

Time Based Conflicts Towards Worklife and its Impact on Stress Among Doctors Working in Hospitals

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(Received 05 November 2025; Revised 01 December 2025, Accepted 22 December 2025; Available online 27 February 2026)

Abstract - The paper explores how time-based conflicts affect the work-life balance (WLB) and stress levels of doctors in hospitals in Malappuram, India. The research aim is to discuss the phenomenon of incompatibility between professional responsibilities and personal life, which is caused by the lack of sleep, unusual working schedules, on-call assignments, and high patient volumes due to the stressful nature of medical practice. Both government and private hospitals were surveyed using a cross-sectional survey of doctors. The survey involved the use of structured questionnaires containing Likert scale items to collect information regarding demographic, sociographic, and work-related factors, time-based conflicts, WLB, and stress. The findings showed that time-related conflicts are common among physicians, and the absence of regular shifts, excessive working hours, and unforeseeable calls of duty are some of the factors leading to the lack of balance between work and family life. It was discovered that these conflicts are increasing the level of stress, which adversely affects the work of the professionals and their personal lives. The research proposes that temporal conflicts are one of the main sources of stress in physicians causing burnout, fatigue, and lack of life satisfaction. In order to address these conditions, the study suggests better job scheduling, support and ways of alleviating the burden of erratic working hours. Through resolving the problem of time conflicts, healthcare institutions can enhance health of doctors, job satisfaction, and eventually provide better quality care to patients. This paper advocates the significance of addressing the time related issues in health care institutions to enhance the welfare of physicians and healthcare provision in general.

Keywords: Time-Based Conflicts, Work-Life Balance, Stress, Doctors, Hospitals, Malappuram, Work-Related Stress, Healthcare Professionals, Shift Work and On-Call Duty

I. INTRODUCTION

India's healthcare industry is a major income and employment source that is growing at breakneck speed through better services and more and more investment from the public as well as private sectors. Since health consciousness is on the rise, it is up to the doctors to fill the needs of the patients and produce a healthier environment (Sarla & Sandhu, 2024). It leads to finding fulfilment of their work, which adds on to the overall betterment of the healthcare industry as a whole.

Work life conflict is the competing demands experienced by individuals between occupational and personal or domestic responsibilities such as family and education and leisure activities. It deals with the challenges, the pressures, and the compromises that come with all of this. This conflict can be broken down into three types: Temporary gaps or conflicts in cooperation are encompassed by temporal conflict, strain conflict, and behavioural conflict (Nakamura & O'Donnell, 2025). Conflicts arise, both temporally, when the demands of fulfilling one role contradict the possibility to fulfil another. They are basically negative emotions in one area of life depressing on another area of life, such as when family responsibilities put pressure on professional work. Behavioural conflict occurs when behaviours that are seen as okay in one role, is seen as not okay in another role (Domagalska-Grędyś et al., 2025).

Hospitals of Malappuram have physicians that are facing conflicts of time because of long working hours, scheduling problems and too much to do (Talezadehlari et al., 2014). The conflicts arise from the tug-and-bounce of needing to meet demanding shifts, night duties and urgent care coupled with the need to rest, family, and self-care. Hospital work demands are high and leave little room to relax or stay in touch with others; this extremely distorts their WLB.

WLB is the act of managing the task of mortality procedures along with career concerns, personal priorities, community involvement and cultural tasks (Huq & Arenius, 2025). They strive for enjoyment and efficacy in both their professional and personal life, devoid of any conflict between the two realms. Nowadays, work is not only to pin your existence upon the earth but also to quench some peculiar hunger (Hemat, 2014). If there isn't a balance of the two, job performance and commitment to work can suffer, resulting in emotional stress, poor focus, low job satisfaction and poor productivity. This can affect both quality of life of healthcare receivers and providers as patient dissatisfaction and delayed treatment can occur from these problems (Kumar et al., 2022).

Doctors in India, especially in public hospitals, tend to put in extra-long hours of up to eight and twelve hours a day, with certain specialities, including surgery and emergency medicine requiring much longer periods. The stress is severe due to this time pressure and irregular hours and weekend work. These conflicts are shown to lead to both physical and mental exhaustion ending into burnout and anxiety and adversely affect the doctors' overall wellbeing (Seidgar, 2021). It is notable, however, that critical care doctors, who often operate in a high stress situation report stress levels from moderate to severe, and almost 40 % of the doctor's report that they have daily stress related symptoms in their workplace.

Due to the increasing concern about time-based conflicts and how it increases doctors stress levels while they work in hospital settings, the research is aimed in finding the cause of rising stress levels amid doctors. Specific to healthcare professionals, primarily doctors, they work long hours, often not consecutive, irregular shifts and must oversee lifetime patient care. These factors usually result in huge work and life conflicts (Dillon et al., 2020) and that can also render stress high. Well known contributors to burnout and adversely affect both the mind and body health. Current literature recognizes the significance of WLB in reducing stress, but there is a research gap of identifying time related conflicts in hospital environment and its impact on the doctors' wellbeing (Alattas, 2024). Given the drastic demands and the particular stressors imposed on health care, it is important to understand how these time-based conflicts accumulate to stress to develop strategies that can conserve both the health of doctors and their job satisfaction. In order to fill this gap, this study aims to investigate how these time conflicts affect stress levels among doctors working in the hospital environment, which will offer policy formulation and practical intervention suggestions for healthcare organizations.

The article is arranged to discuss the time conflict that influences work-life balance (WLB) and stress levels of doctors in Malappuram, India. The introduction gives the background of the increasing pressure on the healthcare industry and issues doctors are dealing with. The literature review is about the notion of a work-life conflict especially the time-based conflicts and their effects on the well-being of physicians. The methodology section describes the research design, which is the survey method and the sampling method. The analysis part is descriptive statistics, descriptive correlations and the findings of time-based conflicts, WLB, and stress level are discussed. The final chapter is a summary of the main findings of the study. Lastly, the paper gives the future research directions and offers new avenues of research that could be followed in the future with regard to organizational practices and interventions to aid healthcare professionals.

II. REVIEW OF LITERATURE

Work-life balance (WLB) is described as the equilibrium in which individuals fulfill their professional obligations

without sacrificing personal, social, or familial responsibilities. Maintaining this balance is especially challenging for physicians due to erratic schedules, emergency responsibilities, and substantial workloads. Time-based work-life conflict occurs when the demands of job duties encroach onto the time allocated for non-work tasks. The healthcare setting, characterized by physicians working shifts, on-call hours, and responding to patient crises, considerably adds to this imbalance.

The research revealed that physicians encounter significant work-life conflict stemming from prolonged work hours and emotional demands, resulting in strain between their professional and personal obligations. The problem is intensified by society expectations of doctors, necessitating their constant availability, which further aggravates the conflict.

Occupational stress among physicians is extensively documented and associated with burnout, anxiety, and depression. Temporal conflicts intensify this stress as physicians endeavor to balance their professional obligations with personal and familial duties the incessant strain to fulfil professional deadlines and personal expectations results in emotional depletion and cognitive tiredness.

A study indicated that physicians with inadequate work-life balance demonstrated elevated levels of burnout and were more prone to express emotional distress and compromised mental health. Time-related conflicts frequently induce stress, which can present as physical symptoms such as weariness, sleep disturbances, and cardiovascular issues.

Additionally, the recurrent interruption of personal time may result in adverse emotional consequences, like shame and resentment, which exacerbate stress levels. Physicians with inadequate work-life balance are less inclined to practice self-care, resulting in deteriorated physical health outcomes and heightened stress levels.

Temporal conflict adversely impacts both the well-being of physicians and their professional efficacy. Physicians under significant stress are more prone to errors, exhibit diminished patient satisfaction, and indicate decreased work efficacy. Excessive work hours can cause mental and physical fatigue, resulting in cognitive overload that impairs a doctor's capacity to make essential judgments effectively.

Numerous studies have indicated that mitigating time-related issues through enhanced work scheduling, sufficient support, and the promotion of personal time can substantially alleviate stress and enhance job performance for healthcare professionals.

Healthcare businesses are increasingly adopting ways to alleviate the adverse impacts of time-related work-life conflict, including flexible work schedules, minimizing on-call hours, and offering mental health assistance.

Statement of the Problem

In the modern-day healthcare environment, healthcare providers are confronted with numerous issues in maintaining equilibrium between their work obligations and household or familial duties. The need to uphold high standards of nursing, coupled with extended schedules, shifts, and the increasing demand for specialised skills, engenders a conflict between professional obligations and daily life (Guo et al., 2025). These are the conflicts that we often call "work life conflict" conflicts stemming from situations in which work demands interpose or impede an individual fulfilling their personal and family obligations, or vice versa, exponentially increasing the stress and the burnout. The conflict is particularly strong for doctors, who have to be attending to patients 24/7, work odd hours, and carry with them the heavy emotional weight of high stakes decision making.

As time-based conflicts rise, this contributes directly to increased stress; which is very well documented in healthcare settings. In turn, the welfare of physicians and the standard of patient treatment, is badly affected by stress (West et al., 2025). It has consistently been identified in the literature that healthcare professionals, especially doctors, have high occupational stress, and work-related factors including time pressure, emotional exhaustion, and poor work life balance are the important causes (Shin et al., 2024). Stress has effects far beyond emotional and psychological strain, physically leaving marks and pushing up absenteeism, productivity and even clinical errors. If chronic stress is left untreated, it can eventually turn into burnout—both fuelling doctors' loss of quality of life and affecting patient care.

Time based conflicts over working hours have created rising concern to the wellbeing of doctors and calls for systemic changes at the level of the healthcare organizations (Kamboj & A, 2025). The research on efficient methods for managing time-based conflicts in the medical personnel is still limited with no focus on the specific effect on stress level and job satisfaction. Thus, the research should continue to investigate the nature of time-based conflicts challenging the doctors in the hospital settings, the relation of such conflicts to stress and forward looking of its implication on the doctors and the patients alike to develop viable solutions to the common problem (Leema & Balakrishnan, 2024).

Objectives Of the Study

1. To investigate the correlation among time-based conflicts and WLB of doctors.
2. To analyze the impact of time-based conflicts on the stress levels of doctors.
3. To identify key factors contributing to time-based conflicts in the hospital setting.
4. To propose strategies for mitigating time-based conflicts and reducing stress among hospital doctors.

The literature review brings out the intrinsic problem of work-life balance (WLB) conflicts, especially time-related

conflicts among physicians. It singles out the most important stressors including numerous working hours, on-call responsibilities, and the unpredictable shifts as the factors that interfere with personal life and cause mental and physical burnout. The literature highlights the connection between WLB and stress, where conflicts based on time worsen the burnout, anxiety, and work dissatisfaction. These challenges are mitigated by recommending the use of improved scheduling, support systems, and organizational interventions in the review.

Conceptual Framework

Three main common factors that are all closely related are examined in the examination of time related conflicts among doctors. Then as a prerequisite to understanding the present medical roles, it is necessary to investigate to what extent a doctor's professional role demands in insistence on his personal responses. To understand their impact on achieving work-life balance, this understanding is important. Balancing duties at work and at home poses a significant challenge for individuals and organisations, and maintaining a balanced life is in the best interest of the person (Özdilek et al., 2020). Changing demographics, time constraints, and work and family obligation factors that affect work – life balance. Professional obligations are often at conflict with family responsibilities, leading to overload in roles, inconsistent work hours, job strain, and unfriendly management and providing care for kids and for elders (Kaswan et al., 2025).

Secondly, these disputes directly affect the level of stress since the inability to meet both one's personal needs and work obligations increase chronic stress (Sarwar et al., 2025). Extended exposure to competing temporal pressures can predispose physicians to emotional fatigue, burnout, as well as compromised mental health (Armoti, 2025). Consequently, sometimes being a doctor or being a nurse in medical profession could be a lot stressful and gruelling, which have adverse reputation to the doctors' and nurses' mental health (Ekambaram & Tripathi, 2025). Of particular importance to occupational health psychology, such as WFC, is that it serves as a significant element of work-family interference, with the majority of employment often taken up by women.

To consider the main reasons leading to disputes in hospitals, it is necessary. Workforce deficiencies, administrative burden, inflexible workforce schedules (including visas and visas), and cultural norms in healthcare markedly magnify time constraint. Furthermore, occupational stress and burnout is a great risk for the healthcare professionals (HPs), which results in severely impaired care efficacy as well as with serious mental health issues. Stress levels at work depend substantially on working circumstances; such as workplace relations, parallelism of the interactions among colleagues and superiors and quality of life at work. FORM Fitting a system and finding a new domain are the main purpose of scripting – embedding the language of behaviour into the language of system refactoring. This paradigm proposes a methodical approach in assessing how the time conflict

influences physicians’ well-being and the openings of leverage points for intervention that can be used to alleviate the conflict caused by strain and improve WLB.

Hypothesis of the Study

WLB plays a major part in general health and is about managing time, energy and commitment in an even and balanced way. According to conflict theory, due to stark differences in corresponding responsibilities with regards to work and home, there arises increased stress levels which impedes with the balance in work life. This balance is influenced by two main elements: Personal resources needed to meet demands along these dimensions—inputs—and outcomes, which are levels of engagement or commitment to each role.

Long hours and little control over their working lives combine to make it a challenge for medical trainees, in particular, to balance work and family. Depressive symptoms among trainee doctors can be traced to work family conflict as a key factor. Changes in the system to reduce the tension between the professional and personal responsibilities of physicians could improve their mental health and reduce their high depression rates, especially in female doctors.

Another contributing factor with physician stress is the time related conflicts. Role overload is caused by the combined demands of work exceeding an individual's capability to do what is expected as part of their role. In fact, young doctors who are experiencing greater work demands are most vulnerable to heightened work–family conflict. A major cause of time related disputes are prolonged working hours, which cause disconnect of working time with private time, and result in stress and generally lower well-being. The research also suggests that extended work hours lead to lowered attention and increase the risk for error and decrease in overall care quality.

Time related conflicts are influenced by the hospital environment. Inefficiencies often lead to wasteful time within hospitals that possess poor organizational frameworks, poor, or no communication and inadequate management systems. A shortage of needed medical supplies, outdated equipment, or limited medical staff can create time conflicts on their own, all likely culminating during peak hours. This creates a

situation in which healthcare workers are left with a greater time allocation to meet those shortages regardless of, for example, overtime or inefficient practices.

According to the proposed hypothesis, workload, total work hours available per person as well as available resources, along with hospital environment determine a range of time within which time conflicts can be created in hospitals. It emphasizes the importance of decreasing the disparities between work and home responsibilities to achieve a healthier WLB and reduce WFC on physicians. The following are considered to be hypothesis of the study,

Ho1: Significant difference exists between the specialization and the dimensions for the time-based conflicts towards work life and its impact on stress among doctors.

Ho2: Significant difference exists between the hospital type and the dimensions for the time-based conflicts towards work life and its impact on stress among doctors.

III.RESEARCH METHDODOLOGY

Type of research: Descriptive research.

Data Collection

Primary data: Survey method using questionnaire has been used for the study.

Secondary data: Secondary data was compiled from many sources, including journals, publications, and websites.

Sampling design: A stratified random sampling has been used to ensure that doctors from various hospital departments (e.g., emergency, surgery, internal medicine, paediatrics) are included, providing a comprehensive view of the situation across different specializations.

Sampling universe: Malappuram city was selected for the research project.

Sample size: A total of 380 samples were sought, of which 350 were deemed legitimate, resulting in 350 samples.

Sampling Framework

TABLE I RELIABILITY OF THE STUDY

Sno	Dimensions	Number of items	Cronbrach Alpha value
1	Time-Based Conflict	6	0.81
2	Work-Life Balance	5	0.83
3	Time-based Conflicts on the Stress Levels of Doctors	7	0.79
4	Workload	3	0.74
5	Work Hours	4	0.76
6	Hospital Environment and Resources	4	0.80

The Cronbach’s Alpha values in Table I for most dimensions fall within the acceptable range of 0.7 to 0.9, indicating that the scales used to measure work-life conflict, stress, and related factors are generally reliable.

Tools used for the study: PA, Descriptive, ANOVA and correlations have been used for the study.

IV. ANALYSIS AND INTERPRETATION

TABLE II DEMOGRAPHIC VARIABLES OF THE RESPONDENTS

Demographic variables	Particulars	Frequency	%
Gender	Male	170	48.6
	Female	180	51.4
Age	Below 30 Years	44	12.6
	30-40 Years	116	33.1
	41-50 Years	81	23.1
	51-60 Years	33	9.4
	Above 60 Years	76	21.7
Marital Status	Single	23	6.6
	Married	255	72.9
	Divorced	45	12.9
	Widowed	27	7.7
Educational Qualification	MBBS	138	39.4
	MD/MS	67	19.1
	DNB	98	28.0
	Others	47	13.4
Total		350	100.0

The demographic analysis in Table II of the 350 respondents reveals a rather even gender dispersion, comprising 51.4 %females and 48.6% males. The age profile is diverse with most individuals of 30-40 years category (33.1 %), 41-50 years category (23.1 %) and over 60 years category (21.7 %) having a wide range of career stages. The majority of the

respondents are married people (72.9 %) and smaller proportions are divorced (12.9 %), widowed (7.7 %), and single (6.6 %). Regarding education level, 39.4 %have an MBBS, 28 %have DNB and 19.1 %have an MD/MS, which indicates that the sample is composed of a mixture of education level and experience level.

TABLE III SOCIO GRAPHIC VARIABLES OF THE RESPONDENTS

Socio graphic variables	Particulars	Frequency	%
Years of Experience	1-5 years	112	32.0
	6-10 years	103	29.4
	11-15 years	39	11.1
	16-20 years	39	11.1
	Above 20 years	57	16.3
	Total	350	100.0
Specialization	General Medicine	68	19.4
	Surgery	99	28.3
	Paediatrics	70	20.0
	Obstetrics and Gynaecology	58	16.6
	Others	55	15.7
Hospital Type	Private	144	41.1
	Government	86	24.6
	Semi-Government	63	18.0
	NGO/Charitable	57	16.3
Work Schedule	Fixed Hours (e.g., 9 AM - 5 PM)	101	28.9
	Rotating Shifts	95	27.1
	On-call Duty	76	21.7
	Flexible Hours	25	7.1
	Combination of the above	53	15.1
Total		350	100.0

The socio-graphic profile in Table III of the 350 respondents provides insights into their professional background and work environments. A significant portion of respondents has 1-5 years of experience (32 %), followed by those with 6-10 years (29.4 %). Fewer respondents have between 11-20 years of experience (22.2 %combined), and 16.3% have above 20 years of experience. In terms of specialization, the largest group is in Surgery (28.3%), followed by Paediatrics (20 %), General Medicine (19.4 %), and Obstetrics and Gynaecology (16.6 %), with 15.7% in other specialties. Regarding hospital type, most doctors work in private hospitals (41.1 %), with 24.6% in government hospitals, 18% in semi-government hospitals, and 16.3% in NGO/charitable institutions. Finally,

for work schedules, 28.9% have fixed hours, 27.1% work rotating shifts, and 21.7 %are on on-call duty, with a smaller proportion having flexible hours (7.1 %) or a combination of the above (15.1 %).

Descriptive Statistics

TABLE IV RELATIONSHIP BETWEEN TIMES BASED CONFLICTS AND WORK LIFE BALANCE OF DOCTORS

Analysis	Questionaries	N	Mean	SD
Time-Based Conflict	My work hours often conflict with my personal and family time.	350	2.79	1.355
	The on-call duty frequently interferes with my personal life.	350	2.64	1.413
	I often feel overwhelmed by the demands of my work schedule.	350	2.78	1.391
	I have to sacrifice personal time frequently to meet work demands.	350	2.77	1.378
	The unpredictability of the job's schedule complicates the planning for individual activities.	350	2.60	1.418
WLB	I am often required to work beyond my scheduled shifts.	350	2.52	1.222
	I can effectively manage my professional obligations alongside personal and familial commitments.	350	2.70	1.335
	I have enough free time for myself and my family despite my work commitments.	350	2.89	1.090
	My WLB is substantially influenced by extended work hours.	350	2.64	1.451
	It is hard to achieve a healthy WLB due to my job's time demands.	350	2.67	1.343
	My personal life and relationships are affected by my work schedule.	350	2.66	1.366

The above Table IV indicates that the doctors disagree that work often conflicts with personal and family time (2.79), on-call duties frequently interfere with personal life (2.64), feeling of being overwhelmed by work demands (2.78), sacrificing personal time to meet work demands (2.77), the unpredictability of work schedules (2.60) and working beyond scheduled shifts were seen as significant issues contributing to their stress (2.52).

In terms of WLB, respondents disagree with their ability to balance work with personal time (2.70), having free time to spend with family (2.89), but there was a notable struggle with WLB, particularly because of prolonged work hours (2.64), the difficulty of maintaining balance (2.67), and the detrimental effects of time management on family life (2.66).

TABLE V CORRELATIONS FOR THE RELATIONSHIP BETWEEN TIMES BASED CONFLICTS AND WLB OF DOCTORS

Correlations			
Analysis	Questionaries	Time-Based Conflict	Work-Life Balance
Time-Based Conflict	Pearson Correlation	1	.069
	Sig. (2-tailed)		.198
	N	350	350
Work-Life Balance	Pearson Correlation	.069	1
	Sig. (2-tailed)	.198	
	N	350	350

The research identified in Table V a moderately favourable association between time-based conflicts and WLB among physicians, evidenced by a Pearson correlation of 0.069 and

a p-value of 0.198, suggesting that time-based conflicts do not significantly affect the WLB of physicians, surpassing the conventional significance threshold of 0.05.

TABLE VI IMPACT OF TIME-BASED CONFLICTS ON THE STRESS LEVELS OF DOCTORS

Questionaries	N	Mean	SD
I feel mentally exhausted due to the time spend on work-related duties.	350	2.99	1.353
Disputes between professional and personal commitments frequently result in physical exhaustion and stress.	350	2.62	1.212
I feel anxious or nervous because of the constant time pressures at work.	350	2.28	1.153
Frequent time conflicts between my work and personal life affect my overall well-being.	350	2.25	1.074
Time-based conflicts reduce my efficiency and concentration at work.	350	2.38	1.110
I find it difficult to focus on patient care due to stress from time conflicts.	350	2.54	1.174
I feel less productive at work because of the time pressures.	350	2.75	1.276
Valid N (listwise)	350		

The above Table VI implies that the doctors disagree with feeling mentally exhausted due to the time spend on work-related duties (2.99), stress due to time conflicts between work and personal life (2.62), feeling anxious or nervous because of the constant time pressures at work (2.28), overall well-being is affected by the frequent time conflicts between

work and personal life (2.25), time-based conflicts reducing the efficiency and concentration at work (2.38), difficult to focus on patient care due to stress from time conflicts (2.54) and feeling less productive at work because of the time pressures (2.75).

TABLE VII FACTORS CONTRIBUTING TO TIME-BASED CONFLICTS IN THE HOSPITALS

Analysis	Questionaries	N	Mean	SD
Workload	I have a heavy workload that demands more time than I can allocate in a day.	350	2.58	1.306
	The need to complete administrative tasks (e.g., paperwork) increases my work hours.	350	2.55	1.265
	I often work beyond my scheduled hours due to increased patient demands.	350	2.53	1.313
Work Hours	My work hours are irregular and often unpredictable, which causes scheduling conflicts.	350	2.66	1.260
	Frequent night shifts make it difficult for me to maintain a balanced personal life.	350	2.39	1.075
	Rotating shifts or on-call duties often disrupt my ability to plan personal activities.	350	2.38	1.146
	Long working hours contribute significantly to conflicts between my professional and personal life.	350	2.86	1.260
Hospital Environment and Resources	Lack of adequate support staff increases the time required to complete my tasks.	350	2.49	1.339
	The hospital's inadequate infrastructure (e.g., limited space, outdated equipment) adds to my work time.	350	2.55	1.265
	The hospital's management policies create time pressures that affect my ability to manage work-life balance.	350	2.73	1.254
	Inadequate handover procedures at the end of shifts lead to additional work during my duty hours.	350	2.92	1.319

The above Table VII indicates that the doctors disagree with allocating more time in a day due to heavy workload (2.58), completing administrative tasks (e.g., paperwork) increase the work hours (2.55), work beyond scheduled hours due to increased patient demands (2.53), irregular and unpredictable work hours (2.66), frequent night shifts at work (2.39), rotating shifts or on-call duties disrupt to plan personal activities (2.38), long working hours contribute to conflicts

between professional and personal life (2.86), more time required to complete the tasks due to inadequate staff (2.49), the hospital's inadequate infrastructure (e.g., limited space, outdated equipment) adds to work time (2.55), hospital's management policies affect the work-life balance (2.73) and additional work during duty hours due to inadequate handover procedures at the end of shifts (2.92).

TABLE VIII CORRELATIONS FOR THE FACTORS CONTRIBUTING TO TIME-BASED CONFLICTS IN THE HOSPITALS

Analysis	Correlations			
	Questionaries	Workload	Work Hours	Hospital Environment and Resources
Workload	Pearson Correlation	1	.464**	.541**
	Sig. (2-tailed)		.000	.000
	N	350	350	350
Work Hours	Pearson Correlation	.464**	1	.578**
	Sig. (2-tailed)	.000		.000
	N	350	350	350
Hospital Environment and Resources	Pearson Correlation	.541**	.578**	1
	Sig. (2-tailed)	.000	.000	
	N	350	350	350

The study reveals a strong positive link between workload, work hours, and hospital environment and resources in TABLE VIII Workload increases work hours, while higher workloads are associated with a better or more resourceful hospital environment. Longer work hours also coincide with a more supportive hospital environment. These correlations are statistically significant, with p-values below 0.01, confirming that work-related factors are interrelated. Higher workloads and longer hours are linked to a better hospital environment and available resources. The results indicate that job-related factors, including workload, timing of work, and hospital environment, were interconnected, with higher workloads and longer hours linked to a better hospital environment and available resources.

Ho1: Significant difference exists between the specialization and the dimensions for the time-based conflicts towards work life and its impact on stress among doctors.

The study in TABLE IX found a significant difference in work hours and the specialization of doctors. However, there was no substantial difference between time-based conflict, WLB, the impact of time-based conflicts on the stress levels of doctors, workload, hospital environment and resources and the specialization of doctors. Respondents working in various specializations (general medicine, surgery, paediatrics, obstetrics and gynaecology, others) disagreed with the relationship between time-based conflict, WLB, the impact of time-based conflicts on the stress levels of doctors, workload, hospital environment and resources and the stress of doctors.

Ho2: Significant difference exists between the hospital type and the dimensions for the time-based conflicts towards work life and its impact on stress among doctors.

TABLE IX COMPARISON BETWEEN THE SPECIALIZATION AND THE DIMENSIONS FOR THE TIME-BASED CONFLICTS TOWARDS WORK LIFE AND ITS IMPACT ON STRESS AMONG DOCTORS

Analysis	Specialization	N	Mean	SD	F	Sig
Time-Based Conflict	General Medicine	68	2.49	0.799	25.321	0.000
	Surgery	99	2.53	0.792		
	Paediatrics	70	2.29	0.583		
	Obstetrics and Gynaecology	58	2.74	0.821		
	Others	55	3.62	0.982		
	Total	350	2.68	0.899		
Work-Life Balance	General Medicine	68	2.76	0.859	4.500	0.001
	Surgery	99	2.93	0.819		
	Paediatrics	70	2.7	0.659		
	Obstetrics and Gynaecology	58	2.47	0.64		
	Others	55	2.53	0.57		
	Total	350	2.71	0.749		
The Impact of Time-based Conflicts on the Stress Levels of Doctors	General Medicine	68	2.66	0.782	6.403	0.000
	Surgery	99	2.63	0.666		
	Paediatrics	70	2.7	0.674		
	Obstetrics and Gynaecology	58	2.38	0.559		
	Others	55	2.21	0.463		
	Total	350	2.54	0.669		
Workload	General Medicine	68	2.61	1.159	9.113	0.000
	Surgery	99	2.83	1.061		
	Paediatrics	70	2.85	1.165		
	Obstetrics and Gynaecology	58	2.08	0.653		
	Others	55	2.12	0.74		
	Total	350	2.55	1.05		
Work Hours	General Medicine	68	2.56	0.836	1.789	0.131
	Surgery	99	2.69	0.806		
	Paediatrics	70	2.6	0.839		
	Obstetrics and Gynaecology	58	2.35	0.556		
	Others	55	2.58	0.785		
	Total	350	2.57	0.784		
Hospital Environment and Resources	General Medicine	68	2.73	0.954	4.247	0.002
	Surgery	99	2.85	0.977		
	Paediatrics	70	2.8	1.152		
	Obstetrics and Gynaecology	58	2.29	0.685		
	Others	55	2.52	0.618		
	Total	350	2.67	0.939		

TABLE X COMPARISON BETWEEN THE HOSPITAL TYPE AND THE DIMENSIONS FOR THE TIME-BASED CONFLICTS TOWARDS WORK LIFE AND ITS IMPACT ON STRESS AMONG DOCTORS

Analysis	Hospital Type	N	Mean	SD	F	Sig
Time-Based Conflict	Private	144	2.87	1.093	5.812	.001
	Government	86	2.37	0.630		
	Semi-Government	63	2.64	0.682		
	NGO/Charitable	57	2.73	0.793		
	Total	350	2.68	0.899		
	Private	144	2.83	0.799		
Work-Life Balance	Government	86	2.78	0.733	5.441	.001
	Semi-Government	63	2.41	0.581		
	NGO/Charitable	57	2.63	0.719		
	Total	350	2.71	0.749		
	Private	144	2.56	0.689		
	Government	86	2.56	0.683		
The Impact of Time-based Conflicts on the Stress Levels of Doctors	Semi-Government	63	2.55	0.726	.262	.852
	NGO/Charitable	57	2.47	0.525		
	Total	350	2.54	0.669		
	Private	144	2.68	1.044		
	Government	86	2.91	1.207		
	Semi-Government	63	2.15	0.880		
Workload	NGO/Charitable	57	2.15	0.655	10.840	.000
	Total	350	2.55	1.050		
	Private	144	2.65	0.824		
	Government	86	2.77	0.817		
	Semi-Government	63	2.34	0.674		
	NGO/Charitable	57	2.35	0.625		
Work Hours	Total	350	2.57	0.784	5.952	.001
	Private	144	2.82	0.993		
	Government	86	2.92	1.077		
	Semi-Government	63	2.34	0.559		
	NGO/Charitable	57	2.30	0.672		
	Total	350	2.67	0.939		
Hospital Environment and Resources	Private	144	2.82	0.993	9.514	.000
	Government	86	2.92	1.077		
	Semi-Government	63	2.34	0.559		
	NGO/Charitable	57	2.30	0.672		
	Total	350	2.67	0.939		

The research identified in TABLE X a substantial disparity in the effects of time-related issues on the stress levels and the hospital type of doctors. However, there was no substantial difference between time-based conflict, work-life balance, workload, work hours, hospital environment and resources and the hospital type of doctors. Respondents working in different hospital types (private, government, semi-government, NGO/charitable) disagreed with the relationship between time-based conflict, work-life balance, workload, work hours, hospital environment and resources and the stress of doctors.

V. FINDINGS

The study surveyed female respondents aged 30-40, married, with MBBS and surgery specialization. Most had 1-5 years of experience and worked in private hospitals with fixed schedules. The correlational test revealed an inadequate beneficial connection between time-based conflict and work-life balance, but significant positive relationships between workload, work hours, and hospital environment and resources.

The Relationship between Times based Conflicts and WLB of Doctors

The study indicates that while time-based conflicts are a concern for many doctors, they do not completely disrupt their work-life balance. However, these conflicts and demands impact their personal well-being and job satisfaction, highlighting the challenges healthcare professionals face in achieving this balance. (Greenhaus & Allen, 2011).

Impact of Time-based Conflicts on the Stress Levels of Doctors

Doctors experience moderate mental and physical exhaustion due to time-based conflicts between work and personal life. These conflicts impact their overall well-being, although not significantly. While time-based conflicts contribute to stress and reduced productivity, their impact on overall well-being and work performance is moderate.

Factors contributing to Time-based Conflicts in the Hospitals

The study reveals that doctors face time-related challenges due to heavy workloads, unpredictable work hours, and a hospital environment that doesn't fully support efficient task completion, leading to stress and fatigue among healthcare professionals.

VI. CONCLUSION

The current research paper demonstrates the high importance of time-based conflicts in the interference with the work-life balance (WLB) and the increase in the stress levels of doctors in the Malappuram area, India. The study established that medical practice by itself, such as the irregular work schedules, on-call activities and high workloads, is a primary

factor that influences the personal and professional life of doctors. The aspects of time, which included extended working hours and random working hours, were cited as the primary stress factors that contributed to physical and psychological burnout, eventually resulting in compromised performance and well-being at work. In spite of all these, the study has shown that the pressure could be relievable by enhancing the job arrangement, improving the support structures and decreasing the unpredictable working hours. All the results indicate the necessity to introduce healthcare organizations to strategies that would enhance the better balance of professional and personal life that is vital in enhancing the mental state of doctors, job satisfaction, and the overall quality of patient care.

Further studies can be done on the investigation of certain interventions, including flexible work hours, alternate shifts, and mental health support, to reduce the effects of time-based conflicts on the well-being of doctors. Moreover, the analysis of various hospital settings (e.g., government vs. private) and other specialties would also contribute to the improvement of insight in time-based conflicts and their implications. It would also be worthwhile to explore further the long-term consequences of time-based conflicts which cause stress, its effects on physician burnout, career duration, and quality of patient care. Additionally, it might be beneficial to consider a broader sample size and covering various geographical areas because it will show more generalized results on the problems of the global healthcare workforce.

REFERENCES

- [1] Alattas, M. I. (2024). The impact of technology on logistics services in Saudi Arabia. *Archives for Technical Sciences*, 2(31), 379-392. <https://doi.org/10.70102/afts.2024.1631.379>
- [2] Armoti, A. M. A. (2025). Customer Response Analysis in Marketing Campaigns Using the AIDA Decision Framework. *Global Perspectives in Management*, 3(2), 1-9.
- [3] Dillon, E. C., Tai-Seale, M., Meehan, A., Martin, V., Nordgren, R., Lee, T., ... & Frosch, D. L. (2020). Frontline perspectives on physician burnout and strategies to improve well-being: interviews with physicians and health system leaders. *Journal of general internal medicine*, 35(1), 261-267. <https://doi.org/10.1007/s11606-019-05381-0>
- [4] Domagalska-Grędyś, M., Sagan, A., & Piecuch, K. (2025). Identification and direction of changes in work-life balance dimensions in Visegrad Group countries. *Entrepreneurial Business and Economics Review (EBER)*, 13(2), 191-209. <https://doi.org/10.15678/EBER.2025.130211>
- [5] Ekambaram, Y., & Tripathi, M. (2025). Adopting Hybrid Wireless Network Architectures to Support Autonomous Maritime Vehicle Operations. *Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications*, 16(2), 95-104. <https://doi.org/10.58346/JOWUA.2025.12.006>
- [6] Guo, J. H., Zhou, X. N., Zhou, H. Y., Huang, C. W., Wu, Y. L., Zheng, H., ... & Jiang, C. L. (2025). Enhancing shooting performance and cognitive engagement in virtual reality environments through brief meditation training. *Scientific Reports*, 15(1), 16289. <https://doi.org/10.1038/s41598-025-01462-9>
- [7] Hemat, M. A. (2014). A review of researches on Persian text mining. *International Academic Journal of Science and Engineering*, 1(2), 152-160.

- [8] Huq, A., & Arenius, P. (2025). Women entrepreneurs' negotiation of the work–family balance in patriarchal society. *Journal of Small Business Management*, 63(5), 2188-2219. <https://doi.org/10.1080/00472778.2024.2424813>
- [9] Kamboj, J., & A, E. (2025). Hypothesized the relationship between work–family boundaries, work–life balance, workload, and employees' well-being: Moderated mediation analysis. *Human Systems Management*, 44(5), 852-877. <https://doi.org/10.1177/01672533251331490>
- [10] Kaswan, M. S., Rathi, R., & Garza-Reyes, J. A. (Eds.). (2025). *Industry 5.0: Concepts and Strategies for Digital Transformation*. CRC Press.
- [11] Kumar, A., Fister Jr, I., Gupta, P. K., Debayle, J., Zhang, Z. J., & Usman, M. (Eds.). (2022). *Artificial Intelligence and Data Science: First International Conference, ICAIDS 2021, Hyderabad, India, December 17–18, 2021, Revised Selected Papers*. Springer Nature.
- [12] Leema, A. A., & Balakrishnan, P. (2024). Detection and Categorization of Rice Leaf Diseases through Federated Learning and Improved Vision Transformer Models. *Journal of Wireless Mobile Networks, Ubiquitous Computing, and Dependable Applications*, 15(4), 370-379. <https://doi.org/10.58346/JOWUA.2024.I4.025>
- [13] Nakamura, H., & O'Donnell, S. (2025). The effects of urbanization on mental health: A comparative study of rural and urban populations. *Progression Journal of Human Demography and Anthropology*, 27-32.
- [14] Özdilek, Ş. Y., Kırbeci, S., Yalçın, S., Altın, A., Uzaticı, A., Tosunoğlu, M., ... & Sönmez, B. (2020). The first record of loggerhead turtle (*Caretta caretta*) nesting on the northernmost Aegean coast, Turkey. *Natural and Engineering Sciences*, 5(3), 198-203. <https://doi.org/10.28978/nesciences.833003>
- [15] Sarla, G. S., & Sandhu, M. (2024). Work-Life Balance in Nurses. *International Journal of Biomedical and Clinical Research*, 1(1), 1-5.
- [16] Sarwar, F., Panatik, S. A., Shahrin, R., Nordin, N. A., & Mohd Shukor, M. S. (2025). Striking the perfect chord: investigating the work and family antecedents of work-family balance satisfaction among academic faculty. *Cogent Education*, 12(1), 2521151. <https://doi.org/10.1080/2331186X.2025.2521151>
- [17] Seidgar, M. (2021). Applications of Fairy Shrimps in ornamental fish feeding. *International Journal of Aquatic Research and Environmental Studies*, 1(2), 51-56. <https://doi.org/10.70102/IJARES/V1I2/6>
- [18] Shin, S. J., Park, Y., & Shin, S. U. (2024). Decentralized fair data trading scheme based on mCL-ME primitive. *Journal of Internet Services and Information Security*, 14(4), 569–589. <https://doi.org/10.58346/JISIS.2024.I4.036>
- [19] Talezadehlari, A., Nikbakht, A., & Asadi, A. (2014). Analyzing a functionally graded pressurized cylinder of arbitrary material distribution subjected to thermal loading. *International Academic Journal of Innovative Research*, 1(2), 38–51.
- [20] West, C. P., Dyrbye, L. N., Sinsky, C. A., Trockel, M., Tutty, M., Satele, D., ... & Shanafelt, T. D. (2025, November). Social isolation and burnout, professional fulfillment, and suicidal ideation among US physicians. In *Mayo Clinic Proceedings*. Elsevier. <https://doi.org/10.1016/j.mayocp.2025.07.025>