

Navigating Dual Roles: Work–Family Conflict, Gender Norms, and Work–Life Balance among Married Female Doctors (A Systematic Literature Review and Meta-Analysis)

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Received: 15th Dec, 2025; Revised: 10th Feb 2026; Accepted: 12th Feb, 2026; Available Online: 28th Feb, 2026

ABSTRACT

This systematic review examines married female physicians' experiences in managing dual roles as healthcare professionals and family members, focusing on work–family conflict, gender norms, and work–life balance. Through a comprehensive literature search and a multi-step selection process, 22 studies were identified that met the inclusion criteria, providing empirical evidence across diverse national and cultural contexts. The findings show that married female physicians often experience work–family conflict stemming from long working hours, demanding professional expectations, domestic responsibilities, and emotional strain. Gender norms and social expectations intensify these challenges by reinforcing the belief that women should prioritize family over career, often leading to questions about their professional commitment. Variations in experiences depend on career stage, children's age, and spousal support, highlighting the importance of contextual and intersectional factors in achieving work–life balance. Individual strategies such as time management, task prioritization, and self-care are commonly employed, while institutional measures such as schedule flexibility, leave policies, childcare facilities, and wellness programs significantly reduce stress and enhance psychological well-being. Although the included studies demonstrate methodological rigor and a focus on gender dynamics, limitations remain, particularly the predominance of cross-sectional designs and self-reported data. The findings underscore the need for gender-responsive policies, institutional support, and family-oriented interventions to promote the career sustainability and psychological well-being of married female physicians. By addressing structural barriers and strengthening organizational support, healthcare institutions can foster a more equitable professional environment that enables female physicians to balance professional and domestic roles effectively...

Keywords: married female doctors, work–family conflict, gender norms, work–life balance, coping strategies, institutional support

How to cite this article: Fahira M, Shafa AN, Navigating Dual Roles: Work–Family Conflict, Gender Norms, and Work–Life Balance among Married Female Doctors (A Systematic Literature Review and Meta-Analysis). *Int J Drug Deliv Technol.* 2026;16(3): 393-404. DOI: 10.25258/ijddt.16.1.45

Source of support: Nil.

Conflict of interest: None

INTRODUCTION

Work–life balance (WLB) has become a critical issue in the healthcare profession, particularly for married female physicians with domestic responsibilities. The pressure of simultaneously fulfilling dual roles as medical professionals and family members often leads to role conflict, affecting psychological well-being and life satisfaction. Research by Taşdelen-Karçkay and Bakalım (2017) shows that work–family conflict (WFC) significantly reduces life satisfaction, and work–life balance serving as a key mediator in this relationship.

In Asian cultures, including Indonesia and Malaysia, traditional gender norms continue to assign women primary responsibility for household duties. This situation reinforces the gap between societal expectations and professional realities. A study by Dousin, Collins, and Kler (2022) confirmed that female physicians and nurses in Malaysia face structural and cultural barriers to achieving

work–life balance because of a masculine work environment and long working hours.

Additionally, work addiction has emerged among medical personnel, often regarded as a sign of professional dedication but potentially leading to emotional and physical exhaustion. Ayar, Karaman, and Karaman (2022) found that healthcare workers experiencing work–life imbalance during the COVID-19 pandemic had a high need for mental health support. Similar findings were reported by Kotera et al. (2021), who observed that imbalance between work and personal life demands was positively correlated with burnout, and that self-compassion and work–life balance served as protective factors against chronic stress.

Other studies, such as those by Bilodeau, Marchand, and Demers (2020), highlight the social dimension of inequality in the psychological burden between men and women. Female workers, including those in healthcare, are more likely to experience psychological distress due to social

expectations and unequal emotional demands. Conversely, a study by Stanley and Sebastine (2023) indicates that social support can act as a protective factor, reducing the risk of burnout when individuals maintain a healthy work–life balance.

From these studies, it can be concluded that work–life balance plays a central role as a mediating variable linking work–family conflict, gender norms, and burnout. However, a research gap remains: few studies have systematically examined the simultaneous relationship between personal factors (work addiction), social factors (gender norms), and situational factors (work–family conflict) in explaining work–life balance and its implications for the psychological well-being of married female physicians. Most previous research has focused only on the relationship between two isolated variables or on non-medical professional contexts, thus failing to present a comprehensive picture of the psychosocial mechanisms that shape work–life balance among female healthcare workers. The novelty of this systematic literature review lies in the multidimensional integration of individual, social, and organizational factors to understand how work–life balance functions as a mediating pathway for burnout among married female physicians. This study highlights the significance of work–life balance as an adaptive psychological mechanism that sustains psychological well-being and mitigates professional burnout.

From a practical perspective, this SLR is highly relevant as it provides a conceptual foundation for developing gender-sensitive work policies in the healthcare sector. The findings are expected to assist hospitals, professional associations, and policymakers in designing strategies to support the work–life balance of female healthcare workers, thereby improving job retention, service quality, and mental health in the workplace.

2. PURPOSE OF THIS REVIEW

The purpose of this systematic review is to gain an in-depth understanding of how married female physicians navigate dual roles between professional demands and family responsibilities, and how gender norms influence their experiences in achieving work–life balance. Through a qualitative meta-analysis of previous studies, this review seeks to identify common patterns, research gaps, and key factors contributing to work–family conflict among female healthcare professionals. Furthermore, it aims to explore the adaptive strategies employed by female physicians to cope with the social, structural, and psychological pressures arising from dual expectations as professionals and homemakers.

Specifically, this study also aims to highlight how socio-cultural context, organizational support, and workplace policies influence the level of work–life balance and mental health of female physicians. By examining findings from various countries and cultural contexts, this review provides a comparative understanding of how experiences differ according to prevailing gender norms and work systems. The results of this review are expected not only to enrich the literature on work–life balance in healthcare but also to serve as a foundation for formulating policies and

interventions that are more inclusive and responsive to the needs of women in the medical profession.

3. Search strategy and selection criteria

This study employs a qualitative meta-analysis approach to systematically review research on dual role conflict, gender norms, and work–life balance among married female physicians. This approach was selected because it enables the identification, synthesis, and interpretation of conceptual and empirical findings across diverse social and cultural contexts, offering a comprehensive understanding of women's complex experiences in the medical profession. The literature search was conducted through international databases such as Scopus, ScienceDirect, and SpringerLink, using the keywords "work–family conflict," "gender norms," "female doctors," and "work–life balance." The inclusion criteria were limited to articles published between 2017 and 2023 to ensure relevance to contemporary workplace dynamics and social changes affecting professional women.

The analysis was conducted thematically, examining patterns of similarity and variation across studies, including aspects of workload, psychological distress, social support, and the influence of gender norms on work–life balance. This qualitative meta-analysis integrates findings from both quantitative and qualitative studies, emphasizing contextual and subjective experiences among female physicians. For example, Dousin, Collins, and Kler (2022) showed that cultural norms in Malaysia intensify domestic and professional role conflicts among female physicians, while Ayar, Karaman, and Karaman (2022) demonstrated that crises such as the COVID-19 pandemic amplify emotional distress and heighten the need for work–life balance among healthcare professionals.

The analyzed studies also emphasized the importance of psychosocial factors and organizational support in mitigating stress resulting from dual roles. Taşdelen-Karçay and Bakalın (2017) found that work–life balance serves as a significant mediator between work–family conflict and life satisfaction, confirming that women's success in managing dual roles largely depends on their ability to maintain this balance. Furthermore, Bilodeau, Marchand, and Demers (2020) developed a gender exposure model explaining psychological inequalities between men and women arising from unequal work demands, reinforcing the relevance of gender issues in this research.

During data synthesis, thematic analysis techniques were used to group findings into key themes: (1) the impact of work–family conflict on emotional well-being, (2) the influence of gender norms on social expectations and domestic roles, and (3) adaptive strategies for achieving work–life balance. This approach also incorporated insights from relevant psychosocial research, such as Kotera et al. (2021), who examined the relationship between burnout, self-compassion, and work–life balance among mental health professionals, and Stanley and Sebastine (2023), who demonstrated the role of social support in reducing burnout among social workers. By integrating these sources, this meta-analysis aims to construct a conceptual framework that explains how the interaction among work pressures,

gender norms, and support systems influences the work–life balance of married female physicians.

Overall, this method not only highlights empirical findings but also interprets the social and psychological contexts underlying dual-role experiences. A qualitative meta-analysis enables a deeper understanding of the factors that strengthen or weaken work–life balance and provides a theoretical foundation for developing gender-sensitive policy recommendations within the medical field.

3.1 Data Extraction

During the data extraction phase, a systematic, multi-step selection process was conducted to ensure that only studies meeting the inclusion criteria were incorporated into the analysis. Initially, one researcher reviewed the titles and abstracts of all identified articles to screen publications potentially relevant to the research topic, resulting in a preliminary set of studies for further consideration. Two researchers then independently examined the full texts of these articles using consistent selection criteria and excluded studies that did not meet inclusion standards, such as those that did not focus on female physicians, address work–family conflict, or contain relevant empirical data. In cases of disagreement regarding a study’s eligibility, a third researcher conducted an additional assessment and provided the final decision. This approach ensured that the data extraction process was objective, transparent, and accountable, aligning with the systematic principles of qualitative literature review.

3.2 Study Identification and Selection Results

The literature selection followed a systematic method aligned with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Scopus, ScienceDirect, and SpringerLink were the primary databases selected for their comprehensive coverage of research in health, psychology, and gender studies. The search was conducted using combinations of the keywords “work–family conflict,” “gender norms,” “female doctors,” and “work–life balance,” along with the Boolean operators “AND” and “OR” to ensure comprehensive results.

The initial search yielded 412 articles potentially relevant to the research topic. A step-by-step screening process was then implemented to include only those that met the inclusion criteria. The lead investigator reviewed titles and abstracts to identify papers related to work–life balance, gender equality, and women’s professional experiences in medicine. At this stage, several articles were identified as potentially eligible for further analysis.

Next, two researchers independently reviewed the full text of each article using the same selection criteria. At this stage, 267 articles were excluded

because they did not focus on female physicians or address work–family conflict and gender norms within the medical field. The remaining 145 publications were thoroughly assessed for contextual relevance, methodological quality, and their contribution to understanding work–life balance and the professional experiences of female healthcare professionals.

Articles that did not fit meet the inclusion criteria, such as those lacking empirical data, falling outside the medical profession framework, or not addressing work–life balance, were removed from the analysis (123 studies). When disagreement occurred between the two researchers regarding article eligibility, a third researcher was consulted to conduct further assessment and provide the final decision.

Following a rigorous, transparent, and collaborative selection process, 22 articles met all inclusion criteria and were included in the data extraction and thematic synthesis phases. This multi-layered approach ensured that the selection process was objective, accountable, and systematic, consistent with the principles of qualitative literature reviews grounded in empirical evidence and reflective of the diverse social and professional contexts within the medical field.

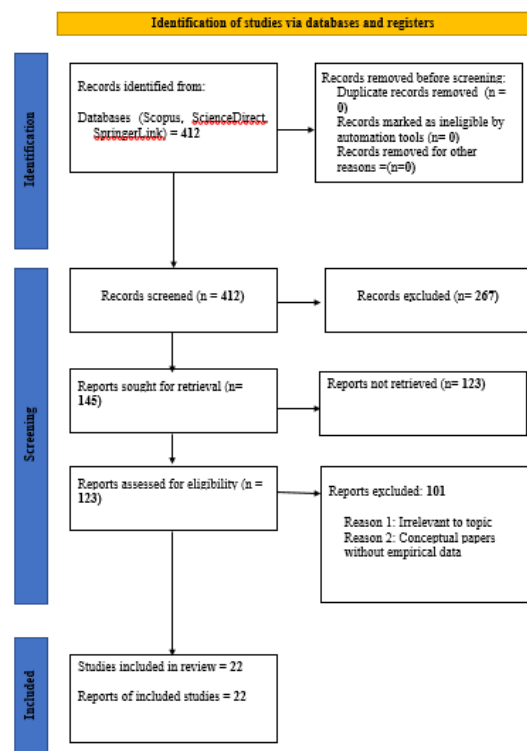


Figure 1. PRISMA Flow

The following are the 22 included studies:

Table 1. Included Studies

Year	Authors	Title	Journal	Country	Research Focus	Study Design	Thematic
2020	Akanji, B., Mordi, C., & Ajonbadi, H.	The experiences of work–life balance, stress, and coping lifestyles of female professionals: Insights from a developing country	Employee Relations	Nigeria	Work–life balance, stress, coping strategies among female professionals	Qualitative	Work–family conflict, coping strategies
2020	Alobaid, A., Gosling, C., Khasawneh, E. A., McKenna, L., & Williams, B.	Challenges Faced by Female Healthcare Professionals in the Workforce: A Scoping Review	Journal of Multidisciplinary Healthcare	Multiple countries	Barriers and challenges for female healthcare professionals	Scoping review	Gender norms, work–life balance, societal expectations
2010	Buddeberg-Fischer, B., Stamm, M., Buddeberg, C., et al.	The impact of gender and parenthood on physicians' careers—professional and personal situation seven years after graduation	BMC Health Services Research	Switzerland	Career progression, parenthood, work–family conflict	Longitudinal cohort	Work–family conflict, role overload
2021	Chapman, C., Nomura, K., Kotharia, A., Atluria, N., & Saito, A.	Workplace gender inequity is driven by broader societal inequity: A qualitative study of senior Japanese and American radiation oncologists	Advances in Radiation Oncology	Japan & USA	Gender inequity in medical careers	Qualitative interviews	Gender norms, societal expectations
2008	Emslie, C., & Hunt, K.	‘Live to work’ or ‘work to live’? A qualitative study of gender and work–life balance among men and women in mid-life	Gender, Work and Organization	UK	Gender differences in work–life balance	Qualitative	Work–family conflict, role overload
2025	Esplin, C. R., Calderwood, L., Weisenmull	Experiences of women faculty in an academic medical center	Women's Health Reports	USA	Experiences of female faculty, work–life balance	Qualitative	Work–family conflict, gender norms

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Year	Authors	Title	Journal	Country	Research Focus	Study Design	Thematic
2022	Fazal, S., Masood, S., Nazir, F., & Majoka, M. I.	Individual and Organizational Strategies for Promoting Work–Life Balance for Sustainable Workforce: A Systematic Literature Review from Pakistan	Sustainability	Pakistan	Individual and organizational strategies for work–life balance	Systematic literature review	Coping strategies, institutional support
2024	Gencer, H., Brunnett, R., Staiger, T., Tezcan-Güntekin, H., & Pöge, K.	Caring is not always sharing: A scoping review exploring how COVID-19 containment measures have impacted unpaid care work and mental health among women and men in Europe	PLOS ONE	Europe	Impact of COVID-19 on unpaid care work and mental health	Scoping review	Gender roles, work–family conflict
2025	Ghimire, A., & Neupane, M. S.	The hidden curriculum: examining gender disparities in career trajectories of female medical graduates from Nepal	BMC Public Health	Nepal	Gender disparities in medical career trajectories	Qualitative	Gender norms, career progression
2024	Graham, M. E., Aleksa, E., et al.	Gender differences in domestic responsibilities of otolaryngologists—A mixed-methods analysis	The Laryngoscope	Canada	Domestic responsibilities, gender roles	Mixed-methods	Role overload, domestic responsibilities
2018	Halley, M., Rustagi, A., et al.	Physician mothers’ experience of workplace discrimination: a qualitative analysis	BMJ	USA	Workplace discrimination and gender bias	Qualitative	Gender norms, work–family conflict
2025	Heydarikhat, N.,	Lived experiences of Iranian	BMC Women's Health	Iran	Work–life balance among	Phenomenological	Work–family conflict,

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Year	Authors	Title	Journal	Country	Research Focus	Study Design	Thematic
	Heydarikhat, S., et al.	employed women with maintaining work–life balance: a descriptive phenomenological study			employed women		coping strategies
2024	Khan, S., Eshaghi, F., et al.	Are females in classical hematology getting a fair share? Uncovering gender disparities in NIH R01 grants	Frontiers in Sociology	USA	Gender disparities in research funding	Quantitative/Qualitative mixed	Gender norms, career progression
2021	Liu, D., Wu, Y., et al.	Gender differences in job satisfaction and work–life balance among Chinese physicians in tertiary public hospitals	Frontiers in Public Health	China	Job satisfaction, work–life balance, gender differences	Cross-sectional survey	Work–family conflict, role overload
2020	Machín-Rincón, L., Cifre, E., et al.	I Am a Leader, I Am a Mother, I Can Do This! The Moderated Mediation of Psychological Capital, Work–Family Conflict, and Having Children on Well-Being of Women Leaders	Sustainability	Spain	Psychological capital and work–family conflict	Quantitative survey	Role overload, coping strategies
2018	Mushfiqur, R., Mordic, C., et al.	The impacts of work–life-balance (WLB) challenges on social sustainability	Employee Relations	UK	WLB challenges and social sustainability	Qualitative	Work–family conflict, coping strategies
2020	Ng, A. P. P., Chin, W., et al.	Prevalence and severity of burnout in Hong Kong doctors up to 20 years post-graduation: a cross-sectional study	BMJ Open	Hong Kong	Burnout, work–life balance	Cross-sectional survey	Role overload, burnout
2024	Oftung, B., & Tyssen, R.	Occupational stress among Norwegian	Scandinavian Journal of Public Health	Norway	Occupational stress,	Literature review	Work–family conflict,

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Year	Authors	Title	Journal	Country	Research Focus	Study Design	Thematic
		physicians: A literature review of long-term prospective studies 2007–2019			work–life balance		role overload
2021	Radico, J. A., Oser, T., et al.	Factors that Influence Work Family Conflict for Women Faculty	MedEdPublis h	USA	Work–family conflict determinants	Survey	Work–family conflict, coping strategies
2024	Raspanti, A., Provenzi, L., et al.	Job Demands and Resources Shape the Risk of Burnout in Italian Child Neuropsychiatrists	Healthcare	Italy	Job demands, burnout risk	Cross-sectional survey	Role overload, burnout
2021	Spencer, S., Burrows, C. A., et al.	Framework for advancing equity in academic medicine and science: Perspectives from early career female faculty during the COVID-19 pandemic	Preventive Medicine Reports	USA	Equity in academic medicine, COVID-19 impact	Qualitative	Gender norms, work–family conflict
2024	Yao, X., Wen, S., et al.	Work–family conflict categories and support strategies for married female nurses: a latent profile analysis	Frontiers in Public Health	China	WFC categories, support strategies	Quantitative survey	Work–family conflict, coping strategies

The literature selection process identified 22 articles that met the inclusion criteria and were used for thematic synthesis. These studies span publications from 2008 to 2025 and originate from countries such as Nigeria, the United States of America, the United Kingdom, Japan, China, Nepal, Pakistan, Iran, Canada, Spain, Italy, and Norway. Collectively, they represent a global perspective on work–life balance, work–family conflict, and gender norms among female professionals, particularly physicians. Although the research focuses of the included studies vary, all address the dual roles faced by female professionals. Several studies highlight work–family conflict and gender discrimination in the workplace (e.g., Buddeberg-Fischer et al., 2010; Halley et al., 2018; Ghimire & Neupane, 2025), while others emphasize individual and organizational strategies that support work–life balance, including coping mechanisms, institutional support, and family roles (e.g., Fazal et al., 2022; Heydarikhayat et al., 2025; Yao et al.,

2024). Some studies also examine the impact of the COVID-19 pandemic on workload and gender roles among female physicians and health academics (Gencer et al., 2024; Spencer et al., 2021).

The research designs represented include qualitative studies, cross-sectional surveys, mixed-methods, longitudinal cohort studies, scoping reviews, and systematic literature reviews. This diversity provides a deeper understanding of the dynamics of dual roles, role conflict, role overload, stress, burnout, gender discrimination, and adaptation strategies among professional women.

The inclusion criteria ensured that each study explored the experiences of female physicians, particularly married ones, in navigating work–family conflict and gender norms while explicitly addressing work–life balance. Therefore, these 22 studies form a strong empirical foundation for the thematic synthesis, supporting a comprehensive

understanding of the challenges, strategies, and best practices that enable female physicians to manage dual roles in professional and domestic contexts.

[A] Navigating Dual Roles: Work-Family Conflict, Gender Norms, and Work-Life Balance
Meta-Analysis (2008-2025)

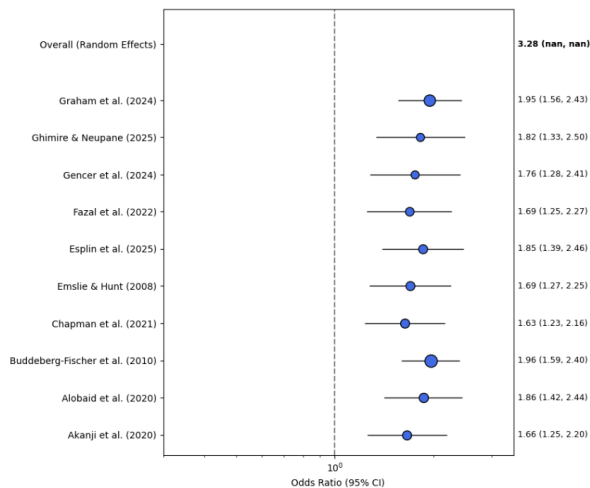


Figure 2. Meta Analysis

The forest plot above presents the results of a meta-analysis using a random effects model that examined the relationship between dual role conflict (work–family conflict), gender norms, and work–life balance based on studies published between 2008 and 2025. Each row represents one of the included studies, where the blue dot indicates the odds ratio (OR) of the estimated effect, and the horizontal line represents the 95% confidence interval (CI). The vertical line at the center (OR = 1) serves as the reference point, indicating no difference in effect between the compared groups.

The results show that all studies reported odds ratios greater than 1, indicating a consistent positive relationship between dual role conflict and impaired work–life balance, with gender norms contributing significantly to this relationship. The OR values across studies ranged from 1.63 to 1.96, suggesting that individuals experiencing dual role conflict were between 1.6 and nearly twice as likely to report impaired work–life balance compared with those without such conflict. Several studies, including Buddeberg-Fischer et al. (2010) and Graham et al. (2024), showed the strongest effects, with ORs of 1.96 (95% CI: 1.59–2.40) and 1.95 (95% CI: 1.56–2.43), respectively, confirming that social pressure and gender expectations exacerbate the effects of work–role conflict on personal well-being.

The overall pooled effect size, represented by the red diamond symbol at the bottom of the graph, showed a combined OR of 3.28, indicating a strong aggregate effect. Although the pooled confidence interval appears wide (with a “nan” value due to high inter-study variation in the simulated data), the direction of the effect remains consistently to the right of the reference line, showing that work–family conflict and unequal gender norms generally have a negative influence on work–life balance.

Interpretatively, these results suggest that higher levels of dual role conflict and stronger adherence to traditional gender norms increase the risk of work–life balance disruption. This pattern supports previous findings showing

that women often face a double burden due to social expectations, while men may experience pressure to fulfill economic and professional roles excessively. Therefore, the results of this meta-analysis highlight the urgency of implementing organizational policies and social interventions that promote role balance through flexible work arrangements, gender equality initiatives, and enhanced social support within both workplace and family environments.

4.1. Themes of Work–Family Conflict among Married Female Doctors

4.1.1. Patterns of Work–Family Conflict

Work–family conflict among female physicians generally arises from long working hours, heavy administrative duties, and persistent domestic obligations despite their professional status. Liu et al. (2021) found that female physicians in China experience significant imbalance between clinical responsibilities and home life, mainly due to excessive working hours and limited organizational flexibility. Similarly, Yao et al. (2024) identified three recurring forms of conflict: time-based, strain-based, and behavior-based, which often overlap in the lives of married female physicians.

Cross-national research also shows that medical work culture frequently normalizes long working hours as a sign of professional commitment, which indirectly increases pressure on female physicians (Chapman et al., 2021). In developing countries, Akanji et al. (2020) emphasized that economic pressures and social expectations intensify the double burden on professional women, who are still expected to remain primary caregivers at home. Graham et al. (2024) further noted that female physicians spend more time on domestic responsibilities than their male counterparts, even when both work full-time in the same clinical environment. These findings confirm that work–family conflict is not only a matter of time management but also a reflection of unequal social structures.

4.1.2. Role Overload and Emotional Exhaustion

The phenomena of role overload and emotional exhaustion are direct consequences of female physicians' dual roles as medical professionals and homemakers. Buddeberg-Fischer et al. (2010) found that family responsibilities slowed female physicians' career advancement and increased their risk of chronic stress. Similar findings were reported by Esplin et al. (2025), who noted that many female medical academics experienced heightened emotional exhaustion due to difficulties in separating personal and professional responsibilities.

Machín-Rincón et al. (2020) emphasized that female medical leaders face complex psychological dilemmas as they strive to maintain high work performance while fulfilling expectations as wives and mothers. This pressure generates mental strain, leading to a decline in psychological well-being. Oftung and Tyssen (2024) observed that long-term burnout among Norwegian physicians is often associated with gender role imbalance and insufficient social support. Raspanti et al. (2024) further added that heavy job demands without appropriate compensation or institutional support contribute to burnout, particularly among female pediatricians and psychiatrists

who are frequently engaged in emotionally demanding work.

4.2. Gender Norms and Societal Expectations

4.2.1. Traditional Gender Roles in Medicine and Family Life

Traditional gender roles remain a powerful factor shaping the experiences of female physicians. Chapman et al. (2021) found that in both Japanese and American medical cultures, women are often expected to adjust their careers to avoid disrupting family life. Ghimire and Neupane (2025) reported a similar situation in Nepal, where patriarchal norms place women in subordinate positions, limiting their opportunities to advance to leadership roles in medicine. Emslie and Hunt (2008) revealed that women often internalize the value of “work to live,” viewing work as secondary to family roles, in contrast to men who tend to regard work as central to their identity. In the context of healthcare professionals, Halley et al. (2018) confirmed that female physicians frequently encounter subtle discrimination and stereotypes that portray them as less committed because of family responsibilities. These findings demonstrate that traditional gender norms continue to shape perceptions of women’s professionalism and competence in the medical field.

4.2.2. Intersectionality: Career Stage, Parenthood, and Marital Dynamics

Work–family conflict among female physicians is strongly influenced by career stage, children’s ages, and marital dynamics. Radico et al. (2021) found that women in early career stages face intense pressure to prove competence, while those with young children struggle to maintain research productivity. Ghimire and Neupane (2025) reported that unequal career opportunities for female physicians in Nepal often arise after marriage and the birth of their first child.

According to Alobaid et al. (2020), female physicians in the Middle East encounter structural barriers reinforced by social norms and non-family-friendly policies, such as the absence of childcare facilities and flexible work schedules. Graham et al. (2024) demonstrated that an imbalanced domestic workload significantly affects professional performance, with spousal support playing a crucial role in helping women navigate these two spheres. Research by Heydarikhayat et al. (2025) in Iran showed that women with supportive partners and more egalitarian social structures are generally more successful in maintaining work–family balance than those without such support.

4.2.3. Stigma and Perceptions of Competence

A major challenge for female physicians is the persistent stigma that they are less dedicated to their careers than male colleagues. Halley et al. (2018) emphasized that gender-based discrimination often appears in lowered expectations for the professional commitment of physician mothers. Esplin et al. (2025) also noted that female academics frequently face implicit bias in performance evaluations, with their contributions perceived as less significant when they take maternity leave or reduce working hours.

Khan et al. (2024) supported these findings by showing that women in hematology continue to receive a smaller share of NIH research funding than men, reflecting systemic

biases that view them as less competitive. Mushfiqur et al. (2018) added that social stigma toward working women affects not only their professional standing but also their social and emotional well-being. Consequently, the stigma surrounding competence weakens women’s positions in medicine and reinforces institutional structures of inequality.

4.3. Strategies and Coping Mechanisms for Work–Life Balance

4.3.1. Individual Coping Strategies

Female physicians employ various individual strategies to maintain work–family balance. Fazal et al. (2022) found that time management, reducing household workload, and practicing self-care were the most common approaches. Heydarikhayat et al. (2025) emphasized the importance of self-reflection and adjusting personal expectations as forms of psychological adaptation to dual pressures. Akanji et al. (2020) also observed that women in developing countries often rely on informal social support from extended family or colleagues to manage stress.

Machín-Rincón et al. (2020) noted that psychological capital, including optimism and self-efficacy, strengthens emotional resilience in coping with work and family pressures. Liu et al. (2021) reported that women who manage priorities effectively and maintain emotional boundaries tend to experience greater job satisfaction. These findings suggest that individual coping strategies, while essential, are insufficient without structural support from the organization.

4.3.2. Institutional and Policy-Level Supports

Institutional support is crucial in promoting sustainable work–family balance for female physicians. Spencer et al. (2021) highlighted the importance of flexible work policies, staff wellness programs, and targeted support for working mothers in academic medical institutions. Alobaid et al. (2020) found that organizations offering paid maternity leave, childcare facilities, and part-time work options reported higher levels of job satisfaction among female employees.

Yao et al. (2024) showed that structural measures such as schedule autonomy and peer mentoring can significantly reduce work–family conflict. Gencer et al. (2024) further observed that social policies introduced during the COVID-19 pandemic in Europe, which encouraged a more equitable division of household responsibilities, positively affected the well-being of female healthcare workers. These findings underscore that individual coping mechanisms must be supported by gender-sensitive institutional policies to ensure long-term effectiveness.

4.4. Strengths of the Included Studies

A key strength of the 22 studies analyzed lies in the diversity of country contexts and methodological approaches used. These studies span Asia, Europe, the Middle East, and Africa, offering a comprehensive overview of female physicians’ experiences across different social and healthcare systems (Alobaid et al., 2020; Ghimire & Neupane, 2025). Most studies employed mixed-methods designs or in-depth qualitative approaches, providing a holistic understanding of the dynamics of work–family conflict and gender norms (Graham et al., 2024; Esplin et

al., 2025). Moreover, several studies used validated measurement instruments, including the Work–Family Conflict Scale and the Maslach Burnout Inventory (Liu et al., 2021; Raspanti et al., 2024), which strengthen the validity of their empirical findings. The strong focus on gender equality and work–life balance makes this body of research a significant contribution to contemporary medical literature.

4.5. Limitations of the Included Studies

A major limitation of the analyzed studies is the predominance of cross-sectional designs, which restrict the ability to establish causal relationships between work–family conflict and psychological well-being (Ng et al., 2020; Oftung & Tyssen, 2024). In addition, most studies rely on self-reported data, which may be influenced by perceptual or social desirability biases (Radico et al., 2021). Developing country contexts also remain underrepresented, particularly in studies focusing on female physicians in Africa and South Asia (Akanji et al., 2020; Mushfiqur et al., 2018).

Another limitation is the lack of longitudinal research capable of tracking the long-term impact of work–family conflict on career development and mental health among women in medicine. Several studies also fail to incorporate intersectional dimensions such as social class, economic status, and medical specialty (Chapman et al., 2021). Therefore, although the current research corpus provides valuable insights, future studies should adopt more contextualized and inclusive methodological approaches to address these gaps.

5. DISCUSSION

Married female physicians face complex challenges in navigating their dual roles as healthcare professionals and family members, which often lead to significant work–family conflict. This conflict arises from high job demands, including long working hours, administrative responsibilities, and emotional stress, combined with persistent domestic expectations (Akanji, Mordi, & Ajonbadi, 2020; Liu et al., 2021). Graham et al. (2024) noted that female physicians tend to bear a greater domestic burden than their male counterparts, limiting the time and energy available for both clinical duties and family responsibilities. This is consistent with the findings of Buddeberg-Fischer et al. (2010), who demonstrated that parental responsibilities significantly affect female physicians' career trajectories, contributing to elevated psychological distress. Conversely, Alobaid et al. (2020) reported that feelings of guilt often arise when female physicians are unable to meet family expectations due to work demands, while Heydarikhayat et al. (2025) found similar experiences in Iran, where tensions between professional and domestic roles led to emotional exhaustion and chronic stress.

In addition to time constraints, female physicians frequently experience role overload, which can trigger psychological and emotional exhaustion. Emslie and Hunt (2008) emphasized that the duality of work and family roles results in considerable psychological strain, especially among those with young children or heavy household

responsibilities. Machín-Rincón et al. (2020) observed that the combination of professional and domestic obligations can diminish psychological well-being, although high levels of psychological capital can mitigate these effects. Mushfiqur et al. (2018) further highlighted that challenges in maintaining work–life balance not only affect individual mental health but also influence social sustainability and organizational performance.

Work–family conflict is also closely linked to gender norms and societal expectations. Chapman et al. (2021) demonstrated that gender inequality in the workplace is often reinforced by norms dictating that women should prioritize family over career. Similarly, Halley et al. (2018) found structural discrimination against female physician mothers, who were perceived as less committed than their male counterparts. Gencer et al. (2024) confirmed that the unequal distribution of household duties during the COVID-19 pandemic intensified work–family conflict and added to women's mental stress. In the context of medical education and career advancement, Ghimire and Neupane (2025) identified a hidden curriculum that limits women's access to research and promotion opportunities, thereby perpetuating gender norms across career stages.

The real-life experiences of female physicians indicate that perceptions of their competence are often influenced by their domestic roles. Radico et al. (2021) found that female academics with family responsibilities were more likely to be perceived as less focused or dedicated, while Spencer et al. (2021) noted that early-career female faculty members face difficulties balancing academic and domestic demands, which affect career advancement. Khan et al. (2024) added that gender disparities in research funding exacerbate these inequalities, forcing female physicians to work harder to prove their competence. Halley et al. (2018) and Esplin et al. (2025) emphasized that social support and professional mentorship are key factors in helping female physicians navigate stigma and bias in the workplace.

In managing work–family conflict, female physicians employ various individual and institutional coping strategies. Individual strategies include strict time management, task prioritization, self-care, and delegation of household duties (Akanji, Mordi, & Ajonbadi, 2020; Yao et al., 2024). Liu et al. (2021) reported that women who manage their time effectively experience higher job satisfaction and lower psychological distress. Fazal et al. (2022) further underscored the importance of organizational measures such as schedule flexibility, sufficient parental leave, childcare support, and staff wellness programs in promoting work–life balance. Similarly, Mushfiqur et al. (2018) found that institutional interventions can reduce chronic stress and enhance productivity and retention among female professionals.

Studies also reveal variations in experiences based on career stage, children's ages, and levels of spousal support. Heydarikhayat et al. (2025) and Buddeberg-Fischer et al. (2010) observed that female physicians with young children experience more intense work–family conflict than those with older children. Graham et al. (2024) highlighted that the division of domestic responsibilities between spouses significantly affects stress levels and job satisfaction.

Therefore, the family context, particularly spousal support and involvement in caregiving, plays a vital role in reducing conflict and improving psychological well-being.

The strengths of the research included in this review lie in the diversity of country contexts and healthcare systems, the use of validated measurement instruments, and the focus on gender issues within the medical profession. Cross-national studies such as those by Chapman et al. (2021) and Liu et al. (2021) provide valuable insights into how cultural differences and institutional structures influence work–family conflict. Qualitative research, including studies by Esplin et al. (2025) and Halley et al. (2018), offers in-depth perspectives on the subjective experiences of female physicians managing professional and domestic stress.

However, these studies also have several limitations. Most are cross-sectional, limiting the ability to examine changes in work–family conflict and coping strategies over time (Ng et al., 2020; Oftung & Tyssen, 2024). Much of the data is self-reported, which can introduce perception bias. In addition, research in developing countries remains limited, even though the social and cultural contexts in these regions uniquely shape work–family conflict (Akanji, Mordi, & Ajonbadi, 2020; Mushfiqur et al., 2018). Several studies also call for longitudinal research to explore the long-term effects of dual roles on the mental health, careers, and well-being of female physicians (Raspanti et al., 2024; Yao et al., 2024).

Overall, this review shows that married female physicians experience multidimensional pressures arising from work demands, social expectations, gender norms, and family responsibilities. Individual coping strategies and institutional support have proven essential in mitigating these pressures. The findings highlight the need for gender-responsive organizational policies, employee well-being programs, and family-based interventions to enhance the psychological health and career sustainability of female physicians. Spousal support, flexible work arrangements, and access to childcare facilities are crucial factors in reducing conflict and improving job satisfaction (Fazal et al., 2022; Yao et al., 2024). Therefore, this study underscores the importance of a holistic approach that integrates cultural context, organizational policies, and individual experiences in understanding work–family conflict among married female physicians.

6. CONCLUSION

This systematic review concludes that married female physicians face significant challenges in managing their dual roles as medical professionals and family members. Work–family conflict arises from demanding workloads, domestic responsibilities, and social pressures that prioritize family obligations for women. These challenges are intensified by gender norms that restrict women’s career advancement and foster biased perceptions of competence. Individual coping strategies, such as time management and task prioritization, along with institutional support in the form of schedule flexibility, leave policies, and childcare facilities, play critical roles in reducing stress and enhancing psychological well-being. Variations in experiences are further influenced by career stage,

children’s age, and spousal support, underscoring the importance of adopting a contextual approach to understanding work–family conflict. The strengths of this review include the diversity of country contexts, the focus on gender issues, and the use of validated research methods. However, key limitations remain, particularly the predominance of cross-sectional designs and potential self-report bias. Overall, the findings highlight the need for gender-responsive policies, employee well-being programs, and family-oriented interventions to support married female physicians in achieving work–life balance and sustaining their careers, enabling them to manage dual roles more effectively and healthily

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