

## **The Work-Life Balance of Public Hospital Doctors in a Metropolitan City**

**Fanny Y. F. Young**

The Hong Kong Shue Yan University  
10 Wai Tsui Crescent, Braemer Hill, North Point  
Hong Kong

### **Abstract**

*To investigate the work-life balance condition of public hospital doctors in a metropolitan city, a quantitative questionnaire survey was conducted with 200 doctors working in different specialties in the public sector in a metropolitan city, Hong Kong. On average public hospital doctors had longer work hour with that of the other professions. 57% of the doctors reported a disturbed work-life balance, dramatically reduced productivity and/or work quality, and prolonged fatigue level, sleepiness and extreme tiredness. Flexible working time; 5-day work week and job-share were considered useful to alleviate the situation.*

**Keywords:** work-life balance, public hospital, doctor, metropolitan city

### **1. Introduction**

The work-life balance of the medical profession in the public sector is always a concern. Community Business, a non-profit organization for advancing Corporate Social Responsibility in Asia, defined work-life balance to be about people having a measure of control over when, where and how they work. It is achieved when an individual's right to a fulfilled life inside and outside paid work is accepted and respected as the norm, to the mutual benefit of the individual, business and society (Community Business, 2012). The work life balance condition is in general more severe in densely populated metropolitan city like Hong Kong, where the average working hour is 48.4 hours per week which is higher than the maximum working hour defined by law in many countries (Chung et al., 2009). People with poor work-life balance have bad effects like unwilling to work, more likely to change jobs, disharmony, lack of exercise, stress, poor diet, exhaustion, insomnia, depression and health problems (e.g. cancer, mental disorder) (Welford, 2008).

Among different professions (medical profession not specifically studied), the financial services have the longest working hours (54 hours per week), followed by law, accountancy and professional services (51.3 hours per week) (Welford, 2008). There are two major studies performed several years ago specifically looking at the work-life balance on doctors, both of them concluded that doctors want better work-life balance in their jobs. In the first study (The Ottawa Citizen, 2008), in about 2,800 medical students and 730 second-year residents, about 93 per cent of students and 88 per cent of residents said the work-life balance was an important part of achieving a satisfying and successful medical practice. In the second study, the Australian Medical Association (2008) revealed 81 per cent of hospital doctors surveyed want flexible working arrangements to allow them to spend more time with family and to continue further formal training.

Recently I have performed about the work-life balance of the private doctors in a metropolitan city (Young, 2012). However, few studies have been performed about the work-life balance of the public hospital doctors in a metropolitan city like Hong Kong. A similar study to that of private doctors (Young, 2012) but working on public doctors is needed. Therefore the aim of the present study is to evaluate the work-life balance condition of public hospital doctors in Hong Kong.

### **2. Materials and Methods**

A quantitative questionnaire survey was conducted with questionnaire modified from a previous study on work-life balance of the general population in Hong Kong (Chung et. al., 2009) which was also used in the work-life balance study of the private doctors (Young, 2012) so that it is possible to compare the result of this study with the previous study. 500 doctors working in different specialties in the public sector in Hong Kong were randomly selected in the Medical Directory in Hong Kong. The questionnaires were mailed to their offices where return envelopes were included.

The return of the questionnaire was voluntary and all questionnaires were anonymous. Therefore no release of private information would occur. From the returned questionnaires, 200 questionnaires were randomly selected and the data were analyzed.

The questionnaire was modified from the questionnaire utilized in the work-life balance study of the general population in Hong Kong (Chung et. al., 2009) which was also used in the work-life balance study of the private doctors (Young, 2012) so that it would be more relevant and applicable to the public hospital doctors. Basically, the following areas were asked: the specialty where the participant was working, working hour condition, hours spent on private activities, self perception of work-life balance condition, problem encountered because of disturbed work-life balance, problems due to a disturbed work-life balance, desired arrangement for improvement of the work-life balance condition and demographic data.

After the questionnaires were randomly selected, the data were entered to an Excel (Microsoft Office v.2010) file for further data analyses.

### **3. Results**

245 questionnaires were returned where 200 questionnaires were randomly selected and the data were analyzed and presented below:

#### **3.1 Demographic data:**

The male to female ratio of the respondents were around 4:1. There was a big range in age (20-65) and around 55% fall within the 25-34 group (Table 1).

They were working in seven different specialties where around half of them were in the Medicine Specialty (Table 2). Around half of them were specialists (Table 3).

#### **3.2 Working conditions:**

The average work hour per week of doctors was around 57 hours. There were 8 (4%) doctors worked more than 80 hours per week (Table 4). For the overtime duty, most of the doctors either had 0-4 hours or 10-14 hours, the average was 6 hours per week. Some doctors did not have overtime duty but some had a lot (20-24 hours, Table 5). For the continuous duty, the average was 18 hours but one-tenth of the doctors had more than 40 hours of continuous duties. Similar to overtime duty, some doctors did not have very long continuous duty but some had a lot (40-49 hours, Table 6). In addition, on average they had 9 hours of on call duty but some had more than 30 hours. Similar to overtime duty, some doctors did not have on call duty but some had a lot (30-39 hours, Table 7).

#### **3.3 Personal or private activities:**

Concerning the personal or private activity, on average a doctor spent around 2.2 hours per day. 52 (26%) of doctors spent less than 2 hours per day. 34 (17%) of doctors spent more than 6 hours per day (Table 8).

#### **3.4 Self-perceived work-life balance:**

On average the degree of achieved work-life balance for doctors was 4.3 out of 10. 148 (74%) was 3-6 out of 10 (Table 9).

#### **3.5 Problems due to a disturbed work-life balance:**

More than half of the doctors reported a disturbed work-life balance dramatically reduced productivity and/or work quality (57%), and prolonged fatigue level (62%), sleepiness and extreme tiredness. A few got physically sick easily (10%). Some felt stressed out and depressed (22%) and some found adverse effects on relationship with their friends (31%) and family (21%) (Table 10).

#### **3.6 Suggestions for work-life balance improvement:**

Most of the doctors thought that flexible working time (25%); 5-day work week (45%) and job-share (25%) would improve the work-life balance condition (Table 11).

### **4. Discussion**

This study chose Hong Kong as an example of a metropolitan city. Other places may have different results. Further studies with more respondents are needed to investigate this. The result showed the average work hour per week of doctors was around 57 hours.

This is consistent with the report in the literature review that in February 2010, among 5261 public hospital doctors, there were 252 doctors worked for more than 65 hours per week (Ming Pao, 2010). For other professions (Chung et. al., 2009), the average work hour per week was 48.4 hours. Therefore, doctors had a longer working hour than other professions. There were individual doctors who have a working hour much longer than that of the general population (80 hours). Some doctors also have overtime, long continuous and on call duty, all these added on the work hour in worsening the work-life balance of the doctors. These overtime, long continuous nor on call duties had not been investigated in the previous study of the general population and therefore this cannot be compared (Chung et. al., 2009).

Concerning the personal or private activity, on average a doctor spent around 2.2 hours per day. On average, the other professions spent 1.6 hours per day on their personal activities (Chung et. al., 2009). It showed that the doctors spent a little bit more time on their personal activities.

The result also showed the self-perceived work-life balance of doctors was 4.3 out of 10. This work-life balance condition was worse than the other professions, which was 5.7 out of 10 (Chung et. al., 2009).

For the problems due to a disturbed work-life balance, 57% of the doctors reported a disturbed work-life balance dramatically reduced productivity and/or work quality, and 67% reported prolonged fatigue level, sleepiness and extreme tiredness. The other professions also found disturbed work-life balance prolonged fatigue level, sleepiness and extreme tiredness (Chung et. al., 2009). It showed that both doctors and other professions were adversely affected by the disturbed work-life balance.

The summarized the above, the work-life balance of public doctors was worse than the other professions.

For the suggestions for work life balance improvement, flexible working time (25%); 5-day work week (45%) and job-share (25%) would improve the work-life balance condition. This was comparable to the other professions, who also mostly reported 5-day work week would improve the work-life balance condition (Chung et. al., 2009). When compared to previous study on private doctors (Young, 2012). On average public doctors had longer (57) work hour with that of the private doctors (around 50 hours). Less private doctors (40%) reported a disturbed work-life balance, dramatically reduced productivity and/or work quality, and prolonged fatigue level, sleepiness and extreme tiredness.

Further study is needed to repeat the survey but involve bigger samples and more aspects so that more specific factors such as specialty, training, age and gender of the doctors can be investigated. Other methods of data collection like interviews have been considered, because the doctors might not tell the truth because they afraid their identities would be released; therefore the interview was not performed in this study.

## **5. Conclusion**

This research studied the work-life balance condition in public hospital doctors in a metropolitan city. On average public hospital doctor had poorer work-life balance with the other professions. More than half of the doctors reported a disturbed work-life balance, dramatically reduced productivity and/or work quality, and prolonged fatigue level, sleepiness and extreme tiredness. Flexible working time; 5-day work week and job-share were considered useful to alleviate the situation.

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**Table 1** Age Distribution of Respondents:

Age range	Number (%)	N*=200
20-24	20 (10%)	
25-29	50 (25%)	
30-34	62 (31%)	
35-39	14 (7%)	
40-44	14 (7%)	
45-49	26 (13%)	
50-54	6 (3%)	
55-59	4 (2%)	
over 60	4 (2%)	

\*N=Total number of respondents

**Table 2** Distribution of participants' 'Specialty/Department'

Specialty/Department	Number (%)	N*=200
Medicine	89 (44.5%)	
Surgery	55 (27.5%)	
Orthopedics	16 (8%)	
Eye	8 (4%)	
Ear, Nose and Throat	5 (2.5%)	
Obstetrics and Gynecology	12 (6%)	
Cardiology	15 (7.5%)	

\*N=Total number of respondents

**Table 3** Education attainment of respondents

Education attainment	Number (%)	N*=200
Houseman	12 (6%)	
Trainee	61 (30.5%)	
Specialist	100 (50%)	
General doctor	27 (13.5%)	

\*N=Total number of respondents

**Table 4** Distribution of the 'work hour'

Work hour	Number (%)	N*=200
< 30	0 (0%)	
31-40	8 (4%)	
41-50	78 (39%)	
51-60	58 (29%)	
61-70	26 (13%)	
71-80	22 (11%)	
> 80	8 (4%)	

\*N=Total number of respondents

**Table 5** Distribution of hours of overtime duty

Hours of overtime duty	Number (%)	N*=200
0-4	84 (42%)	
5-9	38 (19%)	
10-14	74 (37%)	
15-19	0 (0%)	
20-24	8 (4%)	

\*N=Total number of respondent

**Table 6** Distribution of hours of continuous duty

Hours of continuous duty	Number (%)	N*=200
0-9	28 (29%)	
10-19	50 (25%)	
20-29	36 (18%)	
30-39	34 (17%)	
40-49	22 (11%)	

\*N=Total number of respondent

**Table 7** Distribution of off-site on call duty

Hours of off-site on call duty	Number (%)	N*=200
0-9	120 (60%)	
10-19	29 (14.5%)	
20-29	40 (20%)	
30-39	11 (5.5%)	
40-49	0 (0%)	

\*N=Total number of respondent

**Table 8** Distribution of hours of personal or private activities per day

Hours of personal or private activities per day	Number (%)	N*=200
<2	52 (26%)	
>2-4	64 (32%)	
>4-6	42 (21%)	
>6-8	34 (17%)	
>8	0 (0%)	

\*N=Total number of respondent

**Table 9** degree of achieved work-life balance

degree of achieved work-life balance	Number (%)	N*=200
0	8 (4%)	
1-2	20 (10%)	
3-4	72 (36%)	
5-6	76 (38%)	
7-8	24 (12%)	
9-10	0 (0%)	

\*N=Total number of respondent

**Table 10** Problems due to a disturbed work-life balance

Type of problems	Number (%)	N*=200
Productivity and/or work quality has reduced dramatically due to long working hours.	114 (57%)	
Prolonged fatigue level, sleepiness and/or extreme tiredness.	124 (62%)	
I get physically sick easily and/or frequently due to heavy workload.	20 (10%)	
I do not have any private time for recreation activities or sports at all.	50 (25%)	
My work has adversely affected my relationship with my friends.	62 (31%)	
I don't have time staying with my partner and/or family.	42 (21%)	
I feel stressed out, depressed and/or exhausted after work.	44 (22%)	
Work pressure creates insomnia and/or poor diet	4 (2%)	
I become accident-prone	6 (3%)	

\*N=Total number of respondent

**Table 11** Distribution of work facility/arrangement that would help

Work facility/arrangement	Number (%)	N*=200
Flexible working time	50 (25%)	
5-day work week	90 (45%)	
Free sports facilities	0 (0%)	
Crèche facilities/Child care	0 (0%)	
Work support services (e.g. employee counseling scheme, stress management training)	0 (0%)	
Paternity leave	26 (13%)	
Longer maternity leave (more than 10 weeks)	18 (9%)	
Job-share (split up one full-time job to more than 1 staff)	50 (25%)	
Career breaks	10 (5%)	
More paid annual leave	38 (19%)	

\*N=Total number of respondent