



Work Life Balance: Policies and Initiatives in Hospitals of H.P

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Abstract: It is a business imperative to assist employees in balancing work and family life. Work-life balance initiatives (such as flexitime, leave encashment, possibilities of work part time, paid time off for care of sick family members etc.) are intended to facilitate employees in achieving this goal through implementing these policies, but at the other hand, is a challenge. The main objective of the study is to investigate the work life balance initiatives and policies provided by hospitals. The sample taken for the study consisted of 360 employees of hospitals. The quota sampling method is used and data was collected through questionnaires from the government and private hospitals. The responses of the respondents were measured by applying Likert type- five-point scales and t-test, ANOVA is used to analyse the data. The results of the study concluded that private hospitals provide possibilities of work part time in a better way as compared to government hospitals and government hospitals provide policies such as paid maternity leave & bereavement leave, organized trip for employees, professional counselling & life skill programs, childcare & development facility centre, health, wellness and spiritual programs more efficiently as compared to private hospital.

Keywords: Work Life Balance, Working Part-Time, Paid Maternity Leave & Bereavement Leave, Organized Trip for Employees, Health, Wellness and Spiritual Programs, Paid Time Off after Certain Hour Worked.

INTRODUCTION:

Work Life Balance refers to a state of equilibrium between an employee's professional and personal lives. For years, WLB has been a topic of heated debate in all organisations. As employees have become more dependent upon technology, mobile devices and social media, it has become exceedingly challenging for them to separate work from their personal lives. In addition to the requirements of the job, work-life balance is an ongoing effort to make time for family, friends, neighbourhood involvement, spirituality, self-growth, self-care etc. On the other side, it is every organization's responsibility to take the initiative in assisting employees in balancing their family and career. In today's modern world, an employee is concerned not only with finding a job in an organisation, but also with maintaining a balance between work and life roles and ensuring one's health and happiness. If an organisation caters to these requirements, for example, by improving career opportunities, it will be very beneficial in increasing employee job satisfaction. Companies are leveraging new strategies to ensure that their employees have enough time to enjoy their personal lives by spending time with loved ones. Superior work-life balance policies and procedures are essential for organisations; this will undoubtedly result in benefits such as lower employee turnover, improved morale and satisfaction, reduced absenteeism, improved employee reliability and loyalty, and increase effectiveness. Work-life balance (WLB) policies, processes, measures, and expectations made it much easier for employees to live more balanced lives. Employees' stress levels are reduced when they seek work-life balance. Stress and sadness occur when people spend the maximum amount of time on work-related activities and feel as if they are neglecting other vital aspects of their lives. Work-life balance help employees feel as though they are accomplishing progress in all areas of their lives. It is hard to construct work-life balance because several employees have personal, professional, and financial stability. Flexible work schedules, paid time off (PTO) policies, proper time & communications protocols, company-sponsored family events and activities are all policies that help employees to achieve work-life balance. Work life balance strategies are no longer an

option, but rather a need in today's work environment because these policies help employees to balance their work and personal life roles in a managed way. In the present business environment, organisations must adopt human resource strategies and policies that accommodate the work-life needs of a diverse workforce.

LITERATURE REVIEW:

Russell et al. (2009)¹ in their study they analyzed the relationship between four working arrangements – flexitime, part-time hours, working from home, job sharing and two employees outcomes- work pressure, work life conflicts. It was observed that flexi time/flexible working and part time work reduce the work pressure as well as work life conflict while working from home was associated with higher level of work pressure as well as work life conflicts while working from home was associated with higher level of work pressure and work life conflicts. So working from home cannot be considered as work life balance arrangement because it was associated with working longer hour but also interfere with family time that result conflicts. It was revealed from the study that job sharing had no significant effect on work pressure as well and work life conflict. It was suggested from the study that management should provide flexible and family friendly policies within workplace and also an organizational commitment to accommodating employees' needs. **Bral & Bhargava (2010)**² discussed the challenges which were related to effective implementation of work life balance policies. Present paper also made an attempt to understand the work life balance policies status in Indian organisations. By analysis literature it was seen that in Indian organisations all employees does not avail all work life balance policies like family culture, maternity benefits, crèches, leave provision etc. It was seen that many organisations in India has no formal work life balance policies and most of the organisations have still a long way to see work life balance policies as structic H.R initiatives. The paper suggested that Indian organisations needs to incorporate with work life balance policies because it ensure employees commitment as well as their productivity and when introduce their work life balance policies these organisations should be considered and make a balance between employees needs and organisations values. **Bloom et al. (2011)**³ in their study examined the association between Family Friendly Workplace Practices and Work Life Balance. They also made an attempt to find out the correlation between two composite variable i.e. family friendly workplace practices and management productivity. A sample of 450 manufacturing firm was selected for the purpose of the study from Germany, France, U.K and U.S. Results revealed that there was significant positive correlation between F.FWP and work life balance. Further the study revealed that managed firms and firms in which more skilled workers and higher proportion of female managers provided more family friendly workplace practices. The findings of the study concluded that FFWP does not affect firm financial performance directly or indirectly. The results showed that providing FFWP may not increase profit but at least pay for them. The study suggested that if FFWP are provided to employees they can be made better off with firms then worst off. **Xiao & Cooke (2012)**⁴ conducted a research on work life balance in China. They focused on social policy, employers' strategy and individual coping mechanism. Study also focused on identification of work life concept informants, employees' organization, life conflicts, H.R policies and individual mechanism that were adopted by organizations and individual to cope with work life conflicts. It was qualitative study and In-depth semi structured interviews were conducted to collect information from 122 informants. They were from different destination such as 13 CEOs, 28 senior manager, 46 MD rank managers and 35 professional employees. It was emphasis from the study that chine's organizations employers and some extend employees, tend to accept conflicts of work life as fact of life without facing to introduce it in the organization, long working hours, overload of work , family and dependent care commitment were identified main source of work life conflict in the study. It was found that very few organizations hired professional to help employees in stress related problems and counselling services. Study showed that individuals also adopted some coping strategies like join sports clubs, single employees postpone the marriages and married females employees postpone their motherhood and outsourcing house work etc. **Areul & Sheeba (2015)**⁵ conducted a study on "Working Father and their Perceived Work Life Balance". The main focus of the study was to measure the respondents feeling towards their carrier and life style and also analyses their perception towards initiative taken by the organization to balance their work and life. For selecting the sample proportionate stratified sampling method was used. The study revealed that employees who had experience between 2 year-8 years they were felt better about their existing work life balance as compare to those who had below 2 year or more than 8 year working experience. Further it was revealed that different respondents had different opinion about initiatives taken by organization. Findings of the

study also pointed out that support from the family member was main reason of employees' balanced work and life. Out of five demotions, only support from family had positive significant impact on initiatives taken by the organization to balance employees work and life. It was main source of balance work and life of employees. **Zheng et al. (2015)⁶** in their study "Developing Individual and Organizational Work Life Balance Strategies to Improve Employees Health and Wellbeing" explained the relevant factors which contribute to health and wellbeing of the employees. They were also focused on the interactive effects of individual and organizational work life balance strategies on impairing health and wellbeing of employees. The finding showed that both individual work life balance strategies' and organizational work life balance strategies' had combined effect on improving work life balance and wellbeing of employees. There was a great association between individual and organization work life balance strategies'. The study revealed that working longer hours had no effects on health and well being but if increase stress level and also reduces the level of work life balance. Further it was revealed that women reported high level of work life imbalance as compare to male, it was concluded that higher the work life balance strategies used, lower the stress level and good health and wellbeing.

NEED AND SCOPE OF THE STUDY:

For years, WLB has been a major topic of discussion in the corporate world. In today's highly competitive professional world, maintaining balance between work roles and life is becoming exceedingly challenging. Organizations are becoming more responsible for increasing workplace stress in order to achieve better performance. Maintaining a work-life balance is not only essential for an employee's personal health and relationships, but it can also assist them present themselves more effectively in the workplace. Work-life balance (WLB) policies, processes and measures, made it much easier for employees to balance their work and life in a better way.

OBJECTIVE OF THE STUDY:

1. To identify the work life balance policies and initiatives taken by hospitals in H.P.

RESEARCH METHODOLOGY:

Primary data has been used for the fulfilment of the objective of the present study. Data has been collected from a sample survey of 360 respondents of paramedical staff of the hospitals through quota sampling. Data was collected personally through the questionnaire. To achieve the objective of the study, a five-point Likert scale has been developed for certain identified variables. To meet the main objective of the study, a scale has been developed comprising nine variables. These statements are measured on the five-point scale as strongly disagree-1, disagree-2, neutral -3, agree -4, strongly agree-5. Based on responses from the employees of the hospitals, t-test and ANOVA have been used to identify the work life balance policies and initiatives taken by government and private hospitals.

RESULTS AND DISCUSSIONS:

DESCRIPTIVE STATISTICAL ANALYSIS FOR FLEXIBILITIES IN WORKING HOURS ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table-1 (a) conveys the results of descriptive statistics for flexibilities in working hours on the basis of ownership of hospital. The mean score for both private and government hospitals has been found more than standard score at five point likert-scale. However, it has been reported higher by the respondents of government hospitals in comparison to private hospitals.

Table-1 (a) Descriptive Statistical Analysis for Flexibilities in Working Hours on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.4875	1.09384	.07061
Private hospitals	120	3.3500	1.02613	.09367

Source: Data collected through Questionnaire.

The standard deviation in the case of government hospitals is 1.09384 and 1.02613 in the case of private hospitals which indicate high variation in responses.

Table-1 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean					
F statistics	P- value	t-value	Degree freedom	of	p-value	Mean Difference	Standard Error Difference
1.600	.207	1.147	358		.252	.13750	.11983

T-test has been used to study the significance of difference in the responses on the basis of ownership of hospital in table-1 (b). Levene's test for variances submits proof that the null hypothesis for equality of variance is accepted and the table shows the results for the assumption of equal variances. Further, it has been found that the null hypothesis is accepted because the calculated value of p is .252 which is more than 0.05. Hence, it can be said that there is no significant difference between the responses of both the hospitals respondents regarding work life balance policy i.e., flexibilities in working hours.

DESCRIPTIVE STATISTICAL ANALYSIS FOR POSSIBILITIES OF WORKING PART TIME ON THE BASIS OF OWNERSHIP OF HOSPITAL

The section shows the descriptive statistics for possibilities of working part-time on the basis of ownership of hospital. The mean score of private hospitals' employees for possibilities of working part-time is higher than government hospitals.

Table-2 (a) Descriptive Statistical Analysis for Possibilities of Part Time Work on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	2.7083	1.15636	.07464
Private hospitals	120	2.9917	1.26687	.11565

Source: Data collected through Questionnaire.

The standard deviation is revealing high variation in the responses of both categories of respondents.

Table-2 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean					
F statistics	P- value	t-value	Degree freedom	of	p-value	Mean Difference	Standard Error Difference
1.967	.162	-2.122	358		.035	-.28333	.13352

Results of the Levene's test for equality of variances are presented in table- 2 (b). It shows that the Levene's statistics is equal to .162 which indicates that, the null hypothesis is accepted. So, the variances of the population from which samples are extracted are equal. Further, the table shows the calculated values of p is .035 which is less than 0.05. Hence, the null hypothesis is rejected and it can be concluded that there is a significant difference in the responses of the respondents regarding possibilities of working part-time on the basis of types of the hospital.

DESCRIPTIVE STATISTICAL ANALYSIS FOR PAID TIME OFFS FOR CARE OF SICK FAMILY MEMBER ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table-3(a) exhibits the results of descriptive statistics for paid time offs for the care of sick family members on the basis of ownership of hospital. The mean score of government hospitals is 3.4333 and 3.4667 for private hospitals. However, it has been reported higher by private hospitals in comparison to government hospitals.

Table -3 (a) Descriptive Statistical Analysis for Paid Time Offs for the Care of Sick Family Members on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.4333	1.09951	.07097
Private hospitals	120	3.4667	1.02024	.9314

Source: Data collected through Questionnaire.

The standard deviation for government hospitals is 1.09951 and for private hospitals is 1.02024 which indicates variation in the responses.

Table-3 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of Hospital

Levene's Test for Equality of variance		T test for Equality of mean				
F statistics	P- value	t-value	Degree of freedom	p-value	Mean Difference	Standard Error Difference
1.393	.239	-.278	358	.781	-.03333	.12006

Table-3 (b) confirms that the significance level of Levene's statistics for equality of variances is equal to .239 which is more than 0.05 so the null hypothesis for equality of variances is accepted. It indicates that the variance of the population from which samples are extracted is equal. The calculated value for t-statistics is -.278 with the degree of freedom 358. The p-value for the test is .781 which depicts that the p.value is less than 0.05. So, the null hypothesis has been accepted and it leads to the conclusion that there is no significant difference in the policies of government and private hospitals in this regard..

DESCRIPTIVE STATISTICAL ANALYSIS FOR PAID MATERNITY LEAVE AND BEREAVEMENT LEAVE ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table-4(a) discloses descriptive statistics for paid maternity leave and bereavement leave on the basis of ownership of hospital in which the mean score for government hospitals and private hospitals are 3.9917 and 3.7167 respectively.

Table- 4 (a) Descriptive Statistical Analysis for Paid Maternity Leave and Bereavement Leave on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.9917	.82326	.05314
Private hospitals	120	3.7167	.90918	.08300

Source: Data collected through Questionnaire.

The standard deviation in the case of government hospitals is .82326 and .90918 in the case of private hospitals which reveal low variation in the responses of respondents.

Table- 4 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean				
F statistics	P- value	t-value	Degree of freedom	p-value	Mean Difference	Standard Error Difference
9.825	.002	2.790	218.302	.006	.27500	.09855

Levene's statistics for equality of variances is equal to .002 which indicates that the null hypothesis for equality of variance is rejected because the value of equality of variance is less than 0.05. So the table shows the results for the assumption of unequal variances. Further, the table shows that the value of t-statistics is 2.790 with the degree of freedom 218.302. The p-value for t-statistics is .006; hence the null

hypothesis has been rejected. Therefore, it can be concluded that work life balance policies differ significantly in the private and government hospitals and government hospitals provide better maternity leave and bereavement leave policy which helps to balance work and life in a better way.

DESCRIPTIVE STATISTICAL ANALYSIS FOR ORGANISED TRIP FOR EMPLOYEES ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table-5 (a) highlights the descriptive statistical analysis for the organized trip for employees on the basis of ownership of hospital. The table depicts the mean score for responses of employees of government hospitals (2.3000) is more than the responses of employees of private hospitals (2.0333).

Table-5 (a) Descriptive Statistical Analysis Organised Trip for Employees on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	2.3000	1.13226	.07309
Private hospitals	120	2.0333	1.04466	.09541

Source: Data collected through Questionnaire.

It has been admitted less than average by the respondents of both the hospitals as is evident from the mean score in this regard. The calculated values of standard deviation for government and private hospitals are 1.13226 and 1.04466 respectively.

Table -5 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean					
F statistics	P- value	t-value	Degree of freedom	of	p-value	Mean Difference	Standard Error Difference
3.262	.072	2.161	358		.031	.26667	.12342

Further, table -5 (b) submits proof that Levene's statistics for equality of variances is equal to 0.072. Hence, it can be said that variances of the population from which samples are drawn are equal and the table shows the results for assumptions of equal variances. The calculated value of t-statistics is 2.161 with the degree of freedom 358. The calculated value of p for the t-test is .031. So the null hypothesis has been rejected. Hence it can be concluded that there is a significant difference in the responses of both the hospitals over this issue.

DESCRIPTIVE STATISTICAL ANALYSIS FOR PROFESSIONAL COUNSELLING AND LIFE SKILL PROGRAMMES ON THE BASIS OF OWNERSHIP OF HOSPITAL

The descriptive statistics for professional counselling and life skill programmes on the basis of hospitals is given in table-6 (a).

Table-6 (a) Descriptive Statistical Analysis for Professional Counselling and Life Skill Programmes on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.2750	1.17122	.07560
Private hospitals	120	2.8417	1.04516	.09541

Source: Data collected through Questionnaire.

It is clear from the above table that the mean score for professional counselling and life skill programmes has been reported more than moderate by the respondents of government hospitals. Further, the calculated value of standard deviation shows high variation in the responses of respondents of both the hospitals.

Table-6 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean					
F statistics	P- value	t-value	Degree freedom	of	p-value	Mean Difference	Standard Error Difference
4.766	.030	3.560	263.606		.000	.43333	.12644

The significance level of Levene's statistics for equality of variance is equal to .030 which is less than 0.05 as depicted in table-6 (b). It conveys that, the null hypothesis for equality of variance is rejected. So, the table manifests the results of unequal variances and confirms that variances of the population from which samples are extracted are not equal. Further, it has been presented in table (b) that the calculated value of t-statistics is 3.560 with the degree of freedom 263.606. The P.value for the t-test is 0.000; hence the null hypothesis has been rejected. Thus it is further supporting the above analysis which confirms that the government hospitals organize more professional counselling and life skill programs as compared to private hospitals

DESCRIPTIVE STATISTICAL ANALYSIS FOR JOB SHARING AND CAREER BREAKS ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table-7 (a) presents descriptive statistics for job sharing and career breaks on the basis of ownership of hospital and reports that the value of mean is 2.7667 in the case of employees of government hospitals and 2.0167 in case of private hospitals.

Table- 7 (a) Descriptive Statistical Analysis for Job Sharing and Career Breaks on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	2.7667	1.14792	.07410
Private hospitals	120	2.0167	.99565	.09089

Source: Data collected through Questionnaire.

The values of standard deviation reveal variation in the responses of respondents of both type of hospitals.

Table-7 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean					
F statistics	P- value	t-value	Degree freedom	of	p-value	Mean Difference	Standard Error Difference
12.971	.000	6.396	270.298		.000	.75000	.11727

Levene's statistics for equality of variances is equal to 0.000 which is less than 0.01, it indicates that the null hypothesis for equality of variance is rejected and results show the assumption of unequal variance. The table also depicts that the t-statistics is 6.396 with the degree of freedom. The calculated value of P is .000 which is less than 0.01. So the null hypothesis has been rejected. Hence, it can be concluded that there is a significant difference in the responses of the respondents of government and private hospitals.

DESCRIPTIVE STATISTICAL ANALYSIS FOR CHILD CARE AND DEVELOPMENT FACILITY CENTRE ON THE BASIS OF OWNERSHIP OF HOSPITAL

Results of descriptive statistics for childcare and development facility centres on the basis of ownership of hospital are given in table-8(a). The table reveals that the mean score for child care development centres of government hospitals (3.1333) is higher than the private hospitals (2.0417).

Table-8 (a) Descriptive Statistical Analysis for Child Care and Development Facility Centre on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.1333	1.22343	.07897
Private hospitals	120	2.0417	1.0429	.09716

Source: Data collected through Questionnaire.

The standard deviation in the case of government hospitals is 1.22343 and 1.0429 in the case of private hospitals whereas the standard errors of the mean are .07897 and .09716 in the case of government and private hospitals respectively.

Table-8(b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean				
F statistics	P- value	t-value	Degree of freedom	p-value	Mean Difference	Standard Error Difference
10.785	.001	8.325	358	.000	1.09167	.13114

Table-8 (b) reports the results of the Levene's test for equality of variances. It depicts that the Levene's statistics is equal to .001 which is less than 0.01 so the null hypothesis for equality of variance is rejected. It indicates that the population from which samples are extracted are not equal. The table further depicts that the value of t-statistics is 8.325 with the degree of freedom 358 and the P.value is 0.00, so the null hypothesis has been rejected. Therefore, it can be said that there is a significant difference between the services being provided by the government and private hospitals in the form of child care and development facility centre. So, it can be concluded that government hospitals provide better child care and development facility centre as compared to private hospitals.

DESCRIPTIVE STATISTICAL ANALYSIS FOR HEALTH, WELLNESS AND SPIRITUAL PROGRAMMES ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table-9 (a) shows the results of descriptive statistics for health, wellness and spiritual programs on the basis of ownership of hospital. It has been found that the mean score of government hospitals' respondents for health, wellness and spiritual programs is 3.3542 whereas it is 2.5417 for private hospitals.

Table-9 (a) Descriptive Statistical Analysis for Health, Wellness and Spiritual Programs on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.3542	1.16234	.07503
Private hospitals	120	2.5417	1.09924	.10035

Source: Data collected through Questionnaire.

The standard deviations for health, wellness and spiritual programs are 1.16234 and 1.09924 for government and private hospitals respectively which reveal variation in the responses of respondents.

Table -9 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean				
F statistics	P- value	t-value	Degree of freedom	p-value	Mean Difference	Standard Error Difference
.414	.521	6.365	358	.000	.81250	.12765

As the table-9 (b) explains that the significance level of Levene's statistics for equality of variances is equal to .521 it indicates that the null hypothesis has been accepted for equality of variance. Hence it is assumed that the variances of the population from which samples are extracted are equal and presents the results for assumption of equal variance. Table-6.9 (b) further reveals that the value of t-statistics is 6.365 with the degree of freedom 358. On the basis of above analysis, it has been found that the calculated value of P for the t-test is .000 which is less than 0.05, so the null hypothesis has been rejected. Therefore, it can be concluded that there is significant difference in the responses of the respondents on the basis of ownership of hospital and government hospitals organise more health, wellness and spiritual programs to balance employees work and life roles as compared to private hospitals.

DESCRIPTIVE STATISTICAL ANALYSIS FOR PAID TIME OFF AFTER CERTAIN HOUR WORKED ON THE BASIS OF OWNERSHIP OF HOSPITAL

Table given below exhibits the descriptive statistics for paid time off after certain hour worked on the basis of ownership of hospital.

Table -10 (a) Descriptive Statistical Analysis for Paid Time Off After Certain Hour Worked on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	2.9208	1.20927	.07806
Private hospitals	120	2.7083	1.26621	.11559

Source: Data collected through Questionnaire.

The mean score of government hospitals (2.9208) is higher than private hospitals (2.7083). The standard deviation is revealing high variation in the responses of both categories of respondents.

Table-10 (b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean				
F statistics	P- value	t-value	Degree of freedom	p-value	Mean Difference	Standard Error Difference
2.373	.124	1.547	358	.123	.21250	.13735

T-test has been used to study the significance of difference in the responses on the basis of ownership of hospitals gender in table-10 (b). Levene's statistics for equality of variances is equal to .124 which depicts that the null hypothesis of equality of variances is accepted because the calculated value is more than 0.05. It shows that, the results for assumption of equal variances. Further, the table submit proof that the t statistics is 1.547 with the degree of freedom 358. The P.value is .123 which is more than 0.05. Hence the null hypothesis has been

accepted. Therefore, it is concluded that there is no significant difference between government and private hospitals regarding paid time off after certain hour worked.

DESCRIPTIVE STATISTICAL ANALYSIS FOR EQUAL ACCESS TO PROMOTION TRAINING AND DEVELOPMENT PROGRAMMES ON THE BASIS OF TYPE OF HOSPITAL

It is clear from the table that the mean score for equal access to promotion training and development programs has been reported high by all the respondents irrespective of types of hospital.

Table-11(a) Descriptive Statistical Analysis for Equal Access to Promotion Training and Development Programmes on the basis of Ownership of hospital

Ownership of hospital	N	Mean	Standard deviation	Standard Error Mean
Government hospitals	240	3.5792	1.12873	.07296
Private hospitals	120	3.4333	.92340	.8429

Source: Data collected through Questionnaire.

However, mean score has been found higher for government hospitals with higher standard deviation in comparison to private hospitals.

Table-11(b) Independent Sample Test for Equality of Mean on the basis of Ownership of hospital

Levene's Test for Equality of variance		T test for Equality of mean					
F statistics	P- value	t-value	Degree freedom	of	p-value	Mean Difference	Standard Error Difference
5.491	.020	1.309	284.237		.192	.14583	.11142

Further, table-7.37 submits proof that Levene's statistics for equality of variances is equal to .020, so it can be said that variances of the population in which samples are extracted are not equal and the table shows the results for the assumption of unequal variances. The calculated value of t-statistics is 1.309 with the degree of freedom 284.237. The p-value is .192 which is more than 0.05, so the null hypothesis is accepted. Therefore, it can be concluded that there is no difference between the government and private hospitals regarding equal access to promotion training and development programs to their employees.

CONCLUSIONS:

It is concluded from the above analysis that hospitals provide many policies like flexibility in working hour, facility of working part-time, paid time offs for the care of sick family members, paid maternity leave & bereavement leave, organized trips for employees and professional counselling and life skill programs which helps employees to manage their work and life roles. As far as these policies are concerned on the basis of ownership of hospitals it is confirmed from the results that private hospitals provide possibilities of work part time in a better way as compared to government hospitals and government hospitals provide policies such as paid maternity leave & bereavement leave, organized trip for employees, professional counselling & life skill programs, job sharing & career breaks, childcare and development facility centre, health, wellness and spiritual programs, paid time off after certain hour worked more efficiently as compared to private hospitals.

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