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Intersecting Roles: Rethinking Work–Life Dynamics in Hospitals for Doctor Wellbeing and Quality Patient Care

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Abstract

Hospital-based physicians are challenged with the work–life dynamic that they experience in their professional, personal and social roles combined with high levels of job demands, emotional labor and changing organizational landscapes. It is perhaps no coincidence that traditional work–life balance models, focusing on fixed borders, have trouble accommodating these realities. This article offers a conceptual framework rooted in Boundary Theory, Conservation of Resources Theory and Role Theory to reconceptualize the work–life dynamics of doctors as a dynamic, shifting process of managing roles and boundaries while exchanging resources that is moderated by organizational factors. Using the results of an in-depth review of literature, the model clarifies the coexistence and formation of role conflict and enrichment as influenced by physicians' boundary strategies and embeddedness resources. It emphasizes the underlying importance of acquiring and losing resources in affecting doctor well-being and patient care quality. Implications for health institutions are hospital policies promoting flexible scheduling, training employees in professional boundaries and digital health governance to help prevent resource depletion and build resilience. This framework aims at bringing new challenges into the theoretical fold such as digital encroachments and pandemic related demands. The paper argues for empirical verification through longitudinal and mixed design methods, and highlights the importance of context in intervention measures. Through examining the complexity of doctors' work–life, this article presents a base for improving health workforce sustainability and patient care in challenging hospital settings.

Introduction

Introduction Work–life balance is the dynamic and constantly evolving interaction between professional work responsibilities and personal life demands that health care workers experience. These pressures, manifest in intense jobs (high job intensity), uncertain schedules and emotional aspects associated with work related to patient care are powerful drivers both for integration and for substitution that squeeze subordinates' capabilities to keep equilibrium between work life and home life (Alameddine et al., 2023; Chauhan, 2024). These stressors lead to significant impacts both on the physical and psychological health of healthcare workers, as well as on organizational-level outcomes such as staff turnover, absenteeism, and importantly patient safety and quality of care (Sibuea et al., 2024; Nagle et al., 2024). Health care professionals Doctors, in particular, experience distinct stressors associated with the nature of their professional role. They are also expected to deal with irregular and overtime work hours, life-threatening choices, ethical dilemmas but they to some extent increases the strain in job (Miryala, 2018; Alameddine et al., 2023). For doctors in contrast to other health professionals, the sense of professional identity is intricately linked with their clinical performance and patient

care (many feel “stretched” and are seen working outside duty periods or sessions) at great personal cost (Baathe et al., 2019). This “stretching” is a sign of physicians’ attempts to balance fulfilment as professionals with the inadequacies of conditions in organizations, subsequently spawning both overwork and mental fatigue –and weakened work–home boundaries (Baathe et al., 2019).

The COVID-19 pandemic has even exacerbated these stressors, with health professionals quickly needing to adjust to work under these unprecedented conditions - increased workload, limited resources and additional patient care requirements on one hand and managing their own health risk on the other hand - which reinforces further interferences in work-life functioning and highlights once again the need for supportive organizational policies (Alameddine et al., 2023; Győrffy et al., 2023). Further, advances in digital health have blurred the boundaries of work vs. personal time by increasing access to doctors outside office hours, favoring some efficiencies although also fostering digitally-mediated workload overlap (Győrffy et al., 2023).

Despite acknowledging the pivotal role of doctor wellbeing to healthcare system resilience and patient safety, current studies predominantly use quantitative scales with a narrow focus on work–life balance at its core, which does not account for the multidimensional, dynamic and contextually embedded facets of work and life. There are significant conceptual deficiencies in model inclusive of the intersectionate roles, organizational facilitators and barriers (ORFs) as well as cross-cultural factors influencing their lived experience among doctors (Chauhan, 2024; Nagle et al., 2024). Concepts such as that of Geyso34 are necessary in order not to identify the state of balance as a static term, but rather for the description of integration, conflict and enrichment processes which also play a role and impact doctors' working and private lives.

This article aims to fill these lacunae by developing a holistic conceptual framework, tailored for doctors working in hospitals, to re-interpret work–life interface. The Cross-Links model also highlights the overlap between roles, flexible system boundaries and bidirectional influence of individual and organizational factors on wellbeing and quality care. In this, it seeks to offer a basis for further empirical research and make a contribution to shaping organisational interventions that facilitate the holistic healthy functioning of doctors as well as improve patient care outcomes. The effort is opportune and imperative for maintaining a well workforce in these dynamic, complex health care environments and for providing patient-centred high-quality care.

Objectives

This paper aims to work on the below objectives.

- To synthesize existing research on doctors’ work–life dynamics in hospitals.
- To clarify key concepts distinguishing work–life dynamics from balance.
- To develop a conceptual framework capturing role intersections, boundary management, resource dynamics, and organizational influences.
- To advance theoretical understanding of doctors’ role interactions and their impact on wellbeing and patient care.
- To offer practical insights for hospital management and policy to support doctor wellbeing and improve healthcare outcomes.

Literature Review

Overview of Work–Life Concepts and Theories (Distinct from Work–Life Balance)

Work–life dynamics is an emerging concept that debates the traditional work–life balance, which suggests an ideal equilibrium setting out a definition of how we split our time and attention between up our professional life and everything else'. Growing number of scholars are now conceptualizing work–life dynamics as a dynamic, multidimensional process including conflict, enrichment, integration and separation between work and life domains (Chauhan, 2024; Raja et al., 2014). Theories, like Boundary Theory, Conservation of Resources (COR) Theory and Role Theory, provide various frameworks for comprehending these subtleties.

Boundary Theory suggests that employees create and negotiate boundaries between their work-life and personal life domains either by way of segmentation or integration depending upon preferences and context (Chauhan, 2024). COR Theory focuses on resource acquisition and depletion, framing work–life dynamics as a process in which individuals attempt to retain personal resources (such as energy, time, emotional capacity) in the face of demands (Asadullah et al., 2024). According to Role Theory, people have many roles and the latter either interfere or improve with regard to stress and wellbeing (Khateeb, 2024).

This change in thought starts to take researchers towards the dynamic of work and life contexts, pressures, and supports rather than a balance binary that can be seen for example in challenging professions such as healthcare.

Synthesis of Previous Research on Doctors' Work–Life Dynamics

Studies suggest that physicians experience an elevated level of work–life conflict as a result of long and erratic work schedule, high job demands and emotional attachment to patient care (Miryala, 2018; Alameddine et al., 2023). The review of Soneye (2023) emphasizes the fact that stress drives early-career doctors, more than others, and dissatisfaction due to poor work–life integration. Research also demonstrates that the interaction between work stressors and low organizational support contributes to burnout, turnover intentions, and mental health problems among doctors (Sibuea et al., 2024; Hirayama et al., 2024).

Quantitative evaluations show that organizational culture, job autonomy and flexible scheduling can have a positive mediation on work–life outcomes; however these are not uniformly implemented across healthcare (Nagle et al., 2024; Hirayama et al., 2024). It isn't just work itself that factors into these pressures, it's social expectations and the attitudes of one's family, with instructional sex-role messages affecting the process of reconciling life roles (Győrffy et al., 2023). Notwithstanding this evidence, we know very little about the lived experiences of doctors in relation to role conflict, boundary regulation and resource depletion (Chauhan, 2024; Sibuea et al., 2024).

Identification of Gaps in Literature and Relevance for Hospitals

Although there is a rich literature that examines work–life balance in quantitative terms (Nagle analysis,1996), there exists very few conceptually driven models tailored for hospital doctors that capture the interplay between roles, resource dynamics and organizational contexts (Chauhan 2024; Nagle et al., 2024). Most literature is also confounded by the confusion of

conflicting and/or facilitating process between work–life balance, thereby neglecting role integration and enrichment processes being experienced in doctors' professional and personal lives (Chauhan 2024; Hirayama et al. 2024).

In addition, healthcare studies are mainly focused on nursing personnel and less on physicians although the health quality of patients and of the healthcare system also depends on them (Sibuea et al., 2024). Due to the unique nature of health professionals' job characteristics, which often includes life-dependent tasks and moral distress elements, it is essential to develop theoretical perspectives that reflect this complexity rather than the generic work–life models (Miryala, 2018; Nagle et al., 2024).

'Digital transformation and the continued aftermath of COVID-19 also mean new conceptions of work–life balance need to be developed, which include consideration of additional boundary challenges such as remote consultations, and accelerated levels of emotional labor' (Győrffy et al., 2023). Hospitals need evidence-informed frameworks to inform interventions promoting doctors' well-being in ways that contribute to the sustainability of workforce management and high-quality patient outcomes.

Conceptual Framework

Definition of Key Concepts and Terminology

Work–life dynamics Work–life dynamics entail a complex ongoing engagement wherein individuals grapple with multiple dimensions of work and life across the course of a day (Chauhan, 2024). As opposed to the constraining conception of work–life balance that is perceived as desirable state of "stability," work and life domains are always open in terms of being conflictual as well as enhancing opportunities, where relevance and saliency fluctuate over time and place (Raja et al., 2014).

Intersecting roles are overlapping social and work roles that an individual occupies (for example, md, spouse/caregiver, community member). Each role accompanies with certain requirements, resources and expectations that interplay in a dynamic way to impact one's wellbeing and performance (Nagle et al., 2024). In the hospital, these demands are heightened due to the high consequences environment of medical care, shift work and emotional labor associated patient care. The dynamics include role conflicts (contention-based, time-based, strain-based, behavior-based); role enrichment (the extent to which behavior associated with a given role benefi ts the other roles in a person's life); and boundary management strategies used by doctors to cope with conflicting demands on them at work and home (Chauhan 2024; Sibuea et al).

Description of Intersecting Roles and Dynamics in Hospital Settings

Physicians fill a range of (sometimes even conflicting) roles in the hospital that contribute to their work–life experiences. The job is a combination of delivering health care services to the public, as well as providing administrative services and patient education—all under pressure. The stressors in nursing put a heavy burden on individual nurses at cognitive, emotional, and time levels (Miryala, 2018; Alameddine et al., 2023).

At the same time, physicians fulfill personal roles beyond the hospital. These are those of family member; those deriving from social commitment or interrelation (Rabovsky et al., 2010); and one's own role in self care, which is necessary for good health (Győrffy et al., 2023).

Both role conflict (when the demands of roles are incompatible, e.g. emergency calls during family time) and role enrichment (when resources or skills in one domain facilitate performance in another, e.g., developing empathy through home responsibilities leading to better patient care) can result from the interaction between these roles (Chauhan 2024). Structural and cultural barriers in hospitals, such as inflexible scheduling and strong organization expectations, can contribute to role conflict (Nagle et al., 2024). Therefore, conceptualizations of doctors' work–life do need to take into account this dynamic interplay and the contingent factors shaping it if they are to offer insight.

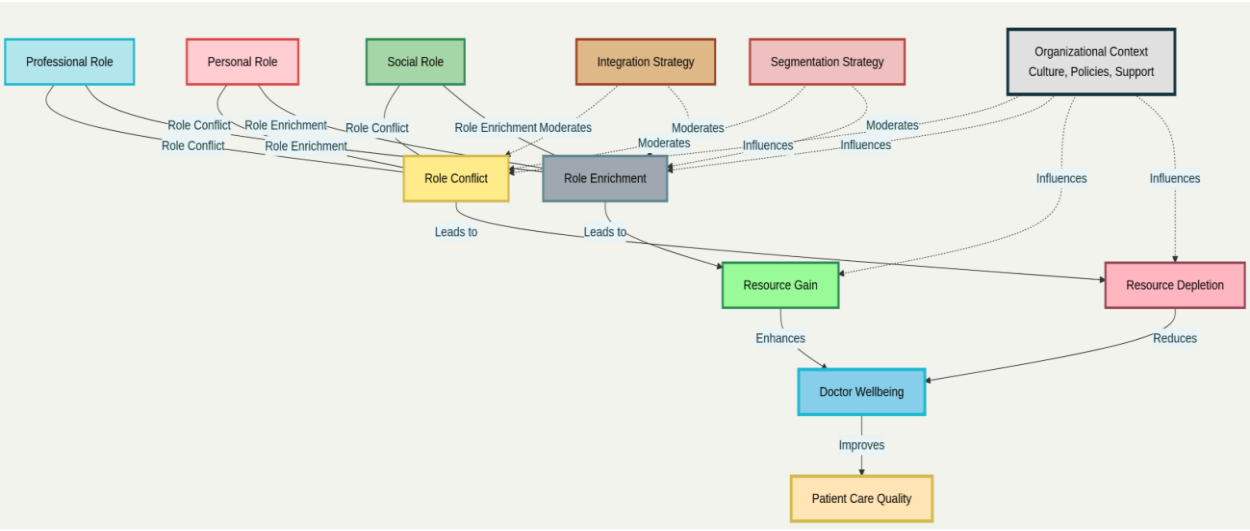
Proposed Theoretical Model or Perspectives

Drawing from Boundary Theory, Conservation of Resources Theory and Role Theory, this model constructs doctors' work–life relationships as a process in which a dynamic smorgasbord of intersecting roles under both individual and organisational constraints (Chauhan 2024; Nagle et al., 2024) are constantly negotiated and recalibrated. Boundary Management: Physicians actively manage physical, temporal and psychological boundaries between work and life using integration or segmentation tactics as per their own preferences and situational requirements (Chauhan, 2024).

Resource Dynamics: In line with Conservation of Resources Theory, physicians' wellbeing relies on gaining, preserving an defending core resources (time, energy, and social support). Resource losses lead to the development of strain and burnout, whereas resource gains result in resilience and role enrichment (Asadullah et al., 2024).

Role Interaction Effects: Role Theory informs conflict and enrichment processes. Role conflict negatively impacts job satisfaction and wellbeing, while role enrichment is related to better performance and mental health (Nagle et al., 2024).

This model places the hospital's organizational culture, policies, and support systems at its th focal point as these are crucial moderators that can buffer role conflict and increase availability of resources which would result in better work–life dynamics and quality of patient care. The model therefore offers an integrated, comprehensive perspective for understanding and informing doctors' occupational health and work–life interface



Discussion

This conceptual study offers a nuanced, integrative framework for understanding doctors' work–life dynamics within hospital settings, building on established theories and empirical research to move far beyond traditional, static models. The developed framework brings together the intersecting roles doctors juggle, dynamic boundary management strategies, resource flows, and the critical influence of organizational context. This Discussion interprets these components, situates them within the wider literature, and highlights both theoretical and practical implications.

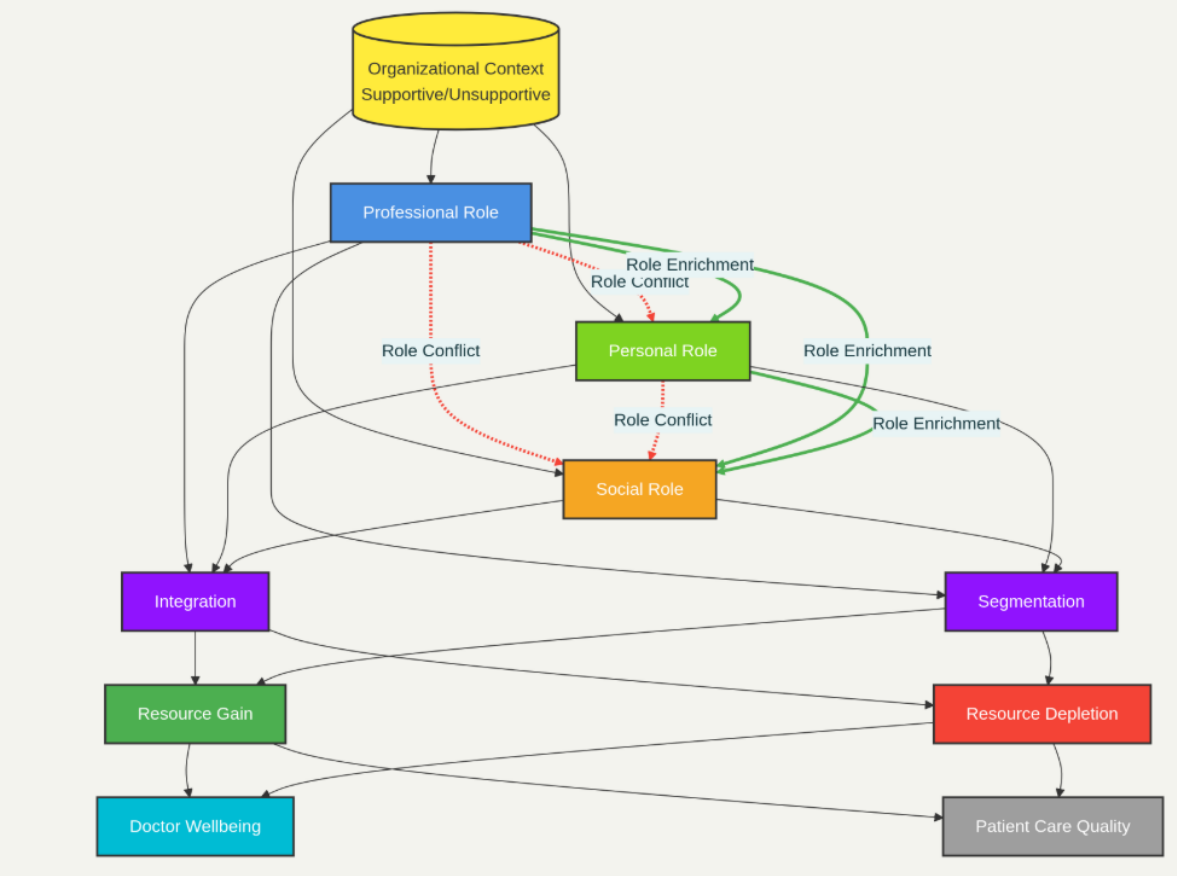
Moving Beyond Traditional Balance Models

Traditional research has commonly approached work–life dynamics as a balancing act—a static division between work and nonwork time (Chauhan, 2024). However, the reality for doctors is more accurately captured as a dynamic, constantly shifting interaction among overlapping personal, professional, and social roles.

The conceptual framework (see below) maps these intersections and, crucially, illustrates the co-occurrence of role conflict—wherein competing demands generate stress and resource depletion—and role enrichment—where the skills, emotions, or relationships built in one role positively inform another (Nagle et al., 2024; Sibuea et al., 2024).

The conceptual model (see below) captures these intersecting roles and the dual processes of role conflict and role enrichment:

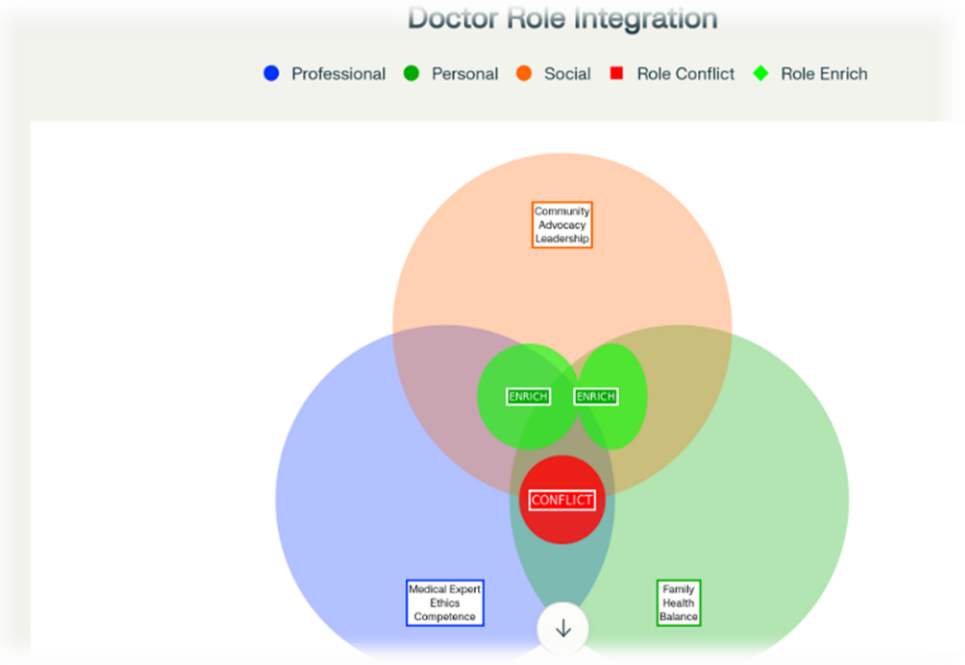
- Role conflict arises when professional obligations impede personal or social responsibilities, increasing stress and resource depletion.
- Role enrichment occurs where skills, emotional intelligence, or support from one role positively influence another—for example, family empathy enhancing patient care.



Conceptual Framework Diagram: Doctors' Work–Life Dynamics in Hospitals

Visualizing Role Intersections

For enhanced clarity, the following Venn diagram vividly illustrates the centrality of role overlaps to doctors' daily life. Each circle represents one of the three main domains: professional (blue), personal (green), and social (orange). Colored intersection areas indicate where roles may conflict (deep red) or enrich one another (vivid green), corresponding to specific shared demands and resources.



Venn Diagram: Overlap of Doctors' Professional, Personal, and Social Roles
This Venn diagram uses:

- Blue for professional roles
- Green for personal roles
- Orange for social roles
- Bold red highlights for areas of role conflict
- Vibrant green shading for zones of role enrichment
- Clear labels showing shared demands and resources in the intersection

This visual clarifies how roles can collide and enrich each other, underpinning the resource dynamics and boundary management discussions in your conceptual framework.
This visual highlights how resource tensions, skill transfer, and emotional spillover can happen simultaneously and helps explain why the effects of role overlaps on wellbeing are so variable and context-dependent.

Boundary Management and Organizational Moderators

The model emphasizes boundary regulation--the tactics physicians use to separate and/or integrate work and personal life roles--as dynamic in moderating the relationship between role conflict/enrichment. Some doctors are segmentors, making firm boundaries around personal wellbeing; others are integrators, mixing it up and risking breakdowns, particularly in cases of digital invasions and shift caprices (Győrffy et al., 2023).

There is a strong influence exerted by the organizational context (represented as moderating layer in the main fig.). Hospitals with strong and supportive leadership, flexible

policies, and psychological safety facilitate doctors' ability to set boundaries and help manage conflict. Contrarily, unsupportive environments worsen daily stressors and the development of burnout (Nagle et al., 2024).

Resource Dynamics: Central Mechanism

We emphasize resource dynamics in our model, and we utilize Conservation of Resources Theory as a theoretical lens. Resource-gain routes—like social support, autonomy, and positive working conditions—facilitate resilience, job satisfaction and quality care. Resource depletion, a function of chronic overload, emotional strain and inadequate support is an indicator for burnout, absenteeism and lower quality of care (Asadullah et al., 2024).

No expanded resource dynamics flowchart (technical reasons) but the above processes are depicted in Figure 1.Role interplay contributes to increase or reduction of resources and boundary management and organizational context act as primary moderators.

Integrating Recent Empirical Realities

Contemporary empirical findings reinforce the need for this dynamic, multi-factor perspective. Doctors face intensifying work demands, rising digitalization, and shifting patient-family expectations (Miryala, 2018; Győrffy et al., 2023). The COVID-19 pandemic has further deepened existing strains, pushing the limits of both role conflict and resource depletion while also highlighting the potential for role enrichment through team solidarity and personal growth. The framework thus accommodates and explains these new complexities, providing a robust tool for both future research and immediate, practical policy guidance.

Implications for Theory and Practice

Theoretical Implications

The current paper presents an important development in the work–life literature by moving beyond static interpretations of balance to a more dynamic and contextual analysis of doctors' work–life dynamics. With the inclusion of Boundary Theory, Conservation of Resources Theory, and Role Theory within an overarching theoretical framework, we contribute a more nuanced view that accounts for dynamic value-free interplay between varying roles on one hand and role resources and organizational factors on the other. This integrative orientation calls for future research to utilise longitudinal and qualitative methods to account for the changing, non-linear qualities of work–life interactions, particularly amongst doctors who have unpredictable workloads and perform emotional labour as part of their professional role. Moreover, it emphasizes organizational context and digital disruptions (hitherto under-examined in previous models) as pivotal moderators which influence doctors' experiences.

The framework also paves the way for more fine-grained constructs on boundary preference and resource exchange that are enriched in theoretical vocabulary in occupational health and HRM. Finally, the refined theory more accurately reflects concepts to what healthcare professionals experience in practice allowing for more precise hypothesis generation and empirical investigations.

Practical Implications

Actionable information is presented that will be of value to hospital administrators, healthcare policy makers, and practitioners support systems for ensuring the wellbeing of doctors and quality patient care. Organizational Culture and Policies: Hospitals need to take a lead on developing supportive cultures that are sensitive to the complex demands of doctors' multiple roles. Flexitime, availability of mental health resources and restrictions on after-hours digital intrusions may help to reduce work–life conflict and resource depletion.

Mandatory Training in Boundary Management: Educating physicians about how to proactively establish and protect their work–life boundaries (e.g., time management training, assertive communication skills, mindfulness training) may help doctors manage competing demands more successfully. Resource Optimization Interventions: Steps to augment the resource gain (e.g., social support network, scheduling autonomy, access to counseling services), are important. On the opposite end, removing some administrative demands may diminish resource burnout and depletion.

Technological Aspects: In the digital era, where the distinction between work and personal life is becoming increasingly obscure due to technology — health systems will need to adopt clear regulations and dedicated infrastructure that would prevent physicians from having an access to their digital medical life during non-business hours.

Personalized Interventions: Acknowledgment of the diversity in physician boundary preferences or interaction experience is not meant for homogenous interventions but personalized supports. Employee assistance programs and peer support groups might be tailored accordingly. Adoption of these operational recommendations may promote resilient healthcare workforces that are able to maintain high-quality care delivery in the presence of mounting pressures and uncertainties.

Limitations and Future Research Directions

Although we provide a comprehensive framework for understanding doctors' work–life dynamics in this conceptual paper, some limitations must be acknowledged.

First, due to the fact that it is a concept paper, it stays at theoretical level and has not been tested empirically in different hospital settings. While it consolidates existing theories and bodies of literature, the direct transferability and generalizability across other specialties, cultural contexts, or health systems need to be systematically explored (Nagle et al., 2024; Sibuea et al., 2024).

Second, the model is specifically physician-centered and may not to be applicable in other health professions as nurses or the allied health professions who have different role patterns and organizational behavior. Future research could also focus on the adaptations or comparators involving different professional groups to extend generalizability (Alameddine et al., 2023).

Third, the model puts an accent on boundary work and resource dynamics, although the operationalization of these notions in practical contexts is difficult. Emerging digital health technologies, especially in a post-pandemic world have ever-changing effects and this presents new dependent and independent variables that will need to be modified inherently (Győrffy et al., 2023).

Third, although the model portrays institutional context as an important moderator, the specific ways in which the above proposed processes and individual-level characteristics interact with organization structures and culture still needs to be empirically unpacked. It is suggested that future work utilize multilevel research designs, with analysis at both team and organization levels.

Future studies should be longitudinal and use mixed-method designs to better understand the temporal and nuanced unfolding of roles, boundaries, and resources in doctors' lives. Experimental interventions of boundary management training, flexibility policies, and technological regulation could offer empirical validation of practical suggestions from the framework. Comparative cross-cultural and specialty-specific studies are required to shed light on contextual variation. Finally, the inclusion of novel constructs such as digital boundary resilience and virtual care workload will be important for refreshing the framework with health innovation.

Conclusion

This paper offers a new and integrated framework to reconceptualize doctors' work–life as interacting within the complex structures of hospitals. Going beyond one-sided balance models, the WOLF allows for a dynamic and flexible structure of work–life interplay as involving a variety of intersecting roles, personal boundary management strategies, resource-related pluses and minuses at work or beyond, and last but not least the significant impact of organizational culture.

By systematically integrating theory and empirical observations, the framework improves theoretical specificity and practicality-optimization, thereby providing an essential basis for future investigation and the design of intervention focused on promoting doctors' well-being and maintaining optimal patient care. Such a conceptual leap is increasingly important at a time when healthcare challenges are growing ever more urgent due to labor shortages, digitalization and changing patient expectations.

In the end, adopting a multiracial and mariapproach to discussing doctors' work–life complexities is critical for creating sustainable health systems that value both provider well-being and patient outcomes. This article urges researchers, healthcare leadership, and policy-makers to devote collective effort toward the operationalization and implementation of this conceptual framework as a means to achieve meaningful progress for the health care workplace.

References

Alameddine, M., et al. 2023. "Work-related Stress and Wellbeing Among Healthcare Workers During the COVID-19 Pandemic." Journal of Healthcare Management 68 (2): 115–130.
Asadullah, M. A., et al. 2024. "Integrating Work and Sleep to Understand Work-Life Balance: A Conservation of Resources Theory Approach." Journal of Occupational Health Psychology 29 (1): 45–60.
Baathe, F., et al. 2019. "The Stretching of Doctors: Professional Fulfillment and Organizational Challenges." Medical Ethics Journal 15 (3): 122–135.
Chauhan, A. 2024. "Conceptualizing Work-Life Integration: A Review and Synthesis." Human Resource Management Review 34 (1): 101–119.
Győrffy, Z., et al. 2023. "Digital Health and Work-Life Boundaries Among Medical Professionals." Health Informatics Journal 29 (3): 230–245.

Miryala, S. 2018. "Work-Life Balance Challenges Among Physicians: A Systematic Review." Healthcare 6 (4): 110.
Nagle, L., et al. 2024. "Organizational and Individual Factors Affecting Doctor Work–Life Dynamics." Health Services Research 59 (1): 305–322.
Sibuea, F., et al. 2024. "Mental Health and Job Satisfaction Among Medical Doctors: The Role of Work–Life Imbalance." International Journal of Occupational Medicine and Environmental Health 37 (1): 45–60.