THE ANTECEDENTS AND CONSEQUENCES OF WORK-FAMILY CONFLICT AMONG DOCTORS IN PUBLIC HOSPITALS IN PENINSULAR MALAYSIA

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DEDICATION

I DEDICATED THIS THESIS AND MY DBA TO MY BELOVED WIFE
ZAITON BINTI WAHID AND
MY PRECIOUS DARLING DAUGHTERS ATIQAH HUMAIRA ISKANDARIAH
BINTI AHMAD ZAINAL ABIDIN AND HER LATE SISTER SITI MARYAM BINTI
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TABLE OF CONTENTS Page

TLE PAGE
KNOWLEDGEMENT i
BLE OF CONTENTS iii
ST OF TABLES xii
ST OF FIGURES xv
STRAK (MALAY) xvi
STRACT (ENGLISH) xviii
APTER 1 INTRODUCTION

Background of the Study 1

Problem Statement 8

Research Objectives 11

Research Questions 12

Definition of Key Terms 13

1.5.1 Work-Family Conflict 13

1.5.1.1 Work Interference with Family 13

1.5.1.2 Family Interference with Work 14

1.5.2 Antecedents of Work-Family Conflict (Work-Related Variables) 14

1.5.3 Antecedents of Work-Family Conflict (Family-Related Variables) 14

1.5.4 Consequences of Work-Family Conflict (Work Outcomes) 15

.6 Significance of the Study 17

.7 Organization of Chapters 19

CHAPTER 2 LITERATURE REVIEW

.1 Introduction 20

.2 Work-Family Conflict – An Overview 20

.3 Theories Related to Work-Family Conflict 23

2.3.1 Conflict Theory 23

2.3.2 Role Theory 24

2.3.3 Scarcity Model Theory 25

.4 Antecedent of Work-Family Conflict 25

.5 Work-Related Variables 28

2.5.1 Supervisor Support 30

2.5.2 Job Involvement 32

2.5.3 Work Overload 35

2.6 Family-Related Variables 35

2.6.1 Spouse Support 37

2.6.2 Family Involvement 38

2.6.3 Parental Demand 39

2.7 Consequences of Work-Family Conflict (Work Outcomes) 40

2.7.1 Job Satisfaction 43

2.7.2 Intention to Quit 45

2.7.3 Burnout 46

2.7.4 Job Performance 49

.8 Demographic Variables 53

2.8.1 Gender 55

2.8.2 Age 56

2.8.3 Educational Level 57

.9 Framework 57

2.9.1 Theoretical Framework 58

.10 Hypotheses Development 60

2.10.1 Relationship between Work-Related Factors and Family-Related Factors and Work-Family Conflict (Work Interference with Family and Family Interference with Work) 60

2.10.1.1 Supervisor Support and Work-Family Conflict 60

2.10.1.2 Job Involvement and Work-Family Conflict 61

2.10.1.3 Work Overload and Work-Family Conflict 62

2.10.1.4 Spouse Support and Work-Family Conflict 63

2.10.1.5 Family Involvement and Work-Family Conflict 63

2.10.1.6 Parental Demand and Work-Family Conflict 64

2.11 Relationship between Work-Family Conflict (Work Interference with Family and Family Interference with Work) and Work Outcomes (Job Satisfaction, Intention to Quit, Burnout and Job Performance) 65

2.11.1 Work-Family Conflict and Job Satisfaction 65

2.11.2 Work-Family Conflict and Intention to Quit 66

2.11.3 Work-Family Conflict and Burnout 66

2.11.4 Work-Family Conflict and Job Performance 68

2.12 Summary 69

CHAPTER 3 METHODOLOGY

3.1 Introduction 70

3.2 Research Design 70

3.3 Survey Questionnaire 71

3.4 Pilot Study 72

3.5 Population, Sample and Unit of Analysis 72

3.6 Data Collection Procedure 78

3.7 Variables 80

3.8 Measurement 80

3.8.1 Work-Family Conflict 80

3.8.2 Antecedents of Work-Family Conflict 82

3.8.2.1 Supervisor Support 82

3.8.2.2 Job Involvement 83

3.8.2.3 Work Overload 84

3.8.2.4 Spouse Support 84

3.8.2.5 Family Involvement 85

3.8.2.6 Parental Demand 86

3.8.3 Consequences of Work-Family Conflict (Work Outcomes) 86

3.8.3.1 Job Satisfaction 86

3.8.3.2 Intention to Quit 87

3.8.3.3 Burnout 88

3.8.3.4 Job Performance 90

3.8.4 Control Variables 91

.9 Data Analysis Techniques 93

3.9.1 Descriptive Statistics 93

3.9.2 Factor Analysis 93

3.9.3 Validity and Reliability 94

3.9.4 Correlation Analysis 95

3.9.5 Regression Analysis 95

.10 Summary 96

CHAPTER 4 DATA ANALYSIS AND RESULTS

.1 Introduction 97

.2 Overview of the Data Collected 97

.3 Descriptive Statistics of the Study-Profile of Respondents 99

.4 Goodness of Measures 105

4.4.1 Factor Analyses 105

4.4.1.1 Factor Analysis For Antecedents of Work-Family Conflict Variables 106

4.4.1.2 Factor Analysis For Work-Family Conflict Variables 111

4.4.1.3 Factor Analysis For Work Outcomes Variables 114

.5 Reliability Analysis 120

.6 Restatement of Hypotheses 122

.7 Non Response Bias 127

.8 Descriptive Statistics 127

.9 Correlation Analyses 129

.10 Hypotheses Testing 138

4.10.1 The Antecedents Variables effect on Work Interference with Family 141

4.10.2 The Antecedents Variables effect on Family Interference with Work 143

4.10.3 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Emotional Exhaustion 145

4.10.4 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Job Performance 147

4.10.5 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Reduced Personal Accomplishment 149

4.10.6 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Intention to Quit 151

4.10.7 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Depersonalization 153

4.10.8 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Intrinsic Satisfaction 155

4.10.9 The Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Pay and Promotion Satisfaction 157

11 Summary of Findings 159

HAPTER 5 DISCUSSION AND CONCLUSION

1 Introduction 165

2 Recapitulation of the Study's Findings 165

3 Discussion 168

5.3.1 Relationship between Work-Related Variables (Supervisor Support, Job Involvement and Work Overload) and Work-Family Conflict (Work Interference with Family and Family Interference with Work) 169

5.3.2 Relationship between Family-Related Variables (Spouse Support, Family Involvement and Parental Demand) and Work-Family Conflict (Work Interference with Family and Family Interference with Work) 171

5.3.3 Relationship between Work-Family Conflict (Work Interference with Family and Family Interference with Work) with Work Outcomes (Job Satisfaction, Intention to Quit, Burnout, and Job Performance) 173

.4 Implications of Study 179

5.4.1 Theoretical Implications 179

5.4.2 Practical Implications 181

.5 Limitations and Suggestions for Future Studies 183

6 Conclusion 185

REFERENCES 186

Questionnaire 203

APPENDIXES 214

LIST OF TABLES

Table No.	Title of Table	Page
'able 1.1	Statistics on Health Facts in Public Hospitals	7
'able 2.1	Selected Literature Reviewed	50
'able 3.1	Public Hospitals According to States in Malaysia	73
'able 3.2	List of Selected Hospitals	74
'able 3.3	Names of the Hospitals, Number of Doctors and Number of Questionnaires Distributed	78
'able 3.4	Items Constituting the Work-Family Conflict (Work Interference with Family) Scale	81
'able 3.5	Items Constituting the Work-Family Conflict (Family Interference with Work) Scale	81
'able 3.6	Items Constituting the Supervisor Support Scale	83
'able 3.7	Items Constituting the Job Involvement Scale	83
'able 3.8	Items Constituting the Work Overload Scale	84
'able 3.9	Items Constituting the Spouse Support Scale	85
'able 3.10	Items Constituting the Family Involvement Scale	85
'able 3.11	Items Constituting the Parental Demand Scale	86
'able 3.12	Items Constituting the Job Satisfaction Scale	87
'able 3.13	Items Constituting the Intention to Quit Scale	88
'able 3.14	Items Constituting the Emotional Exhaustion Scale	89
'able 3.15	Items Constituting the Depersonalization Scale	89
'able 3.16	Items Constituting the Reduced Personal Accomplishment Scale	89
'able 3.17	Items Constituting the Job Performance Scale	90
'able 3.18	Summary of Measurements Used for This Study	92
'able 4.1	Response Rate According to Hospital	98
'able 4.2	Questionnaire Returns and Usable ness according to Hospital	99
'able 4.3	Profile of Respondents	100
'able 4.4	Mean Score and Standard Deviations for the Respondents Job Tenure and Hospital Tenure of Respondents	104
'able 4.5	Factor Analyses for Antecedents of Work-Family Variables	107
'able 4.6	Factor Analyses for Work Family Conflict	112

Table 4.7	Factor Analyses for Work Outcomes	115
Table 4.8	Summaries of Reliability Coefficients Variables for the major variables from Previous and Current Study	121
Table 4.9	Summary of the Revised Hypotheses	122
Table 4.10	Means and Standard Deviations of the Study Variables	128
Table 4.11	Pearson Correlations Matrix for Antecedents to Work-Family Conflict (Work Interference with Family and Family Interference with Work)	132
Table 4.12	Pearson Correlations Matrix for Work-Family Conflict (Work Interference with Family and Family Interference with Work) and Work Outcomes	136
Table 4.13	Pearson Correlations Matrix for the Study Variables	137
Table 4.14	Results of Hierarchical Regression of Antecedents Variables effect on Work Interference with Family	142
Table 4.15	Results of Hierarchical Regression of Antecedents Variables effect on Family Interference with Work	144
Table 4.16	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Emotional Exhaustion	146
Table 4.17	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Job Performance	148
Table 4.18	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Reduced Personal Accomplishment	150
Table 4.19	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Intention To Quit	152
Table 4.20	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Depersonalization	154
Table 4.21	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Intrinsic Satisfaction	156

able 4.22	Results of Hierarchical Regression of Work-Family Conflict (Work Interference with Family and Family Interference with Work) effect on Pay & Promotion Satisfaction	158
'able 4.23	Summary of the Findings from Hypotheses Testing	160

LISTS OF FIGURES

Figure No.	Title of Figure	Page
Figure 2.1	Theoretical Framework	59

SEBAB DAN AKIBAT KONFLIK KERJA DAN RUMAHTANGGA DI
ALANGAN DOKTOR DI HOSPITAL AWAM DI SEMENANJUNG MALAYSIA

ABSTRAK

Kajian ini menghasilkan dan menguji satu model konflik kerja-keluarga kalangan doktor melalui tiga cara. Pertama, model ini menyentuh kedua-dua perkara rkaitan faktor kerja dan faktor keluarga dengan mengaitkannya dengan permasalahan nflik kerja-keluarga. Kedua, model ini secara spesifik merungkai kesan konflik kerja-luarga secara dua hala, menjawab permasalahan gangguan atau konflik kerja terhadap luarga dan gangguan keluarga terhadap kerja. Ketiga model ini mengukur kesan nflik kerja terhadap keluarga dan konflik keluarga terhadap kerja terhadap kepuasan rja, niat untuk berhenti kerja, "burnout" dan prestasi kerja. Sampal kajian merangkumi 91 doktor yang bekerja sepenuh masa di sembilan belas hospital awam terpilih di belas negeri. Hasil menunjukkan beban kerja, sokongan suami atau isteri, penglibatan luarga dan tuntutan sebagai ibu atau bapa berkait rapat dengan konflik kerja terhadap luarga. Disamping itu sokongan suami atau isteri dan tuntutan sebagai ibu atau bapa rkait rapat dengan konflik keluarga terhadap kerja. Bagi kesan terhadap kerja pula, dapati terdapat kaitan antara konflik kerja terhadap keluarga dengan kepuasan intrinsik, epuasan gaji dan kenaikan pangkat, niat untuk berhenti kerja, keletihan emosi dan lepersonalization". Konflik keluarga terhadap kerja pula menunjukan kaitan dengan erasaan kekurangan kejayaan kendiri dan "depersonalization". Oleh itu, adalah penting agi pentadbir hospital dan Kementerian Kesihatan Malaysia untuk menangani isu onflik kerja-keluarga dikalangan doktor. Beban kerja, kepuasan ganjaran dan peluang enaikan pangkat dan tekanan emosi haruslah ditangani bagi mengurangkan konflik

ja-keluarga. Ini bukan sahaja penting bagi doktor tetapi yang lebih penting adalah

akit yang mereka layani.

E ANTECEDENTS AND CONSEQUENCES OF WORK-FAMILY CONFLICT
.MONG DOCTORS IN PUBLIC HOSPITALS IN PENINSULAR MALAYSIA

ABSTRACT

This study developed and tested a model of work-family conflict (WFC) among tors in three ways. First, the model addresses both work-related and family related ecedents' variables of work-family conflict (WFC). Second, the model specifically ressed the bidirectional of work-family conflict, in terms of work interference with ily (WIF) and family interference with work (FIW). Third, the model measured work ted outcomes which include job satisfaction, intention to turnover, burnout, and job formance. The sample for this study consisted of 391 doctors working full time in eteen selected public hospitals located in eleven states. The results showed that work rload, spouse support, family involvement and parental demand are related to WIF. thermore, there is a relationship between spouse support and parental demand and V. As for the work outcomes, there is a relationship between WIF and intrinsic sfaction, pay and promotion satisfaction, intention to quit, emotional exhaustion, and ersonalization. FIW shows that it has a relationship with reduced personal omplishment, and depersonalization. Hence, it is important for hospital administrators the Malaysian Ministry of Health to address the issue of work-family conflict among tors. Attempts should be made to solve work-family conflict issues among doctors. ctors work overload, pay and promotion satisfaction and emotional exhaustion need to addressed in order to reduce work-family conflict. This is important for the doctors' e but what is more important, the patients that they serve.

CHAPTER 1

INTRODUCTION

1 Background of the Study

There is an increasing awareness of the important connections between work life .d non-work life in contemporary society (Montgomery, Panagopolou & Benos, 2006). 'aditional family structures which consisted of husbands, wives and 2-3 children have .anged. The roles of men being bread-winners, devoting their full attention to their jobs (anter, 1977) and women at homemaking (Weiss, 1990) are being replaced by a variety ' family configuration. Dual-career couples with young children are increasing and have sulted in substantial home and family responsibilities for both men and women (Allen al., 2000). This means that responsibilities for work, housework, and child care are no nger confined to traditional gender roles (Carnicer et al., 2004). Due to this, the ounting pressures such as work family conflict may lead working adults to perceive creased stress and its effects, with resultant costs to both organizations and the nployees within them (Posig & Kickul, 2004).

The changing demographics indicate that both genders are likely to experience fficulties in balancing work and family life (Bardoel et al., 1999). Most people today, end a large portion of their time at the workplace and at the same time, struggle with eir role as a spouse and parent at home. This has resulted in conflicting roles. Work-mily conflict occurs when participation in the work role and family role are mutually compatible with each other (Greenhaus & Butell, 1985).

Conflict between work and family domains has become a major concern for ployers due to the conflict generated in work intruding into family life and vice-versa illiams & Alliger, 1994). It seems to occur with professional women (Lo, 2003) and ofessional men (Bedeian et al., 1988). Work-family conflict also seems to occur in ferent fields or occupations such as with entrepreneurs (Kim & Ling, 2001), engineers acharach, Bamberger & Conley,1991), part-time students (Adam & Jex, 1999), gistered nurses (Bacharach, Bamberger & Conley,1991; Burke & Greenglass, 2001), countants (Greenhaus, Parasuraman & Collins, 2001), teachers (Netemeyer et al., 96) and many other professionals (Adams, King & King,1996; Aryee et al., 1999; rlson, Kacmar & Williams, 2000).

Delivering quality service in today's global competitive environment is regarded an important strategy for enhancing customer satisfaction and loyalty. In order to be ccessful in this environment, employers are supposed to ensure that the attitudes and haviours of the doctors are consistent with the expectations of their patients and the spitals. In fact, the performance of employees having frequent face-to-face or voice-to-ice interaction with customers is central to delivery of quality services (Choi & Chu, 01; Tsaur & Lin, 2004).

Long working hours, job insecurity, irregular and inflexible work schedules, role ess, heavy workloads, limited weekend time off, low wages and turnover issues are me of the common problems in the service industry (Babin & Boles, 1998; Deery & aw, 1999). Johnson et al., (2005) found that occupations involving emotional labor (or notional work) such as customer service-call centers and social services were identified the most stressful. Aziz (2004) added that empirical research indicates that health care

rofessionals are among the occupations that are relatively more prone to stress. Other esearchers reported similar findings (Gabbard & Menninger, 1988; Harrington et al., 001; Warde, Allen & Gelberg, 1996).

The general public expects that healthcare delivery should be seamless, safe and ree from adverse events which indirectly has an important impact on doctors attitudes owards work and practice (Kluger, 2003).Yet, the profession of doctors is a highly lemanding job where the doctors face many stresses caused by constant time pressures, roblems of practice administration, heavy workload, patients' expectations, emergencies, nd conflict between the demands of home and work (Cooper et al.,1989; Howie et al., 989; Porter et al., 1985; Rout & Rout, 1994). Harrington et al., (2001), among others ighlighted issues such as the loss of professional voice, autonomy, and control due to ew systems of health care delivery and cost controls, long work hours; heavy schedules nd compromises in private lives often continue beyond early career stages. Aziz (2004) dded that the number of working hours is an important factor contributing to stress mong doctors apart from various personal and work factors. Similar findings were found y Sonneck and Wagner (1996), adding issues like night work and treatment of and care or patients, large workload, being "on call", confrontational situations, the stress of ncertainty, team conflicts, insecurity, lack of autonomy, increasing criticism, xpectations and demands from the public.

Similar problems exist among doctors in Malaysian public hospitals. As reported n the Star (December 18, 2008), trainee doctors complained that they sometimes had to vork almost 24 hours and then report to their superiors the following day. Some of them ighlighted that they had to work seven days a week without a single rest day during their

o-year stint in government hospitals as housemen. Due to that, they felt exhausted as ɛy had to focus on their training and also carry out clinical rounds frequently. They ɛre unable to pay attention resulting in fatigue and time constraints (The Star, Thursday, ɛcember 18, 2008). This was consistent with a study done by Simpson and Grant (1991) ıt highlighted that young doctors' concerns were related to time pressure and mpetence. A study done by Firth-Cozens and Morrison (1989) found that poor ationship with senior doctors was also another issue that caused stress among junior ctors. On one hand, clinicians and specialists in the government Malaysian hospitals t only have to perform their own work, they are now saddled with the task of training ɛse housemen to ensure they meet the country's standard of medical practice (January ,2009). Some of the doctors are retrained in their houseman training postings for years, me up to six years because they cannot meet the standards. The compulsory usemanship is two years (New Straits Times, Saturday, January 31, 2009)

The seriousness of the shortage of doctors was reflected when the Malaysian inistry of Health (MOH) announced that MOH will continue to employ foreign doctors, ainly from India and Indonesia, as a temporary measure to cope with the shortage in blic hospitals. The Public Service Commission of Malaysia highlighted that vernment hospitals are now experience shortage of 5000 doctors this year (New Straits mes, Saturday, June 13, 2009). MOH also reported that currently only 55% of cancies nationwide could be filled (New Straits Times, Friday, December 12, 2008). At ɛ same time, the Ministry of Health Malaysia received many complaints from patients ghlighting their dissatisfaction. Among the complaints are long waiting time for tients at MOH hospitals, crowding at the emergency services and some emergency

ses not being attended to (The Star Online, Nation, Thursday February 7, 2008). The uation worsened with the economic slowdown and corresponding increase in the mber of patients seeking treatment at government clinics and hospitals. Several vernment clinics and hospitals are now operating much longer, up to 9.30pm daily, to commodate the public, especially for those who are working (The Star, Tuesday, arch 31, 2009). Malaysian Health Minister at that time, Datuk Liow Tiong Lai ghlighted that patients pay RM1 each for outpatient treatment at government clinics and spitals, which recorded more than 50 million such visits annually. This is expected to crease. Thus, doctors will be paid overtime to accommodate the shortage (The Star, esday, March 31, 2009).

As for doctors' resignation from the practice, Minister of Health, Datuk Liow ong Lai indicated that on average 300 doctors and 50 specialists resigned every year. e reason for these doctors leaving the service is because they are unhappy with the avy workload, unsatisfactory remuneration and unsatisfactory working environment. OH acknowledges that these resignations are detrimental to the public sector healthcare rvices (The Borneo Post Online, June 1, 2008). The remuneration received by the ctors at public hospitals is quite low, where the basic salary is approximately RM)28.90 with fixed allowances of RM 1,450.00 including critical allowances, housing owances, public service allowances and Cost of Living Allowances (COLA). In the blic hospitals, a doctor may earn up to RM 6,000.00 by doing a lot of active calls or orking many hours doing locum but this would not be the salary of the majority of the st year doctors (The Star, June 3, 2009). As for on-call allowance, it is only enjoyed by

:tors doing "active" on-call duty, i.e. working 16 hours per day beyond their normal rking hours.

Preceding discussions relating to the doctors indicates that the profession of :tors is very demanding (Harrington et al., 2001) where the doctors face many stresses otional labor work (Johnson et al., 2005). Adding to that, profession as a doctor is ne to constant time pressures, heavy workload, patients' expectations (Cooper et 1989; Howie et al., 1989; Porter et al., 1985; Rout & Rout, 1994), long work hours, ivy schedules (Harrington et al., 2001), night work, being "on call", confrontational iations, expectations and demands from the public (Sonneck & Wagner, 1996). In lition to that, in Malaysia, shortage of doctors (New Straits Times, Saturday, June 13,)9), complaints from patients highlighting their dissatisfaction, long waiting time (The r Online, Nation, Thursday February 7, 2008), doctors' resignation from the practice ie Borneo Post Online, June 1, 2008) are issues that has deteriorate the situation ther. These has caused more stress on to the doctors since they have to carry extra rden such as being more involved in their work, taking extra roles, responsibility and rking longer hours. Since more time is given to work related issue, this may cause iflict between the demands of home and work.

Table 1.1 shows the general statistics on health care in public hospitals.

ble 1.1

atistics on Health Facts in Public Hospitals.

	Items	Details	Source
1.	Posts filled for Doctors	60% or 13,335 doctors	(The Star Online > Nation Friday June 13, 2008
2.	Malaysian Doctor to patient ratio	1 to 1,145	MOH 2006
3.	Doctor to patient ratio for developed countries	1 to 600	(The Star Online > Nation Friday June 13, 2008
4.	Admission to MOH hospitals	1,895,787 patients	MOH 2006
5.	Outpatients Attendance	13,414,918 patients	MOH 2006
6.	Public health facilities attendance (including mobile health teams and flying doctors service	21,288,139 patients	MOH 2006

Harrington et al., (2001) found that many of the most pressing problems – such as affing shortages and long/inflexible work-hours have a direct impact on both patient ıre and work-family issues and need further investigation. Conflicts between work and mily roles are common for doctors (Fletcher & Fletcher, 1993; Gabbard & Menninger, 988). They have a direct impact on both patient care and work-family issues (Harrington al., 2001). Hirsch (1999) added that doctors also experienced marital and family oblems. Doctors are particularly prone to work-family conflict (Geurts, Rutte, & eeters, 1999; Kirwan & Armstrong, 1995; Wolfgang, 1998). Montgomery, Panagopolou ıd Benos (2006) found that the combination of heavy workloads and emotional emanding interactions with patients can mean less time and energy available for family teraction and leisure. Thus, the stress that doctors experience is an important topic for udy. Doctors' work mainly involved people and requiring high emotional demands, hich can lead doctors to be at risk of work-related stress (Freudenberger, 1974) and

eelings of burnout (Deary et al., 1996; Kirwan & Armstrong, 1995). This has important ffects, not only on the welfare of the doctors, but also on the interaction between the octors and their patients (Kluger, 2003).

.2 Problem Statement

This present study intends to bridge the gap in the literature by examining a model f antecedents and consequences of work-family conflict. Although the issue of work-amily conflict has been extensively examined, researchers have argued that studies on vork-family conflict have been mostly conducted in Western countries or societies Carnicer et al., 2004; Karatepe & Baddar, 2006). Very few were done in Asian countries r societies (Kim & Ling, 2001; Lo, Stone & Ng, 2003). According to Aryee et al., 1999), more empirical research on the issues of work family conflict and family work onflict is needed in non-Western cultural settings since cultural norms underpin the peration of the work–family interface. Although past research has examined antecedents nd consequences of work-family conflict, perhaps different settings and conditions may ffect the results. Frone, Russell and Cooper (1992) suggested replication of study since nany of the relationships of variables have not been examined in previous research. urthermore, studies relating to work-family conflict in Malaysian environment, to the esearchers knowledge is limited (Hsia, 2005; Noor, 2002; Noor, 2003; Noor, 2006).

Research examining proposed antecedents of WIF and FIW has produced mixed esults (Byron, 2005). Frone, Russell and Cooper (1992) suggested that the domain for ne antecedents variables can be further extended, giving examples of family-related tressor, involvement, and psychological distress measures. Both contained items

sessing constructs with respect to marital and parental roles, yet they suggested that mily-related measures could be broadened to incorporate roles associated with extended mily, such as sibling or offspring. Broadening family-related measures would provide a ore complete picture of the role of family in models of the work-family interface. Thus, nsistent with Byron (2005) and Frone, Russell and Cooper (1992), both antecedents id consequences of work-family conflict among doctors were reexamined. Furthermore, suggested the antecedents of work-family conflict analyses should go beyond simple rrelational studies (Bacharah, Bamberger & Conley (1991).

Third, this study is important because only a very few studies have explored both itecedents and consequences bi directionally (Frone, Russell & Cooper, 1992; innunnen & Mauno, 1998). Greenhaus and Beutell (1985) recognized work-family nflict as a bidirectional construct, yet most studies have either assessed work terference with family and family interference with work conflict only or have used obal measures that confound the two types of conflict into one, that is work-family nflict. For example, studies that have looked at Work-Family conflict as a single issue ther than two different issues (Adam & Jex, 1991; Bacharah, Bamberger & Conley, 991; Carlson, Derr & Wadsworth, 2003; Lo, 2002; Mauno, Kinnunen & Ruokolainen, 006). Studies suggested that work-family conflict research need to examine multaneously both types of work-family conflict in order to understand fully the impact the work-family conflict (Frone et al., 1996; Guerts et al., 1999). Therefore, consistent ith Greenhaus & Beutell (1985), separate measurement of work-family conflict, sessing work interference with family and family interference with work is used. This

to examine simultaneously both types of work-family conflict in order to understand
lly the impact of the work-family conflict (Frone et al., 1996; Guerts et al.,1999).

Past research has looked at professionals (Bedeian et al., 1988; Lo, 2003), anagers, entrepreneurs (Kim & Ling, 2001; Stoner, Hartman & Arora, 1990), engineers acharach, Bamberger & Conley, 1991), part time students (Adam & Jex, 1999), countants (Greenhaus,Parasuraman & Collins, 2001; Hsia, 2005), teachers (Netemeyer al., 1996) and many other professionals (Adams, King & King,1996; Aryee et al., 99; Carlson, Kacmar & Williams, 2000; Stoner, Hartman & Arora, 1990). Specifically, search in the field of health care, many have focused on nurses but very few on doctors acharach, Bamberger & Conley, 1991; Burke & Greenglass, 2001; Day & hamberlain, 2006; Flinkman et al., 2007; Fox & Dwyer, 1999). Research on the doctors lacking, particularly in the area of work-family conflict (Guerts et al., 1999).

Guerts et al., (1999) cautioned when generalizing the results from the one study to her occupational groups and suggested a different study for different specific and omogeneous occupational groups that are considered vulnerable to work-family conflict. herefore, a study on doctors is justifiable since the profession of doctors is highly emanding where the doctors face many stresses caused by constant time pressures, oblems of practice administration, heavy workload, patients' expectations, emergencies, d conflict between the demands of home and work (Cooper et al., 1989; Howie et al., 989; Porter et al., 1985; Rout & Rout, 1994). Furthermore, according to Aziz (2004), octors' work is stressful and a higher suicide rate was reported for doctors as compared other professionals with comparable education (Sonneck & Wagner, 1996). In alaysia, the Ministry of Health (MOH) has received many complaints by doctors,

indicating that they are unhappy with workload and unsatisfactory working environment (The Borneo Post Online, June 1, 2008). Doctors complained they had to work almost 24 hours. (The Star, Thursday, December 18, 2008). The current doctor to patient ratio in Malaysian hospitals is 1 to 1,145, when it should be 1 to 600, the accepted ratio for developed countries (The Star Online, Nation Friday June 13, 2008). This according to Harrington et al. (2001) has a direct impact on both patient care and work-family issues.

Numerous studies have already demonstrated the links between work–family conflict and various individual organizational outcomes (Adams, King & King, 1996). However, few studies have incorporated a broad set of outcome variables, including attitudinal as well as behavioural outcomes. Besides, the possibility of different job-related outcomes associated with the two forms of conflict has received very little empirical attention (Anderson et al., 2002). It is suggested that more work related outcomes should be studied when dealing with work-family conflicts among health care providers (Guerts et al., 1999). Therefore, this study will look at several consequences rather than at one or two which were often found in previous studies (Bacharach, Bamberger & Conley, 1991; Guerts et al., 1999).

1.3 Research Objectives

This study is conducted with two objectives. The first objective of this study is to investigate the relationship between Work-Related Variables (supervisor support, job involvement and work overload) and Family-Related Variables (spouse support, family involvement and parental demand) with work-family conflict (Work Interference with Family and Family Interference with Work) of doctors at public hospitals under the

inistry of Health in Peninsular Malaysia. The second objective is to examine the nsequences of work-family conflict of doctors at selected public hospitals under the inistry of Health in Peninsular Malaysia. Specifically, the present study attempts:

To examine the relationship between Work-Related Variables (supervisor support, job involvement and work overload) and work-family conflict (Work Interference with Family and Family Interference with Work) among doctors at selected public hospitals.

To examine the relationship between Family-Related Variables (spouse support, family involvement and parental demand) and work-family conflict (Work Interference with Family and Family Interference with Work) among doctors at selected public hospitals.

To examine the relationship between Work-Family Conflict (Work Interference with Family and Family Interference with Work) and Work Outcomes (job satisfaction, intention to quit, burnout, and job performance) among doctors at selected public hospitals.

4 Research Questions

This study attempts to answer the following questions:

In what way does Work-Related Variables (supervisor support, job involvement and work overload) relate with Work- Family Conflict (Work Interference with Family and Family Interference with Work) among doctors at selected public hospitals?

. In what way does Family-Related Variables (spouse support, family involvement and parental demand) relate with Work-Family Conflict (Work Interference with Family and Family Interference with Work) among doctors at selected public hospitals?

. In what way does Work-Family Conflict (Work Interference with Family and Family Interference with Work) relate with Work Outcomes (job satisfaction, intention to quit, burnout, and job performance among doctors at selected public hospitals?

.5 Definition of Key Terms

.5.1 Work-Family Conflict

Following the definition by Netemeyer, Boles & McMurrian (1996), work-family onflict (WFC) in this study has been defined as individual perception on how work bligations interfere with family obligations and how family obligations interfere with vork obligations

.5.1.1 Work Interference with Family

Following the definition by Netemeyer, Boles & McMurrian (1996), work nterference with family (also termed as work-to-family conflict) in this study is a form of nter-role conflict in which the general demands of, time devoted to, and strain created by ne job interfere with performing family-related responsibilities.

.1.2 Family Interference with Work

Following the definition by Netemeyer, Boles & McMurrian (1996), family erference with work (known also as family-to work conflict) in this study is a form of er-role conflict in which the general demands of, time devoted to, and strain created by family interfere with performing work-related responsibilities.

.2 Antecedents of Work-Family Conflict (Work-Related Variables)

Supervisor Support. In this study, supervisor support relates to manager support the respondent's ability to successfully balance work and family responsibilities nderson et al., 2002). In this study, the term "supervisor" is replaced with the term ead of department".

Job Involvement. In this study, the definition of job involvement is adapted m Frone and Rice (1987). Job involvement represents the degree to which one's job is ntral to one's self-concept or sense of identity.

Work Overload. In this study, work overload is defined based on the work Aziz (2004) as the amount of on call hours, working hours, workload, patients, ferent activities, lack of time for family and personal life, working without rest and ile fatigue.

.3 Antecedents of Work-Family Conflict (Family-Related Variables)

Spouse Support. In this study, spousal support is defined as the form of a sband's acceptance of his wife's participation in the workforce and/or assistance with ild and home-care responsibilities following the definition by Aryee et al.,(1999).

Family Involvement. In this study, family involvement definition is adapted from :one and Rice (1987), whereby family involvement reflects the degree to which one's .mily is central to one's self-concept or sense of identity.

Parental Demand. In this study, parental demand definition is adapted from ryee et al.'s (1999) definition. Parental demand refers to the feeling of children making o many demands, too much work to do as a parent, the amount of time devoted to look fter children leaves you with little time for much else and feeling overwhelmed by the emands of parenting.

.5.4 Consequences of Work-Family Conflict (Work Outcomes)

Job Satisfaction. In this study, the definition is adapted from the definition om Wright and Cropanzano (1998). In this study, job satisfaction reflects the degree to hich respondent's satisfaction with the work itself, co-workers, supervision, romotional opportunities and pay.

Intention to Quit. In this study, intention to quit refers to one's propensity to eave his or her current hospital. The word "organization" is replaced by "hospital". The efinition is adapted from Boyar et al (2006).

Burnout. In this study, Maslach, Jackson and Leiter's (1996) efinition is used. They defined burnout as "a psychological syndrome of emotional xhaustion, depersonalization, and reduced personal accomplishment that can occur mong individuals who work with other people in some capacity".

Job Performance. In this study, the definition of job performance is adapted rom Wright, Kacmar, McMahan, and Deleeuw (1995). Job performance refers to

derlying concern for doing tasks better and for improving situations at work, nfidence about job, willingness to work hard and energetically, supervisor and co orker relationship.

Doctors. The definition for doctors in this study is adapted from the alaysian Medical Association (MMA) whereby a doctor is a medically qualified person hose work is to prevent diseases, to relieve suffering and to treat the sick, while oviding care and support for their families. The doctors in this study comprised of ousemen, Clinicians, Specialists and Administrators serving in the selected public spitals. (http://www.mma.org.my/Portals/0/CAREER%20GUIDANCE.pdf)

Housemen. Doctors who have completed their first degrees in Medicine and irgery from local or foreign universities recognized by the Malaysian government and irrently undergoing housemanship program for a period of two (2) years at Ministry of ealth hospitals (Career Development For Medical Officer in MOH, 2006).

Specialists. They are medical officers in the Ministry of Health who are able to ecialise in various disciplines of medicine such as ophthalmology, radiology, irdiology, general surgery, orthopedic surgery, obstetrics & gynecology, pediatrics, mily medicine and medical research (Career Development for Medical Officer in IOH, 2006).

Administrators. They are medical officers who are involved in administrative les relating to health especially as State Health Directors, Hospital Directors and istrict Health Officers, managing health promotion and disease prevention activities, anaging the technical aspects of healthcare in hospitals and district health offices and

ırrying out maternal and child health programmes throughout the country. (Career evelopment For Medical Officer in MOH, 2006).

Clinicians. Clinicians are neither specialists nor administrators. Their primary ıle is to treat patients in hospitals or health clinics. (Career Development For Medical fficer in MOH, 2006).

6 Significance of the Study

This study hopes to provide significant theoretical and practical contributions in e area of work-family conflict. From the theoretical perspective, this present study tends to bridge the gap in the literature by examining a model of antecedents and ınsequences of work-family conflict in the Malaysian context, specifically in the area of ealth care as suggested by Aryee et al., (1999). In addition, this study will be an addition earlier local studies and in Asean region on work-family conflict issues and a ıntribution to the role theory (Kahn et al., 1964), conflict theory (Greenhaus & Beutell, 985), and scarcity theory (Goode, 1960). This study uses measurements on work-family ınflict which will address the bidirectional construct (work-interference with work and ımily-interference with work) rather than global measures that confound the two types f conflict into one that is work-family conflict (Frone et al., 1996). Thus, both types of ork-family conflict is examined simultaneously in order to understand fully the impact f the work-family conflict (Frone et al.,1996; Guerts et al.,1999). This study will be ıother contribution to the understanding of work-family conflict among doctors as search on this profession is limited (Guerts et al., 1999). Furthermore, according to uerts et al., (1999), past studies cannot be generalized to other occupational groups and

ggested a different study for different specific and homogeneous occupational group at is considered vulnerable to work-family conflict and as for sample size, this study es a larger sample so that the findings can be generalized (Rout, 1996). This study also dresses many different work related outcomes that are associated with the two forms of nflict simultaneously which previously has received very little empirical attention nderson et al., 2002).

From the practical perspective, findings of this study will help the hospital ministrators to understand the importance of work-family conflict and factors that can fluence it. Specifically, the findings will help them understand the influence of work d family variables on work-family conflict and the effect of work-family conflict on b satisfaction, intention to quit, burnout and job performance (work outcomes). This nding will be beneficial to public health care since workload (The Star, December 18, 008), complaints from patients (The Star Online, Nation, February 7, 2008), long work ours (The Star, Tuesday, March 31, 2009), turnover (The Borneo Post Online, June 1, 008) and low job satisfaction(The Star, June 3, 2009) are issues that doctors are facing.

This research can also serve as a guide to hospital administrators and Malaysian inistry of Health in planning and implementation of new human resource policies, laws, ograms which are vital in promoting a healthy balanced work and family life. It is oped that the findings from this study will create awareness, interest and provide an enue for the development of future research in the same area locally.

7 Organization of Chapters

This study is divided into five chapters. Chapter 1 provides an overview of the udy. The problem statement, research objectives, research questions, significance of the udy, and key terms used in this study are explained in this chapter.

Chapter 2 looks at the overview of work-family conflict, theories that form the undation of work-family conflict and consequences. Literature that discussed the issues ` work-family conflict and family related conflict and their consequences were ghlighted. Theoretical framework and hypotheses were developed based on the erature.

Chapter 3 discusses the methodology of data collection for this research. It covers search design, variables and measurements, data collection techniques, and data ıalysis techniques.

Chapter 4 discusses the results of data analysis. The respondents' profiles were ghlighted based on their demographic characteristics. The measures of this study were sted for their construct validity and internal consistency using factor analysis, validity ıd reliability analyses. Descriptive statistics and correlations were also computed. nally, regressions were performed to test the hypotheses.

Chapter 5 discusses the findings of this study based on the research questions as osited in Chapter 1. This chapter includes discussion on the findings in line with the ojectives of the study, implications, limitations, and suggestions for future research. inally, a conclusion of the study is given.

CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter looks at the overview of work-family conflicts, theories that form the ndation of work-family conflict and its consequences. Literature that discussed the ies of Work-Family Conflict (Work Interference with Family and Family Interference h Work) and its consequences are highlighted. Theoretical framework and hypotheses developed based on the literature.

Work-Family Conflict – An Overview

Work-family conflict has been defined as "a form of inter-role conflict in which pressures from work and family domains are mutually incompatible in some respect" eenhaus & Beutell, 1985). Work-family conflict occurs when participation in the ily role is made more difficult by participation in the work role, hence the term ork-family conflict" emerges. An example given by Greenhaus and Beutell (1985) is en one devotes extra time and energy into the work role (or the family role), the family (or work role) is assumed to suffer. The definition of work-family conflicts licitly portrays a bidirectional conceptualization (Greenhaus & Beutell, 1985). ginally believed to be one-dimensional, research in the area of work-family conflict recently focused on refining the conceptualization of work-family conflict (Carlson & cmar, 2000; Greenhaus & Beutell, 1985).

Work–family conflict is increasingly recognized as consisting of two distinct, ɔugh related concepts, that is work interfering with family (WIF) and family interfering th work (FIW) (Karatepe & Baddar, 2006). Work interference with family (also termed ork–Family Conflict) occurs when work interferes with family life, and family :erference with work (also termed Family–Work Conflict) occurs when family life :erferes with work (Frone, Yardley, & Markel, 1997). Research has proposed that nflict between work and family can originate in either domain, that is work can :erfere with family needs or family can interfere with work responsibilities (Gutek et al., '91; Grandey, Cordeiro & Crouter, 2005). Work-family conflict occurs for men and ɔmen in the sense that anyone with a job and a family may need to cope simultaneously :th the demands of both domain. However, the cultural pressure placed on women to ‹e primary responsibility for family matters seems to indicate that women may perience work-family conflict to a greater extent than men (Lilly et al., 2006).

Work-family conflict occurs in multiple forms because conflict can originate ıder various conditions (Greenhaus & Beutell, 1985). Though there are many forms ɪnsidered in the literature, most research directly or indirectly focuses on the forms of ne, psychological strain and less on behaviour-based:

) time-based conflict experienced due to incompatible time demands between work and mily;

) strain-based conflict experienced due to affective spillover from one domain to ıother; and

) behaviour-based conflict which is experienced when in-role behaviour in one domain incompatible with role behaviour in the other domain (Greenhaus & Beutell, 1985).

Time-based demands are related to work-family conflicts through a process of ource drain in which the time or involvement required for participation in one domain iits the time or involvement available for participation in another domain (Greenhaus Beutell, 1985). Examples are long working hours may prevent an individual from ending a special family occasion (Karatepe & Baddar, 2006) and parent-teacher nference conflicting with an important meeting at work (Greenhaus & Beutell, 1985).

Strain-based demands are linked to work-family conflict through a process of ychological spillover in which the strain associated with participating in one domain is rried over to another domain such that it creates strain in the second domain, thereby ndering role performance in that domain (Greenhaus & Beutell,1985; Voydanoff, 2004). r example, meeting with the child's teacher may prevent an individual from rforming his or her duties in the workplace (Netemeyer et al., 1996) and coming home om work so emotionally and physically exhausted that one cannot effectively function fulfill role demands at home (Greenhaus & Beutell, 1985). Behaviour based conflict e behavioural styles in one role which are incompatible with the behaviours expected in other role (Greenhaus & Beutell, 1985).

Studies have shown that these three forms of conflict are separate (though inter-ated) concepts and they also have different results (Byron, 2005; Carlson & Perrewe, 99). However, behaviour-based conflict seems to have less predictive validity than the o other forms of conflict, perhaps due to difficulties to operationalize (Kelloway, ottlieb & Barham, 1999).

Most researchers now acknowledge work-family conflict is reciprocal in nature, that work can interfere with family (WIF) and family can interfere with work (FIW), ulting in a wide variety of psychological and physical outcomes for individuals dams et al., 1996; Allen et al., 2000; Kelloway et al., 1999; Lieter & Durup, 1996). e reciprocal nature of the relationship suggests that if one's work interferes with family, s may cause family issues as family obligations go unfulfilled and vice versa. Both ırk and family roles have differential permeability where family roles tend to be less uctured and formalized and, thus, more permeable to other role requirements (Eagle, iles, & Icenogle, 1997; Frone, Russell, & Cooper, 1992). Generally people report eater work interference with family than family interference with work (Frone et al., 92; Frone, Yardley, & Markel, 1997; Gutek et al., 1991; Kinnunen & Mauno, 1998).

3 Theories Related to Work-Family Conflict

3.1 *Conflict Theory*

Byron (2005) indicated that the constructs of WIF and FIW have their roots in nflict theory. Yet, other theories have been applied to avoid the shortcomings of role eory to analyze work family conflict. Conflict theory proposes that work and family mains are incompatible due to their different norms and responsibilities (Greenhaus & eutell, 1985). The differing norms and responsibilities of work and family have caused trusion and negative spillover of one domain on the other. Work-family conflict is the rm often used to characterize the conflict between the work and family domains. Kahn al. (1964) described work-family conflict as a type of inter-role conflict in which

lemands from the work role conflict with the demands from the family role. Role onflict theory suggests that individuals possess limited amounts of time and energy and dditional roles create tension between competing demands and cause a sense of overload nd role conflict (Fu & Shaffer, 2001).

?.3.2 *Role Theory*

The work-family field has been dominated by role theory which predicts that nultiple roles lead to role stress, which in turn results in strain (Kahn et al., 1964) that is one of the causes of work-family conflict (Greenhaus & Beutell, 1985). Inter-role conflict esults when pressures in one role are incompatible with pressures in another role. For example, an individual may lack the necessary time to meet obligations at both home and vork, or experience stress at home that affects performance at work (Greenhaus & Beutell, 1985; Kopelman, Greenhaus, & Connelly, 1983). Individuals who attempt to balance work and home life experience objective conflict (e.g. a breakfast meeting is scheduled at the same time as the children have to be taken to school; an elderly parent calls with an emergency) (Greenhaus & Beutell, 1985). In addition, individuals feel psychological conflict (e.g. the decision to spend weekend time at work rather than with family or friends). Role conflict is defined as the `simultaneous occurrence of two (or nore) sets of role pressures such that compliance with one would make more difficult the compliance with the other' (Kahn et al., 1964). Yet, several studies have found that nultiple roles are not detrimental but salutary and these studies support the expansion nodel and undermine the scarcity model that underlies role theory (Carnicer et al., 2004).