Do Good Job Resources Contribute to Work-Life Balance - A Study of Doctors in Bengaluru

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Abstract

This study analysed the role of four Job Resources (Perceived Supervisor Support –PSS, Perceived Organisation Support, Patients Orientation and Rewards & Recognition) and Job Satisfaction (Present line of work, Pay structure, Co-workers and Hospital system) in the work life balance of doctors. The authors hypothesized the working hours variable with job resources. Hypothesis were tested among 384 Indian doctors working in selected hospitals of Bengaluru city. The data was collected using the questionnaire from 384 doctors working in different selected hospitals of Bengaluru. The results indicated that most of the hospitals had satisfactory Job Resources while majority of them failed to achieve Job Satisfaction among doctors working in the hospitals.

Key Words: Job Resources, Job Satisfaction, Supervisor Support, Organisation support.

Introduction

Job Resources are related to the work environment characteristics like the kind of social environment, physical structure or attributes of the organisation and organisational aspects like policies, culture, systems etc., which exists in the company. These job resources act like a foundation or essentials in achieving the objectives of the firm. Exemplary job resources would result in improved efficiency there by resulting in unnecessary delay in achieving the business results. A great synergy between various job resources would reduce the cost of operation for the business organisation and also enhances the efficiency of employees. It is found that existence of necessary job resources will enhance the commitment and engagement and among the employees (Schaufeli& Bakker,2004). In the conditions of extreme job demand, employees with the availability of good job resources will be capable of meeting the increased demand and thus resulting in reduced levels of stress (Bakker et al.,2005). The present study explores the role of job resources provided by hospitals to doctors and its impact on their work life balance.

Literature Review

Job resources complies all the physical, cognitive, social or organizational elements pertaining to the particular job which is necessary to accomplish the set goals, which would decrease the job demands and associated costs and those aspects which induce growth, continuous learning and development (Bakker et al., 2003b; Demerouti et al., 2001). Employees acquire various resources and skills as they switch over from work to family and vice versa. These resources can be physical, psychological, social oriented or capitalistic in nature which plays a key role in effective management of individual responsibilities as well as multiple roles of work (Greenhouse and Powell,2006). It is found that good work-life balance leads to better job satisfaction, job performance, organisation commitment and family satisfaction (10).

Job satisfaction and Job Resources has a significant relationship in the study of work life balance concept (Amstad et al.,2011). Job satisfaction is interpreted as the extent to which employees genuinely interested or not interested in the job they do (Spector 1997). Job satisfaction is positively associated with the mental and physical wellbeing of the employee in the work sphere as well as the family space (Spector 1997). The extent of job satisfaction or dissatisfaction has a direct influence on stress, depression, anxiety and illness (Faragher 2005). Job satisfaction and Job performance is having a direct relationship (Judge et al.,2001). Job satisfaction also influences the employees turnover (Tett et al., 1993 and Griffeth et al., 2000).Any incompatibility of job satisfaction with work life balance leads to many problems for the family life and also in the work environment.

Objectives

- To examine the Job Resources and work life balance across various medical specialists.

- To analyze the Job Satisfaction and work life balance across various medical specialists.

Research Methodology:

Research Design: The current study focussed on descriptive research with Quantitative approach.

Scope: The study covered doctors working in selected Bengaluru hospitals.

Sampling Design: Simple Random sampling method is used for selecting 384 doctors as the respondents working in various selected hospitals of Bengaluru.

Data Analysis: Descriptive statistics and ANOVA test is used for analysing the primary data.

Conceptual Details:

The researcher has considered Job Resources and Job Satisfaction factor and its impact on the work life balance of doctors in the selected hospitals of Bengaluru. The variables considered for Job Resources and Job Satisfaction factors include:

Job Resources:

- Perceived Supervisor support (PSS)
- Perceived organization support (POS)
- Patients orientation (PAO)
- Rewards and recognition (R&R)

Job Satisfaction:

- I feel fairly well satisfied with my present line of work
- Satisfied with Pay structure
- Satisfied with Co-workers
- Satisfied with Hospital System

Hypothesis

1. H0: There is no significant difference between working hours and their job resources

H1: There is significant difference between working hours and their job resources

Data Analysis

Table 1.0: Descriptive statistics of the items measured for DimensionPerceived Supervisor Support

	SDAG%	DIS%	NN%	AGR%	SAGR%	mean	SD	min	Max
V1	8.62	11.23	26.89	32.11	21.15	3.460	1.190	1	5
V2	12.27	11.75	20.63	38.12	17.23	3.363	1.245	1	5
V3	10.44	14.62	26.63	31.59	16.71	3.295	1.210	1	5
V4	24.80	25.07	22.72	20.10	7.31	2.601	1.257	1	5

Source: Primary

(Note: V1 – My supervisor cares about my opinion, V2 – My chief/supervisor really cares about my wellbeing, V3 – My chief/supervisor strongly considers my goals and values, V4 - My chief/supervisor shows very little concern for me)

The descriptive statistics of the items measured for the dimension perceived supervisor support is represented in the above table The four items measuring perceived supervisor support was measured using a 5-point Likert scale. The average ratings of the dimension perceived supervisor support ranged from 2.601($\pm$1.257) to 3.460 ($\pm$1.190). To summarize the average ratings of all items is 3.179 ($\pm$1.225) which indicated that the respondents agreed upon the items which measured the perceived supervisor support.

Table 2.0: Descriptive statistics of the items measured for DimensionPerceived Organizational Support

	SDAG%	DIS%	NN%	AGR%	SAGR%	mean	sd	min	max
V 5	15.40	8.09	16.19	40.99	19.32	3.407	1.311	1	5
V 6	15.14	23.50	27.94	19.84	13.58	2.932	1.258	1	5
V7	15.67	31.07	20.63	21.15	11.49	2.817	1.257	1	5
V8	24.02	27.94	17.75	23.76	6.53	2.608	1.261	1	5
V9	19.58	17.23	23.24	28.20	11.75	2.953	1.308	1	5
V 10	15.14	8.62	37.08	23.50	15.67	3.159	1.238	1	5

Source: Primary

(Note: V5 – My hospital values my contribution to its well being, V6 – The organization fails to appreciate any extra effort from me, V7 – The organization would ignore any complaint from me, V8 – Even if I did the best job possible, the organization would fail to notice, V9 – The organization cares about my general satisfaction at work, V10 – The organization takes pride in my accomplishments at work)

The descriptive statistics of the items measured for the dimension perceived organization support is represented in the above table. The six items measuring perceived organization support was measured using a 5-point Likert scale. The average ratings of the dimension perceivedorganization support ranged from 2.608($\pm$1.261) to 3.407 ($\pm$1.311). To summarize the average ratings of all items is 2.979 ($\pm$1.272) which indicated that the respondents agreed upon the items which measured the perceived organization support.

Table 3.0: Descriptive statistics of the items measured for DimensionPatients orientation

	SDAG%	DIS%	NN%	AGR%	SAGR%	mean	sd	min	max
v11	8.09	13.32	7.57	43.86	27.15	3.687	1.231	1	5
v12	5.22	11.23	12.01	49.09	22.45	3.723	1.091	1	5
V13	1.57	4.18	10.70	52.74	30.81	4.070	0.849	1	5
V14	3.92	3.13	9.14	54.57	29.24	4.021	0.929	1	5
V15	3.92	4.44	8.62	50.91	32.11	4.029	0.969	1	5

Source: Primary

(Note: V11 – This hospital measures patient satisfaction on a regular basis, V12 – This hospital sets objectives in terms of patient satisfaction, V13- This hospital is totally committed to serving its patients well, V14 – A reputation for good service is stressed in my hospital, V15 - In my hospital prompt service is a priority).

The descriptive statistics of the items measured for the dimension patients orientation is represented in the above table. The five items measuring patient's orientation was measured using a 5-point Likert scale. The average ratings of the dimension patients orientation ranged from 3.687($\pm$1.231) to 4.07 ($\pm$0.849). To summarize the average ratings of all items is 3.906 ($\pm$1.013) which indicated that the respondents agreed upon the items which measured the patients orientation.

Table 4.0: Descriptive statistics of the items measured for DimensionReward & Recognition.

	SDAG%	DIS%	NN%	AGR%	SAGR%	mean	sd	min	max
V16	9.92	13.32	14.62	41.78	20.37	3.493	1.234	1	5
V17	7.83	13.32	25.33	40.99	12.53	3.371	1.106	1	5
V18	14.10	18.02	23.76	32.38	11.75	3.097	1.238	1	5
V19	3.92	10.18	31.33	38.64	15.93	3.525	1.005	1	5
V20	11.49	10.97	19.84	42.82	14.88	3.386	1.203	1	5
V21	21.67	20.10	25.85	22.72	9.66	2.786	1.281	1	5

Source: Primary

(V16 – I am offered training and development opportunities, V17 – I enjoy more freedom and opportunities, V18 – The reward and recognition process in my organization is fair, timely and objective, V19 – My organization recognizes employees in different forms, V20 – I am challenged with more challenging work assignments, V21 – My organization rewards employees with token of appreciation)

The descriptive statistics of the items measured for the dimension rewards and recognition is represented in the above table . The six items measuring rewards and recognition was measured using a 5-point Likert scale. The average ratings of the dimension rewards and recognition ranged from 2.786($\pm$1.281) to 3.525 ($\pm$1.005). To summarize the average ratings of all items is 3.276 ($\pm$1.177) which indicated that the respondents agreed upon the items which measured the rewards and recognition.

Table 5.0: Descriptive statistics of the items measured for DimensionJob Satisfaction

	SDAG%	SLDG%	DIS%	NN%	AGR%	SLAG	SAGR%	mean	sd	min	max
V22	7.57	18.28	21.9	30.8	21.15	0.26	0.00	3.40	1.22	1	6
V23	26.89	22.19	24.0	20.3	6.27	0.26	0.00	2.57	1.26	1	6
V24	6.79	11.23	21.6	33.9	25.85	0.52	0.00	3.62	1.19	1	6
V25	9.40	18.02	28.7	28.2	13.05	1.31	1.31	3.26	1.27	1	7

Source: Primary

(Note: V69 – I feel fairly well satisfied with my present line of work, V70 – Satisfied with Pay Structure, V71 – Satisfied with co-workers, V72 – Satisfied with hospital system)

The descriptive statistics of the items measured for the dimension job satisfaction is represented in the above table. The four items measuring job satisfaction was measured using a 5-point Likert scale. The average ratings of the dimension job satisfaction ranged from 3.26($\pm$1.27) to 3.62($\pm$1.19). To summarize, the average ratings of all items is 3.215 ($\pm$1.235) which indicated that the respondents agreed upon the items which measured the job satisfaction.

Hypothesis Testing

H0: There is no significant difference between working hours and their job resources

H1: There is significant difference between working hours and their job resources

One-Way ANOVA - Working hours vs job related factors

Job related factors	F	df1	df2	p
Life_sat	3.08	3	96.7	0.031*
Job_sat	18.12	3	88.9	< .001**
Job_resources	2.88	3	87.8	0.040*

* *p<0.01 significant, *p<0.05 significant*

To test whether there is any significance difference among doctors with different working hours and the various job-related factors, one-way ANOVA was carried out. The hypothesis showed a significant difference among the doctors with different working hours at 1% level of significance, as we can observe that the p value is less than 0.01 for all these factors. The null hypothesis was hence rejected at 1 % level of significance. This tell that the doctors having different working hours, had different job resources, work life balance and job satisfaction.

Findings:

1. It is found that many supervisors/chiefs/mentors/seniors in the organisation cared about doctors' opinion and their wellbeing. Also they consider doctors goals and values.

2. The analysis indicated that most of the doctors agreed that they experienced a strong organisational support. Most of them agreed that their contributions will be well recognised and management take care about being satisfied at the hospital. Also exemplary contributions will be a definite proud moment for the entire hospital.

3. The results described that all most all the hospitals stressed for high patient oriented culture and practices. Most of the doctors agreed that reputation, prompt service, commitment, patient satisfaction are all part of the organisation principles.

4. Majority of the doctors described that their hospitals have implemented strong reward and recognition systems. They indicated that training opportunities, fair rewards and recognition, challenging work assignments, appreciation were existing.

5. Doctors felt their present line of work is still incomplete. Majority of them 30% opted to be neutral for their opinion towards satisfaction towards present line of work. While 22% of them agreed that they had satisfying work assignments and nearly 25% of them disagreed. Majority of the doctors were not satisfied with the present pay structure. Majority of the respondents were neutral on satisfaction with their co-workers. But doctors were not satisfied with the hospital systems. Pertaining to hospital systems majority of the respondents 30% opted to be neutral.

6. Working hours varied for different doctors and hence they felt changes in the job resources and job satisfaction.

Conclusion:

Job resources indicates the available social, physical and organisation support for the doctors. Job satisfaction represents the perception of doctors being satisfied on various indicators. The study was undertaken to determine the influence of job resources on work life balance. Also it was aimed to know how doctors are satisfied with their jobs. The results indicated that majority of the doctors were satisfied about the job resources which they experienced in their work environments. Hence it is concluded that Job Resources will be a positive factor for achieving good work-life balance as shown by many previous research studies (Schaufeli& Bakker,2004). Job Satisfaction on a majority aspect is strongly missing among the doctors. They have disagreed for the present line of work, co-workers and hospital systems. Most of them have opted to be neutral on satisfaction with co-workers (33%), while 25% have agreed and around 22% of them have disagreed. Job Satisfaction is one of the key factor which will have a major negative impact on the doctors' work-life balance. The study also determined that working hours varied for different doctors and hence they experienced varying job resources and Job satisfaction.

Suggestion:

Most of the hospitals have given attention to strengthen the job resources. While Job Satisfaction factor poses a challenge for the experts to address and reduce its negative influence on the overall work life balance of doctors. Experts need to analyse and implement still better pay structure for the doctors in hospitals. Co-workers variable is the most worrying aspect, because most of them opted to be neutral and 22% of them have expressed dissatisfaction. Hence it is strongly suggested to pay attention for building good relationship, rapport and mutual synergy between co-workers. Hospital systems that exist also pose a dissatisfying element for the doctors. Hence the management of the hospitals need to concentrate on developing more doctor friendly systems by taking their inputs.

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