



AN EMPIRICAL INVESTIGATION ON THE IMPACT OF DEMOGRAPHIC VARIABLES ON WORK-LIFE BALANCE IN DIFFERENT CATEGORIES OF MEDICAL PROFESSIONALS IN CHENNAI

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Abstract

Work-life balance is about living a fulfilled life inside and outside paid work, having control over your time so you can achieve that. It has become important to demonstrate the benefits that employers can derive from such employment policies and practices supporting work-life balance and how they can be used for mitigating the negative effects on the business management. This study was designed to know if there is any difference in perception about presence or absence of work life balance programs due to the demographic variables (age, gender, and marital status) and if the perception about availability or non-availability of work-life balance programs leads to any difference on perception of the employees related to scheduling control, job satisfaction, and mental health level. The study provides help to the medical professional in understanding the demographic variables that lead to differences in the perception of different categories of medical professionals about work-life balance programs and also the impact that such perception creates in the scheduling control, and mental health of the employees. The organizations should have communication strategies to make sure that all the medical professionals are made aware about the availability of work-life balance programs and when and how can they be availed.

Keywords: *Work-life balance, scheduling control, job satisfaction, mental health.*

Introduction

Work-life balance refers to the flexible working arrangements that allow both parents and non-parents to avail of working arrangements that provide a balance between work responsibilities and personal responsibilities. The term 'work-life balance' is preferred due the fact that it encompasses the experiences and needs of parents and non-parents alike, and is a more progressive theoretical framework in which to think about new ways of living and working that are satisfactory to all. In practice, it involves "adjusting work patterns so that everyone, regardless of age, race or gender can find a rhythm that enables them more easily to combine work and their other responsibilities and aspirations."

Work-Life balance concept refers to 'the extent to which individuals are equally involved in- and equally satisfied with - their work role and family roles. It suggests that giving equal priority to work as well as family roles could help in resolving the work-family conflicts. Any practice in the workplace that, intentionally or otherwise, increase the flexibility and autonomy of the workers in adjusting their attention (time) and presence in the workplace can be termed as a work-life balance practice. On the other hand work-life balance policies exist where such practices are intentionally designed and implemented.

Work-life balance policies are often referred to in practice as 'flexible working', and include the following different ways of working like part-time working, job sharing, flexi-time, shift working, compressed week, tele-working / e-working, career breaks, study leave, zero hours contracts, etc.

Review of Literature

Jang et al. (2011) examined the association between availability of work-life balance programs in the organizations, the authority that employees have in scheduling their work hours, job satisfaction, and mental health. The study added to the evidence that there is a positive relationship between availability of scheduling control and work life balance policies on one hand and between job satisfaction and mental well-being on the other. The various control variables at individual level were used including occupation, job status, gender, marital status, wages, and union membership. At the company level company size and industry were taken as control variables.

Parkes and Langford (2008) conducted a survey on 16,000 Australian employees and tested if the work-life balance is important for engaging and retaining employees in the context of other aspects of organizational climate. The analysis concluded that out of 28 organizational climate factors, work-life balance was least related to employee engagement and medical practitioners intention to stay in the organization. The research concluded that creating work-life alignment through congruent goals and values, fostering corporate social responsibility, looking after the health and safety of employees, improving reward and performance appraisal systems to more accurately reflect performance outcomes (rather than time in

the office), developing fair and supportive supervisors, and facilitating participation and involvement in decision-making among all employees, would increase employee engagement and retention generally, reduce the impact of diversity and flow on to greater satisfaction with work–life balance.

Hayman (2009) studied the relationship between the perceived usability of flexible work schedules and work/life balance for office-based employees. A direct link was found between perceived usability of flexible work schedules and the three dimensions of work-life balance (work interference with personal life, personal life interference with work, and work/personal life enhancement).

Rationale of the Study

There is no dearth of studies on work-life balance conducted in India. But there are very few studies and probably none in India that attempt to capture the impact of availability of work-life balance programs on job satisfaction and mental health of employees. This research was undertaken to analyze if the demographic variables lead to a difference in perception about availability of work-life balance programs and whether this perception leads to a difference in medical practitioners levels of job satisfaction, and mental health.

Objectives of the Study

1. To study the impact of demographic variables (age, gender, and marital status) and perception about availability of work-life balance programs among different categories of medical professionals in Chennai.
2. To study if there is a statistical significant difference in perception of scheduling control, job satisfaction, and mental health based on the perception about availability of work life balance programs among different medical professionals in Chennai..

Research Methodology

The sample chose for this research included hospitals. The sample size was restricted to 195. The hospitals were selected using stratified sampling. Data was collected from 13 hospitals. 15 respondents from each hospital were chosen randomly resulting into total sample size of 195. Inter-consistency of the various scale items were assessed by computing Cronbach's Alpha. All the reliability coefficients were found to be satisfactory.

Table 1: Reliability Statistics

Scale Items	Cronbach's Alpha	Number of Items
Scheduling Control	0.719	2
Job Satisfaction	0.682	5
Mental Health	0.672	5

Primary data was collected using a structured closed-ended questionnaire adapted from a study by Jang et al. (2011). For testing the hypothesis, non-parametric tests namely chi-square and Mann-Whitney have been applied.

Data Analysis and Interpretation

At individual level, the age, gender, and marital status were studied. There were 28% respondents of less than 25 years in age. 56% respondents were in category of 26-34 years & 16% were above 34 years. 62% respondents were male and 38% were female. 22% of respondents were unmarried whereas 78% were married.

To study the independence of demographic variables (age, gender, and marital status) and perception about availability of work-life balance programs in the hospitals, chi-square test was applied. The results revealed that age and perception of availability of work-life balance programs were dependent and; the marital status and perception of availability of work-life balance programs were dependent.

H₀1: Perception about availability of work-life balance programs is independent of the respondents' age, for various categories of medical professionals.

Table 2: Chi- Square Test for Independence of Age and Perception about Availability of Work-Life Balance Programs

Sector		Chi square Value	P Value
General Medical practitioners	Pearson Chi-Square	0.038a	0.001
	No. of Valid Cases	90	
Maternal & new born health practitioners	Pearson Chi-Square	7.652b	0.382
	No. of Valid Cases	60	
Surgical practitioners	Pearson Chi-Square	1.822c	0.371
	No. of Valid Cases	45	

Table 2 shows that the age and perception about availability or non-availability of work-life balance programs are independent in case of Maternal & new born health practitioners and Surgical practitioners. However, in case of General Medical practitioners the age and perception about availability or non-availability of work-life balance programs are found to be dependent. Thus, we accept the null hypothesis for Maternal & new born health practitioners and Surgical practitioners but reject it for the General Medical practitioners at 1% level of significance

H₀2: Perception about availability of work-life balance programs is independent of the respondents' gender for various categories of medical professionals.

Table 3: Chi- Square Test for Independence of Gender and Perception about Availability of Work-Life Balance Programs

Sector		Chi square Value	P value
General Medical practitioners	Pearson Chi-Square	.546a	0.0243
	No. of Valid Cases	90	
Maternal & new born health practitioners	Pearson Chi-Square	.009c	0.183
	No. of Valid Cases	60	
Surgical practitioners	Pearson Chi-Square	.106d	0.114
	No. of Valid Cases	45	

The values show that availability of work-life balance programs and gender are independent and thus, we accept the null hypothesis.

H₀3: Perception about availability of work-life balance programs is independent of the respondents' gender for various categories of medical professionals.

Table 4: Chi- Square Test for Independence of Marital Status and Perception about Availability of Work-Life Balance Programs

Sector		Chi square Value	P value
General Medical practitioners	Pearson Chi-Square	5.437a	0.003*
	No. of Valid Cases	90	
Maternal & new born health practitioners	Pearson Chi-Square	6.493c	0.002*
	No. of Valid Cases	60	
Surgical practitioners	Pearson Chi-Square	.050d	0.2438
	No. of Valid Cases	45	

Table 4 shows the results of chi-square test for independence of marital status and respondents' perception about availability of work-life balance programs for each category of medical practitioner.

The results in the table depict that perception about availability of work-life balance programs is dependent on marital status in Maternal & new born health practitioners and general medical practitioners. So, we reject the null hypothesis for Maternal & new born health practitioners and general medical practitioners but, accept it in case of Surgical practitioners.

H₀4: There is no significant difference in perception about scheduling control on basis of the perception about availability of work life balance programs.

Table 5: Mann Whitney Test for Scheduling Control

	Average Scheduling Control Score
Mann-Whitney U	15922.00
Wilcoxon W	30628.00
Z	-2.564
Asymp. Sig. (2-tailed)	0.010

Table 5 shows that there is a statistical significant difference in scheduling control score on the basis of perception of medical practitioners about availability of work-life balance programs. Thus, we reject null hypothesis.

H₀5: There is no significant difference in perception about job satisfaction on basis of the perception about availability of work life balance programs.

Table 6 : Mann Whitney Test for Job Satisfaction

	Average Job satisfaction Score
Mann-Whitney U	16961.00
Wilcoxon W	40832.00
Z	-1.533
Asymp. Sig. (2-tailed)	0.125

Table 6 shows that there is no statistical significant difference in job satisfaction score on the basis of perception of medical practitioners about availability of work-life balance programs. Thus, we accept null hypothesis.

H₀6: There is no significant difference in perception about mental health on basis of the perception about availability of work life balance programs.

Table 7 : Mann Whitney Test for Mental Health

	Average Mental Health Score
Mann-Whitney U	15422.00
Wilcoxon W	39293.00
Z	-2.931
Asymp. Sig. (2-tailed)	0.003

Table 7 shows that there is a statistical significant difference in mental health score on the basis of perception of medical practitioners about availability of work-life balance programs. Thus, we reject null hypothesis.

Summary of Findings and Conclusion

The following conclusions have been drawn from the research on the basis of results of the data analysed:

1. Age and the perception of medical practitioners about availability of work-life balance programs in Maternal & new born health practitioners and Surgical practitioners were found to be independent but, in case of general medical practitioners, they were found to be dependent.
2. Gender and the perception of employees about availability of work-life balance programs were found to be independent in all the three categories of medical practitioners.
3. Respondents' marital status and the perception of medical practitioners about availability of work-life balance programs in Surgical practitioners was found to be independent but, in case of Maternal & new born health practitioners and general medical practitioners, they were found to be dependent.
4. From the above, it can be seen that the demographic variables (age, gender and marital status) and the perception about availability of work-life balance programs are independent in most of the cases.
5. It was found that the perception about scheduling control and mental health is statistically significantly different with the presence or absence of work life balance programs in the medical sector. Majority of respondents who perceived that the work-life balance programs were available scored high on the scheduling control (52.6%) and mental health score (51.5%) as well. Thus, it is important for the hospitals to realize that the perception of medical practitioners about availability of programs would help in maintaining their mental well-being.
6. The perception about presence or absence of work life balance programs in the hospitals does not create a difference in job satisfaction level of the medical practitioners. Thus, the availability of work-life balance programs does not act as a motivator for impacting the satisfaction derived from the job.

Recommendations

1. It is vital for a hospital to not only make work life balance programs available for benefit of medical practitioners but also make them aware about their availability as has been observed in the data collected that in the same hospital certain medical practitioners perceive that the work-life balance programs are available; others believe that they are not. The hospitals should have communication strategies to make sure that all the medical practitioners are made aware about the availability of work-life balance programs and when and how can they be availed.
2. As observed from the results that there is no dependence between any of the demographic variables studied and the perception of medical practitioners about availability or non-availability of work-life balance programs. Thus, the work-life balance programs should be made available to medical practitioners from all age categories, males as well as females and irrespective of marital status.
3. It has also been found that there is statistically significant difference in scheduling control and mental health score of employees on the basis of their perception about availability of work-life balance programs. Thus, the hospitals must



realize that making the work-life balance programs available and making the medical practitioners aware about such availability would lead to a change in their perception and would result in betterment of the medical practitioners' mental well-being. This would further help the organizations in increasing their productivity level.

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