The Challenges and Realities of Work-Family Balance among Nigerian Female Doctors and Nurses

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Abstract

This paper investigates the challenges and the realities of work-family balance among Nigerian female doctors and nurses in their hysteric efforts to balance their work and family obligations. The paper explores sundry issues that arise in the process of juggling their work and family commitments, and proffer recommendations based on these issues. In doing so, semi-structured qualitative interviews were carried out among 131 female medical workers (60 female doctors and 71 female nurses’) respectively. The entire data used for this empirical study were collected across the six-geopolitical zones of Nigeria using a typical-all-round qualitative method. The findings thus reveal a number of workplace and domestic problems that threaten female doctors and nurses in their quests for work-family balance. Consequently making work-family strife more pronounced among them. It is, therefore, hoped that the issue of work-family balance examined in this study will broaden the understanding, from a gender perspective, in a particular and understudied context of Nigeria.

Keywords: work-family balance, doctors, Nigerian health sector

JEL Classification: M5

Introduction

This study focuses on work-family balance (WFB) among female doctors and nurses. The study is, thus, justified by the relative paucity of knowledge in existing literature on WFB among medical doctors and nurses, especially women, in Nigeria. The core priority of this study is, however, to fill the research gap in the work-family literature by making a useful but purposeful contribution towards understanding of work-family balance among female doctors and nurses in Nigerian hospitals. Specifically, the main objectives of this study are: (a) examine the notions of work-family balance among the Nigerian female doctors and nurses, (b) critically examine the challenges confronted by female doctors and nurses when balancing their work and family obligations, (c) evaluate the availability, and usage of work-family policies in the Nigerian health sector, (d) examine the effects of work and family demands on each other, and (e) identify the implications of work and family demands on doctors’ and nurses’ health. Meanwhile, the central research question of this study is: What are the difficulties and
challenges confronted by Nigerian women doctors and nurses in their effort to achieve work-family balance? It is hoped that this study will benefit the academics, business researchers, employers, multinational corporations (MNCs), working families, and policy makers. The paper is structured as follows. The next section presents review of work-family balance. This is followed by the methodology, data collection and a brief overview of the research context. The next section covers the study’s findings and discussion. While the final section presents the conclusion, recommendations, and suggestions for future research.

Work-Family Balance in Context

Scholars have argued that work-family balance contributes to employees’ well-being, and it is necessary for a well-functioning and healthy society (Halpern 2005; Grzywacz and Bass, 2003; Grzywacz and Carlson, 2007). Discussions about work-family balance are necessary because almost two third of couples whose children are not up to 18 are gainfully employed (Bureau of Labour Statistics, 2006). 35% of employees are in care-giving responsibilities for either their parents or a member of their families (Bond, Thompson, Galinsky, and Prottas, 2002), and 60% of employees find balancing their work and family obligations difficult (Keene and Quadagno, 2004). According to Grzywacz and Carlson (2007), work-family balance is one of the essential issues that matter to human resource development (HRD). This is because the two domains of work and family are interdependent and strongly influences each other (Odle-dusseau, Britt, and Bobko, 2012) such that action, emotions and behaviours from one domain would be carried over to the other domain (Staines, 1980). There is no acceptable definition of work-family balance despite the trumpeted academic and applied interest (Grzywacz and Carlson, 2007). According to Hill, Hawkins, Ferris, and Weitzman, (2001: 49), work-family balance is defined as “the degree to which an individual can simultaneously balance the temporal, emotional, and behavioural demands of both paid work and family responsibilities. Greenhouse, Collins, and Shaw, (2003: 513) defined it as “the extent to which individual are equally engaged in and equally satisfied with the work and family roles”, while Greenhaus and Allen, (2006) defined is as “the extent to which an individual’s effectiveness and satisfaction in work and family roles are compatible with individual’s life priorities”. The above definitions helpfully provide an essential understanding of what work-family balance is. Particularly, Greenhaus and Allen’s (2006) definition underscores employees’ satisfaction both at work and home. However, it has been argued that defining work-family balance in terms of satisfaction raises practical problems because developing effective interventions that will enhance satisfaction across the two domains of work and home is very difficult (Grzywacz and Carlson, 2007). However, it is rather imperative to point out that the word “balance” in the term work-family balance does not mean an equal amount of time and energy to both work and family domain. What it means in essence is a satisfactory level of involvement between the multiple roles in an employee’s life (Osoian, Lazar, and Ratiu, 2011).

The importance of work-family balance, whether implicit or explicit, to the organisations and employees cannot be ignored. This is because when employees struggle to balance their work and family lives, their families and work will be negatively affected (Grzywacz and Carlson, 2007). They will be unable to attend to far-reaching family issues, lateness and absenteeism at work will set in, and they will lose concentration at work (Epie, 2010). Conversely, several studies have confirmed that work-family policies can lessen to the minimum level the issue of lateness, absenteeism, stress, work-family conflict, and increased productivity, morale, job satisfaction and organisational commitment (Poelmans and Sahibzada, 2004; Poelmans, O’Driscoll, and Beham, 2005; Lapierre et al., 2008). Work and family construct are the two important aspects of employees’ life (Rehman and Roomi, 2012), and juggling between these two spheres is part of everyday life for millions of employees across the globe (Karimi, Jomehri, Asadzade, and Sohrabi, 2012). Arguably, work-family balance, most especially in the
African context, is an issue that borders women in employment than men (See Okonkwo, 2012). This may well be because women combine the very tasking domestic duties which include childcare with their paid work activities (Bird 2006; Cross and Linehan, 2006). Although both men and women are said to experience inter-role between work and family domains (Walker, Wang, and Redmond, 2008) but women typically assume more family responsibilities than men (Pillinger, 2002). Also, managing work and family obligations are particularly difficult for women in a patriarchal society (Rehman and Roomi, 2012). For example in Nigeria, the domestic duties of tidying home, cooking for the family, laundry work, and childcare are exclusively women’s job, many of whom are also engaged in full-time paid employment (Okonkwo, 2012). In this regard, Jacobs and Gerson, (2004) indicate that psychological consequences of combining domestic duties with work responsibilities squarely fall on women.

The demands of work and home pose great challenges for employees in fulfilling the multiple roles (Peng, Ilies, and Dimotakis, 2011). The inability for employees to reconcile these roles will engender work-family conflict which will negatively affect both employees and employers (See Jones, Burke, and Westman, 2005).

Methodology and the Research Context

This study used the traditional qualitative method of inquiry which includes an exploratory and explanatory case study approach to unravel the difficulties confronted by the Nigerian female medical doctors and nurses in their attempt to balance their work and family lives obligations. The particular choice of a qualitative approach was to gain insight into the reality of work-family balance among female doctors in the Nigerian context. According to de Ruyter and Scholl’s (1998), qualitative research method provides researchers with knowledge of what people think about a particular subject and what make their thinking differ to other people’s thoughts. Never-the-less, snowball sampling was used to recruit participants, and the use of case study approach was also employed to gather as much information about individual doctors and nurses and the organisation where they work as possible (see McMurray, Pace, and Scott, 2004). Case study approach is particularly useful in analysing one or more cases with rich context and potentially can provide a detailed understanding of the case under study (Yin, 2009). Nigeria is a mixed economy nation with the unemployment rate of 23.9% (Central Intelligent agency, 2011). The unemployment problem is further exacerbated by the massive turnout of the University and polytechnic graduates that populate the labour market on a yearly basis. During the period 1985-1999, Nigeria experienced military rule which clogged and crippled the wheel of growth and development. Every sector of the economy, including the medical sector, was destroyed during this terrible military rule (Agbiboa, 2010). The Nigerian health sector is characterised by private and government/public hospitals with the Medical and Dental Council of Nigeria (MDCN) regulating its affairs. According to HRH Fact Sheet, (2010), Nigeria is one of the countries with the largest health workers base in Africa but still having shortage of human resources in the health sector. This human resources crisis led to the formation of the National Human Resources Strategic Plan, which was approved by the National Council of Health in 2007. The main objective of this project was to resolve the inequitable distribution and shortages of medical staff including doctors in Nigeria, but it is unfortunate that the plan has failed to achieve its lofty aims (Healy and Oikelome, 2007). In line with the aims of this study, participants were selected for interviews across the six-geopolitical zones of Nigeria in order to account for better and even representation of doctors. Interviews were carried out at different time, and different places with the interviewees asked the same questions. The interview questions were conducted in English language and open-ended. This study used a total sample of 131 female medical doctors and nurses working in different hospitals (Public and private) across Nigeria and pseudonyms have been used to represent various hospitals where they work. It is important to note that nursing as a profession in Nigeria is considered a female job. This
notion makes it rare to come by a male nurse. In addition to primary data, however, secondary sources were also gleaned from books, journals, and articles.

Findings of the Empirical Evidence

Participants’ notion of work-family balance

An overwhelming majority of female doctors and nurses interviewed described their notions of work-family balance as engaging in their daily paid work as well as having ample time to attend to their numerous family responsibilities. It is, however, noted that every respondent included having time for religious and/ or social activities in their understanding of work-family balance. Respondents’ value is attending to familial duties, religious and/ or social activities as much as they want to progress in their respective careers. Also, they placed significant emphasis on the ability accurately to care and carter for their children (child care) at the heart of their understanding of WFB. Nigeria with a collectivist culture, family includes both the immediate family and members of the extended relations (see Hassan, Dollard, and Winefield, 2010). The following statements typify their shared views.

To me, work-family balance means ability to do my work and at the same time attend to my family duties, most especially my children’s needs and also able to fulfil my religious obligations...Unfortunately the very demanding nature of this job is affecting my parental duties to my children and my other familial duties (Doctor, Duke Hospital).

Another respondent said.

Work-family balance is the ability to attend to my family duties, including having time for the children, going for Sunday church service with my family, attending friends and relatives social engagements, and do my work without one affecting the other. However, the nature of this job makes work-family balance difficult for women, especially those of us who are married with kids (Nurse, Dim Hospital).

A doctor at Now Hospital stated.

Personally, I will define work-family balance as being able to work and at the same time attend to my children and other family duties...attending to children is a problem for most female doctors, we do not have enough time to care for our children.

My family is everything to me, even though I have other nonwork activities that are also very important to me, my family is the only reason I work. To me I would say work-life balance is all about having time to take care of my husband, children and elderly parents...and then attend to other activities as religious and social functions (Nurse, Pym Hospital).

The foregoing statements clearly show that family fix is paramount and significantly held in high esteem among female doctors and nurses. It shows that the family comes first before any other thing. These findings resonate with several studies (Greenhaus and Foley, 2007; Hill, Bloom, Black, and Lipsey, 2007) which pointed out the importance of family in employees’ lives and its effects on their sense of obligations and performances. In Nigeria, women are saddled with the responsibility of raising children and keeping up their families. This does not suggest that men do not partake in the process of bringing up children, but women do the hardest part of the job. Nevertheless, respondent's lament about the very demanding nature of the medical profession which does not give them enough time for their family obligations. Peng, Ilies, and Dimotakis, (2011) argue that professionals, such as medical doctors and nurses, find
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balancing their work and family lives very challenging. This is because, most of the time, they are required to work intensively and under non-typical work schedules (Burke, 2009). Also, majority of the respondents included the ability to attend to religious and social activities without neglecting their work and family obligations in their notion of work-family balance. This finding is in line with Dean’s (2007) argument that that achieving balance between religion/spiritual life and work life is now an important matter for employees in deriving solace and satisfaction from their work.

The intricacy of combining multiple roles of mothers, wives, carers and medical professionals (doctors and nurses)

It is clear from the interview results that Nigerian female medical doctors and nurses have challenges in their roles both at home and work as wives, mothers, carers, and professionals. Majority of the participants described these tasks as uphill. According to them, the challenges of balancing these four roles in the Nigerian patriarchal society are enormous and very difficult. Moreover, in Nigeria, the primary responsibility of women is to take care of their homes which include caring for their immediate and extended family. It should be noted that a developed and well-managed social welfare and health care system that care for the old and disabled ones does not exist in Nigeria. Thus, these enormous responsibilities rest majorly on women, and are considered as part of their primary responsibilities while their careers are secondary and should not affect their primary responsibilities. Any Nigerian woman who neglects her primary responsibilities for her career prospects faces domestic crisis and social sanctions. A mother-of-four surgeon highlighted her experience as follow:

Familial functions and duties take precedence. That is the reason my career is moving at a snail pace...I have three children who are all below age 10. I cook for everybody and also make sure everything such as the laundry and the general home front is in order...plus my aged mother and mother-in-law are also under my care. Balancing all these duties is very difficult, as a matter of fact; I am seriously thinking about taking two year's career break to be able to perform my roles as mother, career, and wife very well, even though I know cannot come back to the same job after the two-year break (Surgeon, Lox Hospital).

Another respondent said:

I cannot imagine anything more difficult than trying to manoeuvre and create a kind of balance between my roles as a wife, mother, and a medical doctor. Some of us even add lecturer role, they teach in medical school. I also tried to do it, but I could not cope. In the end, I lost my marriage. I know of about five colleagues with the same problems, very sad (Gynaecologist, Red Hospital).

Similarly, a nurse at Zia hospital also said:

I know it is weird, considering our cultural stance on women’s age and marriage that am still single at 39, and honestly I do not think I will get married anytime soon. Nigeria is a patriarchal society where caring for the husband, children and other members of the family are exclusively women’s paramount and primary responsibility... a woman is expected to be subservient and serve her husband at all time, no excuse. At the moment, balancing my roles as a single mother of two and a full-time nurse is already tricky and very challenging. I will not want to add additional role of wife to it, at least for now.
The above quotations mirror the challenges of Nigerian female doctors and nurses in their efforts to balancing their multiple roles at home and work. One of the numerous family demands that most struggle with be after school time parental duties. Despite its widespread, child care concern have not been accorded the desired attention from workplaces and even the society (Barnett and Gareis, 2006). According to Emslie and Hunt, (2009: 159), many women find harmonising different aspects of their lives very difficult they described it as keeping all the balls in the air. These findings are also in line with Duxbury and Higgins’s (2008) study that when the cumulative demands of work and family roles are incompatible, involvement in one role will make participation in other functions very difficult. Sibert, (2011:1) argues that balancing multiple roles is a mirage that can never be realised as far as women medical practitioners are concern. She puts it thus: “you will never be the perfect wife and mother and have a high-powered career at the same time.”

The awareness, availability and usage of work-family balance policies in the Nigerian health sector

Table 1 below displays sundry work-family balance initiatives and shows (in percentage) their awareness, availability, and usage among the Nigerian doctors and nurses. The table thus reveals that doctors and nurses are oblivious of quite a number of work-life balance policies that will enable them to achieve and maintain a healthy balance between their work and family commitments. Doctors and nurses belief that some of the work-family balance policies and practices do not align with the ethics of medical professions, while some others cannot be achieved because of the backwardness of the Nigerian medical sector in terms of technological advancement, and infrastructural putrefaction and morbidity. One of the principal objectives of this study is to assess the range and scope of work-family balance initiatives in Nigerian health sector (precisely among Nigerian medical doctors and nurses). The emphasis is on work-family balance policies’ awareness, availability and usage among doctors and nurses. The awareness in this study is defined as the accurateness of doctors and nurses knowledge about work-family balance policies. If doctors and nurses are fully and accurately aware of work-family balance policies available in their hospitals, then the awareness is high and vice versa (see Singh, 2010). Availability is the actual existence of work-life balance policies in doctors and nurses sundry hospitals, while uptake is the respondents’ genuine usage of work-life balance policies available in their organisations.

Table 1. Work-Life Balance Policies Awareness, Availability, and Uptake

<table>
<thead>
<tr>
<th>WLB Policies</th>
<th>Awareness among doctors</th>
<th>Awareness among nurses</th>
<th>Availability among doctors</th>
<th>Availability among nurses</th>
<th>Uptake among doctors</th>
<th>Uptake among nurses</th>
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<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
<td>Yes (%)</td>
<td>No (%)</td>
<td>Yes (%)</td>
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<tr>
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<td>Part time</td>
<td>80.0</td>
<td>20.0</td>
<td>76.4</td>
<td>23.6</td>
<td>1.9</td>
<td>98.1</td>
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<td>95</td>
<td>-</td>
<td>98.4</td>
<td>-</td>
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<td>Maternity leave</td>
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<td>-</td>
<td>100</td>
<td>-</td>
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<td>Paternity leave</td>
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<td>-</td>
<td>100</td>
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<tr>
<td>Casual leave</td>
<td>98.2</td>
<td>-</td>
<td>94.0</td>
<td>-</td>
<td>23.0</td>
<td>77.0</td>
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<tr>
<td>On-site childcare</td>
<td>45</td>
<td>55</td>
<td>58.2</td>
<td>41.8</td>
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<tr>
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<td>-</td>
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<td>Backup Adult &amp; Eldercare</td>
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<tr>
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<td>Nanny share</td>
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<td>100</td>
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Table 1 thus reports the responses of the Nigerian doctors and nurses with reference to the awareness, availability, and usage of work-life balance policies in their various workplaces. As presented in Table 1, doctors and nurses completed 100% affirmative responses of awareness, availability, and uptake of 27 different work-family balance policies. Surprisingly, work-family balance policies are less prevalent and oblivious in the Nigerian medical sector. These include part-time work, parental leave, casual leave, on-site child care, emergency childcare, backup adult and elder care, school holiday cover, on-site work-life balance expert, nanny share, reduced working hours, compressed working hours, annualised hours, teleworking, career breaks, term time working, flexitime scheme, working from home, cultural/religious leave, and staggered working hours. As a senior doctor puts it:

In Nigeria maternity leave, maybe bereavement leave (depending on your relationship with the deceased), study and casual leave (also depending on the management) and normal annual leave are the very few work-life policies we have here in our hospitals, every other one on the list, am afraid, do not exist here in Nigeria (Senior Surgeon, Klear Hospital).

A matron from Dax hospital also said:

Majority of the policies on this list do not exist here...this is a medical profession, we only have basic ones like annual leave, casual leave, maternity leave and maybe two other ones.

This implies that work-family balance policies practices are still very nascent in Nigeria. It should be noted that maternity, annual and casual leave are the only traditional and recognised leave arrangements in the Nigerian health sector. Every other one are either not recognised or not in operation among the Nigerian doctors and nurses. For instance, as presented in Table 1, 77% of doctors, 78.2% of nurses affirmatively responded that the casual leave is not available in their workplace; 100% each responded that family medical leave and cultural/religious leave are not available in his or her respective workplaces. Women doctors and nurses working in government hospitals are allowed four months paid maternity leave with little extension on very special cases. While women doctors and nurses working in private hospitals are only allowed three months maternity leave on half salaries with no extension. Study leave are allowed only in state hospitals and it uptake is 58-% and 39% among doctors and nurses respectively. Private hospitals do not allow their employees study leave; any employee who wishes to further his/her studies is expected to resign to do so. Respondents voiced out their concern about various

<table>
<thead>
<tr>
<th>Policy</th>
<th>Doctors</th>
<th>Nurses</th>
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<td>Annualised hours</td>
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<td>Crèche</td>
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<td>12.0</td>
<td>97.0</td>
<td>3.0</td>
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<td>Study leave</td>
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<td>2.9</td>
<td>95.7</td>
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<td>68.5</td>
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<td>Cultural/Religious leave</td>
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<td>Staggered working hours</td>
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Source: Fieldwork research study Results 2014 developed by Researchers
leaves, most especially maternity leave, and commented on the pressing need for policy overhauling in the health sector. The following statements typify their share views and opinions:

My experience covers both in private and government hospitals across the country. Maternity leaves in the government hospital used to be three months, but it was increased to four months about two years ago on full pay though. However, few weeks’ extension could only be granted on a very special occasion...It is three months in private hospitals without extension. This is the way too small for female doctors as most of us struggle to cope with resuming back to work that early and another post natal duty...extension of maternity leave to at least six month will do us more good on and off the job, trust me (Doctor, Unik Hospital).

Three-month maternity leave is just too small for nurses...this is why lots of nurses do not come back to their jobs after giving birth, most especially nurses in private hospitals...I think it should be extended for our benefit and the benefits of the patients (Nurse, Vase Hospital)

The above statements reflect the actual state of maternity leaves policies in the Nigerian medical sector. Majority of respondents expressed their concern about the meagre maternity leave and the attitude of their employers toward granting leave. A respondent said:

I have requested for a week sick leave for the past one week because I am not well, the head of my unit declined my request on the reason that there is nobody to cover my shift...look (he showed me some pills) I am using them to keep going. It is difficult here to get your leave application granted (Nurse, Unik Hospital).

Leave arrangements policy is different in Europe where employees enjoy a variety of work-family balance policies. For instance, maternity leave is 28 weeks in Czech Republic, five months in Italy, and 26 weeks in the United Kingdom. In Germany, Maternity Protection Act (Mutterschutzgesetz) allows employees to be out of work for a maximum of 3 years with entitlement to return to the same position held before the leave (Block, Malin, Kossek, and Holt, 2006). Also in the UK, female employees are entitled to a different sort of maternity leave benefits (see Employment Law Explained, 2014). However, having learnt about various work-family balance policies from the researchers, respondents believed that availability and accessibility of those policies to them will go a long way in alleviating and cushion their WFB hassles. Participants, most especially those with childcare responsibilities, believe that availability of on-site child care will grossly reduce child-minding problems and also help them keep their focus and concentration at work. According to Grover and Crooker (1995), work-family policies such as part-time work, job sharing, variable starting and finishing times, family-leave policies, child care assistance such as referral service, on-site child and day care centres help in ameliorating work-family conflicts. A very disheartening finding of this empirical study, however, revealed the collections of work-family policies that are not available in the Nigerian health sector, a phenomenon that represents the negligence of the authority towards WFB issues.

The impact of work demand on family life

An astonishing 95% of the respondents reported that their work demands had negative impact on their family lives. They shared their experiences in relation to stress and burnout attached to the very demanding medical job, and how these two negatively impact their family lives. The following quotations typify their shared experiences.

This job is stressful that I feel totally exhausted at the end of my shift...It is even worst when am on night duties. It is heaping a very damaging effect on
my family life because I cannot do anything when I get home from work, as a result, of tiredness...I do not even know what to do now (Neurosurgeon, Ohm Hospital).

Similarly, a mother-of-four respondent said:

My family life is totally in shambles. My marriage is on the brink of collapse because my husband has asked me to choose between my work and my homes. I hardly spend time with my children and my husband. All my domestic responsibility has been delegated to my house maid, and my husband is upset and unhappy about it. My job is very demanding. By the time I finish my duty at work, I already will be worn-out and totally burnout that I will be unable to do anything at home (Nurse, Gap Hospital).

It has been argued that co-ordinating work and family life is difficult for women Emslie and Hunt, (2009), but married women find it even more problematic (Dyrbye et al., 2014). According to Mahpul and Abdullah, (2011: 157), “...as more married women participate in the labour force, they tend to experience conflict in order to occupy both work and family roles simultaneously.” For Swanson et al., (1998), doctors are especially susceptible to stress between work and home. Similarly, Adam, et al., (2008) argue in their studies that female doctors experience burnout and a high degree of stress at work which in turn affect their family lives. More so, and as argued by Loder, (2005), women’s efforts to perform multiple roles of professionals, mothers, wives, and caretakers are always very conflicting.

The impact of familial duties on work-life

Majority of the respondents, especially those who are married with children, voiced their concerns about the impact of their familial duties on their work-life. They found the stress of familial duties such as child rearing, looking after their husbands and other care receivers, plus answering the social calls of their extended family and friends very excruciating which has a debilitating effect on their general work life. A respondent said.

As a Nigerian woman, taking care of my family gets the priority...at the end of the day, more than three-quarter of my energy and attention would have been used up by my familial duties...it is affecting my performance at work...It is like two workplaces (home and work), very tedious for me (Nurse, Bap Hospital).

This finding resonates with Parkway and Currie’s (1992) argument that the burden of household responsibilities including child care that women often shoulder has been a major barrier to their career advancement. Similarly, in Bruckner’s (1998: 24) study, 82% of spouses (women) bewailed that the increasing demands of early morning and night familial duties is affecting their lives; one woman said, “There is not much time left for us.” A nurse at Tat hospital told us that she once considered an academic career, but she had to shelve the idea, as a result, of substantial familial duties that were eating up her energy and time.

I had a masters’ degree from a reputable University teaching hospital; I could have go on to obtain Ph.D. and attain senior lectureship and even beyond, but juggling family responsibilities with research (academic career), plus to be a good clinician was just impossible for me-I probably will drop dead.

In their study of medical doctors, Connolly and Holdcroft, (2009) found that women doctors find it difficult to progress in their careers due to their heavy family commitments. A head of the unit at Via Hospital shared her experience.
...we (women doctors) invest a lot of energy and time in putting our home in order which affect our performance and sometimes, our concentration at work...in recent times, I have, as a unit head, seen many instances where doctors make mistakes or perform below standard due to their unattended family commitments or family issues.

The statements above confirmed the negative impact of familial duties on female doctors’ work-life. The statement from the head of the unit at Via Hospital resonates with Perry’s (1982) study where 53% of the respondents admitted having made mistakes at work because of unattended family commitments; while 53% of women in Rogers’s (1992) study reported that family stress affected their ability to concentrate at work.

The implications of the work and familial demands on doctors’ health

Every doctors and nurse interviewed revealed their pressing concerns for the health implications of their very demanding work and family duties. During the interview, a doctor, who visibly looked drained and tired, was dosing. She blamed this on her rigorous home and work duties that leave her with no time to have proper sleep and relaxation. She said.

*I am very tired and sick...this is my seven straight shifts, and I am also married with 3 children. The workload at both ends is too much for me. Can you imagine I cannot cope without my daily medication of strong pain killer? My fear now is that am getting addicted to it, and it has a serious consequence on my health* (Surgeon, Wok Hospital)

Another respondent said.

*The story is the same for all female doctors, most especially those of us who are married with kids. It is like doing two very demanding job...one at home, the other one in the hospital. Our health is paying dearly for this hard labour* (Nurse, Kin Hospital)

The above findings align with several studies (e.g., Swanson, et al., 1998; Greenhaus and Parasuraman, 1986), whose findings expose the health-related implications of managing work and home responsibilities. Peng et al., (2011) argue that highly demanding jobs push professional, such as medical doctors and nurses, to spend more time at work, which negatively impact their health and general wellbeing. Similarly, it has been reported that female doctors are more susceptible to higher stress than male doctors (Cartwright et al., 2002). More so, the above quotation from the doctor at Zoom hospital illustrates not only that work and family demands have implications on doctors’ health, but also has damaging implications on their marriages and relationships. This particularly resonates with Gjerberg’s (2003) study which found that a significant number of female doctors have issues with their marriages and relationships.

Discussion

This study, thus, illuminates the dilemma of Nigerian female doctors and nurses in their efforts to achieve work-family balance. The overwhelming majority of respondents described their understandings of work-family balance as doing their professional jobs and also having sufficient time to attend to their numerous family responsibilities. They valued these two aspects of their lives but attached so much importance to been able to discharge their familial duties without itch. Women deserve special attention but have received so little in the work-family research, particularly in Nigeria. Employed women in Nigerian patriarchal society are very hard working individuals who characteristically combine paid work and unpaid work (familial duties). However, evidence from the case studies showed that the task of combining multiple roles are very difficult for Nigerian female doctors and nurses. They found the occupational
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workload of the medical profession all-consuming that they become fatigued and drained and unable to perform their familial duties at the end of their daily shifts. This finding resonates with Noor’s (2002) argument that when an employee devotes so much time to one part, the other function is assumed to be negatively affected. However, it should be noted that some professionals such as medical doctors and nurses do not fit the typical 9-5 work pattern (Burke, 2009), their patterns of work are characterised by long working hours (Gjerberg, 2003), overtimes, and sometimes they work during vacations and bank holidays (Perlow and Porter, 2009), all of which further make achieving WFB very difficult (Johnson, 1991). More so, perhaps strangely, medical doctors have obligations to put their work duties, such as patients’ care, above their families’ responsibilities (Gjerberg, 2003). The study also showed the intricacy of combining mothers, wives, care-givers, and professional roles among Nigerian female doctors and nurses. The results showed that in Nigeria, the primary responsibility of a woman is to take care of her home and family while every other activity including her job is classified as a secondary role. It is imperative to note that a developed and well-managed social welfare and health care system that care for the old and disabled persons does not exist in Nigeria. Thus, the responsibility of taking care of senior citizens, children and disabled ones squarely rests on women, whether employed or not. This phenomenon, consequently, affects female doctors and nurses’ ability to function properly as wives, mothers, carers, and trained clinicians. As argued by Duxbury and Higgins, (2008), the cumulative demands of work and family roles are incompatible, involvement in one role will make participation in other functions very difficult. Most respondents explained how they invested much time and energy to their domestic responsibilities which, consequently, affect their performance at work and career progression. Allen et al., (2000) in their studies linked work-family balance with performance at work.

Conclusion and Recommendations

This study has presented valuable information regarding the state of affairs in the Nigerian medical sector, specifically about Nigerian female doctors and nurses’ WFB. The study examined the predicament of female doctors and nurses in their exertion to balance their work and family lives obligations, and also described their understandings of WFB. Surprisingly, quite a number of work-family policies are not available to them. Meanwhile, it is very astonishing that Nigerian hospitals are still far behind, in this present era of globalisation, when hospitals in the Western and Asian countries have developed and still improving on their HRM practices with excellence. Accordingly, the findings of this study clearly indicated that both employees and hospital management in Nigeria are yet to experience the packed advantages and positive results of fully and successfully implementation of the multitude of WFB policies. The authors of this study, therefore, argue that it should be a proactive step for Nigerian government and hospitals management to follow suit in order to be able to boast of work-family-conflict-free and productive doctors and nurses, and also be ranked among the best in the world in terms of services and HRM. However, in apparent recognition of this study, it is recommended that Nigerian government should seek initiatives to make work-family policies as part of employment rules. The study also suggests that limits should be placed on doctors and nurses’ working hours, and on-site crèches should be provided in any hospital where more than twenty female doctors and nurses are employed on a full-time basis. This study, also, supports introduction of more work-family policies that will enhance healthy balance and harmonious relationship between female doctors and nurses and their multiple roles. This may well be the critical factors in shaping the family friendliness or otherwise of the organisations (hospitals). In addition, management should inform doctors and nurses of work-family policies available to them and encourage them to use the systems. They should also educate line managers who are the crucial thespians to implementing work-family policies. Future research may want to look into different relationships of WFB and job/ personal satisfaction with respect to female doctors and nurses who are single with no children. Also, the authors of this study suggest that it will
help to advance the existing base of knowledge to investigate the WFB of male doctors in Nigeria.

References

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63. Okonkwo, (2012), Strain-based family interference with work and feeling of reduced personal accomplishment among mothers in human service profession: A paper presented at the inaugural meeting of the work and family researchers network, New York, USA. June 12-16.


If the real problem is the shortage of primary care doctors, let’s stop blaming working moms and instead have a thoughtful discussion about the gross discrepancies between taxpayer-supported reimbursements for procedures by specialists versus complex chronic disease management by primary care doctors. As a full-time doctor and a working mom, I strongly agree with Dr. Sibert that being a physician is a tremendous privilege. Medical students of both genders need to understand that one cannot “have it all.”

The Knowledge about Childhood Autism among Health Workers (KCAHW) Instrument was used in assessing knowledge of autism among the participants. The KCAHW instrument is a basic knowledge of autism assessment tool designed by Bakare et al. in 2008 [9]. It is a self-administered questionnaire that assesses autism knowledge by scoring nineteen items in four domains, namely, social interaction (Domain 1), impairment in communication (Domain 2), obsessive and repetitive behaviour (Domain 3), characteristics of autism as a. The study highlights the need to improve the knowledge of childhood autism among medical doctors and address the challenges hampering its management. Many female nurses, despite believing their expertise to be more appropriate in a particular situation, still feel the need to defer to physicians. Poor communication between nurses and physicians was the most important factor causing dissatisfaction with nurse/physician working relationships in the Nursing91 survey, and it continues to be cited as the most significant issue in the current literature. The JCAHO reported that communication failures among professionals caused 70% of 2,455 reported sentinel events, with about 75% of the patients dying as. Nurses can work toward improving working relationships with physicians in two interrelated ways.