

Work Life Balance of Women Doctors in Kanyakumari District – An Empirical Analysis

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ABSTRACT

Among the several professions, Medicine profession cares the wellbeing of others for which it gives at most importance. Career in medical profession is aim of several people, but men alone can occupy that prestigious profession. When male Doctors spent long hours at work or travelling to meetings, their wives were home to run the household and care for the children. Women have to confront in balancing their multiple roles like Doctor, mother and spouse. It is also evident from many studies that causes of work life balance among working people and its impact have been verified. But studies with the focus of examining the attitude have been yet to be made. In this point of gap analysis, the researcher able to put forth an effort of studying the attitude of work life balance and its influence among Women Doctors with special reference to government and private hospitals of Kanyakumari district, of Tamilnadu. It also focused the aspects related to their job roles, role clarity, job authority and its influences on their job. This particular research paper aims to study the Work and Family / Life related variables that influence the Work life balance of women Doctors with reference to the government and private hospitals of Kanyakumari District. Further this particular study aims to determine the Work and Family / Life related variables and their impact in managing and overcome various forms of work and family related conflicts.

Keywords: Work related variables, Life related variables, Conflict, Health Sector and Hospitals.

INTRODUCTION:

Taking care of health is very important in everybody's life. In addition to that the forms of healthcare services add unique service packages. The way of promotion of healthcare system has also targeted different categories of public. The attitudes of special care medicine and treatment, medi-packages, medi-claim and therapies have revitalized the sector with new form of business. The flow of FDI, the growth of SSI's in pharma and healthcare augmented the scope for healthcare sector in India. The healthcare sector in India realizes the opening up of jobs especially for women like Doctors, nursing care, customer management, and operational activities. The growth of Indian health care sector extends the scope of employment for women in years to come. But at the same time, in order to redesign the service quality gap, the women employees need to have work pressures at different circumstances. Future years look bright with addition of many new hospital beds, deeper penetration of super-specialty healthcare, greater coverage of insurance facilities and increasing medical tourism would ensure further growth and enhanced job opportunities in this sector.

Problem Statement:

In the modern work life, balancing work life is the imperative instrument of nay individual irrespective of their occupation. It is normally a challenging exercise among the occupants to manage work situations, family circumstances and the interventions of these two at different conditions. The women Doctors working in Health

sector work under the condition of work pressure, inflexible working environment and frequent patient interactions. In addition to that the women Doctors working in health sector undergo the pressure of multitasking and multidemand and command. The women doctors in health sector face the situation of caring the work responsibilities to the home and at the home. These avenues encounter the imbalance among them to manage work and family. The health sector carries heavy responsibility centres and accountability make women to encounter work life balance related issues. Attitude is the combination of cognitive, affective and behavior component and its stability can be re-modified based on situation and environment. In connection to work life balance, the attitude of encountering individual also vary.

Healthcare in Kanyakumari District is provided by many facilities supported by both the government and private Hospitals. It is one of the top districts in the south region of India in providing excellent medical and health care facilities. The region of Kanyakumari is one the high literacy districts in India. It offers wide access to top medical care at reasonable prices and has a variety of charity hospitals that serve as a safety net for the destitute. But the working systems, the prevailing work culture, the impetus of needy economy sources cause work life imbalances of women Doctors in this sector. In order to study these aspects this particular study has been designed.

Need and significance of the Study:

Women Doctors working in Health sector undergo insurmountable work pressure due to the prevailing competitions. In addition to that women Doctors need to focus their work to service their patients through their devoted work systems. Especially women Doctors working in healthcare are working in the modernized working systems and need to contribute timeless jobs for the organizational benefits. They are also need to undertake family care as like traditional women. These consequences lead to work life balance and imbalances among them. But the method of managing the work life and imbalances by the women Doctors in the selected study avenues differ based on their age, educational background, level of occupation, nature of family, family size, place and types of work.

OBJECTIVES OF THE STUDY:

The study is carried under the mentioned objectives:

1. To measure the Work-Related variables like working conditions, compensation packages, stress and job satisfaction that influences the professional life of women employees.
2. To study the Family/Life-Related variables like family support, Husband/Spouse support and Friends/Relatives/Society support that influences the personal/private life of women employees.
3. To evaluate the factors influencing work life balance/ imbalances of female Doctors.
4. To understand the strategies employed towards work life balance at workplace, family and personal levels of attitudes.

RESEARCH METHODOLOGY:

Method of sample selection:

Stratified disproportionate sampling has been used. The women Doctors working in Government and Private Hospitals of Kanyakumari District sector have been obtained from each stratum, the required sample of respondents have been arrived through disproportionate random sampling method. The sample size of the study was restricted to 150.

Sources of Data:

The researcher has collected the required data from both primary and secondary sources. The primary data collected from the respondents belong to healthcare Sector through personal interview with the help of a well structured questionnaire. The Secondary data required for the present study have been collected through the Previous Studies, Government Related Gazette, Periodicals, Journals, Previous Research Reports and Web Sources, which were used to write the background information about the healthcare industry.

Questionnaire:

The questionnaire used in the study is structured and constructive one. The questions used in the questionnaire were pre-tested. Its validity and reliability were also verified and tested. The validity aspects cover content, criteria and consistency. The reliability value is found to be 0.84. The questions were equally distributed to cover the aspects of respondents' demographic background, opinion about WLB, Influence of Work-Related

and Family/Life-Related Variables on WLB, opinion about consequences of conflict and ways and means to manage both family and work conflict. The constructed questions were open, closed and multiple choices in nature. Some of the questions were designed in five point Likert scales with the dimensions ranging from strongly agree to strongly disagree.

Statistical Tools Employed:

Simple descriptive analysis, ranking and analysis of variance have been employed to analyze the collected data.

ANALYSIS AND INTERPRETATION:

The demographic background of the respondents selected for the study shows that 39.3 percent of respondent belong to the age category of less than 30, 8 percent are in the category of 51- 60. Regarding the educational qualification of respondents, 46 percent of women employees have completed post-graduation in medicine, while the remaining have studied under-graduation only. 78 percent of them got married, 22 percent are single. Regarding the Type of Sector, 64 percent of them are working in private, 36 percent are working in government Hospitals. The work experience of respondents, 50 percent of them have more than 10 years of experience, 34.7 percent of them have below 5 years of experience and 15.3 of the respondents have 6 - 10 years of experience. Regarding the nature of family of respondents 30.7 percent are living in joint family system and 69.3 are in nuclear family system. The table outlines the status of spouse employment, 34.7 percent of employees husband are in government job, and 15.3 percent are in business. Regarding earning members in a family, 52 percent of women employees have more than 2 earning members and 48 percent of employees have less than two earning members. The following table shows the Ranking Level of Work-Related Variables Influence on WLB of Women Doctors. Among the work-related variables, Scope for improvement/job prospects variable is ranked as one with the highest mean Score 53.3 and Work load variable is ranked as twelve with the least mean score 37.5.

Table 1: Mean Rank of various work related variables of Work-Life Balance of Women Doctors

| Work-Related Variables | Mean | Mean Rank |
|-------------------------------------|------|-----------|
| Work load | 37.5 | 12 |
| Amount of Responsibility | 38.2 | 11 |
| Close supervision | 46.4 | 4 |
| Work safety | 42 | 6 |
| Support from others | 50.4 | 2 |
| Working condition | 41.8 | 7 |
| Multi instructions | 48.9 | 3 |
| Execution of work | 38.4 | 10 |
| Priority of jobs | 39.8 | 8 |
| Scope for improvement/job prospects | 53.3 | 1 |
| Importance of decision making | 46 | 5 |
| Work Targets | 39.6 | 9 |

Table shows the mean rank of various work related variables of work life balance of women doctors. It is noticed that scope for improvement/job prospects is ranked as first which mean that the women doctors take this profession mainly the scope for improvements and job prospects are more. The next rank is support from other which means that the women doctors get support from their relative and friends. It is noticed that the last rank is work load which means that the women doctors feel that they have more work load in healthcare profession.

Table 2: Anova Table Shows Influence of work-related variables on their Type of sector

| | | Sum of Squares | df | Mean Square | F | Sig. |
|-------------------|----------------|----------------|------------|-------------|--------|------|
| close supervision | Between Groups | 34.480 | 2 | 17.240 | 34.334 | .001 |
| | Within Groups | 73.813 | 147 | .502 | | |
| | Total | 108.293 | 149 | | | |
| work safety | Between Groups | 13.619 | 2 | 6.810 | 11.409 | .003 |
| | Within Groups | 87.741 | 147 | .597 | | |
| | Total | 101.360 | 149 | | | |

| | | | | | | |
|-------------------------------------|----------------|----------------|------------|--------|--------|------|
| support from others | Between Groups | 29.281 | 2 | 14.640 | 65.829 | .001 |
| | Within Groups | 32.693 | 147 | .222 | | |
| | Total | 61.973 | 149 | | | |
| multi-instructions | Between Groups | 1.680 | 2 | .840 | 1.111 | .332 |
| | Within Groups | 111.154 | 147 | .756 | | |
| | Total | 112.833 | 149 | | | |
| scope for improvement/job prospects | Between Groups | 36.490 | 2 | 18.245 | 45.451 | .022 |
| | Within Groups | 59.010 | 147 | .401 | | |
| | Total | 95.500 | 149 | | | |
| importance of decision making | Between Groups | 1.272 | 2 | .636 | 1.132 | .325 |
| | Within Groups | 82.568 | 147 | .562 | | |
| | Total | 83.840 | 149 | | | |

The above table aims to analyse the existence of significant different exist among the respondents opinion of work conflict based on their working sector namely private and government. The significant values for close supervision, work safety and support from others are .001,.003,.001 which is less than 0.05 and it shows there is a significant difference exists among the respondents regarding levels of work conflict based on their working sector namely private and government. The significant values for multi-instructions, scope for improvement/job prospects, importance of decision making are .332, .022, .325, which is greater than 0.05 and it shows there is no significant difference exists among the respondents opinion levels of work conflict based on their working sector.(Null Hypothesis is accepted).

Table-3 shows the Ranking Level of Family/Life-Related Variables Influence on WLB of Women Doctors. Among the Family/Life-Related variables, Workplace issues at family variable is ranked as one with the highest mean Score 66.88, Poor contribution to family variable is ranked as two with the mean score 64.66, Sources of Income is ranked as three with the mean score 52.88, Family Problems is ranked as four with mean score 47.33, Family welfare is ranked as ten with the mean score 36, Family workload is ranked as Eleven with the mean score 33.55 and Recognition in family is ranked as twelve with the least mean score 26.44.

Table 3: Mean Rank of Family/Life-Related Variables Influence on WLB of Women Doctors

| Family/Life-Related Variables | Mean score | rank |
|--|-------------------|-------------|
| Family Problems | 47.33 | 4 |
| Family workload | 33.55 | 11 |
| Support and issues of family members | 39.77 | 8 |
| Family welfare | 36 | 10 |
| Sources of Income | 52.88 | 3 |
| Poor contribution to family | 64.66 | 2 |
| Workplace issues at family | 66.88 | 1 |
| Family members understanding | 39.11 | 9 |
| Recognition in family | 26.44 | 12 |
| Family budget and other monetary aspects | 46.22 | 5 |
| Children career | 42.16 | 7 |
| Spouse understanding | 44.66 | 6 |

DISCUSSIONS OF FINDINGS:

The women employees in the health sector almost lie in the roup of 41 to 50 and less than 30. It is also found that the educational qualification of them under the category of M.B.B.S (M.D/M.S), M.B.B.S. The women employees working in Health Sector are almost got married. Regarding the working sector of women employees it is found that 64 percent of them working in private sector and 36 percent in the Government Sector have almost more than 10 years of experience. Regarding the family nature of women employees it is found that 69 percent live under nuclear family system. It is found that the reason to choose health sector by women employees include growth aspect and health working environment and package and benefits in government and private sector. It is found that the major reasons for conflicts is due the reasons like work pressure, job prospects and multi-work instructions. There is a significant level of difference exist in the level of work conflict among

women employees based on the sector they employed with respect to close supervision, work safety and support. Due to work conflict among women employees the level of negative attitude and lack of skill emerges. It is also found the consequences of work conflict are high and opinion about the influence of work conflict among employees is significantly differing based on different designation level. It is also found that women employees living under joint family encounter more family conflict irrespective of their work designation. It is majority because of work place pressures at family, less devotion of time to family and available sources of income. Due to family conflict majority of employees realize lack of control and poor involvement in family. It is effectively found that both family and work conflicts have influence on each other among women employees in the selected study sector.

CONCLUSION AND FUTURE SCOPE:

Women role is very vital in all the fields especially in family. However, the role of women as medical practitioner is the achievements made by them in the modern world. Balancing both medical profession and family life is very difficult and sometimes may lead to lot of conflicts in their family and disturbance at their profession. In these circumstances women because of their education background, logical thinking and emotional balances try to balance both work and family related conflicts. Still the supports extend by family, society and organization will gear up means women should become productive asset and able employees to any organization they belong. The present study concluded that the women doctors are fair enough to balance their work and life, but doctors working in private hospitals are reluctant to balance to some extent. Future studies could be conducted in comparing the doctors form different specialization.

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