Lent et al., 2011). In general, workers with higher job satisfaction are usually effective and enthusiastic towards their work, which benefits the organization in the long run (Coetzee & Stoltz, 2015). According to WHO (2010), the African continent has confronted serious human resource deficiencies, which have brought about numerous nations' failure to begin and support reliable health services. It was revealed that the degree of autonomy was significantly related to job satisfaction (Martins et al., 2016). The current study seeks to examine the job satisfaction domain made up of recognition, the autonomy of work, number of working hours, working conditions, supervision and promotion that could facilitate doctors' work in their various health institutions. The Herzberg's two-factor theory can best explain job satisfaction in this current study. The Hygiene factors and the Motivator factors of these doctors under study.

## 2.3. Gender

Traditionally, the men and women's duties have whirled throughout the years; hence, their commitment and necessities have become comparable, making it evident the plight of work-family conflict. The Gender Perspective Theory postulates that, traditions and social settings an individual finds himself or herself tend to govern and determine their social obligations.

## 2.4. Conceptual Framework

**Figure 1** illustrates the research model for this study by exploring the effect work-family conflict multidimensionality elements have on doctors' job satisfaction while testing the moderating role of gender.



**Figure 1.** Relationship between the independent variable, dependent variable and moderated variable as hypothesized in this study (Author's Construct).

### Hypothesis

H1: Work-family conflict will negatively affect job satisfaction.

H1a: Behaviour-based (B-B) will negatively influence job satisfaction.

H1b: Time-based (T-B) will negatively influence job satisfaction.

H1c: Strain-based (S-B) will negatively influence job satisfaction.

H2: Work-family will negatively affect gender.

H2a: WFC will negatively affect female doctors.

H2b: WFC will positively affect male doctors.

H3: Gender does not moderate the relationship between work-family conflict and job satisfaction.

### 3. Methodology

**Research design:** The study followed a descriptive research design making use of the survey. The study relied on a quantitative approach from a positivist perspective that emphasizes on logic, truth, and realities. In the view of Ary, Jacobs, Irvine and Walker (2018), the descriptive research design offers a more concise and concrete image of events and attempts to clarify the understanding and actions of individuals based on data obtained at every given moment.

**Population:** According to Aetna International, the country has over 1300 and 1800 private and public health facilities, respectively, as of 2019. Statistics from the Ghana Health Service showed a total of 4016 doctors in the country as of 2017. Greater Accra, Ashanti Regions, and Eastern had the highest distribution of doctors, respectively. Malhotra and Peterson (2006) observe that the target population is the group of components or the objects that secure the information that the analyst looks for. Due to the inaccessible current data on the number of doctors in the country, the target population of 4016 doctors is used for the study. As such, both male and female doctors were sampled for the study.

**Sample and Sampling Procedure:** The Yamane (1967) formula was used to determine the sample size for the study. The sample size is calculated as

$$n = \frac{N}{1 + N(e)^2} \quad (1)$$

$$n = \frac{4016}{1 + 4016(0.05)^2} = 364$$

where  $n$  is the sample and  $N$  denotes population;  $e$  is the error margin.

A multi-stage (stratified, convenience and snowball) sampling technique was employed to select 364 doctors for this study.

**Data and Data Collection Instruments:** Considering the financial and health implications associated with the physical collection of data from respondents around this pandemic era, an electronic method was utilized to collect data for the study. E-questionnaires were designed using google form and distributed using social media platforms, mainly WhatsApp. Questionnaire items that measured WFC and job satisfaction were measured on a five-point Likert scale with respondents indicating their degree of agreement or disagreement to each

statement on a scale of 1 - 5 where 1—Strongly Disagree, 2—Disagree, 3—Neutral, 4—Agree, 5—Strongly Agree. These sections of the questionnaire were made up of close and open-ended questionnaires adapted from literature.

The following instruments were used to collect the data for the study:

Section B, Job satisfaction was measured using Herzberg's two-factor theory (Hygiene and Motivator factors). It is a 6-item instrument which assessed key hygiene and motivator factor relevant for this study.

Hygiene factors included; working condition, supervision, working hours.

Motivator factors included; recognition, autonomy and promotion.

Section C, Work-family conflict construct was measured by adapting the short valid, predictive measure of work-family conflict by [Matthews, Kath, and Barnes-Farrell \(2010\)](#). It is a 12-item instrument that assessed key time-based, strain-based and behavior-based conflict construct relevant for this study. Questions that elicit response include:

Time-based conflict, for example, my job keeps me from doing family activities more than I would like.

Strain-based conflict, for example, I am completely exhausted from doing anything by the time I get home from work.

Behavior-based conflict, for example, the problem-solving behaviors I use in my job are not effective in resolving problems at home.

Validity and Reliability of Instrument: Testing for the validity and reliability of the instrument used is required for an effective and efficient study. The Cronbach's alpha reliability method was employed for the estimation of the overall value of the questionnaire as shown in [Table 1](#) below.

According to [Pallant \(2010\)](#), a reliability coefficient of 0.7 and above is acceptable. However, a generally accepted rule is that  $\alpha$  of 0.6 - 0.7 indicates an acceptable level of reliability ([Ursachi, Horodnic, & Zait, 2015](#)). This means that internal constituents had a significant correlation with one other.

Additionally, pilot test was carried out using fifty (50) medical practitioners before administering the questionnaire to the sample of the study. The pilot testing guarantees the reliability of the questionnaire by measuring the items of a specific variable.

The fieldwork took place over a period of 4 months between 1<sup>st</sup> September to 1<sup>st</sup> January 2021.

Data Analysis: Data collected was analyzed with regression analysis using the statistical package for social sciences version 26 (SPSS) as the main statistical tool. Proportions, frequencies, and regression analysis were employed in the analysis of this study.

## 4. Results

From [Table 2](#), three hundred and sixty-four (364) doctors participated in the study; out of this 54.67% were females. The age group of 26 - 35 years constituted the majority of the respondents age representing 67.31% (34.62% + 32.69%).

**Table 1.** Reliability statistics.

Construct	Item	Cronbach's Alpha
Job Satisfaction	6	0.812
Time-Based	4	0.853
Strain-Based	4	0.781
Behaviour-Based	4	0.628
Work-Family Conflict	12	0.827

**Table 2.** Demographic characteristics of respondents.

Variable	Description	Frequency (n)	Percentage
Gender	Male	165	45.33
	Female	199	54.67
Age	20 - 25	21	5.77
	26 - 30	119	32.69
	31 - 35	126	34.62
	36 - 40	38	10.44
	40 - 45	60	16.48
Marital Status	Single	166	45.60
	Married	198	54.40
Dependents	Yes	201	55.22
	No	163	44.78
Education	Bachelor's Degree	198	54.40
	Masters	69	18.96
	Fellowship	97	26.65
Clinical Department	Anaesthesia	29	7.97
	Dentistry	30	8.24
	General Physician	35	9.62
	General Practitioner	162	44.51
	Gynaecology	18	4.95
	Obstetrics	21	5.77
	Paediatrics	31	8.52
	Surgery	38	10.44
Work Experience	less than 1 year	21	5.77
	1 - 3 years	153	42.03
	4 - 6 years	96	26.37
	7 - 9 years	30	8.24
	10 years above	64	17.58
Night Shift	Yes	145	39.8
	No	219	60.2
N = 364			



More married (54.4%) persons in the population were sampled than persons who were not married. A majority of the respondents, represented by 201 respondents were living with dependents as at the time of the study. Most of the doctors sampled were general practitioners. This constituted 44.5% of the respondents.

### Work-Family Conflict and Job Satisfaction

H1: Work-family conflict will negatively affect job satisfaction.

The results in **Table 3** show that WFC negatively affects job satisfaction. A unit increase in the WFC reduces job satisfaction by 0.238. This is highly significant at one percent ( $p$ -value < 0.001). The overall regression model is significant at a one percent level of significance with an F-statistic of 62.96. The R-square coefficient of determination, explains the variation in the dependent variable attributed to the independent variable. An R-square value of 0.15 suggests that 15% of job satisfaction variations (dependent variable) can be attributed to the work-family conflict (independent variable).

From **Table 4**, the findings suggest that Behaviour-based WFC, Strain-based WFC, and Strain-based WFC negatively and significantly affect doctors' job satisfaction. When doctors endure work-family conflicts emanating from behaviour, their job satisfaction is negatively impacted. Further, at a 5% significant level, a unit increase in doctors' time-based conflicts reduces job satisfaction of doctors by 0.22 ( $\beta = -0.22$ ). Additionally, a unit increase in strain-based conflicts reduce job satisfaction by 0.32 ( $\beta = -0.325$ ).

### Work Family Conflict and Gender

The study also sought to investigate the relationship between work-family conflict and gender. The result is presented in **Table 4**.

From **Table 5**, female doctors are less likely ( $\beta = -1.22$ ) to be affected by work-family-conflict compared to males on average. This is significant at a 5% level of significance ( $p$ -value < 0.05). The R square value suggested that the gender (females) explains 1.5% of WFC variations. Overall, the model is significant at a 5% level of significance ( $F = 5.42$ ,  $p$ -value < 0.05).

**Table 3.** Regression results.

	Coefficients				
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	β	Std. Error	Beta		
(Constant)	28.109	1.173		23.960	0.000
WFC	−0.238	0.030	−0.385	−7.935	0.000
F-Statistics			62.962		
P-Value			0.000		
R Square			0.148		
Adjusted R Square			0.146		

Dependent Variable: Job Satisfaction, Predictors: (constant), Work-Family Conflict.

**Table 4.** Disaggregated WFC and job satisfaction.

	Coefficients				
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	$\beta$	Std. Error	Beta		
(Constant)	28.305	1.192		23.749	0.000
B-B	-0.210	0.073	-0.165	-2.890	0.004
T-B	-0.216	0.079	-0.155	-2.714	0.007
S-B	-0.319	0.088	-0.189	-3.624	0.000
F-Statistics			21.245		
P-Value			0.000		
R Square			0.150		
Adjusted R Square			0.143		

Dependent Variable: Job Satisfaction; Predictors: (Constant), Behaviour-Based, Time-Based, Strain-Based.

**Table 5.** Work-family conflict and gender.

	Coefficients				
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	$\beta$	Std. Error	Beta		
(Constant)	19.761	0.417		47.433	0.000
Gender = Female	-1.222	0.524	-0.122	-2.332	0.020
F-Statistics			5.437		
P-Value			0.20		
R Square			0.015		
Adjusted R Square			0.012		

Dependent Variable: Work-Family Conflict; Predictors: (Constant), Gender = Female.

### Gender, Work-Family Conflict, and Job Satisfaction

The study's last objective sought to investigate the moderating role of gender in the relationship between work-family conflict and job satisfaction.

**Table 6** below shows the output from two regression models. In the model one, gender and WFC negatively and significantly affect the job satisfaction of doctors. All the independent variables were significant at 5% level. In model 2, the moderation of gender and WFC have a positive and insignificant effect on doctors' job satisfaction. Given the insignificant *p*-values (*p*-value > 0.05), the study fails to reject the hypothesis that H3: Gender does not moderate the relationship between work-family conflict and job satisfaction.

**Table 6.** Gender, work-family conflict and job satisfaction.

	Unstandardized Coefficients		Standardized Coefficients		Sig.
	$\beta$	Std. Error	Beta	t	
<b>Model 1</b>					
(Constant)	30.446	1.427		21.329	0.000
WFC	−0.241	0.030	−0.390	−8.106	0.000
Gender	−1.362	0.483	−0.136	−2.819	0.005
<b>Model 2</b>					
(Constant)	24.789	3.862		6.418	0.000
WFC	−0.097	0.098	−0.157	−0.983	0.326
Gender	2.106	2.316	0.212	0.909	0.364
WFC*Gender	−0.088	0.059	−0.414	−1.496	0.135

R-Square Value: Model 1—0.167, Model 2—0.14.

## Discussion of Results

The purpose of the research is to test the relationship between work-family conflict and job satisfaction with gender playing a moderating role in Ghanaian doctors' case of during the novel coronavirus pandemic. Many research studies have been conducted to test the relationship between work-family conflict and job satisfaction in different countries, with different demographic characteristics and various organizational sectors.

The contrast between this study and the other research is that this study investigates the link between the three multidimensionality (strain-based, time-based and behaviour-based) of work-family conflict (WFC) among doctors in Ghana.

The first finding from **Table 3**, suggests that WFC negatively impacts the job satisfaction of doctors. The study's finding is parallel to **Deng, Yang, Wang, Yan and Li (2018)**, who similarly found a negative relationship between WFC and job satisfaction among doctors in China. A similar study by **AlAzzam, AbuAlRub and Nazzal (2017)**, though focused on nurses also revealed a negative and significant relationship between work-family conflict and job satisfaction among Jordanian nurses. Furthermore, **Lu et al. (2016)**, whose study explored job satisfaction among healthcare staff in Guangdong in China, is consistent with the current study. They discovered that work-family conflict negatively influenced job satisfaction. **Akram and Hassan (2013)** showed a negative relationship between work-family conflict and job satisfaction.

The finding of this research can be explained as when doctors experience conflicting demands from work and family and are unable to balance this relationship, they tend to perform below their abilities, ultimately affecting the satisfaction they derive from the job. There are possibilities that the negative effect on job satisfaction may be due to several reasons. These reasons include lack of autonomy over their duties, lack of recognition, the working conditions surround-

ing the job, and the number of working hours. This goes to agree with the Herzberg's two-factor theory. In regards to autonomy over work, Salvatore, Numerato, and Fattore (2018) established in their research that doctors recognize more with their hospitals when they have the opportunity to be flexible in their work and make decisions concerning their jobs. Based on the findings, the current study fails to reject the hypothesis H1: Work-family conflict will negatively affect job satisfaction.

From Table 4, the second finding suggests that when doctors endure work-family conflicts emanating from behaviour, their job satisfaction is negatively impacted. Therefore, behaviour-based will negatively influence job satisfaction. The finding also suggests that doctors' job satisfaction is negatively impacted as and when there is disagreement in time demands between work and family. Dwelling on the results, the study fails to reject hypothesis H1b: Time-based (T-B) will negatively influence job satisfaction. Additionally, according to the study, strain-based conflict leads to a reduction in job satisfaction. This signals that when doctors transfer stress from work to home or vice versa, it negatively impacts their job satisfaction. Dwelling on the results, the study fails to reject the hypothesis H1c: Strain-based (S-B) will negatively influence job satisfaction. This study supports the findings of Deng et al. (2018). This research partly matched with the findings of Buonocore and Russo (2013), that stated that only time-based and strain-based conflicts have a negative effect on job satisfaction.

In Table 5, the finding a significant impact of gender (females) on the WFC. Females are negatively affected by WFC. Owing to the conventional gender-based division of labor, it is thought that females are more likely to have family expectations intrude on their job roles than men. Peculiar to Ghanaian society, a lot more is expected of a female in the home regarding family roles than men. Despite the persistence of gender expectations between males and females in the home, it is imperative to note the growing global perspective of non-discriminatory roles between males and females (Nohe, Meier, Sonntag, & Michel, 2015), which gradually is penetrating the Ghanaian society. Cinamon and Rich (2002) provided evidence that WFC affects females less than men. Nonetheless, the findings contradict Ansari (2011), Mache, Bernburg, Vitzthum, Groneburg, Klapp, and Danzer (2015), and Lyu and Fan (2020), who found no significant relationship between males and females in WFC.

Finally, from Table 6, a significant negative relationship was found between the independent variable (WFC and gender) and job satisfaction. This implies that job satisfaction decreases with work-family conflict on the one hand, and on the other hand, job satisfaction decreases among different gender. However, the result in model two shows that gender does not moderate the relationship between work-family conflict and job satisfaction. The relationship between work-family conflict and job satisfaction among doctors does not rely on the gender of the doctor.

Further, the current study matches with the findings of Kaur and Narula

(2020), Deng et al. (2018), and Calvo-Salguero et al. (2010) studies are in accordance with the current study except that in their studies, gender plays a significant role in moderating work-family conflict and job satisfaction.

This research's overall findings are consistent with an earlier study by Rahman et al. (2018). They also reported that gender (male and female) does not moderate the relationships between work-family conflict and job satisfaction among university staff. This defies the assumptions of role theory and gender perspective theory of this current study.

## 5. Conclusion & Recommendations

Work-family conflict is a never-ending challenge for many employees of all professions; however, managing the conflicts between them can lead to certain degree of employee satisfaction that the individual, institution and the country at large have to encounter. The findings of this research paper prove that WFC negatively impacts the job satisfaction of doctors. Thus, when doctors experience incompatible demands from work and family, and are unable to balance this relationship, they tend to perform below their abilities which ultimately affect the satisfaction they derive from the job. Behaviour-based (B-B) also negatively influences job satisfaction. Whereas, time-based (T-B) negatively influences job satisfaction.

Furthermore, Strain-based (S-B) negatively influences job satisfaction. The research recommended hospital management and policymakers consider ways of managing the autonomy, flexi-time, recognition, and working conditions of doctors working in either private or public hospitals to improve their job satisfaction during this pandemic and beyond. Since low job satisfaction of doctors is considered a personal crisis and has the tendency to affect communities and the nation at large appropriate measures. Strict implementations should be set to compensating doctors and their families when there is a global epidemic in the future. Further, policymakers and hospital management should initiate and organize more work-family conflict managements programs like symposia and lectures for doctors either quarterly, bi-annually, or annually.

## Limitation and Suggestion for Further Studies

The paper is believed to add to the knowledge of work-family conflict and job satisfaction. However, there are some backdrops regarding the methodology. Firstly, the data collection employed the e-questionnaire that may influence the distribution approach leading to biases in data and response rate. This can be as a result of other electronic application or function easily distracting the respondent when filling the e-questionnaire leading to selection of random answers without properly reading to understand the question. Secondly, the sampling technique utilized has numerous disadvantages that can distort the sample of this study. The study employed both a probability (stratified) and non-probability (convenience and snowball) sampling technique. With the stratified sampling,

the subject that fall in multiple groups have a higher tendency of being selected and therefore can cause a misrepresented sample. With the convenience and snowball sampling techniques, participants from the population do not have equal chance to be selected. This means the researcher may not know how well the participant selected can represent the population. This can hinder the true reflection of study.

Further research can be done by exploring other job satisfaction elements from working hours, recognition, autonomy, promotion, supervisors, and working condition.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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## Appendix. Regression Results

### WFC and Job Satisfaction.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	0.385	0.148	0.146	4.484	
ANOVA					
Model	Sum of Squares	df	Mean Square	F	
Regression	1266.159	1	1266.159	62.962	
Residual	7279.797	362	20.110		
Total	8545.956	363			
Coefficients					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	28.109	1.173		23.960	0.000
WFC	−0.238	0.030	−0.385	−7.935	0.000

Dependent Variable: Job Satisfaction; Predictors: (Constant), WFC.

### Disaggregated WFC and job satisfaction.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	0.388	0.150	0.143	4.491	
ANOVA					
Model	Sum of Squares	df	Mean Square	F	
Regression	1285.397	3	428.466	21.245	
Residual	7260.559	360	20.168		
Total	8545.956	363			
Coefficients					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	28.305	1.192		23.749	0.000
B-B	−0.210	0.073	−0.165	−2.890	0.004
T-B	−0.216	0.079	−0.155	−2.714	0.007
S-B	−0.319	0.088	−0.189	−3.624	0.000

Dependent Variable: Job Satisfaction; Predictors: (Constant), T-B, S-B, B-B.

**WFC and Gender.**

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	0.122 <sup>a</sup>	0.015	0.012	4.823	
ANOVA					
Model	Sum of Squares	df	Mean Square	F	
Regression	126.450	1	126.450	5.437	
Residual	8419.506	362	23.258		
Total	8545.956	363			
Coefficients					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	19.761	0.417		47.433	0.000
Gender = Female	−1.222	0.524	−0.122	−2.332	0.020

Dependent Variable: Job Satisfaction; Predictors: (Constant), Gender = Female.

**Gender, WFC and Job Satisfaction.**

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	0.405	0.164	0.160	4.410	
2	0.411	0.169	0.162	4.402	
ANOVA					
Model 1	Sum of Squares	df	Mean Square	F	
Regression	1420.693	2	710.347	36.532	
Residual	7233.296	372	19.444		
Total	8653.989	374			
Model 2	Sum of Squares	df	Mean Square	F	
Regression	1464.089	3	488.030	25.182	
Residual	7189.900	371	19.380		
Total	8653.989	374			
Coefficients					
Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	30.446	1.427		21.329	0.000
WFC	-0.241	0.030	-0.390	-8.106	0.000
Gender	-1.362	0.483	-0.136	-2.819	0.005
Model 2	B	Std. Error	Beta	t	Sig.
(Constant)	24.789	3.862		6.418	0.000
WFC	-0.097	0.098	-0.157	-0.983	0.326
Gender	2.106	2.316	0.212	0.909	0.364
WFC*Gender	-0.088	0.059	-0.414	-1.496	0.135

Dependent Variable: Job Satisfaction; Predictors: (Constant), WFC, Gender, WFC\*Gender.