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# WORK-LIFE BALANCE: A CROSS-SECTIONAL STUDY AMONG FEMALE DENTISTS OF KARACHI

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#### ABSTRACT

**Objective:** Female dentists today face multi-dimensional challenges in maintaining the work-life balance. Working stress and family issues may lead to decreased productivity at work and ultimately effect quality of life. There is limited information available on the workplace practice and work family balance and need to focus on the elements that define the integration and balance at work. The study aimed to assess the work-life satisfaction level among female dentists and to propose work-life integration model for female dentists.

**Methodology:** It was cross-sectional observation study conducted at four dental hospitals of Karachi. The non-probability consecutive sampling technique was used. 236 participants were interviewed on semi structured questionnaire. Data demographics, job satisfaction and suggestion of work-life integration was recorded during October 2019 –December 2019.SPSS 21.0 software was used for statistical analysis. Descriptive statistics were used for data distribution among study variables. For association of demographics with job satisfaction, Chi Square test was used.

**Results:** Response rate was n=224 (95%). Mean age was 26.7±3.1. Among the respondents 84 (37.5%) were married and68 (80.9%) were living in joint family system. 52% reported that it is sometimes that they worry about work when actually not at work and only 11% never worry about their work. 48% females reported that they were balancing work life perfectly whereas 3.7% did not. 38% female were not sure about their work life balance. 11% thought their family members are in better position to answer about their work life balance. 40% reported that they find leisure time only on weekends whereas 34% find only twice a month. Only 25% of the female dentists recorded affirmatively for husbands' emotional support. Unmarried respondents are found to be more satisfied than married respondents with p value 0.008.

**Conclusion:** Integration of work-home-leisure at workplace would increase satisfaction at job and home. Subsequently, helps in developing career paths for females in dentistry. Policy level dialogues are recommended based on our proposed framework for the work-life integration at the dental hospitals.

Key Words: Work life balance, Work life satisfaction, Work-life integration, Work-home-leisure.

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#### **INTRODUCTION**

Female medical professionals have overall low level of satisfaction regarding work, home and leisure due to long working hours and tiredness<sup>1-2</sup>Working life is directly related to the attitudes of health care system<sup>3</sup>. Similarly, female dentists today, facing multi-dimensional challenges in maintaining the worklife balance. Working stress and family issues may lead to decreased productivity at work and ultimately effect quality of life.<sup>4</sup> Traditionally, roles are specified that men prioritize their work and women prioritize family and household. Long working hours by men could be interpreted as the more financial benefits. However, today in dual-earning couples and single working women requires more time and balancing factors in their lives. In literature, life has been seg-

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regated into home and leisure.<sup>5</sup>1, 14-19.https://doi. org/10.4103/2231-0762.86376

</title></ titles><dates><year>2011</year></dates><urls></ urls></record></Cite></EndNote> Family is central in the triptych work-home-leisure. Nevertheless, today work life integration is inevitable for the more efficient dental care service provision. Work-life integration is contemporary approach for creating balanced life. Work life integration is defined as "tricriprocal relationship between three spheres, family, work and leisure".<sup>6</sup>The issue of sick health is the focus for research in work conditions. And focus on the difficulties which arising from the social work conditions. Same method is also for dentistry. Work related mental and physical tiredness can affect the quality of work and performance.<sup>7</sup> However, an emerging focus of attention is increasing day by day. This is the advancement of good work environment. This implicit the inspect of job gratification, task assets, and job commitment. The focus is to balance the efforts that are related to job conditions, and rewards. Rewards are in the form of respect, money, acclaim, and promotion at work. Dentists are not only concern with contentment about different ways of job satisfaction like method of remittance, proportion of custom, amount of salary. They also concern about the features such as character of somebody, mental state. Appeasement and mental well-being of workers are pertinent to job gratification<sup>7-9</sup>. The first research on the work family interface was conducted in 1960s and the studies are constantly conducted ever since.<sup>7,</sup> <sup>10</sup> There is limited information available on the workplace practice and work family balance. There is need to conduct the research that primarily focused on the elements that define the integration and balance at work.

Globally, percentage of working women is considerably increasing since last decades due to demographic dynamics and thus the numbers of female dentists are also increasing.<sup>7</sup> In Pakistan out of 19,600 registered dental practitioners (RDP), female are 12,600 constituting 65% portion. Specialized dental practitioners are 1867, out of which 691 are females. In Sindh, 594 are specialized dental practitioners among these only 194 are females. <sup>11</sup> Female dentists who attempt to keep intricate in their clinical and postgraduate career usually have family responsibilities.<sup>12</sup> In Pakistan, majority of the medical researchers studied factors like remuneration plans, size of practice and levels of income for the job satisfaction.<sup>13, 14</sup> Research claimed that female dentists usually work fewer hour than the male dentists. However, female dentists are more persistent toward their work and enjoy their work.<sup>12, 15</sup>

Work life Integration involves dental health system including workplace environment and working hours, family type and characteristics of the dentist and integrated gender roles and leisure.<sup>7, 15</sup> The study aimed to assess the work-life satisfaction level among female dentists and to propose work-life integration model for female dentists.

## METHODOLOGY

This study was conducted at four dental hospitals (2 Pvt. & 2 Public) of Karachi. To maintain confidentiality the names of the hospitals and participants were not mentioned in the questionnaire. It was cross-sectional observation study. We have taken registered female dentists total 788 in Karachi to calculate sample size. Job satisfaction was taken as 67.8%<sup>16</sup> from previous studywith 5% confidence interval, and it was calculated as n=236, using Openepisoftware. The sample size n=236 was calculated. The non-probability consecutive sampling technique was used for sampling. Female dentists who consented to participate was included in the study. The self-administered, validated questionnaire was adapted and modified.<sup>2, 6, 16</sup> The scientific review committee of the Hamdard University Dental Hospital granted the approval for thisstudy ((Ref number: HCM&D/HUDH/620-19). The subjects were completely aware about the study objectives. Study principal investigator and co-authors conducted a training session for data collection procedure and compliance which further maintain study reliability. Data collection duration wasOctober 2019 - December 2019. Verbal consent was taken from all the participants and questionnaire was asked to fill the same day when the data collection team visited the study hospital. English questionnaire included demographic characteristic of the participants, 9 items for job satisfaction related to work, home, and leisure. In the end,one open ended questionnaire for the suggestion of work-life integration was included to get insight of the respondents for the proposer work-life integration model. The SPSS software 21.0 was used for statistical analysis. Descriptive statistics was used for data distribution among study variables. For association of demographics with job satisfaction, ChiSquare test was used.

## RESULTS

Response rate was n=224 (95%). The demographic characteristics of study participants by age, hospital type, designation, education, marital status, and family type tabulated in Table 1.Mean age was  $26.7\pm3.1$ . Among the respondents 84(37.5%) were married and 68(80.9%) were living in joint family system. We ensured the equal participation of participants from public and private dental hospitals.

Related to findings about job satisfaction and work, home, and leisure; half of the female dentists 52%reported that it is sometimes that they worry about work when actually not at work and only 11% never

Demographic Variables	Mean [Standard Deviation SD]	n	%
Age (years)	26.7(±3.1)		
Hospital		112	50
Private		112	50
Public			
Designation		94	42.9
Lecturer		27	12.5
Snr. Lecturer		42	19.6
Specialist Dentist		56	25.0
Trainees/HO			
Education		196	87.5
Bachelors		28	12.5
Postgraduate			
Marital Status			
Unmarried		140	62.5
Married		84	37.5
Family (n=84)			
Joint		68	80.9
Nuclear		16	19

## TABLE 1: DEMOGRAPHIC FEATURES OF THE SUBJECTS (N= 224)

## TABLE 2: ASSOCIATION OF LEVELS OF SATISFACTION WITH DEMOGRAPHICS

Satisfaction level	Marital Status			P-value
	Unmarried (n=140)	Married (n=84)	Total (n=224)	0.008
Satisfied	76(54%)	68(81%)	144 (64%)	
Unsatisfied	64(46%)	16(19%)	80 (35.7%)	
Satisfied		Joint 51(75%)	Nuclear 17(25%)	$0.004^{*}$

Level of Significance p < 0.05

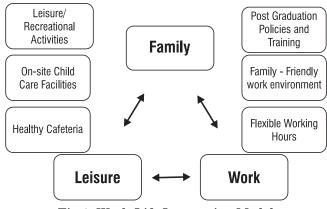


Fig 1: Work-Life Integration Model

about their work.

Further, 48% females reported that they were balancing work life perfectly whereas 3.7% did not able to balance between work and life. Interestingly 38% female not sure about their work life balance. Among the respondents 11% thought their family members are in better position to answer about their work life balance.

Majority of respondents 40% reported that they find leisure time only on weekends whereas 34% find only twice a month.

Regarding husbands' support emotionally and in household chores only 25% of the female dentists recorded affirmatively in our survey.

The dichotomous question related to job satisfac-

tion 144(64%) were satisfied whereas 80(36%) were unsatisfied with their work life balance.

In the table 2, association of level of satisfaction with demographics is tabulated. There was total 144respondents that were in satisfied category with p*value 0.008*, showing unmarried respondents are more satisfied than married respondents. Among married respondents51 (75%) belong to joint family and there were 17 (25%) married that belong to nuclear family with the p value of 0.004.

# Work-life Integration Model

The proposed model based on problems and recommendations by the respondents. The illustrated model (Figure 1) adapted from previous studies  $^{\rm 17\mathchar`21}$ 

# DISCUSSION

In our research working female dentist participated,36% were unsatisfied and 64% satisfied with their existing work- life balance. No significant association with designation, education, income, number of children and husband's profession. The purpose of this research is to assess the work-life satisfaction level among female dentists and to propose work-life integration model for satisfaction in female dentists.

In our research 37.5% of female dentists were unmarried, interestingly half of them have less satisfaction in their work life balance. However, among married respondents' despite of the challenges working women must face in her daily routine they showed more satisfaction. Further, the work-life integration model suggested that female dentists they would give same importance to home and work life. All the respondents agreed to continue their post-graduation and job while having continuous support from family members and husband in both types of respondents i.e., unmarried and married. In our study, most participants felt that work-life balance is the key for their job satisfaction. Thus, integration of the three triptych (work-homeleisure) is proposed. Model based on recreational and leisure activities, healthy cafeteria, on-site childcare, family-friendly work environment, flexible hours (based on pre-appointments) and ascendancy the post-graduate policy ("number of exams" and "availability of post graduate residency").17,19

Globally more working females are increasing since last decade hence proving their vital intellectual capacity in work force.<sup>20-28</sup> But these working women have multidimensional challenges and because of that the dentistry is still a gender biased profession. Many studies have reported that the extent of pressure and strain on women is way more than the man.<sup>19</sup> Woman usually have only short time to relax. Most of the women in the developing countries have highest reported stress ratio than the woman in the developed countries.<sup>7, 19, 23</sup>

As reported in many studies <sup>20</sup> female dentist take more career breaks, works part time or their working time is reduced mainly because they have to fulfill their domestic responsibilities. A large percentage of women in Pakistan often encounter career obstacles in connection with parenthood.<sup>30</sup> In a survey conducted in the India it was reported that 87% of Indian women are in stressed and pressured state of mind.<sup>31</sup> Few studies<sup>21-32</sup> have reported the impact of work life on the health of women. N Lakshmi in their study reported that 75% of working woman suffering from depression because of the short deadlines, long working hours without clear directions.<sup>32</sup>

The influence of biologic sex and gender has been challenging for female dentist in work environment. Sex is a biological concept.<sup>24</sup> Women are usually assigned with the task to become home markers and men are supposed to be the working hands of the family.<sup>24</sup> Although women give birth to children, but the responsibility of rearing them alone should not be gender biased. It is the common perception in the developing countries that the children are the responsibility of mother. This over all cultural concept of the society that women should be mothers and home makers, exploits the women career. Upbringing of a child is also a father's responsibility as well as extended family members.<sup>19-20</sup>Childcare centers are also there to address the needs and help the working women. Likewise, research on equally shared parenting demonstrates that parenting need not be gendered. Due to societal pressure, the responsibilities of home making, and childrearing fall on women's shoulder and therefore many female dentists restrain from continuing their career in later stages.<sup>25-26</sup> Mothers who are employed experience reduced family satisfaction due to their family duties or requirements.<sup>16</sup> This satisfaction can be achieved in dual earning parents by each other's empathy and support. The important finding this study revealed was association between the satisfaction level of married working female dentists living in a joint family and those living in a nuclear family. Moreover, the unmarried female dentists were more concerned about career and future life.<sup>16</sup>

The generalizability of the results of our study is limited by small sample size. Research and more evidence-based studies in this area in future might be beneficial for females working in growing medical industry especially, dentistry.

# CONCLUSION

It is seen in our study that lesser females are approaching towards higher studies after bachelors in dentistry. Despite of being satisfied, the integration of work-home-leisure at workplace would help in de-

veloping their career paths in dentistry. Policy level dialogues are recommended based on our proposed framework for the work-life integration at the dental hospitals.

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