

Golden Research Thoughts

ABSTRACT:-

The purpose of this paper is to focus on the work life balance of medical practitioners. The present study tried to explore the factors responsible in maintaining work life balance for individuals associated with medical field. Exploratory factor analysis was used to determine the latent factors. The findings from study revealed that significant relationship exists between the job stress and family life of an individual. This study concluded that in order to improve work life balance of medical professionals the restructuring of individual job is required.



Gitanjali Upadhaya

Assistant Professor , Department of HRM & OB, Central University of Himachal Pradesh, Kangra, India.



WORK LIFE BALANCE OF MEDICAL PROFESSIONALS; AN EXPLORATORY STUDY: WORK LIFE BALANCE OF MEDICAL PROFESSIONALS



Sunil Kumar

Research Scholar ,
Department of HRM & OB,
Central University of Himachal
Pradesh, Kangra, India.

KEYWORDS:

Work-life balance, exploratory factor analysis, Latent factors, medical professionals.

INTRODUCTION

The growth of the “knowledge economy” has demanded from management to view its human resources with different perspective. One has to distribute his energy and resources between key areas of importance for making his or her life balanced. The ignorance of one or more areas, may threaten the strength of the whole. It is about be alive inside and outside the work, and having time management. Work life balance is at the core of HRD's major functions. It is a much broader concept requiring attention for all working individuals in the organizations (Collins, 2007).

Primarily, a working person has two roles to play: professional and personal roles. This has a significant role in shaping the performance of an individual especially in Indian context. Balance between professional and personal roles determines the performance of individual at different levels. Role clash results into stress and burnout leading to work-life imbalance. Work-life balance is a state where an individual manages real or potential conflict between different demands on his or her time and energy in a way that satisfies his or her needs for well-being and self-fulfillment (Clutterbuck, 2003).

The achievement of better work-life balance can yield dividends for employers in terms of having a more motivated, productive, attract a wider range of candidates, reduced absenteeism, retaining valued employees, achieving reduced costs and maximizing the available labour (Byrne, 2005). In Indian context, this study is an attempt to throw light on work-life balance issues with reference to medical field. Medical practitioners in developing countries like India are not only facing challenges in term of resource scarcity, but the nature of job, rural setups, and low resource mobility are few challenges to the medical professionals, which affects their roles within and outside the organization.

REVIEW OF LITERATURE

The age, specialty, control over job, job demand, collegial support, income and incentives are intervening factors of satisfaction for hospitalists (Scheurer, McKean, Miller, & Wetterneck, 2009). The increasing output of medical professionals in Britain and North America affected the emigration among Indian doctors, but to other countries it is increasing (Jeffery, 1976). Different factors like the demands of family life; accommodation; support resources; and nurse's clinical ladder system and salary system affecting the female health workers work life balance (Hsu & Kernohan, 2006). (Linzer et al., 2002) correlated the work demands with stress, stress increased by isolation, and support from working spouse decrease it. A difference subsisted among opinions of nurse executives and those of nurses who have left the career as to which problems are most critical in holding of female workers (O'Brien-Pallas, Duffield, & Hayes, 2006). Turnover intentions in nurses can be predicted by emotional exhaustion and by nurse work practice environment dimensions (Van Bogaert, Clarke, Roelant, Meulemans, & Van de Heyning, 2010). (Akinyemi & Atilola, 2013) predicted the variables cause job satisfaction in medical professionals, researched work highlighted autonomy of practice, career advancement opportunities, lower age, alignment of job with core personal and professional values, and working environment as predictor of job satisfaction. The mechanism of work-life should be understand by investigating the complex organization relationship with its employees (Leiter & Maslach, 2014). Satisfaction with organization was anticipated by the degree of merger between individual and organizational goals, and how much the employee contribution was valued and recognized by management (Karsh, Beasley, & Brown, 2010). Working environment inside and conditions outside organizations affects the medical professional, their interaction with patients, peers, subordinate, family and society at large have an impact on their level of stress. Awareness about stressors and working conditions help them to cope with stress and better work-life balance (Groß et al., 2014). Self-fulfillment, people expectation in and from their work, and how they are valued by the organization also act as work life balancers (Hsu & Kernohan, 2006). Factors such as satisfaction with medical education, medical school class rank, valuations of clinical aptitude, teaching, and research accomplishments, orientation on the way to lifelong knowledge, and professional endeavors should be considered for a more widespread understanding of doctors' career satisfaction” (Hojat, Kowitt, Doria, & Gonnella, 2010).

OBJECTIVES OF STUDY

- To study the work life of medical professionals.
- To explore factors responsible in work life balance of medical professionals.
- To establish relationship between different work life factors of medical professional.

METHOD

Participants and Procedure

All medical professionals employed in the government medical college targeted for collecting information. There are about 130 staff members, including doctors, female health workers and 120 medical students. Sample size of 90 is used in study, constituting 26 doctors, 26 female health workers, and 38 interns (Mean age = 27.77, S.D = 6.32). Out of these 31 are male and 59 are female.

MEASUREMENT

Work life Balance Questionnaire (WLBQ)

Work life balance questionnaire developed for measuring satisfaction, and contributing 14 items are rated on a Likert-scale from 1 (strongly disagree) to 5 (strongly agree). It contains four subscales on personal life, job stress, working environment, and individual health. Sample items in WLBQ are: The demand of my work interferes with my home and family life (personal life), I wish I had more time for some

outside interests and hobbies (job stress), for me this is the best of all possible organization for which to work (working environment), and I feel rushed to complete the job (individual health). The cronbach's a of variables was .70

Data Analysis

The descriptive statistics is presented in Table No. 1. The exploratory factor analysis was used by using SPSS 18. The ratio of sample size to variable is 6:1 in the present study. The Bartlett's test of sphericity was conducted to check multicollinearity ($\chi^2 = 341.71, df = 91, \text{and sig.} = .000$). KMO measure of sampling adequacy was conducted have value 4.96, which fulfill the minimum required number of sampling units. Principal component analysis was used to extract the factors. The factors are rotated by using orthogonal Varimax rotation for proper loading.

Table 1 Descriptive Statistics (N = 90)

| Item No. | Mean | S.D | Skewness | Kurtosis |
|----------|------|------|----------|----------|
| 1 | 3.08 | 1.12 | -.35 | -.74 |
| 2 | 3.03 | 1.14 | .22 | -.92 |
| 3 | 3.29 | 1.12 | -.06 | -.67 |
| 4 | 2.42 | 1.16 | .57 | -.20 |
| 5 | 2.82 | 1.44 | .20 | -1.2 |
| 6 | 2.10 | 1.22 | .98 | -.08 |
| 7 | 3.14 | 1.24 | -.39 | -1.02 |
| 8 | 3.46 | 1.21 | -.40 | -.55 |
| 9 | 3.27 | 1.18 | .05 | -.88 |
| 10 | 3.76 | 0.90 | -.15 | -.39 |
| 11 | 3.50 | 1.03 | -.38 | -.36 |
| 12 | 3.20 | 1.24 | -.17 | -.97 |
| 13 | 3.01 | 0.97 | -.33 | -.61 |
| 14 | 2.90 | 1.28 | .26 | -.90 |

Note: The order of items corresponds to numbered items in WLBQ

RESULTS

Validity and Reliability of WLBQ

Correlations between items are presented in Table No. 2; it reflects the relationship of item to a corresponding item. Item no. 1, 2, 3 and 4 are showing high correlation, so forming the first group. Similarly other items also aligning themselves in different groups, a total of 4 groups are formed. Moreover symmetry correlation matrix is formed. Discriminant validity is there because of no single factor is explaining more than 20 percent of variance in total variance. The correlation with in factors ranges from -.501 to .837 and suggest a medium to large correlation strength. In nutshell the reliability of WLBQ support to measure satisfaction for work life

Table 2 Correlation Matrix (N = 90)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------|------|------|
| 1 | 1.00 | | | | | | | | | | | | | |
| 2 | .297 | 1.00 | | | | | | | | | | | | |
| 3 | .418 | .415 | 1.00 | | | | | | | | | | | |
| 4 | .224 | .330 | .319 | 1.00 | | | | | | | | | | |
| 5 | .182 | .223 | .191 | .146 | 1.00 | | | | | | | | | |
| 6 | .085 | .176 | .069 | .296 | .483 | 1.00 | | | | | | | | |
| 7 | .153 | .044 | .268 | .051 | -.293 | -.463 | 1.00 | | | | | | | |
| 8 | .205 | -.003 | .150 | -.026 | -.249 | -.199 | -.029 | 1.00 | | | | | | |
| 9 | -.067 | -.225 | .255 | -.116 | .160 | -.011 | -.080 | -.063 | 1.00 | | | | | |
| 10 | .074 | .052 | .225 | -.147 | .320 | .022 | -.088 | .206 | .336 | 1.00 | | | | |
| 11 | .005 | .043 | -.048 | -.235 | .340 | .040 | -.075 | .068 | .213 | .435 | 1.00 | | | |
| 12 | -.076 | .011 | .265 | .058 | .039 | -.125 | .156 | .156 | -.075 | -.006 | .000 | 1.00 | | |
| 13 | .092 | -.052 | .163 | .046 | .421 | .095 | -.020 | -.120 | .234 | -.164 | .085 | .383 | 1.00 | |
| 14 | .224 | .079 | .317 | .059 | .227 | -.015 | .045 | .059 | .077 | .173 | .055 | .247 | .273 | 1.00 |

Note: The order of items corresponds to numbered items in WLBQ

Table No. 3 Factor loading matrix

| Item No. | Personal Life | Job Stress | Working Environment | Individual Health |
|----------|---------------|------------|---------------------|-------------------|
| 1 | .693 | | | |
| 2 | .731 | | | |
| 3 | .709 | | | |
| 4 | .593 | | | |
| 5 | | .692 | | |
| 6 | | .803 | | |
| 7 | | -.635 | | |
| 8 | | -.501 | | |
| 9 | | | .551 | |
| 10 | | | .837 | |
| 11 | | | .715 | |
| 12 | | | | .688 |
| 13 | | | | .822 |
| 14 | | | | .533 |

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

Table No. 4 (Factors Correlational matrix)

| | Personal life | Job stress | Work environment | Individual Health |
|---------------------|---------------|------------|------------------|-------------------|
| Personal life | 1.00 | | | |
| Job stress | .489** | 1.00 | | |
| Working environment | -0.39 | .244* | 1.00 | |
| Individual Health | .197 | .275** | .082 | 1.00 |

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION

The exploratory factor analysis was used to determine the factors, and 4 factors explored during the study. (a) Personal life (b) job stress (c) working environment (d) individual health. The current study explored that job stress and personal life are significantly related to each other at 99 percent level of significance, so the personal life can be managed if the employer in particular work on the individual stress factors. Moreover working environment and individual health are significantly related to job stress at 95 and 99 percent level of significance. The value of *r* between job stress and personal life is 0.489 (moderate positive relation). The value of *r* for working environment and individual health with respect to job stress is 0.244 and 0.275 (low positive relationship). While no significant relationship between working environment, individual health and personal life.

IMPLICATION AND LIMITATIONS

The study further used to prove the structural relationship with other organizational issues like turnover and organizational commitment. Future researchers can use a more generalized sample by selecting across geographical boundaries. Such studies will help the decision makers in medical field for balancing the work life of medical professionals. Further relational model can build for establishing indirect relations and mediation effects.

CONCLUSION

This study was started with an aim of exploring the work life of medical professionals. Be a medical professional it is really challenging job. The individual job factor is affecting the personal and family factor. Individual job analysis and restructuring work in maintaining the work and life balance.

REFERENCES:

1. Akinyemi, O., & Atilola, O. (2013). Nigerian resident doctors on strike: insights from and policy implications of job satisfaction among resident doctors in a Nigerian teaching hospital. *The International Journal of Health Planning and Management*, 28(1), e46–61. doi:10.1002/hpm.2141
2. Groß, S. E., Ernstmann, N., Jung, J., Karbach, U., Ansmann, L., Gloede, T. D., ... Neumann, M. (2014). Can a stressed oncologist be good in a consultation? A qualitative study on the oncologists' perception. *European Journal of Cancer Care*, 23(5), 594–606. doi:10.1111/ecc.12199
3. Guthrie, James and Vijaya Murthy, (2009) "Past, present and possible future developments in human capital accounting: A tribute to Jan-Erik Gröjer", *Journal of Human Resource Costing & Accounting*, Vol. 13 Iss: 2, pp.125 - 142
4. Hojat, M., Kowitz, B., Doria, C., & Gonnella, J. S. (2010). Career satisfaction and professional accomplishments. *Medical Education*, 44(10), 969–76. doi:10.1111/j.1365-2923.2010.03735.x
5. Hsu, M.-Y., & Kernohan, G. (2006). Dimensions of hospital nurses' quality of working life. *Journal of Advanced Nursing*, 54(1), 120–31. doi:10.1111/j.1365-2648.2006.03788.x
6. Jeffery, R. (1976). Migration of doctors from India. *Economic and Political Weekly*, 11(13), 502–507. Retrieved from <http://www.jstor.org/stable/4364494>
7. Karsh, B.-T., Beasley, J. W., & Brown, R. L. (2010). Employed family physician satisfaction and commitment to their practice, work group, and health care organization. *Health Services Research*, 45(2), 457–75. doi:10.1111/j.1475-6773.2009.01077.x
8. Leiter, M. P., & Maslach, C. (2014). SIX AREAS OF WORKLIFE? : A MODEL OF THE ORGANIZATIONAL CONTEXT OF BURNOUT All use subject to JSTOR Terms and Conditions SIX AREAS OF WORKLIFE? : A MODEL OF THE ORGANIZATIONAL CONTEXT OF BURNOUT, 21(4), 472–489.
9. Linzer, M., Gerrity, M., Douglas, J. a., McMurray, J. E., Williams, E. S., & Konrad, T. R. (2002). Physician stress: results from the physician worklife study. *Stress and Health*, 18(1), 37–42. doi:10.1002/smi.917
10. O'Brien-Pallas, L., Duffield, C., & Hayes, L. (2006). Do we really understand how to retain nurses? *Journal of Nursing Management*, 14(4), 262–70. doi:10.1111/j.1365-2934.2006.00611.x
11. Scheurer, D., McKean, S., Miller, J., & Wetterneck, T. (2009). U.S. physician satisfaction: a systematic review. *Journal of Hospital Medicine? : An Official Publication of the Society of Hospital Medicine*, 4(9), 560–8. doi:10.1002/jhm.496
12. Van Bogaert, P., Clarke, S., Roelant, E., Meulemans, H., & Van de Heyning, P. (2010). Impacts of unit-level nurse practice environment and burnout on nurse-reported outcomes: a multilevel modelling approach. *Journal of Clinical Nursing*, 19(11-12), 1664–74. doi:10.1111/j.1365-2702.2009.03128.x