



## Original Article



## Impact of Marriage on Performance, Behavior, and Work-Life Changes among Female Employees in the Health Sector

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## ABSTRACT

According to the World Bank, only 20% of Pakistani women hold a university degree linked to professional employment. Furthermore, women's participation across all sectors remains notably low, with figures below 5%. **Objective:** To assess the variations experienced by married female employees within the healthcare sector. Specifically, it investigates the changes in performance, WLB, and PB as perceived by the participants after marriage. **Methods:** This survey was conducted over the period of 01 years from public and private organization where women practitioner was working as doctor or postgraduate students affiliated with the College of Physicians and Surgeons of Pakistan (CPSP) or General Practitioners (GPs) within the province of Sindh. **Results:** The paired sample t-test also reveals a statistically significant difference between Work-Life Balance of Before-Marriage Status (mean = 2.0961, SD = 0.61938) and After-Marriage Status (mean = 2.2167, SD = 0.66697), with the difference  $t(203) = -3.070$ ,  $p = 0.002$  (two-tailed),  $\alpha = .05$  and finally there was a significant difference between Professional Behavior of before and after marriage (mean = 1.8255, SD = 0.63691), (mean = 1.9382, SD = 0.70962);  $t(203) = -2.917$ ,  $p = 0.004$  (two-tailed),  $\alpha = .05$  respectively. **Conclusion:** This study highlighted the significant impact of marital status changes on women's professional lives, particularly in the health sector.

## INTRODUCTION

Pakistan is a country of 241 million people, with a growth rate of 2.55 per annum, which is higher than all other countries in South Asia [1]. According to the data almost half of the population (49%) comprised of females in Pakistan [2]. Because of the norms and cultural practices among the Asian, females served primary role at home while secondary position in the society. Men traditionally take charge of external matters, assuming the role of breadwinner and wielding ultimate decision-making power, thus establishing a male-dominated societal structure. Besides, the literacy level of Pakistan is only 58%

of inhabitants among which females is lower compared to males, primarily due to the pervasive influence of patriarchal culture and the challenging circumstances faced by women [3]. The roles of wives and mothers within the household serve as barriers to female education and professional advancement [4]. The World Health Organization (WHO) anticipates a worsening global shortage of healthcare professionals, projecting a deficit of up to 12.9 million by 2035. [5]. In Pakistan, approximately 100,000 (97,851) doctors are currently serving, indicating a ratio of one doctor for every 2041 people [6]. This ratio



signifies that there is only half the number of doctors recommended by the World Health Organization (WHO) for an ideal doctor-to-population ratio in Pakistan. Past studies also revealed that female doctors often discontinue their practices after graduation, with marriage being identified as one of the primary reasons for this cessation [7]. In societies like Pakistan, working women assume a dual role, shouldering responsibilities both within their families supporting spouses, children, and household affairs—and in the workplace [8]. Marital unions bring about social and psychological transformations in a woman's life, altering her perspective on work as she embraces new roles as a mother and wife. The shift in personal life dynamics can have varied effects on professional commitment of the female [9]. In one of the study related to the doctors and nurses uncovered that Work-Life Balance (WLB) practices play a crucial role in shaping employee job performance and satisfaction and marriage is one of the prominent element in this balance [10]. Often, women perceive themselves as crucial contributors to their family's economic well-being, thus enhancing their sense of importance as contributors to the household economy. Negotiating changing dynamics at home and in the workplace equips women with valuable experience in decision-making and problem-solving. The evolving environment enables working women to navigate relationships with family members (including in-laws and spouses), children, as well as colleagues and superiors at work. Such experiences foster resilience and adeptness in handling challenging situations. However, the increased workload at home may sometimes negatively impact professional performance, and vice versa [11]. Married women in employment encounter diverse and demanding situations in their domestic and professional spheres. According to the World Bank, only 20% of Pakistani women hold a university degree linked to professional employment. Furthermore, women's participation across all sectors remains notably low, with figures below 5% [12]. This study hypothesized that Married female employees within the healthcare sector experience significant changes (assumed to be more negative) in performance, work-life balance (WLB), and professional behavior (PB) after marriage, as perceived by the participants.

Despite increasing participation of women in the healthcare workforce, married female professionals in Pakistan continue to face challenges in balancing professional responsibilities and domestic roles, which may affect their performance, behavior, and work-life balance. Existing literature highlights gender-based disparities and work-family conflict; however, limited empirical evidence specifically explores how marriage influences professional outcomes among female health workers in local contexts. Most studies are either

qualitative or lack structured pre-post comparisons, leaving a clear research gap in quantitative assessment of marital impact on professional domains. Therefore, this study aimed to evaluate the effect of marriage on performance, work-life balance, and professional behavior among female employees in the healthcare sector of Sindh, Pakistan.

## METHODS

This observational cross sectional survey was conducted over the period of 1 year (Sep 2023-Aug 2024) from public and private organization where women practitioner was working as doctor or postgraduate students affiliated with the College of Physicians and Surgeons of Pakistan (CPSP) or General Practitioners (GPs) within the province of Sindh. Taking 27% women specialist among the registered medical practitioners mention in the 2017 stat report of PMDC [7]. The sample size was determined by using the Open Epi Calculator taking 20% prevalence rate of a university degree linked to professional employment on 95% confidence level with 5% chance of error and using finite population ratio, it was obtained 203.3 which is approximate to 204 respondents for the study [12]. Purposive snowball sampling technique was used. "Before-Marriage Status (BMS)" described the condition of women before entering into a union, which occurs in diverse locations globally and serves to formalize relationships with religious, legal, social, and marital validation. "After-Marriage Status (AMS)" described the status of women involved in unions established in various parts of the world to solidify relationships, with religious, legal, social, and marital recognition. Participants answered questions about their education level, job responsibilities, professional growth opportunities, work-life balance, and support systems before and after marriage. Questions focused on the impact of marriage on their professional responsibilities, household duties, and ability to meet workplace expectations before and after marriage were asked on Likert scale. Performance was taken as a progress of the employees, especially in completing the given task, client/patient satisfaction. Work-life balance defined the prioritizing among work and lifestyle of the employees, which includes health, family, pleasure, etc. Professional Behavior (PB) defined to place herself professionally in required role and behave with relevant team members. Work-life balance (WLB) was measured to evaluate health professional ability to prioritize between work and personal life, including aspects such as health, family, leisure, assessed time management, satisfaction with personal life, and stress associated with work-life conflict. Performance was measured as the progress of health professional made to achieving patient satisfaction. This was assessed through a quantitative metrics such as task completion rates and adherence to deadlines. Professional behavior was measured based on health professional ability to fulfill their roles professionally and interact effectively with team members. This was

evaluated using a self-rating questionnaire that included aspects like teamwork, communication, and adherence to professional norms. For data collection in this study, a questionnaire was formulated through the literature [12] using the Likert scale i.e., five points ranging from "strongly agree" to "strongly disagree"; where Low (1.00–2.50) indicating significant imbalance or low levels of performance and professional behavior while High (3.51–5.00) indicating strong balance or exceptional performance and professional behavior. It consisted of 19 statements which also included demographic inquiries regarding age, duration of marriage, number of children, professional occupation, and educational background. This questionnaire reliability was also measure through Cronbach Alpha after 30 questionnaire collected. Since this study is the part of the degree research, acceptance letter on synopsis was obtained before commencement of the study (AMTF/IRB-0021/24). On voluntarily participation, the questionnaires were shared with participants via social media and email address. After the consenting to participate, any participate sought clarification on certain questions, particularly regarding performance and behavior, principal investigator or data collector was on reach within 30 min time. The anonymity and confidentiality of the participant was ensured while data collection and reporting. For vulnerable information where participant wished not to disclosed, that participant/s data was removed from the final reporting. To examine the hypotheses, a paired T-test was utilized to compare the BMS with AMS. Participants were stratified into subgroups based on BMS and AMS to control the confounding, to reduce variability and to ensure meaningful comparisons. For descriptive and inferential analysis, statistical software SPSS version 22.0 was used.

## RESULTS

Out of the 350 individuals approached for data collection, 235 filled questionnaires were received. Thirty-one responses were excluded due to incomplete data or errors, resulting in a final dataset comprising data from 204 respondents for further analysis. Before reporting the results, the variability and reliability of the questionnaire testing was done using the Cronbach's Alpha test on all three variables i.e., BMS and AMS, followed by an assessment of overall reliability across all variables. The combined reliability scores for performance, WLB and PB for BMS and AMS were found to be 0.885 and 0.895, respectively, indicating a strong internal consistency in the data. Additionally, Cronbach's Alpha reliability values for each variable fell within an acceptable range while overall reliability value is 0.931 which showed excellent reliability (Table1).

**Table 1:** Cronbach Alpha Reliability Analysis on 204 study participants

Variables	Number of Items	Cronbach's Alpha*
Before-Marriage Status	19	0.885

Performance	5	0.855
Work-Life Balance	8	0.713
Professional Behavior	6	0.872
After-Marriage Status	19	0.895
Performance	5	0.852
Work-Life Balance	8	0.767
Professional Behavior	6	0.865
Overall	38	0.931

\*>0.7 Acceptable Reliability, >0.8 Good Reliability, >0.9 Excellent Reliability

Descriptive analysis showed the mean value of AMS exceeded BMS which suggests that a shift towards disagreement in respondents' responses to the statement. In terms of performance, WLB, and PB, their status AMS appeared to be higher than their BMS. Inferential analysis results indicate significant paired differences between the mean values of each variable pair BMS and AMS. Specifically, there was a consistent trend towards disagreement in responses AMS compared to BMS The observed differences were unlikely to have occurred by chance alone, indicating a statistically significant effect of marital status on respondents' perceptions (<0.005)(Table 2).

**Table 2:** Descriptive and Inferential Statistics (Paired T-Test) Among The 204 Female Participants

Variables		Descriptive	Inferential	
		Mean	Mean ± S.D	p-Value*
Pair 1	Performance of Before-Marriage	1.6569	-0.1852 ± 0.6052	<0.001
	Performance After-Marriage	1.8422		
Pair 2	Work-Life Balance-Before-Marriage	2.0961	-0.1205 ± 0.5609	0.002
	Work-Life Balance -After-Marriage	2.2167		
Pair 3	Professional Behavior - Before-Marriage	1.8255	-0.1127 ± 0.5519	0.004
	Professional Behavior -After-Marriage	1.9382		

\*02 tailed test, =0.05

## DISCUSSION

It is being reflected through the mass media and other literature about the double standard practices among Pakistani's when there is a debt about the role of women and men in the society [13]. There are different expectations from men and women, both in families and outside. These hopes have been around for a long time and are deeply rooted. While things have been slowly getting better, some gender biases still exist, especially when it comes to the roles assigned to women [14]. This unequal treatment has a big impact on both the personal and work life of female professionals. The study found significant changes in the working of female employees, where they previously completed tasks on time or consistently arrived punctually at work and may find it challenging to maintain these practices after changes in marital status.

Additionally, their interactions with coworkers and team members may shift due to added responsibilities at home, potentially altering their preferences for social activities and domestic duties. The marriage has both positive and negative effects on the performance of the female professionals [15]. The change of marital status in their lives brought different variations in their behavior, females feel more responsible and marriage brings vicissitudes in their activities [16]. The results of the current study indicate that marriage influences employees' performance. Respondents reported facing challenges in meeting deadlines, receiving less favorable feedback from both peers and clients and experiencing a lack of recognition from senior staff after getting married. These results contrast with a previous study conducted in India, which suggested that marriage leads to increased maturity levels and greater responsibility towards work, resulting in better task completion among married women. This earlier research indicated that married women tend to be more responsible in their jobs and contribute more effectively compared to unmarried women [17]. The decrease in performance leads to slow career growth, this was also supported in the previous study that career success for married women in the presence of factors like assertiveness, marital status, and having children, impact career advancement differently [18]. Balancing work and personal life was a significant challenge for married women, impacting both their professional and personal spheres [19]. The dual responsibility places working women under various pressures. The study found that these additional burdens lead to health concerns, ineffective time management, and inadequate care for dependents, significantly affecting the work-life balance of employed women. These findings align with a previous study conducted among female doctors and nurses in Malaysia, highlighting the pervasive challenges faced by women due to societal gender norms [8]. The investigation revealed alterations in the behavior of female health workers subsequent to marriage. These outcomes corroborate those of a similar study conducted among female health workers in Taiwan [20]. However, it was also noteworthy that women contributing to their family income have a significant role in household decisions [21]. Their economic contribution provides them with a strong bargaining position for sharing household responsibilities, including caring for dependents, with their partner. Having access to personal finances also enhances their standing in society. Despite the additional workload at their jobs, many working women aspire to continue their professional careers because it offers advantages and elevates their status within the family structure.

This study is limited by its cross-sectional design, reliance on self-reported data, and use of non-probability sampling, which may introduce recall and selection bias. Additionally, findings may not be generalizable beyond the studied region due to cultural and institutional differences. Future

research should adopt longitudinal and mixed-method designs to better capture changes over time and explore causal relationships. It is also recommended to include male counterparts and diverse occupational groups, while organizations should consider implementing flexible working policies and gender-sensitive support systems to improve work-life balance among married female healthcare professionals.

## CONCLUSIONS

This study highlighted the significant impact of marital status changes on women's professional lives, particularly in the health sector. It reveals how marriage can affect behavior and performance, posing challenges such as meeting deadlines and gaining recognition. These findings challenge traditional views on marriage's positive effects on job performance and underscore the delicate balance between work and personal life for married women. The study calls for policymakers and organizations to address these challenges by implementing support systems, flexible work arrangements, and gender-equality policies. Future research should investigate the mechanisms driving these effects through longitudinal and cross-cultural approaches.

## Authors' Contribution

Conceptualization: NK

Methodology: GYV, SS

Formal analysis: NK

Writing and Drafting: NUT, FA, SS

Review and Editing: NUT, FA, SS, GYV, NK

All authors approved the final manuscript and take responsibility for the integrity of the work

## Conflicts of Interest

All the authors declare no conflict of interest.

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## REFERENCES

- [1] P Malik SJ, Ali S, Riaz K, Whitney E, Malek M, Waqas A. Agriculture, land, and productivity in Pakistan. *Agriculture and the rural economy in Pakistan: Issues, outlooks, and policy priorities*. 2016Dec;41:9780812294217-005. doi: 10.9783/9780812294217-005.
- [2] Wazir A and Goujon A. Exploratory assessment of the census of Pakistan using demographic analysis. *Journal of Official Statistics*. 2021Sep;37(3):719-50. doi:10.2478/jos-2021-0032.
- [3] Abbas MJ and Hussain S. Low literacy rate at primary level: Identification of causes and impacts. *Pakistan Social Sciences Review*. 2021May;5(2):492-506. doi: 10.35484/pssr.2021(5-II)39.

- [4] Noorani I and Shakir K. Pakistani Women and Traditional Values: The Role of Culture in Work-Life Balance. *Work-Life interface: Non-western Perspectives*.2021;343-78.doi:10.1007/978-3-030-66648-4\_12.
- [5] Health workforce. World Health Organization.[Cited On: 23rd Feb 2025].Available at:[https://www.who.int/health-topics/health-workforce#tab=tab\\_1](https://www.who.int/health-topics/health-workforce#tab=tab_1).
- [6] Bokhari W. Medical colleges and doctors in Pakistan-too many or too few?. *The Nation*. 2019.
- [7] Masood A. Influence of marriage on women's participation in medicine: The case of doctor brides of Pakistan. *Sex Roles*.2019Jan;80(1):105-22.doi:10.1007/s11199-018-0909-5.
- [8] Begum Sadaquat M and Sheikh QT. Employment situation of women in Pakistan. *International Journal of Social Economics*.2011Jan;38(2):98-113.doi:10.1108/03068291111091981.
- [9] Mohsin M and Syed J. The missing doctors-an analysis of educated women and female domesticity in Pakistan. *Gender, Work & Organization*.2020Nov;27(6):1077-102. doi:10.1111/gwao.12444.
- [10] Safrizal HB, Eliyana A, Febriyanti KL. The Effect of Double Role Conflict (Work Family Conflict) on Female Worker's Performance with Work Stress as the Intervening Variable. *Systematic Reviews in Pharmacy*.2020 Oct; 11(10).
- [11] Dousin O, Collins N, Kler BK. Work-life balance, employee job performance and satisfaction among doctors and nurses in Malaysia. *International Journal of Human Resource Studies*.2019Nov;9(4):306-19.doi:10.5296/ijhrs.v9i4.15697.
- [12] Raza A, Jauhar J, Abdul Rahim NF, Memon U, Matloob S. Unveiling the obstacles encountered by women doctors in the Pakistani healthcare system: A qualitative investigation. *PLOS One*.2023Oct;18(10):e0288527.doi:10.1371/journal.pone.0288527.
- [13] Anjum G and Godil A. Fear of achievement among young women in urban Pakistan: A phenomenological analysis of fear of achievement (FOA). *Cogent Social Sciences*.2019Jan;5(1):1666620.doi:10.1080/23311886.2019.1666620.
- [14] Ali TS, Ali SS, Nadeem S, Memon Z, Soofi S, Madhani F *et al.* Perpetuation of gender discrimination in Pakistani society: results from a scoping review and qualitative study conducted in three provinces of Pakistan. *BioMed Central Women's Health*.2022Dec;22(1):540.doi:10.1186/s12905-022-02011-6.
- [15] Tundui HP and Tundui CS. Marriage and business performance: the case of women-owned micro and small businesses in Tanzania. *Journal of Entrepreneurship in Emerging Economies*.2021Nov;13(5):1287-308. doi:10.1108/JEEE-06-2020-0202.
- [16] Sankalp G and Agrawal S. Change in behavior pattern of Indian married women. *International Journal of Sociology and Anthropology*.2013Aug;5(5):147.doi:10.5897/IJSA12.012.
- [17] Azim MT, Haque MM, Chowdhury RA. Gender, marital status and job satisfaction an empirical study. *International Review of Management and Business Research*. 2013 Jun; 2(2): 488.
- [18] Frear KA, Paustian-Underdahl SC, Heggstad ED, Walker LS. Gender and career success: A typology and analysis of dual paradigms. *Journal of Organizational Behavior*.2019 May;40(4):400-16. doi: 10.1002/job.2338.
- [19] Smith J, Fisher J, Ramprogus V. Adding University to work and life: the work-life balance and well-being experiences of women who combine employment, HE learning and care of the family. *Community, Work & Family*.2022Oct;25(5):583-602.doi:10.1080/13668803.2020.1779662.
- [20] Chen YH, Lou SZ, Yang CW, Tang HM, Lee CH, Jong GP. Effect of marriage on burnout among healthcare workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*. 2022 Nov; 19(23): 15811. doi: 10.3390/ijerph192315811.
- [21] Rehman H, Moazzam DA, Ansari N. Role of microfinance institutions in women empowerment: A case study of Akhuwat, Pakistan. *South Asian Studies*. 2020 Sep; 30(1).