



OSRA Grant Cycle 5 Public Reports

Project title: Impact of Covid-19 on work-family balance among
physicians in Lebanon

LPI: Eveline Hitti, American University of Beirut

PI: Lina Daouk-Oyry and Hani Tamim

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1. Introduction

The unfolding COVID-19 crisis overwhelmed healthcare systems globally, contributing to additional burdens on healthcare workers, both at the professional and personal levels. COVID-19 and stay at home policies blurred the boundaries between work and personal life, especially among employees with children. This ultimately precipitated disruptions in work-life balance, especially for healthcare workers and physicians who had extended responsibilities both inside and outside home. The impact of COVID-19 pandemic on professional and personal responsibilities was further amplified for physicians shouldering more of the domestic work and parenting work. While remote working options facilitated managing competing responsibilities in some aspects, they also came with their own set of challenges with spillover of professional work into the private/personal space (1). How these dynamics impacted the careers, work-life balance and physician well-being/burnout from a gendered perspective, requires further exploration especially within the Arab world.

2. Objectives and significance

In this context, this study aims to (1) assess how the COVID-19 pandemic influenced work-life balance and, more specifically, how the pandemic affected physicians' working patterns at work and at home, in Lebanon and to (2) explore the impact of COVID-19 pandemic on family responsibilities and wellbeing with specific attention to parenting responsibilities from a gender perspective. This study also aims to (3) examine how the COVID-19 affected their psychological wellbeing and burnout, and (4) discuss how physicians were coping with the new stressors induced by this pandemic in the Lebanese context.

3. Justification

This study aims to assess the impact of COVID-19 lockdown on physicians' careers, work-life balance, resilience and burnout from a gender perspective, in Lebanon. It further aims at outlining the evidence-based supportive policies and practice recommendations. This study attempts to explore a knowledge gap that has yet to be examined in the Arab region.

Due to the pandemic, working methods and work dynamics changed drastically and quickly. Employees were forced to adapt to a new cultural change where their homes turned into their new offices, and professional life spilled over into their homes. At the same time, disruptions in routine schooling and childcare options led to higher demands on parents and more at-home presence of children. Physicians experienced these dynamics in unique ways. In-person work presence remained a requirement for many specialties. Furthermore, exposure to COVID-19 patients at work raised the risk of infection and the potential risk of transmission to family members and loved ones. This study aims to close the knowledge gap on how these different dynamics impacted physician work-life balance and well-being during the pandemic in the Lebanese context. Findings of the study will focus on transforming the outcomes to evidence-based work policies and

regulatory plans that can help maintain physicians' work-life balance and family cohesion in Lebanon, with extrapolation to the Arab world.

4. Methodology

We disseminated a web-based survey through LimeSurvey to all physicians registered in the Lebanese Syndicate of Physicians. At the time of the study, a total of 4,916 emails were obtained from the syndicate of whom 60% work in Lebanon. Data was collected during August and September 2022. A total of 195 participants completed the survey but only 165 physicians were residing in Lebanon at the time of the survey and were thereby included in the study. The survey consisted of 51 questions comprising five domains to assess personal characteristics, job impact, work-family conflict scale, and work-related burnout scale and resilience, from a gendered perspective.

5. Results/findings

A total of 165 physicians were included in the final analysis, with 89 (53.9%) women. A greater percentage of women were married with children and in a non-surgical specialty compared to men (60.7% vs 55.3%, $p=0.46$; 88.8% vs. 71.1%, $p=0.004$). During COVID-19 lockdown, more women reported working part-time compared to pre-COVID (29.2% vs. 18.0%, $p=0.04$), whereas there was no significant difference in employment status for men. While both men and women shifted to more remote work during COVID-19 lockdown and experienced worsening of financial status, there was no statistically significant difference by gender. During COVID-19 lockdown, more women than men reported increased time spent on household tasks (64.0% vs. 36.8%, $p<0.001$). While the majority of both men (57.1%) and women (61.8%) reported increased parenting activities during COVID-19 lockdown, a higher percentage of women reported solely bearing childcare responsibilities during school disruptions (32.7% vs. 2.6%, $p<0.001$). Furthermore, a higher percentage of women reported relying on family during childcare disruptions (34.5% vs. 13.2%, $p<0.001$), compared to men who reported relying more on their spouses (52.6% vs. 9.1% $p<0.001$). Multivariate linear regression of Work-to-Family, Family-to-work conflicts and resilience did not show any statistically significant difference by gender, nor was there a gendered difference in burnout scores. Physician burnout was highest in areas of emotional exhaustion followed by personal accomplishment.

6. Impacts (societal impacts, and/or legal impacts and/or policy impacts)

Understanding the impact of COVID-19 pandemic on the careers of physicians, work-family dynamics, physician well-being and resilience from a gendered perspective can help develop policies that address the challenges faced by this workforce during the pandemic. Our results have the following research/policy implications across the different domains explored:

Career of Physicians

COVID-19 impacted the careers of women differently from men, with more women shifting to part-time work than men physicians. At the same time, household responsibilities increased for

women physicians more than men physicians, as did childcare responsibilities during disruptions of childcare/schooling.

1. Addressing “domestic tethers” – the cultural expectations around childcare/household responsibilities – and the gendered differences in shouldering these responsibilities is key to closing persistent gender gaps in medicine that seem to have been exacerbated by the pandemic. Initiating training programs wherein healthcare administrators are educated about the disproportionate level of domestic work and its impact on the careers of women especially in times of crisis that disrupt the traditional care systems is imperative to building more equitable employment experiences in healthcare and retaining women physicians in the workforce during such crises.
2. Organizational investment in understanding the carework burden of their physicians is key to ensuring physician retention, especially in times of significant disruptions to childcare like pandemics.
3. Proactive human resources policies that provide women with pathways for retention and upward mobility opportunities especially in times when increasing parental/household responsibilities may compete heavily with professional responsibilities.

Work-Family Conflicts

Our study found lower work-to-family conflict ($\beta = -0,87$; 95%CI, -3.37 to 1.62; $p = 0.49$) and greater family-to-work conflict ($\beta = 0.86$; 95%CI, -1.18 to 2.91; $p = 0.41$) in women physicians compared with men. This is in contrast to Western studies that found women physicians experienced significantly greater work-to-family conflict ($\beta = 2.79$; 95%CI, 1.00 to 4.59; $p = 0.03$), family-to-work conflict ($\beta = 3.09$; 95%CI, 1.18 to 4.99; $p = 0.02$) compared with men (2). This suggests that the impact of the pandemic on work-family dynamics may vary between different populations.

Research implications:

1. Exploring these areas is important to understanding the unique aspect of the physician experience in Lebanon that contributed to the cross-cultural differences.

Resilience

In our study, we did not find significant gender differences in resilience. This is in contrast to other studies that found lower resilience levels among single women healthcare workers and women doctors respectively, compared with their male coworkers (3, 4). Furthermore, we found that married physicians and those with children reported higher resilience scores compared to single physicians in general, in line with other studies (4).

Research implications:

1. Understanding what is uniquely different amongst our population/setting that contributed to our findings is important, from a cross-cultural comparative perspective.

2. While one would expect that having children comes with additional burdens that may impact resilience negatively, our study demonstrated the contrary. The relationship between resilience, marriage and having children is an area that needs further exploration.

Burnout

While we did not find any gendered differences in burnout, there are some interesting cross-cultural differences in burnout amongst our physician group and burnout rates amongst physicians in other settings during the pandemic. Our study revealed a notably higher prevalence of low personal accomplishment (55.8%) compared to findings from Canada and China (22% and 20.1% respectively) (5, 6). Low personal accomplishment reflects higher burnout for this indicator. This suggests that a significant proportion of physicians in our population may be experiencing reduced job satisfaction and a sense of inefficacy, which are critical components of burnout as it related to personal accomplishment. When it came to burnout related to depersonalization and emotional exhaustion, rates in our study were comparable to those found in other studies.

1. Since our study found a higher prevalence of low personal accomplishment, implementing interventions that aim to enhance physicians' sense of achievement and recognition in their professional roles could be beneficial.

7. Benefits to Arab countries in terms of issues related to the Arab Family

The study aims to provide recommendations for policymakers and healthcare professionals to maintain work-life balance, wellbeing of physicians and physician workforce retention, especially during the COVID-19 pandemic by understanding the specific challenges faced by physicians in the Lebanese setting from a gendered perspective.

In addition to the global benefits of understanding the impact of COVID-19 on physicians' work-family dynamics, our research has specific implications for Arab countries. The Arab family structure is characterized by strong intergenerational bonds and a culture that emphasizes the importance of family support and caregiving. In this context, the pandemic may have had unique effects on the family and work life of physicians in Arab countries compared to non-Arab countries.

In fact, our study did find some important cross-cultural differences. Notably, that in our context women experienced lower work-to-family and a greater family-to-work conflict compared to men. This is in contrast to a US based study where women reported higher work-to-family conflict (2). Furthermore, we did not find gendered differences in resilience or burnout in physicians during the pandemic, in Lebanon. This too is in contrast to studies done in other cultural contexts that found higher burnout and lower resilience amongst women physicians. Exploring these areas further from a cultural aspect is important to understanding what variables contribute to our findings in the Lebanese/Arab setting.

Based on our findings which contribute in further improvement regarding physician workforce retention especially of women during times of crisis/social disruption, the team will start planning the two-month campaign that we intend to launch at the end of the project. Specifically, we will design our online strategy under three categories: Educate, Inspire, and Sell. We intend to create posts that reflect our findings and educate the general audience about the impact of COVID-19 on physicians' wellbeing and burnout. We will also design posts that inspire people with solutions to this problem. In addition, we will design other posts to highlight the importance of this issue to the sustainability of the healthcare sector as a whole. The resources and framework will be shared with physicians and policymakers locally, regionally, and internationally. Policy and decision-makers will initiate a dialogue between different stakeholders and try to come up with a consensus on policy and practice recommendations that could help Arab families on the short run. These will also be shared regionally and internationally through peer-reviewed publications.

8. Conclusion

Our study highlights some gendered differences in how physicians experienced COVID-19 lockdown. These findings provide crucial insights into the impact of the pandemic on the jobs, work-life balance and wellbeing among physicians, with a focus on gender disparities, in Lebanon. The study emphasizes the importance of developing supportive policies and interventions to alleviate the burden on physicians, promote work-life balance, and maintain cohesion of the Arab family during crisis situations. Such measures are pivotal to fostering a resilient healthcare workforce and ensuring effective responses to future public health challenges as well as physician workforce retention.

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