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Work-Life Balance of Doctors and Nurses : A Comparative Review of the Literature

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Abstract: Work-life balance (WLB) has a significant impact on the wellbeing, retention and performance of healthcare workers. Within the same hospital, doctors and nurses are trained differently, have different autonomy, work different schedules, are different genders, have different status within the hospital, and experience different barriers to the separation of work and personal life as a result. The two groups are compared by providing a systematic analysis of existing theory and empirical studies. It looks at the primary stressors, protective factors, consequences and organizational responses found across each profession. According to the review, the two groups suffer from high levels of WLB strain, but in different ways. Doctors are linked to strain primarily through long working hours, on call, administrative workload and work boundaries that are not demarcated. For nurses, it's linked primarily to inflexible and rotating schedules, night shifts, lack of schedule control, and staffing shortages. Strain is heightened for both groups by gender and care giving roles. The paper ends with profession-specific policy suggestions and directions for future research.

Keywords: work-life balance, doctors, nurses, burnout, shift work, healthcare workforce, comparative review.

Introduction - Healthcare has to be available 24 hours a day and the people providing that healthcare will bring that with them into their lives. Low WLB in the healthcare industry has been associated with burnout, absenteeism, decreased job satisfaction, and healthcare-related mistakes and job turnover. These results go beyond the employees and also patients and health systems, especially if there is a shortage of staff already.

Most of the research that is available focuses on doctors or nurses and it is difficult to determine which problems peculiar to a profession are and which are common to hospital work. Clinical policies in the hospital also generally combine the clinical personnel into a group. This paper is intended to link the two literatures together in order to highlight similarities, differences and implications of each.

Aim and objectives:

1. To clarify the concept of work-life balance and the theories used to study it.
2. To summarize the main determinants of WLB among doctors and among nurses.
3. To compare the two professions on working time, autonomy, gender and care giving, support and consequences.
4. To identify gaps in the evidence.
5. To propose profession-specific recommendations for policy and practice.

Review questions:

1. **RQ1:** How is WLB experienced and measured among doctors and among nurses?
2. **RQ2:** What factors explain differences in WLB between the two professions?
3. **RQ3:** What outcomes are associated with poor WLB in each group?
4. **RQ4:** What interventions have been proposed or tested, and for whom do they fit best?

Method of Review: This is a narrative comparative review. Because it is a desk-based study, its quality depends on transparent selection of sources, which is described below so the review can be reproduced.

1. **Databases:** PubMed, Scopus, Web of Science, CINAHL (nursing) and Google Scholar.
2. **Search terms:** combinations of "work-life balance", "work-family conflict", "burnout", "physician" or "doctor", "nurse" or "nursing", "shift work" and "job satisfaction".
3. **Inclusion:** peer-reviewed articles, systematic reviews and major institutional reports on WLB or closely related constructs among practicing doctors or nurses, in English.
4. **Exclusion:** studies of students only, non-clinical staff, opinion pieces without evidence.
5. **Synthesis:** findings were grouped under common themes (working time, control, gender and family, support,

outcomes) and compared across the two profession

Conceptual and Theoretical Background

Defining work-life balance: WLB is the ability of the individual to satisfactorily perform work and non-work-related activities. The problem was initially posed as a conflict between work and family roles, which can be time-based, strain-based or behavior-based (Greenhaus & Beutell, 1985). More recent research extends the definition of "life" beyond family to encompass other areas of life such as health, leisure, learning and community, and sees roles as having the potential to complement one another (Fisher, Bulger & Smith, 2009; Sirgy & Lee, 2018). There is no consensus on the definition and a variety of instruments measure different components, making comparisons between studies difficult.

Theoretical lenses:

1. **Work-family conflict theory** Strain is defined as incompatibility in roles (Greenhaus & Beutell, 1985).
2. **Boundary theory** Believes that people negotiate their boundary between work and home, and that boundaries can be flexible and porous if people wish to cope (Clark, 2000). Unlike nurses, physicians' work tends to bleed into the domestic domain (making calls, paperwork, being on call), whereas nurses have their work highly structured by shifts, with minimal room for maneuvering.
3. **Job Demands-Resources (JD-R) theory** High demands are considered a source of energy drain, while autonomy and social support are viewed as sources of protection from energy drain (Demerouti et al., 2001). High demands and low control are particularly damaging combination (related research, 1979).
4. **Theory of Conservation of Resources** Stress results from threat or loss of important resources, including time, energy, and social support (Hobfoll, 1989).

Work-Life Balance among Doctors

1. **Working time and on-call duty:** Poor work-life balance in physicians is usually attributed to several reasons. These include lengthy hours, shift work, and being on call. The medical training period is usually tough because they lack flexibility in terms of the schedule and rotation. Older physicians have additional duties including teaching, administration, research, and private practice, hence making them work beyond the stipulated hours.
2. **Administrative and emotional load:** The documentation and electronic record systems, regulatory tasks add to the load with no additional clinical satisfaction. Stress increases when there is emotional demand, high-level decision making and medico-legal pressure. Burnout and dissatisfaction with work-life balance are more prevalent among physicians than among other working Americans in large U.S. surveys (Shanafelt et al., 2012). Physician burnout reviews repeatedly point out the following as factors: workload, loss of autonomy, ineffective systems, and work-home interference (West, Dyrbye & Shanafelt, 2018).
3. **Gender, family and career stage:** Clinicians, especially women, often feel they have more work and household duties than their male colleagues do, and they are worried about career advancement around pregnancy and childcare. Doctors who are starting their careers experience relationship and health issues, and mid-career doctors experience conflict regarding their peak professional needs and family responsibilities.
4. **Resources available to doctors:** Generally, doctors earn more, have a higher status and, especially at consultant level, more autonomy about the way they organise work. These can help to defuse tension, such as hiring help at home or negotiating a flexible working schedule. Professional identity norms, though, where long hours express commitment, can be counterproductive and deter doctors from adopting flexibility even if it is offered.

Work-Life Balance among Nurses

1. **Shift work and rostering:** Nurses usually have a regular and/or rotating schedule, and may have to work nights, weekends, and holidays. Twisting around the clock disturbs sleep, family routine and social life. Change of schedule and quick changes in staffing are especially bad as they do not allow for any personal arrangements. Physicians tend to have more flexibility than nurses when it comes to their work hours.
2. **Staffing and workload:** One of the main issues addressed in nursing research is inadequate staffing. Research with hospital nurses has found that more patients per nurse is correlated with increased nurse burnout and dissatisfaction with the job situation (Aiken et al., 2002). Workload, low control, poor leadership and lack of reward are recognized as major factors that contribute to burnout in nursing (Dall'Ora et al., 2020). In addition, absence can also become extra work for other employees, making it more difficult to take time off or to swap with another employee for a different shift.
3. **Gender, family and care giving:** In most countries, the majority of those who nurse are women and expectations of care giving at home have a significant interaction with shift patterns. While childcare coverage for early mornings, nights and weekends, plus safe transportation after late shifts, are practical considerations that are not often addressed in the studies conducted by physicians. Nurses can also experience guiltful feelings when they are away from patients to attend to family needs.
4. **Resources available to nurses:** Nurses earn less than doctors, are less formally autonomous, and have a more rigid organization/chain of command, meaning that they have less leverage in negotiating schedules. Conversely, shift work may offer more predictable free time for some nurses when shift ends and part-time or flexible work arrangements may be more prevalent in nursing. Peer support of nursing teams is often identified as a protective factor.

Comparative Analysis

Dimension	Doctors	Nurses
Main time pressure	Long hours, on-call duty, work spilling into home time	Night and rotating shifts, weekend and holiday duty
Boundary type Control over schedule	Permeable, blurred boundaries Moderate, rising with seniority; low in training	Rigid, shift-defined boundaries Generally low
Main workload driver	Clinical responsibility, administration, medico-legal pressure	Patient load, staffing shortages
Status and pay	Higher; can buffer strain	Lower; fewer buffers
Gender profile	Increasingly mixed; women often face double burden and career penalties	Predominantly female; care giving expectations strongly interact with shifts
Typical coping resources	Seniority, private practice flexibility, paid domestic help	Peer support, shift swaps, family help
Typical consequ -ences	Burnout, reduced empathy, career interruption	Burnout, sleep problems, job dissatisfaction, turnover

Similarities: They both have high demands on the emotional side, dealing with human life, facing the problem of burnout, as well as finding time for family and personal life amid the uncertain demand. They both exhibit gender-based differences in the burden of housework. The lack of balance affects their level of job satisfaction and desire to leave.

Differences: Difference between professions depends on the nature of the time pressure and the buffer resources at their disposal. The doctor's challenge lies in excessive and unpredictable time at work with boundary spillover, whereas the nurse's challenge lies in lack of flexibility and control along with staffing pressure. The doctors have more status and income and also with seniority, discretion, which means they can adapt better although the professional culture may prevent them from doing so.

The role of context: This is different in each nation and industry. In situations where there are extended families and household helpers, such as in South Asia, family members can serve both as a resource and as a pressure. In busy hospitals with large numbers of patients, workload pressure will be paramount regardless of what job one does, while in private hospitals, business pressure will come into play.

Consequences of Poor Work-Life Balance: In individuals, the literature links poor balance with burnout, fatigue, sleep disturbance, anxiety and depression, relationship strain and lower life satisfaction. In organizations, it is associated with absenteeism, turnover, and high recruitment cost. In patients, there is the issue of lack of empathy, poor communication, and increased likelihood of mistakes if the staff is fatigued or disengaged. Due to the nature of the research being cross-sectional, the linkages should rather be referred to as associations than causalities.

Interventions and Recommendations

For doctors:

1. Limit working hours and provide rest following night shifts and call duties.
2. Lighten workload by use of scribes, additional manpower, and streamlined documentation processes.
3. Offer predictable call schedules, parental leave, and career options in part-time work.
4. Confront cultures where more working hours mean more dedication.

For nurses:

1. Implement self-rostering and shift-swapping schemes to ensure that nurses have a say regarding their scheduling.
2. Limit consecutive night shifts, decrease rapid shift work and provide prior information regarding the schedule.
3. Maintain safe nurse-to-patient ratios, given that staffing is a prerequisite for having time off.
4. Support care giving needs by means of childcare facilities and late shift transportation.

For both professions:

1. Offer confidential counseling and wellbeing support services.
2. Train managers on being supportive leaders as well as distributing workload fairly.
3. Evaluate WLB, burnout and turnover as regular organizational measures.
4. Create specific policy schemes depending on profession and career level.

Limitations of the Evidence: Much of the physician literature comes from North America and Europe and much of the nursing literature from hospital settings in high-income countries, but the evidence from South Asia and from other developing countries is less abundant. The different measurement instruments and definitions employed for WLB make the comparison difficult. Very few studies compare doctors and nurses in the same hospitals using the same measurements. Self-reporting cross-sectional studies are prevalent, while surveys can be biased against those who have left the profession. This review is narrative and not a systematic review, thus, it is vulnerable to selection bias.

Conclusion: While doctors and nurses belong to the same institution, their work-life balance experience arises from different circumstances. While workload and its spillover is the key problem faced by doctors, schedule rigidity and the staffing situation under which nurses have to function is the major concern for them. Both genders and the role that they play in caregiving further increase the level of stress among them, and imbalance in work-life situation results in burnout and intentions of quitting. Consequently, the appropriate measures would need to focus on workload

and boundary management for doctors and scheduling control and staffing for nurses, along with investments into supportive leadership and wellbeing programs. Future research could include comparisons of the two medical professions in the same contexts with the help of similar measures, and could involve more data from developing nations.

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