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Balancing is a necessity not leisure: a study on work–life balance witnessing healthcare sector of Pakistan

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Abstract

Purpose – This study aimed to examine the direct impact of work–life balance on employee retention and turnover intentions among doctors in Pakistan. Further, it also aimed to test the mediating role of job satisfaction on these relationships.

Design/methodology/approach – This study's data were collected from 394 doctors working in public hospitals in Pakistan, using survey-based questionnaires and stratified random sampling technique. For data analysis, structural equation modelling was utilised to investigate the direct and indirect associations among the variables, while Statistical Software for the Social Sciences (SPSS) was used for data management.

Findings – Work–life balance was found to have a positive association with employee retention and a negative association with turnover intention. Results suggest that a fair work–life balance is a significant predictor of employee retention and turnover intention. Also, job satisfaction significantly mediated the relationship between work–life balance and employee retention and between work–life balance and turnover intention.

Research limitations/implications – This study's focus was limited to doctors working in public hospitals. Thus, future research can extend the scope to other segments such as nurses, paramedics and pharmacists from both public and private organisations.

Practical implications – Human resource (HR) executives can improve employee retention and turnover intentions through strategic implementation of work–life balance practices. Policymakers should stress upon hospitals to implement favourable working hours that are satisfactory to employees to reduce turnover intention.

Social implications – In the healthcare industry, suitable work–life balance strategies will help improve employees' lifestyle, which will positively impact their family and social relationships.

Originality/value – This study is expected to contribute to the existing healthcare literature in the context of Pakistan by explaining the process by which work–life balance affects employee retention and turnover intention. Specifically, job satisfaction is the mechanism that explains these relationships.

Keywords Work – life balance, Job satisfaction, Turnover intention, Employee retention, Social exchange theory, Theory of reasoned action

Paper type Research paper

Introduction

Healthcare is one of our basic necessities and hence the role of doctors in our life is very important. The demand of doctors across the world increased rapidly after the eruption of coronavirus disease 2019 (COVID-19). As a result, imbalance between healthcare workforce has been observed across the world (Dousin *et al.*, 2021). Pakistan is one of those countries facing acute shortage of doctors despite being the largest skilled workforce exporter (Aman-Ullah *et al.*, 2021b). For instance, Pakistan needs 436,000 doctors but their availability is only 100,000 which is insufficient to handle a population of 219 million (Aman-Ullah *et al.*, 2021a).

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This shortage has raised serious concerns about public health and the associated risks caused by high brain drain (Farooq and Ahmad, 2017). The issue of high brain drain is very complex as numerous factors are involved, and it has a long history of existence. The issue of brain drain has started in Pakistan since its origin (Haider, 2020). High brain drain has also influenced the performance of organisations, as a result, organisations started thinking about the ways to resolve the issue. There are two main concerns, (1) turnover intention and (2) employee retention, caused by high brain drain that have been selected to be investigated in this study.

In line Hom *et al.* (2017) says that employee's withdrawal and turnover is a major concern for the employers as it carries a huge associated cost. According to Rowley and Purcell (2001), the loss of one employee can bring up to 60% loss of profits and productivity to that organisation. Therefore, organisations try to save their employees by keeping an eye on employee retention in their organisations. Similarly, Aman-Ullah *et al.* (2021a) argued that besides high turnover, low retention is another problem faced by healthcare organisations that need to be considered carefully.

In the previous literature, many researchers have investigated the issue of employee's turnover and retention. However, very limited studies have been conducted to investigate the phenomenon in healthcare sector. Previous literature revealed that different factors were involved that influenced employees to stay or leave the organisation (Subramaniam *et al.*, 2019). However, Koon (2022) believes that work–life balance has a positive influence on employees' behaviour. Therefore, this study tested the influence of work–life balance on employee's behaviour, i.e. employee retention and turnover. In the previous literature, work–life balance has been tested either with employee retention or turnover, while no study has tested these constructs together.

Furthermore, work–life balance is seen as a prominent problem in Pakistan's healthcare sector. Employees working with healthcare organisations have to work in shifts and for extended periods of time to deal with the increasing burden of patients (Saima and Zohair, 2016). Thus, the current study focuses on work–life balance due to its significance for Pakistan's healthcare sector. Developing countries are suffering more than developed countries, which could be due to the different pull and push factors encouraging doctors to migrate towards developed countries (Ghulam *et al.*, 2019; Scheffler and Arnold, 2019). Work–life balance ensures employee's well-being, helping to keep their life in equilibrium including work life, family life and personal well-being. Pakistan has a poor environment for work–life balance and the possible explanation for this phenomenon is the shortage of healthcare professionals, which means that the existing employees have to deal with the massive workload (Aman-Ullah *et al.*, 2021a). For instance, in Pakistan, doctors are leaving their profession due to long working hours, e.g. (on average 12 h a day and rotationally 24 h a day they remain on duty). This routine disturbs their family life, personal health and their patients' health. Similarly, 60% of female doctors are unable to start medical practice due to excessive working hours. In contrast, countries where work–life balance is included in their labour policy have seen a favourable impact on their organisations and society (Le *et al.*, 2020), while observing fewer or no observable conflicts between work and life (Crompton and Lyonette, 2006). Therefore, it is believed that when employees find an organisation suitable for them, there would be more chances that they would stay with the organisation for a longer period.

Job satisfaction is treated as a mediator in the present study based on theoretical and literature grounds. For instance, a person's behaviour is determined by its behavioural intention to perform it. This intention is itself determined by the person's attitudes and his subjective norms towards the behaviour (Sheppard *et al.*, 1988). Job satisfaction is an important human attitude having ability to influence behaviour. Therefore, job satisfaction can be tested as a mediator between work–life balance, employee retention and turnover. Deery and Jago (2015) asserted that job satisfaction is a suitable mediator between work–life balance and

employee's behaviour. Furthermore, job satisfaction is related to human psychology; every human behaviour is influenced by the message received from their brain, hence controls employee's behaviour (Emberland and Rundmo, 2010). While such relationships are backed by an exchange relationship where in the presence of satisfaction and trust, employees bring similar favours without any formal agreement under socially backed relationship, hence it is also supported by social exchange theory (SET). In this regard, Bui *et al.* (2016) says that a balanced environment at a workplace promotes positivity among employees towards their organisation, while their attitudes and behaviours will also become positive towards their organisation. Similarly, theory of reasoned action (TRA) supports the existence of relationship as it happens based on a solid reason of occurring an incident. Hsu *et al.* (2017b) says that TRA and SET together form a good combination to express a person's attitudes and intentions towards behaviour. For instance, in response to good treatment from one party (employee or employer), other party shows similar or better response which builds a relationship chain. In this regard, Talukder *et al.* (2018) says that TRA works well when we try to investigate intentions and attitudes and its impact on behaviour, for both personal and social perspectives, where social behaviours are motivated by individual attitudes. Hence, it is suitable for us to explore the factors influencing doctors' attitudes toward employee retention and turnover intentions, from the perspectives of personal perception and social factors.

Both employees' decision to stay or leave the organisation are important to study as these decisions work differently under different circumstances. Therefore, it is worthy to study employees' intentions to stay or leave the organisation simultaneously, while previously no study has tested this relationship empirically. From the previous literature, few studies have been found which were somehow relevant to this study; however, the present study is different from those studies on certain grounds. For instance, Adriano and Callaghan (2020) conducted a study on part-time employees in South Africa, while Malik *et al.* (2010) conducted a study in Pakistan for testing the impact of work–life balance on turnover intentions only. Hence a comprehensive model was formulated in this study to test employee retention and turnover intentions together. Furthermore, the present study also proposes an integrated model based on TRA and SET to explore the employee attitudes and intentions towards behaviours, i.e. the relationship between work–life balance, job satisfaction, employee retention and turnover intentions. Using SET, we investigate how work–life balance affects employees' attitudes and behaviours, and using TRA, we investigate the behavioural and attitudinal intentions of employees, i.e. employee retention and turnover intentions in response to work–life balance through another medium job satisfaction, which was not addressed previously in a research model; hence, a new model was formulated. While it is believed that this new model would make significant addition in the literature of employee behaviour also in the healthcare literature. Further human emotions are considered important elements of human behaviours which cannot be separated which taking any decision. While Bui *et al.* (2016) believed job satisfaction is a significant predictor of employees behaviour. Inline, an indirect relationship was also tested through job satisfaction in this study.

Literature review and hypothesis development

Theoretical background

In the present study, literature related to work–life balance, job satisfaction, employee retention and turnover intentions was reviewed within the field of healthcare by focussing on doctors. Though numerous researchers conducted studies in this context, we tend to believe that few shortcomings are still there in the literature which need to be addressed. Work–life balance is a degree to which satisfaction of employees is related to their work and family roles (Bellmann and Hubler, 2020), which in turn became a source of turnover intentions. Previous literature also revealed that under favourable circumstances, work–life balance increases

employee's retention however few others disagree with this (Aamir *et al.*, 2016). These relationships have been discussed under different theories in the previous literature. For instance, spillover theory says excessive time demand from either family or work will lead to spillover (Schnettler *et al.*, 2021) which results in showing a significant impact on employee decision to stay or leave. Another theory which is inter-role conflict theory says that when people face incompatible demands for their role, it results in role conflict which leads to demotivation, dissatisfaction and job burnout (Blanco-Donoso *et al.*, 2021). The mechanism formulated by decreased work–life balance promotes dissatisfaction and contributes to withdrawal intentions. This further intensifies the pressure in context of family such as increased stress and work pressures which negatively influence the family members as predicted by crossover theory (Bakker *et al.*, 2008). Similarly, on the notion of job match theory, another factor that effects the mechanism is job matching as the employees might not have the accurate information about the job at the time of joining which after spending some time at the job and getting the accurate knowledge of that job, that knowledge might influence the employee's behaviour such as decision to stay or leave the organisation (Jovanovic, 1979; Sissons and Green, 2017). However, the present study incorporated two theories.

The concept of SET theory was evolved from the intersection of psychology, sociology and economics in order to investigate the human behaviours along with exchange processes in organisational context (Cropanzano and Mitchell, 2005). This theory proposes interactions based on give and take or cost–benefit relationships between different parties (Blau, 1964). With the formulating relationships, people or organisations often expect reciprocal benefits. For instance, while providing facilities in terms of work–life balance, organisations expect that as a result of facilitation their employees will be satisfied and stay longer than usual. However, during this whole process, no formal contract involves as everything happens voluntarily.

The concept of TRA theory was initiated by Fishbein and Ajzen (1975) to study the individuals' attitudes and behaviours. TRA says that actions always used to be determined by behavioural intentions, i.e. attitudes and subjective norms, where attitude is determined by a person's degree of liking or disliking, while subjective norm is a blend of individual's perceived expectations from confronting party and their own intention to comply with those expectations. Therefore, based on individual's attitude followed by behaviour and subjective norm, people develop their own volition-based intentions. Furthermore, the TRA supports identification of particular targets while premising the obstinate behaviours (Richardson *et al.*, 2012). The theory has been widely used in understanding the behavioural responses along various disciplines such as organisational behaviour (Richardson *et al.*, 2012). This theory is found to be sound while explaining people's intentions and behaviours in engaging some specific behaviours, but it is yet to incorporate in Pakistani healthcare sector.

The present study incorporated SET and TRA theories. SET explains an obligatory relationship between two parties where people are bound to pay back in equal favour socially with any formal obligation or contract (Blau, 2017). According to Homans (1958), the behavioural exchange between two parties moving in the same direction where positive initiatives bring positive outcomes, whereas negative initiatives result in negative outcomes. Molm *et al.* (1999) stated that an employer's positive attitude can elicit positive behaviour from their employees. Concerning work–life balance, SET says that employees' assessment of work and family life depends on their well-being and time to manage their personal chores (Avanzi *et al.*, 2014). If their workplace provides enough space for employees to manage their duties well, employees will become committed to their work and gain inner peace and satisfaction (Avanzi *et al.*, 2014), thereby encouraging them to stay with the organisation (Scholarios and Marks, 2004). In contrast, a lack of work–life balance might work through the job dissatisfaction channel to contribute to withdrawal intentions, thus upsetting the organisation's retention strategies (Talukder, 2019).

This study is also influenced by TRA. According to Fishbein and Ajzen (1975), TRA is a behavioural theory representing individuals' beliefs, attitudes, norms and intentions about a certain phenomenon. Ajzen and Fishbein (2005) added that employee behaviour, either positive or negative, results from some event. For instance, through work–life balance strategies, organisations support employees' well-being, which will elicit positive reactions including better work performance and improved retention. McKinlay *et al.* (2001) found very low turnover intentions among satisfied employees. Similarly, Shbail (2018) stated that satisfaction provides a reason for employees to stay at work. These two theories together cover both the social and cognitive side of human behaviour (Hsu *et al.*, 2017a), which is another novelty of this study.

Previous studies that explored employee behaviours in Pakistan have highlighted a number of factors that significantly influence employee retention and turnover (Anis *et al.*, 2011; Aman-Ullah *et al.*, 2021a; Saleem and Affandi, 2014; Imam *et al.*, 2018; Nasir *et al.*, 2019; Islam *et al.*, 2018; Qureshi and Aleemi, 2018). These studies on employees' retention and turnover in healthcare sector of Pakistan explored employee retention and turnover in relation to job stress, leadership engagement, organisational support, workplace safety, compensation, supervisory support, organisational commitment, rewards, growth opportunities, organisational politics, career growth, remuneration, post-recognitio and, staff engagement. While there is a lack of studies in employee retention and turnover together in relation to work–life balance in the context of Pakistan, the present study is different from the existing literature in a way that it introduces a potential determinant in context of healthcare sector of Pakistan which is work–life balance. However, in the existing literature of employee retention and turnover in context of Pakistan's healthcare sector, work–life balance that may impact the quality of life and employee well-being concerning the high risk of job loss (Khan *et al.*, 2020; Abdullah *et al.*, 2021) have not attracted the attention from researchers. Hence, this study will make contribution in literature by focussing on work–life balance and its influence on employee retention and turnover.

Hypothesis development

Work–life balance and employee retention. Many previous studies have found a significant relationship between work–life balance and employee retention (Shoaib *et al.*, 2009; Casper and Harris, 2008; Rodriguez-Sanchez *et al.*, 2020). Work–life balance is a significant determinant of employee behaviour (Tsai *et al.*, 2016). Employees with a balanced work–life are found to stay longer with the organisation (Lindfelt *et al.*, 2018). The authors added that organisations can retain their valuable employees by providing a pleasant organisational climate and flexible working hours to ensure a balance between work and family life. A lack of work–life balance is a serious concern in the healthcare sector, as employees working with healthcare organisations have to work in shifts and for extended periods of time to deal with the increasing burden of patients (Saima and Zohair, 2016). Hence, healthcare organisations in Pakistan should emphasise flexible working arrangements and attempt to offer a flexible working environment to meet their employees' need for a balance between work and life. The above discussion leads to the first hypothesis of this study, as follows:

H1. Work–life balance has a significant positive relationship with employee retention.

Work–life balance and turnover intention. Work–life balance is the state where a person's work and life reach an equilibrium position (Le *et al.*, 2020). It is not easy to attain and maintain equilibrium as the complexities and commitments in an individual's life are very high and not easy to handle. Therefore, work–life balance is a critical determinant of turnover intention (Wardana *et al.*, 2020). People have to deal with different pressures from work and family, making it challenging for them to keep their emotions and behaviour separated at

each role. Therefore, sometimes under the influence of family pressures, employees refuse large salaries in favour of more time for family and personal matters (Surienty *et al.*, 2014). With this, Rasheed *et al.* (2020) stated that people with the ability to handle family matters are perceived to be happier and at peace than those who are unable to deal with personal matters. They also found happier employees are more progressive besides performing very well. Past literature has also confirmed a negative relationship between work–life balance and turnover intention (Surienty *et al.*, 2014; Holland *et al.*, 2019). According to Giauque *et al.* (2019), turnover intentions are lower among employees who have a higher balance between their work and personal lives. However, while previous researchers have extensively studied the relationship between work–life balance and turnover intention in different industries (Kerdpitak and Jermsittiparsert, 2020; Virick *et al.*, 2007), relatively little attention has been given to the healthcare industry, particularly doctors. Therefore, based on this discussion, this study hypothesised that:

H2. Work–life balance has a significant negative relationship with doctors' turnover intention.

Work–life balance and job satisfaction. Previous studies have shown that work–life balance is an essential antecedent of job satisfaction (Cegarra-Leiva *et al.*, 2012; Daniel and Sonnentag, 2016). Job satisfaction is a positive emotional response associated with employees' demand and job situations (Koo *et al.*, 2020). Burke (2003) said that a lack of work–life balance can destroy employees' family life, psychological health and well-being, which will lead to dissatisfaction. Likewise, the longer the working hours, the lesser the ability to balance their work life and personal life and the higher their dissatisfaction (Ball *et al.*, 2017). Satpathy *et al.* (2019) stated that work–life balance is an important parameter for measuring job satisfaction. In line with this, Alvi (2018) reported that work–life balance has a significant positive relationship with job satisfaction and life satisfaction. Therefore, it is argued that longer working hours cause dissatisfaction among employees, influencing their job satisfaction and making it challenging to retain doctors in Pakistan's health care sector. Hence, the following hypothesis has been developed:

H3. Work–life balance has a significant positive relationship with job satisfaction.

Job satisfaction and employee retention. Brown and Yoshioka (2003) found that the more satisfied employees are with their jobs, the more positive is their intention to stay. Deery and Jago (2009) and Aruna and Anitha (2015) added that job satisfaction is strongly correlated with employee behaviour, i.e. employee retention. Therefore, employees who are satisfied with their jobs will stay with their organisations. The satisfaction level varies depending on different factors. For instance, younger employees are more likely to change their jobs even though they are satisfied enough, whereas older adults prefer to stay with the current job instead of experimenting with something new (Bang, 2015). Tirta and Enrika (2020) stated that many factors such as an individual's work department, type of job, number of years with the organisation, hours of work and work shifts influence the relationship between job satisfaction and employee retention (Masum *et al.*, 2016; Scanlan and Still, 2019). Aamir *et al.* (2016) added that when employees get a balanced life at work where they can manage themselves and do their job correctly, they tend to be more satisfied and choose to stay longer. Hence, the following hypothesis has been developed:

H4. Job satisfaction has a significant positive relationship with doctors' retention.

Job satisfaction and turnover intention. Turnover intention is the likelihood of employees leaving the organisation as soon as they find any suitable option (Bright, 2021). It is indicated that job satisfaction is an essential antecedent of turnover intention as it plays a vital role in employee's turnover decisions (Bright, 2021; Oosthuizen *et al.*, 2016). Numerous studies have

confirmed a negative relationship between job satisfaction and turnover intentions (Bonenberger *et al.*, 2014; Halcomb *et al.*, 2021). Moreover, job satisfaction has been shown to have a significantly positive link to work–life balance and a significantly negative link to turnover intention (Satpathy *et al.*, 2019; Chung and Joen, 2020). Thus, based on the above, the following hypothesis has been developed.

H5. Job satisfaction has a significant negative relationship with doctors' turnover intention.

The mediating role of job satisfaction. According to Ranft and Ranft (1999), job satisfaction is a combination of employees' attitudes towards their jobs, which can be positive or negative based on how they feel about the job at hand (Sweeney *et al.*, 2002). Past studies have shown a strong link between job satisfaction and employee behaviour, i.e. employee retention and turnover intention (Chen *et al.*, 2008; Bonenberger *et al.*, 2014). However, very few studies have been conducted on job satisfaction as a mediator in healthcare settings. Deery and Jago (2015) found job satisfaction to be a vital employee attitude that strongly impacts employee behaviour, which needs to be addressed. Further, Kavanaugh *et al.* (2006) added that job satisfaction could not measure an employee's overall satisfaction as an individual element; instead, it can best explain the relationship by mixing with other elements. Moreover, healthcare is a service-based industry that is operated by human input and needs to entertain patients, where it is essential to look after the satisfaction and well-being of the service providers first to obtain the desired results (Khan *et al.*, 2020). Another reason behind using job satisfaction as a mediator is its importance in service-based organisations and its significant association with the independent variable (work–life balance) and dependent variables (employee retention and turnover intention). Therefore, based on the above discussion, this study hypothesised that:

H6. Job satisfaction mediates the relationship between work–life balance and doctors' retention.

H7. Job satisfaction mediates the relationship between work–life balance and doctors' turnover intention.

Research methodology

Participants

This study used a cross-sectional survey method to obtain data from respondents. However, it was difficult to get response from doctors as the data were collected during the time when COVID-19 had spread all over Pakistan, and they were busy in handling patients. Overall, 36 public hospitals from all provinces of Pakistan were selected (considering each as individual stratum) and contacted them to seek permission for their employees to participate in our study. However, many hospitals refused to participate and excused that their staff is busy in handling COVID patients. In this study, stratified sampling was applied to get accurate representation of the population, even some segment might be too small (Shao *et al.*, 2021). From those hospitals who gave permission for their employees to participate in our study, six hospitals from each province were selected to distribute the questionnaire depending on the availability of participants. Depending on permission, both hands collected and email collected mediums are used to collect data from respondents. Besides questionnaires, email also contained a consent letter that the information of the participants will be only used for this study and their identity will be kept anonymous. Any personal information that can reveal their identity was not included in the questionnaire. According to Roscoe (1975), the sample size of 300–500 is sufficient to proceed in behavioural studies. Therefore, a total of 500 questionnaires were distributed across 6 strata, which is around 84 questionnaires distributed in each stratum. Out of the distributed questionnaires, 400 were returned,

giving a response rate of 80%. Following Weston *et al.*'s (2008) recommendations, that for each observed variable there must be 10 to 20 responses, these responses were enough to proceed. During data mining and cleaning, this study excluded six incomplete questionnaires. After data cleaning, 394 responses were found useable, representing 78.8% of the distributed questionnaires. Feedback was taken from all categories of doctors (specialists, general practitioners, postgraduate trainees and medical officers).

Measurement tools

This study used a 33-item structured questionnaire. Responses were collected based on a five-point Likert scale. The questionnaire was divided into several sections: socio-demographic details in section one, questions on work–life balance in section two, employee retention questions in section three, turnover intention questions in section four and job satisfaction-related questions in section five. To capture the respondents' responses, ten items on work–life balance were adapted from Hayman (2005) with a reliability of 0.84, eleven items on employee retention were adopted from Kyndt *et al.* (2009) with a reliability of 0.90, eight items on turnover intention were adapted from Homburg *et al.* (2013) with a reliability of 0.84, and five items on job satisfaction were taken from Ackfeldt and Coote (2005) with a reliability of 0.80. The Cronbach's alpha for all four constructs attained acceptable values of 0.70. For this study, pretested questionnaires were carefully selected from well-reputed studies. Before distribution, questionnaires were discussed with research academicians and doctors (respondents) for further confirmation of appropriateness of the items and distributed after their approval.

Statistical tools

This study used a multi-method statistical approach for data processing and analysis. Statistical Software for the Social Sciences (SPSS) was applied for data processing, demographic profiling, outlier detection and missing values. Descriptive statistics such as frequency, percentage, mean, variance and standard deviation were computed using the partial least squares (PLS) method to classify the characteristics of the respondents and construct items. Similarly, Smart-PLS was used to explain the relationships between variables. Smart-PLS permits testing several relationships simultaneously, making it suitable for mediation studies (Nitzl *et al.*, 2016); therefore, Smart-PLS is a suitable analytic technique for this study. Even though this technique is still new, it is better than the traditional regression approach and can better examine the relationships between variables. To check the instrument's reliability, factor loading, Cronbach's alpha, composite reliability (CR) and average variance extracted (AVE) were calculated. The descriptive statistics and reliability of this study were calculated using the measurement model via an algorithm, whereas bootstrapping was applied for the structural model for the relationship analysis.

Results

Socio-demographic profile

Table 1 summarises the socio-demographic data of the participants. Out of 394 respondents, 53.8% were males and 46.2% were females. The majority were young doctors, with 34.2% falling in the age group of 21–30 years, whereas 22% were older at 51 years and above. Over 85% of them were married, of which 70% were living in a joint family system, and 79.7% having employed spouses. Furthermore, 85% of the doctors had dependent family members (parents, brothers, sisters), and 74% had their own children. About 49% of the parents had children aged 1–2 years old. In this age group, children need their parents most, but their current work routine makes it hard for them to spend any time with their kids. Only 20% of the respondents lived inside hospital premises, 65% lived in the same city as the hospital

Description	Categories	No.	(%)
Gender	Female	182	46.2
	Male	212	53.8
Age	21–30	135	34.2
	31–40	80	20
	41–50	95	24.1
	51 and above	89	22
Marital status	Unmarried	60	15
	Married	334	85
Spouse employment	Unemployed	80	20.3
	Employed	314	79.7
Family type	Separate	118	30
	Joint family	276	70
Dependent persons	Yes	329	83.5
	No	65	16.5
Parental status	Yes	292	74
	No	102	26
No of children	1–2	193	49
	3–4	99	25
	5 and above	23	5.8
	No children	79	20
Region	Baluchistan	55	14
	Khyber Pakhtunkhwa	64	16
	Sindh	79	20
	Punjab	102	26
	Gilgit-Baltistan	39	10
	Azad Jammu and Kashmir	55	14
Religion	Muslim	379	96
	Non-Muslim	15	4
Residential location	Hospital premises	79	20
	Same city	256	65
	Another city	59	15
Shift work	Yes	378	96
	No	16	4
Sleep hours	up to 3	35	10
	3–6	230	58.3
	7–9	129	37.2

Table 1. Socio-demographic profile of respondents

where they worked, and the remaining 15% commuted from another city to work. This arrangement is not suitable for a country like Pakistan where families prefer living within close proximities, especially given that people aged 21–30 years old are typically already married with children. These doctors are burdened by the responsibilities they have at home, and often, especially in the case of female doctors, they are not allowed to work if their families feel they do not pay enough attention to their homes.

People who are 50 years old and above also have responsibilities of grown-up children. They often take on the pressure to ensure their children have settled down and usually feel like they have to spend more time with their families. If they begin to feel they do not have enough time for family, they will easily switch their jobs to personal clinics to enjoy complete freedom. Moreover, 96% of the respondents stated that they had to work in shifts two to three times a week in addition to working on their routine job. Further, 58% of doctors said that on average, they slept for only 3–6 h a day, while 10% said they could sleep for only up to three hours, which is not good for the health of the doctors and their patients. The responses by location are 26% Punjab, followed by 20% Sindh, 16% Khyber Pakhtunkhwa, 14%

Baluchistan, 14% Azad Kashmir and 10% Gilgit-Baltistan. Since Pakistan is a Muslim-majority country, it is not surprising that 97% of the respondents were Muslims and only 3% belonged to the non-Muslim community from Punjab and Sindh.

Descriptive statistics and correlational results

Table 2 presents the descriptive statistics and the results of the correlation matrix. The results showed that the mean values and the standard deviation values of all constructs, i.e. employee retention (mean = 3.814, SD = 0.921); job satisfaction (mean = 3.780, SD = 1.074); turnover intention (mean = 3.777, SD = 1.108) and work–life balance (mean = 3.776, SD = 1.064), were within the acceptable limit, thus suggesting that there was no problem in the data. Further, based on the correlation range, job satisfaction was positively correlated with employee retention and negatively correlated with turnover intention. Meanwhile, work–life balance had a positive correlation with employee retention and a negative correlation with turnover intention. The result showed that none of the correlations exceeded the cut-off point of 0.70, demonstrating the absence of multicollinearity issues in the data.

Measurement model analysis results

To test the relationship between work–life balance, job satisfaction, employee retention and turnover intention, this study conducted an outer model analysis using an algorithm, and the reported reliability of the measure, internal consistency, variance inflation factor (VIF), and validity of the observed variables are presented in Table 3. For multicollinearity among the constructs, VIF values were below 5 or closer to 3 at the tolerance level of 0.1 (Hair *et al.* (2019), indicating the absence of multicollinearity in the data. In order to improve the reliability of the instrument, six items (WLB 2,3; ER 6,8; TI 7,8) from outer loadings with values lower than 0.60 were deleted. For the instrument's reliability, the value of Cronbach's alpha must be above 0.70 (Nunnally, 1978). The Cronbach's alpha values (work–life balance = 0.84; job satisfaction = 0.80; employee retention = 0.90; turnover intention = 0.84) indicated a good reliability of the instrument. For factor loadings, the values of all the indicators must be above 0.40 (Hinkin, 1995). To check the consistency among items, CR was conducted and reported values of 0.87 for work–life balance, 0.92 for employee retention, 0.88 for turnover intention and 0.83 job satisfaction, which were above the threshold level of 0.80, thus indicating a high level of satisfaction. Further, AVE was calculated to verify the convergent validity (CV) of the variables, and the extracted values were 0.54 for work–life balance, 0.56 for employee retention, 0.55 for turnover intention and 0.54 for job satisfaction. Since all the values surpassed the threshold of 0.50, CV was verified in this study.

Discriminant validity

The purpose of testing discriminant validity is to assess the extent to which one construct is empirically distinct from another in a structural model. Table 4 presents the discriminant validity based on the Heterotrait-Monotrait (HTMT) ratio. According to Henseler *et al.* (2015),

Variable	Mean	SD	ER	JS	TI
ER	3.814	0.921	1.000		
JS	3.780	1.074	0.571**	1.000	
TI	3.777	1.108	−0.671**	−0.519**	1.000
WLB	3.776	1.064	0.688**	0.662**	−0.695**

Note(s): Employee retention (ER), job satisfaction (JS), turnover intention (TI), work–life balance (WLB). * and ** indicate significance at 0.05 and 0.01 levels, respectively

Table 2.
Descriptive statistics and correlation matrix

Latent variable and item	VIF	Factor loadings	Cronbach's alpha	Composite reliability	AVE
Work–life balance			*0.84*	*0.87*	*0.54*
WLB1	1.86	0.71			
WLB4	1.43	0.61			
WLB5	1.69	0.72			
WLB6	1.28	0.65			
WLB7	2.37	0.68			
WLB8	2.16	0.77			
WLB9	1.89	0.71			
WLB10	1.52	0.65			
Employee retention			*0.90*	*0.92*	*0.56*
ER1	2.58	0.75			
ER2	2.34	0.74			
ER3	2.73	0.78			
ER4	3.09	0.82			
ER5	2.34	0.77			
ER7	1.95	0.69			
ER9	1.66	0.86			
ER10	2.14	0.66			
ER11	2.24	0.76			
Turnover intention			0.84	0.88	0.55
TI1	3.01	0.80			
TI2	1.45	0.71			
TI3	1.62	0.70			
TI4	2.11	0.76			
TI5	1.52	0.62			
TI6	3.51	0.84			
Job satisfaction			*0.80*	*0.83*	*0.54*
JS1	1.57	0.75			
JS2	1.77	0.74			
JS3	1.35	0.84			
JS4	1.68	0.73			
JS5	1.51	0.86			

Note(s): WLB 2,3; ER 6,8; TI 7,8 were deleted to improve the reliability

Table 3.
Measurement model analysis

Heterotrait-Monotrait ratio (HTMT)				
	ER	JS	TI	WLB
ER				
JS	*0.628*			
TI	0.759	*0.573*		
WLB	0.899	0.767	*0.978*	

Note(s): Threshold = 1.0

Table 4.
Measurement of discriminant validity

the rule of thumb for the HTMT value is less than 1. In this study, all the HTMT values were below 1, indicating satisfactory discriminant validity.

Model fit

The role of model fit is to explain the overall fitness values for the measurement model. In Table 5, both saturated and estimated models had an SRMR value of 0.082, which is close to the cut-off value of 0.08, and an NFI value of 0.940, which is in the acceptable range that is close to 1, thus indicating a good fit (Hu and Bentler, 1999). For the exact measure of fit, d_ULS

(saturated model = 6.144, estimated model = 6.134) and d_G (saturated model = 2.233, estimated model = 2.234) indicated the absence of a problem in this study's model. Then, chi-square was calculated to determine model fitness (see Table 5). The values for chi-square were 12.741 (saturated model) and 12.740 (estimated model). Thus, the results fulfilled the criteria of chi-square applicability and showed better results related to model fitness.

Evaluation of the inner structural model

The inner structural model was tested for the model's predictive relevancy and the relationships among the constructs via bootstrapping. For the predictive relevancy of the model, the coefficient of determination (R^2), path coefficient (β), t-statistic and effect size (f^2) were applied (see Table 6). In a structural model, R^2 is responsible for the overall effect size and variance explained in the endogenous construct, and it represents the model's predictive accuracy. In the present study, the R^2 value was 62.5% for WLB-ER, 69.9% for WLB-TI and 43.8% for WLB-JS, which explained the relevancy of the independent variables with the latent variable. According to Henseler *et al.* (2009), R^2 values are considered substantial at 0.75, moderate at 0.50 and weak at 0.26. Thus, the independent variables had a moderate effect based on these criteria.

The estimation for the path coefficients is calculated using β-value and t-statistics (see Figure 1). The significance of a hypothesis is tested using the β-value, which in turn is

Table 5. Model fit

	Saturated model	Estimated model
SRMR	0.082	0.082
d_ULS	6.144	6.134
d_G	2.233	2.234
Chi-Square	12.741	12.741
NFI	0.940	0.940

Table 6. Hypothesis testing through structural modelling

No.	Hypothesis	β	SD	t-stat	R^2	F^2	p-value	Decision
H1	WLB → ER	0.835	0.037	2.026	0.625	0.797	0.000***	Supported
H2	WLB → TI	−0.788	0.027	−1.493	0.699	1.424	0.000***	Supported
H3	WLB → JS	0.662	0.025	36.590	0.438	0.780	0.000***	Supported
H4	JS → ER	0.663	0.043	24.962	–	0.210	0.000***	Supported
H5	JS → TI	−0.0319	0.040	−5.951	–	0.350	0.046**	Supported
H6	WLB → JS → ER	0.509	0.029	2.023	–	–	0.022***	Supported
H7	WLB → JS → TI	−0.390	0.027	−5.777	–	–	0.041**	Supported

Note(s): Significance levels *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

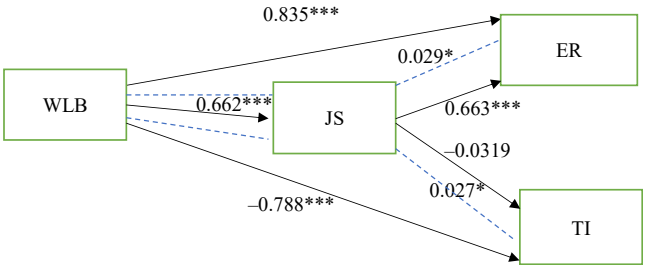


Figure 1. Path coefficients of the structural model analysis

verified via *t*-statistics test. In this study, the bootstrapping process test was applied using 5,000 subsamples with no significant changes. The results on the structural model in Table 6 showed that work–life balance had a significant positive influence on employee retention ($\beta = 0.835$, $t = 2.026$, $p = 0.000$), thereby supporting H1. Further, the results showed a significantly negative relationship between work–life balance and turnover intention ($\beta = -0.788$, $t = -1.493$, $p = 0.000$), thus supporting H2. Work–life balance was found to have a significantly positive relationship with job satisfaction ($\beta = 0.662$, $t = 36.590$, $p = 0.000$), thereby supporting H3. Meanwhile, job satisfaction had a significant positive relationship with employee retention ($\beta = 0.663$, $t = 24.962$, $p = 0.000$), thus supporting H4. For the last direct relationship, job satisfaction had a significantly negative relationship with turnover intention ($\beta = -0.0319$, $t = -5.951$, $p = 0.046$), thus supporting H5.

For the effect size, f^2 was calculated to explain to which extent each exogenous latent construct affected the endogenous construct. Table 6 shows the f^2 values (H1 = 0.797, H2 = 1.424, H3 = 0.780, H4 = 0.21, H5 = 0.350), signifying the strength of the exogenous constructs. The threshold levels for the f^2 value are 0.35 for strong, 0.15 for moderate, and 0.02 for weak. Hence, the f^2 values showed a strong effect for H1, H2 and H3, a moderate effect for H4 and a weak effect for H5.

Mediation analysis

Data for H6 and H7 from Table 6 represent the indirect mediation relationships calculated via bootstrapping. The results showed that job satisfaction had a significant positive mediation effect on the relationship between work–life balance and employee retention ($\beta = 0.509$, $p = 0.022$, $t = 2.023$), which is consistent with the findings of Aamir *et al.* (2016). Meanwhile, job satisfaction had a significant negative mediation effect on the relationship between work–life balance and turnover intention ($\beta = -0.390$, $p = 0.041$, $t = -5.777$), consistent with the previous study of Cegarra-Leiva *et al.* (2012).

Discussion of findings

This study extends the existing literature on the link between work–life balance and employee behaviour (employee retention and turnover intention) in the context of Pakistan's healthcare sector, along with job satisfaction as the mediator. Skilled professionals are vital for some professions, including healthcare, which is a service-based industry operated by skilled professionals. Doctors are the key drivers of the healthcare sector, and without their involvement, it would be impossible to keep the system in operation. Hence, they are of the utmost importance to the healthcare sector. The study found a significant positive association between work–life balance and employee retention, which is in line with the previous study of Deery and Jago (2015), thus supporting H1. Further, when doctors find it difficult to spare time for themselves and their families, they start looking for a new job, and their turnover intention starts developing. These findings support H2, and these are consistent with Surienty *et al.* (2014). Moreover, the study's findings indicate that the more employees have control over their work, the more satisfied they will be, which is consistent with Alvi (2018) and supports H3. Meanwhile, H4 and H5 are about employees' satisfaction and happiness. The more satisfied the employees are, the more they are likely to stay with the same organisation, which is in line with Brown and Yoshioka (2003). On the other hand, dissatisfaction will push employees to leave the organisation, which is in line with Halcomb *et al.* (2021).

Work–life balance has strong consequences on organisational behaviour and employees' attitudes as organisations are already dealing with the challenge of retaining skilled employees (Davenport, 1999). Under SET, it is proposed that organisations support their

employees through work–life balance by building employees' positive perception regarding how the organisation cares for their well-being. This belief initiates a desire to reciprocate among employees in the form of positive attitudes and behaviour towards the organisation. Such reciprocation indicates positive outcomes, both for employees in the form of employee satisfaction and for the employer in the forms of lower turnover intention and improved retention (Scholarios and Marks, 2004). While these relationships are also supported by TRA theory, the TRA explains well about the individuals' behaviour, for instance, how work–life balance provides a reason to the employees (doctors) to stay and work with the same hospital happily, and when the situations are not favourable, they leave the organisation intentionally as they find a reason to leave. The combination of these two theories explains well about the emotions, and behaviours and covering the whole phenomenon "WLB → JS → ER, TI". As the formulated framework has not been tested before, therefore, it will make addition in the literature.

Furthermore, the mediation hypothesis results indicate that job satisfaction has a strong mediation effect on the link between work–life balance and employees' behaviour, namely employee retention and turnover intention. Thus, work–life balance increases employees' satisfaction, which in turn increases the retention rate and reduces the turnover intention. A balanced life helps doctors feel relaxed and allows them to devote some time to their families and themselves, which will ignite a sense of fulfilment and satisfaction. Pakistan is a country that values familial relationships. Unlike the people in Western countries, Pakistanis like living close to their families and are often not independent. In Pakistan, families make collective decisions on issues that may affect the whole family, especially when the issues concern female family members who are often expected to serve and attend to most home-based responsibilities including childcare, cooking and taking care of the elders. Women are expected to manage all these responsibilities and their jobs simultaneously. If they slacken on attending to any of these responsibilities, their families will begin to pressurise them to leave their jobs. The pressure may affect the health of female doctors and their patients. Therefore, if hospitals provide female doctors with the flexibility of working during office hours only without having to attend to late-night duties, these hospitals may be able to retain their female doctors. In many cases, doctors leave public sector hospitals because they find it very tiring working there as compared to private hospitals, where they have more control over their work. These findings are consistent with the findings of previous studies (Cegarra-Leiva *et al.*, 2012; Aamir *et al.*, 2016).

Theoretical contribution

Theoretical contributions generate novel insights into a phenomenon deemed to improve the organisational valuation. This study adds such original insights in keeping with the empirical data on the study's variables. This study further offers numerous contributions by examining the relationships between work–life balance and employee behaviour, namely employee retention and turnover intention, along with job satisfaction as the mediator among doctors working in Pakistan's public hospitals.

Further, this study is different from the previous studies as it incorporates both employee retention and turnover intentions together in a new model, which is the first attempt to test these two important dimensions of employees' behaviour empirically. Focus of the present study is doctors working in public hospitals of Pakistan. To the author's knowledge, no similar study has been conducted yet, and hence, this study fills the gap in the context of (1) doctors and (2) public hospitals of Pakistan. The previous studies in the Pakistani context were somewhat different from this study. For instance, Malik *et al.* (2010) studied work–life balance, job satisfaction and turnover intention in the education sector, and Aamir *et al.* (2016) studied work–life balance, job satisfaction and employee retention among nurses. This study

also contributes to the existing literature by examining the link between the exogenous and endogenous variables based on the SET and TRA.

This study adds to the literature on employee behaviour, i.e. employee retention and turnover intention, in the context of Pakistan. Previously, these two concepts were rarely studied together in one model. Furthermore, this study empirically tested the mediating role of job satisfaction on the relationship between work–life balance and employee behaviour, namely employee retention and turnover intention. Additionally, this study is supported by two behavioural theories, namely SET and TRA. This study proposes that instead of continuously hiring new employees, organisations should think about ways on how to discourage employees from leaving the organisation and encourage them to stay, which would be good for the organisation and the employees in the long run. SET says, there exists an exchange relationship between employees and employers, where when one party initiates something positive, the other party will reciprocate with a similarly positive response (Trybou *et al.*, 2014). Meanwhile, TRA says that every move made by an employee is backed by some solid reason which can be either positive or negative based on their perception of that issue (Kim *et al.*, 2011). Combination of these two theories has not been tested before together with work–life balance and hence provides a valuable insight to the literature by testing both positive and negative behaviours under SET and TRA.

Practical implications

The problem of low retention and high turnover faced by public sector hospitals of Pakistan is persistent and complicated, as it creates a chain of related problems including poor performance of health indicators. These problems cannot be eradicated by chance; instead, some robust strategies are needed to resolve or at least mitigate these issues. This study proposes advocating work–life balance as a strategy to mitigate the problem of low retention and high turnover intentions among doctors working in Pakistani hospitals. The findings of this study can help policymakers and practitioners understand and resolve the issue of high turnover and formulate useful retention strategies to improve doctor's retention among healthcare organisations. In the future, organisations should adopt work–life balance practices including flexible working hours so that employees can manage their personal and family matters in a better way. Furthermore, organisations may consider providing childcare facilities for employees' children, as most doctors leaving government hospital jobs are females. In Pakistan, mothers are the primary caregivers of the children; hence, hospitals that provide such facilities may be able to retain their female doctors. Hospital administrators should also consult doctors while making policies about hospital matters, which can also help reduce negative thoughts and encourage the doctors to stay. Hospitals should revise the policies based on the need of doctors to improve their trust and satisfaction level. Ineffective policies should be revised to improve productivity.

Limitations and future research

Besides its implications, this study also carries certain limitations. For instance, this study is based on public hospitals while a major portion of healthcare sector is under the influence of private sector which might not get benefit from this study. Furthermore, the present study is conducted during the peak time of COVID-19, as a result, response turnout was less than expected and the chance of response bias cannot be ignored as during this period doctors were very busy, and they filled the questionnaire in haste. In the upcoming future, a study representing all segments of healthcare, support staff, paramedics, nurses and pharmacists, can be included, while a comparative study between public and private healthcare sector is also welcoming. For the better generalisability, a study with a big sample size can be

conducted. The theoretical model of this study can be tested in other sectors in future. Due to word limit, it was difficult to cover all the aspects in a single study; hence, demographic characteristics can also be tested in future studies. There are factors other than job satisfaction that might affect the behaviour of employees, such as job embeddedness, employee engagement, employee motivation and organisational commitment, which can be tested in the future studies. Moreover, in future, a study with time series data is also welcome as it minimises the likelihood of common method bias.

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