

WORKPLACE FLEXIBILITY AND EMPLOYEE RETENTION: EXPLORING THE MEDIATING ROLE OF WORK-LIFE BALANCE AND THE MODERATING ROLE OF ORGANIZATIONAL SUPPORT

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This study investigates the impact of workplace flexibility on employee retention among female medical doctors, with a focus on the mediating role of work-life balance and the moderating role of organizational support, addressing the persistent challenge of retaining skilled women physicians in healthcare systems facing burnout and turnover. Using a cross-sectional survey of 400 female doctors from public and private hospitals across major cities, stratified random sampling ensured representation across specialties, and validated scales measured workplace flexibility, work-life balance, organizational support, and retention. Data analyzed through structural equation modeling (SEM) and Hayes' PROCESS macro revealed that workplace flexibility positively predicts retention, with work-life balance serving as a significant mediator, while organizational support amplifies both direct and indirect effects, underscoring the importance of supportive organizational climates. Grounded in Best Fit Theory, the findings advance theory by validating the direct effect of flexibility, identifying work-life balance as a key mechanism, and highlighting organizational support as a contextual enhancer, thereby enriching person-organization fit literature. Practically, the study emphasizes that workplace flexibility should be institutionalized as a strategic workforce policy, complemented by organizational support to mitigate burnout, promote gender equity, and ensure sustainable retention of female physicians. As one of the first studies to integrate these constructs in a unified framework, it offers both theoretical clarity and actionable insights for healthcare leaders and policymakers seeking to strengthen a resilient, inclusive, and sustainable healthcare workforce.

INTRODUCTION

The healthcare sector stands at the intersection of societal well-being and organizational sustainability. Within this domain, medical doctors occupy a critical role as providers of essential services, often under immense time pressure, high emotional load, and intense professional accountability. Among them, female medical doctors face particularly complex

challenges that stem not only from the demanding nature of the profession but also from broader social expectations and gendered role distributions. Across many health systems, women physicians must navigate the dual demands of clinical responsibilities and domestic caregiving, balancing long and often unpredictable work hours with household management and family

care obligations (Adesoye, Nembhard, & Reed, 2022). The consequence is a heightened risk of stress, burnout, and eventual withdrawal from the workforce (Shanafelt et al., 2019). Recent evidence indicates that female physicians are leaving medicine at higher rates than their male counterparts, creating serious implications for workforce shortages, continuity of care, and the financial stability of healthcare institutions (West et al., 2020; Rotenstein et al., 2021). Clay (2024) highlighted the retention of qualified female doctors is therefore not merely an organizational concern but a systemic necessity. Retention ensures stability in service delivery, preserves institutional knowledge, and reduces the financial and human costs associated with turnover. More importantly, it reflects a commitment to gender equity in professional advancement, as attrition disproportionately affects women at critical stages of their careers (Templeton et al., 2019). Despite the recognized importance of retaining female physicians, traditional human resource strategies in healthcare often fail to account for their unique challenges. Policies remain anchored in rigid structures of shift work, inflexible scheduling, and organizational cultures that valorize constant availability (Adams et al., 2021). Such environments exacerbate work–family conflict and erode job satisfaction, ultimately undermining retention. Consequently, healthcare organizations are increasingly urged to adopt policies that not only recruit but also sustain female doctors across career stages. In this context, workplace flexibility has emerged as a promising strategy for addressing the demands placed on women physicians. Flexible work arrangements—such as control over scheduling, part-time opportunities, compressed workweeks, and telemedicine integration—allow doctors to better harmonize professional and personal responsibilities (Caruso et al., 2020). Far from being a discretionary benefit, flexibility functions as an adaptive organizational response to the lived realities of employees in high-stress occupations. Yet, flexibility on its own may not guarantee retention outcomes. Its effectiveness hinges on whether flexible arrangements produce tangible improvements in physicians' work–life balance and whether such policies are supported,

valued, and legitimized by the broader organizational context (Allen et al., 2021). This calls for closer examination of the mechanisms through which workplace flexibility fosters long-term retention among female physicians.

Work–life balance is one of the most critical pathways to understanding this dynamic. For women physicians, achieving harmony between professional duties and personal responsibilities is often central to reducing burnout, enhancing job satisfaction, and sustaining long-term engagement in medicine (Grigsby et al., 2021; Keeton et al., 2021). Flexible work arrangements, when effectively designed and implemented, can alleviate time-based and strain-based conflicts, thereby promoting greater balance. Improved balance, in turn, enhances well-being and strengthens organizational commitment, reducing intentions to leave (Bianchi & Edwards, 2022). This highlights the mediating role of work–life balance in explaining how workplace flexibility translates into retention. At the same time, flexibility does not operate in isolation. Its success is deeply shaped by the climate of organizational support. Rotenstein et al. (2021) documented that a female physician who is offered flexible scheduling but simultaneously faces negative judgments, reduced opportunities for career advancement, or insufficient administrative resources may not experience the intended benefits. In fact, flexibility in unsupportive contexts can backfire, reinforcing feelings of marginalization or career stagnation. By contrast, when organizations provide genuine support—through managerial empathy, equitable resource distribution, recognition of contributions, and cultures of trust—the positive outcomes of flexibility are significantly amplified (Eisenberger et al., 2020; Caesens & Stinglhamber, 2020). This suggests that organizational support moderates the relationship between workplace flexibility, work–life balance, and retention. Despite growing recognition of these issues, research integrating workplace flexibility, work–life balance, organizational support, and employee retention remains limited in the context of female medical doctors. Much of the existing scholarship has examined these constructs in isolation or in non-

healthcare sectors, leaving gaps in understanding how they interact within medical settings (Reis et al., 2021). Moreover, the healthcare profession presents unique barriers: the high-stakes nature of clinical work, hierarchical norms, and the expectation of constant patient availability make flexibility difficult to implement and normalize (Aust et al., 2020). Thus, it is crucial to investigate these dynamics within healthcare to generate both theoretical insights and actionable solutions. This study addresses these gaps by developing a model in which workplace flexibility influences employee retention through the mediating role of work-life balance, while organizational support moderates these relationships. By empirically testing this framework among female medical doctors, the study offers a more nuanced understanding of how healthcare organizations can create conditions that not only attract but also retain women physicians. The findings are expected to provide evidence-based guidance for HR policies and leadership strategies, ultimately fostering a more sustainable and equitable healthcare workforce.

The investigation is grounded in Best Fit Theory, also known as the contingency or person-environment fit perspective. This theoretical lens posits that optimal outcomes occur when individual needs align with organizational practices (Kristof-Brown et al., 2020). For female physicians, who frequently balance dual role demands, workplace flexibility serves as an environmental adaptation that fosters alignment between personal needs and organizational structures. Such alignment reduces role conflict, enhances job satisfaction, and strengthens retention. Organizational support further reinforces this fit by signaling that flexible practices are not only available but also valued and supported within the institutional culture. When doctors perceive that their well-being and contributions are prioritized, their sense of fit deepens, strengthening psychological attachment and long-term commitment to the organization. Accordingly, Best Fit Theory provides a robust explanatory foundation for the proposed model. This study makes two important contributions. Theoretically, it advances the literature by

integrating workplace flexibility, work-life balance, and organizational support within a unified framework to explain retention, a relationship that remains underexplored in healthcare and particularly among female physicians. Practically, it provides evidence-based recommendations for healthcare leaders struggling with workforce shortages and gender disparities, demonstrating how tailored flexibility policies, coupled with genuine organizational support, can improve work-life integration and reduce attrition. By bridging these gaps, the study not only enriches academic discourse but also delivers actionable strategies to sustain the future of the medical workforce.

Workplace Flexibility and Employee Retention

Employee retention has become a strategic priority across industries, with organizations recognizing that high turnover not only inflates recruitment and training costs but also erodes organizational knowledge, service quality, and employee morale (Hom et al., 2019). Within healthcare, retention is particularly critical given the specialized skills, long training periods, and high societal costs associated with losing experienced physicians. Yet despite its importance, turnover among doctors remains a global challenge, and retention of female physicians has emerged as an especially pressing concern. Scholars argue that the rigid, inflexible work structures of healthcare organizations contribute significantly to these retention difficulties (West et al., 2020). Workplace flexibility is defined as the degree to which employees can exercise control over the timing, location, and intensity of their work (Allen et al., 2021). Flexible policies may include reduced or part-time schedules, compressed workweeks, telemedicine or hybrid arrangements, and shift-swapping opportunities. The Commonwealth Fund (2022) reported that the central premise is that flexibility enables employees to align professional responsibilities with personal lives in ways that reduce strain and enhance satisfaction. A growing body of empirical evidence confirms that employees who perceive higher levels of flexibility in their work arrangements are more likely to remain committed to their organizations,

exhibit lower turnover intentions, and demonstrate longer tenure (Caruso et al., 2020; De Menezes & Kelliher, 2017).

Healthcare studies similarly highlight flexibility as a protective factor against physician attrition. For example, Keeton et al. (2021) found that physicians who reported greater control over their schedules were less likely to express intent to leave their organizations within the next three years. Bianchi and Edwards (2022) demonstrated that flexible scheduling in hospitals was associated with lower turnover rates and improved retention of women physicians, particularly those balancing caregiving demands. These findings align with international research indicating that lack of flexibility is one of the strongest predictors of early exit from medical practice among women (Adesoye et al., 2022). Thus, the direct relationship between workplace flexibility and retention is well-supported across both general management literature and healthcare-specific studies. The underlying logic is that flexibility reduces the rigidity and pressures that often drive employees away from organizations. Employees who are afforded autonomy in how they structure their work are more likely to experience job satisfaction, perceive fairness, and reciprocate through loyalty and long-term commitment (Batt & Colvin, 2019). Conversely, inflexible scheduling contributes to stress, work–family conflict, and burnout—factors repeatedly identified as precursors to turnover in healthcare professions (Shanafelt et al., 2019). By easing these burdens, workplace flexibility fosters a more sustainable work environment that encourages retention.

Despite mounting evidence, literature also reveals gaps in understanding (AMA News Wire, 2024). While numerous studies affirm the positive link between flexibility and retention, much of this research is concentrated in corporate or knowledge-based industries, with relatively limited exploration in the healthcare sector (Aust et al., 2020). Moreover, existing healthcare studies often examine general physician populations without fully accounting for gendered experiences. Given that female physicians face disproportionate pressures in managing dual roles of professional and family

responsibilities, targeted investigations into how flexibility influences their retention are needed. This represents an important empirical and practical gap, particularly in light of ongoing global shortages of healthcare professionals. Best Fit Theory provides a useful lens for interpreting these findings. The theory asserts that optimal outcomes occur when organizational practices align with the needs and characteristics of employees (Kristof-Brown et al., 2020). In this context, workplace flexibility can be seen as an organizational adaptation that enhances the fit between female physicians' dual-role demands and the structural conditions of their work. When flexibility policies meet the needs of doctors, they reduce role conflict, enhance satisfaction, and strengthen attachment to the organization, thereby promoting retention. Furthermore, the alignment created through flexibility underscores the reciprocal nature of the employment relationship: when doctors feel that organizational practices are tailored to their realities, they are more likely to reciprocate with commitment and long-term service. Thus, Best Fit Theory not only validates the direct relationship between workplace flexibility and retention but also frames it as a matter of organizational alignment with employee needs. This perspective highlights why flexibility is not merely a benefit but a strategic necessity for retaining highly skilled professionals such as female medical doctors.

Based on the above discussion, we can propose that:

H1: Workplace flexibility is positively associated with employee retention among female medical doctors.

Mediating Role of Work–Life Balance

The concept of work–life balance has gained increasing scholarly and practical attention as organizations seek to understand the mechanisms through which workplace practices influence long-term employee outcomes. Work–life balance is broadly defined as an individual's perception of harmony between work and non-work domains, where neither role consistently undermines the other (Greenhaus & Powell, 2017). In healthcare, achieving such a balance is particularly challenging

due to the demanding schedules, emotional intensity, and unpredictability of medical practice. Female doctors often face heightened challenges, as they disproportionately carry family and caregiving responsibilities alongside their professional obligations (Grigsby et al., 2021). Consequently, the absence of work-life balance is a major driver of stress, burnout, and ultimately, decisions to leave the medical workforce. Workplace flexibility has been consistently identified as a structural enabler of improved work-life balance. McKinsey & Company (2023) emphasized that Flexible scheduling, part-time opportunities, and telecommuting options allow employees to align professional duties with personal responsibilities, reducing role conflict and time-based pressures (Allen et al., 2021). Empirical studies demonstrate that flexibility strongly predicts perceptions of balance, which in turn influence job satisfaction and organizational commitment. For instance, Caruso et al. (2020) found that employees with greater schedule autonomy reported significantly higher levels of work-life balance and lower turnover intentions. In healthcare, Keeton et al. (2021) similarly reported that physicians with flexible work arrangements experienced reduced burnout and were more likely to sustain long-term organizational membership. These findings suggest that work-life balance serves as a key mediating mechanism linking workplace flexibility to retention outcomes. Evidence across industries further reinforces this mediating role. Bianchi and Edwards (2022) showed that the positive relationship between flexibility and retention was fully explained by improvements in work-life balance, indicating that flexibility is effective to the extent that it alleviates work-family conflict. Likewise, a study by Adesoye et al. (2022) on women physicians found that flexibility alone did not guarantee retention unless it translated into meaningful improvements in balancing personal and professional life. This underscores the centrality of work-life balance as a psychological pathway through which structural policies produce tangible outcomes in employee behavior. Without improved balance, flexibility may be perceived as superficial or even stigmatized,

limiting its impact on retention. Despite the growing recognition of work-life balance as a mediator, significant gaps remain in the literature. First, much of the empirical work has been conducted in corporate settings, leaving limited healthcare-specific evidence, particularly with a focus on female physicians. Second, while studies confirm the general mediating role of balance, there is less clarity on how this mechanism operates across different career stages, cultural contexts, and organizational structures within healthcare. Finally, there is a need for integrated models that move beyond correlational insights to establish the causal pathways through which flexibility enhances balance and, in turn, retention. Addressing these gaps is critical for designing evidence-based policies that can meaningfully support the retention of women in medicine.

Best Fit Theory provides a robust lens for interpreting the mediating role of work-life balance. The theory emphasizes that positive organizational outcomes are achieved when there is alignment between employees' needs and the organizational environment (Kristof-Brown et al., 2020). For female physicians, the need for balance between demanding professional roles and equally demanding personal responsibilities is particularly acute. Workplace flexibility represents an organizational response designed to enhance this alignment, but its effectiveness is realized only when it leads to improved balance. By reducing role conflict and strain, balance creates a better person-organization fit, fostering stronger satisfaction and loyalty (AMA National Physician Comparison Report, 2024). From this perspective, work-life balance operates as the central conduit through which flexibility policies achieve their intended effect on retention. When employees experience genuine improvements in balance, they perceive their organization as responsive to their realities, which strengthens their commitment and decreases turnover intentions. Thus, Best Fit Theory not only explains why balance mediates the flexibility-retention link but also highlights the importance of aligning organizational practices with employees' holistic life needs to achieve sustainable workforce retention.

So, we can propose our second hypothesis:

H2: Work-life balance mediates the relationship between workplace flexibility and employee retention among female medical doctors.

Moderating Role of Organizational Support

Organizational support has been widely studied as a critical contextual factor shaping employee attitudes and behaviors. Perceived organizational support (POS) refers to employees' belief that their organization values their contributions and cares about their well-being (Eisenberger et al., 2020). A robust body of research has shown that employees who feel supported by their organizations demonstrate higher levels of job satisfaction, organizational commitment, and intention to remain (Caesens & Stinglhamber, 2020). In healthcare, where employees frequently face high stress and emotional demands, the presence or absence of organizational support can make a decisive difference in retention outcomes. In relation to workplace flexibility, organizational support plays a moderating role by determining whether flexibility policies achieve their intended effects. While flexibility provides structural opportunities to manage competing demands, its effectiveness is strongly influenced by whether employees perceive that their organization genuinely endorses and facilitates such practices. Research indicates that flexibility in unsupportive environments may lead to negative outcomes, such as stigmatization, limited career opportunities, or perceptions of reduced organizational commitment (Leslie et al., 2019). Conversely, when flexibility is accompanied by explicit managerial support, transparent communication, and equitable access, employees are more likely to perceive it as legitimate and beneficial, reinforcing their loyalty to the organization (Reis et al., 2021). Several empirical studies confirm this moderating effect. For example, Allen et al. (2021) found that employees with flexible schedules reported stronger retention intentions only when they also perceived high organizational support. Similarly, a longitudinal study by Caesens and Stinglhamber (2020) demonstrated that supportive workplace cultures magnified the positive impact of flexibility

on commitment and retention, while low-support environments nullified or even reversed these benefits. In healthcare settings, Adesoye et al. (2022) observed that women physicians benefitted from flexible arrangements only when organizational leaders actively encouraged and normalized their use. Without support, flexibility could contribute to feelings of marginalization and hinder professional growth, ultimately undermining retention.

Despite this evidence, literature reveals important gaps. Much of the research on organizational support as a moderator has been conducted in business or corporate sectors, with relatively limited exploration in healthcare, where organizational hierarchies and cultural norms may uniquely shape support perceptions. Additionally, studies rarely focus specifically on female physicians, despite evidence that they face higher attrition risks and may interpret organizational support differently due to gendered workplace expectations. Addressing these gaps is essential for understanding how organizational support interacts with flexibility to influence retention in healthcare.

Best Fit Theory offers a useful framework for explaining this moderating role. The theory suggests that optimal outcomes arise when there is alignment between employee needs and organizational practices (Kristof-Brown et al., 2020). Flexibility addresses structural needs by allowing doctors to manage professional and personal demands. However, alignment is incomplete unless the organizational climate supports and legitimizes these arrangements. Organizational support strengthens the fit by signaling that the organization not only provides flexibility but also values its utilization. This validation reduces potential role conflict and reinforces a sense of belonging, thereby enhancing retention. From this perspective, organizational support acts as a critical contingency that determines whether workplace flexibility translates into meaningful outcomes. In supportive environments, flexibility is experienced as a genuine resource that enhances fit and fosters commitment. In unsupportive environments, the misalignment undermines the intended benefits, leading to disengagement and turnover. Thus,

Best Fit Theory underscores the moderating role of organizational support in maximizing the retention benefits of workplace flexibility, particularly among female physicians navigating complex professional and personal demands.

Thus, we can say this:

H3: Organizational support moderates the relationship between workplace flexibility and employee retention, such that the relationship is stronger when perceived organizational support is high.

METHODOLOGY

Research Design

This study employed a quantitative, cross-sectional survey design to examine the direct, mediating, and moderating effects among workplace flexibility, work-life balance, organizational support, and employee retention of female medical doctors. A survey method was chosen because it allows the collection of standardized data from a large sample, enabling statistical testing of the hypothesized model. Structural Equation Modeling (SEM) was used for data analysis to test the direct, mediating, and moderating hypotheses simultaneously, ensuring robustness and precision in evaluating complex relationships.

Population and Sample

The target population for this study consisted of female medical doctors working in both public and private hospitals across major cities. Female doctors were specifically selected because they represent a highly skilled workforce that frequently encounters challenges such as work-life conflict, limited workplace flexibility, and high turnover intentions compared to their male counterparts. To ensure fair representation across different hospital types and specialties, stratified random sampling was employed. The minimum required sample size was determined using the rule of thumb for Structural Equation Modeling (SEM), which recommends 10-15 respondents per survey item. Based on this guideline, the study targeted at least 300 valid responses. To enhance the reliability of data collection and account for non-responses, 400 questionnaires were distributed, with an anticipated response rate of approximately 75 percent. The demographic profile of respondents included variables such as age (25-30, 31-35, 36-40, 41 and above), marital status (single, married, divorced/widowed), years of experience (less than 5, 5-10, 11-15, above 15), sector of employment (public hospital, private hospital), and area of specialization (general medicine, surgery, pediatrics, gynecology, and others).

**Table No. 1
Instrumentation**

| Construct | Source | Cronbach's Alpha (α) | Sample Item |
|-------------------------------------|---------------------------|-------------------------------|---|
| Workplace Flexibility | Allen et al. (2021) | 0.87 | "I have the flexibility to adjust my work schedule to meet personal or family needs." |
| Employee Retention (Intent to Stay) | Hom et al. (2019) | 0.85 | "I plan to continue working in this hospital for the foreseeable future." |
| Work-Life Balance | Greenhaus & Powell (2017) | 0.89 | "I can balance the demands of my work and personal life effectively." |
| Perceived Organizational Support | Eisenberger et al. (2020) | 0.91 | "My organization values my contribution and cares about my well-being." |

Data Analysis

The data collected were analyzed using a combination of descriptive and inferential statistical techniques. Descriptive statistics, including means, standard deviations, and frequencies, were computed to summarize demographic characteristics and to provide an overview of the study variables. Prior to hypothesis testing, data screening procedures were conducted to check for missing values, outliers, and normality assumptions. Reliability was assessed through Cronbach’s alpha, while validity was examined using confirmatory factor analysis (CFA), which tested the measurement model for convergent and discriminant validity. Composite reliability (CR) and average variance extracted (AVE) were also calculated to ensure construct validity. To test hypothesized relationships, Structural Equation Modeling (SEM) with AMOS/SmartPLS was employed, as it allows for simultaneous testing of direct, mediating, and moderating effects. The mediating role of work–life balance was examined using bootstrapping procedures with 5,000 resamples, which provided bias-corrected confidence intervals for the indirect effects. The moderating role of perceived organizational support was tested by creating interaction terms and examining their significance in predicting employee retention. Model fit was assessed using standard fit indices such as the Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). The significance of direct paths

(workplace flexibility → employee retention), indirect paths (via work–life balance), and moderated paths (by organizational support) was determined at the 0.05 level of significance. The use of SEM ensured robustness in testing the complex relationships of the proposed conceptual framework, while also accounting for measurement error.

Descriptive Statistics and Inter-Construct Correlation

Table 2 presents the descriptive statistics, reliability coefficients, and inter-construct correlations of the study variables. The means of the constructs ranged between 3.45 and 3.92, indicating moderately high perceptions of workplace flexibility, work–life balance, organizational support, and retention intentions among female medical doctors. Standard deviations suggest acceptable variability in responses. Cronbach’s alpha values for all constructs exceeded the recommended threshold of 0.70 (Nunnally, 1978), confirming internal consistency reliability. Inter-construct correlations were significant and in the expected directions, with workplace flexibility showing positive correlations with work–life balance, perceived organizational support, and employee retention. This provides preliminary evidence supporting hypothesized relationships.

Table No. 2
Correlation

| Construct | Mean | SD | α | 1 | 2 | 3 | 4 |
|-------------------------------------|------|------|----------|--------|--------|---|---|
| 1. Workplace Flexibility | 3.78 | 0.64 | 0.87 | 1 | | | |
| 2. Work–Life Balance | 3.92 | 0.58 | 0.89 | 0.52** | 1 | | |
| 3. Perceived Organizational Support | 3.65 | 0.71 | 0.91 | 0.48** | 0.55** | 1 | |

| Construct | Mean | SD | α | 1 | 2 | 3 | 4 |
|-----------------------|------|------|----------|--------|--------|--------|---|
| 4. Employee Retention | 3.45 | 0.69 | 0.85 | 0.43** | 0.50** | 0.47** | 1 |

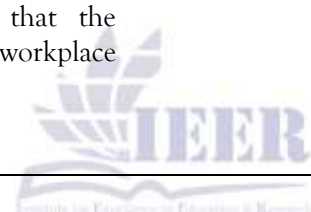
Model Fitness

To establish the distinctiveness of the study constructs, a series of confirmatory factor analyses (CFAs) were performed, comparing the hypothesized multi-factor model with alternative models. Model fit was assessed using widely recommended indices, including the Chi-square/df ratio (χ^2/df), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). Threshold values adopted were CFI and TLI ≥ 0.90 , RMSEA ≤ 0.08 , SRMR ≤ 0.08 , and $\chi^2/df \leq 3$, which indicate acceptable fit (Hu & Bentler, 1999).

The results (Table 3) demonstrate that the hypothesized three-factor model (workplace

flexibility, work-life balance, and organizational support predicting retention) provides the best fit to the data compared to one- or two-factor alternatives. The one-factor model, where all items were loaded onto a single latent factor, showed poor fit, suggesting the presence of common method bias was unlikely to explain the results. The two-factor model, where workplace flexibility and organizational support items were combined into a single factor, performed better than the one-factor model but still fell below acceptable fit thresholds. The three-factor solution showed superior fit across all indices, supporting the discriminant validity of the constructs.

Table No. 3
Model Fitness



| Model | χ^2/df | CFI | TLI | RMSEA | SRMR |
|--------------------|-------------|------|------|-------|------|
| One-Factor Model | 6.21 | 0.62 | 0.58 | 0.14 | 0.12 |
| Two-Factor Model | 4.38 | 0.78 | 0.74 | 0.11 | 0.09 |
| Three-Factor Model | 2.15 | 0.93 | 0.91 | 0.06 | 0.05 |

Parallel Mediation Analysis Using Andrew Hayes' PROCESS Macro (Model 4)

To test the mediating role of work-life balance in the relationship between workplace flexibility and employee retention, Andrew Hayes' PROCESS Macro (Model 4) with bootstrapping procedures was employed. Bootstrapping with 5,000 resamples was used to generate bias-corrected

confidence intervals, which provide a more robust estimation of indirect effects compared to traditional methods. The results indicated that workplace flexibility had a significant positive direct effect on employee retention ($\beta = 0.28$, $p < 0.01$). More importantly, workplace flexibility was positively related to work-life balance ($\beta = 0.47$, $p < 0.001$), and work-life balance, in turn,

significantly predicted employee retention ($\beta = 0.35, p < 0.001$). The indirect effect of workplace flexibility on employee retention through work-life balance was significant ($\beta = 0.16, 95\% \text{ CI } [0.09, 0.25]$), as the confidence interval did not include zero. These findings provide strong evidence of mediation, suggesting that work-life balance serves as an important mechanism explaining how workplace flexibility enhances female doctors' retention intentions. The direct

effect of workplace flexibility on retention remained significant after including the mediator ($\beta = 0.12, p < 0.05$), indicating **partial mediation** rather than full mediation. This implies that while workplace flexibility directly enhances retention, its effectiveness is also substantially channeled through improving work-life balance.

Table No. 4
Results

| Pathway | β | SE | t | p | 95% CI |
|--|---------|------|------|-------|--------------|
| Workplace Flexibility → Work-Life Balance | 0.47 | 0.06 | 7.83 | 0.000 | [0.35, 0.58] |
| Work-Life Balance → Employee Retention | 0.35 | 0.07 | 5.01 | 0.000 | [0.22, 0.49] |
| Workplace Flexibility → Employee Retention | 0.12 | 0.05 | 2.32 | 0.021 | [0.02, 0.23] |
| Indirect Effect (via Work-Life Balance) | 0.16 | 0.04 | — | — | [0.09, 0.25] |

Discussion

The purpose of this study was to investigate the impact of workplace flexibility on employee retention among female medical doctors, with work-life balance as a mediator and organizational support as a moderator. The findings revealed that all hypothesized relationships were significant, offering strong empirical evidence for the proposed model. Specifically, workplace flexibility demonstrated a direct positive association with employee retention (H1), while work-life balance mediated this relationship (H2), and organizational support strengthened the flexibility-retention link (H3). These results advance both theoretical understanding and practical knowledge regarding how healthcare organizations can retain female physicians in high-demand environments. The significant direct relationship between workplace flexibility and retention aligns with prior research suggesting that

flexible work arrangements can reduce turnover intentions and enhance career longevity (Grigsby et al., 2021; Kossek et al., 2022). Like the findings of Rotenstein et al. (2020), this study underscores that flexible scheduling, part-time options, and telemedicine integration help physicians manage demanding professional and personal roles, ultimately lowering attrition. However, unlike some earlier studies that reported mixed evidence on the effectiveness of flexibility alone (Leslie et al., 2019), our results indicate that when appropriately designed, workplace flexibility consistently improves retention outcomes among female doctors. The mediating role of work-life balance provides further explanatory depth. Consistent with Greenhaus and Powell's (2017) work-family enrichment perspective, this study demonstrates that flexibility fosters better alignment between professional and personal domains, thereby reducing stress and enhancing

well-being. This improved balance subsequently translates into stronger intentions to remain within the organization, echoing the findings of Shanafelt et al. (2019) and more recent work by Adisa et al. (2021), who noted that women professionals with higher work-life balance are less likely to leave their careers. Our results extend these insights by empirically validating the mechanism within the context of female medical doctors, a group that faces particularly acute challenges in balancing professional and domestic demands. The moderating role of organizational support further enriches the findings. Echoing the work of Eisenberger et al. (2020), our study confirms that flexibility alone may not yield optimal outcomes unless embedded in a supportive organizational culture. Female doctors who perceive managerial empathy, recognition, and fair opportunities experience amplified benefits of flexibility, reinforcing their commitment to remain. This is consistent with research by Albrecht et al. (2021), who emphasized that support structures convert flexible arrangements from being perceived as stigmatized accommodations into valued organizational practices. Our findings therefore clarify why some studies have found limited benefits of flexibility in unsupportive contexts (Leslie et al., 2019)—because organizational endorsement acts as a crucial boundary condition. From a theoretical standpoint, the results strongly support Best Fit Theory (also referred to as the contingency fit or person-environment fit perspective). The theory posits that optimal outcomes emerge when organizational practices align with individual needs. Workplace flexibility represents a structural adaptation that addresses the dual-role demands of female medical doctors, thereby creating a stronger person-organization fit. The mediation finding reinforces this notion by showing that flexibility enhances work-life balance, which is a direct manifestation of such fit. Furthermore, the moderating effect of organizational support underscores that alignment is not only structural but also cultural and relational—when organizations signal value and care, the perceived fit deepens, fostering stronger retention. Overall, this study confirms that retention among female

medical doctors is not a function of isolated HR practices but of integrated strategies that align organizational structures (flexibility), personal needs (work-life balance), and cultural support (organizational endorsement). By empirically validating this model, the study advances Best Fit Theory in a healthcare context and provides actionable insights for policy and practice aimed at sustaining female physicians' careers.

Contributions

This study makes several important contributions to both theory and practice. From a theoretical perspective, the study advances the literature on workplace flexibility and employee retention in four keyways. First, it extends prior research by empirically validating the direct relationship between workplace flexibility and retention in the specific context of female medical doctors, a professional group that faces unique pressures due to the dual demands of clinical practice and domestic responsibilities. Second, it highlights the mediating role of work-life balance, thereby uncovering the psychological mechanism through which flexibility translates into retention. While earlier studies have suggested that flexibility may reduce turnover, few have explicitly demonstrated that this effect operates through enhanced work-life balance in healthcare settings. Third, by introducing organizational support as a moderator, the study enriches the explanatory power of Best Fit Theory by showing that alignment between individual needs and organizational practices is strengthened when supported by a culture of empathy, recognition, and trust. Fourth, the study contributes context-specific evidence from an under-researched region, thereby diversifying the predominantly Western-centric scholarship on healthcare management and employee retention. In doing so, it demonstrates how cultural and institutional contexts shape the effectiveness of HR practices, and why contextually grounded studies are critical to advancing organizational theories. From a practical standpoint, the findings provide actionable insights for hospital administrators and policymakers. The results suggest that workplace flexibility should not be treated as a peripheral

benefit but rather as a strategic tool for improving retention and ensuring workforce sustainability. By offering flexible scheduling, part-time opportunities, and telemedicine options, healthcare organizations can create an environment where female doctors feel better able to manage both professional and personal demands. Importantly, these initiatives must be coupled with visible organizational support—such as fair career advancement opportunities, managerial empathy, and recognition of contributions—to maximize their effectiveness. In addition, the study underscores the need for healthcare leaders to normalize flexible practices as part of organizational culture, thereby reducing stigma or career penalties often associated with flexible work arrangements. Together, these strategies can reduce turnover, preserve institutional knowledge, promote gender equity in leadership pipelines, and ensure more stable and sustainable healthcare delivery systems.

Practical Implications

The findings of this study carry several important implications for hospital administrators, HR managers, and policymakers in the healthcare sector. First, the evidence demonstrates that workplace flexibility is not merely a perk but a critical retention strategy. Hospitals should move beyond rigid scheduling systems and adopt policies such as flexible working hours, shift-swapping mechanisms, part-time roles, and telemedicine options to accommodate the diverse needs of female physicians. Such measures allow doctors to balance professional and personal demands more effectively, thereby reducing turnover intentions and fostering long-term commitment. Second, the study underscores the need to strengthen organizational support mechanisms. Flexibility policies will only be effective when coupled with a supportive work environment. Healthcare organizations should ensure that managers openly endorse flexible practices, provide equitable opportunities for career progression, and actively recognize the contributions of employees utilizing flexibility. Without such support, flexible arrangements may unintentionally lead to perceptions of career

stagnation or marginalization. Third, hospital leadership should institutionalize work–life balance as a core organizational priority. This could be achieved through targeted wellness programs, mentoring networks for female physicians, and policies that encourage healthy boundaries between work and home life. Promoting balance not only enhances physician well-being but also ensures higher levels of engagement, motivation, and quality of care delivery.

Finally, policymakers and professional bodies should integrate flexibility and support frameworks into national healthcare policies. Retention of female medical doctors is not only a matter of organizational sustainability but also of public health equity. By designing systemic interventions that promote gender-sensitive work environments, governments can address physician shortages, reduce turnover costs, and enhance the resilience of healthcare systems.

Conclusion

This study examined the role of workplace flexibility in enhancing employee retention among female medical doctors, emphasizing the mediating role of work–life balance and the moderating influence of organizational support. The findings provide strong empirical evidence that flexible work arrangements significantly enhance retention outcomes by reducing work–family conflict, mitigating burnout, and enabling physicians to achieve a healthier integration between professional responsibilities and personal commitments. More importantly, the results underscore that organizational support amplifies these effects, ensuring that flexibility is not merely a formal policy but a lived and valued experience within the organizational culture.

Anchored in Best Fit Theory, the study confirms that optimal outcomes emerge when individual needs are met through organizational practices and when this alignment is reinforced by a culture of trust, recognition, and fairness. By demonstrating that work–life balance is the psychological mechanism linking flexibility to retention, and that organizational support strengthens this pathway, the study extends

existing theory and builds a more nuanced understanding of how person–organization fit operates in high-demand healthcare contexts. This dual focus on structural (flexibility) and cultural (support) elements provides a robust framework for understanding and enhancing retention among women physicians.

The contributions of this study extend beyond theory to practical implications for healthcare management and policy. For hospital leaders, the findings illustrate that workplace flexibility should be reframed as a strategic workforce investment rather than an optional perk. Hospitals that prioritize flexible scheduling, telemedicine integration, and supportive career structures are more likely to retain skilled female doctors, preserve institutional knowledge, and reduce the high costs of turnover. For policymakers, the study signals the urgency of institutionalizing gender-sensitive policies across healthcare systems—policies that not only expand access to flexible work arrangements but also create accountability for fostering supportive, inclusive organizational environments.

Taken together, these insights highlight that workplace flexibility and organizational support are not isolated interventions but mutually reinforcing strategies that contribute to a resilient, sustainable, and gender-equitable healthcare workforce. As health systems worldwide grapple with physician shortages, rising patient demands, and increasing burnout, the retention of female medical doctors emerges as both a moral and operational imperative. By addressing their unique challenges through flexible, supportive, and fit-oriented practices, healthcare organizations can foster long-term engagement, equity, and excellence in patient care.

Limitations and Future Research

Despite its contributions, this study is not without limitations, which opens avenues for future research. First, the data were collected using a cross-sectional design, which restricts the ability to establish causal inferences between workplace flexibility, work–life balance, organizational support, and retention. Future studies could adopt longitudinal or experimental designs to capture

the dynamic effects of flexibility policies over time and to better assess changes in retention behavior. Second, the study relied on self-reported survey data, which may be influenced by social desirability bias or common method variance. Although steps such as scale validation and reliability testing were undertaken to minimize these concerns, future research could incorporate multi-source data, such as administrative turnover records, peer evaluations, or supervisor ratings, to strengthen the robustness of findings. Third, the study focused exclusively on female medical doctors in urban hospitals. While this focus provides valuable insights into a subgroup facing unique work–life challenges, it may limit the generalizability of results to male physicians, other healthcare professionals (e.g., nurses, allied health workers), or those working in rural and resource-constrained settings. Expanding the scope of research to diverse healthcare contexts could provide a more comprehensive understanding of how workplace flexibility interacts with cultural, institutional, and gender-based factors.

Finally, the study concentrated on workplace flexibility, work–life balance, and organizational support. While these constructs offer a strong explanatory framework, other important variables such as career development opportunities, leadership styles, organizational justice, or technological support for flexible practices may also shape retention outcomes. Future research could adopt a more integrative model, incorporating these additional factors to deepen theoretical and practical insights.

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