

From strain to synergy: investigating the positive aspects of work–family interface among Indian doctors

Work–family
interface
among Indian
doctors

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Abstract

Purpose – This research aims to investigate the symbiotic relationship between work and family life among doctors in India, with a focus on work–family enrichment (WFE) as a positive interplay. The study seeks to examine the impact of two aspects of WFE, namely, work-to-family enrichment (WTFE) and family-to-work enrichment (FTWE) on job satisfaction (JS) and life satisfaction (LS), while exploring the mediating role of self-efficacy (SE).

Design/methodology/approach – The research employs a comprehensive survey to gather data from Indian doctors. The survey includes measures of WTFE, FTWE, JS, LS and SE. Structural equation modeling (SEM) was employed to examine the proposed connections among the research constructs, using IBM AMOS v.23.

Findings – The findings reveal that WTFE significantly impacts both JS and LS. However, FTWE does not show a direct influence on JS, though it does positively impact LS. SE plays a noteworthy role, having a strong direct influence on both job and life satisfaction. In terms of indirect influence, WTFE impacts job and life satisfaction through the mechanism of SE. Nevertheless, no significant indirect effect was found between FTWE and both types of satisfaction through SE.

Originality/value – This research presents several original contributions to the study of work–life balance among healthcare professionals. Firstly, its unique geographic focus on North India distinguishes it from existing literature, offering fresh insights into the experiences of doctors in this region. Moreover, the study's multifaceted examination of WFE, SE, JS, and LS introduces a comprehensive perspective seldom seen in current research.

Keywords Work-to-family enrichment, Family, Family-to-work enrichment, Self-efficacy, Job satisfaction, Life satisfaction, Work–life balance, Healthcare, Healthcare professionals

Paper type Research paper

1. Introduction

Work–life balance research has traditionally concentrated on the conflictual aspects of the interaction between the work and personal domains of employees. Theoretical frameworks, such as the work–family conflict theory (WFC) (Greenhaus and Beutell, 1985), resource drain theory (Morris and Madsen, 2007) and scarcity theory (De Bruijn and Antonides, 2022), have been developed to explicate these negative dimensions. However, this focus on the negative facets of work–life balance has sometimes overshadowed the potential for a more nuanced understanding. Evidence from healthcare fields, for instance, suggests a possibility of a positive, symbiotic relationship between work and family life, as indicated by low turnover intention among doctors and nurses (He *et al.*, 2020). This outlook is echoed in the Indian



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context by studies reporting low turnover intention, high organizational commitment and strong organizational citizenship behavior among healthcare professionals (Nayak, 2016; Shabir and Gani, 2020; Vashisht and Vashisht, 2022).

To achieve a comprehensive understanding of work–life balance, it is imperative to explore not just the negative but also the potential positive dimensions of this interaction. Studies conducted in India that examine the life satisfaction (LS) and job satisfaction (JS) of doctors provide critical insights into their experiences and overall well-being (Rajkonwar and Rastogi, 2018; Kulkarni *et al.*, 2013; Srivastava *et al.*, 2019). However, a conspicuous gap exists in the literature concerning the study of work–family enrichment (WFE) among doctors, particularly in North India. The gap is even more pronounced in specific regions like Jammu and Kashmir, where no such studies have been undertaken to date.

This gap is significant for several reasons. Doctors form the backbone of the healthcare system. Their well-being and satisfaction are critical for the efficient functioning of healthcare institutions and for the delivery of high-quality patient care. The demanding nature of their job, coupled with the societal and familial obligations, especially in a socio-culturally diverse region like North India, makes the exploration of work–life balance in nursing a critical area of study. The need for research becomes even more pertinent when we consider the distinct socio-cultural landscape of North India. Socio-cultural factors are known to play a significant role in shaping work–life experiences. The unique cultural, societal and familial norms prevalent in North India might significantly influence the work–life enrichment experiences of doctors. Therefore, a one-size-fits-all approach, based largely on studies conducted in South India or other regions, may not be fully applicable or effective in addressing the specific needs, challenges and experiences of doctors in North India. Furthermore, the large population of North India, coupled with a vast number of healthcare facilities, underscores the urgency for such research. It is crucial to understand the specific dynamics of WFE among this significant workforce to inform and implement effective work–life balance policies.

Additionally, the unique challenges of working in a conflict zone like Jammu and Kashmir add another layer of complexity to the work–family dynamics of healthcare professionals in this region.

In light of these considerations, the present study aims to delve into the domain of WFE among healthcare professionals, specifically doctors, in North India, with a special focus on Jammu and Kashmir. By undertaking this research, we hope to uncover previously unexplored aspects of work–life balance in these regions.

The objectives of this study thus, are as follows:

- (1) To investigate the direct impact of work-to-family enrichment (WTFE) and family-to-work enrichment (FTWE) on the job and life satisfaction of healthcare professionals, particularly doctors.
- (2) To examine the direct impact of self-efficacy (SE) on the job and life satisfaction of healthcare professionals, particularly doctors.
- (3) To explore the mediating role of SE in the relationship between WTFE and FTWE and job and life satisfaction of healthcare professionals, particularly doctors.

In doing so, we aspire to contribute to the body of knowledge in this area and potentially inform policy decisions that could better support the work–life balance of doctors in North India.

2. Theoretical background

As we move toward a more comprehensive understanding of work–life balance, the role of positive experiences in the interaction between work and non-work domains becomes crucial.

In light of this, the present study employs the concept of WFE, which focuses on the positive aspects of this interaction, to explore the dynamics among healthcare professionals, particularly doctors, in India. WFE is a relatively new concept that encapsulates the positive interactions between work and family life. The term is used to describe the phenomenon, where experiences in one role (work or family) enhance the quality of life in the other role.

This concept was distinctly defined by [Greenhaus and Powell \(2006\)](#), who stated that WFE occurs “when experiences in one role serve to improve the quality of life in the other role.” In other words, it is a form of role synergy where skills, behaviors or positive mood states from one domain (work or family) cross over and contribute positively to the other domain. Elsewhere, [Wayne et al. \(2007\)](#), define WFE as the extent to which experiences in one role improve the performance or affect in the other role. They argue that it is an essential aspect of the work–family interface, and it is important to distinguish it from the absence of conflict.

WFE is a distinct construct from other positive work–family constructs, such as positive spillover, facilitation, enhancement and enrichment, which have often been used interchangeably ([Frone, 2003](#)). While enhancement focuses on the acquisition of resources and experiences that benefit individuals in facing life challenges, enrichment focuses on enhanced role performance in one domain because of resources gained from another ([Sieber, 1974](#); [Greenhaus and Powell, 2006](#)). Positive spillover refers to the experiences in one domain that are transferred to another domain, while enrichment builds on this notion by highlighting the importance of successfully applying the transferred resources to improve individual performance or affect ([Powell and Greenhaus, 2010](#)). Facilitation, on the other hand, focuses on improvements in the system functioning resulting from engagement in a domain ([Wayne et al., 2007](#)).

The WFE framework, in the likeness of WFC, also recognizes the bidirectional nature of the relationship between work and family life domains, in the forms of WTFE and FTWE. This perspective underscores the idea that positive experiences and resources can flow both ways, enriching work life from personal experiences and vice versa. This dual pathway provides a balanced and inclusive view of work–life interactions, fostering a comprehensive understanding of how resources in one domain can enhance the quality of life in the other.

Choosing WFE as the theoretical lens for this research is guided by three key considerations:

Holistic Perspective: The WFE framework emphasizes the interconnectedness of work and family life. It promotes the understanding that these two domains do not exist in isolation but can interact and mutually influence each other in positive ways.

Resource Accumulation: WFE brings to light that resource or benefits gained in one domain can lead to enrichment in the other. This is especially crucial for healthcare professionals who might gain valuable skills, knowledge and emotional resilience from their work that could positively influence their family life and vice versa.

Sustainable Integration: Unlike traditional notions that advocate for a strict balance between work and family life, WFE promotes a perspective of sustainable integration. This perspective acknowledges the reality of modern work, where achieving a perfect balance may not always be feasible or even desirable. It is particularly relevant for demanding fields like healthcare, where the lines between work and personal life can often blur.

Grounded in these considerations, our study aims to discern the individual effects of WTFE and FTWE on the work/family interface of healthcare professionals, specifically doctors, in the Indian context. We further seek to explore the mediating role of SE in these relationships.

SE, a belief in one's capabilities to organize and execute the courses of action required to manage prospective situations, is a pivotal factor that can affect one's outlook toward job and life satisfaction. We posit that SE could be a key mechanism through which WFE and FTWE impact job and life satisfaction.

To provide a visual guide for this research, a conceptual model has been created, which outlines the hypothesized relationships between WFE, FTWE, JS, LS, and SE. This model, depicted in [Figure 1](#), will serve as the roadmap for our investigation into the dynamics of WFE among healthcare professionals in the Indian context. Adding to the aforementioned literature, it is worth noting that there has been an increasing recognition of positive spillover and facilitation from work to family and vice versa. Studies by [Hanson et al. \(2006\)](#) and [Wayne et al. \(2007\)](#), have laid the groundwork for understanding how experiences in one role can contribute positively to the other role, hence enriching it. In the healthcare sector, studies have corroborated the presence of WFE among different professional groups. [Kengatharan and Kunatilakam \(2020\)](#) highlighted its relevance among healthcare workers. A study by [He et al. \(2020\)](#), revealed that despite the stressful nature of healthcare work, positive spillover can occur, contributing to low turnover intention among doctors and doctors. These insights suggest the possibility of resource transfer from work to personal life and vice versa that enhances overall quality of life. More specifically, in the Indian context, research by [Nayak \(2016\)](#), [Shabir and Gani \(2020\)](#) and [Vashisht and Vashisht \(2022\)](#), has indicated the presence of WFE among healthcare professionals, as demonstrated by low turnover intention, high organizational commitment and better organizational citizenship behavior. These findings provide a foundation for the exploration of WFE among healthcare professionals in the Indian context.

However, the literature also points out that the research focusing specifically on doctors in North India is limited. There is a significant gap in understanding how WFE operates among this group of professionals, particularly considering the unique socio-cultural dynamics of this region. Therefore, a focused exploration on the experiences of WFE among doctors in this region is warranted.

Overall, while the concept of WFE has been extensively studied in various professional contexts and regions, its exploration among healthcare professionals, particularly doctors in the North Indian context, remains under-researched.

3. Hypotheses development

The relationship between WFE, LS, JS and SE is complex and multifaceted. A possible explanation for the positive relationship between WFE and these outcomes is that WFE helps

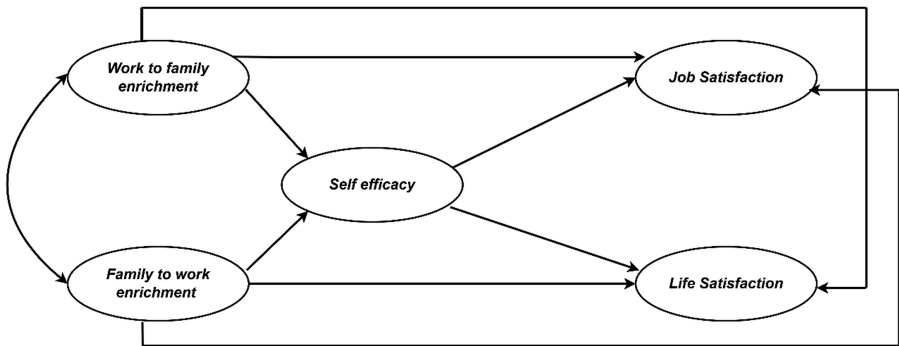


Figure 1.
Conceptual model

Source(s): Figure by author

to reduce WFC. Another possible explanation for the positive relationship between WFE and these outcomes is that WFE leads to increased resources. WFE is associated with the acquisition of resources, such as skills, experiences and social support, which can be beneficial in both the work and family domains (Greenhaus and Powell, 2006). These resources may lead to increased LS, JS and SE by providing individuals with the tools and support they need to succeed in both domains.

It is important to note that the relationship between WFE and these outcomes may vary depending on individual and contextual factors. For example, the extent to which WFE leads to increased LS, JS and SE may depend on an individual's personality, coping strategies and social support network (Greenhaus and Powell, 2006). The research on WFE in Indian healthcare, as discussed above, the enrichment has been found to be inversely related to turnover intention as exemplified in the case of healthcare workers in Northeast India (Rajkonwar and Rastogi, 2018). Working within the framework of facilitation, in a multispecialty hospital in India, Govindappa and Mallikarjun (2018), draw up relationship between career satisfaction and work and family facilitation in doctors.

The present study has found no other instance, in India, where healthcare professionals have been studied with regards to enrichment or facilitation which further reinforces *raison d'être* of the present article. Job and family satisfaction has been studied among Indian doctors mainly along psycho-social dimensions including burnout (Srivastava *et al.*, 2019), stress (Bhatia, 2019), workplace violence (Ahamed *et al.*, 2021) and psychological distress (Atif *et al.*, 2018), among others.

Various factors that influence, as shown by researchers, the level of satisfaction with the job include requirements of the job, pay, supervisory support, state of health and measurements at the workplace, and the relationship with the supervisor and peers (Qureshi and Hamid, 2017). Researchers have shown that JS has positive relationship with the motivation of the employees (Demir, 2020); employee performance (Loan, 2020) and results in decrease of turnover intention (Rakhshani Zabol *et al.*, 2019), job stress (Qureshi and Hamid, 2017; Utami and Harini, 2019) absenteeism among employees. Studies have shown that employees who experience WFE report higher levels of JS (Greenhaus and Powell, 2006; Carlson *et al.* 2000). Research shows that WFE enables employees to bring their personal strengths, resources and experiences to their work, which in turn enhances their JS and sense of fulfillment in their work (Greenhaus and Powell, 2006). Additionally, WFE has been found to promote positive work attitudes, such as job involvement and organizational commitment, which are associated with higher levels of JS (Carlson *et al.*, 2000). Inferring from this, the present study presumes that WTFE/FTWE are positively and significantly related to JS among doctors.

H1a. WTFE has a direct and significant impact on the JS of doctors.

H1b. FTWE has a direct and significant impact on the JS of doctors.

Research on work–life balance has increasingly highlighted the positive relationship between WFE and LS. For instance, a study conducted by Nielsen *et al.* (2020) observed that while WFC negatively affected life satisfaction, WFE positively influenced it. This result aligns with the findings of Hassan *et al.* (2021) and Zhang and Tu (2018), who also reported a positive correlation between WFE and LS. Specifically, Sakthivelrani and Devi (2017) found that WFE has a direct impact on individuals' LS. This conclusion was also mirrored in a study conducted by İplik and Ülbegi (2021), thus underlining the broader acceptance of WFE's positive influence on LS across diverse research. Furthermore, a study by Rashid *et al.* (2011) focusing on Malaysian doctors discovered that WFE significantly predicted higher LS among the respondents. Interestingly, the two dimensions of WFE—WTFE and FTWE—

were found to have an asymmetrical relationship with LS. In particular, [Rhee and Zheng \(2019\)](#) discovered that FTWE exhibited a greater positive impact on LS than WFE. This observation was further supported by [Matei and Virgă \(2023\)](#), who found a positive relationship between FTWE and JS.

While the positive correlation between WFE and LS is widely supported in existing literature, there is a lack of studies specifically investigating this relationship among doctors in the Indian context. This paucity of research on the topic presents a gap that the current study intends to fill. Given the substantiated positive correlation between WFE and LS in various professional contexts, it is plausible to extrapolate a similar relationship for doctors in India. Thus, we propose the following hypotheses:

H2a. WFE has a direct and significant impact on the LS of doctors.

H2b. FTWE has a direct and significant impact on the LS of doctors.

Several well-conducted studies have shed light on the relationship between SE and LS, yielding noteworthy findings. For instance, [Capri et al. \(2012\)](#) explored the experiences of college students and discovered a positive association between SE and overall LS. Similar patterns emerged in studies focusing on older adults, indicating that higher levels of SE predicted greater LS ([Kim and Lee, 2022](#)).

The impact of SE on life and job satisfaction has also been observed in the healthcare field. Research conducted among Chinese healthcare staff by [Yao et al. \(2014\)](#) and [Bernales-Turpo et al. \(2022\)](#), revealed a positive relationship between SE and family/job satisfaction.

The direct effect of SE, in the model, indicates the immediate influence that workers' beliefs in their own capabilities have on their levels of JS and LS. Higher levels of SE tend to lead to increased JS, as doctors who possess a strong belief in their abilities are more likely to feel competent and successful in their work ([Karatepe et al., 2022](#)). Similarly, SE positively impacts LS, as doctors with a strong sense of SE tend to have a greater confidence and perceived control over their lives, which leads to higher overall LS. The indirect effect of SE operates through mediating variables, such as work engagement or coping strategies, which in turn influence JS and LS. For example, SE may impact doctors' engagement in their work, leading to increased JS. Doctors who believe in their abilities are more likely to approach their work with enthusiasm, focus and determination, resulting in higher job satisfaction levels ([Mache et al., 2014](#)). Similarly, SE may influence doctors' coping strategies, enabling them to effectively navigate challenges and setbacks, which in turn positively affect both JS and LS ([Smith et al., 2017](#)).

Examining the effect of SE on JS can provide insights into the specific role that doctors' beliefs in their own capabilities play in shaping their overall satisfaction with their work. In the case of North Indian doctors became evident when examining relevant research. For instance, a study conducted by [Upadhyay et al. \(2021\)](#), surveyed a sample of North Indian doctors and found a robust positive correlation between SE and JS. The researchers observed that doctors with higher levels of SE were more likely to report greater JS, indicating that a belief in one's abilities to perform tasks and achieve desired outcomes positively influences professional satisfaction. Similarly, a longitudinal study by [Maqbool et al. \(2020\)](#) focused on doctors in Pakistan and examined the relationship between SE and JS.

Investigating the direct effect of SE on LS among North Indian doctors is crucial for understanding the broader impact of self-beliefs on their overall well-being. By exploring this relationship, researchers can identify factors that contribute to higher levels of SE, which in turn positively influence doctors' satisfaction with various aspects of their lives. This knowledge can inform the development of interventions and support systems that foster SE

beliefs among doctors, ultimately leading to enhanced LS and well-being. Additionally, understanding the mediating role of SE in the relationship between WTFE and FTWE on LS among doctors provides a comprehensive understanding of the underlying mechanisms. Regarding the relationship between SE and LS among doctors, substantial evidence from relevant studies emerge, emphasizing the importance of exploring the direct impact of SE on LS among doctors (Sammer and Majeed, 2022). Furthermore, a study conducted by Sebastian (2010) examining LS among healthcare professionals, revealed a significant positive correlation between SE and LS, providing further support for the hypothesis. The analysis by the researcher reinforces the need to consider SE as a crucial factor in understanding and promoting LS among healthcare workers.

By serving as a mediator, SE plays a crucial role in translating the positive effects of WFE into enhanced family and job satisfaction for doctors. SE beliefs influence individuals' perceptions of their capabilities to successfully navigate work and family domains. Doctors with higher levels of SE are more likely to experience a sense of competence (Smith *et al.*, 2017) and confidence in managing the demands of their profession and family life (Ryan *et al.*, 2013). This, in turn, positively affects their overall satisfaction levels. As a mediator, SE acts as a mechanism through which WFE influences doctors' satisfaction outcomes. When doctors perceive a positive integration between their work and family roles, their SE beliefs are reinforced, leading to greater JS and overall LS. On the other hand, negative experiences of WFC or imbalance may undermine SE and subsequently decrease satisfaction levels. Understanding the mediating role of SE provides valuable insights into the underlying processes that link WFE to doctors' satisfaction outcomes (Chan *et al.*, 2016).

H3. Self-efficacy has a direct and significant impact on JS of doctors.

H4. Self-efficacy has a direct and significant impact on the LS of doctors.

H5a. Self-efficacy partially mediates the relationship between WTFE and JS of doctors.

H5b. Self-efficacy partially mediates the relationship between FTWE and JS of doctors.

H6a. Self-efficacy partially mediates the relationship between WTFE and LS of doctors.

H6b. Self-efficacy partially mediates the relationship between FTWE and LS of doctors.

The proposed theoretical model investigates the dynamics between WTFE, FTWE, SE and the dual variables of JS and LS in a medical professional context. The model posits that WFE and FWE—representing the transferability of positive experiences and skills between work and family domains—exert a direct and significant effect on doctors' JS. This direct impact underscores the potential of a balanced work–family interface in fostering occupational satisfaction.

Concurrently, the model suggests that WFE and FWE function as catalysts for enhancing SE—a doctor's perceived competence in effectively managing responsibilities across work and family domains. An elevated state of SE is then projected to positively influence both JS and overall LS. In addition to these direct pathways, the model postulates that SE partially mediates the relationship between WFE, FWE and job and life satisfaction. This posits an indirect pathway in which the enriching experiences derived from work and family roles augment SE, which then contributes to enhancing job and life satisfaction. In summary, the model delineates both direct and mediated pathways linking WFE and FWE with job and life satisfaction, with SE occupying a critical mediating position. Unpacking these multifaceted relationships can generate critical insights into the determinants of job and life satisfaction within the medical profession.

4. Methodology

4.1 Sample

Between August and October 2022, this research was performed in seven hospitals affiliated with the Government Medical College (GMC), Srinagar. In the determination of the sample size, the formula for sample sizes within a known universe was used. The research group included all doctors employed in these hospitals ($N = 711$). The sample size was determined to be 250 doctors with a 95% confidence interval and a 5% error range using the calculation of sample size within a given universe.

Given the possible losses of data, using simple random sampling from this population, the data collection process was completed when data from 382 doctors were reached. The data of 16 doctors who did not complete the questionnaire were excluded. The study was thus completed with 364 doctors.

4.2 Measure

4.2.1 Work-Family Enrichment. WFE 18 items scale of [Carlson et al. \(2006\)](#) was used to analyze the degree of WFE among doctors. The 18-item scale is divided into two sub-scales, each consisting of nine items. The first sub-scale pertains to WTFE, assessing how experiences, skills, behaviors or moods derived from the work domain enrich or enhance the quality of family life. The second sub-scale focuses on FTWE, probing into how family experiences or resources can positively influence the work domain.

4.2.2 Life Satisfaction. To analyze the life satisfaction of doctors, the Satisfaction with Life Scale of [Diener et al. \(1999\)](#) used. It is a five-point Likert scale with “1” indicating the lowest degree of agreement and “5” indicating the highest degree of agreement.

4.2.3 Self-efficacy. To analyze SE of doctors, eight-item general SE scale by [Chen et al. \(2001\)](#) was used. A five-point Likert scale was used, wherein 1 = strongly disagree and 5 = strongly agree.

4.2.3.1 Job Satisfaction. A five-item Short Index of Job Satisfaction (SIJS) was used to measure JS among the respondents. The five-items of SIJS scale are adapted from the 18-item JS of ([Brayfield and Rothe, 1951](#)). This shorter version of JS has been validated with internal consistency reported being between 0.82 and 0.89 ([Judge et al., 2001](#); [Alrawashdeh et al., 2021](#)). A five-point Likert scale was used, wherein 1 = strongly disagree and 5 = strongly agree.

5. Data analysis

Reliability analysis was done for the questionnaire using Cronbach's alpha parameter. The correlation was computed to assess the research variables' internal relationships and descriptive statistics for the five variables, namely, WTFE, FTWE, LS, JS and SE.

To verify the proposed connections between the research constructs, structural equation modeling (SEM) was used. The SEM study was carried out with IBM AMOS v.23. Confirmatory factor analysis (CFA), path modeling and evaluation of composite reliability, convergent validity and discriminant validity between latent variables were undertaken as the first steps in SEM. The 0.6 cutoff was used to decide if any factors have to be removed. Following this, the composite reliability (CR) of the variables was checked to ensure their internal consistency. The average variance extracted (AVE) for each variable was also measured to determine the extent to which each variable accounted for its own variance. To check for common method bias, a principal component analysis (PCA) using varimax rotation was conducted. This helped to identify any potential sources of bias in the data. In addition, the variance inflation factor (VIF) was used to check for multicollinearity among the variables. This helped to ensure that the variables were not too closely related, which could potentially affect the accuracy of the results.

Once the validity and reliability of the variables had been established, SEM was conducted to investigate the direct and mediation effects between the variables. This allowed the researchers to examine the relationships between the variables and to determine the extent to which one variable influenced another. By using SEM, the researchers were able to test their hypotheses and determine the strength and direction of the relationships between the variables.

5.1 Results

The present study aimed to explore the relationship between WFE, SE, JS and LS among respondents. The demographic characteristics of the respondents, including gender, age, marital status, years of work experience and education qualification, were analyzed to understand their influence on the variables of interest. In terms of gender differences, the results indicated that females reported higher levels of both WTFE and FTWE compared to their male counterparts. This finding suggests that women perceive a greater positive impact of work on their family life and vice versa, which can be attributed to the increasing trend of dual-career couples and changing gender roles in contemporary society. Marital status also played a role in work–family experiences, with married respondents reporting higher levels of WTFE and FTWE compared to unmarried respondents.

On the other hand, respondents aged 41 and above reported lower levels of WTFE and FTWE, possibly due to increased work demands and family responsibilities as individuals progress in their careers and take on more senior roles. Years of work experience also had an impact on work–family experiences, with respondents having 6–15 years of experience reporting the highest levels of WTFE and FTWE. This finding suggests that as individuals gain more work experience, they develop skills and resources that enable them to effectively balance work and family demands, leading to greater enrichment in both domains.

The measurement model demonstrated good fit indices, indicating the reliability and validity of the constructs assessed in the study. The CR values exceeded the recommended threshold, indicating good internal consistency of the latent variables. Additionally, the average variance extracted (AVE) values surpassed the acceptable limit, indicating acceptable convergent validity. The requirement of discriminant validity was also met, as the square root of AVE ($\sqrt{\text{AVE}}$) for each construct exceeded the standardized correlation with other constructs. To address common method bias (CMB), Harman's one-factor analysis was conducted, and the results indicated no significant issues of CMB in the study. This suggests that the observed relationships between the variables were not solely influenced by a single common method. The SEM analysis supported the hypothesized relationships between the variables.

The main demographic questions that were asked in the questionnaire included gender, age, marital status, years of work experience and education qualification of the respondents. Age was found to be a significant factor influencing work–family experiences, with respondents aged 31–40 reporting the highest levels of WTFE and FTWE. The results are presented in Table 1. Additionally, Table 1 also presents the general experience of the respondents of WTFE and FTWE with regards to their demographic characteristics. Independent sample *t*-tests showed that there were significant differences in the respondents' WTFE ($t = 6.30, p = 0.000$) and FTWE experience with regards to their gender ($t = 3.10, p = 0.002$), with females experiencing higher WTFE ($m = 3.99$) and FTWE ($m = 3.75$) than their male counterparts (WFE: $m = 3.54$; FTWE: $m = 3.48$). With regards to the marital status of the respondents, the result shows difference between the WTFE ($t = 3.43, p = 0.001$) and FTWE ($t = 2.19, p = 0.029$), experience of the married and single individuals. The married respondents experienced higher WTFE ($m = 3.90$) and FTWE ($m = 3.72$) than WTFE ($m = 3.65$) and FTWE ($m = 3.53$) experience of single respondents. Concerning the education

Table 1.
Demographic
information and
univariate analysis of
WTFE and FTWE of
the respondents

Characteristics	<i>N</i> (%)	Mean score WTFE	<i>t</i> / <i>F</i> (<i>p</i> -value)	Mean score FTWE	<i>t</i> / <i>F</i> (<i>p</i> -value)
<i>Gender</i>					
Female	179 (49.2)	3.99	6.30 (0.000) ^a	3.75	3.10 (0.002) ^a
Male	185 (50.8)	3.54		3.48	
<i>Age</i>					
23–30	140 (38.5)	3.75	3.91 (0.021) ^b	3.53	3.50 (0.031) ^b
31–40	148 (40.7)	3.86		3.75	
41 and above	76 (20.8)	3.59		3.50	
<i>Marital status</i>					
Married	163 (44.8)	3.90	3.43 (0.001) ^a	3.72	2.19 (0.029) ^a
Single	201 (55.2)	3.65		3.53	
<i>Years of work experience</i>					
1–5	112 (30.8)	3.71	5.32 (0.005) ^b	3.57	4.06 (0.018) ^b
6–15	162 (44.5)	3.89		3.74	
16 and above	90 (24.7)	3.59		3.44	
<i>Education qualification</i>					
Graduate	190 (52.2)	3.79	0.69 (0.50) ^a	3.62	0.19 (0.85) ^a
Postgraduate	174 (47.8)	3.74		3.6	
Note(s): ^a Independent sample <i>t</i> -test ^b One-way ANOVA					
Source(s): Table by author, author's calculation					

qualification of the respondents, the result indicated that there is no significant difference of the level of WTFE ($t = 0.69, p = 0.50$) and FTWE ($t = 0.19, p = 0.85$), based on the education qualification.

One-way ANOVA showed that there were significant differences in the respondents' WTFE ($F = 3.91, p < 0.02$) and FTWE ($F = 3.50, p = 0.03$) in the context of their age. Those aged 31–40 experienced highest WTFE ($m = 3.86$) and FTWE ($m = 3.75$), followed by those aged 23–30 WTFE ($m = 3.75$) and FTWE ($m = 3.53$) experience of those who are aged between 23 and 30 years, and lastly the WTFE ($m = 3.59$) and FTWE ($m = 3.50$) experience of those aged 41 and above. Lastly one-way ANOVA showed that there were significant differences in the respondents' WTFE ($F = 5.32, p = 0.005$) and FTWE ($F = 4.06, p = 0.018$) in the context of their years of work experience. The respondents with work experience between 6 and 15 years perceived highest WTFE ($m = 3.89$) and FTWE ($m = 3.74$), followed by those 1–5 years of work experience WTFE ($m = 3.71$) and FTWE ($m = 3.57$) experience of those who are aged between 23 and 30 years, and lastly the WTFE ($m = 3.59$) and FTWE ($m = 3.44$) of those with work experience of 16 years and above.

5.2 Confirmatory factor analysis

Confirmatory factor analysis (CFA) was used to examine the standardized factors loading of the items. The items below the acceptable threshold of 0.6 were removed (Hair *et al.*, 2014). Accordingly, three items from WTFE, two items from FTWE, two items for SE and one item from LS were removed. The final items included in the analysis along with their standardized factor loadings are presented in Table 2. After eliminating these items, the measurement model indicated a good fit of the data; $\chi^2 = 514.26$ ($df = 340, p < 0.01$), $\chi^2/df = 1.51$, RMR = 0.04 GFI = 0.91, TLI = 0.96, CFI = 0.97, RMSEA = 0.03 (Hair *et al.*, 2006).

Constructs/Items	M (S.D)	Factor loading	CR	AVE	$\sqrt{\text{AVE}}$	VIF
<i>Work to family enrichment</i>	3.76 (0.72)		0.87	0.53	0.73	1.53
WTFE1		0.81				
WTFE3		0.73				
WTFE5		0.80				
WTFE7		0.64				
WTFE8		0.68				
WTFE9		0.69				
<i>Family to work enrichment</i>	3.60 (0.82)		0.90	0.57	0.76	1.43
FTWE1		0.66				
FTWE2		0.61				
FTWE4		0.78				
FTWE5		0.89				
FTWE6		0.80				
FTWE7		0.77				
FTWE9		0.75				
<i>Self-efficacy</i>	3.65 (1.60)		0.91	0.64	0.8	1.14
SE1		0.69				
SE2		0.85				
SE4		0.82				
SE5		0.66				
SE7		0.85				
SE8		0.91				
<i>Job satisfaction</i>	3.16 (0.98)		0.89	0.62	0.79	–
JS1		0.70				
JS2		0.75				
JS3		0.82				
JS4		0.85				
JS5		0.82				
<i>Life satisfaction</i>	5.18 (0.98)		0.87	0.63	0.8	–
LS1		0.70				
LS2		0.69				
LS4		0.88				
LS5		0.89				

Note(s): Measurement Model: $\chi^2 = 514.26$; DF = 340; $\chi^2/\text{DF} = 1.51$; RMR = 0.04; GFI = 0.91; TLI = 0.96, CFI = 0.97; RMSEA = 0.03

Source(s): Table by author, author's calculation

Table 2.
Factor loadings,
validity, reliability
and VIF

Reliability and Validity Measures: To test the reliability of all the constructs' CR was calculated. The CR of the latent variables were above the minimum threshold limit of 0.7 (Fornell and Larcker, 1981), thus indicating good internal consistency of the latent variables (Table 2). The AVE for each latent variable was above the acceptable limit of AVE >0.5, signifying acceptable convergent validity (Fornell and Larcker, 1981) (Table 2). The square root of AVE ($\sqrt{\text{AVE}}$) of each construct, exceed the standardized correlation with other constructs, supporting the requirement of discriminant validity.

5.3 Common method bias and multicollinearity

To examine the CMB, Harman's one factor analysis was used. As suggested by Podsakoff *et al.* (2003), PCA using varimax rotation was used to check if there is an issue of CMB in this study. The result shows that there are five factors with eigenvalues greater than 1. The first factor explained the 16.24% of the total variance explained (meeting the requirement of the first factor explaining less than 50% of variance). Therefore, it can be concluded that there was no issue of CMB in the present study.

To evaluate the model's multicollinearity variance Inflation Factor (VIF) was used. The VIF statistics ranged from 1.14 to 1.53, meeting the requirement of acceptable threshold of 3. Thus, there no problem of multicollinearity was observed (Table 2).

5.4 Correlation analysis

The descriptive details of all constructs, specifically the means and standard deviation (SD) as well as the skewness and kurtosis values of the constructs are presented in Table 3. The correlation coefficients are in consonance with the hypothesis of the study. Correlation analysis shows WTFE was positively related to SE, JS and LS ($r = 0.35$; 0.58 and 0.53 , $p < 0.01$) and FTWE was positively related to SE, JS and LS ($r = 0.24$; 0.42 and 0.49 , $p < 0.01$). Lastly, SE was positively related to JS and LS ($r = 0.50$ and 0.33 , $p < 0.01$).

5.5 Structural model and hypothesis testing

To test the hypothesized model (partial mediation model), SEM was conducted. The overall fit indices of the hypothesized five-factor model demonstrated acceptable model fit ($df = 341$, $p < 0.01$, $\chi^2/df = 1.54$, $RMR = 0.05$; $GFI = 0.90$, $TLI = 0.96$, $CFI = 0.97$ and $RMSEA = 0.03$). Additionally, the partial mediation model was compared to the full mediation model ($df = 1,043$, $p < 0.01$, $\chi^2/df = 3.05$, $RMR = 0.08$; $GFI = 0.77$, $TLI = 0.89$, $CFI = 0.89$ and $RMSEA = 0.08$), which indicated that the fit of hypothesized model, i.e. the partial mediation model was better than that of the full mediation model.

Concerning the direct effects, as hypothesized, it was determined that WTFE positively affected JS ($\beta = 0.43$, $p < 0.01$) as well as LS ($\beta = 0.35$, $p < 0.01$), thereby satisfying H1a and H2a. On the other hand, FTWE only had significant impact on LS ($\beta = 0.39$, $p < 0.01$) to have no significant impact on JS ($\beta = 0.11$, $p > 0.05$), thereby only satisfying H2b Lastly, SE positively affected both JS ($\beta = 0.34$, $p < 0.01$) and LS ($\beta = 0.16$, $p < 0.01$), thus satisfying both H3 and H4. To examine the mediation effect of SE, the bootstrap test based on the suggested 5,000 bootstrap samples approach in AMOS was used. The result indicated that the indirect effect of WFE on JS, through SE ($\beta = 0.12$, $p < 0.01$) as well as the indirect effect of WTFE on LS ($\beta = 0.06$, $p < 0.01$) was significant. Thus, H5a and H6a were accepted. However, in both cases the direct relationship is stronger as compared to the mediated association. With regards to FTWE no significant indirect effect of FTWE on JS through SE as the indirect effect of FTWE on LS through SE was found, therefore rejecting H5b and H6b. All results of the hypothesis are present in Table 4.

	Constructs	Mean (S.D)	1	2	3	4	5
1	WTFE	3.76 (0.72)	–	0.55**	0.35**	0.58**	0.53**
2	FTWE	3.60 (0.82)	0.55**	–	0.24**	0.42**	0.49**
3	SE	3.65 (1.60)	0.35**	0.24**	–	0.50**	0.33**
4	JS	3.16 (0.98)	0.58**	0.42**	0.50**	–	0.50**
5	LS	5.18 (0.98)	0.53**	0.49**	0.33**	0.50**	–
	$\sqrt{AVE}$		0.73	0.76	0.80	0.79	0.80
	Skewness		–0.56	–0.28	–0.64	–0.09	–1.08
	Kurtosis		0.19	0.08	–0.37	–0.59	1.63

Table 3. Correlation analysis
Note(s): **Correlation is significant at the 0.01 level (two-tailed)
Source(s): Table by author, author's calculation

Hypothesis	Direct relationship	B	β	Results
H1a	WTFE→JS	0.50	0.43***	Supported
H1b	FTWE→JS	0.13	0.11 ^{ns}	Rejected
H2a	WTFE→LS	0.43	0.35***	Supported
H2b	FTWE→LS	0.35	0.39***	Supported
H3	SE→JS	0.30	0.34***	Supported
H4	SE→LS	0.14	0.16***	Supported
	Indirect relationship	B	β	Results
H5a	WTFE→SE→JS	0.15	0.12***	Supported
H5b	WTFE→SE→LS	0.07	0.06**	Supported
H6a	FTWE→SE→JS	0.008	0.014 ^{ns}	Rejected
H6b	FTWE→SE→LS	0.017	0.006 ^{ns}	Rejected

Source(s): Table by author, author's calculation

Table 4.
Direct and indirect effects

6. Discussions

The present study sought to examine the intricate relationships between WFE, SE, JS and LS among healthcare professionals. This exploration was further enriched by considering the influence of various demographic factors, including gender, age, marital status and years of work experience. In the analysis of gender differences, a striking revelation was the finding that female healthcare professionals reported experiencing a higher degree of WFE compared to males. This trend, perhaps, mirrors the evolving societal dynamics, where dual-career couples are becoming increasingly common and traditional gender roles are being continuously challenged and reshaped. The role of marital status also emerged as a critical influencer of work–family experiences, with married healthcare professionals reflecting higher degrees of WFE. This finding is in line with existing research, like [Dousin *et al.* \(2022\)](#) [Omar *et al.* \(2021\)](#) and [Perlman *et al.* \(2015\)](#), which suggests that the institution of marriage often provides individuals with additional sources of support and resources, thus, contributing to a positive spillover between work and family domains.

The role of age and work experience in shaping work–family experiences was another interesting dimension unraveled in this study. Healthcare professionals aged between 31 and 40 years and with 6–15 years of work experience reported the highest levels of WFE. This could be attributed to the fact that individuals in this age and career stage often have established careers and stable family lives, enabling a more harmonious integration of work and family roles. Conversely, those above the age of 41 or with more extensive work experience reported lower levels of WFE ([Hsu, 2019](#); [Malik *et al.*, 2022](#)). WFE was found to significantly enhance job and life satisfaction, emphasizing the profound influence of a harmonious work–family interface on overall life contentment and professional fulfillment. The implications of this finding are multifold. For organizations, it underscores the importance of creating a supportive work environment that facilitates a positive spillover from work to family life. This could be achieved through flexible work arrangements, adequate parental leave policies and other family-friendly practices. Interestingly, while FTWE contributed positively to LS, it did not exhibit a direct influence on JS. This novel finding suggests that, while familial experiences can uplift overall life quality, their impact on professional satisfaction is less direct. The implication here is that organizations should look beyond the workplace and acknowledge the role of family experiences in shaping their employees' overall well-being and, indirectly, their JS. This novel finding deviates from some previous studies, like [Orellana *et al.* \(2023\)](#) and [Kaur and Narula \(2020\)](#), emphasizing the need

for a broader, more holistic examination of work–life balance and how family experiences contribute to JS.

SE emerged as a critical variable, exerting a strong direct influence on both job and life satisfaction. This finding has important implications for the design of employee training and development programs. Enhancing SE should be a key focus, as it not only influences job performance but also contributes to overall satisfaction and well-being. Training programs that boost confidence, resilience and problem-solving skills could be highly beneficial as pointed out by [Mata *et al.* \(2021\)](#) and [Wolderslund *et al.* \(2021\)](#). In addition, SE was found to mediate the relationship between WTFE and satisfaction outcomes. This nuanced relationship suggests that SE could be instrumental in leveraging the positive effects of work experiences on family life and satisfaction outcomes. The implication is that organizational interventions aimed at enhancing WTFE should also consider ways to foster employees' SE as pointed to by in studies on healthcare professionals working during COVID-19 pandemic ([Zhou *et al.*, 2021](#)).

However, the absence of a significant indirect effect between FTWE and satisfaction outcomes mediated by SE suggests potential other variables or mediators. This invites future research to explore additional mechanisms that might influence these relationships. This finding may also encourage organizations to consider multifaceted approaches to improve work–life balance, taking into account various factors such as personal values, organizational culture and societal norms. In sum, these findings provide a nuanced understanding of the dynamics of WFE, SE and satisfaction outcomes among healthcare professionals. The insights derived from this research carry considerable implications for developing personalized strategies to foster better work–life balance, guiding organizational policies and shaping future research. They underline the necessity for healthcare organizations to create supportive work environments that facilitate work–life balance, promote SE and, in turn, enhance JS and LS.

7. Implications

While existing research primarily investigates the influence of organizational factors on WFE, SE and job and life satisfaction, less attention has been given to individuals' cognition, particularly doctors' self-perceptions and beliefs. Studies have started addressing this, with findings revealing higher SE among rural doctors due to varied clinical experiences ([Bentley *et al.*, 2019](#)). Gender also emerges as a significant factor, although its influence varies across contexts ([Durand *et al.*, 2022](#)). Regarding the relevance of the professional environment and culture not many comparative studies have been undertaken to delve into this aspect. However, a study conducted in Jammu & Kashmir provides valuable insights. It found that, in comparison with teachers, doctors showed similar levels of occupational SE ([Salam and Ganai, 2021](#)).

This study furthers our understanding by exploring SE as a mediator between WFE and doctors' job and family satisfaction. It aligns with the social cognitive theory and self-efficacy theory, proposing that individuals' perceived capabilities and work–family balance play pivotal roles in shaping satisfaction levels. The research emphasizes the synergistic potential of work and family domains and counters the traditional view of their conflict.

The current study's focusing on public sector hospitals, has identified variations in turnover intentions across sectors. Doctors in the corporate sector have the highest intention to leave, followed by those in the trust sector, with government doctors showing the least inclination ([Mann and Kaur, 2018](#)).

Implications for future research include the need for a deeper investigation into the cognitive aspects influencing SE and satisfaction among doctors. Comparative studies across different work contexts, especially in relation to job turnover, can help understand unique

antecedents and devise sector-specific interventions. Further exploration of the reciprocal benefits between work and family domains could illuminate strategies for enhancing overall JS and work–life balance among doctors. Additionally, future research could examine the effect of multiple roles not as stressors, but as opportunities for enrichment, influencing various work and non-work outcomes.

While the focus of the present study was on examining the relationships between WFE, SE, JS and LS, the gender aspect emerged as a noteworthy consideration. As a result, future research could delve deeper into these gender dynamics, examining how different factors such as child rearing responsibilities and age differences might influence WFE in different genders. Moreover, the concept of intersectionality could be introduced, providing a more layered understanding of these dynamics by considering how multiple social categories interact within a single individual, such as gender, age and family status. This could potentially reveal more nuanced insights into how demographic and social factors intertwine to impact WFE and satisfaction outcomes.

8. Limitations

The study is subject to several limitations that warrants further discussion. Firstly, only one mediator, namely, SE was considered in the theoretical model. However, there may be other constructs that could potentially influence the relationship between WFE and satisfaction. Exploring additional mediators, outcomes such as job performance and family functioning and including other social and environmental factors as antecedents or mediators would enhance the robustness of the mediation model. Furthermore, the study focused solely on job and life satisfaction as outcome variables. Including a broader range of outcomes and considering other social and environmental factors could provide a more comprehensive understanding of the enrichment–satisfaction relationship. Implementing procedures to remind survey respondents about their unique identifier codes and passwords could have potentially mitigated this issue and improved data collection. Additionally, the sample had a disproportionate representation of women, which may have implications for the generalizability of the findings. Future studies should purposefully recruit from a wider range of industries to enhance the representativeness of the study. Although efforts were made to minimize common method variance (CMV) and consistency bias, as the study relied solely on self-report data, these potential biases remain a concern. However, the study conducted a common latent factor test, which suggested that the impact of CMV on the research findings was minimal. Nonetheless, future studies should consider collecting data from multiple sources, such as employers, employees and spouses, to provide more comprehensive and robust results regarding the relationships among the study variables.

9. Conclusions

This study offers a noteworthy exploration of work–life balance among healthcare professionals, specifically doctors, in North India, unraveling the interconnected dynamics of WFE, SE, JS and LS. The research delves deep into these key constructs to shed light on their interrelationships, providing valuable insights that extend the current understanding in the field. By investigating the impact of demographic factors, such as gender, marital status, age and work experience, on the work–life experiences of professionals, the study takes a comprehensive approach to understanding the complexities of work–family dynamics. One of the standout findings is the significant influence of WFE on both job and life satisfaction, underscoring the critical role of a supportive workplace environment in promoting a harmonious balance between work and personal life. The implications of this finding are far-reaching, emphasizing the need for organizations to foster a culture that prioritizes work–life

balance and acknowledges the positive spillover effect that a fulfilling personal life can have on JS. Equally intriguing is the observation that FTWE contributes positively to overall LS but does not exert a direct influence on JS. This nuanced relationship calls for further investigation to better understand the mechanisms behind this divergence and explore the potential underlying factors that may influence JS differently from overall life satisfaction. Another significant finding centers on the pivotal role of SE in shaping both job and life satisfaction among healthcare professionals. SE emerges as a critical variable, exerting a strong direct influence on these satisfaction outcomes. This underscores the importance of designing targeted employee development programs that focus on boosting confidence, resilience and problem-solving skills to enhance overall JS and well-being.

However, the study also reveals an intriguing aspect where self-efficacy does not mediate the relationship between FTWE and satisfaction outcomes, suggesting the existence of other potentially influential factors or mediators in this particular context. This calls for a more holistic approach to addressing work–life balance issues, considering not only individual factors but also broader organizational and societal influences.

In conclusion, this study significantly enriches our understanding of the complex interplay between WFE, SE and satisfaction outcomes among healthcare professionals in North India. The multifaceted insights derived from this research offer valuable guidance for formulating effective strategies to foster better work–life balance and inform organizational policies that support the well-being and satisfaction of healthcare professionals. Moreover, the study opens up new avenues for future research, encouraging further exploration of the intricate dynamics of work–life balance in diverse settings and contexts.

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