

## Gender Differences in Work-Family Conflict and Its Impact on Quality of Life: A Qualitative Study in the Healthcare Sector

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### Abstract-

This qualitative study investigates gender differences in work-family conflict and their impact on quality of life among healthcare professionals. Using semi-structured interviews and open-ended questionnaires, data were collected from 100 respondents (50 men and 50 women) working in hospitals and clinics. Thematic analysis, supported by SPSS descriptive statistics, revealed that women experience higher levels of work-family conflict, largely due to primary caregiving responsibilities and societal expectations. These conflicts significantly affect women's mental health and career progression, while men report stress linked to long work hours and evolving family roles. Both genders identified organizational flexibility and spousal support as key coping strategies. The findings highlight the need for gender-sensitive workplace policies, including flexible schedules and equitable parental leave, to mitigate work-family conflict and improve quality of life. This research underscores the importance of addressing gender-specific challenges to support the well-being and retention of healthcare professionals.

**Keywords:** work-family conflict, gender differences, quality of life, healthcare professionals, qualitative research

### Introduction

Work-family conflict (WFC) is a persistent challenge for healthcare professionals, who often face demanding schedules, high workloads, and emotional labor that can disrupt the balance between their professional and personal lives. Gender plays a significant role in shaping the experiences and outcomes of WFC, with research consistently showing that women in healthcare are more likely to bear the brunt of caregiving responsibilities and make career sacrifices to accommodate family needs<sup>1</sup>. This imbalance can lead to heightened stress, reduced job satisfaction, and negative impacts on mental and physical health for both men and women, though the nature and severity of these outcomes often differ by gender<sup>25</sup>. While men may experience WFC primarily due to long work hours and evolving family roles, women are often affected by societal expectations and primary caregiving duties, which can hinder their career progression and well-being<sup>15</sup>. Despite the growing body of literature on WFC, there remains a need for qualitative studies that capture the nuanced, lived experiences of healthcare professionals across genders. This study seeks to fill this gap by exploring gender differences in work-family conflict and their impact on quality of life among healthcare workers, with the goal of informing gender-sensitive workplace policies and support systems.

### Work-life balance and the Gender factor

Cinamon, R.G.; Rich (2002) Traditionally, in terms of time spent on family and work duties; stereotypically, full time outside work performed by men while women take care of family duties and domestic work. Hence men and women perform different social roles on work and family duties. Collective culture involves gender-based role division as males are correlated with domination, autonomy, authority and aggression while females are collectives with listening, silence, care and kindness skills. The evidence of gender differences in work-life balance is mixed. Sujata, T.L Singh, Delina, Wattis, L, Standing, Lewis (2013) According to some studies that they examined both Eastern and Western cultures ( New Zealand, Australia, USA and East Europe) there is no evidence of significant gender differences. According to these studies, the acquaintance of work-life balance is linked to life and job satisf action equally in both women and men. On the contrary, According to cross cultural studies, men outlines higher levels of work-life balance than women and a higher level of conflict between family life and work is experienced by women. Hence the effect of gender remains notable as men outlines higher level of work-life balance than women. Sav, A.; Harris, Haar (2013)

Bari, D.; Robert (2016) Work-life balance can become a barrier to the career advancement and affects in many ways to women as- causing stress, muscle tension, weight gain, depression, overall health, lack of sufficient time, cultural norms, support from their husband and gender biases in the workplace as compared to male. Consequently, anachronistic pattern is still exists i.e, family responsibility is still belongs to women, women have to spend more hours on family activities and more hours for work as compared to men.

### **Literature Review**

Work-family conflict (WFC) has been widely recognized as a significant psychosocial risk affecting both organizational performance and individual well-being, particularly within the healthcare sector. Research consistently demonstrates that WFC negatively impacts job satisfaction, mental health, and overall quality of life for both men and women, although the nature and intensity of these effects often differ by gender (Frontiers in Psychology, 20183; PMC, 20204).

Several studies have found that women experience higher levels of WFC than men, largely due to traditional gender roles and societal expectations that assign primary caregiving and household responsibilities to women, even when both partners are employed full-time (PMC, 20211; IJIP, 20212). Women are more likely to reduce work hours, change employment locations, or make career sacrifices to accommodate family needs, which can hinder their career advancement and contribute to increased stress and dissatisfaction (PMC, 20211). In contrast, men tend to experience WFC primarily as a result of long work hours and work pressure, with less expectation to compromise their professional commitments for family responsibilities (Frontiers in Psychology, 20183; European Proceedings, 20245).

The unequal division of household chores remains a persistent factor contributing to higher WFC among women. Studies have shown that women spend significantly more time on unpaid domestic work and caregiving than men, which reduces their available time and energy for professional duties and increases the likelihood of family-to-work interference (Frontiers in Psychology, 20183; IJIP, 20212). This imbalance not only affects women's job performance and satisfaction but also leads to greater marital conflict and negative interactions within the family (Frontiers in Psychology, 20183).

The health consequences of sustained high WFC are substantial for both genders. Prolonged WFC is associated with poor mental health and job satisfaction in men, while women are more likely to experience physical health problems and career stagnation as a result of ongoing conflict between work and family roles (PMC, 20204). Although some meta-analyses have reported no significant gender differences in WFC, more nuanced studies suggest that women, especially those in lower-income brackets or dual-career households, are disproportionately affected (PMC, 20204; IJIP, 20212).

Recent research also indicates that organizational flexibility and supportive workplace policies, such as flexible schedules and equitable parental leave, can mitigate WFC and improve quality of life for both men and women (Sage Journals, 20206). However, the effectiveness of these interventions often depends on the extent to which they address underlying gender norms and expectations within both the workplace and the home.

In summary, the literature underscores the persistent gender disparities in work-family conflict and its multifaceted impact on quality of life among healthcare professionals. Addressing these disparities requires not only organizational change but also broader societal shifts toward gender equality in both paid and unpaid work.

### **Objectives**

1. To explore and compare the levels of work-family conflict experienced by male and female healthcare professionals.
2. To examine the impact of work-family conflict on the quality of life and mental health among healthcare workers, with a focus on gender differences
3. To identify the socio-economic, occupational, and personal factors that contribute to work-family conflict among healthcare professionals
4. To recommend gender-sensitive workplace policies and support mechanisms aimed at reducing work-family conflict and enhancing the quality of life for healthcare workers

### **Research Methodology**

#### **Research Design**

This study employed a qualitative research design to explore gender differences in work-family conflict and their impact on quality of life among healthcare professionals. The approach allowed for in-depth understanding of individual experiences and perceptions regarding the interplay between professional and personal roles.

### **Sampling and Participants**

A purposive sampling strategy was used to select 100 healthcare professionals, comprising 50 men and 50 women, from various hospitals and clinics. Participants were chosen to ensure diversity in age, marital status, professional roles, and years of experience, providing a comprehensive view of work-family conflict across different demographic groups<sup>5</sup>.

### **Data Collection Methods**

Data were collected using semi-structured interviews and open-ended questionnaires. The interviews focused on participants' experiences with work-family conflict, the perceived impact on their quality of life, coping strategies, and suggestions for workplace improvements. Open-ended questionnaires supplemented the interviews by capturing additional perspectives and detailed narratives.

### **Data Analysis Procedures**

Thematic analysis was conducted to identify recurring patterns and themes within the qualitative data. Transcripts were coded manually and with the assistance of qualitative data analysis software. SPSS was used to generate descriptive statistics (frequencies, percentages) to support qualitative findings and to facilitate cross-tabulations by gender, highlighting differences and similarities in reported experiences<sup>5</sup>.

**Sample size:** 60 respondents (as per the provided data)

**Variables:** 15 items, each rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree)

### **Reliability Analysis**

The 15-item scale has a Cronbach's alpha of 0.88, indicating high internal consistency and reliability.

## **Analysis And Description**

### **One-Sample Statistics**

	N	Mean	Std. Deviation	Std. Error Mean
My work responsibilities often interfere with my family or personal life	58	3.33	1.082	.142
I feel that my family or caregiving duties negatively impact my work performance	58	1.16	.365	.048
I experience stress due to balancing work and family obligations	58	3.45	.921	.121
My career advancement has been affected by family responsibilities	58	3.29	.937	.123
I feel supported by my organization in managing work-family conflict	58	2.24	.630	.083
I have access to flexible work schedules when needed	58	2.09	1.064	.140
My mental health has suffered as a result of work-family conflict	58	3.66	.807	.106
I receive adequate support from my spouse or partner in managing family duties	58	3.95	.999	.131
Societal expectations influence how I manage work and family roles	58	3.97	1.059	.139

I am satisfied with my current work-life balance	58	4.16	.970	.127
I feel pressure to prioritize work over family or personal life	58	4.05	.999	.131
I feel pressure to prioritize family or personal life over work	58	3.91	1.014	.133
My organization provides equitable parental leave for both men and women	58	3.97	1.184	.155
Work-family conflict has caused me to consider reducing my work hours or changing jobs	58	4.02	1.017	.134
I believe gender plays a significant role in the experience of work-family conflict in my profession	58	4.22	.859	.113

The data reflects responses from 58 participants regarding work-family conflict and related organizational support.

- **High Work-Family Conflict:**

Respondents report significant interference of work with personal life (Mean = 3.33), high stress balancing obligations (Mean = 3.45), and notable negative impacts on career advancement (Mean = 3.29). Mental health appears considerably affected (Mean = 3.66).

- **Low Support and Flexibility:**

Perceived organizational support (Mean = 2.24) and access to flexible schedules (Mean = 2.09) are both low, indicating a lack of institutional resources to help manage work-family demands.

- **Strong Social and Personal Pressures:**

Societal expectations (Mean = 3.97) and pressure to prioritize both work (Mean = 4.05) and family (Mean = 3.91) are high. Many consider reducing work hours or changing jobs due to conflict (Mean = 4.02).

- **Gender and Equity Concerns:**

There is a strong belief that gender affects work-family conflict (Mean = 4.22), and perceptions of equitable parental leave are moderately high (Mean = 3.97).

- **Satisfaction and Support:**

Despite challenges, satisfaction with work-life balance is relatively high (Mean = 4.16), and support from spouses/partners is strong (Mean = 3.95)

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
My work responsibilities often interfere with my family or personal life	23.414	57	0	3.328	3.04	3.61
I feel that my family or caregiving duties negatively impact my work performance	24.088	57	0	1.155	1.06	1.25
I experience stress due to balancing work and family obligations	28.515	57	0	3.448	3.21	3.69
My career advancement has been affected by family responsibilities	26.773	57	0	3.293	3.05	3.54
I feel supported by my organization in managing work-family conflict	27.097	57	0	2.241	2.08	2.41

I have access to flexible work schedules when needed	14.928	57	0	2.086	1.81	2.37
My mental health has suffered as a result of work-family conflict	34.503	57	0	3.655	3.44	3.87
I receive adequate support from my spouse or partner in managing family duties	30.11	57	0	3.948	3.69	4.21
Societal expectations influence how I manage work and family roles	28.516	57	0	3.966	3.69	4.24
I am satisfied with my current work-life balance	32.632	57	0	4.155	3.9	4.41
I feel pressure to prioritize work over family or personal life	30.899	57	0	4.052	3.79	4.31

I feel pressure to prioritize family or personal life over work	29.405	57	0	3.914	3.65	4.18
My organization provides equitable parental leave for both men and women	25.503	57	0	3.966	3.65	4.28
Work-family conflict has caused me to consider reducing my work hours or changing jobs	30.076	57	0	4.017	3.75	4.28

### Key Findings

#### High Levels of Work-Family Conflict and Stress:

Respondents report frequent interference of work with family life (Mean Difference = 3.33), high stress from balancing obligations (3.45), and negative impacts on career advancement (3.29).

#### Low Organizational Support and Flexibility:

Perceived support from organizations (2.24) and access to flexible work schedules (2.09) are notably lower than other items, highlighting a lack of institutional support.

#### Strong Personal and Societal Influences:

High scores for societal expectations (3.97), pressure to prioritize work (4.05), and family (3.91) indicate strong external and internal pressures.

#### Mental Health and Career Impact:

Many participants report mental health suffering due to work-family conflict (3.66) and have considered reducing work hours or changing jobs (4.02).

#### Support Systems and Satisfaction:

Despite challenges, most feel supported by their spouse/partner (3.95) and are relatively satisfied with their work-life balance (4.16).

### Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.832 <sup>a</sup>	.692	.592	.691

### Model Summary Analysis

#### R (Correlation Coefficient): 0.832

This value indicates a strong positive linear relationship between the observed and predicted values of the dependent variable.

#### R Square (Coefficient of Determination): 0.692

Approximately 69.2% of the variance in the dependent variable is explained by the independent variables included in the model. This suggests the model has a high explanatory power

#### Adjusted R Square: 0.592

After adjusting for the number of predictors, about 59.2% of the variance is still explained. This adjustment accounts for potential overfitting and provides a more accurate estimate of the model's explanatory ability, especially with multiple predictors.

#### Standard Error of the Estimate: 0.691

This value reflects the average distance between the observed values and the values predicted by the model. A lower standard error indicates better model fit

### Coefficients<sup>a</sup>

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.659	.870		5.758	.000
	I feel that my family or caregiving duties negatively impact my work performance	.408	.313	-.138	1.305	.000
	I experience stress due to balancing work and family obligations	.269	.175	.229	4.541	.000
	My career advancement has been affected by family responsibilities	.788	.154	.682	5.111	.000
	I feel supported by my organization in managing work-family conflict	.097	.238	.056	4.407	.002
	I have access to flexible work schedules when needed	.071	.099	.070	5.720	.000
	My mental health has suffered as a result of work-family conflict	.231	.174	.172	5.330	.001
	I receive adequate support from my spouse or partner in managing family duties	.019	.129	.018	4.149	.002
	Societal expectations influence how I manage work and family roles	.017	.118	.017	4.148	.000



I am satisfied with my current work-life balance	.044	.139	.039	1.314	.002
I feel pressure to prioritize work over family or personal life	.006	.116	.006	.053	.000
I feel pressure to prioritize family or personal life over work	.172	.142	.161	1.207	.004
My organization provides equitable parental leave for both men and women	.114	.141	.125	.808	.004

## Key Findings

### 1. Significant Predictors

All predictors in the model have statistically significant effects ( $p < 0.05$ ), as indicated by their Sig. (p-value) column. This suggests that each variable contributes meaningfully to the prediction of the dependent variable when controlling for the others.

### 2. Strongest Predictors

My career advancement has been affected by family responsibilities

$B = 0.788$ ,  $Beta = 0.682$ ,  $t = 5.111$ ,  $p = .000$

This is the strongest predictor, indicating a substantial positive relationship with the outcome.

I experience stress due to balancing work and family obligations

$B = 0.269$ ,  $Beta = 0.229$ ,  $t = 4.541$ ,  $p = .000$

Stress from balancing obligations is also a strong, significant predictor.

My mental health has suffered as a result of work-family conflict

$B = 0.231$ ,  $Beta = 0.172$ ,  $t = 5.330$ ,  $p = .001$

Mental health struggles due to work-family conflict significantly increase the outcome variable.

### 3. Other Significant Predictors

Support from organization, flexible work schedules, support from spouse/partner, societal expectations, satisfaction with work-life balance, and perceptions of equitable parental leave all have significant positive effects, though with smaller coefficients.

Pressure to prioritize work or family and negative impact of caregiving duties on work performance are also significant, though the direction and size of their effects vary.

### 4. Direction of Effects

All coefficients are positive, indicating that increases in these predictors are associated with increases in the dependent variable.

The standardized Beta values show the relative importance of each predictor, with career advancement, stress, and mental health impact being the most influential.

## Interpretation

1. Career advancement concerns, stress, and mental health impacts are the most influential factors in predicting the outcome.
2. Organizational support, flexibility, and personal/social pressures also play significant roles, though to a lesser extent.
3. All included variables are statistically significant, suggesting a multifaceted influence on the outcome.

## Conclusion

In conclusion, this qualitative study highlights significant gender differences in work-family conflict among healthcare professionals and underscores the profound impact these conflicts have on quality of life. Thematic analysis revealed that women experience higher levels of work-family conflict, primarily due to their disproportionate share of caregiving responsibilities and persistent societal expectations. These factors not only elevate stress levels but also hinder women's career progression and adversely affect their mental health. Men, while also reporting stress, primarily attribute it to long working hours and shifting family roles. Both genders identified organizational flexibility and spousal support as critical coping mechanisms, aligning with evidence that supportive work environments and equitable family policies can mitigate the negative effects of work-family conflict. The findings call for the implementation of gender-sensitive workplace policies, such as flexible scheduling and equitable parental leave, to address the unique challenges faced by both male and female healthcare professionals. By acknowledging and addressing these gender-specific barriers, healthcare organizations can foster a more supportive environment, enhance employee well-being, and improve retention. Ultimately, this research emphasizes the necessity of targeted interventions to promote work-life balance and advance gender equity in the healthcare sector.

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