

## WORKAHOLISM, WORK-FAMILY CONFLICT AND EMOTIONAL EXHAUSTION IN DOCTORS: MEDIATING ROLE OF PSYCHOLOGICAL WELLBEING

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### ABSTRACT

*Universally speaking every profession is accompanied with onerous working hours and strict responsibility. On exclusive basis, the health care professions are encountered with strenuous workloads globally. With the increasing infatuations and demands of the health care field, the professionals are becoming workaholic intentionally or unintentionally. Present study aims to determine workaholism, work-family conflict and emotional exhaustion in doctors and mediating role of psychological well-being. Overall findings revealed the association of workaholism with emotional exhaustion and the psychological well-being of the doctors in five public and private hospitals in Lahore. The results have revealed enough positive correlation of study variables with emotional exhaustion, work-family conflict, and psychological well-being. Thus it is recommended to explore similar study variables among other professions exclusively in association with gender.*

**Keywords:** *Workaholism, Work-Family Conflict, Emotional Exhaustion, Psychological Well-Being*

### Introduction:

Modern societies are becoming workaholics in peculiar professions corresponding to the demands (Azevedo & Mathias, 2017). Globally, health care professionals experience a heavy workload, i.e., the laborious duty hours, onerous night shifts, and unmitigated negligence on their behalf. Integration of work-holism with family obligations, it set forth adverse outcomes, i.e., work-family conflicts and emotional exhaustion (Rezvani, Bouju, Keriven-Dessomme, Moret & Grall-bronnec, 2014). Work-holism is a universal phenomenon in Pakistani society. An ultimate desire to excel in a professional career is often a neglected factor exclusively in Pakistani culture with diverse population variables (Mir, Kamal & Masood, 2016). Pakistan has been facing an economic crisis since its independence. The health care professionals acquainted with the most dignified status in the society are equitably engaged to subsidize the country's economic framework. The strenuous work input beyond serviceability switches the blessing into woe. Consequently, work stressors are encountered, i.e., heavy caseloads and prolong night duties. The employees with heavy workloads are unable to amuse with relationships both at work and with family (Smith and Clark (2017). In Pakistan, only 01 physician is available for 1000 patients (WHO, 2011). The dearth of competent physicians in Pakistan has been creating an immense workload over the existing professionals. In addition, deprivation of the significant number of females in the health care profession is eminent in society prompting heavy workloads (Shahzad et al., 2019).

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Physician's privatization as a source of additional income source due to poor financial yield aggravate workloads and emotional exertions. The differential work conditions in different localities of Pakistan, exclusively in remote areas, have made them reluctant to work in a challenging environment (Sheikh et al., 2018). Workaholism is a passion and irresistible desire to work. Doctors are asked to simultaneously manage diverse roles, allocating their resources between work and family (Fotiadis et al., 2019). Inability to satiate a work-family balance has led to work-family conflict. Categorized as one of the ten stressors at work (Kellyoway et al., 1999), it has created emotional exertion due to inflexible working hours (Ahmad, 2010).

The renowned predisposing factors for generating work-family conflict are doctor's gender, family background, workplace circumstances, marital status, and organizational role (Bruck & Allen, 2003). Workplace circumstances adversely characterize the work-conflict intensity. Private sectors provide greater feasibility culture than public health sector departments (Yousaf and Hussein, 2011), providing psychological well-being of employees. Work-family conflict threatens the role-play of a doctor both in the family and at the workplace (Adams et al., 1996). Female doctors have to perform multiple role play inculcating child care and domestic responsibilities along with work management (Ahmed, 2010). Implicating such diverse roles may demoralize them, affecting job and family due to emotional and psychological exertion. Confrontational work hours have created time conflicts as individuals are unable to accomplish family and work balance (Karatepe & Tekinkus, 2006).

Doctors perceiving more workload than their capability are vulnerable consequences of negative emotions and stress (Gill & Davidson, 2001). The conflict predicts the behavioral variations and psychological imbalances causing incompetency to cope up with family and work demands (Warner & Hausdorf, 2009). Psychological well-being is critical to maintaining a work-family balance. For a doctor, a poise psychological stability is indispensable to accomplish patient care objectives and job responsibilities. Pakistan, since its emergence, has been facing critical health issues putting a workload on physicians and doctors. The present study hypothesized significant relationship of workaholism with emotional exhaustion and psychological well-being in a sample of Pakistani doctors allocated at local hospitals. It had also explore the gender-associated role-play of workaholism with emotional and psychological well-being. After a detailed overview about the adverse consequences of Workaholics staffs of different sectors facing all over the world mentioned in the literature above, as well as particularly indigenous perspective keeping in mind as Pakistani health professionals the research gap suggested that the study aimed to investigate the relationship between workaholism, and emotional exhaustion and psychological wellbeing of doctors working in public and private hospitals in Lahore. Moreover, the study intended to see the mediating role of work-family conflict in determining the emotional exhaustion and psychological well-being of doctors

## Method

A correlational study design was formulated to explore the association between workaholism, work-family conflict, and psychological well-being. Sample collection was performed from five public and private sector of hospitals in Lahore, Pakistan. Sample selected through non-probability purposive sampling strategy. MBBS doctors with age 23 years to onward and who completed probation period were included in present study. A demographic form, along with two standardized scales, were used in the current research. Physicians were instructed to mark those items in the questionnaires according to the response category to which they

could relate the most. The questionnaire contained the following parameters inquiry: Gender, Age, Marital status, Work experience, Work status, Work hours, and work is exceeding the work hours.

**Table 1**

*Descriptive Statistics for Demographic and characteristics of the participants. (N= 200)*

Variables	M	SD	F	%
Age (in years)				
20-65	28.82	5.479		
Gender				
Male			96	48
Female			104	52
Qualification				
MBBS			139	69.2
FCPS			41	20.5
MCPS			19	9.5
Marital Status				
Married			93	46.5
Unmarried			107	53.5
Hospitals				
Sheikh Zaid Hospital			47	23.5
Ghurki Hospital			91	45.5
Farooq Hospital			18	9.0
Ittifaq Hospital			26	13
General Hospital			18	9.0
Experience (in years)				
1-30	3.23	4.187		
Working Hours (Weekly)				
1-10			192	96
11-20			4	2
21-30			4	2

*Note. M=Mean, SD=Standard Deviation, f=Frequency, %=Percentage.*

Table 1 show Descriptive Statistics about the sample characteristics. Participants in the current study were 200 medical doctors. The mean age is 28.82. Both genders of the doctors were (male=48%, female=52%). Mostly were unmarried (53.5%). The majority of the doctors (69%) had a MBBS level of education. Majority of

participants were belonged to Ghurki hospital (45.5%). Most of the participants were unmarried (53%) and the mean value of working experience was 3.23 and maximum working hours were 192 per week.

**Measures**

Workaholism score was obtained by Dutch work addiction scale (DWAS) rated on 17 items (Schaufeliet al., 2006). DUWAS contained two modules: Working excessively (WE-10 items) and Working compulsively (WC- 07 items). The rating points consisted of 04 points Likert scale (1: Totally disagree to 04: Totally agree) (Wanous & Hudy, 2001).

Netmeyer et al. (1996) calculated the work-family or family-work conflict score containing 10 items. 05 items are representing work-family conflict, and 05 items describing the family-work conflict. The rating was performed on a Likert scale with 07 rating points (01: strongly agree to 07 strongly disagree). The emotional Exhaustion Scale was evaluated by Burnout measures containing 09 items concerning emotional exhaustion (Pines & Aronson, 1988). The response was obtained on 07 points Likert scale (01: Never to 07: Always).

Psychological Well-being scales (PWB) were assessed by a self-reporting scale devised by Carol Ryff in 1995 containing 18 items with 6 dimensions. The dimensions contain varied items (from 3 to 12 in each dimension). The response was taken on 06 points Likert scale (01: Strongly agree to 06: Strongly disagree). The participants were instructed to rate the items of the scales voluntarily according to the response category which they could relate to the most.

**Statistical Analysis:**

After the data collection, the questionnaires were scored quantitatively. The alpha reliability coefficient of scales, Pearson Product Moment Correlation, was calculated by using SPSS 20 to investigate different dimensions of association of workaholism, work-family conflict, emotional exhaustion, and psychological well-being. Prior to statistical analysis, data screening was performed to find out missing values. Descriptive analysis was run to interpret the demographic variables, and an independent sample t-test was conducted to find out the gender differences. The mediation analysis was done to find out the mediator for Independent and Dependent Variables. The multiple regression analysis was administered to explore the predictors of outcome variables of this study. Pearson- Product- Moment- Coefficient of Correlation used to investigate the association between Workaholism, Work-Family-Conflict, Emotional- Exhaustion, and Psychological Wellbeing. Mediation analysis was applied to explore any interaction of the mediator variable. Hierarchal regression analysis was used to predict the variables Emotional Exhaustion and Psychological Wellbeing. An independent sample t-test was run to find out the gender difference and One-way ANOVA to find differences among sampled hospitalized.

**Results**

*Table 02: psychometric properties of the questionnaire (N-200)*

Variables	M	SD	Min	Max	Cronbach's $\alpha$
Workholism	25.392	5.039	11	44	.695
Work family					

Conflict	45.58	13.74	6	42	.804
Emotional exhaustion	41.55	9.25	9	63	.811
Psychological Wellbeing	86.68	12.42	25	150	.648

Note: Cronbach's Alpha

Cronbach's Alpha reliability of Work-Family Conflict was high ( $\alpha=.804$ ). The reliability of Emotional Exhaustion was high ( $\alpha=.811$ ). Workaholics scale and Psychological Wellbeing scale showed low-reliability  $\alpha=.695$  and  $\alpha=.648$  respectively.

**Table03:**

*Correlation between Workaholism, Work-Family Conflict, Emotional Exhaustion and Psychological Well-being in Public and Private Hospitals of Lahore and demographics of participants (N= 200)*

Variables	1	2	3	4	5	6	7	8	9	10	11
1.Age	-	.01	0.01	.03	-0.01	-.01	.838**	.04	.04	.08	.15*
2.Gender		-	0.08	-.142*	.008	-.073	.042	.13	.09	.082	.215**
3.Qualification			-	-.069	.03	-.72	.11	.09	.08	.13	.082
4. Working hours				-	.09	.09	.041	.146*	.09	-.112	-.145*
5.Hospital name					-	.023	.057	-.10	-.01	-.02	.11
6.Mental status						-	-.14*	-.01	.15*	-.16*	-.03
7.Experience							-	.05	.10	.07	.15*
8.Workaholism								-	.28**	.29**	-.11
9.Emotional Exhaustion									-	.28**	-.06
10.Work family conflict										-	-.01
11.Psychological wellbeing											-
M	1.08	1.52	1.39	2.28	2.39	1.54	1.06	.25	41.4	22.7	7.83
SD	.40	.50	-.66	-.66	1.23	.50	.31	.049	9.32	6.8	1.16

Note:  $p < 0.5^*$ ,  $p < .01^{**}$ . (2 tailed). WAS= (Work Addiction Scale), WFC= (Work Family Conflict), EX= (Emotional Exhaustion), PWS= (Psychological Wellbeing Scale).

Results revealed that Workaholism was significantly positively associated with Emotional Exhaustion ( $r = .268^{**}$ ,  $n=200$ ,  $p=.000$ ) and Work-Family Conflict ( $r = .295^{**}$ ,  $n=200$ ,

p=.000). Furthermore, no significant relationship exists between workaholism and psychological Well-being according to correlation analysis.

Psychological Wellbeing was found significantly positively correlated with age ( $r = .154^*$ ,  $n=200$ ,  $p=.030$ ), gender ( $r = .215^{**}$ ,  $n=200$ ,  $p=.002$ ), experience ( $r = .157^*$ ,  $n=200$ ,  $p=.026$ ), but negatively associated with working hours ( $r = -.145^*$ ,  $n=200$ ,  $p=.041$ ). Marital status was negatively related with Work Family Conflict ( $r = .163^*$ ,  $n=200$ ,  $p=.021$ ) but positively associated with Emotional Exhaustion ( $r = .155^*$ ,  $n=200$ ,  $p=.029$ ). Workaholism was positively linked with working hours ( $r = .146^*$ ,  $n=200$ ,  $p=.040$ ).

**Table 4**

Independent Samples t-test Comparing Study Variables to find out Gender Differences in Male and Female doctors. (N=200)

Variables 95%CI	Male (n=96)		Female (n=104)		t	p	LL	UL
	M	SD	M	SD				
<b>Workaholism</b>	.2458	.0501	.2587	.0490	-1.82	.069	-.026	.001
<b>Work family conflict</b>	22.20	7.11	23.32	6.65	-1.15	.251	-3.03	.803
<b>Emotional Exhaustion</b>	40.53	8.85	42.33	9.70	-1.37	.172	-4.40	.792
<b>Psychological wellbeing</b>	7.57	.974	8.07	1.27	-3.10	.002	-.82	-.183

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ,

There was a statistically significant difference ( $t = -3.10$ ,  $df=198$ ,  $p = .002$ , two-tailed) among male and females in reference to their Psychological Wellbeing.

**Table 5**

One-way ANOVA analysis to find out difference in hospital based on psychological wellbeing. (N=200).

Variables	sum of square	df	Mean square	F	P	Partial Eta square		90% CI	
						(LL	UL)	(LL	UL)
Between									
Groups	19.28	4	4.82	3.73	.01*	0.99	114.1	120.15	
Within									
Groups	251.86	195	1.29						
Total	271.15	199							

(i Hospital Name)	(ii Hospital Name)			
Sheikh Zaid	Ghurki Hospital	.011*	-1.22	-1.046
	Farooq Hospital	1.00	-.896	.838
	Ittifaq Hospital	.630	-1.152	.376
General Hospital		.820	-1.67	.06
Ghurki Hospital	Sheikh Zaid	.011*	.104	1.22
	Farooq Hospital	.194	-.169	1.44
	Ittifaq Hospital	.805	-.417	.974
	General Hospital	.989	-.947	.666

Note: \*p<.05 \*\*p<.01, df=degree of freedom, LL and UL represent the lower and upper limit of the partial Eta Square  $\eta^2$  confidence interval

A statistical significant difference among 5 different hospitals as determined by one-way ANOVA at the  $p < 0.05$  level for the Psychological Wellbeing [ $F(4, 195) = 3.733, p = 0.006, \eta^2 = .0999$ ]. A Tukey post hoc test revealed that a significant difference was found between the Sheikh Zaid hospital and Ghurki Hospital ( $p = .006^*$ ). Still, there was not any statistical difference found among Farooq Hospital Ittifaq Hospital and General Hospital ( $p > .05$ ).

**Table 6**

*Regression Analysis For Workaholism Predicted Emotional Exhaustion and Work-Family Conflict Among Doctors Working In Private And Public Hospitals, Lahore.*

CI	Model 1			Model 2		95%	
	B	SE	B	B	UL	LL	
<b>Step 1</b>			*				
(Constant)	28.81**	3.295	-		22.31	*35.30	
Workaholism	50.136**	12.802	.268		24.89	75.3	
<b>Step 2</b>							
(constant)	25.01**	3.45	-		18.24	31.78	
Workaholism	37.85**	13.09	.202		.12.02	63.68	
Work family conflict	.303**	.095	.223		.115	.490	
R <sup>2</sup>	.072			.117			
▲ R <sup>2</sup>	.072			.045			
R <sup>2</sup> adjusted	.067			.108			

N=200

Note:  $p < .05$  \*  $p < .01$  \*  $\Delta$   $R^2 =$  significant change,  $\beta$  = standardized co-efficient, B= unstandardized co-efficient, CI= class interval, UI= upper limit, LL lower limit

Table shows that an enter regression method was calculated to predict based on their World Family Conflict, and Emotional Exhaustion. Workaholism was significantly predict Work Family Conflict, and Emotional Exhaustion. A significant regression equation was found  $F(3,199) = 15.33, p = .000$  with  $R^2 = (.117)$  of Workaholics predicted Emotional Exhaustion.

**Table 7**

Mediation analysis of Work Family Conflict (IVM), with Workaholism (IVP) and Emotional Exhaustion (DV)

95%

Variables	B	SE B	t	p	LLCI
Constant	25.01	3.43	7.28	.000	18.24
31.78					
Workaholism	37.85	13.09	2.88	.0043	12.02
63.68					
WFC	.3026	.095	3.18	.0017	.1150
.4902					

Note: \* $p < .05$ , \*\* $p < .01$ ,  $\beta$  =standardized co-efficient, B= unstandardized co-efficient, CI= class interval, UI= upper limit, LL= lower limit

Mediator analysis showed a statistically significant interaction effect of Work-Family Conflict with Workaholism and Emotional Exhaustion and not with psychological well-being. The indirect effect of Workaholism on Emotional Exhaustion was found to be statistically significant (Effect=.2584, 95% CI, (-.6358, 1.2473)]. The analysis did not show a significant effect of Work Family Conflict with Workaholism and Psychological Wellbeing, so the mediation hypothesis is partially accepted and partially rejected.

**Discussion**

The present study was framed to investigate the peculiar differences associated with study variables and predictive work-family conflict, emotional exhaustion, and psychological well-being associated with workaholism. The results corresponded to the finding of Smith and Clark (2017) that professionals with a heavy workload make them unable to enjoy a normal life. In the hypothesized direction, the study has revealed that the medical profession is highly vulnerable to work pressure and emotional exhaustion in Pakistan. They are unable to get attractive salaries at the preliminary career stage, so they start doing private jobs. Similar to Mir, Kamal, and Masood's (2016) findings, emphasizing the need to explore Workaholism variables to get more insight to restrict work addiction in the medical profession.

The present study concluded workaholism as the predictor of emotional exhaustion, but no psychological well-being was predicted. Current findings have provided plausible



justification with the previous findings of and Tahir et al. (2019). The study suggested that workaholism with no tangible rewards results in a variety of emotional problems.

The present study results proposed Work-family conflict as an eminent predictor of emotional exhaustion, but no association was found with psychological well-being as proposed by Smith & Clark, 2017). Work-family conflict has been characterized as one of the ten major stressors at the workplace (Kellyoway et al., 1999). The study results were found corresponding to Ahmed (2010), illustrating routine, emotional exhaustion due to inflexible working hours. With reference to Pakistan, Sheikh et al., 2018 elucidated the work-family conflict as a mediator of emotional exhaustion among 300 female doctors of private and public hospitals. Jamal (2010) identified a similar conflict role in China, **Pakistan**, Malaysia, and Canada, revealing a strong association of work-family-work-family conflict with emotional exhaustion.

The study has also concentrated on gender differences associated with psychological well-being. Employer's gender significantly predisposes psychological well-being, as evaluated by Lee and Bokim (2015).

### **Limitations**

Only self-report questionnaires were administered and no observer data was found which limits study's objectivity. Data were only collected in Lahore city and in hospital settings only. Only correlational research design was used which limits the generalizability of the results. Respondent filled the questionnaires while they were on job which can effect results because they should be administrated during relaxing setting to get accurate responses.

### **Suggestions**

New researches can be conducted with different samples, locations, cultures and contexts would allow researchers to have more chances to increase the validity and reliability of this research. Future researches can also use different research design instead of correlational research design. Finally, additional variables should be included such as forms of workaholics, kind of work, types of families, and category of conflict etc.

### **Implementation**

The final results of this study are attention-grabbing because they can help to support the psychological well-being of doctors. The result can facilitate the hospitals which want to support their staff to decrease workload and increase organizational growth. The findings could also motivate the doctors to ask for help at the time of need. This research will also help the employers to differentiate workaholics from their staff and help to keep a balance between work and family responsibilities to avoid the conflicted situation. Furthermore, family members of doctors can also be able to better recognize the underlying causes and characteristics of workaholism, work-family conflict, and emotional exhaustion.

### **Conclusion**

The major aim of this present investigation was evaluated and to enhance the better understanding and association between study variables in Lahore, Pakistan. The results of the research were revealed a significant relationship between Workaholism, Work family Conflict and Emotional Exhaustion. Workaholism is common in all over the world and in almost all professions but Pakistani culture endorses it more due to its low socioeconomic conditions. The reason behind the gender differences in psychological wellbeing in Pakistani culture is that we have male dominating society where women mostly considered to work at home without acknowledge that they were working outside too but males are not supposed to

work at home as cooking, cleaning and looking after kids after their job hours. Furthermore, females are just supposed to serve others without any complaints. That's the reason female doctors become more workaholics and emotionally exhausted as compare to male doctors. On the other side, females supposed to work long hours at home and outside as well despite of the difficulties they face every day like bullying, discrimination, and harassment etc. so they become more psychological wellbeing as compare to men. In other words, female doctors are more psychological well-being as compare to male doctors due to working in more demanding conditions. Work Family conflict mediate workaholism and emotional exhaustions and the main reason of emotional exhaustion due to inflexible working commitments hence it is understood that person who cannot make a balance between work and family life and need extra energy to resolve the issues which arise between these work and family life commitments so these extra efforts make them emotionally exhausted. In short, on the basis of the finding from the previous literature corroborates with the results of the present study as discussed above.

### Conflict of Interest

There is no conflict of interest among all members.

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