

A Qualitative Exploration of Work-Life Conflict in Faculty Physicians

By

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ABSTRACT

A QUALITATIVE EXPLORATION OF WORK-LIFE CONFLICT IN FACULTY PHYSICIANS

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This thesis is an exploratory investigation of work-life conflict in faculty physicians who are at the top of their field. Work-life conflict refers to the conflict or interference between work and non-work roles. The current study draws on theories and previous literature, such as role theory, inter-role conflict, intra-role conflict, role salience, and spillover, to explore how faculty physicians' work lives interfere with their home lives, and how faculty physicians' home lives interfere with their work lives. The Job Demands-Resources Model provides a framework to explore how demands and resources from the work and home domains can influence the experience of work-life conflict. 30 faculty pediatric physicians from a top research hospital were interviewed, with their responses analyzed using qualitative content analysis. Results indicate that these faculty physicians experience work-life conflict, often influenced by many work demands conflicting with home demands. However, they also have many work resources that can act as a buffer against the negative effects of their demands. Further, as a result of multiple roles within their work domain, they experience intra-role conflict, leading to work-life conflict. This work-life conflict had negative consequences for their health and well-being; in particular, physicians' sleep and self-care suffered greatly. Faculty physicians of this sample engage in various strategies to manage their work-life conflict. The implications for research and practice around work-life conflict in faculty physicians are discussed.

DEDICATION

To my parents, Athena Leung-Lee and Charles Lee, and my brothers, Michael, Adrian, and Indy Lee. Thank you for being my endless sources of support and love. I could live a thousand lifetimes and never deserve how wonderful you are.

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Introduction

Every day, Canadians attempt to balance their work and home lives. However, it is often the case that people cannot achieve this balance, and in fact, people's work and home lives interfere with each other. Statistics Canada's General Social Survey showed that dissatisfaction with work-life balance rose from 16.7% in 1991 to 20% in 2001 for Canadian workers (Human Solutions, 2006). A report from the Government of Canada revealed that one in four Canadians, employed by large organizations, struggle with work-life conflict, specifically finding that their work interferes with their ability to participate in activities or fulfill responsibilities at home (Duxbury & Higgins, 2003). Thus far, research has found that work-life conflict can occur for individuals at many different levels of organizations, from part-time workers to shift-workers to managers (e.g., Baruch, 2000; van Amelsvoort, Jansen, Swaen, van den Brandt, & Kant, 2004). Managers and working professionals are important populations to study, as they often experience high work-life conflict (Burke, 1988; Duxbury & Higgins, 2003); however, research typically does not include those who are at the top echelons of their organizations or careers (e.g., Baruch, 2000; van Amelsvoort, Jansen, Swaen, van den Brandt, & Kant, 2004). One may think that these individuals would experience even higher levels of work-life conflict than typical managers, thus, the current study will examine what work-life conflict looks like for a select group of medical professionals who are at the top of their field.

More specifically, the current study will examine faculty physicians at a top teaching hospital in Canada. These individuals are not only professionals who are at the top of their game, they are "triple threats," that is, they juggle three roles in their jobs: teaching, practice, and research. As evinced by their workplace's annual engagement survey, these faculty physicians are experiencing high levels of work-life conflict, despite also experiencing high levels of work

engagement. Given this finding, and because current research cannot explain why this may be the case, the current study explores these professionals' experience of work-life conflict using qualitative methodology. This methodology provides a rich data set with which to explore faculty physicians' work-life conflict in an in-depth and open manner.

The current study's research questions explore: how faculty physicians' work lives interfere with their home lives, how faculty physicians' home lives interfere with their work lives, and how demands (i.e., stressors) and resources (e.g., supports) from the work and home domains influence the experience of work-family conflict. Given the high level of engagement that this population experiences, it is possible that there are positive consequences of participating in multiple roles at work, but also, given the level of demands that comes with being a "triple threat," negative consequences may also be present. In response to these challenges, this study will also investigate the strategies that highly successful faculty physicians use to manage their work-life conflict, for example, by decreasing their work hours to be able to spend more time at home (Røvik, Tyssen, Hem, Gude, Ekeberg, Moum, & Vaglum, 2007). Lastly, the possible consequences for faculty physicians' well-being as a result of experiencing work-life conflict will be explored.

The following sections will provide context for the current study. First, I will introduce the phenomenon of work-life conflict, including the different types of work-life conflict, and the potential outcomes associated with work and family domains. Second, I will review theories that provide a framework for understanding work-life conflict and that are most relevant for my sample, for example, inter-role conflict, role salience, and spillover theory. Third, the Job Demands-Resources Model will be introduced, as it is the lens through which I am exploring work-family conflict; this model considers how perceptions of greater demands and fewer

resources predict experiences of more work-family conflict (Voydanoff, 2004). Last, the current research approach will be introduced, including the faculty physician participants and the research hospital, providing context for the study's research questions.

Work-Life Conflict

For the purpose of this study, work-life conflict will be used as an umbrella term to refer to how work and family roles or the work and non-work/home roles can conflict or interfere with each other. The term work-life conflict, can also be referred to as work-family conflict in the literature (Sanz-Vergel, Demerouti, Bakker, & Moreno-Jimenez, 2011). However, in recognition that people often have more to their lives outside of work than solely family-related roles, I will use the term work-life conflict in my research, to be inclusive of all individuals and to encompass all non-work-related aspects of life.

Work-family conflict has been defined as conflict that arises when pressures or demands from people's work and family (life/non-work) roles are incompatible in some way; this results in a struggle (Greenhaus & Beutell, 1985). More specifically, involvement in one role, such as the work role, is made more difficult due to involvement in the other role, such as the family or non-work role. Early researchers examined the conflict between work and family as a unidimensional construct (e.g., Kopelman, Greenhaus, & Connolly, 1983), ignoring the bidirectional nature of work-family conflict in which the family domain could affect the work domain and vice versa. However, researchers have since explored the multidimensional nature of work-family conflict (e.g., Frone, 2003; Frone, Russell, & Cooper, 1992): work-interfering-with-family (WIF) and family-interfering-with-work conflict (FIW) (Gutek, Searle, & Klepa, 1991). These dimensions have also been referred to as work-to-home interference (WHI) and home-to-work interference (HWI), respectively. To keep in line with the inclusive nature of work-life

conflict, we will be using work-to-home interference (WHI) and home-to-work interference (HWI) to refer to the dimensions, rather than work-interfering-with-family (WIF) and family-interfering-with-work conflict (FIW). An example of work-to-home interference (WHI) is an employee working late who is subsequently unable to put their child to bed that night. An example of home-to-work interference (HWI) is an employee missing work if they need to take their child to the doctor. Research has found that work-to-home interference is experienced more often than home-to-work interference (Carlson & Frone, 2003; Frone, Russell, & Cooper, 1992).

This complex struggle of work-life conflict can cause negative repercussions on people's well-being, including mental and physical health (Allen, Herst, Bruck, & Sutton, 2000). Extensive reviews of literature (e.g., Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005) have looked at the relationship between work-life conflict and work-related outcomes; meta-analyses (e.g., Allen et al., 2000; Kossek & Ozeki, 1998; Kossek & Ozeki, 1999) have also looked at this relationship and have provided correlational evidence. Work-life conflict has been found to have weak inverse relationships with job satisfaction ($r = -.27$, $r = -.23$; Allen et al., 2000; Kossek & Ozeki, 1998) and organizational commitment ($\rho = -.27$, $r = -.18$; Allen et al., 2000; Kossek & Ozeki, 1999); moderate to weak positive relationships with turnover intentions ($\rho = .54$, $r = .29$; Allen et al., 2000; Kossek & Ozeki, 1999), and moderate positive relationships with job burnout ($\rho = .33$, $r = .40$; Allen et al., 2000; Kossek & Ozeki, 1999), and job stress ($r = .41$; Allen et al., 2000).

While meta-analyses demonstrate that work-life conflict is related to many aspects of the work domain, one might wonder about causality in these relationships. Longitudinal research on the negative effects of work-life conflict on one's work has found that initial measures of work-family conflict were associated with job distress five months later ($\beta = .26$); further, job distress

increased intentions to turnover ($\beta = .51$) (Grandey & Cropanzano, 1999). Another longitudinal study found that work-interfering-with-family conflict predicted women's job satisfaction after one year ($r = -.23$) (Grandey, Cordeiro, & Crouter, 2005). Thus, with longitudinal research, we can be more certain that work-life conflict actually causes job distress and decreases job satisfaction (Grandey et al., 2005; Grandey & Cropanzano, 1999).

In addition to work-life conflict's effects on work-related outcomes, two meta-analyses (Allen et al., 2000; Kossek & Ozeki, 1998) and a review of the literature (Eby et al., 2005) have shown the effects of work-life conflict on non-work-related outcomes. Meta-analyses reported findings that work-life conflict has a weak inverse relationship with life satisfaction ($r = -.30$, $r = -.28$; Allen et al., 2000; Kossek & Ozeki, 1998), and family satisfaction ($r = -.17$). Work-life conflict is also weakly related to somatic complaints ($r = .30$), and family-related stress ($r = .30$) (Allen et al., 2000). Further, work-life conflict is moderately related to increased depression ($r = .34$; Allen et al., 2000)

Longitudinal research has also found that work-life conflict can have long-lasting detrimental effects on the personal or non-work domain. In a study of work-family conflict, initial measures of work-family conflict were found to be associated with job distress ($\beta = .26$), and that job distress was further associated with life distress ($\beta = .56$) and poor physical health ($\beta = .42$) (Grandey & Cropanzano, 1999). Lastly, researchers have also found that family-interfering-with-work conflict is longitudinally predictive of higher levels of depression ($r = .21$) and poor physical health ($r = .15$) (Frone, Russell, & Cooper, 1997). Work-interfering-with-family conflict has been found to have a longitudinal relationship with increased levels of heavy alcohol consumption ($r = .12$) (Frone et al., 1997). Thus, longitudinal findings provide more certainty to the causal effects of work-life conflict on depleted physical health, increased

depression, and alcohol consumption (Frone et al., 1997; Grandey & Cropanzano, 1999). To understand the theory behind work-life conflict, we turn to role theory, inter-role conflict, role salience, and intra-role conflict, to further explain this phenomenon.

Work-Life Facilitation

Though the focus of the current study is predominantly on the experience of work-life conflict for faculty physicians at a top-tier research institute, it is important to acknowledge that the work-home interface also has a positive aspect. Work-life facilitation is the positive interaction between work and home domains in which resources from one role enhance or facilitate participation in another role (Voydanoff, 2008). Carlson and Grzywacz (2008) explained work-life facilitation as the extent to which participation in one domain (e.g., work or home) contributes to growth in another domain (e.g., home or work). Similar to work-life conflict, work-life facilitation can also operate from work to home or home to work, wherein work can facilitate the home domain and the home domain can facilitate the work domain (Voydanoff, 2008).

Through work-life facilitation, individuals can acquire gains in four main categories: developmental gains, affective gains, capital gains, and/or efficiency gains (Carlson, Kacmar, Wayne, & Grzywacz, 2006). Developmental gains are new skills, information, values, or new or different perspectives; affective gains are changes in one's mood or emotions; capital gains are acquisitions of assets (e.g., financial, social); and efficiency gains are improvements in focus or attention due to participating in multiple roles (Carlson et al., 2006). Wayne, Musisca, and Fleeson (2004) found that work-life facilitation, specifically, family-to-work facilitation, can provide a buffer against work-life conflict's negative effects on individuals' mental health.

Theoretical Background

Role Theory

Role theory is used to explain work-life conflict; this theory suggests that participation in multiple roles creates more stress; this stress leads to strain (Katz & Kahn, 1978). In general, individuals occupy a number of roles that are made up of context-specific expected behaviours; the roles that people occupy can conflict with each other (Biddle, 1979; Katz & Kahn, 1978). This theory is a higher-order theory that predates, as well as encompasses later theories that are more relevant to the current study, such as inter-role conflict, spillover, role salience, role overload, and intra-role conflict. Therefore, role theory explains how holding roles in the work domain and home domain can lead to work-life conflict.

Inter-role Conflict

Inter-role conflict, or conflict between roles, occurs when a person's roles, including the expectations and behaviours associated with them, are incompatible in some way (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). As individuals juggle the conflicting expectations associated with both their home/life domain (e.g., caregiving for a child) and their work domain (e.g., delivering a product by a deadline), this theory describes work-life conflict well.

It is important to note that work-life conflict varies across individuals and that the phenomenon itself can take different forms. The main types of work-life conflict are behaviour-based conflict, strain-based conflict, and time-based conflict (Greenhaus & Beutell, 1985). Behaviour-based conflict occurs when the behaviour in one role is incompatible with, or makes the ability to operate in, another role more difficult. Conflict could arise if someone cannot adjust their behaviour from the work role to the home role. As one example, the behaviours associated with being a police officer, such as assertiveness and sternness, may not be the best behaviours to carry over into the home role, which instead may require warmth and vulnerability. Strain-

based conflict is when strain from one role makes participation in another role more difficult. For example, if there is a lack of family support, this could create strain that could contribute to work-family conflict. Lastly, time-based conflict occurs when work and family roles compete for one's time, such as, when working longer hours at work prevents someone from spending more time with their family (Greenhaus & Beutell, 1985).

Given the many expectations and demands associated with the roles of work and home/life, incompatibility and subsequent conflict between the roles is likely to arise. Netemeyer, Boles, and McMurrian (1996) outlined both work-interfering-with-family and family-interfering-with-work conflict as forms of inter-role conflict wherein aspects of one role interfere with being able to perform in the other. Herman and Gyllstrom (1977) suggested that inter-role conflict may be a function of the number of social roles that a person occupies; for instance, being a spouse and being an employee are social roles that may conflict with each other in various ways. Individuals may face more conflict as the number of social roles they engage in increases. While role theory explains how inter-role conflict can also be used to explain work-life conflict, it is not clear what other factors may be involved in this process. Deeper insight into this phenomenon can be found by drawing on other theories, such as spillover, role salience, role overload, and intra-role conflict, to better understand the interaction between work and life roles and their contribution to work-life conflict.

Work-Family Guilt

While there are a number of consequences of work-life conflict, including various work-related and personal consequences, another is work-family guilt. Though multiple definitions of work-family guilt exist, it is often described as a negative feeling stemming from having to choose between work and family (Conlin, 2000). It is also further defined as the negative feeling

that arises when one's desired level of participation in a role is less than one's actual level of participation (Hochwarter, Perrewé, Meurs, & Kacmar, 2007). This construct has been under-researched as compared to other outcomes of work-life conflict. However, previous research has found that inter-role conflict is associated with individuals feeling guilty; this in turn creates negative consequences in their work and home domains (McElwain & Korabik, 2005). Research by McElwain (2008) indicates that guilt is likely to be experienced regarding childcare aspects of the home role (e.g., not spending enough time with children), and further, that physical guilt (i.e., the inability to meet time demands from work and home domains) is the most common form of work-family guilt.

Spillover

Spillover theory has also been used to describe how work-life conflict can occur. This theory explains that work and home/life roles and the boundaries between them are “permeable,” and experiences from the work or home domains can seep into the other domain. Spillover can manifest itself in positive or negative ways. For example, dealing with conflict at work could cause someone to be in a bad mood, which could negatively spillover to the home domain (Butler, Grzywacz, Bass, & Linney, 2005).

Negative spillover can be described as a mechanism that creates a link between stress or strain from one domain, such as work, allowing it to ‘spillover’ into another domain, such as life or non-work (Edwards & Rothbard, 2000). For instance, facing a tight deadline at work may “spillover” through acting less patient or friendly with family. Edwards and Rothbard (2000) found support for spillover as a linking mechanism; their research shows that job stress and work-interfering-with-family conflict are positively related and that family stress and family-interfering-with-work conflict are positively related. Thus, the stress from one domain is spilling

over and negatively affecting the other domain. Further, negative spillover occurs when problems and negative experiences in the work domain preoccupy and thereby drain a person, thus making their participation in the home or family domain more difficult (Duxbury & Higgins, 1991). Despite the potential for spillover to have negative effects, positive spillover is also possible. Positive spillover can occur when the linking mechanism between domains creates positive effects in the form of affect, attitudes, behaviours, values, or skills (Hanson, Hammer, & Colton, 2006). For example, physicians might foster empathy through their work role and through their interaction with patients; this skill might positively spillover into their home domain, wherein perhaps they are better able to empathize with their partners.

Recent research has also examined a related concept called “role-blurring,” more specifically, work-family role blurring. Similar to spillover, work-family role blurring relates to the permeability of the barrier between work and family (or non-work) domains, and describes the phenomenon wherein work-related and family-related thoughts and behaviours are integrated (Desrochers, Hilton, & Larwood, 2005). Further, role blurring occurs when it is difficult for an employee to distinguish between work and family roles, especially when the roles are highly integrated, for example, employees who engage in telework may have to tend to young children while also completing projects (Desrochers & Sargent, 2004). This phenomenon applies to situations beyond telework; the barriers between work and family domains may also “blur” for individuals who use technology to stay connected to work even when they’re at home or are readily available for contact at home for work-related purposes, when individuals engage in family and work activities at the same time, and when employees are unable to disengage from work when they’re at home (Glavin & Schieman, 2012).

Researchers (e.g., Schieman et al., 2009; Schieman & Young, 2015) have further

clarified that employees with higher resources, for example, more decision making ability, skills, authority, and higher salary, are facing more work-family conflict and role-blurring. Thus, these issues should be particularly relevant to highly successful physicians who have multiple roles within and beyond their primary role as a clinician.

Role Salience

The conflict and struggle between work and family felt by individuals exists because there is an aspect of importance ascribed to those domains. Role salience refers to the psychological or subjective importance of a given role to an individual (Thoits, 1991). Thus, the more salient or important a particular role is, the more time, energy (Burke & Reitzes, 1991; Lobel, 1991), and emotion (Stryker & Serpe, 1994) they invest into it. The salience or importance that a person places on their identities or roles can create felt pressure from that role for individuals. Greenhaus and Beutell (1985) discussed how this can increase work-family conflict, and other researchers have found that role salience is positively associated with work-life conflict (Carlson & Kacmar, 2000; Frone, Russell, & Cooper, 1992). For example, one's work role may be a source for more pressure if it is highly valued or if high salience is ascribed to it. If one role is highly salient to a person, it can create inter-role conflict if more importance, time, and attention is paid to that role than to other roles that also require these faculties. Given the sample of the current study, it might be reasonable to presume that faculty physicians at a top research hospital ascribe high salience to their work role in addition to their home role; thus, these individuals are likely to experience work-life conflict, as a result of their high work role salience.

In addition to having an influence on work-life conflict, role salience can also impact an individual's choices with regards to managing the experience of work-life conflict. For example,

individuals may focus on their work role more so than their home or family role if their work role is more salient to them (Shelton, 2006). In addition, researchers have proposed that, when conflict occurs between two roles (i.e., work and family) that are both highly salient, stress occurs (Noor, 2004). The interference between work and family roles can create inter-role conflict; interestingly, conflict can also arise when one's roles within the work domain or within the home domain conflict.

Intra-role Conflict

Intra-role conflict, also called within-role conflict, occurs within a role and is affected by the organization's structure and the responsibilities that are associated with that role (Herman & Gyllstrom, 1977; Kahn et al., 1964). Intra-role conflict can occur in different domains. For example, it can occur in the work domain, also called work-role conflict, and the family domain, also called family-role conflict. For instance, a university professor is a work-role, that contains other roles that may conflict within it, such as the roles of instructor, researcher, advisor, and administrator. As an example, these roles may conflict if the professor has a large teaching load; thus, research, administrative, and advisory roles may have less time and effort devoted to them. Role theory has been used to explain that intra-role conflict will produce an "undesirable state" (Grandey & Cropanzano, 1999); therefore, according to role theory, this conflict may produce an 'undesirable state' for the professor.

Though there has been research on the topic of intra-role conflict, it has been under-researched with respect to work-family conflict and is far less prevalent in the work-family literature, as much of the focus still surrounds inter-role conflict (Schaufeli, Bakker, van der Heijden, & Prins, 2009b). Since the 1990s, studies taking intra-role conflict into consideration have been conducted. Intra-role conflict is positively related to work-family conflict ($\beta = .72$)

(Boles, Johnston, & Hair, 1997). More specifically, intra-role conflict in the work domain is a predictor of work-interfering-with-family conflict ($\beta = .33$) and intra-role conflict in the family domain is a predictor of family-interfering-with-work conflict ($\beta = .21$) (Michel, Mitchelson, Kotrba, Lebreton, & Baltes, 2009). Additionally, intra-role conflict in the work domain is an antecedent of occupational stress (Kahn & Byosiere, 1992). Thus, intra-role conflict plays a part in work-family conflict. The current study explores how and if the experience of intra-role conflict contributes to work-life conflict for faculty physicians.

Job Demands-Resources Model

There are a number of ways of conceptualizing the pressures and benefits of the work and home domains; however, the Job Demands-Resources Model provides a solid framework through which to examine work-life conflict, as it considers how stress can mediate the relationship between work-life conflict and its consequences. Further, the Job Demands-Resources model is a comprehensive model of stress, taking into account how workplace demands and resources can contribute to stress, and it builds upon previous theories of work stress, such as the transactional model, conservation of resources model, and job demands-control model (Demerouti & Bakker, 2011). By understanding this model and its relation to work-life conflict, researchers can uncover how to elude work-life conflict's detrimental stress-related outcomes such as psychological strain, somatic complaints, depression, substance abuse, and burnout (Allen et al., 2000).

The original concept of the Job Demands-Resources Model explains how job demands and job resources can lead to certain work-related outcomes, such as burnout and work engagement (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Schaufeli, Bakker, & Van Rhenen, 2009a). Burnout is described as feelings of exhaustion and cynicism, whereas work

engagement is a work-related state characterized by vigor, dedication, and absorption (Bakker & Schaufeli, 2008; Maslach, Schaufeli, & Leiter, 2001). Vigor involves the drive to invest effort in one's work, as well as energy and resilience at work. Dedication involves the sense of significance, pride and challenge, and absorption involves concentration and embeddedness in one's work (Schaufeli, Salanova, González-Romá, & Bakker, 2002).

Job demands are aspects of one's work that require sustained mental and/or physical effort and are often associated with psychological or physiological costs (Demerouti et al., 2001). While demands are not necessarily negative - for example, there can be enjoyable and unenjoyable tasks - when there is an accumulation of too many demands or when the demands require great effort, burnout may result (Schaufeli et al., 2009a). Examples of job demands could be number of hours worked and irregular work schedules (Voydanoff, 2005).

Alternatively, job resources are the aspects of the work domain that help to manage demands, help achieve goals, or stimulate personal growth (Demerouti et al., 2001). Resources are important to the work-family interface, as they can be used to offset demands. Additionally, increased job resources can lead to increased work engagement (Schaufeli et al., 2009a). Examples of job resources could be supervisor and coworker support (Voydanoff, 2005). In addition, the Job Demands-Resources Model takes into consideration the specific demands of the particular organization that is being examined (Schaufeli et al., 2009a).

More recently, the Job Demands-Resources Model's scope has been broadened. Researchers have expanded the definitions of demands and resources to be applicable in other contexts, for example, the family context (Voydanoff, 2005). Family demands are the aspects of the home domain that require sustained mental and/or physical effort. Examples of family demands could be caring for young children and performing household chores (Voydanoff,

2005). Family resources are the aspects of the home domain that help to manage demands, achieve goals, or stimulate personal growth (Demerouti et al., 2001). Examples of family resources could be spousal support, or having child-care helpers and house-care helpers (Voydanoff, 2005).

The Job Demands-Resources Model has been used in previous research as a lens through which to view the experience of work-family conflict, as perceptions of greater demands and fewer resources predict experiences of more work-family conflict (Voydanoff, 2004). The experience of demands and resources has been studied in relation to work-interfering-with-family conflict as well as in relation to family-interfering-with-work-conflict. Byron (2005) found that more work demands, such as work hours, and less work resources, such as flexible schedules, are related to more work-interfering-with-family conflict. Additionally, it was found that more family demands, such as number of children, was associated with more family-interfering-with-work conflict (Byron, 2005). For example, family demands, such as having dependent children have been found to be positively associated with work-interfering-with-family conflict, as well as family-interfering-with-work conflict in a sample of Taiwanese individuals (Lu, Kao, Chang, Wu, & Cooper, 2008). In addition, stressful work demands have been found to be related to work-life conflict (Parasuraman, Greenhaus, & Granrose, 1992; Parasuraman, Purohit, Godshalk, & Beutell, 1996).

The role of demands and resources is important in the context of the work-family interface. While more demands and less resources can result in negative outcomes such as burnout, less demands and more resources can result in a positive work-related state: engagement. The role of job resources can influence work engagement, as job resources may increase motivation at work, and this may lead to positive work outcomes such as work

engagement and improved performance (Bakker & Demerouti, 2008; Schaufeli, & Bakker, 2004). This relationship has been called a “gain spiral;” in which high levels of resources and engagement can mutually benefit each other to produce greater levels of these benefits (Salanova, Schaufeli, Xanthopoulou, & Bakker, 2010).

In addition, there is also a cross-domain process in which engagement in one role, for example the work role, can lead to positive emotions, which can lead to engagement in another role, for example, the family role (Rothbard, 2001). For example, a study found that men who are satisfied with their jobs are less likely to bring their troubles home with them (Kemper & Reichler, 1976). Further, this positive state of mind makes them more receptive to their family’s needs. This process is similar to work-family enrichment, as it has been defined in the literature. It is described as the extent to which experiences from one role either improve performance or enhance the quality of life in another role” (Greenhaus & Powell, 2006). Despite the “gain spiral” that can occur to further bolster levels of resources and engagement, this phenomenon may not be sufficient to manage work-life conflict. Thus, individuals may look to strategies to reduce work-life conflict and/or its negative repercussions.

Strategies to Manage Work-Life Conflict

Individuals who experience work-life conflict will often engage in strategies in attempts to reduce its negative effects or to reduce work-life conflict itself; for example, by reducing work hours to attend to their family demands (Røvik et al., 2007). Research has found that women, more so than men, are likely to place limits on their work roles (Becker & Moen, 1999). This might be done by engaging in “mommy tracking,” wherein women make compromises in their work role in favour of their home or family role; for example, by deciding to take a less time-intensive position at work in order to spend more time with their family (Cummins, 2012). This

begs the question of, are there gender differences with respect to work-life conflict? While studies are mixed, most studies show that women experience more work-life conflict than men, as women spend more time on household or childcare activities than their male counterparts (e.g., Cooper, Dewe, & O’Driscoll, 2001; Frone et al., 1992; Misra, Hickey, Lundquist, & Templer, 2012). Thus, women have a double workload – at work and at home – resulting in experiencing work-life conflict (Ahmad, 2010). Despite these findings, other research suggests that men report more work-life conflict than women (e.g., Parasuraman & Simmers, 2001), while other research has found no gender differences (e.g., Eagle, Miles, & Icenogle, 1997). Thus, findings are inconsistent with respect to gender differences in experiences of work-life conflict.

While some strategies, such as limiting work hours or engaging in “mommy tracking,” are used to limit or reduce the number of demands, other strategies can be used to bolster resources. According to the Job Demands-Resources model, lessening demands and increasing resources can help lessen resulting stress from work-life conflict. Support from sources such as spouses, friends, colleagues, and supervisors, are important resources that provide buffers to work-life conflict. Specifically, spousal support lessens work-life conflict, while colleague support buffers against stress that can feed into work-life conflict (Røvik et al., 2007). Further, supervisor support has also been found to lessen work-life conflict, with supervisor support that promotes work-life integration having stronger effects on lessening work-life conflict than general supervisor support (Kossek, Pichler, Bidner, & Hammer, 2011). This support can manifest itself in multiple ways and can be instrumental or emotional in nature.

Instrumental support involves lessening demands or duties from an individual, while emotional support involves providing encouragement, understanding, and empathy for an individual (Lapierre & Allen, 2006). An example of spousal support can come in the form of

putting one's partner's career before your own, staying home to attend to household and childcare responsibilities while one's partner is in the workforce, or sharing childcare duties. Examples of coworker support can involve covering shifts (instrumental support), or listening to a coworker's stresses and being a metaphorical shoulder to lean on (emotional support). Utilizing instrumental and/or emotional support are coping strategies that one often uses when attempting to manage work-life conflict.

Individuals may also engage in other strategies, such as problem-focused coping and emotion-focused coping to manage their work-life conflict (Folkman & Lazarus, 1980). Problem-focused coping refers to strategies that are employed to solve a problem or alter the source of the problem, such as reducing or setting limits on work hours. Emotion-focused coping refers to strategies that are used to reduce the distress that is created by the issue, for example, relying on emotional social support from friends (Folkman & Lazarus, 1980). It is likely that people engage in different strategies depending on the situation (Folkman & Lazarus, 1985). Thus, the current study explores the most salient strategies that faculty physicians employ to manage their work-life conflict

In addition, the strategies that people engage in to manage their experience of work-life conflict might depend on their organization's policies, resources, and culture, as well as their individual preferences and habits; consequently, there could be many different strategies that are effective to manage this conflict. To date, much of the research has been conducted on the average worker or on individuals in various job roles; however, it has been under-researched in individuals who are at the top of their fields, such as faculty physicians at a top research hospital. Further, these faculty physicians are highly educated, and have significant financial resources with high socio-economic status as a result of their work.

Physicians and Hospital Culture

One might wonder how and why faculty physicians are such a unique population. These individuals' unique characteristics can stem from a number of sources: their identities and the salience they ascribe to them, their significant and numerous work demands, and their organization's culture and climate. Faculty physicians' identities, as a clinician, educator, and researcher, stem from a number of sources, including why they chose to enter medicine, the salience they place on their career, and their commitment to the organization that they work for. These roles or identities may be salient because they provide individuals with meaning, purpose, and/or self-worth (Noor, 2004).

For physicians, their identity as a physician may be salient because the role fulfills their needs, aspirations and desires for practicing medicine (Heikkilä et al., 2015). Primary motives for individuals to pursue medicine include: an interest in people, a good salary, a prestigious profession, and vocation. Vocation and a wide range of professional opportunities were found to predict later job satisfaction in medical practice (Heikkilä et al., 2015). Further, intellectual stimulation emerged as a dominant reason for why physicians choose a career in academic medicine in a review of the literature (Borges, Navarro, Grover, & Hoban, 2010). While the "physician identity" may begin in medical school, where physicians learn how to practice medicine and become doctors, it continues when physicians enter the workforce and become socialized into their professional role (Quinn, 2011). Thus, even when physicians rise through the leadership ranks and adopt roles such as director of a department, many physicians will still identify with their primary professional identity of "physician" (Montgomery, 2001). The physician role is highly salient, and can outweigh other roles that may compete with it.

Physicians are also a unique population as they face many demands at work, such as high

emotional, mental, and organizational demands (Schaufeli et al., 2009b). Research by Stryker and Serpe (1994) found that individuals who have highly salient roles will devote more time and emotion in that role. This could account for why physicians have uncommonly consuming work, with long work hours and high levels of pressure. In addition, hospital physicians have a significant emotional load, as they must also interact with sick or injured patients (Allen, 2005).

Physicians also have many resources. They are well-compensated for their work and experience high status as a result of their occupation, thus, they may have fewer financial burdens and may be able to afford house care or childcare help (Swanson, Power, & Simpson, 1998). Physicians are further unique in that their education and workplaces have taught them to endure their numerous pressures and demands, such as patient mortality or high patient loads (Roberts, Warner, Rogers, Horwitz, & Redgrave, 2005). Thus, while physicians have many resources, such as status, as a result of their careers, they also have many demands that are not typical of most jobs. Lastly, the hospital, a common workplace for physicians, also has expectations of their physicians, for example, to be a good public representative of the hospital, in addition to their work-role demands. Hospitals may also come with their own indication of how “things are done around here;” this is often referred to as an organization’s culture and climate.

A sizeable body of research exists examining the role of organizational culture in healthcare settings. Organizational culture is defined as the norms, values, and assumptions of an organization (Hemmelgarn, Glisson, & Dukes, 2001; Schein, 1992). These cultural norms, values, and assumptions influence the quality of hospital employees’ work life as well as the quality of care they give to patients (Gershon, Stone, Bakken, & Larson, 2004). One dominant aspect of hospital culture is the expectation to work long hours (Allen, 2005). Working long

hours goes hand-in-hand with the expectation that physicians should fully commit to their profession and lead a work-intensive lifestyle; this includes working on-call, working shift-duty, and working evenings and weekends (Lundgren, Fleischer-Cooperman, Schneider, & Fitzgerald, 2001).

In contrast to general practitioners, hospital physicians have erratic work schedules, in addition to their long work hours (BMA, 2010). Researchers have stated that the norms for hospital physicians are clear: to work long hours, to go above and beyond to help a patient or student, to put others' needs above your own, to be selfless and self-sacrificing, and to give one's all (Maslach & Goldberg, 1998). These researchers also stated that burnout is considered an occupational hazard for hospital physicians (Maslach & Goldberg, 1998).

Research has explored how hospital culture can relate to physician-hospital relationships. It has been found that the new culture of competition and the growing emphasis on lowering costs has intensified previously existing tension between physicians and hospitals, as they are demands added to an already heavy workload. These traditional frictions include: administration viewing physicians as labourers, physicians not having enough input in hospital policies and procedures, unclear or inconsistent hospital goals, lack of proper equipment despite physician requests to administration, and lack of quality from nursing or ancillary units (Burns, Andersen, & Shortell, 1993). Further, physicians have reported constant pressure from administration to treat patients as fast as possible to diminish wait times (Finley, Mueller, & Gurney, 2004). Some of these aspects of hospital culture, such as limited individual autonomy or ineffective communication between physicians and hospital management have been found to be related to decreased morale, and increased work stress, burnout, turnover, and accident rates (Hemmelgarn et al., 2001). In summation of the findings of a qualitative study, physicians hoped for some

recognition of their efforts, “but instead [were] faced with staff cutbacks, excessive workloads and overall, empty promises for improvement” (Khoker, Bourgeault, & Sainsaulieu, 2009, p. 341).

In addition to the many demands on physicians, this population of professionals is likely to suffer from workaholism, also called work addiction (Rezvani, Bouju, Keriven-Dessomme, Moret & Grall-Bronnec, 2014). Workaholism has been defined as an addiction to work that is motivated by an internal drive to work that cannot be resisted (Schaufeli, Shimazu, & Taris, 2009). Workaholics work hard (to excess) and spend a large amount of time on their work. They also have difficulty disconnecting themselves from their work and constantly think about work even when they are away from their workplace; thus, workaholics are also compulsive workers (McMillan & O’Driscoll, 2006).

Recently, in a sample of 441 doctors in France, 48% of the participants reported some degree of work addiction in a survey, with emphasis on difficulty delegating work and the time-consuming nature of medical work; 13% of sampled physicians were found to be highly work addicted. In this study, work addiction particularly affected professors – defined as doctors who teach at the university level, conduct research, and practice clinically (Rezvani et al., 2014). Given the amount of time and energy spent on work, workaholics also report more work-home conflict (Schaufeli et al., 2009b). It is clear that there are many demands placed on physicians. The nature of physicians’ work, coupled with a potentially unaccommodating hospital culture, make them an appropriate population to study work-life conflict in, as the phenomenon may manifest itself in complex ways.

Work-Life Conflict among Physicians

Although work-life conflict is an issue for many individuals, it may be especially difficult for physicians; thus, physicians have recently become the subject of work-life conflict-related research (e.g., Fuß, Nübling, Hasselhorn, Schwappach, & Rieger, 2008; Gjerberg, 2003; Montgomery, Panagopolou, & Benos, 2006). Physicians have reported that they are unhappy with the amount of work-life balance they have, and physicians who work at hospitals are particularly struggling with work-life conflict (Walsh, 2013). Some respondents even expressed regret at the amount of time they have spent in their medical careers as it limited their time at home (Dumelow, Littlejohns, & Griffiths, 2000).

There are many factors involved in the experience of work-life conflict for physicians. Physicians, particularly those who work in hospitals, are subject to long work hours and irregular work schedules (on-call shifts, evenings and weekends; Walsh, 2013). Combined with the expectation of unconditional dedication to the medical profession, and high emotional demands, such as difficult patient interactions and fatalities, work-life balance is difficult to achieve for physicians (Allen, 2005; Sime, Campbell Quick, Saleh, & Martin, 2007). Further, for physicians who have families, particularly those with young children, family demands, such as picking children up from school, or attending school functions, can interfere with completing reports, catching up on emails, or conducting research.

However, some physicians are able to do their work because of support from outside sources. Support from spouses is particularly prevalent for male doctors; a study found that, in their sample of physicians, 46% of male physicians' spouses did not work; however, all of the female physicians' spouses did work (Warde, Allen, & Gelberg, 1996). Therefore, it seems reasonable to assume that male physicians' spouses can provide more time and support as they do not work. This poses an issue for home-to-work conflict in particular for relationships that

include female physicians: if both partners are busy at work and a child falls ill, who is tasked with taking care of the child? Unless there is an alternative childcare arrangement, this family demand will interfere with work. Another study gave further evidence: male doctors were more likely to have spouses that tended to childcare and household responsibilities as opposed to female doctors. Further, the male doctors in this study said that their career's development and progress was dependent on such an arrangement (Gjerberg, 2003). This arrangement could be a result of the commitment to the medical field that doctors are expected to make, in addition to their time-consuming and high-pressure jobs (Allen, 2005). Thus, physicians, especially those working in hospitals, incur many demands as a result of their job. Further, these demands may cause work-life conflict that is unique to this profession.

The Current Study

The Hospital

The current study's faculty physicians work at one of the world's largest and most highly respected pediatric hospitals. It is one of the most research-intensive hospitals in Canada, as well as one of the largest pediatric health-care centers in Canada. Through the integration of education, research, and health care, the hospital aims to achieve their mission of improving the health of children. In addition to being a top-tier pediatric care facility, it is also a teaching hospital where new physicians are trained in pediatric care. It also contains a research institute, which is an active center for pediatric research, and one of Canada's largest hospital-based research facilities. The hospital is renowned for championing medical and scientific advancements, providing the best in specialized clinical care, and developing a comprehensive health care system for sick children.

In Canada, the hospital is among the very best in pediatric medical care and research. Further, given its world-class reputation, many future physicians aspire to attain a position there. Thus, in addition to providing insight into how highly successful pediatric physicians are currently experiencing work-life conflict, the current study also provides insight for future physicians, specifically with respect to what their future job may entail. This research will also have practical implications for organizations who can use the information from this study to inform their decisions on how to foster well-being and work-life balance for their faculty physicians.

Faculty Physicians

Faculty physicians at the hospital have multiple roles with differing job profiles: Academic-Clinician, Clinical-Administrator, Clinician-Educator, Clinician-Scientist, and Clinician-Investigator. The faculty physicians have the option to work full-time, part-time, or “.8,” where “.8” is somewhere between part-time work and full-time work. Additionally, as the Hospital is affiliated with a local university, faculty physicians also hold faculty roles with the university as a Lecturer or have Assistant, Associate, or Full professorships. Thus, the faculty physician members have multiple roles – physician, researcher, professor – that they perform and are associated with their job profiles. Given the complex nature of faculty physicians’ jobs that include multiple job roles, and that intra-role conflict stemming from conflicts between work roles has been linked to work-life conflict in the literature (Boles, Johnston, & Hair, 1997), physicians’ multiple work roles are of particular interest to the current study.

Researchers have found that many of the job tasks, responsibilities, and demands that physicians have are potentially harmful to their health and well-being. The emotional workload that doctors have is a predictor of future burnout; their job demands are predictive of emotional

exhaustion; and their workload has been found to interfere with their family and social lives (Montgomery et al., 2006). The nature of physicians' work makes them prime subjects to examine in relation to work-life conflict. Further, faculty physicians may use distinctive strategies to manage the conflict between their work and family domains. Also, why do these faculty physicians struggle with achieving work-life balance, or experience such high levels of work-life conflict? Perhaps, despite faculty physicians' expert status as health care professionals, they are examples of individuals who cannot follow their own advice. Yet another unique characteristic of these physicians can be garnered from the hospital's annual Engagement Survey. This survey found that these faculty physicians experience high level of resources and engagement, but also a high level of work-life conflict. The current study proposes using qualitative research to examine faculty physicians' experiences with work-life conflict.

Qualitative Research

To date, quantitative research has provided a good understanding of many antecedents, moderators, mediators, and in particular, outcomes relating to work-life conflict (e.g., Netemeyer et al., 1996). Far fewer qualitative studies have been conducted on the subject, and researchers have recently called for more qualitative research to explore this phenomenon in-depth (e.g., Fuß et al., 2008). Given the complex nature of work-life conflict, qualitative research is able to draw out and highlight specific phenomena, given its ability to analyze data in-depth (Anderson, 2010). The benefits of qualitative research, such as the ability to generate rich information derived from participants' personal experiences, are strengths of the current study.

Researchers (e.g., Khokher, Bourgeault, & Sainsaulieu, 2009; Tolhurst & Stewart, 2004) have recently begun directing the qualitative lens towards healthcare providers, such as doctors and medical residents, to attempt to understand their experiences with work-life conflict. The

current study will continue this thread by qualitatively analyzing interview data. Qualitative analyses will provide detailed descriptions of the phenomena of work-life conflict in high-status faculty physicians at a top research hospital and explain the lived experiences of these physicians (Sofaer, 1999). Further, given the hospital engagement survey's finding that physicians at the hospital are experiencing work-life conflict yet also high levels of work engagement, qualitative research lends itself well to unpacking and explaining the complex nature of faculty physicians' experience of work-life conflict.

Research Questions

I propose the following research questions:

- 1) a) How do faculty physicians perceive and experience work-life conflict?
b) How do faculty physicians' multiple roles within their work domain influence their perception of work-life conflict?
- 2) How do faculty physicians perceive and experience work-life facilitation?
- 3) How are faculty physicians' perceptions of work demands related to their experiences of work-life conflict?
- 4) What consequences do faculty physicians perceive work-life conflict and work-family facilitation to have on their stress and well-being?
- 5) a) How are perceptions of work resources related to experiences of work-life conflict?
b) What strategies do faculty physicians use to manage their work-life conflict?
- 6) Are there sub-group differences surrounding faculty physicians' experiences of work-life conflict? For example:
 - a) How gendered are the experiences of work-life conflict?

- b) How do people with childcare responsibilities differ from those who have no childcare responsibilities/non-dependent children, with respect to work-life conflict?

Methodology

Participants

Participants included 30 faculty physicians, 19 women and 11 men, from the Department of Pediatrics at a hospital in Ontario, Canada, who volunteered to be interviewed for a study. The participants ranged in organizational tenure from less than a year to over 30 years, with 20 participants (66.7% of the sample) having worked at the hospital for 15 years or less, and eight participants (26.7% of the sample) having worked at the hospital for 16 or more years. They also reported having zero children to six children with their ages ranging from one to 40 years old; with eight participants (26.7% of the sample) having children under six years of age, seven participants (23.3% of the sample) with children between the ages of six and 17 years of age, 10 participants (33.3% of the sample) with children over the age of 18, two participants (6.7% of the sample) with no children, and three participants (10% of the sample) who did not disclose their parental status. Lastly, 18 of the participants (60% of the sample) reported being married or having a spouse; one participant reported being divorced (3.3% of the sample), one participant (3.3% of the sample) reported being in a relationship but not married, and the remainder did not discuss their marital status (10 participants, 33.3% of the sample).

There are five job profiles at the hospital: clinician-administrator, academic-clinician, clinician-educator, clinician-scientist, and clinician-investigator. Of the participating faculty physicians, 17 (56.7% of the sample) were academic-clinicians, four (13.3% of the sample) were clinician-educators, four (13.3% of the sample) were clinician-scientists, four (13.3% of the

sample) were clinician-investigators, one (3.3% of the sample) participant occupied an administrative role as well as a clinician-educator role, and none were clinician-administrators. Of the 30 participating faculty physicians, 11 (36.7% of the sample) also occupied division head or comparable leadership roles in the Department of Pediatrics. Five participants (16.7% of the sample) were division heads, five were program directors (16.7% of the sample), and one was the chair of a division (3.3% of the sample). Further, as the hospital is affiliated with a local university, the participants also held faculty roles with the university. They were Assistant (13 participants, 43.4% of sample), Associate (nine participants, 30% of sample), or Full (seven participants, 23.3% of sample) professors, or a lecturer (one participant, 3.3% of sample).

Participants came from various divisions within the Department of Pediatrics. The faculty physicians came from: Neurology (five participants, 16.7% of sample), Pediatric Medicine (five participants, 16.7% of sample), Emergency (four participants, 13.3% of sample), Adolescent Medicine (three participants, 10.0% of sample); Cardiology (three participants, 10.0% of sample); Nephrology (three participants, 10.0% of sample), Hematology/Oncology (two participants, 6.7% of sample), Endocrinology (one participant, 3.3% of sample), Immunology (one participant, 3.3% of sample), Neonatology (one participant, 3.3% of sample), Rheumatology (one participant, 3.3% of sample), or did not specify a division (one participant, 3.3% of sample).

Materials and Procedure

Faculty physicians voluntarily participated in individual interviews and were recruited through email advertising or specific request to participate (refer to Appendix A for a copy of the recruitment email). The audio-taped interviews were conducted from January to March 2015, ranged from 40 to 60 minutes in duration, and were conducted in private on the hospital's

premises, specifically in the participant's office during work hours. The faculty physicians were assured that the information they provided would be kept confidential. Additionally, they were informed that the final results would be provided to the chair of the department in aggregate form, with no identifying information included. Written consent, both to participate in the study and to be audio recorded was obtained, see Appendices B and C, respectively, for copies of the consent forms.

Thirty interviews were conducted with the faculty physicians. The interviews consisted of approximately 20 questions (see Appendix D for the interview guide). The current study was conducted in tandem with another research project, thus the interview questions ranged in scope of topic from job satisfaction, job stress, the promotion process, and questions about job demands and resources to questions pertaining to stress, well-being and work-life conflict. The interviews were designed to capture a large range of information. This included broad-level and contextual information (e.g., about the organization) as well as narrow and theory-driven information (e.g., demands and resources associated with work-life conflict). Interviewees were invited to provide responses to the questions in an open-manner and to provide a large range of personal experiences, as well as provide specific examples of the intricacies of their work-life conflict. An iterative approach was used to collect the data, with interview questions being modified to target concepts of interest that came up. The interviews were transcribed using an external service and saved as password-protected text data files. The interviews were analyzed using NVivo software.

The transcribed interviews were analyzed using qualitative content analysis (Mayring, 2000; 2014). This method is described as a systematic method for analyzing texts, and is appropriate for analyzing both latent and manifest contents, that is, not just the words, phrases, or

sentences of the text, but also their meaning (Mayring, 2000; 2014). The analyses were conducted on the entire interview, and not just on the subset of questions that specifically pertained to work-life conflict. This was done to ensure that all relevant information from the interviews were taken into account. The current study was derived from theoretical perspectives as we drew from previous theory and literature to justify and support studying work-life conflict in faculty physicians. Thus, the study's analysis began deductively, that is, we used theory to drive our analyses.

Mayring (2000; 2014) suggests beginning the process with a research question and an "object." The research questions we asked were informed by past literature and theory, and the chosen "object" of inquiry were interviews. Before beginning the formal coding process, the interviews were read five times by the primary researcher to establish familiarity with the content; each interview took approximately an hour to read through. During these initial readings, the primary researcher noted interesting aspects of the interviews and coded them with basic descriptive labels. There were approximately 150 initial codes, they included codes that demonstrated the same construct, but from opposite ends of the spectrum (e.g., poor administrative support and (good) administrative support), as well as codes that were initially deemed just "interesting" (e.g., expectation to always be available).

Following this process, the interviews' contents were then coded deductively, using previous literature and theory as a guide, as well as inductively, with codes becoming present from the interview through reading and analysis. This was done to reveal any information from the interviews that may not have been included in previous literature or theory. Many of the 150 initial codes became formal codes, through inductive coding, as they were found to map onto theorized constructs, or they were coded inductively, as they mapped onto empirically deduced

constructs. However, some codes were aggregated, some were deleted, and some were found to nest within parent codes (e.g., paperwork code was nested within the workload code). Finally, a total of 67 codes were established. Examples of these final codes can be found in Appendix E.

The coding was conducted by the primary researcher, with regular discussions held with the other researcher whose project was conducted in tandem with the current study. In addition, regular meetings and discussions were conducted with the primary researcher's advisor. This was done to address any concerns with attributing codes to sections of the interviews. The codes were compiled in a coding guide that includes information about the code (definition, guideline for coding) and example(s) of the code. See Appendix E for the coding guide. The coding and completion of the coding guide was completed iteratively, that is, it was updated multiple times throughout the coding process to ensure the reliability of the codes, with a final check of reliability following the completion of the coding process and analysis process. Finally, the results were interpreted in relation to the research questions.

Following the recommendations of qualitative researchers, Mason (2010), Hays and Singh (2012), we did not include supplemental quantitative analyses with the qualitative content analysis. Mason (2010) states that a single occurrence of a code is all that is needed for it to be included in the analysis and these codes can still be very useful to the analysis. Further, Hays and Singh (2012) cautioned against the use of enumeration (e.g., frequencies), as it can lead to the assumption that some codes are more important or more intense than others (i.e., by nature of their high frequencies). We were concerned that codes of higher frequency would eclipse codes that were mentioned less often across interviews but were of equal importance, or that codes with higher frequencies would imply that they were more important. Focusing on participants' experiences within the results is an essential part of qualitative research. Thus, we chose to not

include frequencies in the results to avoid potential distractions from the codes, and chose to focus on their direct responses to maintain the complexity of the participants' experiences.

Results

Research Question 1a: How do faculty physicians perceive and experience work-life conflict?

Faculty physicians tend to perceive and experience work-life conflict as a negative phenomenon that permeates their lives. These physicians experience a great deal of work-to-home interference, wherein their work interferes with their participation in their home/family roles. Interviewee 3 explained, "If one of the kids has a hockey game or something and I can't go because I am here with a patient or student after hours, that can be...you know, you can resent that for a little while." Many faculty physicians lamented different forms of work-to-home interference, for example, having to take their work home with them, as this ate into their non-work time. Interviewee 30 said, "Many weekends are spent working. Many. So some are where I'm formally on call, and preparing conference or answering call or reading echoes. And those that aren't, I still work a lot of the time on the academic stuff. ...Time preparing lectures, time being away. Paper writing, reviewing stuff for the department, the division, reviewing papers for journals. So that's all on personal time. Let's just call it after office hours." In calling the time spent on work taken home, "after-office hours," this interviewee echoes earlier sentiments of Interviewee 1 who said, "it's not like your time is your time."

Taking work home in order to complete it limits time with family or friends. Interviewee 30 said, "I'm often at work when there's kids', you know, school activities or one of their sports activities or – you know, my son got a belt in karate. I mean he makes a substantial thing, and I'm wasn't, you know, I'm not there, even if it's in the afternoon to evening. I'm not there when

they get up in the morning, any day. I come home and I should spend much more time with them, but I continue to work often, spend a little bit of time together. That's basic day to day things that I find the most – if I'm on call, I'm not – I'm often – it interrupts with the family events or personal events. And if I'm grant writing and the deadline is in September, that's summer that I'm not with my kids. So I think it's very substantial.” The incidence of work-to-home interference was prevalent for faculty physicians, with interviewees, such as Interviewee 4 stating, “work always comes first,” and Interviewee 12 saying that she “never let [non-work life] interfere [with work], my family was on the block, they always paid the price.” These findings indicate that for some faculty physicians, work is their most salient role.

Despite the prevalence of work-to-home interference, individuals also experience home-to-work interference as well, showing the bidirectional nature that work-life conflict can take. When asked if their non-work life interferes with their work life, Interviewee 13 responded, “definitely,” adding, “last weekend, my son was up with croup all weekend so he – croup – he was up all night. So two nights I barely slept and then I get up at 5:45 to work a shift that starts at 7:00 and I didn't get home from my shift until 7:00 PM, a 12-hour shift, on pretty little sleep, and that makes me very anxious because I worry I'm working a shift where I'm sort of in charge and the higher acuity department – area of our department and I worry that my lack of sleep could potentially affect my decision making.”

This home-to-work interference stems from a preponderance of home demands. Many faculty physicians mentioned their various home responsibilities as a drain on their time and energy. For example, Interviewee 4 discussed providing care to elderly family members: “I do have an elderly mother who is bedridden and unwell and slowly dementing and it is a physical, emotional and financial challenge.” Other faculty physicians discussed having a working spouse

as a demand, as having both themselves and their partner working outside the home while also contributing to the family or home is a struggle. Interviewee 22 explained how having young children at home is a contributor to work-life conflict, saying, “You have a whole life outside of this place, so whatever is going on in your life interferes with your work, just like everyone else’s, but, you know, you’re the primary caregiver for three children, there’s a lot going on in your life.”

These conflicts can manifest in the form of negative spillover, wherein demands, stresses, or negative affect from one domain “spillover” into the other domain. Interviewee 28 demonstrated this in her response, “If work is particularly demanding -- work feels demanding to me right now because I’ve got this time crunch to be done. So, I do notice in myself when I go home at the end of the day that my kids are louder than they usually are. I think that’s just fatigue and it’s physical at this point in pregnancy that everything feels really tiring but yeah, if one thing isn’t working well, you feel less tolerant in your other environment.” Spillover and cross-domain conflicts occur because the boundaries between the domains are permeable, with the lines between work and home becoming “blurred.” Interviewee 16 described this permeable boundary as such, “And, the thing that I found not helpful as well is that the clinical work even though on paper you have dedicated time to do the academic work, the clinical stuff eats into that and then, the academic work eats into my private time. My home time.”

Many faculty physicians also discussed striving for work-life balance, with Interviewee 3 explaining the variable nature of how some people perceive this ideal; “Some people are naturally gifted at multitasking so I think for them it is easier. Some people at some level accept that there is no such thing as work-life balance and don’t get so upset that work goes home and home comes to work and all that sort of thing. But for people who are more rigid and sort of set

in boundaries, then I think it can be quite stressful and there can be a lot of resentment built up.” Thus, faculty physicians’ experience the bidirectional nature of work-life conflict through work-to-home interference and home-to-work interference. They also experience negative spillover between their domains as a result of permeable boundaries. Despite this, many still strive to achieve work-life balance, though this balance may look different to different physicians.

Research Question 1b: How do faculty physicians’ multiple roles within their work domain influence their perception of work-life conflict?

Faculty physicians have demands that are associated with their various roles as researchers, educators, administrators, and clinicians. However, having these multiple roles and attempting to fulfill them can be a demand in and of itself. For example, Interviewee 27 was asked, “Can you describe the work that you do and the role that you play in the hospital?” In response, she answered, “Well, I have a few roles ... I look after patients so I’m a clinician. I’m also the head of a division so I have a pretty big administrator role and I’m also a scientist in the research institute as well so have a basic science research lab. I’m a clinician scientist. I’m a professor in the department of pediatrics and I have an appointment to the school of graduate studies so I’m a member of the XX ... in the School of Graduate Studies.”

Given that faculty physicians occupy many roles, making them triple or quadruple threats, they also experience intra-role conflict that can contribute to work-life conflict. Interviewee 21 said, “Balancing ... the research, clinical, and education is very stressful. The time – for our division – so for pediatric medicine, we do I think more service, quote unquote – I hate that word, but – service. So clinical time than - per physician than most other divisions because there just is a lot of clinical work and when I am on service, for instance, I won’t even

make it to my office. So if I'm on for a two-week stretch, there may be two week stretches where I actually never come to my office. So checking email happens on my phone or at night after my kids go to bed. My research and any teaching that I'm doing is happening sort of – well the research is not happening. The teaching I'm doing is sort of unplanned and on the fly. And then if there is another commitment – so, for example, a lecture at the university or something that I need to go to do, it's always sort of jam packed in there and that lecture which would be something that I typically would really enjoy, actually becomes a stressor and because I'm trying to ram it in to an already very very busy day. So yeah, that's stressful.”

Interviewee 21 further adds, “Everything is fast-paced. The clinical work is certainly fast-paced and I think that can take over the other work so that you – if you don't sort of try to make time for it, your research won't get done and teaching sort of falls secondary. But those are the things – you don't – usually I won't – there's not a lot of appreciation or advancement based purely on your clinical work. That's sort of your job. It's the extras that get you advancement.” This interviewee demonstrates the conflict that can occur between roles at work, called intra-role conflict, and also, in their mention of how they often check their email at home, how this can contribute to work-life conflict. Interviewee 11 explains that for them, these “extras” take place after the typical workday is done. “It's the pressure of an academic institution where it's not enough to be a good clinician. But you have to be able to demonstrate that in some way and you have to have some academic productivity, have to be able to show that you're publishing, that you're presenting, and those things – those extra academic things when you have a job description like mine, they don't take place during, you know, 8:00 to – well...” Thus, not only are physicians experiencing intra-role conflict, or conflict between work roles, but these conflicts are causing work to trickle over into home time. Therefore, faculty physicians' multiple roles in

the work domain contribute to experiencing intra-role conflict, which in turn, contributes to work-life conflict.

Research Question 2: How do faculty physicians perceive and experience work-life facilitation?

While many faculty physicians struggle with work-life conflict, they also discussed experiencing work-life facilitation. This occurs when work and non-work domains have positive effects on each other, or when participation in one role facilitates or aids participation in the other (Voydanoff, 2008). Many of the instances of work-life facilitation that interviewees reported were in relation to developmental gains (i.e., the acquisition of new skills, information, values, and/or new or different perspectives) (Carlson et al., 2006). For example, in response to the question, “Have your work and non-work lives had any positive effect on each other?” Interviewee 3 responded, “For sure. I think that the work that I do here gives me a perspective that helps at home and vice versa. I think having kids, it gives you an interesting perspective when you are caring for kids in this setting. So absolutely. It’s a privilege to be a physician and to work with families and children. And I don’t see how that can’t be beneficial outside of here.” Interviewee 13 responded with, “I think for sure, being a mom, has allowed me to be a better pediatrician. So I can really relate to parents, their fears. I have a lot more patience for families. I have a lot more knowledge. I can relate to kids better. So for me, being a mom has been, I think, for me, has made me a much better doctor.” Further, faculty physicians also mentioned how being a positive role model for their children is a benefit of the work that they do, and that it adds further purpose and value to their work. Interviewee 17 said, “I think that my work has a positive impact on my family, on my children’s understanding of like of many, many things. So,

understanding of everything from you know, helping professions and commitments, helping other people to the spectrum of people that exist in the world and what illness means and what disability means to I think my work.” Thus, being a doctor can positively influence being a parent, and being a parent can positively influence being a doctor through work-life facilitation, such as developmental gains.

Faculty physicians also mentioned experiencing work-life facilitation in the form of capital gains (i.e., the acquisition of financial or social assets). Interviewee 11 acknowledged the benefits of her salary on her personal life when she stated, “I get a salary, [it] supports my horseback riding and allows me to, when I have time off, [to] do things that I enjoy. Travel, you know, engage in going to shows or theatres or spending time away with the family.”

Lastly, faculty physicians also report experiencing positive spillover, in which positive aspects of one domain (e.g., positive affect) “spill over” into the other domain. Interviewee 21 said, “I think being successful at one makes you successful at the other. So just successes at work make you happy which makes you happy at home which makes you more successful at home which makes you more productive at work.” The faculty physicians discussed experiencing positive spillover between their work and home roles, being a good role model for their children, and feeling as though participation in one role enhanced their performance in the other.

Therefore, while this study focused on the interference or conflicts between work and home domains, it is important to remember that work and home also facilitate each other for faculty physicians. This is true for the interviewees, with many of them experiencing both work-life conflict and work-life facilitation.

Research Question 3: How are perceptions of work demands related to faculty physicians' experiences of work-life conflict?

Faculty physicians perceive numerous demands from their work and non-work lives; the confluence of these demands contribute to their experience of work-life conflict. Given the salience that faculty physicians place on their work role, their work demands heavily influence and contribute to their experience of work-life conflict. The relevant work demands that these physicians experience can be categorized under: culture/climate work demands, structural work demands, and socio-emotional work demands.

Culture and climate work demands refer to the “personality” or “character” of the organization, and refer to the internal characteristics of the organization. They include the expectations of the organization and how physicians perceive these expectations (Hoy, 1990; Hemmelgarn et al., 2001). The structural demands that faculty physicians noted are typically a product of the way the organization operates. They can affect the speed, quality, and ease with which someone can conduct their work, and require some sort of adaptation or effort to manage (Voydanoff, 2004). Faculty physicians also experience a number of socio-emotional work demands, or those that involve handling emotionally-demanding situations or interactions and caring for others' well-being (Tuxford & Bradley, 2015).

There are a number of demands that faculty physicians deal with that are an indication of their organization's culture and climate. For example, faculty physicians mentioned that they feel expected to always be available for contact (for work purposes) and that this includes receiving as well as answering emails constantly on personal time. Interviewee 4 said that faculty physicians' work requires “absolute devotion,” with Interviewee 1 adding that they are “in a constant barrage of emails,” and demonstrated the encroachment into personal time by saying,

“it’s not like your time is your time.” A faculty physician also mentioned travel as an extension of the expectation to always be available, saying, “I was told that I would never get promoted unless I started giving international talks, but I have three young children at home. I don’t want to travel abroad to be giving talks all the time.” Faculty physicians also mentioned the pressure and expectation to produce high quality research. Interviewee 15 said, “I think the stressful part comes from the academics, trying to make sure that you’re delivering good academic deliverables because I think the expectations here are quite high for that and it’s a challenge.” The demands that physicians face, while draining, are also widely viewed as an inevitability of the job. While faculty physicians perceive the demands, they believe that they are just a part of the job, and something they signed up for long ago. Interviewee 29 gave an example of this when he said, “I don’t think there’s anything to complain about. I think it’s – when people sign up to go to medical school, I think that’s part and parcel of what we’re signing up for is, you know, it’s not a 9:00 to 5:00 job.”

Another culture/climate demand from their workplace is the notion that clinical work is undervalued in comparison to research and teaching. Interviewee 22 mentioned, “I think people would say that this institution in general values research and research productivity, research recognition, and then less so, education and then less so, clinical care. Even though that may or may not be true, that’s the mythology, that’s the story here, so and it probably is true.” Thus, this belief that clinical work is undervalued by their organization is a further demand perceived by physicians, particularly those with high clinical workloads, as they may feel that they have to work twice as hard to be recognized by the hospital. Thus, they may spend increasingly more time away from home, in lieu of doing more work to demonstrate their productivity.

Faculty physicians also face structural demands at work. Faculty physicians deal with organizational issues, such as the finances of the hospital, as a demand that they must account for and work around, as well as their own finances, specifically grants and funding. Interviewee 1 said that times have changed and the hospital is seeing “financial strains” and that this may contribute to programs “losing positions,” so this negatively “affects everybody who has someone in the program.” Interviewee 3 explained the stress of grants and funding, saying, “Getting research funding I think is very stressful for some especially ... if you have hired people for your lab and then your grant doesn’t get renewed, it is a big deal for you but it is also a big deal for those people whose jobs are dependent on that grant renewal.” Dealing with hospital finances and finances that help with research, such as grants and funding, are additional demands and sources of stress. Faculty physicians may have to work longer hours and even harder to acquire or maintain grants and funding to continue their work; these efforts likely come with a personal cost, thus contributing to work-life conflict.

Structural demands can also include a general lack of human resources that can hinder one’s work; specifically, poor administrative support (i.e., a lack of administrative support or a low quality of it), and a lack of staff or poor staff quality. For example, Interviewee 1 said that their administrative assistant is “not terribly organized,” adding, “sometimes I’m held back by if I need her to do certain pieces and she hasn’t kind of completed those tasks and got back to me in a timely manner it slows me up.” Further, Interviewee 11 explained the lack of quality staff, “Basically we’re chronically short of bodies. ... When you go to clinic, and you’ve got 25 patients booked to be seen in a separated time and you find out, well, so-and-so is sick and somebody’s on holidays and the person who’s supposed to cover them – and all of a sudden you just don’t have enough people to see the patients. Then the stress level goes up. You’re

constantly behind. ...It's the inability to match the manpower to the patient workload all the time that's a very stressful aspect of the job." Thus, a lack of or poor quality of administrative support and support staff can create more work or slow the flow of work, potentially causing faculty physicians' already long work days to be even longer.

Insufficient physical resources (e.g., office space, equipment) as well as poor information technology (IT) services can hinder one's work and are further demands that incite frustration and stress. Interviewee 4 explains the issue with physical resources, saying, "When it comes to equipment and supplies, you never have what you need," adding, that it is a "frustrating" aspect of the job, especially given that they are a "technology driven specialty." Interviewee 1 explains the poor IT, "I think the electronic charting system ... that we have to use is really a very poor example of electronic medical methods I think it's very time consuming, it's very cumbersome, it's not very user friendly, I think that slows things down a lot." Thus, not only do faculty physicians struggle with a tremendous workload, they are also having to struggle with a lack of appropriate resources that is further hampering their productivity. Without appropriate resources to manage their workload and demands, faculty physicians are more susceptible to experiencing work-life conflict, as their work domain will compete with their home domain for time and energy.

Of the structural work demands, faculty physicians seem to struggle most with their workload. Faculty physicians mention having too much work when taking into consideration all the work from their multiple roles as educators, researchers, administrators, and/or clinicians. Interviewee 5 called the amount of work a "never-ending pit," saying, "you just try to do as much as you can and stay sane." Further, faculty physicians said that they are unhappy with the amount of paperwork, with Interviewee 2 saying that you could "drown" in "the amount of

paperwork” at the hospital. In addition to the amount of work that they have, many also mentioned the extremely fast pace of work, with Interviewee 20 calling it a “frantic pace,” and Interviewee 21 saying that the fast-pace is what she enjoys least about her work, and that it makes it “impossible to do ... everyday tasks like open your mail” as “there’s just no time.”

Faculty physicians also talked about having not enough time to do their work or feeling pressed for time to do it, not being able to take breaks, spending long hours working as a result of their workload, and having to keep up with an extremely high pace of work as well.

Interviewee 11 gave a detailed description of not having time, given the workload, “You know, a book chapter is a huge undertaking. It’s hundreds of hours of work that don’t get done here, that get done on your own personal time, nights and weekends. So you have to decide. Is that, you know, is that important. Writing papers rarely happens – again, you know, I try periodically when I’m not on service – when I’m doing the kind of the week where – like this week where I have – I’m, you know, I’m not on in-patient service. I will try and see whether I can carve out a day where I can actually stay at home away from the computer, away from, you know, people interrupting, and try and do some academic work, and that would be to – you know, working on research protocols or publishing manuscripts, that kind of thing. But the – the – the job doesn’t end at 5:00 or 6:00. You know, last week I was on patient consult service and by the time we signed over on Friday I still had four consults that needed to be – now they were ones that came in during the day. It’s not fair to ask the person on call to do that, so I was here until 8:00 on Friday night finishing up the work that didn’t get done during the day.” They also mentioned that “[There are] days where I don’t go to the bathroom. I don’t eat lunch. And I don’t go home at 5:00 or 6:00 at night. The day doesn’t end till 8:00 or 9:00 or 10:00 by the time we get back and you deal with all the stuff in your office. So that’s quite a stressful aspect of the job.”

Faculty physicians may feel that they do not have enough time in a day to accomplish their work, thus they may spend long hours working as a result of their workload. Since physicians do not have enough time to complete their work in a regular workday or during regular work hours, they work longer hours to compensate. Interviewee 27 said, “I’m here from - - oh, many hours. So, I am here usually by about 7:30 or so and I’m usually not leaving the hospital until about 6:30 or so. This is just a typical day and then, when I go home, I often will do two more hours of work at home. And then, on the weekend, I will usually spend probably a half to one day doing work. So, it’s a lot of hours.”

These long hours, during which faculty physicians are trying to finish their day’s work, can be exacerbated by scheduling demands such as working nights or shiftwork. Interviewee 15 explained, “the way our schedule is structured it’s hard to make every meeting sometimes that you need to in order to have research progress. So if I need to be here, I need to be there, I need to be there. So some of those things are really challenging if you work a swing shift the night before and don’t get home till 1:00 or if you – someone wants to meet in the morning at 9:00 but you have an overnight shift later that day and, you know, there are – there are things with the schedule that are challenging.”

Physicians also mention a lack of control/autonomy as a troubling work demand. Interviewee 11 discussed the lack of control at work, stating, “What I like least about the job is the fact that it’s really a situation where you have very little control over your life. So when I’m on the ward or when I’m on the consult service, I just have to take whatever is thrown at me.” These issues are particularly prevalent for faculty physicians who work in emergency services. Interviewee 15 explains, “I think expectations of academic clinicians don’t work with emergency medicine. So, for example, if you had a clinic three days a week from 9:00 to 5:00, it’s easier to

set your day in your academic schedule. It's much more challenging with a rotating shift schedule. Also I think that lends itself to the fact that if you work an evening shift, the academic schedule doesn't account for the fact that you're going to get up late the next day or your overnight shift is your day off for the week. You know, the day you're sleeping. And those things add up over time and I think make it harder to do – to have academic deliverables on the same routinely basis that you could maybe if you had a more structured schedule.”

Given their profession of being pediatric physicians, faculty physicians also face a number of socio-emotional work demands. These demands can come from interactions with patients, their families, coworkers, or elsewhere. Many individuals mentioned the emotional load that comes with their line of work of caring for sick children and how this can permeate through their lives, even outside of work. Interviewee 19 gave a description of what this is like, explaining, “When I have a sick child or a case that's difficult you know, I will think about it for days and hence, I know if I have a bad case, I'm not sleeping that night.” In addition, faculty physicians also mentioned conflict and difficult interactions as draining work demands; this includes negative interpersonal interactions with coworkers within their divisions, and with patients and their families. When asked about stressful aspects of the job, Interviewee 16 responded with, “Some of the personal conflicts in my division are very stressful ... Personal conflict in the workplace, I find distracting, sometimes unprofessional and absolutely stressful.” Further, when asked about their least favourite part of their job, Interviewee 25 said, “What can be challenging with certain families, like not the children so much, but parents can be with doctor Google. [It] can be very challenging because they come in with preconceived notions and often, their demands are ... I listen but sometimes they're like off the chart. Like, you can't meet their demands because they want something specific, even before I even met them, they want

this done and they want an MRI tomorrow and they want this done. So, families can certainly be challenging.”

Faculty physicians at the hospital experience numerous draining work demands that deplete their time and energy. Culture/climate demands of the organization, structural demands, and socio-emotional demands contribute to their experience of work-life conflict and can have numerous consequences for faculty physicians.

Research Question 4: What consequences do faculty physicians perceive work-life conflict and work-life facilitation to have on their stress and well-being?

Given the many difficulties, stressors, and strains associated with work-life conflict, faculty physicians experience a number of consequences related to their stress and well-being as a result. Consequences, such as sacrificing time with family can have impacts on children and spouses; further there are also personal consequences to work-life conflict such as a loss of sleep, that can negatively affect faculty physicians’ well-being. Despite these negative outcomes, faculty physicians also experience high job satisfaction. Given the literature, one might presume that work-life conflict would produce lower job satisfaction, however, for these faculty physicians, this is not the case.

Faculty physicians must sacrifice things like activities, time at work or time with family/friends, as a result of work-life conflict. For example, Interviewee 23 said, “If a bunch of things are piled up and I can’t get to them because I’m, you know, because I’m on service or even if I’m not on service, this is unusual but that’s sort of in the extreme case, when it’s sort of out of control and even with like a, you know, a twelve-hour day, I come home and you know, the kids are in bed and I’m right back at the computer to do more work. That’s -- those -- that’s

not healthy. I think the long hours, I have really compromised things like you know, fitness and personal time and hobbies and down time like there's time when I just have zero of that."

These consequences, wherein faculty physicians are limiting or sacrificing time with family, have impacts on both children and spouses. Interviewee 12 described this impact on their children, "The children, that was hard, 'cause you have to outsource everything, you're just outsourcing all the time. And so one of my children ... said one time they were asking for donations to [the hospital], she stepped back, became a little red in the face and she said I gave my mother to [the hospital], that's a real tear jerker and it's true. I actually tell that story a lot usually without the tears because that's the price, but so the family is one thing." Interviewee 21 extends this by saying how work-life conflict has impacted them to the point where she said, "I don't know my husband that well anymore."

Concessions or decisions that faculty physicians make to try to manage their work-life conflict can result in feeling guilty for time spent away. For example, Interviewee 13 gives an example of how they felt guilty being at work and not with their children: "It's snowing. ... My oldest was in school. My other one was in a nursery school and my youngest one is a baby at home. My caregiver doesn't drive. She pushes them – they walk everywhere. We're really fortunate to live in an area where we can walk everywhere. But the sidewalks aren't shoveled because there's too much snow. People aren't shoveling their sidewalks. She can't push the stroller physically through the snow. So they have no way to get anywhere, to get where they need to be and I'm working. So I feel very guilty, knowing that – or yesterday my children had to walk to and from school. It's pretty cold and for me I feel guilty. I feel like I should be driving them or helping out with that, that they shouldn't have to walk. My baby shouldn't have to go out in the cold. So those are some of the typical, you know, things that I'm dealing with. My

daughter has a field trip. She wants – the parents are allowed to volunteer to come. She wants me to come. I can't come.”

The personal consequences of work-life conflict are clearly stated in many of the interviews with faculty physicians. Many cite a lack of self-care with detrimental effects on personal health, worry, stress, and burnout, as costs of work-life conflict. Interviewee 4 explained, “I am well aware that I need to take better care of my health, that I need to find time to exercise, that I need to make sure to eat regularly, that I need to not exist on just coffee, which is my standard diet in the course of the day. ... I don't even take the time to go to Starbucks because that's time that I probably haven't got. But I recognize that that is an issue and it's one that I've never actually found a solution to because it seems to take more willpower than I have. So I'm not good about eating regular meal – sorry, regular lunches or having, you know, regular dinnertime at night or whatever and I'm certainly not at all good about exercising and finding time to do that. But I keep coming up with resolutions week after week after week that I'm going to spend a bit more time looking after myself and a little less time looking after everybody else. But honestly, the willpower just is not great and the motivation obviously to be – to be more attentive to my personal health is not as good as it should be.”

Interviewees also reported consequences for their health. Further, Interviewee 21 said, “I'm pretty sure I have gastric ulcers. Yeah. I think I don't have as much time for my family as I would like. I have two young children who – one in preschool and one just in kindergarten and I don't see them a lot during the week. I usually leave fairly early in the morning and then by the time I come home it's like an hour or two before they go to bed. So that's pretty – not satisfying.” Interviewee 12 gave an alarming example of these consequences, mentioning that one's health can suffer as a result of lacking time: “When I started to have eye disease in 1997, I

lost my central vision ... I hadn't had my eyes tested for several years. I had cataract surgery so I have thin glasses now, but I used to have coke bottle glasses and, you know, I couldn't read and I said [to my colleague] I wonder how bad your eyes have to get before you can't work. You didn't go to doctor's appointments, you didn't go to dentist, you didn't get your eyes tested, even though you could. I mean I literally had people pointing out in front of my patients and I was the attending staff, meningococcal disease where little red dots on the skin are vital, and they'd be saying and here's the petechial and I mean I almost get teary even mentioning it now. I couldn't see what they were talking about, and I hadn't even been back to get my eyes tested and then it was a Saturday night, I don't have any central vision and I mean I was driving and I remember going to the hospital on Sunday and they said, how did you get here and, you know, I mean so that's how bad and so that's the physical health piece." Thus, faculty have clear negative repercussions of work-life conflict that affect their health and well-being.

Many faculty physicians also described the loss of sleep as an important consequence of work-life conflict. For Interviewee 13, she appreciates the flexibility that shiftwork can provide, explaining, "I got to be a mom half the day and then I come in at noon and work till midnight and I feel like I'm doing my career. So that's very – so I feel like I get to fulfill both areas that I want to and sometimes it's the sleep component that's sacrificed for me to do all that." However, she acknowledges that in order to "fulfill" both her work and home domain, her sleep suffers as a consequence. Other interviewees expressed clear concerns over their lack of sleep. For example, Interviewee 11 said, "I went through a period where I was so sleep deprived it's a wonder, you know, I could function. It's a wonder I didn't kill myself falling asleep at the wheel of the car. And, you know, I suddenly said why am I – why am I killing myself like that? But that is – that

is the danger in a job like this.” Thus, while faculty physicians are front-line health care providers for others, they are, ironically, not taking care of their own health and well-being.

As a result of work-life conflict, faculty physicians also experience stress and begin to show signs of burnout. Faculty physicians’ stresses, whether acute or chronic, can result in aspects of burnout, including feelings of exhaustion or feeling drained. Interviewee 23 discussed feeling burnout earlier in her career when “clinical demands were so constant and there was such an imbalance.” Interviewee 15 adds that, “the stress kind of wears on you,” further stating that “I think it’s a real thing ... burnout.” Burnout and stress may contribute to faculty physicians needing to take a leave of absence away from work. Interviewee 27 explains, “I do see stress amongst my colleagues as well. ... [People are definitely stressed] and that can result in -- it can be mild and it can be severe and I’ve seen both ends of the spectrum. ... Some people have had to take leaves of absence and you know, have whatever to try to deal with their health and get the help that they needed but you know, yeah and there have been leaves of absences.”

Given the literature, the level of demands and work-life conflict that faculty physicians experience might lead one to presume that their job satisfaction and work engagement would be diminished. However, it has not. In line with the hospital’s engagement survey finding, these physicians experience high work-life conflict while also experiencing high work engagement, and many faculty physicians stated that they are very satisfied with their job, with many stating that they “love” their job. When asked, “how do you feel about your job and the work that you do,” Interviewee 14 simply stated, “I love my job. I have the best job in the world.” This is true, despite their heavy demands and workload.

Despite heavy demands and workloads, many interviewees expressed this satisfaction and engagement. For example, Interviewee 29 said, “I love it. I think it’s an amazing privilege to

wake up every morning and come here and get to do what I do and see what I see and interact with the people I interact with, both co-workers and patients and families and trainees, all of the above. And, you know, to get a paycheque for it at the end of the day is – it's like unbelievable.” Many faculty physicians cited their love of clinical work as a contributor to their work engagement and job satisfaction. Interviewee 20 expressed job satisfaction, while still noting the heavy workload, saying, “I love my job, I have the best job in the hospital. I get to do education half the time and I get to do clinical work and I can't imagine not doing one of those so I have the best, I think I have a great job, it's way too busy but I have a really great job.” While Interviewee 13 said they love, “Helping children and their families. I mean that's why I'm here and that's why I do what I do. As I said, it's very interesting work that I do. It's different every day. You never know what you're going to get. I learn something new every day. It's not static at all.” It seems to be that faculty physicians' work engagement and satisfaction may contribute to their work and work-life conflict. These physicians may love their jobs and the work that they do so much, that they cannot say no to more work and take on even more work as a result. Thus, these physicians demonstrate the salience of their work role, and let their home domains and their personal health and well-being suffer. Despite the numerous findings on consequences of work-life conflict, there was not enough data from the interviews to determine the consequences of work-life facilitation.

Research Question 5a: How are perceptions of work resources related to experiences of work-life conflict?

The participating faculty physicians named a number of work demands which are detrimental, given that they are a drain of energy and time. However, demands can be managed

or offset by resources at work (Demerouti et al., 2001). The main forms of resources that physicians cited are instrumental support, emotional support, and personal resources.

Faculty physicians cited emotional and instrumental support as helpful resources provided. The majority of interviewees mentioned different forms of instrumental supports, which are tangible aids, for example, physical help, knowledge or advice that helps to solve a problem (Fenlason & Beehr, 1994). Interviewee 8 describes receiving support from the organization in the form of receiving various resources, for example, an office, a secretary, and a travel allowance. She added that the organization gives “different things that you need so we have a lot of supports because of this institution that you would not have in a private practice setting. So, that makes it easy. That makes a huge difference.” Others acknowledge that physical resources are an important support that benefit their work. When asked about work resources that help achieve work goals, Interviewee 20 mentioned having “a pretty nice office” and having their “own space,” while Interviewee 16 explained the importance of having space, saying, “That is the most important thing to have space for that creativity and that work.”

Administrative support, another instrumental form of support, can also help faculty physicians. Interviewee 23 explained the benefits of administrative support: “On a day to day basis, having a highly effective administrative assistant is something that has made my life much more tolerable. I’ve had like five since I’ve been here and I finally have someone who I can trust, who is really competent, who anticipates and who really got my back and that’s huge.”

Faculty physicians also mentioned important sources of support (coworkers, division heads, supervisors and mentors) as salient work resources. These sources of support provide both instrumental, as well as emotional support, which is support that conveys care and empathy (Fenlason & Beehr, 1994). Interviewee 16 mentioned having a supportive division head who aids

the integration of work and life by providing flexibility around scheduling for faculty physicians. When asked about this schedule flexibility, the interviewee answered that he has enough control over his schedule, and that he has a division head who is “supportive of that, [while] not all division heads would be.” He also mentioned that mentors and supervisors were important sources of support, saying, “I have an excellent clinical mentor and I have an excellent research mentor and there’s no way I would feel confident in continuing to do what I do without that.” Other faculty physicians mentioned feeling supported by their coworkers, with Interviewee 6 celebrating this resource. He mentioned, “one of the hallmarks I think at [the hospital] has been so much fun is people are highly collaborative so if I have a problem to solve, people are very willing to work to solve it together.” These forms of support, both instrumental and emotional, help faculty physicians to manage their many demands, and perhaps help lessen the burden of workloads, leaving faculty physicians with more time and energy to participate in their home domain.

Faculty physicians at this hospital also enjoy personal resources. A personal resource that sets these faculty physicians apart is their compensation. While many professionals have a good salary, these faculty physicians are unique from other professionals in that they have a high salary and generous benefit plan. These resources allow for physicians to afford various amenities and for their families to potentially thrive from one working parents’ salary. When asked about the effect that their work life has on their family/non-work life, Interviewee 30 answered, “The good effect is that it provides me a stable income and good benefits, and my family enjoy that. They can go to the dentist and, you know, they can do their expertise and my wife isn't working at the moment. She wants to, but we're able to do that on a non-urgent basis.”

Thus, while faculty physicians are grappling with heavy demands, they also have resources to draw on that can mitigate their demands, or buffer against its negative effects.

Research Question 5b: What strategies do faculty physicians use to manage their work-life conflict?

In addition to the resources that faculty physicians draw on to manage their work demands and work-life conflict, they also employ various strategies, at home and at work, to help mitigate this conflict. At work, faculty physicians benefit from coworker support to help balance their work and non-work lives. Specifically, support from coworkers, such as covering shifts, affords faculty physicians with the ability to take time off to manage their work-life conflict. For example, while a close family member was terminally ill, Interviewee 1 explained, “She was sick about a year and certainly in those last, you know, months and weeks, I was extremely well supported by my peers here and my colleagues to take time, so I would come in and do my clinical stuff and then the other time I would just go and that was probably for like a month or two before she died and then when she, you know, I had a week off after she died and then someone offered to do another week of clinical coverage for me so I took them to be with my daughter, so yeah that was like I was extremely well supported, like people were absolutely lovely, I felt very fortunate.”

Faculty physicians also used control or flexibility over their schedules to manage their work-life conflict. Interviewee 23 stated that control/autonomy at work, especially with respect to scheduling, is “critically important.” She explained, “I wonder if my kids are gonna be like those kids who are like, well my mom was a doctor and she was never around. I don’t think so. But, it’s the times when you work all week and then, work all weekend and then, work all the

next week are pretty brutal and they're -- we should really I think, think about that and maybe -- I don't know how to deal with that but the long stretches of being really absent are hard. I don't know what else to say about that. I think having a little bit of flexibility to occasionally work from home or work a short day and then, do work later allows you to be a little more able to go to those evening concerts and go in late after having a parent-teacher in the morning and things like that. So, it's pretty critically important that we maintain I think some flexibility." Thus, having some control over scheduling is one way to help with work-life conflict for physicians.

Also at work, some physicians opted to cut down their work hours, from full-time to part-time or .8 FTE, which is somewhere between part-time and full-time status, to be able to participate in their non-work domain more fully. Interviewee 11 explained that she plans to do this in the near future: "My big strategy coming up now that my daughter is going to university in the fall, if all goes according to plan, will be to cut back to .8 full time. Some people who do that will work four days a week. I will do it so that I work full time but will have extra unpaid leave. So it's a 20% salary cut but it will put me better in line with -- with what happens in my personal life." For this physician, even though she acknowledges the limitations of this career choice, such as still working full time hours and having a salary cut, it is still a worthwhile choice, as it allows her more time in the form of unpaid leave, and puts her more in line with personal goals.

Outside of work, faculty physicians employ a number of strategies to manage their work and home domains. Similar to work supports, faculty physicians use support offered by family and friends, as well as their spouses, to help in the home domain. Family and friend support can come in the form of family members helping with childcare responsibilities. For example, Interviewee 25 benefited from her mother-in-law's help, "...my wonderful mother-in-law used

to babysit. A core group of friends, they do help me,” also adding that they, “help me get on with life and make life enjoyable.” Other physicians lauded the support that they receive from their spouses, often crediting them as the reason why they can participate fully in their work domain. When asked if he employed a caretaker or nanny, Interviewee 25 answered, “No, we -- my wife took -- put ten years -- at least ten years on hold in her career because we wanted a stay a home parent so it was either me or her and it was chosen to be her and she spent ten great years at home as our kids I think went off into grade 8 or 9 or 7.” Thus, by having spousal support in the form of a stay-at-home parent, this physician was afforded the ability to continue his career unimpeded.

While Interviewee 25 and his spouse chose not to employ a caretaker or nanny to care for their children, many faculty physicians did choose this strategy to help manage their work and home roles. Interviewee 11 explained, “If you’ve got two working parents, who stays home with the child or do you have alternate child care arrangements? So I dealt with that stress by – and we’ve had a full-time nanny/housekeeper since my kids were little until they, you know, finished school basically and the requirements change and they go from more, you know, nanny to more housekeeper kind of thing. But – so that – I mean that was how we dealt with it because, you know, two professionals, me being on call.”

A final strategy that many physicians cited as important is exercise. While this strategy may not directly address the experience of work-life conflict, it is often used to manage its detrimental effects, such as stress. When asked about strategies used to deal with stress brought on by their job or by work-life conflict, many cited exercise and taking care of their physical health. Interviewee 13 said, “I like to try [to exercise] when I can find the time. It’s definitely not as much as I would like, but I find exercise a very helpful way to deal with stress,”

adding that, “If I had a free moment that was dedicated for me I would go to the gym, my own gym. That would be – that would be very fulfilling and wellness for me.” Further, Interviewee 28 said that she plays on sports teams and that fitness and sports are important strategies for her. She further explained that it is her “only fun time,” and also how she can “escape [their] children.” Thus, not only is exercise a strategy to maintain wellness for this physician, it is also a strategy for balancing work and life, providing Interviewee 28 a respite from her children.

Research Question 6: Are there subgroup differences surrounding faculty physicians’ experiences of work-life conflict? For example:

Research Question 6a: How gendered are the experiences of work-life conflict?

With respect to gender effects of work-life conflict for faculty physicians, overt differences were not found in the amount of work-life conflict experienced. Though past research has purported that women experience more work-life conflict than men, the majority of faculty physicians in our sample mentioned struggling with work-life conflict, regardless of their gender. Some interviewees referred to the prevalence of this issue in their interviews. For instance, Interviewee 13 acknowledged this struggle between work and home for both men and women in their interview; “So I think there’s sort of a trade-off but I think this is sort of an issue that – particularly women, but men too – face in trying to strike that balance. You know I think some of them do better at work and others do better at home and, you know, some of us want to do as best we can in both areas.” Further, both men and women reported struggling with work-to-home interference as well as home-to-work interference.

Despite the finding that work-life conflict is an experience common for male and female faculty physicians, there are a few experiences that were mentioned by only one gender. Out of 19 female-identified faculty physicians, five mentioned cutting back on hours, from full-time to .8 or part-time. No men mentioned this strategy. Interviewee 22 noted, “I went from 1.0 FTE to .8 FTE and then went back up this year in October to 1.0 FTE;” when asked if she did this to accommodate other work responsibilities, she answered, “No, that was because I had three children.” She also added, “The reason why I work .8 was so I could take my kids and pick my kids up from school one day a week, but I don’t think I should have to do that, to take my kids and pick my kids up from school, but that’s why I did it.”

In addition, only female physicians mentioned feeling guilty as a result of their work-life conflict. When asked what about their work was stressful, Interviewee 13 responded, “Just because I’m a mom. I’m trying to – I have to manage my entire family when I’m working and sometimes that can be hard, like when they can’t reach me right away and those issues and always feeling sort of pulled in two different directions, trying to be a mom and trying to be a professional.” While Interviewee 13 reported feeling guilty from a family-oriented perspective, Interviewee 11 reported feeling guilty about work, saying, “So there’s rarely a time when I go home and say, oh, I can sit in front of the TV and do nothing. Now there are some nights I do that but there’s always that guilt and there’s always that knowledge. If I don’t do it tonight, I’m going to be up late tomorrow night. So you know, last night I was up till 2:00 in the morning.”

Research Question 6b: How do people with childcare responsibilities differ from those who have no childcare responsibilities/non-dependent children, with respect to work-life conflict?

Following in the footsteps of gender effects of work-life conflict, there are subtle yet meaningful differences with respect to how faculty physicians' childcare responsibilities affect their experience of work-life conflict. Both individuals who have dependent children and non-dependent/no children experience work-life conflict in both its forms (work-to-home interference and home-to-work interference). However, the evident difference between faculty physicians with childcare responsibilities and those without is with respect to availability of time to devote to the work and home domains, and subsequently the amount and intensity of work-life conflict. Faculty physicians with young children experience high levels of work-life conflict because they do not have enough time to devote to both their work and home roles or because the responsibilities that are tied to these roles inextricably clash. For example, Interviewee 22 explains the intricacies of managing work and home roles with young children: "I mean every day it affects it, so I have to leave at a certain time to pick my children up, I have to, you know, that's like a very, you know, to drop them off a certain time at school and often we have meetings before school drop offs, so often I have to be here before I've taken the children, so my spouse has to take them or I need to organize a caregiver to account for that. When I'm on inpatient service, it's the same thing, I have to be here at 8:00, I can't leave, I have to figure out [my entire life] around just the simple logistics of getting here five days a week." Further, Interviewee 21 said, "There's certainly – at least in my life, because I have kids, no time at all to socialize outside of work. But I think that's maybe unique to my situation at the moment with young children and hopefully, dear God, that will change as they get older."

Faculty physicians with older or non-dependent children may have less work-life conflict or none at all, as they have more time to devote to their work. Without significant home responsibilities, such as a child at home, faculty physicians may be able to complete their work

without interruption or competition for time, and still manage to maintain an active home life. It is important to note that faculty physicians with older children have decreased childcare responsibilities but may have increased spousal care or eldercare responsibilities. However, generally, faculty physicians with less childcare responsibilities expressed less work-life conflict. When asked about challenging demands at work, Interviewee 1 said, “I think everyone has too much work and not enough time.” However, she then added, “So my children are older they’re in university so I know, I’m kind of free to work longer hours.” When asked this same question, Interviewee 8 said that her daughter is 30, so managing between work and childcare is “not a problem.” Interviewee 25 echoed these sentiments saying, “I can tell you, in my personal life I have two grown up kids who are ... pretty well self-sufficient,” adding, “I don’t feel overly burdened.” Thus, faculty physicians with minimal childcare responsibilities may still experience significant work demands, however, given that they may have more resources (e.g., time) available to accommodate them, they experience less work-life conflict as a result.

Discussion

The current research provides insight into the experience of work-life conflict for highly successful faculty physicians. The faculty physicians’ experiences in this study are demonstrative of work-life conflict for highly successful professionals. These individuals experience high work-life conflict, as their work and home roles and the demands associated with them conflict with each other; in addition, the salience that these physicians attribute to both their work and home roles further contributes to their experience of high work-life conflict. Despite their many draining demands, these physicians still feel great satisfaction and engagement with respect to their career, indicated by many faculty physicians stating that they love their job and the work that they do. This work engagement, coupled with strong work

saliency, can create tough competition against the home domain for time and energy; thus they experience work-life conflict. The following sections will be a review of cross-cutting themes from the interviews, followed by a discussion of the study's theoretical implications, limitations and strengths, practical implications, and finally, future directions.

The Limits of Work Engagement

The faculty physicians of this study reported experiencing high demands, for example, the pressure to always be available, the pressure of academic productivity, the emotional load of their work, a lack of sufficient staff, and an extremely heavy workload. Demands such as these led many faculty physicians to report feeling stressed at work. These findings provide support for the Job Demands-Resources Model, as they show that demands are indeed associated with more work stress. In addition to work stress, work demands are also associated with experiencing work-life conflict for faculty physicians. Recall that faculty physicians reported both high work stress and work-life conflict as a consequence of their many demands. These findings substantiate earlier research stating that work demands, particularly stressful work demands, are related to work-life conflict (Parasuraman et al., 1992; Parasuraman et al., 1996). The current study's findings also point to the link between work-life conflict and stress, as faculty physicians reported stress as a negative consequence of work-life conflict. Interviewee 13 mentioned feeling stress as a result of trying to manage being "a mom and trying to be a professional." The current study's results support earlier meta-analytic findings of the positive relationship between work-life conflict and stress (Allen et al., 2000).

Given the negative consequences of high work demands, specifically stress and work-life conflict, the Job Demands-Resources Model might lead one to presume that faculty physicians would also be experiencing burnout, as burnout is often a predicted outcome of these constructs.

While faculty physicians mentioned experiencing burnout in the past or fearing burnout in the future, curiously, they did not report actually experiencing burnout at the time of the interview. This begs the question, how are faculty physicians managing these demands and stressors, yet avoiding some of its most detrimental effects, such as burnout? Further, despite these demands, faculty physicians also report experiencing high job satisfaction and work engagement, with many interviewees mentioning that they love their jobs and the work that they do. How can it be that these faculty physicians can experience high demands, high job satisfaction and work engagement, and high work-life conflict together?

Work resources, the aspects of the work domain that help to manage demands, achieve goals and stimulate personal growth, may be responsible for buffering against the experience of burnout. Resources, such as support, may be mitigating the link between stress and burnout, such that, even though high work demands may lead to stress, resources may prevent it from turning into burnout for faculty physicians. Previous researchers have theorized this relationship, specifically, the moderating effect of resources on health and well-being through the prevention of stress (Son Hing, 2012). Son Hing (2012) particularly discussed how coping, which can be conceptualized as the employment of resources, can mitigate the link between stress and burnout. Thus, if resources can mitigate the experience of stress, then it may be possible to prevent stress from leading to burnout.

The Job Demands-Resources Model also provides an explanation as to why faculty physicians may still be thriving and experiencing job satisfaction and work engagement in spite of their many demands. Resources may also be fuelling faculty physicians' experiences of work engagement and job satisfaction (Demerouti et al., 2001). Recall that faculty physicians cite many resources including supervisor/mentor support, and coworker support, that help them to

manage their demands. For example, faculty physicians who receive coworker support in the form of clinical help, may feel buffered against their clinical load, thus, they feel motivated to continue their work and resist feeling overwhelmed by their workload. Thus, perhaps resources are contributing to job satisfaction and work engagement. Further, these findings provide support for previous research suggesting that job resources influence work engagement, and may increase motivation at work, thereby leading to work engagement (Bakker & Demerouti, 2008; Schaufeli & Bakker, 2004). This may also help to explain the hospital's annual engagement survey finding that faculty physicians experience high work engagement despite work-life conflict, as perhaps it is resources that are responsible for this curious result.

We propose that work engagement may play a contributing role in the experience of work-life conflict. While work engagement is typically viewed as a positive outcome (Schaufeli et al., 2002), this engagement, coupled with high work-role salience may contribute to faculty physicians' belief that "work always comes first" (Interviewee 4). The faculty physicians' interview transcripts reveal that many physicians experience all three components of engagement: vigor (the drive, energy, and resilience to invest effort in one's work), dedication (feelings of pride, significance, and challenge toward one's work), and absorption (concentration and embeddedness in one's work) (Schaufeli et al., 2002). Further, high work engagement may result in faculty physicians tending to their work by dedicating large amounts, potentially the majority, of their time and energy towards the work role, sometimes to the detriment of their other roles. For example, one faculty physician mentioned that her daughter feels as though she sacrificed her mother to the hospital.

Faculty physicians reported the many everyday concessions that they engage in as a result of their dedication to their work role; for instance, many faculty physicians said that,

because of their work, they cannot pick up their children from school, be there with them at dinner, or go to their sporting events. These findings align with previous findings of Carlson and Kacmar (2000) and Frone and colleagues (1992), that role salience is positively related to work-life conflict. Further, these decisions, of trying to divide time between work and home domains can also lead to physicians feeling guilty, usually about their time spent away from family. Recall that Interviewee 13 reported feeling guilty when her family cannot reach her right away and from being pulled in different directions by work and home. Thus, the faculty physicians seem to experience work-life conflict, specifically, work-to-home interference, and work-life guilt as a result of their work engagement.

The Dangers of Being Triple Threats

A clear finding from the current study is that faculty physicians are experiencing extremely high levels of work demands. Further, these work demands do not come from one work role, rather, there are many demands stemming from many work roles; each of these work roles compete for faculty physicians' time, energy, and resources. For example, physicians who have a primarily clinical role, may spend most of their workday fulfilling their clinical duties, thus, their research and/or education demands are tended to after work hours or at home. The clashes between roles within the work domain contribute to physicians' experiences of work-life conflict. Thus, not only do faculty physicians experience high levels of work-life conflict, a form of inter-role conflict, importantly, these individuals also experience high levels of intra-role conflict, or, conflict that occurs within a role and is affected by the responsibilities associated with that role (Herman & Gyllstrom, 1977). For faculty physicians, their high workloads are associated with each of their work roles that makes them a triple threat: clinician, researcher, educator. Faculty physicians could also be more than triple threats, as they can be mentor,

supervisor, administrator, and division head as well. Each of these roles vies for faculty physicians' time and energy; thus, as a result of their multiple work roles, faculty physicians experience intra-role conflict.

Research has shown many of the ways through which work-life conflict operates; for example, work-life conflict can occur when time spent in the work role can eat into time meant for the home role. What is novel from the current study is the finding that intra-role conflict operates similarly to inter-role conflict (i.e., work-life conflict). For example, intra-role conflict (work-role conflict) can occur when time spent in the clinical role, eats into time meant for research or education. The demands of the other roles that have been pushed aside will have to be tended to eventually, usually resulting in physicians taking the demands of these roles home with them. Consequently, intra-role conflict can indeed contribute to the experience of work-life conflict. This finding adds crucial information to the limited existing research on intra-role conflict. Specifically, the current study provides qualitative evidence in the form of participants' first-hand accounts of how intra-role conflict can lead to work-life conflict (Boles et al., 1997; Michel et al., 2009).

There is another issue at hand with having "triple threat" faculty physicians. Clinical and research roles are valued unequally by the hospital, with faculty physicians reporting that the "extras" beyond clinical work (i.e., research) are what get you promoted and recognized in the hospital, contributing to the wide-spread belief that the hospital values research above other roles. While faculty physicians personally value being clinicians and devote significant amounts of their time and energy to this role, many interviewees felt that this role was underappreciated by the hospital. Recall that Interviewees 21 and 11 mention the cultural belief that it's not sufficient to just be a good clinician, and that the clinical role is less valued than research. These

interviewees report that research and research productivity are the “everything else” or the “extras” beyond clinical work that get you promoted. While clinical work and perhaps education may be what is vocationally important and salient to the physicians, the organization is perceived to value and reward research performance. Thus, if faculty physicians want to be promoted and recognized, they must produce top-quality research on top of their clinical and educational workloads.

The hospital’s organizational culture of valuing research above clinical and educational work contributes to intra-role conflict through role salience. The value that the hospital ascribes to research adds to the salience that physicians may already attribute towards the role. However, clinical work is also highly salient for physicians. Thus, these salient roles compete for time and energy and result in intra-role conflict (Herman & Gyllstrom, 1977). Further, intra-role conflict and role salience, influenced by the perception that the hospital values research above all else, contributes to work-life conflict, as the time and energy that these roles occupy, in turn take time and energy away from the home domain. These interpretations provide further support for intra-role conflict’s contributions to work-life conflict (Boles et al., 1997; Michel et al., 2009), and include support for the idea that role salience contributes to the experience of work-life conflict (Carlson & Kacmar, 2000). Thus, while role salience has been previously found to be associated with forms of inter-role conflict (e.g., work-life conflict), importantly, it may also be involved in the experience of intra-role conflict (e.g., work-life conflict).

Healthcare vs. Self-Care

Given the results of the current study, it is clear that faculty physicians are currently struggling to engage in self-care. Importantly, these individuals seem to forgo taking care of themselves in order to take care of others in both their work role and home role (i.e., they care

for either their patients or their family). Faculty physicians reported being sleep deprived, not eating well, and not being able to exercise, among the facets of self-care that get pushed aside in lieu of work. Ironically, faculty physicians are experiencing poor health and self-care, despite promoting and providing healthcare to their patients. The lack of self-care was a clear and oft-reported consequence of work-life conflict by faculty physicians with many interviewees acknowledged that they need to take better care of their health and well-being. However, many also said that they just didn't have the time to take breaks, get a hair cut, go to the gym and exercise; generally, they feel that they don't have time to take care of themselves. This neglect of self-care can have potential dangers. Recall that interviewees reported significant negative health consequences as a result of their busy work and home schedules; for example, one mentioned having gastric ulcers, and one interviewee reported having major vision problems after not getting his eyes examined.

These faculty physicians may be attempting to cope with their work-life conflict by eliminating the time dedicated to self-care. By not taking breaks or going to the gym, the faculty physicians are buying themselves more time to commit to work or home roles. This is a form of problem-focused coping, as it is a strategy employed to help solve a problem (lack of time to engage in work and home roles without conflict) (Folkman & Lazarus, 1980). While this strategy has negative consequences (e.g., poor health), it is nevertheless a problem-focused coping strategy, thus indicating that not all coping strategies are necessarily beneficial for the person who adopts them.

This self-sacrifice of self-care is indicative of the hospital's culture and of the socialization process of being a physician. The faculty physicians experience strong work role salience, with a number of physicians stating that their work comes first. This could be because

their work provides them with meaning, purpose, and/or self-worth (Noor, 2004), or because it helps them fulfill their desire to study medicine (Heikkilä et al., 2015). Physicians adopt and identify strongly with their physician identity and this identity remains stable over time (Montgomery, 2001). The current study's findings on role salience provide support for these previous research findings. Further, this strong identification with the physician identity is exacerbated by organizational culture. Maslach & Goldberg (1998) stated that the norms for hospital physicians include going above and beyond for the patients, working long hours, putting others' needs above your own, to be selfless and self-sacrificing, and to give one's all. These expectations ring true for the hospital as many faculty physicians cited feeling these pressures. Faculty physicians of the hospital embody this organizational culture, by being completely devoted to the job, being available at all times of the day, and putting their patients' care before their own. Thus, the current study's findings support the notion that physicians internalize this culture and their physician identity, even if it negatively affects them. It is ironic that healthcare professionals, such as these faculty physicians, provide their patients with healthcare and wellness, yet neglect their own, risking their own health and wellness.

Theoretical Implications

The current study provides important and novel contributions to theory, specifically regarding intra-role conflict. The study of intra-role conflict, especially as a contributor to work-life conflict, is uncommon; thus there is still much to be examined with respect to this relationship. The current study adds important information about the mechanism through which intra-role conflict contributes to the interference or conflict between work and home roles. Using qualitative interview data, one can see that intra-role conflict operates similarly to inter-role conflict, undergoing many of the same processes to result in spillover. Similar to how negative

and positive spillover can occur between the work and home roles as a result of permeable boundaries, spillovers can occur between work roles, for example, between clinical and research roles. Further, conflicts that occur based on competing demands between roles within the work domain can trickle over and vie for time that is meant for the home domain, therefore, allowing intra-role conflict to significantly contribute to work-life conflict. Thus, the current study provides evidence for how intra-role conflict operates, specifically, that it operates through similar mechanisms as inter-role conflict.

The current study also provides important contextual information regarding faculty physicians' experiences of intra-role conflict. The findings suggest that research and "academic extras" are what is most valued by the organization and what gets physicians promoted and rewarded, not clinical or educational achievements. However, faculty physicians may feel a strong vocational commitment to their clinical work; thus, they report spending large amounts or the majority of their workday tending to clinical duties. They may also feel a pull to conduct research and invest time and energy towards their research role, as research is what is perceived to be most valued by the organization and what is needed for promotion. Faculty physicians may fulfill their research role duties after typical work hours or at home. Therefore, the importance of research for the organization is an important contextual and organizational element at play in the experience of intra-role conflict contributing to work-life conflict. Further, the current study also supports previous research that intra-role conflict is a contributing factor to work-life conflict (Michel et al., 2009).

The current study also provides support for the Job Demands-Resources Model, specifically regarding the protective effect that resources offer (Hakanen, Demerouti, Xanthopoulou, & Bakker, 2007). Previous research states that job resources help to manage

demands, help achieve goals, or stimulate personal growth (Demerouti et al., 2001). However, the current study extends these findings to support the buffering effect of resources on demands. As seen in faculty physicians' interview responses, many physicians cited various resources that they draw on to lessen their demands or to protect against their negative effects; thus, resources buffer against job demands. For example, faculty physicians revealed that they draw on their personal resource, their salary, to hire caretakers or nannies to help with childcare, thus, reducing their childcare demands, and subsequently, their work-life conflict.

Another theoretical contribution is with regards to work engagement as a potential danger. Faculty physicians reported high levels of work engagement that potentially contributed to their experience of work-life conflict. Previous research on work engagement explains that it is a positive work-related state, characterized by vigor, dedication, and absorption in one's work (Schaufeli et al., 2002). While these characteristics are positive aspects of being fulfilled by one's work, the faculty physicians of this study seem to be engaged in their work to the detriment of other aspects of their lives. While this may sound like workaholism, the faculty physicians' drive to work does not appear to stem from a compulsive need to work; rather, it stems from a desire to help others, or to satisfy intellectual curiosity with research (Taris, Schaufeli, & Shimazu, 2010). This begs the question, if workaholism isn't the contributing factor to work-life conflict in this situation, then is engagement to blame and can work engagement ever be detrimental? Essentially, is there such thing as being too engaged? The current study presents evidence that this may be the case.

Limitations of the Study

The current study had a number of limitations. There are possible issues with the sample of faculty physicians. The interviewees volunteered to participate in the study which consisted of

an in-person interview that lasted between 45 to 60 minutes in duration. It is possible that the physicians who signed up do not represent all of the faculty physicians, specifically, the faculty who are experiencing the most work-life conflict and negative consequences. Physicians who are burnt out and experiencing the highest work-life conflict likely wouldn't have time to participate in a study, and would not have volunteered to participate. Additionally, the individuals who volunteered to be interviewed may have been more concerned with issues relating to work-life conflict; thus they were more inclined to participate in the study. Further, the current study focused on only one hospital that is extremely unique, with faculty physicians who work at that hospital who are also unique. While this study provided an in-depth look of what life is like for these faculty physicians, we acknowledge that some of their experiences may not be generalizable to other physicians.

There is also a limitation regarding the reliability of the results. As with much qualitative research, the coding was conducted by one researcher. Therefore, this data is subject to that coder's inherent biases and interpretations of the data. However, throughout the coding process, the primary researcher and coder held discussions with the other researcher whose project was conducted in tandem with the current study. This was done in case there were any questions or difficulties surrounding attributing codes to sections of the interviews. Also, an iterative approach was used, whereby the primary researcher reviewed her coding guide multiple times to ensure reliability of codes.

Another limitation is with regards to the collection of demographic information of participants. While the interview guide asked about young children or other relatives that the participants cared for, further asking if there are other major commitments that are a drain of time or resources, many physicians discussed either childcare and/or eldercare responsibilities.

Perhaps due to the limited scope of this question, participants were primed to only discuss these home role commitments and not others, such as their spouses. This limits the current study's depth of home role contextual information; for example, we were unable to ascertain the employment status of the physicians' spouse/partner and we have limited knowledge of spousal relationships unless participants brought up the topic themselves. Further research should consider these relationships to gather a more holistic view of physicians' major home commitments.

A final limitation of the study is that we were unable to address confounds in the results on subgroup differences (i.e., gender differences and differences in childcare responsibilities) with respect to work-life conflict. Though only women reported experiencing work-life guilt and cutting back on their work hours in order to manage their work and home roles, we cannot draw any conclusions regarding what caused these outcomes or what other factors played a role in these outcomes. For example, we are unable to conclude if these women experienced work-life guilt and/or cut back on their work hours because they have partners who are working full-time as well and also have demanding careers. Further, we do not know if men with young children have partners that work less or have less demanding careers or if these men take part in less childcare responsibilities; thus they experience less work-life conflict. It is a limitation that we did not explicitly ask about these contextual factors regarding spousal demographics and spousal support.

Strengths of the Study

Work-life conflict has been studied in many different groups of people, for example, managers and teachers; however, the focus has only recently been directed towards those in the healthcare field. With respect to work-life conflict in health practitioners, nurses have

predominantly been the focus of research, however research for example by Gjelberg (2003) has begun to examine doctors. Of this research, top-tier “triple threats,” such as those employed at the hospital, have not been studied. To the best of my knowledge, the current study is the first to explore work-life conflict in such high performing individuals as faculty physicians at a top-research hospital. The participants of this study offer the unique perspective of triple (or more) threats, who occupy numerous roles within their work role. They also are high-achieving and high-performing physicians who work at one of the most prestigious pediatric healthcare facilities in the world.

Another strength of the current study is that it is derived from theoretical perspectives; the study draws from previous literature and theory on role theory, inter-role conflict, intra-role conflict, spillover, and the Job Demands-Resources Model. These theories provide a theoretical foundation and justification for studying work-life conflict in faculty physicians who work at a hospital. Further, the current study provides support for many of these theories through the experiences of faculty physicians.

This study had added uniqueness in that it explores work-life conflict in faculty physicians using qualitative methodology and analyses. The interviews captured broad-level and contextual information, (e.g., organizational culture and climate information), as well as narrow and theory-driven information (e.g., what demands and resources contribute to work-life conflict). The interviews were structured from broad to narrow to avoid determining or dictating the physicians’ responses or experiences. Thus, interviewees were able to answer questions in an open-manner and provide a large range of personal experiences, as well as provide specific examples of the intricacies of their work-life conflict. In addition, the analyses were conducted on the entire interview, allowing for in-depth information on faculty physicians’ experiences of

work-life conflict to be captured. Thus, this study uses nuanced information directly from the faculty physicians' perspective to understand their experiences of work-life conflict. For example, this information has shown us that faculty physicians use multiple resources and strategies simultaneously to manage their work-life conflict. Specifically, they rely on resources like a flexible schedule as well as a division head who supports work-life balance decisions to manage their schedule, and consequently, attempt to manage their work-life conflict.

The current study also collected a large amount of data consisting of 30 transcripts of interviews lasting 45 to 60 minutes, from a unique population of participants on a subject that is potentially sensitive in nature. While the study was created in collaboration with the hospital, the current study had the benefit of being conducted by an external set of researchers from the University of Guelph. Coupled with the promise of anonymity, and the fact that the interviews were conducted in the physicians' private offices behind closed doors, faculty physicians were able to speak freely about their experiences with work-life conflict, as well as any other negative or personal experiences that were relevant.

Practical Implications and Potential Recommendations

There are a number of important practical implications of this study. The current study revealed a number of challenges that faculty physicians are facing, including high workloads and demands, insufficient resources, and a lack of strategies (or unachievable strategies) to manage their work-life conflict. By targeting some of the issues highlighted by faculty physicians, the hospital can be informed about potential steps to help their physicians with their work-life conflict. With respect to workload, many faculty physicians mentioned that paperwork was an additional aspect of their workload that doesn't require their level of expertise. It seems as though some physicians have administrative assistants who help them manage this work, while

others do not. By hiring more helpful administrative assistants or providing training to them on how to complete this paperwork, faculty physicians' resources (administrative assistance) would be increased, and their demands (paperwork/workload) would be decreased. Further, physicians mentioned the lack of staff as a draining demand that they face at work; finances permitting, perhaps hiring more support staff would be a helpful resource to manage this demand. These are merely examples of the practical implications of the current study; in general, the results of the study point towards a suggestion of increasing work resources and decreasing work demands to help faculty physicians manage their work-life conflict.

Additionally, the results of this study can be used to help leaders of the hospital's pediatrics department. Specifically, the identification of stressors that contribute to work-life conflict can provide the leaders of the hospital with information as to where they can provide supports and resources to foster foster well-being and work-family integration or balance for their faculty physicians. For example, the current study revealed that, while both men and women experience work-life conflict, and both men and women engage in various strategies to manage this conflict, only women engage in cutting back on work hours from full-time to either .8 or part-time. Further, only women reported feeling guilty about their work-life conflict. Results such as these point to a need for group-specific efforts to help. For example, providing more support for formal and informal mentorships, specifically, female-female mentorships may be beneficial as a female mentor may be able to help their female mentee navigate the work-life interface.

Beyond providing more administrative resources and mentorship opportunities, I offer a few more recommendations that may help faculty physicians with their experiences of work-life conflict. Many faculty physicians mentioned work-life conflict stemming from the conflict

between their work and home responsibilities, more specifically, childcare responsibilities. To decrease this conflict, providing more flexibility over scheduling for faculty physicians may help them manage their work and home lives, as they may be able to schedule their day to accommodate both work and home demands. For example, faculty physicians may be able to schedule their day so they can accomplish work and also have dinner with their children. On-site childcare may also help decrease the demands associated with childcare responsibilities for faculty physicians. By having young children cared for in the same building where these physicians work, demands associated with picking up/dropping off the children to daycare would be decreased, demands associated with hiring a nanny or caretaker would be decreased, and physicians would be able to spend more time with their child.

Many faculty physicians also mentioned their declining health as a result of their work-life conflict and many work demands. While many physicians said that exercise was their preferred strategy to manage stress, they also said that due to their lack of time or copious demands, they usually cannot leave the hospital to exercise. Though there is a fitness facility at the hospital, perhaps renovating or expanding the fitness facility would encourage more physicians to take advantage of it. The final recommendation is to increase resources to support physicians' health. Faculty physicians mentioned not having enough time to look after themselves; thus, their health suffers. This could be alleviated by providing readily accessible mental or physical healthcare for faculty physicians to turn to when needed.

Future Directions

The current study provides insight into the nature of work demands and resources and work-life conflict of faculty physicians at a top research hospital, identifying important aspects of their experience to be further explored. This study uncovered information on relevant

demands, stressors, issues and resources that are important to faculty physicians. These findings will be used to inform a second project – a survey study to further examine work-life conflict in faculty physicians. Through the survey study we will be able to quantitatively examine stressors and resources that were identified, and analyze the relationships between many of the important constructs that physicians discussed in the interviews. Essentially, we will test the links between these identified variables. Further, as a survey may be more palatable to take part in, given their time constraints and various demands, more faculty physicians may participate, thus producing a larger sample to draw from.

The current study, as well as the survey study, will also help to inform a third project – an intervention for the hospital. The current study's findings provide evidence for why an intervention is needed, as faculty physicians are chronically struggling with trying to manage their work and home lives. As well, this study provided information on the most draining demands and most helpful resources for physicians, thus, the intervention will be informed with respects to what demands to target and which resources to bolster to improve work-life balance for faculty physicians.

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Appendix A

Recruitment Email to Potential Subjects (Faculty Members in Department of Pediatrics)

Subject: You are invited to participate in a new study of faculty well-being at XX

This message is being sent to you regarding a new research study on faculty wellness. The study was developed following discussions between Dr. [redacted for confidentiality], Dr. Leanne Son Hing and myself to identify challenges and enablers to faculty wellness at XX.

This research will be conducted in partnership with the Industrial-Organizational (I-O) Psychology department at the University of Guelph, and we would like to ask for your participation. The study is being led by Dr. Leanne Son Hing and Vishu Gnanakumaran. Dr. Son Hing is an Associate Professor of I-O psychology and a Senior Fellow at the Canadian Institute for Advanced Research. Her research focuses on social justice issues in the workplace. Vishu is a PhD candidate in the I-O psychology program, and is conducting this study for his dissertation research.

The purpose of the study is to get an in-depth understanding of faculty members' experiences of stress, well-being and work-life interference. During the study, we will also be investigating the work resources that are most valued and the work demands that are most draining for faculty members.

If you agree to participate, you will be asked to take part in a one-hour interview with Vishu, where he will ask you questions related to the issues above. You will also have the option of taking part in a follow-up 45 minute focus group session so that he can present the findings of the study to you, and ensure that no important concepts are missing. Your contribution to this study is important because it will help the Department of Pediatrics to better understand some of the difficulties and stressors that faculty members are facing, and allow you to make suggestions about how these issues could be addressed. Your decision to take part in this research study will not affect your employment.

Please send me an email to let me know if you would like to participate or not. If you can participate, XX will contact you to set up a convenient time for Vishu to meet with you in your office between Jan-Mar 2015. The meeting can take place on a weekday between 8 am-6 pm. If you have any questions about this study, feel free to contact me directly.
Thank you.

[Redacted for confidentiality]
Director of Faculty Development

Appendix B

Consent Form to Participate in the Study

A Qualitative Investigation of Faculty Well-being at XX

Principal Investigator:

[Redacted for confidentiality], MD, Director of XX, XX

Co-Investigators:

Leanne Son Hing, PhD, Professor, Department of Psychology, University of Guelph,
519-824-4120 ext. 54474, sonhing@uoguelph.ca

Vishi Gnanakumaran, PhD candidate, Department of Psychology, University of Guelph,
519-824-4120 ext. 58931, vgnanaku@uoguelph.ca

Purpose of the Research:

You are invited to take part in a research project to study well-being among faculty members in the Department of Pediatrics at XX. The purpose of this study is to gain an in-depth understanding of pediatric faculty members' experiences of stress and work-life interference. We are also trying to determine which resources most help faculty to do their jobs, and which workplace demands cause the most hindrance. This research will help the Department of Pediatrics to determine how best to address issues of work-life interference and stress that faculty members may be facing. This study is open to all faculty members in the Department of Pediatrics.

Description of the Research:

You will be asked to participate in an interview that will last approximately one hour. During the interview you will be asked questions about your general experiences of work, as well as your experiences of stress, well-being and work-life interference. You will also be asked questions about the resources and demands in the department, and your beliefs and attitudes about them. We also ask you to participate in a focus group session that will take place at a later date. At this focus group session, you and several other interviewees will be asked to clarify and confirm the information that was provided in the one-on-one interviews. During the focus group session, no participant will be identified as having made a specific comment. The purpose of the focus groups is to come to a consensus about the major themes that were brought up by participants in the interviews. The interview will last approximately one hour and focus group session will be 45 minutes.

Potential Harms:

For some people, talking about stress and triggers that lead to stress can make them somewhat anxious. You may choose not to answer any questions that you are uncomfortable with.

Potential Discomforts or Inconvenience:

Participating in a focus group may be somewhat uncomfortable for some, and there is also a risk to your privacy when taking part in a focus group. You can control this risk by only providing information that you would comfortable making public.

A potential inconvenience of the study will be the time that you are committing to participate in the interview and focus group session.

Potential Benefits:

To individual subjects:

Participating in this research will give you the opportunity to reflect on your work and its meaning to you. You will also be able to identify stressors in your personal and work life, and identify ways that these issues could be addressed.

To the organization:

Your contribution to this study is important because it will help the Department of Pediatrics to better understand some of the difficulties and stressors that its faculty members are facing, and allow members to make suggestions about how the issues could be addressed.

Confidentiality:

We will respect your privacy. No identifying information such as your name or position will be released. Results of the study will be presented to the Chair of the department in aggregate form. No individual identifying information will be provided to the Chair or appear in any publications. The Chair will not know who chose to participate and who did not.

Interviews will be recorded using an electronic recording device. Recordings will be stored on a password-protected computer in a locked lab room at the University of Guelph. Only members of the research team and transcribers who have signed confidentiality agreements will have access to the data. After the interview has been transcribed, the audio recording will be deleted. Following completion of the research study, the transcription will be kept for seven years and may be used in future studies to answer similar research questions.

During the group meeting we will remind everyone that what is shared is private. Private information from the group should not be repeated outside of the group. We cannot be sure that information about you will be kept private. People in the group may share information about you with others outside the group. Therefore treat the focus group as a public forum, and do not reveal any information or say anything or that you would not say in public.

Reimbursement:

There is no reimbursement for your participation in the study.

Participation:

It is your choice to take part in this study. Your decision to take part in this research study will not affect your employment. You may refuse to answer any questions you are uncomfortable with, and you may withdraw from the study at any time without consequence. If you choose to withdraw, all data you have provided during the interview will be discarded. The audio recording of your interview will be deleted, as will any transcription of it. Any hardcopies will be securely shredded. However, any information you provide during the focus group session cannot be

deleted. You will be able to withdraw from this study for 6 months after the interview. Beyond that date, the researchers will already have disseminated the information.

You will be informed in a timely manner about any new information which may affect your decision to participate in this study.

Sponsorship:

The funder of this research is the Department of Pediatrics at XX.

Conflict of Interest:

Dr. [Redacted for confidentiality], and the other research team members, have no conflict of interest to declare.

Consent:

By signing this form, I agree that:

- 1) You have explained this study to me. You have answered all my questions.
- 2) You have explained the possible harms and benefits (if any) of this study.
- 3) I understand that I have the right not to take part in the study and the right to stop at any time.
- 4) I am free now, and in the future, to ask questions about the study.
- 5) I have been told that any information I share will be kept private.
- 6) I have read and understood pages 1 to 3 of this consent form. I agree, or consent, to take part in this study.
- 7) I do not waive any legal rights by signing this consent form.

Printed Name of subject

Subject's signature & date

Printed Name of person who explained consent

Signature & date

If you have any questions about this study, please call XX, MD at XXX-XXX-XXXX

This project has been reviewed and received ethics clearance from the University of Guelph Research Ethics Board and XX Research Ethics Board.

If you have questions about your rights as a subject in a study or for information on whom to contact in the event of injuries during a study, please call the Research Ethics Manager at 416-813-5718.

You may also contact Sandy Auld, the Director of Research Ethics at the University of Guelph, at 519-824-4120 ext. 56606 or sauld@uoguelph.ca

Appendix C

Consent Form for Audio Recording

A Qualitative Investigation of Faculty Well-being at XX**Principal Investigator:**

[Redacted for confidentiality], MD, Director of XX, XX

Co-Investigators:

Leanne Son Hing, PhD, University of Guelph
 519-824-4120 ext. 54474, sonhing@uoguelph.ca
 Vishi Gnanakumaran, MA, University of Guelph
 519-824-4120 ext. 58931, vgnanaku@uoguelph.ca

Audio Recording:

If you agree to participate in this research, your interview will be audio recorded. The purpose of the recording is to accurately record the information you provide, and will be used for transcription purposes only. If you feel uncomfortable at any time during the interview and wish to stop, the recording will be deleted. Only the researchers and assistants helping with transcription will have access to the recordings. Recordings will be stored on a password-protected computer in a locked lab room at the University of Guelph.

Consent:

By signing this form, I agree that:

- 1) I agree to have my interview audio recorded.
- 2) I understand that I have the right not to take part in the study and the right to stop at any time, and my audio recording will be deleted if I desire.
- 3) I have read and understood this consent form.

Printed Name of subject

Subject's signature & date

Printed Name of person who explained consent

Signature & date

If you have any questions about this study, please call XX, MD at XXX-XXX-XXXX

If you have questions about your rights as a subject in a study or for information on whom to contact in the event of injuries during a study, please call the Research Ethics Manager at 416-813-5718.

You may also contact Sandy Auld, the Director of Research Ethics at the University of Guelph, at 519-824-4120 ext. 56606 or sauld@uoguelph.ca

Appendix D

Interview Guide/Script

Hello, my name is Vishi Gnanakumaran. I'm a PhD student in the Industrial-Organizational Psychology program at the University of Guelph. In this interview I'm going to ask you some questions about your experiences working at XX. The purpose of the research is to help understand some of the stress and work-life interference experiences of faculty members in the Department of Pediatrics.

It is your choice to take part in this study. You may withdraw from the study at any time without consequence. If you choose to withdraw, all data you have provided will be discarded. The audio recording of your interview will be deleted, as will any transcription of it.

The interview will last approximately one hour. You will also be asked to participate in a focus group session at a later date, where you and other interviewees will be asked to confirm and expand on the information provided in the interviews.

Participating in this research will give you the opportunity to reflect on your work and its meaning to you. You will also be able to identify stressors in your personal and work life, and identify ways the department could help to address these issues. For some people, talking about stress and triggers that lead to stress can make them somewhat anxious. You may refuse to answer any questions you are uncomfortable with.

All information you provide will be kept strictly confidential. No one outside of the researchers will be made aware of who chose to participate and who did not. Results will be presented to the department in aggregated form only. No individual identifying information will be provided.

Before you sign the consent forms, do you have any questions or is anything unclear?

Job Description and Status

Can you describe the work that you do? What role do you play in the hospital?

Probe for seniority (e.g., full professor), role (i.e., academic clinician, clinician-scientist, clinician-investigator), full/part-time, and tenure (how long they have been at the hospital)

Personal and Organizational Values

Please describe some of the faculty members that are admired the most around here. Why do people feel this way about them? There is no need for you to use names.

Job Satisfaction

How do you feel about your job and the work that you do? What do you like most about it? What do you like least? Can you give an example?

What were you hoping your work would look like when you started here, and has it lived up to that?

Job Engagement

What about your work is particularly motivating for you? What gets you excited? Can you give me an example? How do you think this affects your well-being in general?

Job Stress

How stressful do you find your work to be? What is particularly stressful for you? Can you give me an example? How do you think this affects your well-being in general?

Probe for strain, physical and psychological effects

Success and Promotion

Do you feel that you are successful at your job? How do you think this affects your well-being?

Can you tell me about how the evaluation and promotion process works here? When was your last CDCP (Career Development and Compensation Program)? Do you believe the process is fair?

What about promotions within the university? Are both positions (hospital and university) valued and respected?

Major Demands

What are some of the challenging demands at work that make it more difficult to achieve your work goals? These could be personal, or job-task related. It could include things like workload, undesirable or difficult tasks, or things of a more social or emotional nature.

Prompts (only if they can't think of anything):

Poor equipment, insufficient office space, abusive supervisor, difficult colleagues, tough cases, dealing with troublesome patient families, long work hours, undesirable tasks (e.g., paperwork), dual role of clinicians and academics

Are there other demands that are really challenging for other people?

Follow-up: Who are you talking about? Pediatrics faculty at XX? Your division?

Perceptions and Evaluations of Distribution of Demands (*probe deeply for this question)

Do some people face more demands than others? To what extent are they unequally distributed? Can you give an example? Do you feel this is appropriate? Why or why not?

What determines the demands each person faces? Do you think this is fair? Do you think that any group memberships come into play in terms of who gets what? (e.g., gender or ethnicity) Why or why not?

Follow-up: Who are you talking about? Pediatrics faculty at XX? Your division?

Essential Resources

What personal needs or goals does work help you to fulfill?

What kind of resources can you access at work that makes it easier for you to achieve your work goals? These could be personal, or job-task related. Think of things the organization or leaders can give you to make it easier for you to do your work, like material resources or social resources.

Prompts (only if they can't think of anything):

equipment, training opportunities, mentoring, bonuses, access to information, support from coworkers, respect, and recognition from leaders in the hospital.

Are there other resources that are really important for other people?

Follow-up: Who are you talking about? Pediatrics faculty at XX? Your division?

Perceptions and Evaluations of Distribution of Resources (*probe deeply for this question)

Do some people have more resources than others? To what extent are they unequally distributed? Can you give an example? Do you feel this is appropriate? Why or why not?

What determines how much essential resources people have? Do you think this is fair? Do you think that any group memberships come into play in terms of who gets what? (e.g., gender or ethnicity) Why or why not?

Follow-up: Who are you talking about? Pediatrics faculty at XX? Your division?

Work-Life Contextual Information

Do you have any young children or other relatives that you are caring for? Are there any other major commitments in your personal life that create a drain on your time or resources?

Work-to-Life Interference (*probe deeply for this question)

Does your work interfere with your non-work life? In what way? Can you give me an example? How many hours do you work at the hospital, and how much do you have to work at home? What effect does this have on you and your family?

Prompts: children, elder care, behavioural, cognitive, time, strain?

Life-to-Work Interference (*probe deeply for this question)

Does your non-work life interfere with your work? In what way? Can you give me an example? What effect does this have on you and your family?

Prompts: children, elder care, behavioural, cognitive, time?

Coping Strategies

Can you tell me about some specific strategies that you use to cope with the stress caused by your job or by work-life interference? What resources do you draw on to help with work-life interference?

Prompts: alter your schedule to spend more time away from work, partner that enables you to work more at the hospital, employ nanny or helpers at your home

What resources outside of work do you draw on to help manage demands in your personal life? Have you used any of the hospital's wellness-related programs or services (e.g., book club, gym)? If so, how effective are they?

Do you think these issues are inevitable, or could something be done to improve it? What do you think could be done?

Work vs. Non-work demands/resources

What do you find more stressful, demands at work or demands at home? Why?

How do you find yourself dealing with demands at work versus demands at home? Are you more successful with one over the other?

Work-Life Facilitation

Have your work and non-work lives had any positive effect on each other? Can you provide an example?

Relevant Comparison Group

When responding to the questions today, who were you thinking about: people in the hospital in general, just the faculty, just the pediatrics department, just your division? Or some blend?

Group Dynamics

How do people in XX (*depending on answer to previous question*) get along? Can you give examples?

Final Comments

Is there anything else that you would like to share about the areas we've discussed today?

We greatly appreciate you sharing your experiences with us and for taking your valuable time to contribute to our research. I also want to remind you that it is normal to feel stress at work sometimes, and that everyone struggles to balance their work and personal lives. If you're struggling with stress or other issues at work, the Ontario Medical Association has a physician health program which offers services that may help. You can access it by going to php.oma.org When we have finished data collection, we will hold small focus groups with participants to share our findings and to get your feedback on them. Thanks again!

Appendix E

Coding Guide

Note: Codes denoted with (D) were coded deductively and codes denoted with (I) were coded inductively.

Research Question 1a: How do faculty physicians perceive and experience work-life conflict?

Code	About this Code	Example	Category	RQ #
Work – to – Home Interference (D)	Mention of work role or work activities interfering with participation in home role. (Participation in the work domain interferes or conflicts with the ability to participate in the home or non-work domain).	Interviewee: It is hard to disconnect from work. So there are times when I resent that. When I am with my own kids and husband. Interviewer: Could you like expand a bit on that or like give an example of what you mean? Interviewee: Sure. So a very concrete example is if one of the kids, I don't know, if one of the kids has a hockey game or something and I can't go because I am here with a patient or student after hours, that can be...you know, you can resent that for a little while. (Interview 3)		RQ1a
Home – to – Work Interference (D)	Mention of home role or home activities interfering with participation in work role. (Participation in the home domain interferes or conflicts with the ability to participate in the work domain).	Interviewer: Does your non-work life interfere with your work at all? Interviewee: Definitely. Interviewer: Can you give an example? Interviewee: Sure. So last weekend, my son was up with croup all weekend so he – croup – he was up all night. So two nights I barely slept and then I get up at 5:45 to work a shift that starts at 7:00 and I didn't get home from my shift until 7:00 PM, a 12 hour shift, on pretty little sleep, and that makes me very anxious because I worry I'm working a shift where I'm sort of in charge and the higher acuity department – area of our department and I worry that my lack of sleep could potentially affect my decision making. (Interview 13)		RQ1a
Take Work	Mentions taking work	“Many weekends are spent working. Many. So some are where I'm		RQ1a

Home (I)	home/working from home	formally on call, and preparing conference or answering call or reading echoes. And those that aren't, I still work a lot of the time on the academic stuff. So I do travel a lot. I give a lot of lectures. You could say that's not a requirement certainly. In fact, I've just been told I travel too much, so, you know, you could say I could cut back on that. But that's time preparing lectures, time being away. Paper writing, reviewing stuff for the department, the division, reviewing papers for journals. So that's all on personal time. Let's just call it after office hours.” Interview 30		
Negative Spillover (D)	Mentions experiencing negative spillover from one domain to another	“So, if work is particularly demanding -- work feels demanding to me right now because I’ve got this time crunch to be done. So, I do notice in myself when I go home at the end of the day that my kids are louder than they usually are. I think that’s just fatigue and it’s physical at this point in pregnancy that everything feels really tiring but yeah, if one thing isn’t working well, you feel less tolerant in your other environment, sure.” Interview 28		RQ1a
Permeable Boundaries (D)	Mentions that lines between work and home are “blurred”	“And, the thing that I found not helpful as well is that the clinical work even though on paper you have dedicated time to do the academic work, the clinical stuff eats into that and then, the academic work eats into my private time. My home time.” Interview 16		RQ1a
Elder Care (D)	Participant provides care to elderly family member(s)	“I do have an elderly mother who is bedridden and unwell and slowly dementing and it is a physical, emotional and financial challenge.” Interview 4		RQ1a
Working Spouse (I)	Mention of having a spouse who is also employed outside the home	“I don’t know that many other people that have two full time employed spouses in this sort of environment, they’re able to be productive, that two spouses are able to be productive in their careers and raise children, like it’s really challenging.” Interview 22		RQ1a

Young Children (D)	Mentions having young children at home	“You have a whole life outside of this place, so whatever is going on in your life interferes with your work, just like everyone else’s, but, you know, you’re the primary caregiver for three children, there’s a lot going on in your life.” Interview 22		RQ1a
Work-Life Balance (D)	Mention of striving to achieve balance between work and life	“Some people are naturally gifted at multitasking so I think for them it is easier. Some people at some level accept that there is no such thing as work-life balance and don’t get so upset that work goes home and home comes to work and all that sort of thing. But for people who are more rigid and sort of set in boundaries, then I think it can be quite stressful and there can be a lot of resentment built up.” Interview 3		RQ1a

Research Question 1b: How do faculty physicians’ multiple roles within their work domain influence their perception of work-life conflict?

Code	About this Code	Example	Category	RQ #
Multiple Roles at Work (D)	Mentions fulfilling or juggling multiple roles at work (e.g., research, clinical, educational)	“Interviewer: Okay. Can you describe the work that you do and the role that you play in the hospital? Interviewee: Well, I have a few roles. So, I’m a clinician in the hospital so do you want like all the details -- the specific details or do you --- Interviewer: No, so just more generally like --- Interviewee: Okay. So, I look after patients so I’m a clinician. I’m also the head of a division so I have a pretty big administrator role and I’m also a scientist in the research institute as well so have a basic science research lab. Interviewer: Right. Okay. And, are you assigned like a specific job role? Like, there’s academic clinician --- Interviewee: I’m a clinician scientist. Interviewer: Clinician scientist? Interviewee: Yeah. Interviewer: So, is that, do you do time between both? Interviewee: No, so well theoretically 75% or more of your time should be allocated so research but as I said, I have		RQ1b

		<p>a pretty big administrative role as well so it's not quite that split. So, it's probably more like 60% research, 40% clinical work and education and all the other administrative stuff. Interviewer: Okay. And, do you also have an appointment at the university? Interviewee: Mm-mmm. Yeah. So, I have two appointments. So, I'm in -- so, I'm a professor in the department of pediatrics and then, I'm also -- I have an appointment to the school of graduate studies so I'm a member of the IMS so the Institute of Medical Science in the School of Graduate Studies.”</p> <p>Interview 27</p>		
<p>Intra-Role Conflict (D)</p>	<p>Mentions conflict between roles at work</p>	<p>“So balancing this to be the research clinical and education is very stressful. The time – for our division – so for pediatric medicine, we do I think more service, quote unquote – I hate that word, but – service. So clinical time than - per physician than most other divisions because there just is a lot of clinical work and when I am on service, for instance, I won't even make it to my office. So if I'm on for a two-week stretch, there may be two week stretches where I actually never come to my office. So checking email happens on my phone or at night after my kids go to bed. My research and any teaching that I'm doing is happening sort of – well the research is not happening. The teaching I'm doing is sort of unplanned and on the fly. And then if there is another commitment – so, for example, a lecture at the university or something that I need to go to do, it's always sort of jam packed in there and that lecture which would be something that I typically would really enjoy, actually becomes a stressor and because I'm trying to ram it in to an already very very busy day. So yeah, that's stressful.”</p> <p>Interview 21</p> <p>“Interviewer: Okay. What do you like least about the job? Interviewee: So I think exactly what you are researching actually. So the stress on life in general. So I'm not particularly looking for a high stress environment, but that's kind of a by-product of the things that I</p>		<p>RQ1b</p>

		<p>was talking about before. So they kind of go in together, but it doesn't mean that I came into this job looking for the stress. It's kind of related to that. And it's on both sides. It's both the clinical and the research. So, you know, as a researcher, I have the stress of planning grants and of being productive and of publishing in high impact journals, of mentoring students, et cetera which is academic life, and is part of academic life, but I don't think a scientist then needs to be on call the long weekend like I am now and face phone calls 24 hours. They're all trying to get the papers written, and present surgical conference, which is a high kind of intensity with a lot of preparation. And so you get the benefits of both worlds, which is what I told you I liked about the job, but the price to pay for that is, I think, that pressure that's involved. And one thing that's just come up recently – well, maybe it hasn't come up recently, but it certainly bubbled to the surface recently is the tension between doing academia, being away, giving talks, and then other people being here doing the work and that tension. So that wouldn't happen, I think, in a scientific environment. If you're away, it's your lab or, you know, if you're the PI on the lab, then you're not there in your lab, and it's not affecting other people as much.”</p> <p>Interview 30</p>		
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Research Question 2: How do faculty physicians perceive and experience work-life facilitation?

Code	About this Code	Example	Category	RQ #
Facilitation (D)	Mention of how work and non-work roles facilitate each other (participation in one role facilitates or aids participation in the	<p>“Interviewee: Ok. Have your work and non-work lives had any positive effect on each other? Interviewer: Oh yeah, for sure. I think that the work that I do here gives me a perspective that helps at home and vice versa. I think having kids, it gives you an interesting perspective when you are caring for kids in this setting. So absolutely. It’s a privilege to be a</p>		RQ2

	other)	<p>physician and to work with families and children. And I don't see how that can't be beneficial outside of here.”</p> <p>Interview 3</p> <p>“Oh, I'm sure they have. I mean I think I'm a better mom because I'm working. I really do. Because I have that part of me fulfilled, that part who wants to be an adult – an adult conversation, who wants to be making a difference, wants to be helping others. That's really fulfilled through that and then by having that fulfillment I'm happier. I'm, I think, a better mom because of that. So yeah. And I think for sure, being a mom, has allowed me to be a better pediatrician. So I can really relate to parents, their fears. I have a lot more patience for families. I have a lot more knowledge. I can relate to kids better. So for me, being a mom has been, I think, for me, has made me a much better doctor.”</p> <p>Interview 13</p>		
Positive Spillover (D)	Participant mentions positive aspects of one domain spilling over to the other domain.	<p>“So I think being successful at one make you successful at the other. So just successes at work make you happy which makes you happy at home which makes you more successful at home which makes you more productive at work.”</p> <p>Interview 21</p>		RQ2
Positive Role Model for Children (I)	Participant mentions that being a physician serves as a positive role model for children	<p>“Interviewer: Right. Okay. Have your work and non-work lives had any positive effects on each other?</p> <p>Interviewee: Yes, absolutely. Yeah, yeah, yeah for sure. I think I -- I think that my work has a positive impact on my family, on my children's understanding of like of many, many things. So, understanding of everything from you know, helping professions and commitments, helping other people to the spectrum of people that exist in the world and what illness means and what disability means to I think my work.”</p> <p>Interview 17</p>		RQ2
Salary, Pay,	Mention of salary, pay, bonuses as	<p>“The good effect is that it provides me a stable income and good benefits, and my family enjoy that. They can go to the dentist and, you</p>		RQ2

Bonuses (D)	helpful resources	know, they can do their expertise and my wife isn't working at the moment. She wants to, but we're able to do that on a non-urgent basis. So she'll find work and it will help. So that's good and on the other hand, I think that the price that is paid is everything I mentioned before.		
		Interview 30		

Research Question 3: How are perceptions of demands related to faculty physicians’ experiences of work-life conflict?

Code	About this Code	Example	Category	RQ #
Culture/Climate Work Demands				
100% Availability (I) <ul style="list-style-type: none"> • Constant Emails on Personal Time (I) • Travel (I) 	Participant feels expectation to always be available for contact (for work). <ul style="list-style-type: none"> - Includes checking and answering messages/emails ASAP on personal time - Mentions travel as another work demand (pressure to travel to conferences, etc) 	<p>“The downside is to do this work optimally requires long hours, a lot of on call and a lot of work beyond the end of the typical day. So it is – it’s a given. It’s normal for me to take work home every night of the week and it’s very normal for me to work every weekend at some point. The only exception would be when I’m physically on vacation and even then, I will find time to keep up with my email, most typically. So it does require – it requires absolute devotion, I think, to your clinical practice and your administrative responsibilities and your accountability to your team and your division.” (Interview 4)</p> <hr/> <p>“So I’m only here three days a week even one day if I’m not here like I’m in a constant barrage of emails and things that need to be attended to, so even when I’m on my own personal time it’s not, there’s always stuff that I have to deal with and address, like you know maybe 10 emails to make three minutes each over the course of a day but it’s not like your time is your time. (Interview 1)</p> <hr/> <p>“I was told that I would never get promoted unless I started giving international talks but I have three young children at home, I don’t want to travel abroad to be giving talks all the time. There is already</p>	Demand	RQ3a

		<p>enough travel in this job for research purposes and I already require enough of my husband to look after the three boys in my 12 hour work day some days, right? And so I don't want to travel but there is a very clear message that unless that happens you are not going to get promoted even though I am quite involved in teaching.”</p> <p>Interview 3</p>		
Academic Productivity (I)	Pressure to conduct research	<p>“I think the stressful part comes from the academics, trying to make sure that you're delivering good academic deliverables because I think the expectations here are quite high for that and it's a challenge.”</p> <p>Interview 15</p>	Demand	RQ3a
Clinical Work Undervalued (I)	Mentions that clinical work is undervalued at the hospital (e.g., compared to research)	<p>“I think people would say that this institution in general values research and research productivity, research recognition and then less so, education and then less so, clinical care, even though that may or may not be true, that's the mythology, that's the story here, so and it probably is true. So I think the people that have made big achievements in the research end of things are highly valued.”</p> <p>Interview 22</p>	Demand?	RQ3a
Demands are Inevitable (I)	Participants mention that the demands they face at work are inevitable, a part of the job, what they signed up for	<p>“I don't think there's anything to complain about. I think it's – when people sign up to go to medical school, I think that's part and parcel of what we're signing up for is, you know, it's not a 9:00 to 5:00 job.”</p> <p>Interview 29</p>		RQ3a
Socio-Emotional Work Demands				
<p>Difficult Interaction (I)</p> <ul style="list-style-type: none"> • Conflict within Division (I) • Difficult Patient Interactions 	Negative interpersonal interactions (conflict, fighting, disagreements) with others in the workplace, including	<p>Some of the personal conflicts in my division are very stressful. So, and I think of other divisions too like you know, conflict -- personal conflict in the workplace, I find distracting, sometimes unprofessional and absolutely stressful.</p> <p>Interview 16</p> <p>“What can be challenging with certain families like not the children so much but parents can be -- with doctor Google can be very challenging because they come in with preconceived notions and</p>	Demand	RQ3a

(I)	coworkers, patients, and patients' family	often, their demands are -- I listen but sometimes they're like off the chart. Like, you can't meet their demands because they want something specific, even before I even met them, they want this done and they want an MRI tomorrow and they want this done. So, families can certainly be challenging..." Interview 25		
Emotional Load (I)	Participant mentions the draining emotional aspect of the job	"...When I have a sick child or a case that's difficult you know, I will think about it for days and hence, I know if I have a bad case, I'm not sleeping that night." Interview 19	Demand	RQ3a
Structural Work Demands				
Poor Administrative Support (I)	Lack of administrative support, or administrative staff that are not helpful	"Challenges for my administrative work, so one is lack of time in my program role and two is that I have an assistant who is lovely but she's not terribly organized so and so sometimes I'm held back by if I need her to do certain pieces and she hasn't kind of completed those tasks and got back to me in a timely manner it slows me up." (Interview 1)	Demand	RQ3a
Poor IT (I)	Mentions difficulties or complains about the IT	"I think since information technology is sort of the nervous system of the hospital, I think there are lots of things around IT in my everyday work, you know, the computer hardware, the computer software and the lack of that about the way that makes people think about process is the fact that we still you know, shovel huge carts of charts around everyday for people to sign and stuff. Everybody agrees that that's ridiculous but since the tools aren't in place to be able to do away with that, we continue to do it. Yeah. And, I think - - yeah, I think most of the people out here find that frustrating. Again, I believe that that's gonna get fixed." Interview 14	Demand	RQ3a
Staffing (I)	Mentions lack of staffing	"...Basically we're chronically short of bodies and I'm perfectly capable of, you know, going to do a consult myself and I do that all the time ... But when you go to clinic, and you've got 25 patients booked to be seen in a separated time and you find out, well, so-	Demand	RQ3a

		and-so is sick and somebody's on holidays and the person who's supposed to cover them – and all of a sudden you just don't have enough people to see the patients. Then the stress level goes up. You're constantly behind. If you get a, you know, difficult patient in the middle of that that slows you down, they're backing up. People are, you know, angry by the time they walk in through the door because they've been waiting so long and – and so it's the inability to match the manpower to the patient workload all the time that's a very stressful aspect of the job.” Interview 11		
Insufficient Physical Resources (I)	Mentions feeling burdened or hindered by the lack of physical resources available (e.g., office space, equipment)	“When it comes to equipment and supplies, you never have what you need. You're always fighting for new and improved technology because we are a technology driven specialty so it's really important for us and we don't have the necessary capital to purchase the equipment that we need when we need it. We're always playing catch up. So that's frustrating.” Interview 4	Demand	RQ3a
Financial Situation of Hospital (I)	Mentions financial situation of the hospital as an added demand that they must account for	“...So three or four years ago we didn't have, you know maybe 10 or 15 years ago we weren't, the hospital wasn't seeing financial strains that it is right now so I think you know here is someone who is coming in the last year it's very different climate financially then it was three years ago, five years ago, 15 years ago. So programs are you know in danger of having, of losing positions so that effects everybody who has someone in the program.” Interview 1	Demand	RQ3a
Grants-Funding (I)	Mentions that seeking grants and funding are a stress of the job	“Getting research funding I think is very stressful for some especially if you are...if you have hired people for your lab and then your grant doesn't get renewed, it is a big deal for you but it is also a big deal for those people whose jobs are dependent on that grant renewal.” Interview 3	Demand	RQ3a
Schedule (Irregular,	Mention of irregular schedule, shiftwork,	“the way our schedule is structured it's hard to make every meeting sometimes that you need to in order to have research progress. So if	Demand	RQ3a

Shiftwork) (D)	late night shifts, overnights, weekends, as disruptions, difficult, draining, demanding	I need to be here, I need to be there, I need to be there. So some of those things are really challenging if you work a swing shift the night before and don't get home till 1:00 or if you – someone wants to meet in the morning at 9:00 but you have an overnight shift later that day and, you know, there are – there are things with the schedule that are challenging.” Interview 15		
Lack of Control-Autonomy at Work (I)	Mentions having lack of control or ability to make decisions at work	What I like least about the job is the fact that it's really a situation where you have very little control over your life. So when I'm on the ward or when I'm on the consult service, I just have to take whatever is thrown at me. If it's, you know, five admissions in the day and we're juggling beds and, you know, trying to find a place for all these kids or – like the week I had last week where we couldn't get through one consult and it was another two coming in and it – you know, so there's a certain amount of prioritization that has to happen that you – you say that can wait till later today or it can wait till tomorrow, but there's some days when everything is urgent and there are not enough bodies or hours to go.” Interview 11	Demand	RQ3a
Workload (D) <ul style="list-style-type: none"> • Time (D) • Break (I) • Paperwork (I) • Hours (D) • Pace of Work (I) 	Mention of draining workload, or lots of work. Includes: <ul style="list-style-type: none"> - Lack of time, time pressure - Inability to take a break - Paperwork as additional workload - Long hours spent working as a result of high workload 	“...there's always more work to be done so it's almost like a never-ending pit. You just try to do as much as you can and -- and stay sane.” Interview 5 <hr/> “Well, for example, you know, a book chapter is a huge undertaking. It's hundreds of hours of work that don't get done here, that get done on your own personal time, nights and weekends. So you have to decide. Is that, you know, is that important. Writing papers rarely happens – again, you know, I try periodically when I'm not on service – when I'm doing the kind of the week where – like this week where I have – I'm, you know, I'm not on in-patient service. I will try and see whether I can carve out a day where I can actually stay at home away from the computer, away from, you know, people interrupting, and try and do some	Demand	RQ3a

	<p>- Pace of work as addition to workload (amount and pace)</p>	<p>academic work, and that would be to – you know, working on research protocols or publishing manuscripts, that kind of thing. But the – the – the job doesn’t end at 5:00 or 6:00. You know, last week I was on patient consult service and by the time we signed over on Friday I still had four consults that needed to be – now they were ones that came in during the day. It’s not fair to ask the person on call to do that, so I was here until 8:00 on Friday night finishing up the work that didn’t get done during the day. Is that because my time management sucks? Well, partly. But mostly because there was more work to be done than was possible to do in the time and with the manpower that we had. And that’s not – that’s not unusual.” Interview 11</p> <hr/> <p>“[There are] days where I don’t go to the bathroom. I don’t eat lunch. And I don’t go home at 5:00 or 6:00 at night. The day doesn’t end till 8:00 or 9:00 or 10:00 by the time we get back and you deal with all the stuff in your office. So that’s quite a stressful aspect of the job.” Interview 11</p> <hr/> <p>“Well, sitting on different...going to different meetings, sitting on committees, paperwork...the amount of paperwork at this hospital is...you can drown in it.” Interview 2</p> <hr/> <p>“I’m here from -- oh, many hours. So, I am here usually by about 7:30 or so and I’m usually not leaving the hospital until about 6:30 or so. This is just a typical day and then, when I go home, I often will do two more hours of work at home. And then, on the weekend, I will usually spend probably a half to one day doing work. So, it’s a lot of hours.” Interview 27</p> <hr/> <p>“The pace I think to, we work at a frenetic pace in medicine and you don’t have time to think and reflect so that, I wonder if I’d be</p>		
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		<p>more efficient if I had that time.” Interview 20</p> <p>“I think what I enjoy least about it is the pace. It’s really fast-paced and it’s impossible to do sort of everyday tasks like open your mail – which is what I was trying to do when you got here. So there’s just no time.” Interview 21</p>		
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Research Question 4: What consequences do faculty physicians perceive work-life conflict and work-family facilitation to have on their stress and well-being?

Code	About this Code	Example	Category	RQ #
Sacrifices (I)	Mention of sacrificing things (e.g., events, time with family, work, etc) to participate in one domain	<p>“If a bunch of things are piled up and I can’t get to them because I’m, you know, because I’m on service or even if I’m not on service, this is unusual but that’s sort of in the extreme case, when it’s sort of out of control and even with like a, you know, a twelve hour day, I come home and you know, the kids are in bed and I’m right back at the computer to do more work. That’s -- those -- that’s not healthy. I think the long hours, I have really compromised things like you know, fitness and personal time and hobbies and down time like there’s time when I just have zero of that.” Interview 23</p>	Consequence	RQ4
Burnout (D)	Mention of burnout, feelings of exhaustion, feeling drained	<p>“We used to talk about it quite a bit because there was quite a fear of burnout and we’d see that. Like even now, with even having people where most of the people that are a few years ahead of me now are part-time. They have other business interests. They only work clinically part-time. And I think it’s a real – a real thing kind of burnout.” (Interview 15)</p>	Consequence	RQ4
Guilt (D)	Mentions feeling guilty as a result of	<p>“So it’s snowing and – let’s just say many example from last winter. It’s snowing. I – my kids are – my oldest was in school. My</p>	Consequence	RQ4

	WLI	<p>other one was in a nursery school and my youngest one is a baby at home. My caregiver doesn't drive. She pushes them – they walk everywhere. We're really fortunate to live in an area where we can walk everywhere. But the sidewalks aren't shoveled because there's too much snow. People aren't shoveling their sidewalks. She can't push the stroller physically through the snow. So they have no way to get anywhere, to get where they need to be and I'm working. So I feel very guilty, knowing that – or yesterday my children had to walk to and from school. It's pretty cold and for me I feel guilty. I feel like I should be driving them or helping out with that, that they shouldn't have to walk. My baby shouldn't have to go out in the cold. So those are some of the typical, you know, things that I'm dealing with. My daughter has a field trip. She wants – the parents are allowed to volunteer to come. She wants me to come. I can't come.”</p> <p>Interview 13</p>		
Impact on Children (I)	Mention of impact of WLI or WLF on children	<p>“The children, that was hard, ‘cause you have to outsource everything, you're just outsourcing all the time. And so one of my children ... said one time they were asking for donations to Sick Kids, she stepped back, became a little red in the face and she said I gave my mother to Sick Kids, that's a real tear jerker and it's true. I actually tell that story a lot usually without the tears because that's the price, but so the family is one thing.”</p> <p>Interview 12</p>	Consequence	RQ4
Impact on Spouse (I)	Mention of how WLI or WLF impacts spouse	<p>Interviewer: Right. Okay. And what effect do you think the work-life interference has on you and your family?</p> <p>Interviewee: I mean I think I don't know my husband that well any more. Yeah.</p> <p>Interviewer: Okay. Anything else?</p> <p>Interviewee: Just time. Just I don't get enough time with them. And I'm stressed. Certainly I'm stressed a lot and my family I'm sure picks up on that.</p> <p>Interview 21</p>	Consequence	RQ4

<p>Self-Care (I) - Health (D)</p>	<p>Participant mentions lack of self-care as consequence of WLI - Includes impact on health</p>	<p>I am well aware that I need to take better care of my health, that I need to find time to exercise, that I need to make sure to eat regularly, that I need to not exist on just coffee, which is my standard diet in the course of the day. There's always – I've got coffee machines here and in the transport office and in the follow-up clinic and in the – so coffee machines everywhere. I don't even take the time to go to Starbucks because that's time that I probably haven't got. But I recognize that that is an issue and it's one that I've never actually found a solution to because it seems to take more willpower than I have. So I'm not good about eating regular meal – sorry, regular lunches or having, you know, regular dinnertime at night or whatever and I'm certainly not at all good about exercising and finding time to do that. But I keep coming up with resolutions week after week after week that I'm going to spend a bit more time looking after myself and a little less time looking after everybody else. But honestly, the willpower just is not great and the motivation obviously to be – to be more attentive to my personal health is not as good as it should be.” Interview 4</p>	<p>Consequence</p>	<p>RQ4</p>
<p>Sleep (I)</p>	<p>Mentions lack of sleep as consequence of WLI</p>	<p>“You know, I – you know, a few years ago, it takes a – it takes a toll. And you – you know, I went through a period where I was so sleep deprived it's a wonder, you know, I could function. It's a wonder I didn't kill myself falling asleep at the wheel of the car. And, you know, I suddenly said why am I – why am I killing myself like that? But that is – that is the danger in a job like this.” Interview 11</p>	<p>Consequence</p>	<p>RQ4</p>
<p>Stress (D)</p>	<p>Mention of stress as negative repercussion of WLI</p>	<p>“I think one thing is that people -- faculty don't take care of their own health so they don't do things like exercise. You know, maybe we don't pay as much attention to good nutrition as they should just because they're just trying to get through the day and they don't really have time to go grab something to eat or whatever it is so for sure. And, I do see stress amongst my colleagues as well and I do, you know, yeah definitely people are stressed and that can -- that</p>	<p>Consequence</p>	<p>RQ4</p>

		<p>can result in -- it can be mild and it can be severe and I've seen both hands of the spectrum. Interviewer: So, the people who was severe... like what are some of the symptoms? Interviewee: Well, some people have had to take leaves of absence and you know, have whatever to try to deal with their health and get the help that they needed but you know, yeah and there have been leaves of absences.”</p> <p>Interview 27</p>		
Time with Family (I)	Mentions time with family as being limited or sacrificed as a result of work/WLI	<p>“I'm often at work when there's kids, you know, school activities or one of their sports activities or – you know, my son got a belt in karate. I mean he makes a substantial thing, and I'm wasn't, you know, I'm not there, even if it's in the afternoon to evening. I'm not there when they get up in the morning, any day. I come home and I should spend much more time with them, but I continue to work often, spend a little bit of time together. That's basic day to day things that I find the most – if I'm on call, I'm not – I'm often – it interrupts with the family events or personal events. And if I'm grant writing and the deadline is in September, that's summer that I'm not with my kids. So I think it's very substantial.”</p> <p>Interview 30</p>	Consequence	RQ4
Job Satisfaction/ Engagement (D)	Mentions being satisfied with job, being engaged at job/loving work or their job	<p>Interviewer: How do you feel about your job and the work that you do?</p> <p>Interviewee: I love my job. I have the best job in the world.</p> <p>Interview 14</p> <p>“I love my job, I have the best job in the hospital. I get to do education half the time and I get to do clinical work and I can't imagine not doing one of those so I have the best, I think I have a great job, it's way to busy but I have a really great job. (laughing)”</p> <p>Interview 20</p> <p>Interviewer: How do you feel about your job and the work that you do?</p>	Consequence	RQ4

		<p>Interviewee: I love it. I think it's an amazing privilege to wake up every morning and come here and get to do what I do and see what I see and interact with the people I interact with, both co-workers and patients and families and trainees, all of the above. And, you know, to get a pay cheque for it at the end of the day is – it's like unbelievable.</p> <p>Interview 29</p>		
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Research Question 5a: How are perceptions of work resources (that lessen work demands) related to experiences of work-life conflict?

Code	About this Code	Example	Category	RQ #
Instrumental Support				
Hospital Support (I)	Mentions feeling supported (given resources, given respect, recognized) by the hospital, the institution, the organization.	<p>“The organization gives you can office, a secretary. We get allowance. We get academic allowances to travel to meetings, to buy memberships and books -- nobody buys books anymore, I buy apps if you will for all that matter. You know, or different things that you need so we have a lot of supports because of this institution that you would not have in a private practice setting. So, that makes it easy. That makes a huge difference.”</p> <p>Interview 8</p>	Resource	RQ5a
Administrative Support (I)	Administrative staff that help to manage participants' workloads (can include research, clinical)	<p>“On a day to day basis, having a highly effective administrative assistant is something that has made my life much more tolerable. I've had like five since I've been here and I finally have someone who I can trust, who is really competent, who anticipates and who really got my back and that's huge.”</p> <p>(Interview 23)</p>	Resource	RQ5a
Physical Resources (D)	Mentions having access to physical resources such as office space, equipment	<p>“So, I mean I have a pretty nice office and really anything I need you know within reason their willing to provide, I don't share an office, you know I have my own space, so yeah other than the temperature in here some days but that's nothing that he can do anything about it's an old building.”</p> <p>Interview 20</p>	Resource	RQ5a

		<p>“So, the time to go and do my masters and the time to do the research and the time to write. That is the most important thing to have space for that creativity and that work. It might actually help to have two like separate spaces to work, not that I’m gonna get another office but it would be really helpful to you know, come here to do my clinical work and then, to have a separate space where I’m not distracted or disturbed by people that are doing clinical every day when I’m not responsible on that day for clinical care. So, I think a separation like a physical separation would be great even if it was like a temporary space to go and work. So, time, space both like mental space and physical space.”</p> <p>Interview 16</p>		
Emotional Support and Instrumental Support				
Coworker Support (D)	Coworkers provide support for participants (including covering for shifts, emotional support)	<p>Yeah, colleagues you know, one of the hallmarks I think at Sick Kids has been so much fun is people are highly collaborative so if I have a problem, you know, to solve people are very willing to work to solve it together. Whether it’s on the clinical side or you know, in your research question and then, administrative support to help manage things.</p> <p>Interview 6</p> <p>“Thank you, and I had to say during, so she was sick about a year and certainly in those last you know months and weeks I was extremely well supported by my peers here and my colleagues to take time so I would come in and do my clinical stuff and then the other time I would just go and that was probably for like a month or two before she died and then when she you know I had a week off after she died and then someone offered to do another week of clinical coverage for me so I took them to be with my daughter, so yeah that was like I was extremely well supported, like people were absolutely lovely, I felt very fortunate.”</p> <p>Interview 1</p>	Resource Strategy	RQ5a RQ5b

Good Division Head (I)	Mention of having a supportive division head	“Interviewer: So, do you have sort of the flexibility in your schedule to be able to do that? Interviewee: I will ask for it. Yeah. I have enough control over my schedule that I can choose to do things when he’s asleep and then, take away time from the day to do other things with him so I think I do have the flexibility and I had a -- a leader -- a division head that would be supportive of that but not all division heads would be.” Interview 16	Resource	RQ5a
Mentor-Supervisor Support (D)	Mentions having support (emotional, instrumental) from supervisor or mentor	I think like one of the most important things is mentorship and training opportunities. For sure. For sure. And I have an excellent clinical mentor and I have an excellent research mentor and there’s no way I would feel confident in continuing to do what I do without that.” Interview 16	Resource Strategy	RQ5a RQ5b
Personal Resources				
Salary, Pay, Bonuses (D)	Mention of salary, pay, bonuses as helpful resources	“The good effect is that it provides me a stable income and good benefits, and my family enjoy that. They can go to the dentist and, you know, they can do their expertise and my wife isn't working at the moment. She wants to, but we're able to do that on a non-urgent basis. So she'll find work and it will help. So that's good and on the other hand, I think that the price that is paid is everything I mentioned before. Interview 30	Resource	RQ5a

Research Question 5b: What strategies do faculty physicians use to manage their work-life conflict?

Code	About this Code	Example	Category	RQ #
Coworker Support (D)	Coworkers provide support for participants (including	“I had to say during, so she was sick about a year and certainly in those last you know months and weeks I was extremely well supported by my peers here and my colleagues to take time so I would come in and do my clinical stuff and then the other time I would just go and that	Resource Strategy	RQ5a RQ5b

	covering for shifts, emotional support)	<p>was probably for like a month or two before she died and then when she you know I had a week off after she died and then someone offered to do another week of clinical coverage for me so I took them to be with my daughter, so yeah that was like I was extremely well supported, like people were absolutely lovely, I felt very fortunate.” Interview 1</p> <p>I think interaction with colleagues, if it's positive, venting with someone, I think is an unrecognized source of, you know, stress relief, or maybe it's a stress instigator. I don't know, but if something's really bugging you, you've got to talk with people that might have insights, might feel the same way or not. Interview 30</p>		
Cut Back from Full-Time (I)	Participants mention changing their full-time work status from “1 FTE” to “.8 FTE” or “.5”	<p>“And in fact my big strategy coming up now that my daughter is going to university in the fall if all goes according to plan, will be to cut back to point eight full time. Some people who do that will work four days a week. I will do it so that I work full time but will have extra unpaid leave. So it’s a 20% salary cut but it will put me better in line with – with what happens in my personal life...” Interview 11</p>	Strategy	RQ5b
Control-Autonomy (at Work) (I)	Participants mention having control or autonomy over their work, especially scheduling	<p>“I could just say no, I won’t review that manuscript. No, sorry I can’t look at that for you. You know? It’s 5 o’clock and I’m done for the day but I kind of choose not to and that’s partly maybe a little bit pathological but it’s also -- it’s par for the course like I don’t think I have a -- I think there’s a few colleagues who actually don’t work on their personal time and I think they’re productivity is less and they’re - - and then, it just takes them a little bit longer to -- to achieve things but that’s okay. It’s nice that they have the freedom to make that choice.” Interview 23</p> <p>“I wonder if my kids are gonna be like those kids who are like, well my mom was a doctor and she was never around. I don’t think so. But,</p>	Strategy	RQ5b

		<p>it's -- the times when you work all week and then, work all weekend and then, work all the next week are pretty brutal and they're -- we should really I think, think about that and maybe -- I don't know how to deal with that but the long stretches of being really absent are hard. I don't know what else to say about that. I think having a little bit of flexibility to occasionally work from home or work a short day and then, do work later allows you to be a little more able to go to those evening concerts and go in late after having a parent-teacher in the morning and things like that. So, it's pretty critically important that we maintain I think some flexibility.”</p> <p>Interview 23</p>		
Exercise (I)	Mention of using exercise as method of managing stress, improving well-being	<p>“Interviewer: Okay. Can you tell me about some specific strategies that you use to cope with the stress caused by your job or by the work-life interference? Interviewee: Exercise. I like to try when I can find the time. It's definitely not as much as I would like, but I find exercise a very helpful way to deal with stress.”</p> <p>Interview 13</p>	Strategy	RQ5b
Caretaker or Nanny (D)	Mention employment of caretaker or nanny for children or housekeeper for housework	<p>“So do you have to – you know, if you've got two working parents, who stays home with the child or do you have alternate child care arrangements? So I dealt with that stress by – and we've had a full-time nanny/housekeeper since my kids were little until they, you know, finished school basically and the requirements change and they go from more, you know, nanny to more housekeeper kind of thing. But – so that – I mean that was how we dealt with it because, you know, two professionals, me being on call.”</p> <p>(Interview 11)</p>	Strategy	RQ5b
Friend and Family Support (D)	Mention of support given by, or received from, friends or family (outside of work)	<p>“...my wonderful mother-in-law used to babysit. A core group of friends, do they help me -- yeah, they help me get on with life and make life enjoyable.”</p> <p>Interview 25</p>	Strategy	RQ5b
Spousal Support (D)	Mentions receiving helpful	<p>“Interviewer: So, when your children were young, did you use like a nanny or anything like that? Interviewee: No, we -- my wife took -- put</p>	Strategy	RQ5b

	spousal support	ten years -- at least ten years on hold in her career because we wanted a stay a home parent so it was either me or her and it was chosen to be her and she spent ten great years at home as our kids I think went off into grade 8 or 9 or 7.” Interview 25		
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Research Question 6: Are there subgroup differences surrounding faculty physicians’ experiences of work-life conflict? For example:

Code	About this Code	Example	Category	RQ #
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Research Question 6a: How gendered are the experiences of work-life conflict?

Code	About this Code	Example	Category	RQ #
Cut Back from Full-Time (I)	Participants mention changing their full-time work status from “1 FTE” to “.8 FTE” or “.5”	“Interviewee: And it’s important to note that since starting on faculty, with the second year of my faculty position, I went from 1. FTE to .8 FTE and then went back up this year in October to 1. FTE. Interviewer: Okay, is that because you were doing some work somewhere else? Interviewee: No that was because I had three children.” Interview 22	Strategy	RQ6a because only women said they did this
Guilt (D)	Mentions feeling guilty as a result of WLI	Interviewer: Right. So other than the shiftwork, is there anything else that’s particularly stressful? Interviewee: Just because I’m a mom. I’m trying to – I have to manage my entire family when I’m working and sometimes that can be hard, like when they can’t reach me right away and those issues and always feeling sort of pulled in two different directions, trying to be a mom and trying to be a professional. Interview 13	Consequence	RQ6a (only mentioned by women)

Research Question 6b: How do people with childcare responsibilities differ from those who have no childcare responsibilities/non-dependent children, with respect to work-life conflict?

Code	About this Code	Example	Category	RQ #
Older Children (D)	Mentions having older children (non-dependent)	“So my children are older they’re in university so I know, I’m kind of free to work longer hours” Interview 1		RQ6b
Young Children (D)	Mentions having young children at home	“There’s certainly – at least in my life, because I have kids, no time at all to socialize outside of work. But I think that’s maybe unique to my situation at the moment with young children and hopefully, dear God, that will change as they get older.” Interview 21		RQ6b