

WORK-LIFE BALANCE AMONG HEALTH CARE WORKERS IN CAMEROON : THE ROLE OF INDIVIDUAL DETERMINANTS

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ABSTRACT

This thesis aims at analyzing individual determinants of work-life balance among healthcare workers in Cameroon. To achieve this objective, data were collected among 305 health workers from hospitals in Cameroon using questionnaire. Two hypothesis raised from literature review were tested using structural equation modeling. Interpretation of our results was based on resources conservation theory(Hobfoll, 1989). Our results show that internal locus of control and sense of personal efficacy through their dimensions influence work-life balance of healthcare workers in Cameroon. Following these results, we made recommendations to hospital managers. The main one is to stimulate individual skills among healthcare workers in Cameroon in order to contribute to their ability to achieve work-life balance.

Keywords:locus of control, sense of personnel efficacy, work-life balance, healthcare workers, structural equations, resources conservation theory.

I. Introduction

The issue of managing private and professional life gained more interest in United States in the 1970s as a result of changes in production system and new corporate competitiveness policies (Asmaa and Abbas, 2017). According to Ballesteros-Leiva andal. (2016), importance of this issue has become more apparent with increase of dual career couples, atypical jobs, advancement of new technologies and new modes of work organization such as teleworking, flexible hours. These changes in labor market have been exacerbated with Covid-19 pandemic which has increase challenges and inequalities in labor market (United Nations Economic and Social Council, 2021). The said changes had many consequences on individuals lives (Dodeler and

Tremblay, 2014). In particular, labor market has been marked by massive entry of women, leading to a questioning of the traditional gendered division of roles: man as financial provider of household and woman as person in charge of the home or "stay at home mother". Thus, the growing interest of women in salaried jobs had consequences for men. They are now, like women, divided between professional and private responsibilities. Despite social pressure due to traditions and social considerations, this reality has evolved with changes in world. Now, financial and domestic responsibilities are as much responsibility of men as women.

In Africa, it is clear that women are held back in their process of professional advancement. They still face the glass ceiling phenomenon because they have difficulty accessing positions of responsibility at a certain level (Ntsama, 2014). They are most represented in atypical and precarious forms of work (Piasna and De Spiegelaere, 2021). The failure to take into account private life in human resource management and in research studies helps explaining this phenomenon (Sahraoui, 2011 cited by Asmaa and Abbas, 2017; Guilbert, 2006). Therefore, it becomes urgent for companies and researchers to propose new procedures and more advanced managerial practices especially in this context of covid-19 pandemic (Frimousse and Peretti, 2021). These elements show relevance of issue of managing private and professional life. The issue is even more important in hospital sector insofar that is marked by atypical work schedules: 24 hours a day, 7 days a week, night work, shift work, compressed weeks, and highly variable and unpredictable schedules (Dodeler and Tremblay, 2014).

Reality of hospitals in Cameroon reinforces our interest in the subject of managing spheres of life. There, we can meet problems such as team instability, repetitive absenteeism of colleagues, difficult working conditions, difficulty in balancing private and professional life, significant emotional demands in face of suffering and death, difficult professional relationships, job insecurity, poor accessibility quality of care, insufficient and unmotivated staff (Habiba and Ongolo, 2013; Ngalagou *andal.*, 2017). Foka *andal.* (2020) recently added to these problems insufficiency of health coverage throughout the country. It can be noted that many localities do not have access to health care, others do not have enough qualified health personnel. A survey of public opinion reveals that healthcare workers do not "take good care of the sick" in public hospital in particular. They note that less than half of these hospitals succeed in meeting criteria for hospital performance, i.e., meeting objectives, quality of care and adaptation to the needs of population (Foka *andal.*, 2020). Some consequences are directly perceptible on reception of users, namely slowness of care. This is why the authors conclude that performance of hospitals in Cameroon is of lower quality. Therefore, what can be done to improve living and working conditions for a better practice of profession of healthcare workers in Cameroon? One of the

issues raised by Ngalagou and al. (2017) is the difficulty of balancing private and professional life. Our explorations also revealed taking in account work-life balance is an important part for this category of workers.

Our explorations also revealed taking in account work-life balance has been raised in many studies in American and European contexts (Chrétien and Letourneau, 2010; Roger and Othmane, 2013; Dodeler and Tremblay, 2014; Kilic, 2014; Belghiti-Mahut, 2015; Garner and Laroche, 2016; Kilic, 2018). But, this abundance of work is not met in African context. Work has been conducted on quality of work life among healthcare workers in the African context, particularly in the Maghreb, whose socioeconomic development levels are close to European and American countries(Ngalagou et al., 2017). Also, Asmaa and Abbas (2017) looked at organizational factors on a population of dual career couples in Morocco. However, Morocco remains a North African country whose realities are not always similar to those in Sub-Saharan Africa. In Cameroon, to our knowledge, only a survey on the Monitoring of Situation of Children and Women was conducted in 2006 by NIS¹ in partnership with UNICEF²; it shows occupation and distribution of working time among women over a period corresponding to the week preceding the survey (ILO³, 2012). This survey of women aged 15-49 shows that women spend most of their time at work, followed by study, cooking, and leisure activities. The percentage spent on each of these activities varies from occupation to occupation. In addition, the work of Ngalagou and al. (2017) on burnout among healthcare workers in three reference hospitals in Cameroon shows that this phenomenon would be related to difficulty of balancing private and professional life. Following this scarcity of work, we chose to focus on the broad issue of work-life balance. Following the work of Roger and Othmane (2013), we chose to focus on factors related to the individual, namely sense of personal efficacy and internal locus of control. However, unlike these authors who study employees with diverse profiles, we will focus specifically on healthcare personnel in Cameroon, which to our knowledge constitutes an unexplored field of study. Based on these elements of literature, we ask the question: what is the effect of individual determinants on work-life balance? Hobfoll's (1989) conservation resource theory underpins this paper insofar as sense of personal efficacy and internal locus of control constitute the reservoir of individual resources that can be used for work-life balance.

¹ National Institute of Statistics

² United Nations Children's Fund

³ International Labor Office

II. Theoretical framework and construction of the research model

The purpose of this part is to define concepts of our study and to present relationships between them.

1. Sense of personal efficacy and work-life balance

Sense of personal efficacy also called self-efficacy is defined as appreciation that an individual has of his personal abilities to implement actions necessary to respond favorably and effectively to solicitations (Roger and Othmane, 2013; Deme and Lourel, 2018). According to Garner (2015), a sense of personal efficacy can be equated to individual performance as perceived by and for the individual. Sense of personal efficacy is defined as strong or weak by an individual based on four types of resources (Garner, 2015). These are cognitive resources representing (what he will think), social resources (what motivates him), emotional resources (how he will feel), and behavioral resources (how he will perform). Bandura (1997) develops socio-cognitive theory which allows us to better define sense of personal efficacy. For him, this concept has two variants, namely a high and a low sense of personal efficacy. When it is high, the individual perceives difficulties as challenges to be overcome. The goals that individual sets are stronger, as is commitment to achieve them. This is a manifestation of confidence in one's personal abilities in face of challenges (Garner, 2015). In contrast, individuals with a low sense of personal efficacy see challenges as obstacles preventing them from achieving goals (Carré and Moissan, 2002 as cited by Roger and Othmane, 2013). They are less committed to achieving goals with some difficulty and are tempted to find justifications for their failures. Thus, a strong sense of personal efficacy is favorable to achieving difficult goals. Garner (2015) draws our attention to the concept of sense of personal efficacy by pointing out that the concept should not be considered in its broad sense. Indeed, a strong or weak sense of personal efficacy depends on the activity or project conducted by an individual. Thus, a manager may have a strong sense of personal efficacy in conducting meetings, but this sense may be weak in managing projects, for example. The feeling of personal efficacy has four sources: mastery through experience, i.e., past successes or failures; vicarious experiences based on observation of individual performing a task; verbal persuasion based on verbal or demonstrative feedback; and ability to manage one's emotions in face of one's professional environment (Garner and Laroche, 2016). For Mihelic and Tekavčič (2014) sense of self-efficacy and self-esteem are predictors of a good management of the work-life link. Similarly, Deme and Lourel (2018) show in their work that sense of personal efficacy negatively influences work-life conflict. Thus, we have the following

H1: sense of personal efficacy has a positive effect on work-life balance among healthcare workers in Cameroon

2. Internal locus of control and work life balance

Rotter in 1966 defined locus of control as causal relationship that an individual establishes between his or her ability to achieve a goal and his or her own conduct (Roger and Othmane, 2013). In other words, it is the degree to which individuals feel responsible for events that occur in their lives. Locus of control is internal when the individual feels that he or she is responsible for all events in his or her life, as having control over them. According to Parent-Rocheleau and al. (2016), individuals with internal locus of control tend to focus on tasks and goal attainment given that their outcomes are the result of their behavior. The locus is external when responsibility for events is attributed to external factors such as fate, circumstances, etc... Roger and Othmane (2013) state that internal locus of control is related to positive elements (self-esteem, coping) while external locus of control is related to negative events, stress in particular (Roger and Othmane, 2013). Since we are interested in the individual, we will study the internal locus of control in this paper. According to Mihelic and Tekavčič (2014), internal locus of control strongly predisposes to work-life conflict. Roger and Othmane (2013) show that internal locus of control influences life balance, which is a dimension of work-life balance. Based on these elements, we have the hypothesis below:

H2: internal locus of control positively influences work-life balance of healthcare workers in Cameroonian context

III. Research Methodology

We will present here measurement of our variables as well as methodological aspects.

1. Measurement of variables

a. Measurement of sense of personal efficacy

To measure this construct, we used scale proposed by Roger and Othmane (2013). Based on work of Sherer and al. (1982), this authors developed a scale of sense of personal efficacy with eleven (11) items. After reading and adapting to our research topic, we obtained a total of twelve (12) items for sense of personal efficacy divided into private and professional life. Responses were evaluated on a scale of 1 to 5 ranging from "never" to "always". PCA⁴ allowed us to retain

⁴ Primary component analysis

seven(07) items divided into two dimensions, namely perseverance-efficacy (04 items) and abandonment behavior (03 items). In accordance with Bandura's approach, these dimensions correspond respectively to a high and a low sense of efficacy. Each of these dimensions showed satisfactory reliability (Cronbach alpha of 0.721 and 0.705 respectively).

b. Measurement of internal locus of control

Measurements of internal locus of control was inspired by scale used by Roger and Othmane (2013). They measured internal locus of control with a unidimensional six (06) item scale derived from Internal Powerful and Chance developed by Levenson in 1973. After reading the scale, we adapted it to our work, which allowed us to obtain a total of nine (09) items for internal locus of control. Responses were evaluated on a scale of 1 to 5 from "never" to "always". PCA resulted in eight(08) items divided into three dimensions: personal efforts (three items), personal responsibilities (two items), and personal actions (three items). For each of these dimensions, reliability coefficient was satisfactory (respectively 0.793; 0.728; 0.723)..

c. Measurement of work-life balance

Analysis of literature has enabled us to draw a definition of work-life balance. It is commitment of an individual to respond favourably to expectations of his or her private and professional life, as well as satisfaction felt by him or her and those around him or her in managing these spheres. Work-life balance was operationalized using unidimensional scale proposed by Carlson and Grzywacz (2007). We retained the six (06) items developed by these authors. Responses were evaluated on a scale of 1 to 5, ranging from "never" to "always". PCA allowed us to retain five (05) items with a satisfactory reliability (Cronbach alpha of 0.851).

2. The sample

We collected data for pre-testing and testing. They were conducted in different regions of Cameroon. The data collection period was from March to June 2021. The target population for this study was healthcare personnel working in hospitals in Cameroon. We used two parallel data collection methods: electronic data collection and field visits. Using these two methods, we obtained a database of 305 respondents, which was processed in Excel. At the end, we can say that our sample is made up of a majority as follows 37% of men and 62.3% of women. 51.5% of people in the 25 to 35 age group. 89.2% are married, 57.7% of whom have spouses who are professionally active. 86.9% have children, 39.7% and 34.8% of whom are respectively under and between one and five years old. The majority of our sample is made up of nurses (66.6%). Furthermore, the majority of our respondents have permanent contracts (49.6%). Regarding the

type of hospital structure, we have 52.8% from the private sector. 40.7% of our respondents work in structures with between 6 and 20 employees. 45.2% have variable working hours. 50.5% of the sample have been with the company since 1 to 5 years. Finally, 42.3% have an income of between 50,001 and 100,000 FCFA.

IV. Results, discussions, implications, limitations and avenues of research

Our hypotheses were tested using structural equation modeling. Before proceeding, we conducted reliability and validity tests of our measurement scales through exploratory and confirmatory factor analysis. Exploratory factor analysis was performed using SPSS 21 software. Confirmatory factorial analysis and testing of our hypotheses were carried out using AMOS 4 software.

1. Results

a. Exploratory factor Analysis

Different measurement scales of our variables were tested through their respective dimensions. Results of validity and reliability were obtained after one or more iterations. At each iteration, we removed items that reduced reliability of the scales. This was specifically to eliminate items with an anti-image correlation of less than 0.5. The same approach was adopted for items whose component matrix after rotation showed a representation of more than 0.3 on more than one of selected factorial axes. At the last iteration, items were grouped into factorial axes as represented in table below. Factorial axes retained are those whose initial eigenvalue is greater than 1. All the factorial axes that do not correspond to this criterion were eliminated. We will present below results of internal reliability and number of items retained after purification of different scales of measurement of our variable.

Table 1: Results of exploratory factor analysis

	Sense of personal efficacy		Internal locus of control			Work-life balance
	Perseverance-efficiency	Abandonment behavior	Personal efforts	Personal actions	Personal responsibility	
Cronbach Alpha	0,721	0,705	0,793	0,728	0,723	0,751
Numbers of items	4	3	3	2	3	5

Inter-variables correlations	0,808	0,834	0,820
Cumulative explained variable (in %)	72,638	66,473	61,652

Source : authorbased on SPSS 21

Based on these statistics, we can say that all our measurement scales are reliable and valid. Each of dimensions has good coefficients associated with Cronbrach's alpha (greater than 0.7) in accordance with defined decision criteria. KMO index is very good for all variables as it is between 0.80 and 0.90 according to criteria defined by Kaiser (1974). Total variance explained represents a satisfactory percentage according to criterion of minimum restitution because factorial axes selected represent at least 50% of initial information. In view of these satisfactory criteria, we can proceed to confirmatory factorial analysis of our constructs.

b. Confirmatory factor analysis

Confirmatory factor analysis consists of determining internal reliability, convergent validity, and discriminant validity for measurement scales. To do this, we began by determining symmetry and kurtosis statistics. It was found that these statistics respected the normality hypothesis because they had acceptable values (close to 0 and 3). Similarly, fit indices are globally satisfactory. They therefore allow us to proceed with the confirmatory factorial analysis of the measurement scales. The results are presented in the table below:

Table 2: Results of the confirmatory factor analysis

	Sense of personal efficacy		Internal locus of control			Work-life balance
	Perseverance - efficiency	Abandonment - Behaviour	Personal efforts	Personal Actions	Personal Responsibility	
Internal reliability test: Rho de	$\rho_1 = 0,797$	$\rho_2 = 0,701$	$\rho_1 = 0,825$	$\rho_2 = 0,694$	$\rho_3 = 0,789$	$\rho_1 = 0,848$

Joreskog ρ						
Convergent validity test :	$\rho_{vc1} = 0,598$	$\rho_{vc2} = 0,544$	$\rho_{vc1} = 0,612$	$\rho_{vc2} = 0,536$	$\rho_{vc3} = 0,655$	$\rho_{vc1} = 0,529$
Convergent validity coefficient ρ_{vc}						
Discriminant validity test	$r^2 = 0,0009 < \rho_{vc1} \text{ et } \rho_{vc2}$		$r^2 = 0,1156 ; 0,0961 ; 0,1156 < \rho_{vc1}, \rho_{vc2} \text{ et } \rho_{vc3}$			N/A

Source : authorbased on AMOS 4

Internal reliability coefficients are globally satisfactory (above 0.7) with exception of personal actions dimension which is just acceptable as it is very close to 0.694. These results allow us to deduce that scales measuring sense of personal efficacy, internal locus of control and work-life balance from PCA are reliable. Coefficients of convergent validity show that items for dimensions only measure these dimensions. Indeed, we note coefficients of all above 0.5. Discriminant validity is also confirmed insofar as squares of correlation coefficients between different dimensions are lower than convergent validity coefficients. Conclusion is that items of each of these dimensions are well distinguished from each other and measure only dimensions they are supposed to measure.

c. Testing research model

To test our research model, we opted for analysis of covariance structures, estimated using maximum likelihood method in AMOS 4. Research hypotheses were verified by examining Critical Ratio (CR), which is equal to ratio of the estimated regression coefficient (Estimate) to its standard deviation (S.E.), and by verifying probability levels for each of causal links. Thus, values in the table allow us to test for significance as well as for causal links between work-life balance and individual determinants. The table below presents status of our hypotheses following their testing.

Table 3: Results of hypothesis testing

Hypothesis	Independant variable	Dependant variable	C.R	P-value	Status of hypothesis
H_1 H1a	Perseverance	Work-life balance	1,684	0,092	Confirmed

		efficiency				
	H1b	Abandonment behavior		-3,070	0,002	Confirmed
<i>H₂</i>	H2a	Personal efforts	Work-life balance	0,567	0,071	Confirmed
	H2b	Personal actions		0,421	0,074	Confirmed
	H2c	Personal responsibilities		0,644	0,52	Rejected

Source: author's construction from AMOS 4 hypothesis validation tests

- ✓ H1 : sense of personal efficacy has a positive effect on work-life balance of health care workers in Cameroon

This hypothesis is tested through its two (02) dimensions, namely perseverance-*efficacy* and abandonment behavior. Hypothesis H1a, which tests link between perseverance-*efficiency* dimension and work-life balance shows us a C.R. of **1.684**; that is significant at **10% (P=0.092)**. We deduce that perseverance-*efficiency* has a positive influence on work-life balance. Hypothesis H1a is therefore confirmed. With respect to hypothesis H1b which tests link between abandonment behavior dimension and work-life balance, we observe a coefficient (CR) of **-3.070** significant at **1% (P=0.002)**. Thus, abandonment behavior negatively influences work-life balance, allowing us to deduce that hypothesis H1b is confirmed. However, we note that contrary to expectations, influence is rather negative. We also note a strong negative influence of abandonment behavior on work-life balance in view of the coefficient of -3.070.

- ✓ H2 : internal locus of control positively influences the work-life balance of health care workers in Cameroonian context

This hypothesis is tested through its three (03) dimensions, namely personal efforts, personal actions and personal responsibility. Relationship between personal effort and work-life balance has a coefficient of **0.567**, which is significant at **10% (P=0.071)**. This would mean that personal effort has a positive influence on work-life balance. Thus hypothesis H2a is confirmed.

Link between personal actions and work-life balance has a coefficient of **0.421**, significant at **10% (P=0.074)**. This shows that personal actions have a positive influence on work-life balance. Hypothesis H2b is therefore confirmed.

As for relationship between personal responsibility and work-life balance, we note a regression coefficient of **0.644** which is not significant (**P=0.520** does not correspond to any of interpretation thresholds). Thus, hypothesis H4c is rejected because relationship between two variables is not significant despite being positive

2. Discussions and implications

a. Discussions

As a result of our various exploratory and confirmatory factor analyses, it was found that sense of personal efficacy has two dimensions: perseverance effectiveness and abandonment behavior. Thus, hypothesis H1 was divided into two hypotheses (H1a and H1b). It was found that both hypotheses were confirmed but results showed a negative relationship with respect to second dimension (abandonment behavior). Results of hypothesis H1a allow us to confirm with theory of resources conservation (Hobfoll, 1989), that perseverance-efficiency constitutes a resource of the individual that can be exploited to balance work and life. In the same way, Mihelic and Tekavčić (2014), consider sense of self-efficacy and self-esteem to be predictors of good management of work-life link. As for abandonment behavior, it allows to go in the direction of loss spiral concept (Hobfoll, 1989) because it has a negative influence on work-life balance. In this sense, Hobfoll (1989) considers that abandonment behaviour contributes more to loss of resources in the individual, even resources that he or she has already acquired. Thus, a health care worker with an attitude of perseverance efficiency and a behavior of abandonment will see the first dimension affected because of negativity of second dimension.

Our results reveal that internal locus of control has three dimensions, namely personal effort, personal action and personal responsibility. These dimensions were tested in relation to work-life balance (H2a, H2b, H2c). The first two (02) hypotheses (H2a and H2b) were confirmed and the third one (H2c) was rejected. In accordance with theory of resources conservation (Hobfoll, 1989), personal efforts and personal actions are resources that healthcare workers must use to achieve work-life balance. These findings are then in line with study of Parent-Rochelleau and al. (2016), who point out that individuals with internal locus of control tend to focus on tasks and goal attainment given that their outcomes are result of their behavior. This focus will then be in direction of personal efforts and actions. Finally, influence of personal responsibility on work-life balance was rejected. This third dimension has no impact on work-life balance. Thus, health care workers in Cameroon have opportunity to achieve work-life balance through their efforts and actions. It is from these that they can be considered as health professionals who contribute to the improvement of the quality of life in hospitals in Cameroon as raised by Ekeme (2018).

According to him, health professional must act and react, mobilize all that he has as knowledge, know-how, skills, behaviors, resources of environment in order to respond positively to work situations. In this way, he or she participates in improving the quality of life.

b. Implications

This paper has implications for health care workers and managers.

- **Implications for health care workers**

This study results confirm importance of work-life balance for healthcare workers in Cameroon given realities of their profession. Indeed, this population is the most exposed to time pressure and time constraints making it difficult to achieve work-life balance (Deme and Lourel, 2018). For the specific case of our research, it has been shown that healthcare workers must draw on their individual resources to achieve work-life balance. According to our results, these resources are personal efforts and personal actions when talking about the internal locus of control, perseverance-efficiency when talking about sense of personal efficacy. In the same way, the individual must distance himself from any element that would lead him to engage in abandonment behavior because he runs the risk of losing all his other resources through the contamination effect as explained by Hobfoll's (1989) spiral of losses.

- **Managerial implications**

With reference to our results, we can say that managers would benefit from paying attention to management of work-life balance of their employees through its individual determinants. The vision of the company that used to focus only on professional concerns is now outdated. It is a question of the manager thinking of his collaborator as an individual whose behaviors can have an influence on work. Therefore, taking into account individual determinants of work-life balance issues should be considered during strategic decision-making in hospitals in Cameroon. This should result in formal policies and practices. Stakes are even higher given impact of this issue on organizational performance and employee well-being (El wafi, 2016). According to the results of our study, it is a question of looking at its individual determinants. Healthcare workers should not hesitate to draw on their individual resources for their well-being at work. Roger and Othmane (2013) refer to development of individual skills.

Development of individual skills involves taking actions that promote internal locus of control and a strong sense of personal efficacy. As far as internal locus of control is concerned, we note that personal efforts and personal actions allow for a better work-life balance. Thus, managers

are invited to set up practices that will lead individuals to make personal efforts and take personal actions. According to Roger and Othmane (2013), this means starting with tasks that require less effort and progressing to those that require more. It is also a matter of making them aware that it is through their efforts and actions that they will achieve desired result; external environment certainly has a role but the main responsibility lies with them.

In the same sense, sense of personal efficacy through perseverance-efficiency dimension positively influences work-life balance. Like personal efforts and actions, perseverance-efficiency behaviors should be encouraged by managers. They should encourage their employees to do self-training, to ask for coaching sessions in order to increase their sense of perseverance in their work and in achievement of their goals. Perseverance efficiency can be equated with a high sense of self-efficacy. However, any practice that may lead to abandonment behavior should be discouraged as it has a negative influence on work-life balance. Abandonment behavior can be equated with a low sense of self-efficacy. Thus, as proposed by Roger and Othmane (2013), the manager must find ways and means to modify attitude of an employee who is in an abandonment posture. This may involve convincing the employee that he or she has required abilities to perform tasks assigned. This is the most effective way to develop a sense of personal effectiveness according to Roger and Othmane (2013). Manager will have to entrust his employees with abandonment behavior, tasks for which they feel a certain ease. Through small successes, they will be more confident to face new tasks. Managers can also take initiative to assess this feeling of efficiency during the annual appraisal interview in order to consider actions to be taken

c. Limitations and avenues of research

Our research contributes to literature on work-life balance by presenting a specific view of role of individual determinants that influence it in context of healthcare workers in Cameroon. However, like any human work, it is not without limitations. The first one is that it studies only individual determinants. Thus, other studies could demonstrate role of organizational, family and technological determinants. Similarly, in this study we are testing a direct relationship between individual determinants and work-life balance. Further research could explore mediating or moderating effects of factors such as the age of the children, gender, and the professional status of the spouse...

In addition, our study focused on health care workers in Cameroon in general. No distinctions were made with regard to the type of hospital, gender, profession, etc. Thus, studies could be conducted on individual determinants of work-life balance among healthcare workers in private

or public hospital specifically. Similarly, as issue of work-life balance is closely linked to question of gender, a study could focus on the female population, which has a better understanding of private life. In addition, another study could focus on a single category of care personnel (nurse, midwife, doctor, etc.).

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