

# Integrating Work and Family into the larger Life Phenomenon – A Study among Doctors in Bengaluru

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## Abstract

**Purpose:** The focus of this research work is to determine the key strategies and options practiced by doctors to maintain the work life balance in Bengaluru.

**Design/methodology/approach:** The study adopted a qualitative approach by conducting survey with the 50 doctors with the responsibility of paying attention to the work and home responsibilities in Bengaluru. One unique characteristics of these doctors are the one who is having dual career life.

**Findings:** This study found that essential elements like time management, flexible working arrangements, supportive family members, behavioural traits, policies of the hospitals, love towards life phenomenon will help doctors to achieve good level of harmony between work and home commitments.

**Research limitations/Inferences:** It is suggested from the respondents to prioritize essential responsibilities by adopting the unique practices and way of working in the working atmosphere. Also they need to ensure the family commitments are taken care themselves, family members and friends in emergency situations.

**Social Inferences:** The researchers tries to bring out key strategies and practices which can be modelled for young doctors to achieve work life balance.

**Key words:** Personal Development, Professional Development, Patient Care, Working Hours.

## 1.0: Introduction

Many philosophers and experienced people interpret the human life has different dimensions and need to be looked at as overall complete phenomenon. The different stages of life right from birth to death involves a journey into many phases of human physical and cognitive developments with experiences related to internal and external world. In certain stage of life when we need to start earning our own bread and butter and that phase of an individual in which lot of dependents need to be taken care in the family. One tries to go out in the society and start working to generate income which ensures their basic needs and other aspirations are met. From time immemorial human beings have undertaken numerous occupations to lead their life. Interestingly, people who have been educated and in the medical profession have been considered as the elite, most required, round the clock working professionals with lot of reverence and demand for their skills in Indian society. As per the medical council of India March 2017 report, in India one allopathic doctor is available for 1000 population, which means every doctor practicing in India is having huge pressure of treating the patients which exceeds their normal working hours and human capacity. Since a person working as doctor need to undergo the different phases of life like others with the necessary experiences and carrying out the responsibilities to become a part of larger life phenomenon.

With globalization and rapid changing technology, people in most professions find themselves struggling between work and non-work life commitments; causing a work life imbalance. The profession of doctors is no exception. Although doctors are expected to be committed to their profession, it must be remembered that they also have a personal and family life, like any other individual. Doctors working in hospitals have exceptionally hectic lives and find it most challenging to balance the demands of medical and professional work with that of their personal, family and social lives.

Multiple challenges and shortage of time to handle those leads to lack of control over life. Substantial research suggests that difficulty in balancing these needs has become a major contributor to a doctor's distress. In a relentless effort of saving million lives, doctors have lost control over their own. To cope up with conflicting issues and achieve a balance, doctors expect advice, cooperation and support not only from their family but also from hospitals. So what can hospitals do to assist their doctors in managing work life balance?. This paper tries to bring out the various factors, variables, strategies, advices, experts opinion in the medical profession which reiterates the successful navigation of work and life and gain the experiences of the larger life.

## 2.0:Literature Review

Work Life Balance (WLB) has its own evolution history in different parts of the world. In United Kingdom, somewhere in late 1970s the phrase 'Work Life Balance' was used for the first time by working mothers' association, to explain the balance between a person's work and personal life (as published in 'New Ways to Work and the Working Mother's Association in the UK'). In the United States the term work life balance was first coined in 1986 in reaction to the unhealthy choices that many Americans made in favour of their workplace, as they opted to neglect family, friends and leisure activities in the pursuit of corporate or work goals.

Like many other debatable and contemporary concepts in the field of human resource management, WLB is also subject to debate in literature. There has been much debate over the formal definition of work life balance. Research studies and articles that have explored work life balance have failed to explicitly define the construct, as every study had used a different approach to operationalise and measure WLB. In general the term 'balance' is defined as harmony or equilibrium between work and life domains (Clarke, Koch and Hill, 2004).

Although definitions and concepts related to work life balance are highly varied, these definitions can be classified under following heads:

WLB defined in terms of satisfaction; the degree of satisfaction with work and family role (Greenhaus et al., 2003) and a state that occurs when there is a sense of satisfaction with work and family roles (Clark 2000)

WLB as a belief: Guest (2002) argued that balance is determined by a person's subjective feelings and emotions; that is, the feeling of living a balanced life. People assess the balance in their life using subjective evaluations based on their beliefs and feelings.

WLB is defined as resulting from one's belief that work and family commitments can be facilitated and the capability of effective negotiation with others in their different life domains (Carlson, Grzywacz, and Zivnuska 2009).

WLB is an individual's belief that work activities are not incompatible with non work activities and as such it promotes growth that is in accordance with individual's current life priorities (Kalliath et. al, 2008).

WLB as a fit: Crooker, Smith, & Tabak, 2002 defined WLB as a fit between the demands of multiple roles and the availability of personal resources.

WLB as equilibrium: Researchers have defined WLB as a balance, harmony and outcome of work-family conflict or work-family enrichment (Buffardi, Smith, O'Brien, & Erdwins, 1999; Clark, 2001). WLB has been defined by Frone (2003) as a four-fold taxonomy as resulting from dimensions of direction of influence (work to family and family to work) and type of effect (conflict and facilitation).

To summarize, Kalliath and Brough (2008) in their study 'Work life balance: A review of the meaning of the balance construct' identified six different WLB definitions that are commonly used in literature:

- 1) As a concept that reflects an individual's orientation across different life roles
- 2) The extent to which an individual is engaged in work role and family role and is also satisfied equally in both domains,
- 3) As attaining satisfying experiences in all life domains by skillfully distributing personal resources such as energy, time and commitment across all the domains,
- 4) The extent to which an individual's effectiveness and satisfaction in work and family roles are compatible with the individual's life role priorities at a given point in time,
- 5) As relationship between conflict and facilitation; where higher levels of balance results from low levels of inter-role conflict and high levels of inter-role facilitation contributing to; and finally
- 6) It is about people having a measure of control over when, where and how they work.

### 3.0: Work Life Balance Models and Theories

Based on these definitions, researchers have evolved number models that attempt to explain the dynamics of work life balance. Guest (2002) in his study to explore the meaning of balance with regards to work life balance, explains that Zedeck & Mosier (1990) and O'Driscoll (1996) speculated five main models explaining various forms of relationship between work and non work life

- 1) The segmentation model, where job and life experiences are considered in isolation with each other and are separated. Within the purview of this model work and non work lives should be lived separately and as such these two domains are considered distinct, not influencing with each other
- 2) The spillover model, where experiences in one domain of life spill over into other domain of life, influencing it either positively or negatively.
- 3) The compensation model, where an individual seeks to compensate for a dissatisfying experience or what is lacking in one domain by seeking fulfillment and happiness in other domain of life.
- 4) The instrumental model, where activities in one domain of life constructively influences the other domain and facilitates success.
- 5) The conflict model, where an individual has to face conflict due to high demands from multiple domains of life. An individual faces overload in one particular domain because of which is forced to make difficult choices.

'Work to family' and 'family to work' conflict are forms of friction in which role pressures from work and family domains are mutually incompatible. Although, the two are correlated, these are distinct variables (Casper, Martin, Buffardi, & Edwins, 2002). Further, as mentioned by Wayne et al., (2004) work and life researchers agree that work family conflict occurs bi-directionally that is, negative experiences at work can affect people's family life and vice versa. Continued work demands over a period of time may cause employees to think they are not effective family members. Alternatively, a family role could interfere with employee's work role.

### 4.0: Work Life Balance Of Doctors

Awareness and demand for work life balance has been increasing among healthcare employees. Nine out of ten healthcare workers rated the ability to balance work and life as the most important job factor, even important than salary. Today's generation seem to be more inclined than previous generations of physicians and is prepared to trade some of their income for more control of their hours and an improved lifestyle. They are more interested in work life balance and are not as willing to put their families and personal interests in the background. A comparative study of satisfaction of work life balance of US physicians as against that of general US population, found that physicians work life balance issues were different than the general societal trend. Physicians worked longer hours and had to struggle greater with work life integration than other US workers. Forty percent doctors of private hospitals in metropolitan city Hong Kong reported having disturbed work life balance. These doctors worked on an average fifty hours per week which was longer than that of other professions. Due to long working hours doctors could spend just three hours daily on personal or private activities.

A survey of 2000 physicians in continental United States stratified by specialty, age and gender, showed that both women and men reported having moderate levels of satisfaction with work life balance. While physicians' gender and age were not found to predict their work life balance, control over schedule and total weekly hours worked had greater predicating effect. Policies and practices related to shift work, lack of autonomy for self-rostering or self-scheduling, lack of supportive and sensitive supervision, inability to take recreational and other leaves when needed, responsibility of child care have greatest impact on work life outcomes within health services.

Even in small towns and rural communities, family physicians had to struggle to keep their profession from intruding too much into their private lives. They faced problems such as heavy workloads, adverse effects of their profession on their family lives and the trespassing of patients onto their personal lives.

In India, for professions like doctors it was observed that working condition, time management, role expectation and family support were the most influencing factor which created work life balance. Indian nurses too agreed that a good work life balance is required to be effective and successful at medical profession, while it is also helps to continue with the job. Sakthivel and Jayakrishnan (2014) found that the balance level between work and family was low for nurses due to work interfering with their family life. Work-demand consumed most of their time and as such they could not spend time on personal interest, family and friend.

## 5.0: WLB Programs in Hospitals

It is observed that firms in the United States Australia, Japan and the UK (Evans, 2001), with a higher percentage of professionals and technical workers are more likely to offer greater work life balance policies. The reason behind this is that professionals are scarcer, harder to attract, more valuable and more expensive to recruit and retain The same stands true for the profession of doctors.

In medicine, the barriers to work life balance are deeply rooted in the professional culture itself thus it is imperative for hospitals to intervene. Doctors working in hospitals are more tightly integrated into the health care system that is less under their exclusive control. Hence 'physician friendly' and 'family friendly' organizational settings result in greater well-being for doctors There is research evidence which suggests that employers who support a work life balance ethos and offer flexible working arrangements are likely to have a competitive advantage in the business environment. Healthy work life balance results from improving HR policies and practices, particularly by providing flexible work time and location and developing supportive management style.

Avgar et al (2011) study found strong support for WLB practices within hospital settings and for functioning of a healthcare organization. Use of WLB practices proved to have an enhancing effect for three central stakeholders the hospitals, their employees and the patients. Particularly WLB practices positively affected hospital's financial performance, reduced employee turnover intentions and decreased errors that could harm patients and staff A combination of mentorship, flexibility (with regard to timing) and interventions that target work culture can promote satisfaction and success for new generation healthcare employees who desire work life balance.

## 6.0: Objectives of the Study

- 1.To analyse the key strategies and practices adopted by doctors in order to maintain work life balance.
2. To examine the doctors perception about the organisation and personal domain support about work life balance.
- 3.To study the impact of work life balance on overall satisfaction of doctors.

## 7.0:Hypothesis

**H<sub>0</sub>:** There is no relationship between work life balance and the overall satisfaction of doctors.

**H<sub>1</sub>:** There is relationship between work life balance and the overall satisfaction of doctors.

## 8.0:Research Methodology

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

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

**Sampling Design:** Simple Random sampling method with 50 doctors as the respondents.

**Data Analysis:** Descriptive statistics and Perason's Correlation test.

## 9.0:Data Analysis

**Table 9.1:Demographic factors**

Demographic	Variables	No of Doctors	Percentage
<b>Gender</b>	Male	28	56%
	Female	22	44%
<b>Age</b>	26-35 years	18	36%
	36-45 years	13	26%
	46-55 years	8	16%
	>55 years	11	22%
<b>Marital Status</b>	Unmarried	14	28%
	Married	36	72%
<b>Working Spouse</b>	Yes	33	66%
	No	17	34%
<b>Dependents</b>	Yes	40	80%
	No	10	20%

(Source:Primary Data)

The above data indicates that 56% among the respondents were male and 44% of them were female. Also 36% of the respondents fall in the age category of 26 to 35 years. Nearly 72% of respondents stated that they were married. Interestingly 66% of the doctors have working spouses. 80% of them had dependents in the family to take care.

**Table 9.2:Correlation table of WLB and Demographic Variables**

	1	2	3	4	5	6
1 WLB	1					
2. Gender	0.23	1				
3.Age	0.51	0.43	1			
4.Marital Status	-0.56	0.60		1		
5.Working Spouse	-0.70	0.50	0.45	0.75	1	
6.Dependents	-0.80	0.40	0.60	0.75	0.46	1

Work life balance had a weak correlation with gender and moderate correlation with the age of the respondents. Whereas work life balance had a negative correlation with marital status, working spouse and dependents which shows more challenges to achieve work life balance with these variables.

**Table 9.3:Professional Variables of Doctors**

Demographic Variables	Category	Number of Respondents	Percentage
<b>Qualification</b>	MBBS	39	78%
	Post MBBS	11	22%
<b>Tenure</b>	1-5 years	10	20%
	6-10 years	18	36%
	11-15 years	16	32%
	>15 years	6	12%
<b>Type of Shift</b>	General Shift	28	56%
	Rotational	22	44%
<b>Total Weekly hours of work</b>	<40 hours	8	16%
	41-50 hours	15	30%
	51-60 hours	18	36%
	>60 hours	9	18%

78% of the respondents are qualified with MBBS degree and 22% of them have completed additional degree after MBBS degree. Most of the respondents 36% and 32% have the work experience of 6-10 years and 11-15 years. Regarding the shift of work more or less all the respondents have expressed general shift 56% and 44% of them work in different rotational shifts. Among the total number of working hours in a weekly wise 36% of them work between 51-60 hours and 30% of them work between 41-50 years.

**Table 9.4:Job Factors**

	Strongly Satisfactory	Satisfactory	Neutral	Dissatisfied	Strongly Dissatisfied
<b>Job Flexibility</b>	12%	18%	15%	30%	25%
<b>Work place autonomy</b>	36%	32%	16%	10%	6%
<b>Total working hours</b>	8%	15%	5%	42%	30%
<b>Job Enrichment</b>	26%	29%	18%	20%	7%
<b>Job Meaningfulness</b>	18%	28%	12%	24%	18%

The above table indicates that doctors are dissatisfied 30% and 25% strongly dissatisfied with having job flexibility in the working atmosphere. Most of them 36% are strongly satisfied and 32% satisfied about having autonomy in the

work place. But most respondents 42% and 30% of them are dissatisfied and strongly dissatisfied with total number of working hours. 29% of the doctors feel they are satisfied about the job enrichment and 26% of them are strongly satisfied. They find lot of meaning in their job what they do and service to the society, 18% of them are strongly satisfied and 28% of them are satisfied.

**Table 9.5: Family Factors**

	Highly Satisfied	Satisfied	Neutral	Dissatisfied	Highly Dissatisfied
<b>Social Gathering</b>	24%	20%	10%	20%	26%
<b>Time given to family members</b>	28%	20%	16%	31%	05%
<b>Vacation</b>	10	22%	9%	33%	24%
<b>Exercise</b>	35%	25%	17%	18%	4%
<b>Dependents concentration</b>	16%	18%	20%	28%	18%

Doctors express that their social gathering varies between satisfaction and dissatisfaction. 24% and 20% of them are highly satisfied and satisfied whereas another 26% and 20% of them are not satisfied for the extent to which they are taking part in social gatherings. The respondents have their opinion on time spent with family members like 28% of them are highly satisfied, 20% of them satisfied, whereas 31% and 5% of them are not satisfied and highly dissatisfied. With respect to opting for vacation majority of them 33% of them are dissatisfied. Also doctors are cautious to take time out for exercise in which 35% of them agree that they are satisfied. Doctors express that 28% of them are dissatisfied with the way they take care of their dependents.

### 9.6:Hypothesis Testing

**H<sub>0</sub>**: There is no relationship between work life balance and the overall satisfaction of doctors.

**H<sub>1</sub>**: There is relationship between work life balance and the overall satisfaction of doctors.

t-Test: Two-Sample Assuming Unequal Variances

	Variable 1	Variable 2
Mean	1.950714286	1.84
Variance	0.0414033190	0.186262626
Observations	100	100
Hypothesized Mean Difference	0	
df	141	
t Stat	2.320356025	
P(T<=t) one-tail	0.010878232	
t Critical one-tail	1.655732287	
P(T<=t) two-tail	0.021756464	
t Critical two-tail	1.976931489	

Since the t stat value 2.320 is greater than the t critical value 1.976, we are rejecting the null hypothesis and accepting the alternate hypothesis. There exists a relationship between work life balance and overall satisfaction of doctors.

**10.0: Findings**

1. Practices or strategies such as mentorship, flexibility, work culture, physician friendly organisational and family settings, autonomy, good policies relating to shift work, sensitive supervision, leaves system have gained prominence to ensure there exists a good work life balance among doctors fraternity.

2. Variables such as job flexibility, no of working hours, job meaningfulness, availing vacation, improper dependents concentration have made doctors dissatisfied. Due to various reasons they find their professions less flexible and also state that long working hours will dampen their motivation. Most of them have stated that they fail to take the timely vacation which is necessary for rejuvenation.

3. The study found that work life balance of doctors has a significant impact on the overall job satisfaction.

**10.1: Conclusion**

This study focused on the work life balance of doctors and their different ways of connecting to their life with different life stages or experiences. Work life balance for doctors appears to be ever challenging due to the nature of their roles and responsibilities. Certain aspects like job flexibility, working hours, option to avail the vacation, more supportive working atmosphere have created dissatisfaction among doctors in Bengaluru.

**10.2: Suggestions**

- Doctors should be a part of policy making related to the work life balance of doctors in hospitals.
- It is necessary to empower them to take the decisions which usually adheres to the system and standard procedures.
- Authorities need to recruit more doctors so as to reduce their pressure and all more time to meet the family commitments.
- It is a common phenomenon that doctors are asked to work in rotation shifts, practices like fixed roaster system for certain weeks will allow them to have good work life balance.
- Supporting staff should be given to reduce the non core job responsibilities of the doctors.

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