"WORK LIFE BALANCE OF DOCTORS PRACTISING IN GOVERNMENT AND PRIVATE HOSPITALS - A COMPARATIVE STUDY OF SELECT HOSPITALS IN BENGALURU CITY, INDIA"

[1]Sana Saima, [2]Dr. Mohammad Zohair

[1]Research Scholar, [2]Assistant Professor

[1&2] Dept. of Business Studies, Central University of Karnataka

Abstract: Recently Human Resource Management (HRM) has witnessed the advent of new concerns; Work Life Balance is one such concern, wherein professionals across the world are gaining improved attention. Today's workforce is expecting more than just pay from their employers. Recent transformation of both work place and work force has forced the policy makers to concentrate more on the wellbeing of their employees. This study will merely concentrate on how factors affecting Work Life Balance have different impact on doctors belonging to different age group.

***Keywords*:** Work Life Balance, Doctors, different age groups.

Introduction:

Organizations today are showing keen interest to maintain the best talent with them by the means of designing employee friendly policies. Modifying identities, jobs of people, and relations among different genders have been given significance in blending different sections of life. What's more, this activity of blending is known as Work Life Balance. It is tied-in with keeping up suitable balance among work and individual life. Work Life Balance is characterized as an idea that bolsters the endeavors of employees to adjust their working hours and vitality among work and the other essential parts of their lives. It is a day by day exertion to make equitable distribution of their time for family, companions, social interest, sanctity, self-improvement and other individual exercises and prerequisites of the work environment. Individuals belonging to different age group face different challenges.

Research gap:

Work Life Balance of medical profession i.e. doctors is relatively under researched, because of the challenging nature of their role. In the recent past, Indian metro cities are becoming the hub of health care. Numbers of hospitals have come-up in New Delhi, Mumbai, Chennai, Bengaluru and Hyderabad etc; and they attract medical professionals in large number. Moreover, the complex lifestyles of metro cities pose variety of challenges to doctors working in hospitals there. Keeping these factors in mind it was felt to study Work Life Balance among doctors working in hospitals in Bengaluru city that would not only give an opportunity to understand the nature of Work Life Balance among doctors, but also the factors responsible for maintaining a balance between the personal life and professional life. This would also help to contribute to the present stock of knowledge since many studies have not been carried out in this area.

Contribution of the study:

The present scenario is demanding a very efficient workforce that gives time optimally to the organization and fulfills the intensive demand. Changes in the social, political and economic fabric of

societies have influenced and continue to influence both the nature of employment and its relationship with life outside work. Here comes the invention of the juggling act between maintaining a proper balance between both personal and professional lives.

Maintaining Work Life Balance becomes even more difficult when it comes to medical practitioners, because it is such a profession that demands them to be active at their job 24/7, as the emergencies could arise anytime and anywhere. So it becomes more challenging for medical practitioners to efficiently manage their time between professional and personal lives. And studying the impact of Work Life Balance on them would be more interesting due to the nature of their profession.

This study would primarily help the management of the hospitals in facilitating the doctors to maintain a balance between their personal life and professional life. It will also help the hospital management to take policy initiatives which will be focused on making the work place better for the doctors. It will also help the individual doctors to focus on certain areas, through which they can achieve a better balance between their life at the personal level and professional level.

Literature review:

Work Life Balance includes practices that allow the employees to integrate work obligations and family responsibilities (Avgar, 2010). Author also mentions that every organizations have their own policies that they design as per their requirement and which lead to their employee's well being. By and large there are various policies that are followed by organizations that are followed universally. There can be flexible working shifts, giving various monetary and non monetary rewards etc.

De Cieri *et al.,* (2005) while discussing about flexible work arrangements, concludes that in today's context organizations are using flexible work arrangements as a very important tool to attract and retain the best human talent. They says that the present generation which is career focused want a greater autonomy and control over work and flexibility in a multidimensional perspective. Accommodating flexible work arrangements lies majorly in the hands of employer, as it is they who decide various working policies which help employees to collaborate with their different aspects of life.

Increasing role of women, especially mothers, in the employment is largely attracting attention of work life balance, both nationally and internationally. According to Crompton *et al.,* (2006) until the twentieth century the question of work life balance was considered as unproblematic and authors consider on the basis of two assumptions, one is that standard worker was full time and it was usually a men and the other is that women were involved largely in the domestic chores of life and unpaid work of labor caring. Thus there was no problem of work life balance since the work was equally divided between men and women. But in the twenty first century these assumptions have undergone a huge transformation as now women's employment has taken up the space. The authors say that rising level of women in the employment was not only the result of women aspirations but also due to developments in the economic sector.

Interference of work into personal life of doctors played a substantial role on work related attitudes and it affects the job satisfaction level and commitment towards the organization, which are the important variables for Work Life Balance (Malik *et al.,* 2008). A concept known as work life boundary, a process of creating and maintaining more or less distinct territories of the self is mentioned and that work life balance has an important consequence on employees attitudes towards their organization.

Individuals have various roles to play in both work and family life and this lead to various conflicts that are inevitable and are responsible for creating stress in one's life (Kasper *et al.,* 2005). The authors say that those conflicts give rise to something called "burnout syndrome", and stress from work will be carried to private sphere creating disturbance with life partner and children.

Research hypothesis:

A hypothesis is an unproven supposition that explains particular phenomena. This is usually derived from the previous studies. Hypothesis is a form of statements that are usually unproven until the study is complete (Hair *et al.,* 1998). For the purpose of this study the following hypothesis was framed

Ha: Work Balance and its influencing factors differ with age.

Research Methodology:

Sampling:

Snowball sampling technique was adopted, which is based on referrals. Initially some doctors in some select hospitals were identified and contacted for the response. Once the response from them was recorded through survey instrument, they were requested to refer to some other doctors who may cooperate in giving responses to the same. By following this process, the Schedule was distributed among 273 practicing doctors in nine randomly selected hospitals of Bengaluru, of which seven were private hospitals and two government hospitals.

TABLE 1: LIST OF HOSPITALS VISITED FOR PRIMAARY DATA COLLECTION

Sl.No	Hospital's name	Type	Samples collected
1	Apollo Hospital	Private	25
2	Sri Jayadeva Institute of Cardiovascular Sciences and Research	do	48
3	M.S Ramaiah Hospital	do	53
4	Vijaynagar Global Hospital	do	12
5	Shifaa Hospital	do	30
6	Poornima Hospital	do	45
7	Best Hospital	do	15
8	Jaynagar Government Hospital	Government	15
9	KC Government Hospital	Do	30
	Total	**273**	

Data Analysis:

In this research, Statistical Package for Social Science (SPSS) version 20 was used for analyzing the data. Variables were defined and the data was entered on SPSS after thorough editing. The data analysis for the present study was undertaken in three different phases. In the first phase mean and standard deviation was obtained for all the variables. In the second phase, data was subjected to factor analysis and reliability testing. In the third phase, multiple regression analysis was used to know the relative impact of various factors of Work Life Balance. In the fourth and last phase one way ANOVA was applied to determine the differences among various groups with respect to Work Life Balance.

Demographic Profile of the Respondents

TABLE 2: DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Sl.No	Demographic Profile	No. Of Respondents		Percentage
1	Gender	Male	180	66%
		Female	93	34%
2	Age (in Years)	Less than 35 years	90	33%
		35-45 years	144	53%
		45 years and above	39	14%
3	Marital status	Married	261	96%
		Unmarried	12	04%
4	Spouse working status	Working	202	74%
		Not working	71	23%
5	Type of organization working in	Government	45	16%
		Private	228	84%
6	Professional experience	Less than Five years	51	19%
		Five to ten years	220	80%
		Above ten years	02	01%
7	Daily working hours	Less than Six Hours	24	09%
		Six to Eight Hours	72	26%
		Above 8 hours	177	65%

Table 3 shows the demographic details of the respondents. It can be seen that of the total number of respondents 180 (66%) were male doctors and the remaining 93 (34%) were female. Maximum of the doctors in the sample belonged to the age group of 35-45 years, i.e., 144 (53%)doctors and 90(33%) belonged to the age group of less than 35 years and remaining 39(14%) doctors were of 45 and above. It is also inferred that 261(96%) doctors of the total respondents were married and the remaining 12 (04%) single. The spouses of 202(74%) were found to be working and 71(23%) non working, i.e. they were homemakers. 228 (84%) doctors were working for private hospitals and 45 (16%) for government hospitals. 220(80%) doctors had total work experience of five to ten years, 51(19%) doctors had less than five years of experience and only 2(01%) doctors had work experience of above 10 years. Maximum of the doctors i.e. 177 (65%) worked for more than eight hours, 24(09%) worked for only less than six hours and the remaining 72 (26%) doctors worked between six to eight hours.

DATA ANALYSIS

Factor Analysis

On the basis of literature review and personal interactions with academicians, doctors and hospital administration a large number of variables were identified. However, many of these variables are internally correlated and a combination of some variables forms a construct or factors. The reduction of a large number of variables into a smaller number of factors is done through factor analysis technique. The SPSS output of

factor analysis is given in Table. 5,6 and 7, where as many as 38 independent variables which are considered to be leading to Work Life Balance were subjected to Factor Analysis.

KMO and Bartlett's Test:

TABLE 3: KMO AND BARTLETT'S TEST

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.756**
Bartlett's Test of Sphericity	Approx. Chi-Square	4054.986
	Df	703
	Sig.	.000

The above table depicts KMO value for the variables of Work Life Balance. KMO value above 0.6 is acceptable, whereas a value more than 0.7 is good, to consider the sample for factor analysis. The KMO value for this sample is 0.756, which indicates that this sample is adequate to run Factor Analysis for further analysis.

Exploratory Factor Analysis:

Factor analysis and Principal component analysis aim to reduce a set of variables into smaller set of dimensions. The below table shows the communalities before and after the extraction, Principal component analysis works on the initial assumption that all variance is common, hence before extraction all the communalities are all 1.000 (Field, 2007).

TABLE 4: EXPLORATORY FACTOR ANALYSIS

Variables	**Initial**	**Extraction**
The nature of your job makes it more challenging to manage both your professional and personal life	1.000	.632
Your Family complains that you're not able to spend quality time with them	1.000	.616
Your dependants(if any) are satisfied with the level of care you take of them	1.000	.632
The more number of dependents you have in your family the more difficult it is to maintain the proper balance between work and family life	1.000	.635
More the responsibilities, the more it is difficult to maintain work life balance	1.000	.671
Spousal support plays a major role in maintaining Work Life Balance	1.000	.556

Your Spouse(Wife) if working makes it more difficult to manage personal life and work life	1.000	.628
You are able to keep in track the progress of your child at academics	1.000	.657
You are able to spend quality time with your children	1.000	.614
Your children complain that you are not giving them the time they require	1.000	.754
Your health is being effected due to the work load you are carrying	1.000	.688
You suffer from Blood Pressure, Stress, and Depression due to the nature of your work.	1.000	.736
You remain absent from the work place to give time to your family, which otherwise you are unable to do due to work pressure	1.000	.727
Doctors are more likely to face relationship troubles due to the nature of your work	1.000	.584
You experience mental and emotional exhaustion due to the work and family pressure	1.000	.710
Your spouse and dependants also get affected by your work commitments	1.000	.648
You are able to give adequate time for Self development	1.000	.610
Income earned by you is one of the factors which contribute to maintain Work Life balance	1.000	.622
Non monetary rewards like awards , paid trips etc you get at work place boost your work life Balance	1.000	.729
Other monetary benefits like Promotion, Hike in salary, Bonus etc. is also a source of motivation to keep you balanced at both work and personal life	1.000	.665
Clinical autonomy helps you to reduce stress at work place	1.000	.696
The society you belong to also demands you to be present in various social get together	1.000	.575
Your society and family is satisfied with the time you spend with them in occasions like Get together, Weddings, Birthdays etc.	1.000	.513
In case your unable to attend some gatherings, people do understand your professional requirements	1.000	.626
You face many such situations where you prioritize attending your patient rather than attending a social gathering family	1.000	.535
Hospitals play a very important role in helping doctors to maintain their work life balance	1.000	.589
Working policies of the hospitals have a very important role to play	1.000	.597
Flexible working arrangement contributes towards maintaining work life balance	1.000	.670
24/7 is the nature of your work and it hinders you from spending quality time with your family.	1.000	.636
Sabbaticals help you to overcome work stress	1.000	.525
Working under pressure and stress, leads only to burnout and work dissatisfaction	1.000	.685
Counseling session organized by the hospitals if any, help you to reduce stress and tension that is generated due to work pressure	1.000	.625
Attending counseling sessions will help you to overcome the stress that you undergo during work and contribute towards a better balanced life	1.000	.541
Timely medications and infrastructure provided by the hospital plays a very vital role for you to handle work calmly	1.000	.580

Working under different shifts eases your efforts towards maintaining work life balance	1.000	.560
Your hospital is flexible enough to accept shift swooping among colleagues	1.000	.677
Family friendly policies enhances work life balance	1.000	.706
The Organizational Support where your working is very pleasant and it boosts your morale at work	1.000	.547

Extraction Method: Principal Component Analysis.

From the above Table. 6, the communalities are found to be more than 0.5, which reconfirms that the variable are apt to be used for formation of factors leading to Work Life Balance.

TABLE 5: FACTOR LOADINGS

Factors and Variables	Factor Loading
Hospital Policies	
1. Flexible working arrangement contributes towards maintaining work life balance	.776
2. Spousal support plays a major role in maintaining work life balance	.696
3. Working policies of the hospitals have a very important role to play	.666
4. Family friendly policies enhances the work life balance	.658
5. Sabbaticals (if any) help you to overcome work stress	-.637
6. Clinical Autonomy helps you to reduce stress at work place	.544
Personal care	
1. You suffer from Blood Pressure, Stress, and Depression due to the nature of your work.	.793
2. Your health is being effected due to the work load you are carrying	.779
3. You experience mental and emotional exhaustion due to the work and family pressure	.717
4. You remain absent from the work place to give time to your family, which otherwise you are unable to do due to work pressure	.684
5. Your Spouse if working makes it more difficult to manage personal life and work life	.541
6. Your spouse and dependants also get affected by your work commitments	.533

Motivational Measures	
1. Non monetary rewards like awards, paid trips etc you get at your work place also boost your work life balance	.810
2. Other Monetary benefits like Promotion, Hike in salary, Bonus etc. is also the source of motivation to keep you balanced at both work and personal life.	.741
3. Income earned by you is one of the factors which contribute to maintain work life balance.	.707
Family Care	
1. You are able to keep in track the progress of your child at academics	.763
2. You are able to spend quality time with your children	.655
3. You are able to give adequate time for self development.	.615
4. Your dependants(if any) are satisfied with the level of care you take of them	.569
Working under Shifts	
1. Working under different shifts eases your efforts towards maintaining work life balance	-.652
Organizational Support	
1. Your hospital is flexible enough to accept shift swooping among colleagues	-.695
2. The work ambience where you are working is very pleasant and it boosts you	.665
3. Counseling sessions organized by the hospitals if any, help you to reduce your stress and tension that is generated due to work pressure	585
Effects of Improper Care	
1. Your children complain that you are not giving them the time they require	.749
2. Your family complains that you're not able to spend quality time with them	.688
Work Environment	
1. In case you're unable to attend some gatherings, people do understand your professional requirements	.602
2. Hospitals play a very important role in helping doctors to maintain their work life balance.	.597
Personal Relationships	
1. Doctors are more likely to face relationship troubles due to the nature of your work	-.669
2. Attending counseling sessions will help you to overcome the stress that you undergo during work and contribute towards a	.504

better balanced life	
Professional Priority 1. You face many such situations where you prioritize attending your patient rather than attending a social gathering	.696

Multiple Regression Analysis

Multiple Regression analysis is a technique that is usually used to analyze the relationship between dependent variable and several independent variables, where dependant variable is a criterion and independent variable is predictor (Hair *et al.*, 1998).

For further analysis regression analysis was carried out using Step Wise method. This method involves the procedure that maximizes the incremental explained by variance at each step of model building.

Following is the Model summary of regression analysis:

TABLE 6: MODEL SUMMARY OF MULTIPLE REGRESSION ANALYSIS

Model Summary										
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**					**Durbin-Watson**
					R Square Change	**F Change**	**df 1**	**df2**	**Sig. F Change**	
1	.384[a]	.147	.144	.92181	.147	46.857	1	271	.000	
2	.523[b]	.273	.268	.85261	.126	46.777	1	270	.000	
3	.542[c]	.294	.286	.84184	.021	7.952	1	269	.005	
4	.554[d]	.307	.296	.83599	.012	4.782	1	268	.030	
5	.568[e]	.323	.310	.82786	.016	6.289	1	267	.013	1.988

a. Predictors: (Constant), Motivational Measures
B. Predictors: (Constant), Motivational Measures, Personal care
C. Predictors: (Constant), Motivational Measures, Personal care, Organizational Support
D. Predictors: (Constant), Motivational Measures, Personal care, Organizational Support, Hospital Policies
E. Predictors: (Constant), Motivational Measures, Personal care, Organizational Support, Hospital Policies, Professional Priority
F. Dependent Variable: Work Life Balance.

The above table shows the stepwise formation of models explaining the role of various factors leading to Work Life Balance. The first factor to enter the model is Motivational measures which has an association of 0.384 and thus explains about 15 percent variance in dependent variable in Work Life Balance. The second variable which enters the model is Personal care. As per model 2, Motivational measures and Personal care put together has an association with Work Life Balance to the extent of 0.523 and thus explaining more than 27 percent of variation in Work Life balance. Model 3 shows an association of 0.542, then explaining about 29 percent variation in Work Life Balance is explained by three factors put together namely Motivational Measures, Personal care and Organizational Support.

Next factor to enter the model is Hospital Policies. The summary of model 4 shows an association between the Work Life Balance and four independent factors put together of 0.554. Thus, the model 4 shows that these four factors explain about 31 percent of variance in Work Life Balance. Finally model 5 shows that, the fifth factor to enter the model is Professional Priority. Now all these five factors together have association with Work Life Balance to the extent of 0.568 and hence, the five factors- Motivational Measures, Personal

care, Organizational Support, Hospital Policies and Professional Priority explain about 32 percent variance in Work Life Balance. it can therefore, be inferred that these are the five most important factors which are responsible for maintaining Work Life balance among doctors working for hospitals in Bengaluru.

The calculated Durbin-Watson value is 1.988 which is almost equal to 2, which means that there is no auto correlation, in the model.

Independent sample t-test and ANOVA for age and various factors having impact on Work Life Balance:

H1a: Work Life Balance differs with age groups.

TABLE 7: DESCRIPTIVE STATISTICS FOR AGE AND WORK LIFE BALANCE

Descriptives								
Work Life Balance								
	N	**Mean**	**Std. Deviation**	**Std. Error**	**95% Confidence Interval for Mean**		**Minimum**	**Maximum**
					Lower Bound	**Upper Bound**		
Less than 35 years	90	2.6111	1.07781	.11361	2.3854	2.8369	1.00	5.00
35-45 years	144	2.5069	.95344	.07945	2.3499	2.6640	1.00	5.00
Above 45 years	39	2.0513	.85682	.13720	1.7735	2.3290	1.00	4.00
Total	273	2.4762	.99649	.06031	2.3575	2.5949	1.00	5.00

From the above table 7 we see the mean and standard deviation of Work Life Balance among doctors belonging to different age group. It is inferred that the mean values are 2.611, 2.50 and 2.05 for doctors in the age group of less than 35 years, 35-45 years and Above 45 years respectively. Whereas the standard deviation is 1.077, .95, and .85 for the same age groups. Further, the total mean value is 2.47 and .99 is the standard deviation.

TABLE 8: ANOVA FOR AGE AND WORK LIFE BALANCE

ANOVA					
Work Life Balance					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	8.816	2	4.408	4.555	.011
Within Groups	261.279	270	.968		
Total	270.095	272			

From the above table 8 it is inferred that there is a significant difference in Work Life Balance for doctors belonging to different age group, since the calculated p-value is .011, which is less than .05 level of significance. Since age is one of the important factors that affects Work Life Balance, it tends to differ among doctors belonging to different age group. However, in order to find the combination of group which differ, post hoc test is applied.

TABLE 9: POST HOC TEST FOR AGE AND WORK LIFE BALANCE

Multiple Comparisons							
Dependent Variable: Work Life Balance							
	(I) Age	**(J) Age**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
Tukey HSD	Less than 35 years	35-45 years	.10417	.13218	.711	-.2074	.4157
		Above 45 years	.55983*	.18859	.009	.1154	1.0043
	35-45 years	Less than 35 years	-.10417	.13218	.711	-.4157	.2074
		Above 45 years	.45566*	.17758	.029	.0372	.8742
	Above 45 years	Less than 35 years	-.55983*	.18859	.009	-1.0043	-.1154
		35-45 years	-.45566*	.17758	.029	-.8742	-.0372
LSD	Less than 35 years	35-45 years	.10417	.13218	.431	-.1561	.3644
		Above 45 years	.55983*	.18859	.003	.1885	.9311
	35-45 years	Less than 35 years	-.10417	.13218	.431	-.3644	.1561
		Above 45 years	.45566*	.17758	.011	.1061	.8053
	Above 45 years	Less than 35 years	-.55983*	.18859	.003	-.9311	-.1885
		35-45 years	-.45566*	.17758	.011	-.8053	-.1061
*. The mean difference is significant at the .05 level.							

From the above post-hoc table 9 we infer that there is a significant difference between doctors belonging to the age group of less than 35 years and Above 45 years. Also there is a significant difference between doctors belonging to the age group of 35-45 years and Above 45 years. However, the age groups of less than 35 and 35-45 years have the same level of Work Life Balance issues, since there is no significant difference between the groups. Since doctors belonging to a younger age have different issues and doctor who is more elder will have different issues pertaining to Work Life Balance.

H1b: Motivational Measures differ with age groups.

TABLE 10: DESCRIPTIVES FOR AGE AND MOTIVATIONAL MEASURES

Descriptives								
Motivational Measures:								
	N	**Mean**	**Std. Deviation**	**Std. Error**	**95% Confidence Interval for Mean**		**Minimum**	**Maximum**
					Lower Bound	**Upper Bound**		
Less than 35 years	90	3.5204	.77726	.08193	3.3576	3.6832	1.00	5.00
35-45 years	144	3.7234	.48287	.04024	3.6438	3.8029	2.33	5.00
Above 45 years	39	3.5812	1.00501	.16093	3.2554	3.9070	1.00	4.67
Total	273	3.6361	.68576	.04150	3.5544	3.7179	1.00	5.00

From the above table10 it is inferred that mean value for doctors belonging to the age group of Less than 35 years is 3.52 and standard deviation is .77. Similarly the mean value is 3.72 and standard deviation .48 for doctors belonging to the age group of 36-5 years. And for doctors who are Above 45 years the mean value is 3.58 and 0.68 is the standard deviation.

TABLE 11: ANOVA FOR AGE AND MOTIVATIONAL MEASURES

ANOVA					
Motivational measures					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.420	2	1.210	2.603	.076
Within Groups	125.492	270	.465		
Total	127.912	272			

From the above ANOVA table 11 we infer that the calculated p-value is .076, which is more than .05 level of significance. It means to say that Motivational measures are same for doctors having different ages. Motivational measures include everything which is related to monetary and non monetary rewards. Individuals belonging to any age expect back some kind of rewards when they work for some organization. Therefore, Motivational measures are equally important for doctors belonging to different age group.

TABLE 12: POST HOC TEST FOR AGE AND MOTIVATIONAL MEASURES

Post Hoc Tests:

Multiple Comparisons							
Dependent Variable: Motivational measures							
	(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Tukey HSD	Less than 35 years	35-45 years	-.20301	.09161	.070	-.4189	.0129
		Above 45 years	-.06083	.13070	.888	-.3688	.2472
	35-45 years	Less than 35 years	.20301	.09161	.070	-.0129	.4189
		Above 45 years	.14218	.12307	.481	-.1478	.4322
	Above 45 years	Less than 35 years	.06083	.13070	.888	-.2472	.3688
		35-45 years	-.14218	.12307	.481	-.4322	.1478
LSD	Less than 35 years	35-45 years	-.20301*	.09161	.028	-.3834	-.0227
		Above 45 years	-.06083	.13070	.642	-.3181	.1965
	35-45 years	Less than 35 years	.20301*	.09161	.028	.0227	.3834
		Above 45 years	.14218	.12307	.249	-.1001	.3845
	Above 45 years	Less than 35 years	.06083	.13070	.642	-.1965	.3181
		35-45 years	-.14218	.12307	.249	-.3845	.1001
*. The mean difference is significant at the .05 level.							

From the above table 12 we doctors belonging to different age groups do not significantly differ from each other since no p- value is more than .05 as per Tukey HSD. But on the contrary after applying Welch's test we see that there is a significant difference between doctors belonging to the age group of Less than 35 years and 35-45 years. It means to say that there is a difference for Motivational measures between doctors of age Less than 35 years and 35-45 years. Monetary benefits matters more for a older doctor, since his

responsibilities are at peak. On the contrary those benefits matter little less to doctor of a younger age group, as his major responsibilities like child's education, medical expenses etc. are yet o begin.

H1c: Personal care differs with age groups.

TABLE 13 : DESCRIPTIVE STATISTICS FOR AGE AND PERSONAL CARE

Descriptives								
Personal care								
	N	**Mean**	**Std. Deviation**	**Std. Error**	**95% Confidence Interval for Mean**		**Minimum**	**Maximum**
					Lower Bound	**Upper Bound**		
Less than 35 years	90	2.9222	.68701	.07242	2.7783	3.0661	1.57	4.43
35-45 years	144	2.6190	.69802	.05817	2.5041	2.7340	1.29	4.71
Above 45 years	39	3.0220	.66486	.10646	2.8065	3.2375	2.00	4.00
Total	273	2.7766	.70791	.04284	2.6922	2.8609	1.29	4.71

From the above table 13 it is inferred that the mean value is 2.922 and standard deviation is .68 for doctors aged between Less than 35 years and for doctors between the age group of 35-45 years the mean value is 2.61 and .69 is the standard deviation. For doctors above 45 years the mean value is 3.02 and standard deviation is .70.

H1d: Organizational Support differs with age.

TABLE 14: DESCRIPTIVE STATISTICS FOR AGE AND ORGANIZATIONAL SUPPORT

Descriptives								
Organizational Support								
	N	**Mean**	**Std. Deviation**	**Std. Error**	**95% Confidence Interval for Mean**		**Minimum**	**Maximum**
					Lower Bound	**Upper Bound**		
Less than 35 years	90	3.4074	.63556	.06699	3.2743	3.5405	1.33	4.67
35-45 years	144	3.6667	.59524	.04960	3.5686	3.7647	2.00	4.67
Above 45 years	39	3.4444	.68541	.10975	3.2223	3.6666	2.00	4.67
Total	273	3.5495	.63215	.03826	3.4741	3.6248	1.33	4.67

From the above table 14we can infer the mean values are 3.40, 3.66 and 3.54 for doctors belonging to the age group of Less than 35 years, 35-45 years and 45 and above respectively. The standard deviation is .63, .59 and .68 for the same. The total mean value is 3.54 and standard deviation is .63.

TABLE 15: ANOVA FOR AGE AND ORGANIZATIONAL SUPPORT

ANOVA					
Organizational Support					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	4.224	2	2.112	5.459	.005
Within Groups	104.469	270	.387		
Total	108.694	272			

From the above table 15 we see that the calculated p- value is .005 which is below .05 level of significance. Hence we conclude that there is significant difference between doctors belonging to different age group about Organizational Support. Organizational Support includes factors counseling sessions and organization's support towards maintaining Work Life Balance. So we can say that counseling may be required for doctors belonging to certain age group and may not be required by some other age group. Similarly Organizational Support is more important for doctors who are aged, and may not be required so much by a younger doctor.

Post Hoc Tests:

TABLE 16: POST HOC TEST FOR AGE AND ORGANIZATIONAL SUPPORT

Multiple Comparisons							
Dependent Variable: Organizational Support							
	(I) Age	**(J) Age**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
Tukey HSD	Less than 35 years	35-45 years	-.25926*	.08358	.006	-.4562	-.0623
		Above 45 years	-.03704	.11925	.948	-.3181	.2440
	35-45 years	Less than 35 years	.25926*	.08358	.006	.0623	.4562
		Above 45 years	.22222	.11229	.119	-.0424	.4868
	Above 45 years	Less than 35 years	.03704	.11925	.948	-.2440	.3181
		35-45 years	-.22222	.11229	.119	-.4868	.0424
LSD	Less than 35 years	35-45 years	-.25926*	.08358	.002	-.4238	-.0947
		Above 45 years	-.03704	.11925	.756	-.2718	.1977
	35-45 years	Less than 35 years	.25926*	.08358	.002	.0947	.4238
		Above 45 years	.22222*	.11229	.049	.0012	.4433
	Above 45 years	Less than 35 years	.03704	.11925	.756	-.1977	.2718
		35-45 years	-.22222*	.11229	.049	-.4433	-.0012
*. The mean difference is significant at the .05 level.							

From the above table 16 we understand that there is a difference between age group of Less than 35 years and 35-45 years. Doctors who are aged between 25-35 differ from doctors who are aged between 35-45 years with respect to Organizational Support. It means to say that doctors of age 35 and below have more freedom of lesser responsibilities and for them Organizational Support is of less importance and they can be at work whenever required. On the contrary doctors who are aged between 35-45 years, for them the level of responsibilities they have is at peak and so for them Organizational Support really affects and contributes a lot towards Work Life Balance.

H1e: Hospital Policies differ with age.

TABLE 17: DESCRIPTIVE STATISTICS FOR AGE AND HOSPITAL POLICIES

Descriptives								
Hospital Policies								
	N	**Mean**	**Std. Deviation**	**Std. Error**	**95% Confidence Interval for Mean**		**Minimum**	**Maximum**
					Lower Bound	**Upper Bound**		
Less than 35 years	90	3.6540	.41909	.04418	3.5662	3.7417	2.71	4.43
35-45 years	144	3.6260	.42774	.03564	3.5555	3.6965	2.57	4.43
Above 45 years	39	3.7106	.38148	.06109	3.5870	3.8343	2.57	4.29
Total	273	3.6473	.41811	.02531	3.5975	3.6971	2.57	4.43

From the above descriptive table 17 we infer the mean and standard deviation values for doctors belonging to different age group. For doctors aged between Less than 35 years the mean value is 3.65 and standard deviation is .41. Similarly for doctors who are aged between 35-45 years the mean value is 3.62 and .42 is the standard deviation. Further, for doctors who are aged above 45 years the mean value is 3.71 and standard deviation is .38. The total mean value across all age group is 3.64 and standard deviation is .41.

TABLE 18: ANOVA FOR AGE AND HOSPITAL POLICIES

ANOVA					
Hospital Policies					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	.226	2	.113	.644	.526
Within Groups	47.325	270	.175		
Total	47.551	272			

From the above ANOVA table 18 we infer that there is no significant between doctors of various ages and Hospital Policies since the calculated p- value is .526 which is more than .05 level of significance.

Post Hoc Tests:

TABLE 19: POST HOC TEST FOR AGE AND HOSPITAL POLICIES

Multiple Comparisons							
Dependent Variable: Hospital Policies							
	(I) Age	**(J) Age**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
Tukey HSD	Less than 35 years	35-45 years	.02798	.05626	.873	-.1046	.1606
		Above 45 years	-.05665	.08026	.760	-.2458	.1325
	35-45 years	Less than 35 years	-.02798	.05626	.873	-.1606	.1046
		Above 45 years	-.08463	.07557	.503	-.2627	.0935
	Above 45 years	Less than 35 years	.05665	.08026	.760	-.1325	.2458
		35-45 years	.08463	.07557	.503	-.0935	.2627
LSD	Less than 35 years	35-45 years	.02798	.05626	.619	-.0828	.1387
		Above 45 years	-.05665	.08026	.481	-.2147	.1014
	35-45 years	Less than 35 years	-.02798	.05626	.619	-.1387	.0828
		Above 45 years	-.08463	.07557	.264	-.2334	.0642
	Above 45 years	Less than 35 years	.05665	.08026	.481	-.1014	.2147
		35-45 years	.08463	.07557	.264	-.0642	.2334

Post hoc tests confirm the same.

H1f: Professional Priority differs with age groups.

TABLE 20: DESCRIPTIVE STATISTICS FOR AGE AND PROFESSIONAL PRIORITY

Descriptives								
Professional Priority								
	N	**Mean**	**Std. Deviation**	**Std. Error**	**95% Confidence Interval for Mean**		**Minimum**	**Maximum**
					Lower Bound	**Upper Bound**		
Less than 35 years	90	3.8000	.87666	.09241	3.6164	3.9836	2.00	5.00
35-45 years	144	3.4375	2.00251	.16688	3.1076	3.7674	-18.00	5.00
Above 45 years	39	4.2564	.81815	.13101	3.9912	4.5216	2.00	5.00
Total	273	3.6740	1.59271	.09639	3.4842	3.8638	-18.00	5.00

From the above table 20 we infer the means and standard deviation of different age groups of doctors. A doctor belonging to the age group of Less than 35 years the mean value is 3.80 and standard deviation is .87. For doctors belonging to the age group of 35-45 years the mean is 3.43 and 2.00 is the standard deviation. Further for doctors who are aged above 45 years the values are 4.25 and .81 which are mean and standard deviation respectively. The total mean is 3.67 and standard deviation is 1.59.

TABLE 21: ANOVA FOR AGE AND PROFESSIONAL PRIORITY

ANOVA					
Professional Priority					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Between Groups	22.712	2	11.356	4.595	.011
Within Groups	667.273	270	2.471		
Total	689.985	272			

From the above ANOVA table we understand that there is a significant difference between different age groups about Professional Priority, since the calculated p- value is .011 which is below.05 level of significance. Professional Priority includes factor where doctors prefer prioritizing work over family. Therefore, it becomes quite understandable that doctors belonging to different age group will differ in terms of prioritizing work over family. Doctors of younger age will have no problem considering work over family, since that have lesser obligations to fulfill comparing to that of senior doctor who considers family over job.

Post Hoc Tests:

TABLE 22: POST HOC TEST FOR AGE AND PROFESSIONAL PRIORITY

Multiple Comparisons							
Dependent Variable: Professional Priority							
	(I) Age	**(J) Age**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
Tukey HSD	Less than 35 years	35-45 years	.36250	.21124	.201	-.1353	.8603
		Above 45 years	-.45641	.30138	.286	-1.1667	.2539
	35-45 years	Less than 35 years	-.36250	.21124	.201	-.8603	.1353
		Above 45 years	-.81891*	.28378	.012	-1.4877	-.1501
	Above 45 years	Less than 35 years	.45641	.30138	.286	-.2539	1.1667
		35-45 years	.81891*	.28378	.012	.1501	1.4877
LSD	Less than 35 years	35-45 years	.36250	.21124	.087	-.0534	.7784
		Above 45 years	-.45641	.30138	.131	-1.0498	.1369
	35-45 years	Less than 35 years	-.36250	.21124	.087	-.7784	.0534
		Above 45 years	-.81891*	.28378	.004	-1.3776	-.2602
	Above 45 years	Less than 35 years	.45641	.30138	.131	-.1369	1.0498
		35-45 years	.81891*	.28378	.004	.2602	1.3776
*. The mean difference is significant at the .05 level.							

The above post hoc table shows the difference of Professional Priority among doctors belonging to different age group. We can see that there is a significant difference between doctors belonging to the age group of 35-45 years and doctors above 45 years of age. Older doctors prefer being at work since they are associated with that work since very longer time and are ready to forego their family time. However,

difference is not statistically significant between the age group of less than 35 years and 35-45 years and also between less than 35 years and above 45 years.

Results:

To test the hypothesis, one way ANOVA was applied and it is observed that Work Life Balance has different level of impact on doctors belonging to different age group and it is further observed that personal care, organizational support and professional priority are different for different aged groups.

Conclusion:

Human resource management has crossed the traditional boundary of study about recruitment, selection, training and development etc. Now organizations of all types, manufacturing or service, small or big, for profit or not for profit, and public or private all consider human resource as asset to the organization and not a mere worker. Further, organizations through their human resource management department have a tougher role of not only acquiring but also retaining the best talent with them. When they have to retain the best talent they have to design employee friendly policies, which motivate employees to keep working with them. Various issues follow the well being of an employee and Work Life Balance is one among them. As it is found in this study that Work Life balance has different intensity in doctors of different age groups, the management of hospitals need to design their policies in such way that addresses requirement of doctors in their age group.

References:

Avgar, A. C., Givan, R. K., & Liu, M. (2011). A balancing act: Work–life balance and multiple stakeholder outcomes in hospitals. *British Journal of Industrial Relations*, *49*(4), 717-741.

Brummelhuis, L. L., & Van Der Lippe, T. (2010). Effective work-life balance support for various household structures. *Human Resource Management: Published in Cooperation with the School of Business Administration, The University Of Michigan and In Alliance With The Society of Human Resources Management*, *49*(2), 173-193.

Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing*, 48(5), 530-540.

Crompton, R., & Lyonette, C. (2006). Work-life 'balance'in Europe. *Acta Sociologica*, *49*(4), 379-393.

Crompton, R., & Lyonette, C. (2011). Women's career success and work–life adaptations in the accountancy and medical professions in Britain. *Gender, Work & Organization*, *18*(2), 231-254.

De Cieri, H., Holmes, B., Abbott, J., & Pettit, T. (2005). Achievements and challenges for work/life balance strategies in Australian organizations. *The International Journal of Human Resource Management*, *16*(1), 90-103.

Dunn, P. M., Arnetz, B. B., Christensen, J. F., & Homer, L. (2007). Meeting the imperative to improve physician well-being: assessment of an innovative program. *Journal of General Internal Medicine*, *22*(11), 1544-1552.

Eby, L. T., Casper, W. J., Lockwood, A., Bordeaux, C., & Brinley, A. (2005). Work and family research in IO/OB: Content analysis and review of the literature (1980–2002). *Journal of Vocational Behavior*, *66*(1), 124-197.

Hair, J. F., Anderson, R. E., Tatham, R. L., & Black, W. C. (1998). Multivariate data analysis.

Hughes, J., & Bozionelos, N. (2007). Work-life balance as source of job dissatisfaction and withdrawal attitudes: An exploratory study on the views of male workers. *Personnel Review*, *36*(1), 145-154.

Kasper, H., Meyer, M., & Schmidt, A. (2005). Managers dealing with work-family-conflict: an explorative analysis. *Journal of Managerial Psychology*, *20*(5), 440-461.

Ladva, P., & Andrew, J. (2014). Weaving a web of control: "The Promise of Opportunity" and work-life balance in multinational accounting firms. *Accounting, Auditing & Accountability Journal*, *27*(4), 634-654.

Lakshmi, K. S., Ramachandran, T., & Boohene, D. (2012). Analysis of work life balance of female nurses in hospitals-comparative study between government and private hospital in Chennai, TN., India. *International Journal of Trade, Economics and Finance*, *3*(3), 213.

Malik, M. I., Saleem, F., & Ahmad, M. (2010). Work-life balance and job satisfaction among doctors in Pakistan. *South Asian Journal of Management*, *17*(2), 112

Montgomery, A. J., Panagopolou, E., & Benos, A. (2006). Work–family interference as a mediator between job demands and job burnout among doctors. *Stress and Health: Journal of the International Society for the Investigation of Stress*, *22*(3), 203-212.

Roper, I., Cunningham, I., & James, P. (2003). Promoting family-friendly policies: Is the basis of the Government's ethical standpoint viable?. *Personnel Review*, *32*(2), 211-230.

Ross, L., Greene, D., & House, P. (1977). The "false consensus effect": An egocentric bias in social perception and attribution processes. *Journal of Experimental Social Psychology*, *13*(3), 279-301.

Schaufeli, W. B., Bakker, A. B., Van der Heijden, F. M., & Prins, J. T. (2009). Workaholism, burnout and well-being among junior doctors: The mediating role of role conflict. *Work & Stress*, *23*(2), 155-172.

Shanafelt, T. D. (2009). Enhancing meaning in work: a prescription for preventing physician burnout and promoting patient-centered care. *Jama*, *302*(12), 1338-1340.