Work-Life Balance of Nurses and Lady Doctors

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ABSTRACT

Work-life balance has become an emerging issue in clinics and private hospitals as it is affecting the efficiency of nurses and lady doctors. The main focus of the study was nurses and lady doctors working in clinics and private hospitals. A sample of 134 nurses and lady doctors was taken. The purpose of this study is to find out the factors that will help nurses and lady doctors in maintaining work-life balance. Data was analysed with the help of factor analysis and one-way ANOVA. The study concluded that provision of work-life balance policies and practices by the hospitals will help nurses and lady doctors in utilising their full potential. Moreover, a successful work-life balance in clinics and private hospitals will make nurses and lady doctors more committed and highly productive thereby giving them complete job satisfaction. In this paper, work life balance issues are discussed in light of demographic changes.

Keywords: work-life balance, nurses, lady doctors, private hospitals

I. INTRODUCTION

In this competitive world, it is essential for every organisation to create a congenial atmosphere that can help the employees to balance their personal and professional roles. But due to increased working hours, the individuals are left with less time for themselves. As a result the personal and spiritual growth of an individual is also hindered.

Due to intense competition in the world business, the presence of working women has become increasingly visible. And the increased economic conditions have necessitated both husband and wife to do job for having a normal life. Though woman has achieved tremendous success in her career but still her responsibility towards home has not decreased. She has to manage her household chores, look after her kids and so on. For women, both personal and office roles are demanding. As a result, such pressure affects her health thereby leading to absenteeism from office. Hence it becomes essential to help working women to maintain a balance between their personal and professional lives. At home, she has to deal with the demands of her kids, husband and in-laws whereas in office she has to bear the brunt of office demands. Granrose et al (2005) also observed the same finding when they conducted a study on Chinese women’s employment working in various government contexts. It is further argued that culture at senior management level is mostly suited to men as there is a tendency to ignore women’s responsibility towards their family (Drew and Murtagh, 2005). Further, as senior managers are expected to work for long hours, this inhibits the number of women to get managerial employment (Dickens, 1998; Doherty, 2004).

Due to high work pressure in private sector jobs, it has also become difficult for women to maintain a healthy family life. Hence, it is assumed that work –life balance can help in bringing a huge transformation in an individual’s life. This will further help the individuals in realising their dreams also. For implementing the work-life balance practices, it is essential for the employers to understand its importance. For supporting work-life balance, the employers may have to incur additional costs in implementing such policies.

Work life balance helps in describing a balance between person’s person and working life. The term work life balance is given preference as it includes the experiences of working mothers and helps in exploring new ways of working and living for them. Managing a balance between family and work life is the biggest challenge for both working people and the organisation. Particularly for nurses and lady doctors, it has become more difficult to strike a balance between the two. They will be able to give their best only when clinics and hospitals have work life balance policies for them. Work life balance policies and programs will help them in balancing their personal and professional schedules. This will ultimately give them the feeling of satisfaction. Following are some of the strategies that will help nurses and lady doctors in managing their professional and family life:

- Effectively scheduling of time at work
- Exploring the availability of flexi-timings
- Fruitfully planning of the weekends
- Planning activities with friends and family
- Staying focussed at office work without having any type of distraction or interruption

The key areas that are affected by work-life balance are namely retention of employees, increase in motivation and employee productivity, decrease in healthcare costs, reduced absenteeism and stress-related illness etc. Work life balance is associated with quality of life when there is substantial time, involvement, or
satisfaction to distribute across roles (Greenhaus et al., 2003). For leading a healthy life, it is essential to schedule the hours of family and work life. When a woman is able to manage her personal and professional life she becomes more committed to her office work. As a result, she is able to achieve success in her career. Further, it will also help her in leading a healthy and peaceful life. The present study is an attempt to study the work life balance of nurses and doctors in clinics and private hospitals.

II. REVIEW OF LITERATURE

In today’s busy world, it is difficult to prioritise one’s official and personal work. But previous studies have shown that poor work life balance leads to stress and unhappiness. It further leads to low productivity of employees. Following are some of the research reviews: Lakshmi and Gopinath (2013) conducted a study to examine the effect of work life balance on women’s performance and to identify the factors that influenced work life balance among women. Questionnaires were used for collecting data from faculty of SRM University in Kattankulathur, Tamil Nadu. The sample size was 50 and descriptive research design was used for conducting the study. Factor analysis was used for ascertaining the strength of various factors. From the study it was found that it was mainly the married women whose work life balance was severely distorted. The number of dependents was found to be inversely related to work life balance problem of married women.

Nadeem and Abbas (2009) conducted a study to explore the relationship between work life conflict and job satisfaction in Pakistan. A sample size of 157 managers was used for the final analysis. Descriptive analysis, correlation analysis and regression analysis tools were used for analysing the data. The study revealed that job satisfaction was significantly correlated to with work to family interference and family to work interference. Job satisfaction was also found to be negatively correlated with stress. Further, job autonomy and work load were found to be positively associated with job satisfaction.

Ezzedeen and Ritchey (2009) conducted a study to explore coping strategies devised by executive women in family relationships to maintain career/family balance. Several categories of career advancement and career/family balance strategies emerged from the analysis which included values and beliefs relating to career and family in place of one’s life, personal social support, professional social support and life course strategies.

Abraham (2002) observed that working women had to perform variety of roles acting as super moms and striking a balance between their modernity and tradition. Flexible work arrangements helped the working women to comply with their household requirements without compromising their career (Tolhurst et al., 2004). Eaton (2003) found that work/family policies were considered as the most important variable by the employees in those organisations where supervisors gave more flexibility rather than the formal policies like annual leave, sick leave etc. provided by the employer. Morgan and Milliken (1992) also suggested that provision of career’s arrangement, alternative work arrangements and offsite working arrangements would help the employees in balancing their personal and official lives. Similarly three categories of work-life policies like parental leave, alternative work arrangements and employer supported child care were also identified (Glass and Finley, 2002). Carlson and Perrewé’s (1999) approach was utilised for developing work-family conflict model so that the relationship between the organisation’s support and work life issues could be tested.

Kossek et al. (2010) examined perspectives on employer work-life policies and practice as potential organisational change phenomena. Work-life policies help in enhancing organisational structural and cultural support for work, family and personal life. Structural support is in the form of redesigning of job, reducing workloads, occupational safety, and formal policies on absenteeism, vacations and sick time whereas cultural support includes informal workplace social and relational support from supervisors and co-workers. Previous researches focussed on the conflicts that were caused by family to work (Kinnunen and Mauno, 2008; Eby et al., 2005).

III. OBJECTIVES OF STUDY

The objective of the study was to find out the factors that lead to work-life balance of nurses and doctors. The study also aims to suggest the work-life balance policies and practices that should be incorporated by every clinic and private hospital for helping nurses and doctors to balance their personal and official roles.

IV. RESEARCH METHODOLOGY

The sample of nurses and doctors working in clinics and private hospitals was taken. The purpose of study was to know the obstacles they are facing while working. Two research techniques i.e. factor analysis and one-way ANOVA were used for analysing the data and results were interpreted with the help of SPSS. Well designed questionnaire was used for getting the responses of women employees working in clinics and private hospitals. 134 sample of nurses and doctors was taken from clinic and private hospitals of Punjab and Chandigarh.

V. RESULTS AND DISCUSSIONS

The questionnaire was divided into various subparts i.e. demographic information, obstacles they are facing and work-life balance policies that should be provided by the hospitals and clinics to help its women staff to balance both personal and professional roles. Through the questionnaires, we gained insights about the
problems nurses and doctors are facing in managing both personal and professional tasks. The qualitative and quantitative analysis of the obstacles faced by nurses and doctors working in clinics and private hospitals and work-life balance policies that should be provided by the organisation was done on the basis of interpretation derived out of the specially designed questionnaire with the help of tabulation of data. The table given below shows the major findings of the study:

**TABLE 1: STATEMENTS DETERMINING THE WORK-LIFE BALANCE OF NURSES AND LADY DOCTORS**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Nurses and lady doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During working hours women feel more pressurized due to family responsibilities</td>
<td>32</td>
</tr>
<tr>
<td>2. Women’s career development has slowed down due to family responsibilities</td>
<td>58</td>
</tr>
<tr>
<td>3. Job leaves less time for her kids</td>
<td>75</td>
</tr>
<tr>
<td>4. Job leaves less time for her husband</td>
<td>63</td>
</tr>
<tr>
<td>5. Women executive with small kids find it difficult to manage their house and office work</td>
<td>67</td>
</tr>
<tr>
<td>6. In case of conflict between household work and office work, preference is given to household work</td>
<td>44</td>
</tr>
<tr>
<td>7. Provision of childcare facilities at workplace will help women executives to do their work properly</td>
<td>81</td>
</tr>
<tr>
<td>8. Flexible work arrangements should be there for women employees</td>
<td>81</td>
</tr>
<tr>
<td>9. Post-maternity leave should be given to women employees</td>
<td>94</td>
</tr>
</tbody>
</table>

**FINDINGS OF TABLE 1.**

32% lady doctors and nurses realised that they were more pressurised due to family responsibilities. 58% of nurses and lady doctors realised that their career development has slowed down due to family responsibilities. Majority of our respondents were of the view that their job leaves less time for their kids and husband. 67% of lady doctors and nurses found it difficult to manage their household and office work. In case of conflict between household work and office work, 44% of lady doctors and nurses give preference to household work. 81% of lady doctors and nurses were in the favour of flexible work arrangements that should be provided to every working woman to manage their household and office responsibilities. They also wanted the organisation to provide them child care facilities. Further, 94% of lady doctors and nurses also wanted that post-maternity leave should be given to them.

The six factors extracted for studying the work life balance of nurses and doctors were namely women work efficiency, gender biasness, work-life balance, women empowerment, women executive retention and career oriented women.
### TABLE 2. GIVEN BELOW EXPLAINS ONE-WAY ANOVA FOR ALL SIX FACTORS FOR THE SOCIO-DEMOGRAPHIC VARIABLES OF NURSES AND LADY DOCTORS

<table>
<thead>
<tr>
<th>Age</th>
<th>Women Work Efficiency (Factor 1) Mean</th>
<th>S.D</th>
<th>Gender Biasness (Factor 2) Mean</th>
<th>S.D</th>
<th>Work Life Balance (Factor 3) Mean</th>
<th>S.D</th>
<th>Women Empowerment (Factor 4) Mean</th>
<th>S.D</th>
<th>Women Executive Retention (Factor 5) Mean</th>
<th>S.D</th>
<th>Career Oriented Women (Factor 6) Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25 yrs</td>
<td>3.2083</td>
<td>0.2887</td>
<td>3.1667</td>
<td>0.5907</td>
<td>3.5556</td>
<td>0.4194</td>
<td>3.6</td>
<td>0.3464</td>
<td>4.6667</td>
<td>0.5774</td>
<td>4</td>
<td>0.5</td>
</tr>
<tr>
<td>25 to 35 yrs</td>
<td>3.3036</td>
<td>0.356</td>
<td>3.5714</td>
<td>0.5584</td>
<td>3.3214</td>
<td>0.4001</td>
<td>3.6571</td>
<td>0.5287</td>
<td>3.9643</td>
<td>1.0645</td>
<td>4.0357</td>
<td>0.603</td>
</tr>
<tr>
<td>35 to 50 yrs</td>
<td>3.185</td>
<td>0.3717</td>
<td>3.57</td>
<td>0.7154</td>
<td>3.4667</td>
<td>0.433</td>
<td>3.84</td>
<td>0.4655</td>
<td>4.36</td>
<td>0.8231</td>
<td>4.08</td>
<td>0.4</td>
</tr>
<tr>
<td>50 yrs &amp; above</td>
<td>3.0208</td>
<td>0.2911</td>
<td>3</td>
<td>0.5887</td>
<td>3.4028</td>
<td>0.3922</td>
<td>4.0333</td>
<td>0.3798</td>
<td>4.125</td>
<td>0.8292</td>
<td>4.125</td>
<td>1.047</td>
</tr>
<tr>
<td>F Value</td>
<td>1.43</td>
<td>2.55*</td>
<td>0.48</td>
<td>1.68</td>
<td>0.9</td>
<td>0.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of service</th>
<th>Women Work Efficiency (Factor 1) Mean</th>
<th>S.D</th>
<th>Gender Biasness (Factor 2) Mean</th>
<th>S.D</th>
<th>Work Life Balance (Factor 3) Mean</th>
<th>S.D</th>
<th>Women Empowerment (Factor 4) Mean</th>
<th>S.D</th>
<th>Women Executive Retention (Factor 5) Mean</th>
<th>S.D</th>
<th>Career Oriented Women (Factor 6) Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 yrs</td>
<td>3.375</td>
<td>#</td>
<td>3.375</td>
<td>#</td>
<td>3.1667</td>
<td>#</td>
<td>4</td>
<td>#</td>
<td>5</td>
<td>#</td>
<td>4</td>
<td>#</td>
</tr>
<tr>
<td>2 to 5 yrs</td>
<td>3.3393</td>
<td>0.3285</td>
<td>3.5714</td>
<td>0.6879</td>
<td>3.5</td>
<td>0.4303</td>
<td>3.4</td>
<td>0.6</td>
<td>4.0714</td>
<td>1.1701</td>
<td>4</td>
<td>0.289</td>
</tr>
<tr>
<td>5 to 10 yrs</td>
<td>3.2813</td>
<td>0.3307</td>
<td>3.5703</td>
<td>0.5645</td>
<td>3.3854</td>
<td>0.3688</td>
<td>3.7875</td>
<td>0.4349</td>
<td>4</td>
<td>0.9487</td>
<td>4.0938</td>
<td>0.455</td>
</tr>
<tr>
<td>More than 10 yrs</td>
<td>3.0833</td>
<td>0.3541</td>
<td>3.3083</td>
<td>0.7316</td>
<td>3.4278</td>
<td>0.4392</td>
<td>3.9333</td>
<td>0.418</td>
<td>4.35</td>
<td>0.7785</td>
<td>4.0833</td>
<td>0.778</td>
</tr>
<tr>
<td>F Value</td>
<td>1.86</td>
<td>0.65</td>
<td>0.25</td>
<td>2.76*</td>
<td>0.87</td>
<td>0.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMPACT OF SOCIO-DEMOGRAPHIC VARIABLES ON COMPONENTS OF NURSES AND DOCTORS WORKING IN CLINICS AND PRIVATE HOSPITALS**

One-way ANOVA has been applied to the six components of nurses and doctors working in clinics and private hospitals. These six components were extracted as factors by considering some variables from the socio-demographic variables.

In the table 2, result indicates that F value of Factor 2 i.e. (gender biasness) is significant at 5%. There is significant relationship between the age of nurses and doctors (women executives) and gender biasness. On the basis of comments of respondents during questionnaire filling regarding various items, it is found that in service sector like hospitals, male doctors are considered more suitable for top positions in comparison to female doctors and nurses working there. Giving training to women is considered as waste of time and effort. Even female doctors and nurses are willing to forgo their promotion if there is change of workplace. Doctors and nurses aged between 25 to 35 years and 35 years to 50 years consider the pressure of family responsibilities at their workplace. Though age is non-significant for the other five factors namely women work efficiency, work life balance, women empowerment, women executive retention and career oriented women. However, maximum gender biasness is felt by women aged between 25 to 50 years as compared to the other age groups.

Years of service is significant at 5% for factor 4 i.e. women empowerment. There is significant relationship between the years of experience of nurses and doctors and women empowerment. Nurses and doctors having experience of less than 2 years are of the view that doing job helps in raising their status and leads
...to the achievement of economic independence. Further, nurses and doctors having experience of more than 10 years considered the support of husband in household activities as the most important variable for their career advancement. Moreover, with the increase in the experience of nurses and doctors in hospitals and clinics, their acceptability as an executive also increases in the society. As a result, they are also able to perform both roles of housewife and executives effectively.

From the table 2, it is clear that husband education is significant at 5% for factor 6 i.e. career oriented women. There is significant relationship between the husband’s education and career oriented women. On the basis of comments of respondents during questionnaire filling, it is found that nurses and doctors give more priority to their job as was supported by their husbands who are post graduate despite of the fact that they got less time by their wives. They want their wives to be more career oriented.

Further, husband’s education is significant at 10% for Factor 5 i.e. women executive retention. On the basis of views given by the respondents during the survey, it is found that doctors and nurses are able to pursue higher education as is desired by their husbands who are only matriculate in their occupation. Further, the husbands who are professional also wanted their wives (nurses and doctors) to pursue higher qualification. Women are in the favor of child care facilities to be provided at workplace so that they can continue their jobs uninterrupted.

Husband’s occupation is found to be non-significant for all the factors. However, the first factor i.e. women work efficiency has maximum average score in case of business and is minimum in case of entrepreneurs. Similarly, the fifth factor i.e. women executive retention has maximum average score in case of business and is minimum in case of government service. Thus, it can be concluded that business profession of husband not only helps in the retention of women at workplace but also helps women executive to become more efficient.

Table 2 reveals that, living status is significant at 5% for factor 3 i.e. work-life balance. On the basis of comments of respondents during questionnaire filling, it is found that family structure of nurses and doctors greatly influence their career decisions and work-life challenges. Those living with father’s family followed by nurses and doctors living in nuclear family are not able to give proper time to their kids and husband. Preference for provisions like post-maternity benefits, flexible work arrangements, mentoring and networking opportunities is shown by these respondents.

VI. CONCLUSION

It is essential for every organization to acknowledge the dual responsibilities of women executives and to develop a system where they can establish a balance and best utilize their potential. The organization should be sensitized at all level to the work-life issues that lead to overall organizational effectiveness. The current study is designed for examining the work-life policies and practices of clinics and private hospitals that would provide support to nurses and lady doctors in balancing their work and non-work life.

From the study it was found that family-friendly policies like parental leaves, job sharing arrangements, provision of child care facilities etc. should be provided in the organization so that women can be encouraged to prove their competence. Further, work flexibility and autonomy should also be given to nurses and lady doctors.

More than 85% of working women agreed that post maternity leave and child care facilities at workplace should be given to them so that they don’t have to face any problem in maintaining their household and professional roles.

Moreover the organisation should also make efforts for making the environment family-friendly. It is very important to understand that married working women with children will be able to show best performance only if they have full organisational support. So, in order to best utilise the potential of nurses and doctors, it is essential for every clinic and hospital to frame their human resource policies with utmost care. They should work on its work life balance policies which will help in reducing work-life conflict and enable its nurses and lady doctors to become more effective in all roles especially the professional role. Hence, our study could also act as a guide for HR practitioners in redesigning their policies in relation to work-life balance thereby ensuring the well being of all nurses and lady doctors.

REFERENCES