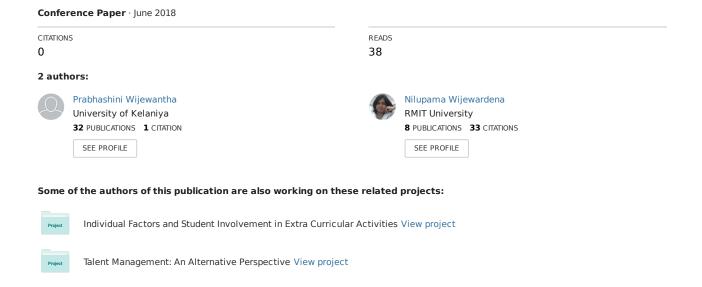
Doctors Look After Our Well-being, But How to Look After Theirs? Testing a Model of Work-Family Conflict, Perceived Social Support, and Employee Well-being



Doctors Look After Our Well-being, But How to Look After Theirs? Testing a Model of Work-Family Conflict, Perceived Social Support, and Employee Well-being

This paper examines Work-Family Conflict (WFC) and Employee Well-Being (EWB) of married female medical doctors and how this relationship is impacted by their Perceived Social Support (PSS). More specifically, this aims to examine 1) the impact of WFC on wellbeing and 2) the direct, indirect, and buffer effects of PSS on the relationship between WFC and well-being of married female doctors. With the increase in women's workforce participation (Casper et al., 2011) and women entering previously male dominant professions, WFC issues amongst employed women have increased. Thus, Cinamon (2009) calls for research on WFC female professionals. To date, limited attention has been given to WFC of female doctors (e.g., Brown, 1992), though they engage in highly demanding work and experience reduced EWB (Walsh, 2012). This can especially be witnessed in Asian cultures, where females must combine occupational demands, marriage, motherhood, and extended family (Brown, 1992) which cause them to experience additional burdens and greater well-being issues than male counterparts (Goh, Ilies, & Wilson, 2015). Thus they need resources that reduce their WFC, and increase well-being. As such, this study examines 'social support' as one such resource that can positively impact the well-being of married female doctors.

Using the Conservation of Resource (COR) Theory (Hobfoll, 1989) and other literature (Drummond et al., 2016; Greenhaus & Parasuraman, 1987; Lapierre, & Allen, 2006), the following hypotheses were developed to be tested.

- H1: WFC has a direct negative impact on EWB
- √ H1a: Work Interference with Family (WIF) conflict negatively impacts EWB
- ✓ H1b: Family Interference with Work (FIW) conflict negatively imapcts EWB

Next, based on the Social Support Theory (SST), the following hypotheses were developed.

- H2: PSS has a direct positive impact on EWB (Direct effect)
- H3: PSS indirectly impacts EWB through WFC (Indirect effect)
- ✓ H3a: WIF conflict mediates the relationship between PSS and EWB
- ✓ H3b: FIW conflict mediates the relationship between PSS and EWB
- H4: PSS moderates the relationship between WFC and EWB (Buffering effect)
- ✓ H4a: PSS moderates the relationship between WIF conflict and EWB
- ✓ H4b: PSS moderates the relationship between FIW conflict and EWB

A self-administered questionnaire was used for collecting data from a sample of 537 married female medical doctors employed in government hospitals in Sri Lanka (SL). EWB was measured with the 18-item scale by Zheng, Zhu, Zhao, and Zhang, 2015. WFC was measured using the 18-item multi-

dimensional scale by Carlson, Kacmar, and Williams (2000) while PSS was measured using the multidimensional measure by Zimet, Dahlem, Zimet, and Farley (1988). Data were analyzed using the SPSS 23.0 software.

Hypotheses 1 (H1a and H1b) and 2 were supported explaining direct effects. Partial mediation was supported in hypothesis 3 (H3a and H3b) as confirmed by the Sobel test calculation. However, the proposed buffer effect of PSS on the relationship between WFC and EWB as posited in H4 (H4a and H4b) was not supported.

These results are consistent with the COR Theory and prior literature and the direct effects of SST, and the empirical literature supporting the indirect effects of social support. The results are inconsistent with the buffering hypothesis of the SST, indicating that in a collectivist culture like Sri Lanka, people have strong family ties, extended family support, and deep community bonds on which they are highly dependent on a daily basis, rather than seeking support in times of stress. The main contributions of this study are, i) it examines the relationship between WFC and well-being of female professionals, i.e., medical doctors, ii) assesses WFC, and its cross—domain linkages as a mediator between PSS and EWB outcomes, and iii) tests PSS in a different cultural context to see its effects. The main implications of this study are: 1) it provides insights on being proactive about well-being of married female doctors by taking steps such as introducing family-friendly employment practices and WLB programmes to the health sector of SL; 2) introducing transformations to the health sector by designing suitable interventions to help married female doctors (e.g., National Sick Doctors scheme, Telephone helpline, free counselling services, and psychotherapy for doctors) and 3) provide training and awareness programs for doctors to improve their social support systems and their own well-being.

Acknowledgment:

The authors wish to acknowledge that this paper was made possible by the support and guidance given by the "Australia Awards Fellowships Program for Sri Lanka – 2017," which was funded by the Department of Foreign Affairs and Trade, Australia, and co-hosted by Monash University, Australia and the Sri Lanka Institute of Development Administration.

References

- Brown, J. B. (1992). Female family doctors: their work and well-being. Family Medicine, 24(08), pp.591-595.
- Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2000). Construction and initial validation of a multidimensional measure of work–family conflict. Journal of Vocational behavior, 56(2), 249-276.
- Casper, W. J., Harris C., Taylor-Bianco, A., & Wayne, J. H. (2011). Work-family conflict, perceived

- supervisor support and organizational commitment among Brazilian professionals. Journal of Vocational Behavior, 79, 640–652.
- Cinamon, R. G. (2009). Role Salience, Social, Support, and Work–Family Conflict among Jewish and Arab female teachers in Israel. Journal of Career Development, 36(2), 139-158.
- Drummond, S., O'Driscoll, M. P., Brough, P., Kalliath, T., Siu, O. L., Timms, C. ... & Lo, D. (2017). The relationship of social support with well-being outcomes via work–family conflict: Moderating effects of gender, dependents and nationality. Human Relations, 70(5), 544-565.
- Goh, Z., Ilies, R., & Wilson, K. S. (2015). Supportive supervisors improve employees' daily lives: The role supervisors play in the impact of daily workload on life satisfaction via work–family conflict. Journal of Vocational Behavior, 89, 65-73.
- Greenhaus, J. H., & Parasuraman, S. (1987). A Work-Nonwork Interactive Perspective of Stress and Its Consequences. Journal of Organizational Behavior Management, 8(02), 37-60.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. American Psychologist, 44(3), 513-524.
- Lapierre, L. M., & Allen, T. D. (2006). Work-supportive family, family-supportive supervision, use of Organizational benefits, and problem-focused coping: Implications for work-family conflict and employee well-being. Journal of Occupational Health Psychology, 11(02), 169-181.
- Walsh, J. (2012). Gender, the work-life interface and wellbeing: a study of hospital doctors. *Gender, Work & Organization*, 20(4), 439-453.
- Zheng, X., Zhu, W., Zhao, H., & Zhang, C. (2015). Employee well-being in organizations: Theoretical model, scale development, and cross-cultural validation. Journal of Organizational Behavior, 36(5), 621-644.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. Journal of Personality Assessment, 52(1), 30-41.