Time, love and tenderness: Doctors' online volunteering in Health Virtual Community searching for work-family balance

Shafiz Affendi Mohd Yusof [a,*], Norzaila Mohd Noor [b], Nafishah Othman [c]

[a] Faculty of Engineering and Information Sciences, University of Wollongong in Dubai, Dubai, United Arab Emirates
[b] Kulliyyah of Muamalat and Management Science, Universiti Sultan Abdul Halim Mu'adzam Shah, Kedah, Malaysia
[c] College Art Sciences, Universiti Utara Malaysia, Kedah, Malaysia

ABSTRACT

Background: This study will explore and understand the experience of doctors volunteering online in managing the boundaries between work and family in health virtual communities (HVC).

Methodology: A qualitative case study approach was used to explore and understand how doctors volunteering online balances between work and family in a Health Virtual Community called DoktorBudak.com (DB). A total of seventeen (17) doctors were interviewed using either face-to-face, Skype, phone interview or through email.

Results: The results of this study suggested that doctors perceived the physical border at their workplace as less permeable though the ICT has freed them from the restriction to perform other non-related work (such as online volunteering (OV) works) during working hours. In addition, doctors OV use ICTs to perform work at home or during working hours, they perceive their work and family borders as flexible. Furthermore, the doctors used different strategies when it came to blending, whether to segment or integrate their work and family domains.

Conclusion: This study has defined issues on work-family balance and OV. Most importantly this study had discussed the conceptual framework of work-family balance focusing on doctors volunteering online and how they have incorporated ICTs such as Internet technology to negotiate the work-family boundaries, which are permeable, flexible and blending.

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Introduction

The widespread use of information and communication technologies (ICT) has been both praise and criticize for impacting the work and family balance and its boundaries. On one hand, the technology use may increase individuals' ability to coordinate the work and family roles such as a working parent caring for a sick child at home while at the same time working through the use of technology. On the other hand, the prevalent use of ICT in a broad range of life aspect inherently creates blurring boundaries between work and family domains [1,2]. Obviously, online volunteers used ICT such as technological platforms (e.g. the Internet access) and devices (e.g. smartphones, computers, tablets) to perform work purposes as well as non-work purposes such as OV activities. Thus,

OV work which permits doctors to perform their tasks everywhere anywhere with the support of ICT, has altered the way individuals manage the borders between work and family domain in order to achieve a balance.

In the following sections, the literature review is included, followed by the research methodology, and lastly the discussions and conclusions of the research is presented.

Literature review

Volunteering among doctors

The reasons and motivations people volunteer is a well-researched topic [3]. Psychologist and sociologist have addressed studies on the reasons individual choose to participate in voluntary work most extensively. From psychology viewpoint [4], recognizes that an individual volunteer in order to satisfy some needs or desires. Clary et al. used the volunteer functions inventory (VFI) scale to classify six personal and social functions as the motives that

* Corresponding author.
E-mail addresses: ShafizMohdYusof@uowdubai.ac.ae (S.A. Mohd Yusof), norzaila@unishams.edu.my (N. Mohd Noor), nafisah@uum.edu.my (N. Othman).

influence individual to engage in volunteerism, which include values (altruistic and humanitarian concern for others), understanding (acquisition of knowledge, skills), enhancement (personal growth, self-esteem and psychological development), social (strengthening relationship with others), protective (reducing negative feelings and problem solving) and career (professional experience). The different motives indicate that individuals are doing similar activity (e.g. sharing advice and knowledge to patients for free) but with different psychological functions. Meanwhile, sociologist highlighted that individuals decide to engage as volunteers when they have the resources in place and influenced by structural factors such as social, economic, policy, and organizational environments [3]. Besides, it is argued that individual from higher socio-economic groups are more likely to become volunteers.

In traditional healthcare setting, doctor often volunteers for humanitarian projects and they have their own explanations to do so. Some of the doctors engaged in volunteerism for society's expectation, and some are driven by their own personal values. However, it is not clear whether or not the motives doctors volunteer in face-to-face healthcare environment have the same explanations compared to those who volunteers through virtual communities. Particularly, there is limited evidence that suggest online volunteers are driven by similar reasons to traditional volunteers. Furthermore, studies on how online volunteered doctors maintain a life balance between work and family still remains unanswered, thus warrants further research.

Online volunteering (OV)

The rise of the Internet technology has changed the world in unpredictable ways. Technological and social networking has created a new form of volunteerism, called OV. There is no general consensus on the definition of OV [6,7]. Various terms have been used to refer to OV. They include virtual volunteering, digital volunteering, micro-volunteering, cyber service, and crowdsourcing. The variations of terms arise as they represent the same concept, such as doing work away from the work site, using the Internet as the medium, formal or informal involvement as workers, volunteers or consultants, and whether the tasks involved are short-term or long-term. In general, the different terms connote that the tasks done are voluntary and with no expectation of monetary rewards.

Researchers use the term 'OV' in this research as proposed by [8]. They defined OV as any volunteers tasks that are completed off-site from the organization, in whole or in part, through the Internet at home, work or public access through a mission-based organization (non-profit, civil society etc.). From this definition, there are some OV tasks that can be done entirely online while there may be some tasks that can be implemented in a mixture of online and offline.

A few studies related to OV have solely focused on the motivation [9,10], potential [11–14], implications [6,15,3], user participation [16,17], online volunteerism impact [18] and social media usage in OV [6,19]. To the researchers' knowledge, less research have focused on OV particularly related to doctor.

One of the potential drawbacks of volunteering in general and of OV, in particular, is the inability of online volunteers to effectively manage their time well at home or at work. As doing OV tasks means that individuals may be removed from the traditional spatial and temporal boundaries of work or family [20], the activity may blur the boundaries between the domains and become challenges toward developing workplace behavior [21].

Work and family balance

Work-family balance is associated with an equilibrium or an overall sense of harmony in various life domains [22], such as work and non-work. Voydanoff [23] defined that work-family balance can be achieved when work and family resources are adequate to meet work and family demands, so the participation of individuals is effective in both domains. The demands and resources in the work or family domains may affect the quality of the other domains. On the other hand [24], suggested work-family balance as living a balanced life as "achieving satisfying experiences in all life domains; and to do so requires personal resources such as energy, time, and commitment to be well distributed across domains" (p. 80).

In summary, the above definitions provide an essential understanding of work-family balance, suggesting that both work and family roles may impact one another. However, as work-family balance is a complex experience, no consensus has been reached as to what it means exactly [25]. They [25] claimed that work–family balance should be viewed as an "accomplishment of role-related expectations that are negotiated and shared between an individual and his or her role-related partners in the work and family domains" (p. 458).

Hence, work-family balance in this study refers to the extent to which individuals having good functioning control over where, when and how they work and volunteers online by meeting the competing demand of both work and family domains. So, work-family balance is achieved when individual is able to reach a satisfactory level of involvement between the multiple roles.

Methodology

Case Study: DoktorBudak.cOm (DB)

This study used a case study to explore the experience of doctors volunteering online in one of the most appealing and unique Health Virtual Community (HVC) in Malaysia; DoktorBudak.com (DB). A case study using a qualitative approach was used to generate an in-depth understanding of the experiences of online volunteers of doctors in managing the border between work and family. This health virtual community aims at aiding parents and sharing knowledge with them by creating an online channel to respond to children's health-related issues. The members of the community are volunteers of pediatricians and pediatric-related specialists who work in the government and private hospitals all over Malaysia.

DoktorBudak online volunteers offer potential solution to some problems in the health system in Malaysia, such as the inadequate number of health promotion workforce, lack of supportive environment, and the unwillingness of the community to take ownership of health issues [26].

Data collection and analysis

In this study, three different sources of data were used. Interviews were the main source of data collection. Other data sources were collected from document reviews and observing messages from social media tools. The primary technique of collecting data in this study was face-to-face interviewing, in particular semi-structured interviewing. In addition, the interviews were also conducted using Skype, telephone and email. The doctors were recruited based on a purposive and snowball sampling technique.

Overall, the researchers managed to interview seventeen (17) respondents between February 2017 and December 2017. For the purpose of data collection, firstly, the head of the researcher conducted a brief discussion with the co-founder of the DoktorBu-

dak HVC by phone before the main interview. This pre-interview with the co-founder was arranged to identify the readiness of the respondents to participate, studying the sample selection criteria and explaining the purposes for conducting the study to them.

All data were analyzed through interpretive data analysis method. This technique allowed the researchers to study the data (text or language) and reflect on the content to find out something important or arranged the data into 'thematic' responses [27]. Via transcriptions of the data, the hermeneutic technique was employed at the fundamental level (the data level) whereby the researcher coded for themes within and across the data collected from the interviews, document reviews, and messages from a social media platform. Qualitative text analysis software, Atlas.ti 8.0 was used to facilitate the organization of the transcripts and the coding process where the unit of analysis were either a sentence or paragraph.

Results

Researchers sought to discover how doctors volunteering online managed and negotiated the borders between work and family in order to attain balance and the characteristics of the border in work-family domain, which is permeability, flexibility, and blending.

Permeability

According to Clark [28], border permeability refers to the degree to which a border allows physical, temporal or psychological aspects of one role or domain to enter another. In terms of physical permeability, most of the respondents (82%, 14 of 17) commented that OV activities take place after traditional working hours in a non-dedicated space at home. One respondent for example explained that she did her OV at home and do not allocate any space at home for her to engage with her OV works:

> "Usually I do it on a table, but I don't have specific room for that"

Furthermore, most of the respondents (59% or 10 out of 17) expressed that it would be difficult for them to perform the OV work at the workplace environment as the job demand their concentration, even though the OV works did not take much of their time. For instance, a 43 years old pediatrician found it challenging to perform his OV works at the workplace:

> "I hardly do it while at work as it will be extremely difficult"

In terms of psychological permeability, most of the respondents (65%) commented that they are able to take care of their work activities while thinking about other things like running errands, family matters or unfinished OV tasks. One respondent stated that it is not a big issue for her to handle work in the hospital and think of other matter unless something like family issues that diverted her focus. She commented:

> "Erm. . .yes I can. I don't think I have faced any problems. It's just sometimes, family wise, if there's someone sick, then I get distracted. But usually I'm ok with it".

However, a minority of respondents (35%) indicated that it would be impossible for them to even think about other things while at work because it may affect their focus on work. One respondent commented:

> "It may affect our quality of work, erm . . . I'm still thinking but the focus is more towards work"

Flexibility

Flexibility is the degree that the spatial and temporal boundaries are pliable. More flexible boundaries permit roles to be performed in a various settings (e.g., a remote worker) and at different times (e.g., a family-run business), whereas less flexible boundaries restrict when and where a role may be performed (e.g., doctors within a hospital setting).

The respondents were asked to describe their job. Here, the researcher tried to assess the actual place that work, family and OV activities were conducted. Over half of those interviewed described in details that their work required them to be in the hospital physically (e.g. consulting room, ward, doctor's office) within their official working hours, involving examining patients in the wards, conducting ward rounds, seeing patient in the clinic, and performing management tasks. One respondent from private practice described her daily day as flexible yet exhausting and demanding:

> "... my work schedule is quite flexible at the moment, because I'm not working like 9 to 5. Like today my clinic is in the evening ... So, in the morning after I see patients at ward, then I go back home. Then, in the evening I started my clinic, so it's quite flexible. It's just can be tiring as well..."

In addition, the on-call system (active-call) also requires the respondents to stay in hospital for at least 24 h until the 'active-call' ended. The jobs and the system in the hospital can be challenging and exhausting especially when respondent is working in a short-handed department, as pointed out by one respondent

> "I cannot completely switch off when I am on standby call which is on most days of the month, at least 27 days a month in a 30-day month".

Even though the job does not allow much flexibility in terms of being present in the hospital, somehow the respondents still are able to respond to other emergency cases (e.g. sick family members, attending to children activities at school) with the permission and consideration from the head department.

Blending

Blending occurs when both high degree of flexibility and permeability is present around the borders [28]. In other words, the borders of the domains are mixing up. In this part, respondents were asked "Would you generally say that having to deal with family and personal-related matters such as OV has been a problem for you with this job, in particular?" Of the 17 respondents, 14 reported that engagement in multiple roles such as doctor, parent, spouse and online volunteers member provide respondents with a great deal of decision about how they want to construct the roles. Respondents adopt their own life structure to manage the multiple roles engaged. For example, a male respondent described the OV work as just another part of responsibilities in his life that can be managed when he said:

> "No, it does not give any problems to me, since OV is flexible and does not tie me up. . .I can do my OV works after work hours and it does not involve my work time"

A female respondent with five children also were able to juggle all roles well given that she has to maintain the roles wisely. She expressed her feeling as:

> "Not exactly, but I must divide it wisely, so not really a problem for me"

The mobile technology facilitated to lead the separation and combination of multiple roles. Many of the respondents (76%) used

the technologies, be it devices or applications as a way of creating boundaries between home and work as it can help them in coordinating schedules and juggle all things at the same time. As an example, one of the respondents discussed how his work-family arrangement maintains well with the aid of the technologies while performing the OV activities. He explained:

> "*A smart phone with social applications is a great help in getting me doing my OV works. It influences me a lot, but it does not interfere with my personal interactions with my work and family*".

Discussions and conclusions

With the advent of the ICT such as smartphones and wireless Internet, permeability of the work and family boundaries for doctors volunteering online has increased as work or family is no longer restricted to any particular areas (physical) or times (temporal). Even though the ICT helps them to make their physical, temporal or psychological permeations particularly as OV easier, however this permeability is sometimes viewed as distraction or interference especially when respondents are at the workplace because they have little control over the placement of work and non-work boundaries.

The results of this study suggested that doctors perceived the physical border at their workplace as less permeable though the ICT has freed them from the restriction to perform other non-related work (such as OV works) during working hours. The challenging characteristics of medical work such as being actively involved with patients, being on-call and long irregular working hours, however, has imposed space limitations for other matters (e.g. OV works, children events) to enter into their workplace.

On the contrary, when doctors were at home, they perceived their work-family borders as permeable because they can deliberately choose where and when they want to perform their OV works primarily through the support of ICTs devices (e.g. smartphones, tablets). This finding confirmed the study of [29], which showed that the technology which has entrenched individual's life may influence the boundary permeability of the work and non-work activities to be done in the home domain.

The results showed that when doctors volunteering online use ICTs to perform OV work at home or during working hours, they perceive their work and family borders as flexible. This stressed the contradictory role of ICTs as it forms new potentials for autonomy and invasion. The results also suggested that low flexibility and high permeability of work/family borders, rather than ICT use at home, had much stronger influences on increasing work-family conflict and techno stress (especially techno-invasion).

In terms of temporal flexibility at work, doctors stated that the having flexible work hours did not secure their time with family because the high demand and expectation of the work surpassed other responsibilities. For most doctors, family times and OV work has to be adjusted around the work schedule. The respondents explained that the OV works were performed at different domains, at workplace (e.g. in-between break hour), in the home domain or after office hours (e.g. while driving back home, over the weekend).

In this study, the doctors used different strategies when it came to blending, whether to segment or integrate their work and family domains. Blending ensures that the area around the presupposed border is no longer exclusive of one domain or the other but it blends both work and family, creating a borderland, which cannot be exclusively called either domain. Blending also occurs when a person uses their personal or family experience in their work or uses their work experience to enrich their home and can lead to integration or a sense of wholeness. Most of the doctors were more satisfied when they integrate and combine their work-family lives

such as, when they could use their flexible working hours to arrange family activities.

In conclusion, this study have found issues on work-family balance and OV. Most importantly this study had used a conceptual framework to understand how the embracement of ICTs such as Internet technology for volunteering affects the negotiation of work-family boundaries and how doctors volunteering online balance their work-family balance which are permeable, flexible and blending.

References

[1] Leung L, Zhang R. Mapping ICT use at home and telecommuting practices: a perspective from work/family border theory. Telemat Inform 2017;34:385–96.

[2] Wet Wde, Koekemoer E. The increased use of information and communication technology (ICT) among employees: implications for work-life interaction. South Afr J Econ Manag Sci 2016;19(2):264–81.

[3] Wilson J. Volunteering. Annu Rev Sociol 2000;26:215–40.

[4] Clary EG, Snyder M, Ridge RD, Copeland J, Stukas Aa, Haugen J, et al. Understanding and assessing the motivations of volunteers: a functional approach. J Pers Soc Psychol 1998;74(6):1516–30.

[6] Conroy S, Wiliams A. Use of Internet, Social Networking Sites, and Mobile Technology for Volunteerism: Implications for Volunteer Recruitment and Engagement. Washington, DC: AARP; 2014 http://www.aarp.org/research.

[7] Pena-Lopez I. Online volunteers: knowledge managers in nonprofits. J Inf Technol Societal Change 2007:142–59.

[8] Ellis SJ, Cravens J. The Virtual Volunteering Guidebook: How to Apply the Principles of Real-World Volunteer Management to Online Service; 2000 http://www.serviceleader.org/sites/default/files/file/vvguide.pdf.

[9] Baruch A, May A, Yu D. The motivations, enablers and barriers for voluntary participation in an online crowdsourcing platform. Comput Human Behav 2016;64:923–31, http://dx.doi.org/10.1016/j.chb.2016.07.039.

[10] Cox J, Oh EY, Simmons B, Graham G, Greenhill A, Lintott C, et al. Doing Good Online: an Investigation into the Characteristics and Motivations of Digital Volunteers; 2015 https://ssrn.com/abstract=2717402.

[11] Amichai-Hamburger Y. Potential and promise of online volunteering. Comput Human Behav 2008;24(2):544–62.

[12] Cravens J. Involving international online volunteers: factors for success, organizational benefits, and new views of community. Int J Volunteer Administration 2006;24(1):15–23.

[13] Danaiata D, Gligor-Cimpoieru DC, Hurbean L, Munteanu V. The potential of employees online volunteering in Romania. In: Paper Presented at the International Management Conference. 2013. http://conferinta.management.ase.ro/archives/2013/pdf/20.pdf.

[14] Pestereva NM, Nadeina OS, Aleksandrovna SL. International and Russian experience of volunteer activity: history, modern situation and future prospects. Life Sci J 2014;11(10):378–88, http://dx.doi.org/10.1002/eji.201344399.

[15] Jiranek P, Brauchli R, Zurich T. Beyond paid work: voluntary work and its salutogenic implications for society. In: Bauer G, Hämmig O, editors. Bridging Occupational, Organizational and Public Health: a Transdisciplinary Approach. Dordrecht: Springer; 2014. p. 209–29.

[16] Chen J, Ren Y, Riedl J. The effects of diversity on group productivity and member withdrawal in online volunteer groups. Proceedings of the 28th International

Conference on Human Factors in Computing Systems-CHI' 10 2010:821, http://dx.doi.org/10.1145/1753326.1753447.

[17] Mukherjee D. Participation of older adults in virtual volunteering: a qualitative analysis. Ageing Int 2010;36(2):253–66.

[18] Powell AC, Casey K, Liewehr DJ, Hayanga A, James TA, Cherr GS. International experience during surgical residency. J Am Coll Surg 2009;208:304–12.

[19] Raja Yusof RJ, Norman AA, Abdul Rahman SS, Nazri N, Mohd Yusoff Z. Cyber-volunteering: social media affordances in fulfilling NGO social missions. Comput Human Behav 2016:388–97.

[20] Nansen B, Arnold M, Gibbs M, Davis H. Time, space and technology in the working-home: an unsettled nexus. New Technol Work Employ 2010;25(2):136–53.

[21] Kossek EE, Lautsch BA, Eaton SC. Telecommuting, control, and boundary management: correlates of policy use and practice, job control, and work–family effectiveness. Vocat Behav 2006;68:347–67.

[22] Clarke MC, Koch LC, Hill EJ. The work-family interface: differentiating balance and fit. Fam Consum Sci Res J 2009;33(2):121–40.

[23] Voydanoff P. The effects of community demands, resources, and strategies on the nature and consequences of the work-family interface: an agenda for future research. Fam Relat 2005;54(5):583–95, http://dx.doi.org/10.1111/j.171-3729.2005.00343.x.

[24] Kirchmeyer C. Work-life initiatives: greed or benevolence regarding workers' time? In: Cooper CL, Rousseau DM, editors. Trends in Organisational Behavior, 7. Chichester: John Wiley & Sons; 2000. p. 79–93.

[25] Grzywacz JG, Carlson DS. Conceptualizing work family balance: implications for practice and research. Adv Dev Hum Resour 2007;9(4):455–71.

[26] Ministry of Health. Country Health Plan: 10th Malaysia Plan (2011–2015). Kuala Lumpur, Malaysia; 2011 http://www.moh.gov.my/images/gallery/Report/Country_health.pdf.

[27] Manen MV, Manen M. Researching Lived Experience: Human Science for an Action Sensitive Pedagogy (Suny Series, Philosophy of Education). 2nd edition NY: State University of New York Press; 1990.

[28] Clark SC. Work/family border theory: a new theory of work/family balance. Hum Relat 2000;53(6):747–70.

[29] Ghislieri C, Gatti P, Molino M, Cortese CG. Work–family conflict and enrichment in nurses: between job demands, perceived organisational support and work–family backlash. J Nurs Manag 2017;25(1):65–75, http://dx.doi.org/10.1111/jonm.12442.