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Work-Life Balance, Spiritual Well-Being, And Life Satisfaction Among Residents of General Surgery

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The objectives of the current study are to determine the levels (high and low) of work-life balance, spiritual well-being, and life satisfaction among residents of general surgery. It is also the intention to find out the relationship between study variables. N = 100 residents of general surgery with age ranges of 25-40 years (M = 28.03, SD = 1.27) were selected through purposive sampling technique. Demographic forms, work-life balance questionnaires, spiritual well-being, and life satisfaction scale were used to collect the data after fulfilling the requirements of APA. A correlational research design was used. Results indicated the satisfactory level of Cronbach's alpha reliability coefficients of the constructs on the current sample. Participants experienced a high level of work interference with their personal life, and they disagreed that they had a better mood because of their job. Interestingly, the magnitude of personal life interference with work is comparatively low as they reported that personal life gave them the strength to pursue a professional life, which is contradicted by the existing literature. Their scores on work/personal life enhancement, spiritual well-being, and life satisfaction are low. It is also indicated that the work-life balance has a significant positive relationship with work interference with personal life and personal life interference with work, while a non-significant relationship with work/personal life enhancement, spiritual well-being, and life satisfaction. On the other hand, spiritual well-being has a significant positive relationship with life satisfaction and non-significant relationships with other study variables. The effect size of the relationship is also

found satisfactory. Implications of the results are discussed in the cultural context of Pakistan.

Keywords: *Work-life balance, Spiritual well-being, Life satisfaction, Residents, General surgery*

Introduction and Literature Review

According to the records approximately 310 million major surgeries are performed worldwide every year; 40-50 million in the United States of America (USA) and 20 Million in Europe. It is reported that 5 to 15 percent of the patients developed post-operative complications and had to be readmitted within 30 days after being discharged, while 15 percent of the patients developed serious morbidities. The condition of 1 to 4 percent of patients worsted and eventually died of infections. Globally, around eight million patients die annually just because of heart attack, stroke, cancer, and injury which causes billions of dollars in healthcare costs in the developed and developing countries despite all global patient safety measures (Earnshaw & Alderson, 2014).

On the other hand, suicidal ideation among surgeons is 6.3 percent which is 1. 5 to 3.0 times higher than that of the general population with age ranges of 25 to 35 years (Wall et al, 2014). Burnout among postgraduate medical trainees was reported at 47.3 percent in 47 different countries which is as alarming as patient mortality and suicidal ideation of surgeons. The field of surgery attracts such persons who are ready to sacrifice their personal and family needs over a career. It requires special aptitude, commitment, undivided attention, self-determinism, and motivation. On the part of new entrances, the basic purpose of a surgeon's professional life is to perform emergency and elective surgeries on the entire human body to treat or prevent disease, and repair damages caused by injuries or illnesses. They are supposed to take the case history, conform to the preoperative diagnoses, maintain the patient's medical record, psycho-educate the patients (before and after the surgery), and deal with the pre and post-operative surgical complications by using the rules and regulations of departmental policies. Sometimes these roles may clash with personal life and can create work-life balance problems.

Work-life Balance

Work-life balance is a perception-centered approach and a holistic concept that reflects the individual's subjective feelings about how they maintain a balance between careers demands and family life keeping in view their values, priorities, and goals (Carlson & Frone, 2003; Greenhaus & Allen, 2011; Haar, et al 2014; Kossek et al., 2014). It is a basic concern of everyone perusing medical careers as it has a significant positive correlation with physical, mental, emotional, and psychological health resulting in job and life satisfaction (Greenhaus et al., 2003). The balance in

the surgeon's role demands that in different situations, (career and family) the possibility of conflict be eliminated and facilitated productivity and high role enrichment (Duxbury & Higgins, 200). Individuals with a high perception of work-life balance enjoyed participating in activities (related to work and family) that are important to them. They experience a greater sense of harmony in life to fulfill the requirements of working and non-working demands, ultimately depleting conflicting situations (Rothbard, 2006). Theories of work-life balance which help to understand the phenomena are given below:

Theories of Work-Life Balance

The work-life interface is bi-directional as family and work-life influence each other due to thin-line boundaries (Clutterbuck, 2003; Field & Chan, 2018). As endorsed by the boundary theory (Piszczek & Berg, 2014) transitions in career and technology make the work boundaryless as one can work at any time and anywhere. It is the individual's choice to give importance to work or home. The transition between both roles is easier when roles are blended and integrated rather than remaining separate (Nippert-Eng, 1996; Ashforth et al., 2000).

The theory of structural functionalism

(Parsons, 2017) emerged earlier in the twentieth century while the industrial revolution had separated economic work from family life which was strengthened by the advancements in technology in the 19th century. It defines the role of men (outside the home, productive life: workplace) and women (inside the home: household activities). The structural-functional theory describes clear-cut boundaries between work and family life as decided by the gender role (Kingsbury & Scanzoni, 2009).

Work-family Border Theory

Work-family Border theory (Clark, 2000) and Segmentation Theory of work-life balance (Campbell, 2000) explain that family and work are separate entities with different responsibilities interference of one domain with another can creates disharmony between both spheres.

Greedy Institutions Theory

Greedy Institutions Theory (De Campo, 2013) interestingly called the family and career greedy institutions as both demand undivided attention, dedication, loyalty, focus, and commitment on the part of individuals by discouraging the other social spheres. Caretaking responsibilities are the basic prerequisites of family life while overwork is the demand for career prosperity. When individuals oscillate between two greedy institutions, they lose equilibrium and ultimately have to face work-life conflict. Similar findings are posited by the conflict theory (Greenhaus &

Beutell, 1985) that work and family life are quite different and demanding entities that demand equal attention to fulfill their requirements. The imbalance between work and personal life ultimately gives rise to conflicts.

Role Enhancement and Spillover Theory

Role Enhancement Theory (Hindin & Michelle, 2007) and Spillover Theory (Acs et al., 2013) discuss the repercussion of work-life conflicts as participation in one role is made better or easier under participation in the other role if it does not cross certain upper limits which induce distress. Time constraints, lack of participation in one's role, and appropriate behavior for the fulfillment of certain duties are the main precursors of a complex work-family interface (Ollier-Malaterre, 2014; Greenhaus & Beutell, 1985).

Work-Enrich Model

As recommended by the Work Enrich model (Greenhaus & Powell, 2006) efficiency at the workplace endorses the commitment to family life or vice versa. While in individualistic cultures, or developed countries work is more related to individual achievements and self-actualization, therefore overwork may be perceived as a threat to personal and family well-being (Aryee et al., 1999; Spector et al., 2007). System-based approach (Clarkson et al., 2018) suggests multiple improvements in the healthcare system, quality of surgical care, medicine, and the lifestyles of surgeons. Researches are available on work-life balance (Shanafelt et al., 2012), spiritual well-being, job-life satisfaction, burnout (Senturk & Melnitchouk, 2019), and the financial crisis of surgeons (Moreno-Egea, 2013) but they are more focused on other specialties such as cardiothoracic surgeons (Varghese et al, 2019), physician (Keeton, et al., 2007), gynecologic oncologists (Ilana Cass, et al., 2016) and Australian orthopedic surgeons. On the other hand extensive scientific literature (Brough et al., 2014; Lunau et al., 2014; Kelly, et al 2014) is available on work-life balance in social sciences while there is a dire need to conduct such studies in the medical health professions, especially with residents of general surgery who are the main focus of the current study.

Work-life Balance, Spiritual Well-being and Life Satisfaction

Researchers (Habib et al., 2012; Duquette, Kerouac, Sandhu, & Beaudet, 1995) found a significant positive correlation between emotional intelligence, spiritual well-being, and life satisfaction. Spiritual well-being mediates the relationship between emotional intelligence and life satisfaction among nurses. The basic purpose of nurses is to nurture and take care of those individuals who are suffering from mental health problems and physical diseases. In chronic and terminal, ill diseases patients are more afraid of being left alone instead of dying. Therefore, unconditional positive regard and love is the basic precursor to curing patients or dying peacefully (Thomas, 1993). Strong spiritual well-being developed a sense of life satisfaction and makes medical health professionals more compassionate about their patient's suffering.

However, dealing with daily hectic routines and stress-laden scenarios sometimes fades out spiritual well-being and life satisfaction if not taken care of it (Greenhaus & Beutell, 1985). Resulting in devastating effects on the patients who need complete care and concern. There is a significant inverse relationship between nurses' emotional exhaustion and patient satisfaction in hospitals (Leiter, Harvie, & Frizzell, 1998).

Emil (2014) conducted an internet survey on life satisfaction which includes the dimensions of working conditions, financial support, quality of life, academia, and patient care with 202 Canadian pediatric surgeons. He found that generally their life satisfaction was quite high but academic surgeons were more satisfied. This is because academically linked surgeons had proper compensation plans. However, surgeons wanted to stay in Canada and not in America to sustain their life satisfaction levels. It was surprising to see that there was no significant difference in the improvement in Canadian pediatric surgeons' satisfaction with incomes. Such studies need to be carried out in Pakistan with residents and general surgeons who are the main focus of this study. However, it is validated that constructs related to work-life balance and life satisfaction are implemented in studies but they cannot capture the feelings of medical professionals, especially those of surgeons (Keeton et al., 2007). Lesser research has been carried out on the personal well-being of the surgeons as the stress agents are just not personal, economic, or social but also health-related.

Theories of Life Satisfaction

Bottom-up and Top-down Theories of life satisfaction indicate that life satisfaction depends on the predispositions of personality traits, interpersonal relations (family bonding and support), and career development (Headey et al., 2005). Discrepancies between ideal and actual life create dissatisfaction in life (Suikkanen (2011). Veenhoven (1996) found that opportunities in life, the sequence of chances, the flow of experience, and the interpretation of life events are the major contributing factors to life satisfaction. Studies (Clark et al., 2017) indicated a significant relationship between economic prosperity, education, and quality of interpersonal related relationship job opportunities (Jiménez et al., 2011). In developed countries, individuals are free to choose their lifestyle with comparatively high opportunities as compared to those in developing countries therefore, they are more likely to be satisfied with their life as compared to their counterparts in the developing world. Life satisfaction is positively related to mental and physical health, social support, socialization, and heritability, and has an inverse association with chronicle disease, pain, sleep problems, anxiety, stress, and burnout (Strine et al., 2008). Life satisfaction reduces the risk of mental health and physical problems which ultimately enhance the life span of individuals (Boehm et al., 2015). Getting up early in the morning is more associated with life satisfaction as compared to evening-oriented activities individuals (Jankowski, 2012; Díaz-Morales, et al., 2013).

Spiritual Well-being and Life Satisfaction

Spirituality is a state of being, generally subjective and comprehensive (Chirico, 2016; Ghaderi et al., 2018). It is defined as the need for meaning, purpose, and connection with the personal self, others, nature, and the Supreme power. Researchers described spiritual well-being as a lifestyle that is associated with multiple features of spirituality as moral and ethical values, positive attitude, self-development, and spiritual uplifting without violation of rules. Spiritual well-being, workplace spirituality, self-esteem, psychological well-being, and compassion have a significant positive relationship with life satisfaction (Katerndahl, 2008; Awan & Sitwat., 2014).

It is studied that surgeons generally report spiritual well-being only if they can connect to patients at their level of spirituality. This is a reciprocal relationship. Some surgeons and other health care workers believe that they must spiritually connect with the patients but not necessarily ever do that. When surgeons instill hope in their patients, it is the only time they feel spiritual well-being and life satisfaction. Keeping in view the scientific literature following objectives of the study and hypotheses are formulated:

Objectives

1. To measure the levels of work-life balance, spiritual well-being, and life satisfaction among residents of general surgery
2. To investigate the relationship between work-life balance, spiritual well-being, and life satisfaction among residents of general surgery

Hypothesis

1. There is a significant relationship between work-life balance, spiritual well-being, and life satisfaction.

Methodology

Sample

The sample size of the current study was calculated through G* power 3.1 (Faul et al., 2009) on two-tailed with medium effect size (p = .30) and 95 % of confidence interval. A total of 110 volunteer participants were approached through the purposive sampling technique. Questionnaires of 10 participants were discarded due to missing data. Their response patterns were creating the ceiling or floor effects and data were inclined toward outliers which ultimately affected the findings of the main study therefore, based on statistical grounds it was decided to delete these problematic responses. The final analysis was run on the N = 100 residents of General Surgery. Their age ranges varied from 25-40 years (M = 28.03, SD = 1.27). Detailed sample characteristics are reported in Table 1.

Table 1 *Descriptive Statistics of Demographic Variables (N = 100)*

Individual Characteristics		***M, SD/ f (%)***
Age		*M* = 28.03, *SD* = 1.27 (range: 25-40 years)
Gender		
	Male	58 (58.00)
	Female	42(42.00)
Marital Status		
Married		66(66.00)
	Single	34(34.00)
Duration of Marriage		*M* = 1.02, *SD* = 1.08 (1 to 5 years)
Spouse Profession		
Doctor		49 (74.24)
Other		17(25.75)
Number of Children		
Pregnant		13(19.70)
1		43(25.90)
2		10(15.15)
Living with		
Family		58(58.00)
Hostel		42 (42.00)
Year of Residency		
PG1		26(26.00)
PG2		24(24.00)
PG3		30(30.00)
PG4		20(20.00)
Monthly Income		*M* = 66000.78, *SD* = 2.38 (range: PKR 60000-100000)
Years in Practice		*M*= 2.5, *SD* = 1.34 (range: 1-6 years)
Doing Part-time Job		
Yes		73(73.00)
No		27(27.00)

Instruments

The data were collected through the following instruments.

Demographic Information

The demographic form was developed by the researcher. It had two sections one was related to personal information such as age, gender, education, marital status, duration of the marriage,

number of children, spouse education, spouse profession, monthly income, possessing own or rental house, living with family or in a hostel, family system, area and second was work-related information such as total working experience, and a part-time job.

Work-Life Balance

Work-Life Balance Scale **(**Grau, 2017) consisted of 15 items having three subscales named as work interference with personal life (having 7 items, sample item: my personal life suffers because of work), personal life interference with work (having 4 items, sample item is "my personal life drains me of energy for work) and work personal life enhancement (4 items, sample item, I have a better mood at work because of personal life). It has 5 point response format patterns ranged from 1= strongly disagree, 2 = *disagre*e, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*. Cronbach's alpha reliability coefficients of the total work-life balance (α = .78), work interference with personal life (α = .80), personal life interference with work (α = .76), and work/personal life enhancement (α = .77). Reliability of the scale on the current sample is found satisfactory (Gliem & Gliem, 2003).

Spiritual Well-being Index

Spiritual Well-being Scale (Fisher, & Ng, 2017) is 4 items measure that is perceived to be reflected in the quality of relationships that people have in four areas, namely with God, others, nature, and self. It has 5 points Likert response format 1= *not important* to 5 = *very important*. Cronbach alpha reliability coefficient of the instrument on the current sample was .78. *M* = 16.78, 35% of participants are below the mean scores and 65% having above the mean.

The life Satisfaction Scale

(Diener et al., 1985) has 5 items and measures global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect). It has 7 points in Likert response format 1= *strongly disagree* to 7 *strongly agree*. Its cut scores varied from satisfied (21-35), neutral (20), and dissatisfied (5-19). Current sample score on this scale was 28% (not satisfied), 10% (neutral), and 62% (satisfied). Cronbach's alpha reliability coefficient of the instrument on the current sample was 0.76.

Research Design

A correlational research design was used. Ethical approval to conduct the study was taken from the Ethical Review Committee, Lahore Leads University Lahore. Permission from the authors to use the questionnaires for study purposes was taken before collecting the data. Permission was taken from the higher authority to collect the data from the tertiary care hospitals in Lahore. Volunteer participants were approached and taken their informed consent to participate in the

current study after explaining the study's purpose. Residents of general surgery were approached inwards. A booklet comprised of the cover letter, informed consent form, socio-demographic characteristics sheet, work-life balance questionnaire, spiritual well-being index, and satisfaction with life questionnaire were distributed among the volunteer residents of general surgery in three different tertiary care hospitals of Lahore Pakistan. The response rate of the participants was 96%. It took 15-20 minutes on average to fill the booklet. Participants were thanked for their corporations. All the data were collected and interpreted according to the guidelines of APA by using SPSS 21.0 (Statistical Package for Social Sciences).

Table 2 *Response Patterns of the Work-life Balance Scale and its three Subscales in Percentage*

Items of WLB	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Agree	Total Disagree
Work Interference with Personal Life							
1. My personal life suffers because of work	3.8	8.9	13.9	50.6	22.8	73.4	12.7
2. My job makes my personal life difficult	5.1	10.1	16.5	55.7	12.7	68.4	15.2
3. I neglect personal needs because of work	3.8	7.6	16.5	54.4	17.7	72.1	11.4
4. I put my personal life on hold for work	2.5	10.1	11.4	59.5	16.5	76	12.6
5. I miss personal activities because of work	1.3	11.4	13.9	54.4	19.0	73.4	12.7
6. I struggle to juggle work and non-work	10	12.7	45.6	32.9	8.9	41.8	12.7
7. I am unhappy with the amount of time for non-work activities	2.5	15.2	29.1	34.2	19.0	53.2	17.7
Personal Life Interference with Work							
8. My personal life drains me of energy for work	12.7	30.4	20.3	25.3	10.1	35.4	43.1
9. I am too tired to be effective at work	8.9	31.6	22.8	26.6	10.1	40. 5	39.7
10. My work suffers because of my personal life	20.3	35.4	16.5	20.3	6.3	26.6	55.7

11. It is hard to work because of a personal matter	11.4	38.0	19.0	27.8	3.8	31.6	49.4
Work/Personal Life Enhancement							
12. My personal life gives me energy for my job	1.3	11.4	24.1	53.2	10.1	63.3	12.7
13. My job gives me the energy to pursue personal activities	3.8	19.0	32.9	31.6	12.7	44.3	22.8
14. I have a better mood at work because of my personal life	15.8	11.5	24.6	53.5	10.6	64.1	26.3
15. I have a better mood because of my job (very interesting finding)	27.85	26.6	29.1	6.3	2.5	8.8	54.45

(N = 100)

Results in table 2 show a majority of the participants experienced a high level of work interference with their personal life. The scores ranged from 41%-73% in the agreed category and 11%-17% in disagree while 11% - 45% chose the neutral option. On the other hand, 26 % to 40 % of individuals agreed that personal life interferes with work-life balance and 35% to 59% disagreed with it while 31% to 38 % chose the neutral option. Moreover, 44 to 64 percent of participants agreed that their personal life helps them maintain their professional life while 12 to 26 percent disagreed with it and 24 to 32 percent chose the neutral option. Results showed very interesting findings on item number 15 that "I have a better mood because of my job" only 9% of participants agreed with it and 29 percent were not in a position to form any opinion, therefore, they chose the neutral option while 54 percent disagreed with it which is quite alarming.

Table 3 *Response Patterns of the Spiritual Well-Being Inventory (N = 100)*

Items number of SWBI	**Not Important**	**Less Important**	**Average**	**Important**	**Very Important**
How important are each of the following relationships for you personally?					
1. With GOD or Heaven	0%	0%	2.5%	12.7%	83.5%
2. With other People	0%	2.5%	16.5%	55.7%	24.1%
3. With other Environment	1.3%	5.1%	32.9%	43.0%	16.5%
4. With Yourself	2.5%	1.3%	10.1%	29.1%	55.7%

The findings of table 3 show that 96 % of participants reported that the relationship with God and Heaven is important to them while 2 % took it as average and none of them responded that it was not/less important. Moreover, 2% reported that relationships with other people are not important to them while 16% scored on average and 79% reported that relations with others were important to them. 6 % of residents of general surgery reported that relationships with

environments were not impartment for them while 33% scored an average while 59% reported that relation with the environment was important for them. 4% reported not/less important, 10% on average, and 85% reported that relation with self was important for them.

Table 4 *Response Patterns of the Satisfaction with Life Scale in Percentage (N = 100)*

Items of LSS	VSD	SD	MD	N	MA	SA	VSA	Total Disagree	Total Agree
1. In most areas, my life is close to my ideal	5.1	13.9	13.9	25.3	26.6	12.7	2.5	32.9	41.8
2. The conditions of my life are excellent	6.3	8.9	12.7	34.2	15.2	15.2	7.6	27.9	38
3. I am satisfied with my life	2.5	10.1	10.1	25.3	20.3	20.3	11.4	22.7	52
4. So far, I have gotten the things that are important to me in my life	2.5	5.1	5.1	27.8	16.5	27.8	15.2	12.7	59.5
5. If I were born again, I would change almost nothing in my life	15.2	15.2	16.5	19.0	12.7	15.2	6.3	46.9	34.2

Note: 1 = Very Strongly Disagree, 2 = Strongly Disagree, 3 = Mildly Disagree, 4 = Neutral, 5 = Mildly Agree, 6 = Strongly Agree, 7 = Very Strongly Agree

Results of table 4 showed that 33% of the participants reported that there were differences between their ideal and actual life, while 25 % scored neutral and 41 % agreed that their life was close to their ideals. In statement two, 28 % of the participants believed that the conditions of their life are not excellent and 34 % gave neutral responses and 38% of participants were satisfied with the conditions of their life. In the same way, on the third item, 22 % of participants were dissatisfied with their life while 25 % gave a neutral response and 52% were satisfied with their life. 12 % of participants were not satisfied with whatever life had offered to them while 27 % were neutral and 59 % were happy with the current state of their life. Interestingly, 47 % of participants wanted to change their life, if they ever got the chance, while 19 % remained neutral and 34 % were satisfied with their present life conditions.

Table 5 *Descriptive Statistics and Psychometric Properties of the Study Variables (N = 100)*

Variables	Items	α	Range		M	SD	Skew	Kurtosis
			Actual	Potential				
Work-Life Balance	15	.78	38-68	15-75	49.69	5.93	.05	-.45
Work Interference with Person Life	7	.80	14-34	7-35	25.61	4.62	-.36	.21
Personal Life Interference with Work	4	.76	4-18	4-20	11.23	3.66	.08	-.79
Work/Personal Life Enhancement	4	.77	6-20	4-20	12.72	2.71	.05	-.15
Spiritual Well-Being	4	.78	10-20	4-20	16.90	2.14	-.56	.51
Life Satisfaction	5	.76	7-35	7-35	21.43	6.09	-.02	-.12

The findings of table 5 show that the ranges of Cronbach's Alpha Reliability coefficients (Cronbach, 1951) of the scales are varied from .76 to .80 which is considered satisfactory in social sciences.

Table 6 *Inter-correlation between Work-Life Balance its three Subscales, Spiritual Well-Being, and Life Satisfaction (N = 100)*

Variables		2	3	4	5	6
1.	Work-Life Balance	.65**	.64**	.27*	.10	-.06
2.	Work Interference with Person Life		.05	-.34**	.10	-.05
3.	Personal Life Interference with Work			-.05	-.01	-.28*
4.	Work/Personal Life Enhancement				.08	.27*
5.	Spiritual Well-Being					.27*
6.	Life Satisfaction					

** $p < 0.01$,* $p < .05$ (2-tailed)

Results of table 6 show that work-life balance has a significant positive relationship with its three subscales named work interference with personal life ($r = .65$, $p < 0.01$), personal life interference with work ($r = .64$ $p < 0.05$), and work/personal life enhancement ($r = .27$ $p < 0.05$). It is quite interesting and alarming to see that work-life balance has a non-significant relationship with spiritual well-being and life satisfaction. Work interference with a person's life has a significant inverse relationship with work/personal life enhancement ($r = -.34$, $p < 0.01$). Personal life interference with work has a significant inverse relationship with life satisfaction (r

= -.28, $p < 0.05$). Work/personal life enhancement has a significant positive relationship with life satisfaction ($r = .27$, $p < 0.01$). Spiritual well-being has a significant positive relationship with life satisfaction and a non-significant relationship with other variables. The overall magnitude of the correlation (.27-.65) is satisfactory in the context of work-life balance, work interference with personal life, personal life interference with work, work/personal life enhancement, and spiritual well-being while the magnitude of the correlation is non-significant and weak (.-05 to .10) in context of all other reported variables. Spiritual well-being is the most attention-grabbing variable in the finding which showed a non-significant relationship with all study variables except life satisfaction.

Discussion

The current study was aimed at measuring the levels of work-life balance, spiritual well-being, and life satisfaction among residents of general surgery. Findings showed that most of the participants scored high on work interference with personal life. Interestingly most of the participants scored low on item number 13 “My job gives me the energy to pursue personal activities” and item number 15 “I have a better mood because of my job”. Results remained consistent with the previous studies which depicted that surgeons engaged regularly in "life and death" situations with their patients and made substantial personal sacrifices to practice in their chosen field. Such attributes of surgery, along with the rigors and length of training for this profession, attract individuals of a particular character to share the unwritten but clearly understood code of rules, norms, and expectations. The codes include coming in early and staying late, working nights and weekends, performing a huge volume of procedures, meeting multiple simultaneous deadlines, and keeping emotions or personal problems away from interfering with work. There is a fine line separating dedication from unhealthy overwork that, if left unchecked, could lead to counterproductive, unhealthy, or even self-destructive behavior, which may ultimately affect patient care. Indeed, studies show that a substantial proportion of surgeons experience distress or burnout, which can have negative repercussions for themselves, their families, their colleagues, and their patients.

Fascinatingly most of the participants scored low on personal life interference with work as compared to work interference with personal life. They agreed that “My personal life gives me energy for my job and I have a better mood at work because of my personal life”. Results on the subscale of work/personal life enhancement showed that personal life gives the participants energy to pursue professional life while professional life drained their energies. Literature reported that the benefits of work-life balance are universal. It is equally important in collectivistic and individualistic cultures with a few variations (House et al., 2004).

In collectivistic cultures, it may be the reason that individuals are more connected with groups and work for the betterment of organizations and persuasion to upgrade the lifestyles of families.

They prioritize common goals over personal needs. However, in collectivistic or developing countries, individuals are engaged in overwork to financially support the family to improve the lives of offspring in which work-life conflict is an inevitable cost in promoting the well-being of the family (Redding, 1993). Most of the participants reported that Spiritual Well-being in the context of God, others, personal, and the environment are important to them. Participants reported discrepancies between ideal and real-life satisfaction. However, a significant positive relationship was found between spiritual well-being and life satisfaction while a non-significant relationship with other variables.

Results remained consistent with the previous literature (Alison et al., 2002). Furthermore, as per the study, validated instruments related to work-life balance and life satisfaction are applied to studies but the instruments fully do not do complete justice in translating the feelings of medical professionals, especially surgeons in particular. It can be inferred, that the non-significance of results in the present sample is attributed to the fact that the inter items shall only weakly correlate (Keeton, et al., 2007). Tyssen (2007) found a significant relationship between work-life imbalance, low life satisfaction, compromised well-being, and alcohol consumption in surgeons. Brooke et al. (1991) reported that surgeons used coffee/ tea, and other drugs of choice as stimulants to create a balance between demanding workload and life satisfaction. Becoming a general surgeon is the dream of many youngsters knowing that surgical training is quite demanding, as real-world working conditions are different from the theoretical knowledge and training of residents of general surgery. Regulatory bodies of medical professions have overlooked work-life conflict, the importance of work-life balance, predisposition to mental health problems, the stress in medical school due to exams and rotations, unpredictable work schedules such as medical emergencies, 100-hour weeks, lengthy shifts, calls, and working night shifts. However, it is suggested to balance lifestyle choices such as having a meal together, having annual holidays, attending family functions and marriages, and creating family rituals. A career can be planned and it must be an enjoyment being a surgeon by focusing on the good outcomes as it leads to being a comprehensive human being in the longer run. De-stressing and mindfulness are also important (Marshall, 2015).

Memon et al. (2016) found that if surgeons are not exposed to work-linked occupational hazards, they may not report work-life imbalance, compromised spiritual well-being, or strained life satisfaction. Furthermore, it depends on the nature of the contract of the surgeons as to how it would impact their work-life balance, life satisfaction, and spiritual well-being. For life satisfaction, it is reported that medical professionals during service may not feel satisfied but only, after retirement or semi-retirement, do they report significant life satisfaction levels (Guerriero Austrom et al., 2003). Furthermore, life satisfaction and work-life balance were reported to be significant in Janki's study where life satisfaction and its relationship with work-life balance was shown to be significant only in half of the respondents who reported physical

postural discomfort which was the number one reason for the reported less life satisfaction (Janki et al., 2017). It may be posited that those once who do consider themselves physically healthy and are not sleep-deprived, report a significant relationship between work-life balance and life satisfaction.

It is also noted that spiritual well-being may not be significant because surgeons in palliative care if involved, relate a reciprocal relationship of spiritual well-being with their patients. If the patients' spiritual well-being or beliefs do not match with the surgeon, the surgeon may not feel satisfied personally (Dunn & Johnson, 2004). It is reported that surgeons who make surgical faults and face potential consequences may have an impact on spiritual well-being but the ones who do their work with care and precision may not report any significant interference in the present study (Ori & Farges, 2014).

The surgeons may balance their work life, life satisfaction, and spiritual well-being but basic needs that they forego just as they are well equipped and trained to manage stress may report results insignificant for the present study. There should be training programs and interventions to improve their work-life balance, life satisfaction, and spiritual well-being further. It is important to take into account the sleep deficit so that it may not lead to impaired job performance. Sleep loss in trainees can lead to loss of cognitive performance. It may lead to patient error and compromise safety if not just solely impact the surgeon's life in terms of work-life balance, life satisfaction, and spiritual well-being. Also, shift working is the disruption in life satisfaction so it is important to see if surgeon fatigue can be reduced (Tucker & Bejerot, 2008).

Limitations, Implications, and Recommendations

Although this study highlights the important aspects of residents of general surgery like work-life balance, spiritual well-being, and life satisfaction, the sample size is very small. It may affect the significant level of results and restrict the criteria of generalizability. Moreover, qualitative aspects of the study are also ignored which may provide insight into the indigenous problems of the interested population. There is a dire need for relevant scale development as job descriptions are not properly drafted, whereby specific samples of surgeons are taken into account. There has to be an emphasis on stress over their extrinsic motivation and fringe benefits for their families.

As part of the recommendations, psychometric testing in the domain of occupational psychology is very essential within human resources and the development of healthcare organizations. This is an integral factor that if personalities are assessed before hiring the surgeon in the respective domain it can significantly impact the three constructs (patients, caregivers, and health care providers). There should be a proper job structure for the surgeons and there must be skill-related jobs in respective sectors, whether government or private. There is room for the sample of surgeons to be studied in the domain of occupational psychology.

A surgeon has to be properly placed by human resource development. It is incumbent to check the contribution of governmental and private healthcare sectors to take notice of the employment and placement of surgeons in Pakistan. There should be proper work unions to represent the demands of surgeons. Being a union member with a proper length of tenure may prove significant in studies for the future. Also, the role of supervisory may lead to better outcomes for the work-life balance, life satisfaction, and spiritual well-being of surgeons. There must be more effort, be put into the surgical culture of the hospital to make psychological aid more accessible for overall spiritual well-being (Ori & Farges, 2014).

Conclusion

Extensive scientific literature is available on the phenomena of work-life balance, spiritual well-being, and life satisfaction in management and social sciences, but these variables have received little attention from the surgeon's community. The field of surgery requires upgraded knowledge and sharp skills in addition to their assigned duties, which results in work-life conflict and they may develop different versions of spiritual well-being and life satisfaction as compared to the normal population, regardless of cultural expression.

Results of the current study partially consisted of the previous findings that participants scored high on work interference with personal life and personal life interference with work. Most of the residents disagreed that work facilitates them to fulfill the obligations of personal life, but interestingly, they agreed that personal life facilitates them to accomplish their professional goals. Moreover, they scored low on work/personal life enhancement, spiritual well-being, and life satisfaction. A significant positive relationship was found between work-life balance, work interference with personal life, and personal life interference with work, spiritual well-being, and life satisfaction. Although the magnitude of the correlation was satisfactory, non-significant results invite special attention to developing indigenous tools which cater to their current problems related to these variables. The job structure of the health care system needs to be revised and added more extrinsic rewards in compensation for their services. To maintain harmony between work-life balance, spiritual well-being, and life satisfaction.

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