



A Cross Section Study to Assess Factor Affecting the Work Life Balance of the Female Healthcare Professionals in the Private Hospitals of Vadodara – India

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Purpose of the Research: work life balance is an important phenomenon concerning a lot of working employees. Females form a major proportion of the workforce in the healthcare industry and the policies should focus on their well being for a stress free environment. There has been a vast amount of research carried out focussing on this topic. However, there has been limited research concerning the work life balance of female healthcare professionals working in hospitals. Therefore, this study aims to assess the factor affecting the work life balance of the female healthcare professionals working in hospitals of Vadodara district (India).

Methodology: The data collection tool is a structured close ended questionnaire where in the respondents were asked to choose their option pertaining to various parameters of work life balance on a five point Likert scale. The collected from 335 female healthcare professionals working in seven private hospitals of Vadodara (India). The data collected were analyzed using SPSS version 23. The statistical test used was Kruskal-Wallis and Mann-Whitney test at 95% confidence level.

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Major Results: There were 87 female doctors and 248 nurses in the study. Among the 335 respondents, 210 female healthcare professionals had 3-4 family size having the highest frequency, 297 female's respondents were married, and 38 were single. The study showed that there was no difference in the work life balance of the females with respect to the family size because of cooking, child study, and other individual female's responsibilities. Because of their marital status, there is a statistically significant difference in the work life balance of female healthcare professional.

Conclusions: For the employers the work life balance is an important human resource area of concern; hence, this study highlights an important issue to address for better satisfaction and content of the female healthcare professionals.

Keywords: Working women; family size; marital status; WLB.

1. INTRODUCTION

In this competitive world, it is essential for every healthcare sector to create a congenial atmosphere that can help the employees to balance their personal and professional roles. But due to increased working hours, the individuals are left with less time for themselves. The growth of higher education has improved job prospects for women and resulted in the move from stay-at-home mothers to thriving professional women. As a result, the personal and spiritual growth of an individual is also hindered. Due to intense competition in the world of business, the presence of working women has become increasingly visible. The increased economic conditions have necessitated both husband and wife to do job for having a normal life.

All though woman has achieved tremendous success in her career but still, her responsibility towards home has not decreased. She has to manage her household chores, look after her kids and so on. Now a days for women, both personal and office roles are demanding. As a result, such pressure affects her health thereby leading to absenteeism from office. Therefore, it becomes essential to help working women. At home, she has to deal with the demands of her families whereas in office she has to bear the brunt of office demands [1]. Working women including dual career responsibility require the availability of time at different points in different stages in their career to meet different personal and social needs. Resultantly, working women struggle to strike balance between working hours and personal obligations [2].

Work life balance helps in describing a balance between family life and working life. The term work life balance is given preference as it includes the experiences of working individual's

and helps in exploring new ways of working and living for themselves. Managing a balance between family and work life is the biggest challenge for both working people and the healthcare sector. They will be able to give their best only when clinics and hospitals have work life balance policies for them. Policies and programs will help them in balancing their personal and professional schedules. This will ultimately give them the feeling of satisfaction in work life balance.

Particularly for nurses and female doctors, it has become more difficult to strike a balance between the two. In the present study, female healthcare professionals have more family conflicts which is contrary to the females working in industrial sector, who faces more if workplace conflicts [3].

Females form a major proportion of workforce in the healthcare industry and the policies should focus on their well being for a stress free environment. There has been a large amount of research carried out focussing on this topic. However, there has been limited research concerning the work life balance of female healthcare professionals working in hospitals. Therefore, this study aims to assess the factor affecting the work life balance of the female healthcare professionals working in hospitals of Vadodara district (India).

2. METHODOLOGY

The study design is Cross-Sectional in nature as the study aims to assess the factor affecting the work life balance of the female healthcare professionals in private hospitals. The study population is female nurses and doctors of Vadodara city from which the sample size of 335 is taken using the following formula:

$$Sample\ Size = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + (\frac{z^2 \times p(1-p)}{e^2 N})}$$

Where, Population size = N | Margin of error = e | z-score = z of error is 5% and confidence interval is 95% and hence corresponding z-score is 1.96. The value of p in the sample size calculation is 60.5%. The data from 335 samples were collected through primary mode of data collection using structured close ended questionnaire where in the respondents were asked to choose their option pertaining to various parameters of work life balance on a five-point Likert scale. The respondents who are willingly wanted to participate in the study were included for data collection.

The data collected from 335 female healthcare professionals working in seven private hospital of Vadodara City. The questionnaire was designed with an aim to assess the factor affecting the work life balance. The following are the five points on rating scale:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

A pilot study was conducted to check for the validity and reliability of the data collection tool. The cronbach's alpha value was 0.91 indicating high internal consistency of the tool. The data collected from the female nurse and doctors working in private hospitals of Vadodara city

(India) was tabulated and coded in MS Excel. The data was then analysed using SPSS version 23. The statistical test used was Kruskal-Wallis and Mann-Whitney test at 95% confidence level.

3. RESULTS

The analysis was done on 335 respondents of female healthcare professionals of seven hospitals of Vadodara (India). There were 87 female doctors and 248 nurses in the study.

The Table 1 shows that frequency of marital status, there are two categories of marital status i.e. single and married.

The Table 2 shows that among the 335 respondents, 210 female healthcare professionals had 3-4 family size having the highest frequency.

The Table 1 shows that among the 355 respondents, 210 female healthcare professionals had a family size of 3-4 members.

The table 3 shows that there is no difference accordance to the marital status on holding responsibilities like giving urgent attention on family issues, planning and preparing sweets for festivals, getting assistance for purchasing grocery/vegetables, etc. and nor in paying electricity/water/telephone bills while it is found that there is difference in few responsibilities like support in picking up & drop, equally concentrate in kids studies, washing works, cooking activities and cleanliness of the house.

Table 1. Frequency distribution of marital status of respondents

		Frequency	Percent	Valid Percent
Valid	Single	38	11.3	11.3
	Married	297	88.6	88.6
	Total	335	100.0	100.0

Table 2. Frequency distribution of respondents according to family size

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2	26	7.8	7.8	7.8
	3-4	210	62.7	62.7	70.4
	5	87	26.0	26.0	96.4
	Above 5	11	3.3	3.3	99.7
	5.00	1	.3	.3	100.0
	Total	335	100.0	100.0	

Table 3. Difference in the work life balance between single and married females

Statements	Marital Status	N	Mean Rank	Sum of Ranks
My husband/family equally shares household activities and child caring responsibilities.	Single	38	147.92	5621.00
	Married	297	169.46	49990.00
	Test value (P Value)	4880(.178)		
Purchasing vegetables and fruits are done either by me or by my husband/family.	Single	38	143.37	5448.00
	Married	297	170.04	50163.00
	Test value (P Value)	4707(.093)		
I always maintain my kitchen clean.	Single	38	132.28	5026.50
	Married	297	170.92	50251.50
	Test value (P Value)	4285.5(.015)		
I can give healthy food to my husband/ children/family in lunch box.	Single	38	146.16	5554.00
	Married	297	169.68	50057.00
	Test value (P Value)	4813(.141)		
Generally, my husband/family pays the school fees for children.	Single	38	194.09	7375.50
	Married	297	163.51	48235.50
	Test value (P Value)	4575.5(.054)		
"I give more attention for cleanliness of house with the help of my family members."	Single	38	123.26	4684.00
	Married	297	172.63	50927.00
	Test value (P Value)	3943(.002)		
My husband/family equally concentrates in children's studies.	Single	38	125.12	4754.50
	Married	297	171.85	50523.50
	Test value (P Value)	4013.5(004)		
I have a cup of coffee/tea with my family atleast once in a day.	Single	38	131.25	4987.50
	Married	297	171.61	50623.50
	Test value (P Value)	4246.5(.012)		
Cooking activity is easier for me because I am getting support from my family.	Single	38	127.92	4861.00
	Married	297	172.03	50750.00
	Test value (P Value)	4120(.006)		
I can finish off my washing work quickly either mechanically or with the help of paid maid.	Single	38	119.99	4559.50
	Married	297	173.06	51051.50
	Test value (P Value)	3818.5(.001)		
I can pay electricity, water, and telephone bills through my family members.	Single	38	165.82	6301.00
	Married	297	167.15	49310.00
	Test value (P Value)	5560(.934)		
I get good assistance for purchasing Grocery items (rice, wheat, etc)	Single	38	160.03	6081.00
	Married	297	167.90	49530.00
	Test value (P Value)	5340(.623)		
I can plan and prepare healthy sweets and snacks during festivals.	Single	38	179.93	6837.50
	Married	297	165.33	48773.50
	Test value (P Value)	5113.5(.362)		
I can give my attention for urgent family or personal issues immediately with the help of my family members.	Single	38	148.20	5631.50
	Married	297	169.42	49979.50
	Test value (P Value)	4890.5(.188)		
My husband/family takes	Single	38	132.95	5052.00

Statements	Marital Status	N	Mean Rank	Sum of Ranks
care of picking up and dropping the kids at the school.	Married	297	171.39	50559.00
	Test value (P Value)	4311(.017)		
My family helps me to take care of kid’s homework and projects and make my kids ready for school.	Single	38	128.96	4900.50
	Married	297	171.90	50710.50
	Test value (P Value)	4159(.008)		
I get nice support from my husband/family to pick up and drop me at my office.	Single	38	136.24	5177.00
	Married	297	170.96	50434.00
	Test value (P Value)	4436(.031)		

4. DISCUSSION

The study showed that there was a no difference in the work life balance of the females with respect to the family size because of cooking, child study, and other individual female’s responsibilities. There is a statistically significant difference in the work life balance of female healthcare professional due to their marital status. Georgeta Panisoaraa, and Mihaela Serbana (2013) [1] study shows that they do not have a significantly different level of work life balance according to the marital status. Mariyam Malik et al (2020) [4] concluded that regardless of their marital status, undergo massive imbalance in their work life balance and their life domains. Dr. Sangeeta Malik (2015) [5] in her study it was found that there is significant relationship is there between marital status and work life balance. Anshu Thakur and Vishal Geete (2014) [6] shows that the women are facing difficulties in managing their professional and personal life at the same time. They are supposed to manage both the ends with efficiency and accuracy. They concluded women employees are mentally occupied about the office work devoting more time in office which affects their domestic responsibilities which affects their temperament. K Thriveni Kumari and Dr. V Rama Devi (2015) [3] concluded that problem is more for women employees because of the types of roles they play at home and the spill over of personal live over work life and vice-versa. The current study also shows significant difference in female healthcare professionals according to the marital status.

5. CONCLUSION

There is big challenge for the working women’s to make a balance between the professional life and the personal life. Working women are playing double role in their life but up to what extent they were able to handle and manage

their double responsibilities become important. The work life balance is an important human resource area of concern for the employers; hence, this study highlights an important issue to address for better satisfaction and content of the female healthcare professionals.

CONSENT

As per international standard or university standard, patients’ written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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