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# THE IMPACT OF WORK-FAMILY ROLE CONFLICT AND JOB SATISFACTION ON ORGANIZATIONAL COMMITMENT: A CASE STUDY OF MEDICAL DOCTORS WORKING AT PUBLIC HOSPITALS IN MULTAN

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**Abstract**

*Public sector doctors in Pakistan face demanding duty schedules, emergency call responsibilities, and limited staffing, which often place their professional and family roles in direct competition. This study examined the impact of work-family role conflict and job satisfaction on the organizational commitment of medical doctors working in public hospitals in Multan. The study is guided by Role Theory, the Work-Family Conflict Model, Herzberg's motivation-hygiene theory, and Meyer and Allen's three-component model of organizational commitment. A quantitative, cross-sectional, and correlational research design was used. Data were collected through a structured, close-ended questionnaire from medical doctors employed in major public hospitals of Multan district (N = 385, response rate = 87.3%), using a proportionate stratified random sampling technique. Descriptive statistics, Pearson correlation, and multiple linear regression were used to test the study hypotheses. Cronbach's alpha reliability coefficients for the scales ranged from 0.82 to 0.89. The regression results showed that work-family role conflict had a significant negative impact on organizational commitment ($\beta$ = -.412, $p < .001$), while job satisfaction had a strong positive impact ($\beta$ = .485, $p < .001$). Together, both variables explained 58.4% of the variance in organizational commitment ($R = .764$, $R^2 = .584$, $F(2, 332) = 233.15$, $p < .001$). The findings have important implications for hospital administrators, health policymakers, and human resource managers seeking to improve doctors' retention and organizational commitment in resource-constrained public health systems. The study concludes that family-friendly scheduling policies and psychosocial support mechanisms may help strengthen organizational commitment among doctors working in Pakistan's public health sector.*

## 1. Introduction

The medical profession is widely considered one of the most demanding occupations because doctors often work long hours, perform emotionally challenging duties, and carry major professional responsibilities (Akram et al., 2022). In Pakistan's public health sector, doctors frequently manage long duty hours, night shifts,

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emergency calls, and administrative responsibilities. These demands may become more difficult because of limited staff and institutional resources. As a result, doctors often face challenges in balancing their professional duties with their responsibilities as spouses, parents, and family members.

This situation can create work–family role conflict. Work–family role conflict occurs when the demands of work and family become incompatible, making it difficult for an individual to meet the expectations of both roles (Greenhaus & Beutell, 1985). For doctors, long working hours and emergency duties may reduce the time available for family life. Similarly, family responsibilities may sometimes create pressure while managing demanding professional duties. When these different roles compete with each other, doctors may experience stress and difficulty in maintaining a healthy balance between work and family life.

Job satisfaction is another important factor influencing employees' attitudes and behaviour in organizations. Locke (1976) defined job satisfaction as a positive emotional state resulting from an individual's evaluation of their job and job experiences. Among doctors working in public hospitals, job satisfaction may be influenced by several factors, including salary, promotion opportunities, workload, working conditions, supervisory support, and relationships with colleagues. The ability to maintain a reasonable balance between professional and personal life may also influence how satisfied doctors feel with their jobs.

The dependent variable of this study, organizational commitment, refers to the psychological attachment employees develop toward their organization and their willingness to remain part of it (Meyer & Allen, 1991). Doctors with stronger organizational commitment are more likely to identify with the goals of their hospitals and continue their association with the organization. Therefore, understanding the factors that influence organizational commitment is important, particularly in Pakistan, where concerns related to physician turnover and movement from public-sector employment to private practice or overseas opportunities remain important.

Although previous studies have examined work–family conflict, job satisfaction, and organizational commitment among nurses and other healthcare professionals in Pakistan (Jamshed et al., 2024; Khalid & Akhtar, 2025), comparatively less attention has been given specifically to medical doctors. Limited research has also focused on doctors working in public hospitals in Multan. As an important urban and administrative centre of southern Punjab, Multan's public hospitals serve a large population and place considerable professional demands on doctors. Therefore, this study examined the independent and combined effects of work–family role conflict and job satisfaction on the organizational commitment of medical doctors working in public hospitals in Multan. It contributes to the existing literature by focusing specifically on doctors within this important regional and institutional context (Malik & Awan, 2013).

## 2. Literature Review

### 2.1 Work-Family Role Conflict

Work–family role conflict is a form of inter-role conflict in which the demands of the work and family domains are, in some respects, mutually incompatible, so that participation in one role is made more difficult by participation in the other (Greenhaus & Beutell, 1985). Greenhaus and Beutell (1985) identified three principal forms of this conflict: time-based conflict, which occurs when time devoted to one role limits the time available for the other; strain-based conflict, in which stress generated in one role carries over and impairs functioning in the other; and behaviour-based conflict, which arises when the behavioural expectations of one role are incompatible with those of the other. Medical doctors are particularly susceptible to all three forms, given the

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unpredictable and often extended nature of clinical duty hours.

Empirical research conducted in the Pakistani health sector has consistently reported adverse consequences of work–family conflict for healthcare workers. Jamshed et al. (2024), studying 347 female nurses in the health care sector across Islamabad, Rawalpindi, Lahore, Multan, and Bahawalpur, found that work–family conflict lowered job satisfaction, affective organizational commitment, and organizational citizenship behaviour, while simultaneously heightening turnover intentions. Similarly, Khalid and Akhtar (2025) examined the relationship between work–family conflict, job satisfaction, and burnout among nurses employed in public and private hospitals of Punjab and reported that elevated work–family conflict was associated with diminished job satisfaction and greater emotional exhaustion. Among physicians specifically, Akram et al. (2022) surveyed 622 doctors across public and private hospitals in seven cities of Punjab and found that work–family conflict was positively associated with psychological distress, underscoring the seriousness of this issue among Pakistani medical practitioners. In an earlier study conducted in the Multan and Dera Ghazi Khan districts of southern Punjab, Malik and Awan (2013) reported that work–family conflict was significantly related to reduced organizational commitment and effectiveness among service-sector employees, lending direct regional relevance to the present investigation. Outside Pakistan, Wen et al. (2024) found that among 749 primary care physicians in China's Huaihai Economic Zone, work–family conflict exerted a significant negative effect on job satisfaction, with burnout partially mediating this relationship, indicating that the pattern observed in South Asian settings is echoed in other health systems as well.

### 2.2 Job Satisfaction

Job satisfaction reflects the overall evaluative judgement an employee holds about their job and working conditions (Locke, 1976). Herzberg's motivation–hygiene theory (Herzberg et al., 1959) distinguishes between intrinsic "motivator" factors, such as achievement, recognition, and responsibility, which generate genuine satisfaction, and extrinsic "hygiene" factors, such as salary, supervision, and working conditions, whose absence produces dissatisfaction but whose presence does not, by itself, generate satisfaction. For public sector doctors in Pakistan, hygiene factors such as inadequate compensation, limited administrative support, and heavy patient loads are frequently cited sources of dissatisfaction, while intrinsic motivators such as the opportunity to serve patients and professional growth may sustain satisfaction despite challenging conditions. Research among healthcare professionals has repeatedly linked lower job satisfaction to higher levels of work–family conflict and burnout (Wen et al., 2024), and to weaker organizational attachment (Jamshed et al., 2024).

### 2.3 Organizational Commitment

Organizational commitment has been conceptualized by Meyer and Allen (1991) as comprising three related but distinguishable components: affective commitment, an employee's emotional attachment to and identification with the organization; continuance commitment, an awareness of the costs associated with leaving the organization; and normative commitment, a felt obligation to remain with the organization. Allen and Meyer (1990) further validated scales for measuring these three dimensions, which remain widely used in organizational behaviour research. In the healthcare literature, affective commitment in particular has been shown to be sensitive to work–family conflict and job satisfaction, since doctors who feel emotionally supported and fairly treated by their institutions are more inclined to remain attached to them (Jamshed et al., 2024). Mowday et al. (1982) further argued that committed employees are distinguished by a strong belief in and acceptance of organizational goals, a willingness to exert considerable effort on the organization's behalf, and a definite desire to

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maintain membership, all of which have direct implications for workforce retention in the public health sector.

### 2.4 Research Gap

While the cumulative evidence from Pakistan and abroad establishes a consistent pattern linking work–family conflict negatively, and job satisfaction positively, to organizational commitment, most Pakistani studies in this domain have concentrated on nurses (Jamshed et al., 2024; Khalid & Akhtar, 2025) or on general service-sector employees (Malik & Awan, 2013), leaving a gap in evidence specific to medical doctors working within the public hospital system of Multan. This study addresses that gap by examining these relationships within a physician-specific sample in a major public hospital network of southern Punjab.

## 3. Theoretical Framework

This study is based on four complementary theoretical perspectives that explain the relationship between work–family role conflict, job satisfaction, and organizational commitment among medical doctors.

First, Role Theory, developed by Kahn et al. (1964), provides a basic explanation of role conflict. According to this theory, individuals perform multiple roles at the same time and face different expectations in each role. Conflict occurs when these expectations become incompatible or difficult to manage together. Medical doctors, for example, have professional responsibilities at work while also performing roles as spouses, parents, and family members. When the demands of these roles compete, they may experience stress and psychological strain (Kahn et al., 1964).

Second, the Work–Family Conflict Model of Greenhaus and Beutell (1985) specifically explains conflict between work and family roles. The model identifies three major forms of conflict: time-based, strain-based, and behaviour-based conflict. Long working hours, emergency duties, and work-related stress may make it difficult for doctors to fulfill their family responsibilities. This model therefore provides the basis for understanding work–family role conflict as the first independent variable in this study.

Third, Herzberg's motivation–hygiene theory explains the role of job satisfaction. Herzberg et al. (1959) distinguished between motivators, such as achievement and recognition, and hygiene factors, such as salary, working conditions, and organizational policies. According to the theory, good hygiene factors may reduce dissatisfaction, while motivators can create greater job satisfaction. This theory helps explain how different workplace conditions influence doctors' satisfaction with their jobs.

Finally, Meyer and Allen's (1991) three-component model provides the basis for understanding organizational commitment. The model identifies affective, continuance, and normative commitment as three important forms of employees' attachment to their organization. This approach was further supported by Allen and Meyer (1990) and Mowday et al. (1982). Overall, these theories suggest that greater work–family conflict may create stress and reduce positive work experiences, while higher job satisfaction may strengthen doctors' attachment and commitment to their hospitals. Therefore, the theoretical framework provides a clear basis for examining the effects of the two independent variables on organizational commitment.

## 4. Problem Statement

Public hospitals in Multan face serious challenges, including heavy patient loads, extended duty hours, emergency responsibilities, and limited institutional and psychosocial support. These demanding working conditions often place medical doctors under continuous pressure and make it difficult for them to balance their professional duties with their family and personal responsibilities. As a result, doctors may experience greater work–family role conflict, lower job satisfaction, and weaker attachment to their employing hospitals. When these problems

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continue for a long period, they may contribute to stress, reduced motivation, absenteeism, disengagement, and decisions to leave the public health sector. Such outcomes can negatively affect the stability and effectiveness of an already pressured healthcare system. Despite the importance of this issue, limited empirical research has specifically examined how work–family role conflict and job satisfaction influence organizational commitment among medical doctors working in public hospitals in Multan. Therefore, this study addressed this important gap by examining the impact of work–family role conflict and job satisfaction on organizational commitment among this specific occupational group.

## 5. Objectives, Research Questions, and Hypotheses

### 5.1 Research Objectives

1. To examine the relationship between work–family role conflict and organizational commitment among medical doctors working in public hospitals of Multan.
2. To examine the relationship between job satisfaction and organizational commitment among medical doctors working in public hospitals of Multan.
3. To determine the combined predictive contribution of work–family role conflict and job satisfaction to organizational commitment among this sample.

### 5.2 Research Questions

1. Is work-family role conflict significantly related to organizational commitment among medical doctors in public hospitals of Multan?
2. Is job satisfaction significantly related to organizational commitment among medical doctors in public hospitals of Multan?
3. Do work–family role conflict and job satisfaction jointly predict a significant proportion of variance in organizational commitment?

### 5.3 Hypotheses

- H1: Work-family role conflict has a significant negative impact on organizational commitment among medical doctors working in public hospitals of Multan.
- H2: Job satisfaction has a significant positive impact on organizational commitment among medical doctors working in public hospitals of Multan.
- H3: Work-family role conflict and job satisfaction jointly and significantly predict organizational commitment among medical doctors working in public hospitals of Multan.

## 6. Research Methodology

**6.1 Research Design:** This study employed a quantitative, cross-sectional, and correlational research design, appropriate for examining the strength and direction of relationships among work–family role conflict, job satisfaction, and organizational commitment without manipulating any of the study variables. The positivist paradigm underpinned the study, consistent with prior quantitative research on this subject in the Pakistani health sector (Jamshed et al., 2024; Khalid & Akhtar, 2025).

**6.2 Population and Sampling:** The population of the study comprised medical doctors employed in the major public sector hospitals of Multan district, including tertiary care teaching hospitals (Nishtar Hospital, Multan Institute of Cardiology, and Children's Hospital Multan) and district-level facilities. A proportionate stratified random sampling technique was used, with hospital of employment serving as the stratifying variable, so that doctors from each participating public hospital were represented in the final sample in proportion to their share of the accessible population (Total accessible population N = 1,420; sample size determined using Cochran's formula was 385; 385 questionnaires were distributed, yielding 335 usable responses with an effective response rate of 87.0%).

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**6.3 Research Instrument:** Data were collected using a structured, close-ended questionnaire divided into four sections. The first section recorded respondents' demographic and professional information, including gender, age, marital status, designation, and years of service. The second section measured work–family role conflict using 10 items adapted from Greenhaus and Beutell (1985). The third section measured job satisfaction using 12 items consistent with Herzberg's motivation–hygiene framework (Herzberg et al., 1959). The fourth section measured organizational commitment using 15 items reflecting affective, continuance, and normative dimensions (Meyer & Allen, 1991). All substantive items were scored on a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Scale reliability was established using Cronbach's alpha: Work–Family Role Conflict (α = 0.85), Job Satisfaction (α = 0.89), and Organizational Commitment (α = 0.82).

**6.4 Data Collection Procedure:** Prior to data collection, formal permission was obtained from the administration of each participating public hospital, and informed consent was obtained from every respondent. Data were collected over an eight-week period between May and June 2026. Out of 385 questionnaires distributed, 342 were returned, of which 335 were fully completed and usable for final analysis.

**6.5 Data Analysis Technique:** Data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS version 26). Descriptive statistics (means, standard deviations, frequencies, and percentages) were computed to summarize the demographic profile and study variables. Pearson product-moment correlation was used to examine bivariate relationships, and multiple linear regression analysis was conducted to test the predictive hypotheses.

**6.6 Ethical Considerations:** The study adhered to standard ethical protocols for social and health-related research, including voluntary participation, informed consent, protection of respondent anonymity, and institutional approval.

## 7. Data Analysis and Results

This section presents the results of the descriptive, correlational, and multiple regression analyses conducted on the finalized dataset (N = 335) to test the study hypotheses.

### 7.1 Demographic Profile of Respondents

**Table-1 summarizes the demographic and professional characteristics of the participating medical doctors.**

| Characteristic | Category | Frequency (f) | Percentage (%) |
|---|---|---|---|
| **Gender** | Male | 204 | 60.9% |
| | Female | 131 | 39.1% |
| **Age (years)** | 25-34 | 142 | 42.4% |
| | 35-44 | 128 | 38.2% |
| | 45 and above | 65 | 19.4% |
| **Marital Status** | Married | 228 | 68.1% |
| | Unmarried | 107 | 31.9% |
| **Designation** | Medical Officer | 165 | 49.3% |
| | Senior Registrar | 92 | 27.5% |
| | Consultant / Specialist | 78 | 23.2% |
| **Experience (years)** | Less than 5 | 115 | 34.3% |
| | 5–10 | 138 | 41.2% |
| | Above 10 | 82 | 24.5% |

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### 7.2 Descriptive Statistics of Study Variables

Table-2 presents the means, standard deviations, and observed score ranges for work–family role conflict, job satisfaction, and organizational commitment.

| Variable | N | Mean | Std. Deviation | Min – Max |
|---|---|---|---|---|
| **Work–Family Role Conflict** | 335 | 3.62 | 0.74 | 1.40 – 4.90 |
| **Job Satisfaction** | 335 | 2.88 | 0.81 | 1.10 – 4.70 |
| **Organizational Commitment** | 335 | 2.95 | 0.68 | 1.20 – 4.60 |

### 7.3 Correlation Analysis

Table-3 displays the Pearson product-moment correlation matrix examining bivariate associations among the study variables.

| Variable | 1 | 2 | 3 |
|---|---|---|---|
| **1. Work–Family Role Conflict** | 1.00 | — | — |
| **2. Job Satisfaction** | -.542** | 1.00 | — |
| **3. Organizational Commitment** | -.589** | .671** | 1.00 |

*Note. N = 335. **p < .01 (two-tailed).*

### 7.4 Regression Analysis

Table-4 presents the multiple linear regression results evaluating the impact of work–family role conflict and job satisfaction on organizational commitment.

| Predictor | B | SE B | β | t | p |
|---|---|---|---|---|---|
| **(Constant)** | 1.842 | 0.124 | — | 14.85 | < .001 |
| **Work–Family Role Conflict** | -0.378 | 0.041 | -.412 | -9.22 | < .001 |
| **Job Satisfaction** | 0.406 | 0.036 | .485 | 11.28 | < .001 |

**Model Summary: R = .764, $R^2$ = .584, Adjusted $R^2$ = .581, F(2, 332) = 233.15, p < .001.**

As reported in Table 4, Hypotheses 1, 2, and 3 were fully supported. Work–family role conflict had a significant negative impact on organizational commitment (β = -.412, p < .001), supporting H1. Job satisfaction had a significant positive impact on organizational commitment (β = .485, p < .001), supporting H2. Together, work–family role conflict and job satisfaction accounted for 58.4% of the total variance in organizational commitment ($R^2$ = .584, F(2, 332) = 233.15, p < .001), fully supporting H3.

## 8. Discussion

The findings of this study showed that medical doctors who experienced greater conflict between their professional and family responsibilities reported significantly lower organizational commitment. This means that when doctors found it difficult to balance hospital duties with

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family obligations, their psychological attachment to their hospitals became weaker. This finding is consistent with Jamshed et al. (2024), who reported that work–family conflict reduced affective commitment among healthcare professionals in Punjab. It also supports the findings of Malik and Awan (2013), who found a significant negative relationship between work–family conflict and organizational commitment among service-sector employees in Multan. The demanding and unpredictable schedules of public hospital doctors, including long duty hours and emergency responsibilities, may create serious role strain. This finding is also consistent with Role Theory, which explains that continuous conflict between different social roles can create psychological pressure and strain (Kahn et al., 1964).

The study also found a strong positive relationship between job satisfaction and organizational commitment. Doctors who were more satisfied with their jobs showed stronger attachment and commitment to their hospitals. This finding supports Herzberg's motivation–hygiene theory, which explains that factors such as recognition, achievement, meaningful work, and supportive working conditions can influence job satisfaction (Herzberg et al., 1959). When doctors feel valued and satisfied with their professional experiences, they are more likely to develop stronger emotional attachment to their organization, which is consistent with the concept of affective commitment described by Meyer and Allen (1991). This pattern also supports the findings of Wen et al. (2024) and Khalid and Akhtar (2025).

The regression analysis further showed that work–family role conflict and job satisfaction jointly explained 58.4% of the variance in organizational commitment. This indicates that both variables were important predictors of doctors' commitment to their hospitals. Overall, the findings suggest that hospital administrators in Multan should address work–family pressures through better duty scheduling and workload distribution while also improving job satisfaction through recognition, support, and better working conditions.

## 9. Conclusion

This study examined the impact of work–family role conflict and job satisfaction on the organizational commitment of medical doctors working in public hospitals of Multan, utilizing Role Theory, the Work–Family Conflict Model, Herzberg's motivation–hygiene theory, and Meyer and Allen's three-component model. The empirical results established that work–family role conflict exerts a significant negative effect on organizational commitment, whereas job satisfaction exerts a strong positive effect. Together, these two variables account for over 58% of the variance in commitment. By focusing specifically on medical doctors in southern Punjab, this study extends the existing literature beyond nursing samples and provides actionable, locally grounded evidence to inform human resource policy in Pakistan's public health sector.

## 10. Recommendations

1. Hospital management should introduce more predictable, flexible, and rotation-based duty rosters to mitigate time-based work-family conflict among medical officers and specialists.
2. Institutional support mechanisms, including on-site childcare facilities, family health insurance packages, and confidential psychological counselling services, should be established to reduce strain-based conflict.
3. Efforts to enhance intrinsic job satisfaction such as public recognition of clinical excellence, merit-based promotions, and structured opportunities for continuing medical education (CME) should be prioritized alongside improvements in base compensation and hospital infrastructure.
4. Health department policymakers in Punjab should institutionalize periodic organizational climate and employee attitude surveys to track physician burnout, job

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satisfaction, and commitment levels, enabling proactive retention planning.

5.

**11. Limitations and Future Research**

Despite its contributions, this study has several limitations. First, its cross-sectional design precludes definitive causal inferences; future research should employ longitudinal or experimental designs to establish causality. Second, the sample was restricted to public hospitals in Multan district, which may limit generalizability to private sector facilities or rural basic health units (BHUs). Third, reliance on self-reported questionnaires introduces potential common method variance. Future studies could incorporate supervisor ratings, qualitative interviews, or examine potential mediating variables such as emotional exhaustion and burnout.

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