

Work family conflict, mental wellbeing, and social support among doctors in Pakistan

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Abstract

Objective: To find out the relationship among social support, mental wellbeing and work-family conflict.

Methods: The cross-sectional, correlational study was conducted at hospitals in Rawalpindi, Islamabad, Lahore, Swat, Kallar Kahar and Peshawar, Pakistan from December 2021 to August 2022, and comprised healthcare providers (HCP) associated with hospitals, who had at least one year of experience in their respective field. Data was collected using the Work Family Conflict scale, the Mental Health Continuum-Short Form and the Multidimensional Scale of Perceived Social Support. Data was analysed using IBM SPSS-23.

Results: Of the 154 subjects, 93(60.4%) were females, 117(76%) were aged 24-34 years, 76(49.4%) had professional experience 2-6 years, and 96(62.3%) had contracted coronavirus disease-2019. It was found that WFC has significant negative relationship with emotional wellbeing, mental wellbeing is significantly positively related to social support ($r=.460^{**}$) received from family ($r=.335^{**}$), friend ($r=.413^{**}$) and significant others ($r=.412^{**}$). Moreover, relationship between study variables and demographic variables shows significant positive relationship of mental wellbeing with age ($r=.220^{**}$) and monthly income ($r=.255^{**}$), WFC significant negative relationship with worked in COVID wards ($r=-.181^*$) and number of children ($-.168^*$), and social support is negatively related to working hours per week ($r=-.233^{**}$).

Conclusion: Work-family conflicts led to stress among healthcare providers, affecting their mental wellbeing. Social support helped in decreasing the impact of work-family conflict and helped improve the mental wellbeing of healthcare providers.

Key Words: Work-family conflict, Emotional wellbeing, Social wellbeing, Psychological wellbeing, Social support. (JPMA 76: 1033; 2026) DOI: <https://doi.org/10.47391/JPMA.22219>

Introduction

It is a well-known fact that the work of healthcare providers (HCPs) is one of the most stressful occupations.¹ Almost all HCPs are subjected to everyday stressors, and are more susceptible to stress-related disorders and other diseases.² One in every two doctors experience a major health issue due to multiple reasons, like nature of job, mismatch between work expectations and allocations, or other daily stressors.³ As was seen during the coronavirus disease-2019 (COVID-19) pandemic, HCPs are frontline workers and an integral part of society. As doctors are the primary and most important part of the healthcare system and the whole foundation of this system revolves around them, it is important to focus on their mental wellbeing so that they may perform their responsibilities efficiently. To ignore the wellbeing of doctors would not only put them at significant risk, but also have unanticipated harmful

effects on their jobs and their patients.⁴

Previous studies have highlighted that work-family conflict (WFC) is a moderate-to strong predictor of mental wellbeing,⁵ and mental wellbeing is assumed to impact the performance of both doctors and organisation. However, there are limited studies explaining how WFC impacts mental wellbeing,⁶ especially in the case of HCPs.

Most of the previous studies on the wellbeing of HCPs have been done in Western societies⁷ that have their own sociocultural structures. Differences among Western and Eastern cultures can result in different understandings and views about wellbeing. While non-Western cultures put more emphasis on harmony and social values in wellbeing, Western societies emphasise independence and emotions.⁸ Furthermore, individuals living in non-Western cultures tend to relate mostly through interconnected networks⁸ than individuals living in Western cultures, which shows that support from family is a more important factor of mental wellbeing in non-Western societies, including Pakistan. The spillover effect of WFC is seen to be different in cultures like Pakistan where marriage is strongly regarded as a sacred institution.

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Despite literature progressively reflecting on the problem of WFC as associated with both males and females⁹, there is no agreement on WFC's impact on mental and physical wellbeing of individuals.⁹

The current study was planned to find out the relationship among social support, mental wellbeing and WFC in the context of HCPs.

Subjects and Methods

The cross-sectional, correlational study was conducted at hospitals in Rawalpindi, Islamabad, Lahore, Swat, Kallar Kahar and Peshawar, Pakistan from December 2021 to August 2022, and comprised HCPs, who had at least one year of experience in their respective field and were living with their families. The doctors were selected from various departments, including Internal Medicine, Paediatrics, Gynaecology, Neurology, Surgery, Anaesthesiology, Pathology and Radiation Oncology. After approval from the National University of Sciences and Technology (NUST) ethics review committee, the sample size was calculated using G*Power software with margin of error 0.5 and power 0.95.¹⁰ The sample was raised using snowballing and convenience sampling techniques.

Data was collected through both online and face-to-face methods. The participants were contacted via email or WhatsApp message due to COVID-19 restrictions that were in place at the time. Emails and WhatsApp messages contained a link to a website that had instructions regarding the survey along with an informed consent form. Researcher's email was given to the participants so that they may contact in case of any question or confusion. Paper copies were also distributed among doctors after visiting different government and private hospitals.

The data-collection tools included the Work-Family Conflict Scale (WCFS)¹¹ which was scored using a Likert scale, ranges from 1 = strongly disagree to 7 = strongly agree. In the current study, Cronbach alpha score was 0.90, which was in line with literature.¹¹

Also used was the Mental Health Continuum-Short Form (MHC-SF)¹² which has three dimensions of wellbeing; emotional wellbeing (3 items), psychological wellbeing (6 items), and social wellbeing (5 items). The level of wellbeing was categorised into high level of wellbeing, moderate level of wellbeing and absence of wellbeing. By rating the item from 1 = never to 6 = everyday, the respondents indicated how frequently they had encountered each feeling over the preceding month. Cronbach's alpha value for the MHC-SF total scale was

0.89, while it was 0.82 for emotional wellbeing), 0.81 for social wellbeing, and 0.80 for psychological wellbeing. Literature has suggested excellent reliability for the scale, ranging from 0.87 to 0.97.¹²

The Multidimensional Scale of Perceived Social Support (MSPSS) was also used.¹³ It has 12 elements and three components, such as "other support", "friend support", and "family support", with four items assessing each dimension using a Likert scale, ranging from 1 = very strongly disagree to 7 = very strongly agree. Higher scores indicated greater level of support. In the current study, Cronbach alpha value of the scale was 0.91. Literature has shown a good reliability for the scale.¹³

Data was analysed using SPSS-23. Data normality was checked through analysis of skewness and kurtosis. Since assumptions for normality were met, parametric tests were used. Pearson correlation was applied to measure the relationship among the variables, and Spearman's correlation was used to measure the relationship between demographics and categorical variables. $P < 0.05$ was taken as significant.

Results

Of the 154 subjects, 93(60.4%) were females, 117(76%) were aged 24-34 years, 76(49.4%) had professional experience 2-6 years, and 96(62.3%) had contracted COVID-19 (Table 1).

Table-1: Demographic variables of the study sample (n=154).

Variables	Categories	N	(%)
Gender	Females	93	60.4
	Males	61	39.6
Marital Status	Single	45	29.2
	Married	109	70.8
Family System	Nuclear	71	46.1
	Joint	83	53.9
Number of children	0	64	41.6
	1	35	22.7
	2	33	21.4
	More than 2	22	14.3
Age	24-34	117	76
	35-44	25	16.2
	45-54	6	3.9
	55-64	6	3.9
Years of experience	1 year	27	17.5

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2-6 years	76	49.4
7-10 years	14	9.1
More than 10 years	37	24
Working Hours per Week		
20-Jan	44	28.6
21-40	25	16.2
41-60	38	24.7
61-80	25	16.2
81-100	19	12.3
More than 100	3	1.9
Contacted COVID-19 in past		
Yes	96	62.3
No	58	37.7
Family contacted COVID-19 in past		
Yes	120	77.9
No	34	22.1
Worked in COVID-19 wards		
Yes	90	58.4
No	64	41.6
Private practice		
Yes	38	24.7
No	116	75.3

COVID-19: Coronavirus disease-2019.

Table-2: Correlational analysis between mental wellbeing and social support.

Scale	1	2	3	4	5	6	7	8	9
1. Work Family Conflict	-	-.163	.055	.057	.091	-.000	-.294**	-.018	-.089
2. Mental Wellbeing		-	.460**	.335**	.413**	.412**	.780**	.874**	.905**
3. Social support			-	.781**	.904**	.843**	.414**	.334**	.455**
4. Friends Scale				-	.605**	.410**	.225**	.276**	.341**
5. Family scale					-	.681**	.391**	.286**	.412**
6. Significant other scale						-	.420**	.284**	.396**
7. Emotional wellbeing							-	.523**	.649**
8. Social wellbeing								-	.644**
9. Psychological Wellbeing									-

* p<0.05 (2-tailed).

**p<0.001 (2-tailed).

Table-3: Correlation analysis involving work-family conflict (WFC), mental wellbeing, years of experience, working hours per week, family system and private practice.

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Age	-	.606**	.776**	.592**	-.119	.257**	0.011	-.470**	-.181*	.220**	-.028
2. Marital status		-	.655**	.320**	-.089	.179*	-.009	-0.136	0.080	-.003	-.086
3. No. of children			-	.418**	-.140	.184*	.050	-.318**	-.168*	.099	-.013
4. Monthly income				-	-.216*	-.024	-.015	-.473**	-.026	.255**	.057
5. Working hours per week					-	-.122	-.141	.182*	.090	-.100	-.223**
6. Family system						-	.013	-.137	-.093	.069	.002
7. Worked in COVID-19 wards							-	-.037	-.168*	-.055	-.053
8. Give private service								-	.068	-.179*	-.021
9. Work Family Conflict									-	-.155	.096
10. Mental Wellbeing										-	.404**
11. Social Support											-

* p<0.05 (2-tailed).

**p<0.001 (2-tailed).

COVID-19: Coronavirus disease-2019

WFC had a significant negative relationship with emotional wellbeing, while mental wellbeing was significantly positively related to social support received from family, friends and significant others (Table 2). Age, number of children, working hours, private practice, family system, and working in the COVID-19 ward had significant relationship with study variables (Table 3).

Discussion

The current findings showed significant and negative relationship between WFC and mental wellbeing, which is consistent with literature.^{6,14} The nature of an HCP's job leads to WFC15 which then leads to stress and impacts their psychological health.¹⁰ Literature has also shown that that increase in WFC levels increases anxiety and depression, and causes a decline in physical and mental health of HCPs.¹⁶

In the current study, mental wellbeing had a positive and meaningful relationship with social support. Emotional wellbeing had a positive and meaningful relationship with significant others support, friends support and family support. Social wellbeing had a positive and meaningful

relationship with significant others support, friends support and family support. Psychological wellbeing had a positive and meaningful relationship with significant others support, friends support and family support. Literature has also shown a strong relation between social support and mental wellbeing.¹⁷

Past research has shown that family support has an impact on WFC of employees.⁵ But in the current study, no significant relationship was found for family support with WFC. However, it had a positive significant effect with social wellbeing of HCPs. Literature also suggested that family support is crucial for HCP's mental wellbeing.¹⁸ It could be due to the interdependent culture and the family system in Pakistan. The joint family system might have positively impacted the wellbeing of healthcare providers as most HCPs in the study lived in a joint family system. Literature has also reported the importance of satisfactory childcare arrangement for balancing personal and professional life.¹⁹

In various cultures WFC has diverse impact on employees owing to the different norms, values and beliefs of every society, reflecting diverse societal perspectives, family and work experiences, opportunities and limitations that women and men face at work and at home.²⁰ The relationship between demographics and study variables shows results specific to culture and profession.²¹

The major limitation of the current study is the number of female participants is far higher than that of male participants. It was probably because data was collected during daytime when more female doctors are on duty than their male counterparts. Also, due to the active phase of COVID-19, most doctors were too overworked to participate in the study.

Conclusion

The nature of HCPs' job led to WFC, adding to stress and affecting their mental wellbeing. Support from family and significant other helped in decreasing the WFC and improving the mental wellbeing of HCPs.

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TK: Concept, data collection, analysis, interpretation and methodology.

SI: Concept, data collection, analysis, interpretation, writing and editing.