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A Gender based study on impact of work life balance on job satisfaction of doctors

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Abstract:

Long working hours and job stress are typical of the medical profession. The purpose of this paper is to examine the level of work life balance among male and female doctors and level of work life balance among different age groups of doctors. The information was gathered from 225 doctors who work in both public and private hospitals. To understand the work-life balance of doctors in private and public hospitals, descriptive statistics, independent sample t tests, and one way ANOVA were utilised. The analysis did not show any significant differences in the level of work life balance among male and female doctors. And also no significant differences observed among different age groups of doctors.

Key words: work-life balance, job satisfaction, professional to personal life, personal to professional life

Introduction:

Work-life balance is an important aspect of human resource management that is gaining traction among government officials, researchers, management and employee representatives, and the general public (Russell, G. & L. Bowman. (2000). The weakening of the 'male bread winner model' due to increased female participation in the labour market sparked early interest in work-life balance. The nature of work has evolved since the second part of the twentieth century, and concerns about quality of life have grown, making work-life balance a hot issue of research among policymakers and researchers .

Work Life Balance:

Scholars have characterized work-life balance in a variety of ways. Some definitions are offered in order to extend our perceptions. According to Clark (2000), "satisfaction and good functioning at work and at home with a minimum of role conflict". Fisher (2001) Work-life balance encompasses both work-life interference and work-life augmentation, resulting in three dimensions of work-life balance.

- Work interference with personal life
- Personal life interference with work
- Work/Personal life enhancement

Job Satisfaction:

People's attitudes and feelings toward their jobs have a direct connection and reference to 'job satisfaction.' Job satisfaction is correlated with a positive attitude toward the job, and vice versa. Employment happiness is unrelated to any specific feature of the job. Intrinsic and extrinsic factors, the quality of supervision, social ties with co-workers, and the degree to which individuals succeed or fail in their work all influence job happiness. It also refers to the degree to which a person's requirements are met.

Review of Literature:

Laxshmi and Gopinath (2013) investigated the impact of work-life balance on female employees' performance. They discovered the factors that influence work-life balance. Women with a low rate of work and family-related concerns were found to be more capable of achieving work-life balance than those with a high rate of these issues. Intercollegiate Athletic Graduate Assistants and Supervisors were studied in a comparative research on work-life balance and job satisfaction by Ervin, M.S. (2012). The goal of this research was to find out how graduate assistants and their supervisors differed. Between these two groups, a statistically significant difference was discovered.

In comparison to graduate assistants, supervisors reported high levels of job satisfaction. Another study looked into the work-life balance of women in the education and banking sectors, as well as the numerous elements that contribute to work-life imbalance. There was a considerable disparity in work-life balance between men and women employees, according to the study. According to the findings of a study conducted in the banking sector, women working in private banks had a greater work-life balance than women working in the public sector (Mehta, S., 2012).

N.J. Mukururi and M.J. Ngari (2014) investigated the link between work-life balance policies and job satisfaction. Work-life balance policies and job satisfaction were found to have a positive association.

Another study in Bangalore looked at the impact of women's work-life balance on absenteeism and turnover. The extent of influence of work-life balance varied depending on absenteeism and employee turnover, according to the findings (Thriveni, K., 2012).

Research Gap:

According to certain research, when male doctors worked long hours or travelled to meetings, their spouses stayed at home to care for their children. The difficulties between job and family life grew increasingly apparent as more women entered the medical industry (Verlander, G., 2004). Even female doctors face challenging conditions in their lives as they try to manage personal and professional commitments. As a result, the current study aims to learn more about male and female doctors' work-life balance and job satisfaction. As evidenced by the literature, several studies have been conducted on this problem in other countries, but few studies have been conducted on both male and female doctors, hence the current study aims to supplement existing knowledge.

Hypotheses:

The following hypotheses have been formulated for the present study–

1. *H_0: There is no significant difference in the level of work life balance among male and female doctors.*

H_1: There is a significant difference in the level of work life balance among male and female doctors.

2. *H_0: There is no significant difference in the level of work life balance among different age groups of doctors.*

H_1: There is a significant difference in the level of work life balance among different age groups of doctors.

Research Methodology:

The data for this study was gathered from 225 doctors from both government and private hospitals. After conducting a literature analysis and creating a questionnaire on Google Forms, the research gap was found. The data was obtained in two stages: initially, using judgemental sampling, and then, in the second, through the snowball sampling process. The following table shows the demographic characteristics of the sample.

The demographic details of the respondents are tabulated below-

Table 1 showing the demographic details of the sample respondents

Demographic Variable	Frequency	Percentage
Gender:		
Male	**158**	**70.2**
Female	**67**	**29.8**
Age in Years:		
25 - 29	**12**	**5.3**
30 - 39	**132**	**58.7**
40 - 49	**61**	**27.1**
50 and above	**20**	**8.9**
Marital Status:		
Married	**204**	**90.7**
Unmarried	**21**	**9.3**
Total Weekly hours of work:		
less than 39hrs	**16**	**7.1**
40-49hrs	**74**	**32.9**
50-59hrs	**62**	**27.6**
More than 60hrs	**73**	**32.4**

Table 1 show that 70.2% of the respondents are male and 29.8% of them are female doctors. Majority of the respondents are belonging the age groups of 30 – 39 representing 58.7% and only 5.3% belong to the age groups of 25 – 29. Nearly 90.7% of the respondent doctors are married and only 9.3% are unmarried. When considered the total work hours per week, nearly 32.9% of them are working 40-49 hours per week and very less that is 7.1% are only working less than 39 hours per week.

The Scope of the study

The current research is limited to Indian government and commercial hospitals.

Research Design

The current study is descriptive in nature and will be utilised to investigate gender-based work-life balance and professional satisfaction in both public and private hospitals.

Sampling Unit

Doctors working at private and government hospitals in India make up the sample respondents.

Sampling Procedure

The data for this study was collected through judgemental sampling. The snowball sampling approach is employed in the second step. Data is collected in this manner from both private and government hospitals throughout India.

Sampling Size

A total of 225 doctors from both public and private hospitals in India were surveyed. Male doctors account for 70.2 percent of responders, while female doctors account for 29.8%. Only 5.3 percent of respondents are between the ages of 25 and 29, while the majority of respondents (58.7%) are between the ages of 30 and 39.

The Instrument:

The information was gathered via a standardised questionnaire based on multiple literature reviews. There were four parts to the survey. Section-A dealt with the respondents' demographic and professional information; Section-B was designed to gather information about the major factors that affect their professional and personal lives; Section-C was designed to gather information about the major factors that support their personal and professional lives; and Section-D was designed to assess doctors' professional satisfaction with regard to work-life balance.

A total of 25 statements made up the questionnaire. A five-point likert scale was employed, with Mostly Disagree=1, Somewhat Disagree=2, Neutral=3, Mostly Agree=4, and Completely Agree=5 as the categories.

Reliability Analysis:

The reliability of the scale determines how consistent it is. Cronbach's Alpha is a measure of a question's overall dependability in the context of a factor. The scale is regarded reliable when the Cronbach Alpha value is 0.70 or higher; however, if the scale has fewer questions, the limit is 0.60 or higher (Sipahi et al., 2006). Each scale has an Alpha rating of more than 0.60, indicating that it is a dependable instrument.

Table 2 showing the value of Cronbach's Alpha

Parameter	Number of Items	Cronbach's Alpha value
PRO_PER	9	.810
PER_PRO	6	.936
JOB_SAT	10	.847

Data analysis and interpretation:

The mean and standard deviation of Major factors affecting their professional and personal lives (PRO PER); Major factors enabling their personal lives to support their professional lives (PER PRO); and Doctors' professional satisfaction with regard to work-life balance (JOB SAT) are presented in the table below. By adding PRO PER and JOB SAT and subtracting PER PRO, doctors' work-life balance is computed.

Table 3 showing Mean and Std. Deviation of PRO_PER, PER_PRO and JOB_SAT

	Mean	Std. Deviation
PRO_PER	21.97	7.481
PER_PRO	17.62	3.942
JOB_SAT	19.93	6.511
DrWLB	19.66	8.917

Interpretation: PRO_PER has a mean of 21.97 and a standard deviation of 7.481, PER_PRO has a mean of 17.62 and a standard deviation of 3.942, and JOB_SAT has a mean of 19.93 and a standard deviation of 6.511, as shown in Table 3. When comparing PRO_PER to PER_PRO and JOB SAT, it can be seen that PRO_PER has the highest Mean and DrWLB has highest Standard Deviation. Doctors' work-life balance's mean and standard deviation are 19.66 and 8.917 respectively.

Factor Analysis:

All the 25 items that are PRO_PER – 9 items, PER_PRO 6 items and JOB_SAT 10 items were loaded using SPSS 20, Principal Component Analysis method, Varimax Rotation method with Kaiser Normalization a. Rotation converged in 5 iterations. Cross loading was observed only with PRO-PER1 and PRO_PER4 with low and negative scoring of -.396. Table 4 showing the cross loaded values.

Table 4 showing Rotated Component Matrix[a]

	Component		
	1	2	3
PRO_PER1	.462		
PRO_PER2		.779	
PRO_PER3		.758	
PRO_PER4		-.396	
PRO_PER5		.719	
PRO_PER6		.644	
PRO_PER7		.819	
PRO_PER8		.854	
PRO_PER9		.770	
PER_PRO1	.757		
PER_PRO2	.875		
PER_PRO3	.883		
PER_PRO4	.878		
PER_PRO5	.889		
PER_PRO6	.889		
JOB_SAT1			.587
JOB_SAT2			.549
JOB_SAT3			.667
JOB_SAT4			.607
JOB_SAT5			.645
JOB_SAT6			.627
JOB_SAT7			.734
JOB_SAT8			.692
JOB_SAT9			.601
JOB_SAT10			.739

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

Interpretation:

In spite of reverse scoring, the value of PRO_PER4 was observed very low. Therefore, those items were removed. The remaining items were loaded perfectly into three factors which are depicted in the following Table 5.

Table 5 showing Rotated Component Matrix[a]

	Component		
	1	2	3
PRO_PER2		.788	
PRO_PER3		.761	
PRO_PER5		.744	
PRO_PER6		.651	
PRO_PER7		.824	
PRO_PER8		.864	
PRO_PER9		.765	
PER_PRO1	.754		
PER_PRO2	.871		
PER_PRO3	.883		
PER_PRO4	.880		
PER_PRO5	.896		
PER_PRO6	.892		
JOB_SAT1			.589
JOB_SAT2			.549
JOB_SAT3			.668
JOB_SAT4			.607
JOB_SAT5			.647
JOB_SAT6			.628
JOB_SAT7			.735
JOB_SAT8			.693
JOB_SAT9			.600
JOB_SAT10			.740

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 4 iterations.

Hypotheses 1:

H_0: There is no significant difference in the level of work life balance among male and female doctors.

H_1: There is a significant difference in the level of work life balance among male and female doctors.

Table 4 - the Independent t table showing the significant difference in the level of work life balance among Male and Female Doctors

	Types of Hospitals				t Value	P Value
	Male		Female			
	Mean	SD	Mean	SD		
PRO_PER	22.17	7.783	21.50	6.747	.618	.537
PER_PRO	19.92	6.610	19.97	6.320	-.055	.956
JOB_SAT	17.47	3.966	17.97	3.892	-.862	.390
DrWLB	19.73	8.947	19.50	8.912	.178	.859

Interpretaion:

In the factor PRO_PER, p>.05, there is no significant difference in the level professional life to personal life of work life balance among male and female doctors, t(223) = .618, p =.537.

In the factor PER_PRO, p>.05, there is no significant difference in the level of personal life to professional life of work life balance among male and female doctors, t(223) = -.055, p =.956.

In the factor JOB_SAT**,** p>.05, there is no significant difference in the level of job satisfaction of work life balance among male and female doctors, t(223) = -.862, p =.390.

In the factor DrWLB, p>.05, there is no significant difference in the level of Doctors' work life balance among male and female doctors, t (223) = .178, p =..859.

Hypotheses 2:

H_0: There is no significant difference in the level of work life balance among different age groups of doctors.

H_1: There is a significant difference in the level of work life balance among different age groups of doctors.

Factors of Work life Balance	Age Group in year				F Value	P Value
	25 - 29	30 - 39	40 - 49	50 and above		
PRO_PER	21.58 (6.802)	22.71 (7.580)	20.85 (7.931)	20.70 (5.352)	1.093	.353
PER_PRO	18.17 (6.834)	19.92 (6.359)	20.01 (7.008)	20.55 (6.039)	.357	.784
JOB_SAT	17.00 (5.152)	17.76 (4.111)	17.41 (3.748)	17.75 (2.531)	.215	.886
DrWLB	20.42 (10.175)	20.46 (8.850)	18.34 (9.657)	17.90 (5.418)	1.090	.354

Note: 1. The Value within bracket refers to Standard Deviation

2. Analysis has been done using Duncan Multiple Range Test (DMRT)

Interpretation:

In PRO_PER, the Mean and the standard deviation differ for different age groups. Since the p >.05, the H_1 hypothesis is rejected that is there is no significant difference in the level of Professional to Personal life of work life balance among different age groups of doctors, F(3, 221) = 1.093, p = .353.

In PER_PRO, the mean and standard deviation is different for each age group. The p >.05. Hence alternate hypothesis is accepted and null hypothesis is rejected. It can be interpreted that there is no significant difference in the level of Personal life to professional life of work life balance among different age groups of doctors, F(3, 221) = .357, p = .784.

Since p>0.05, it can be interpreted that there is no significant difference in the level of job satisfaction of work life balance among different age groups of doctors, F(3, 221) = .215, p = .886.

And again, with respect to Doctors; work life balance (DrWLB), p>.05, that there is no significant difference in the level of DrWLB of work life balance among different age groups of doctors, F(3, 221) = 1.090, p = .354.

The p Value for PRO_PER, PER_PRO, JOB_SAT and DrWLB is >.05. That is .353 for PRO_PER, .784 for PER_PRO, .886 for JOB_SAT and .354 for DrWLB.

Limitations:

Respondents' perspectives can be skewed; therefore they may not accurately reflect the situation. And also since the study is done during pandemic, the result may vary if it's done in normal situation. The data collected is cross-sectional type. It may vary if it's done in longitudinal type of data collection.

Conclusion:

As the healthcare industry becomes more demanding, it's more important than ever to pay attention to the WLB of its personnel, particularly medical professionals. From the present study, it can be understood that, the level of work life balance is not at all different among male and female doctors and also among different age groups of doctors.

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