



WORK LIFE BALANCE AMONG NURSES: AN EMPIRICAL STUDY AMONG NURSES IN PUBLIC AND PRIVATE SECTOR HOSPITALS

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ABSTRACT

The study aims at exploring the levels of Work-life balance amongst the nurses working in public and private sectors in North Indian region based on the results of t-tests, ANOVA, Correlation and percentage analysis. Also, the relationship of sub-constructs social needs, personal needs, time management, teamwork, compensation and benefits and work on work-life balance are explored as well as effect of Demographics – Age, Marital Status, and Gender, on the said variables are explored. The data sample has been 100 employees of the North-Indian Region and questionnaire was distributed for the same in both physical copy and online form, in which Work-life balance was measured using the Standardized Questionnaire developed by Udai Pareek. The results have indicated significant correlation between the variables.

Key Words: Work-life Balance, Nurses, Hospitals, Teamwork, Compensation.

Introduction

Work life balance is the phenomenon of striking an ideal balance between the professional life of an individual and their personal life with all of their respective associations (Clark,2000). Maintaining a balance between one's personal and professional life has become a important and crucial topic in the society. The expression Work-life Balance was first used in the middle of 1970s to describe the balance between one's work and

personal life. In 1960s and 1970s employers considered work life balance mainly an issue for working mothers who struggled with the demands of their jobs and raising children. In the year 1977, Kanter mentioned about the “Myth of Separate World” and called attention to the reality that work and home are inescapable linked. During the 1980s, recognising the values and the needs of their women contributors, pioneering organisations such as Merck, Deloitte & Touche, and IBM began to change their internal workplace policies, procedures and benefits. The changes include maternity leaves; employee assistance programmes (EAPs), flexitime, home-based work, and child care referral. During 1980s men also began voicing work-life concerns. By the end of the decade work-life balance was seen more than just a women issue, affecting men, families and organizations culture. In past few years, there has been increasing interest in Work Life Balance in the press and in scholarly journals well as government, management and employee representative (Russel and bowman, 2000).

The drivers which are responsible for the formulation and implementation of work-life balance policies can be divided into three parts these are:

- **External Drivers:** which are motivating factors outside the organization that lead it to implement work-life balance policies. These include Customer relations at a local level and the level of competition the organization is facing. Another factor for this is globalization.
- **Internal Drivers:** This is motivating factors within the organization, including Employer of choice, being identified by employees and potential employees as an employer of choice. This concept has gained in popularity in recent years. Work-life balance issues have assumed a lot of importance in recent times due to increasing in single parent families, dual career couples and issues of elder care which create complex situations for the employees. The factors that sustain or impede a healthy work life relationship are multifaceted and likely to differ depending on an individual’s life circumstances, values and priorities.
- **Social Driver:** which are those facilitating factors that exist due to the characteristics of society, or those that motivate organization due to socially responsible attitudes towards the employees.

Zedeck and Mosier (1990) and O’Driscoll (1996) note that there are typically five main models used to explain the relationship between work and life outside work, these are

- 1) **The segmentation model** –This model hypothesises that work and life are two different aspects and they don’t affect each other.

- 2) **The spillover model** – This model hypothesises that one world can influence the other in either a positive or negative way.
- 3) **The compensation model** – This model proposes that what may be lacking in one sphere, in terms of demands or satisfactions, can be made up in the other. For example, work, may be routine and undemanding but this is compensated by the social activities outside the work.
- 4) **The instrumental model** – This model suggests that activities in one sphere facilitate success in other.
- 5) **The conflict model** – this model suggests that with high level of demand in all spheres of life, some difficult choices have to be made, resulting in some conflicts and possibly some significant overload on an individual.

Health Care Industry in India

The health care industry, or medical industry, is a sector within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. Health care service is the combination of tangible and intangible aspect with the intangible aspect dominating the tangible aspect. The tangible things could include the bed, the décor, etc.

In between the 1950's and 1980's the Health care facilities and personnel increased substantially, but gradually due to the fast population growth, the number of licensed medical practitioners per 10,000 individuals had fallen in the 1980's to 3 per 10,000 from the 1981 level of 4 per 10,000. There were approximately ten hospital beds per 10,000 individuals in 1991. Primary health centres are majorly the cornerstone of the rural health care system.

The Healthcare Industry is witnessing a sudden paradigm shift in last ten year. Though this change was inevitable and the Industry has been working towards it for a decade now, this has been visible only in last few years. There are various factors which are responsible for the current pattern of healthcare industry. We can divide it into two parts i.e.

The present status of work-life balance practices is discussed in this chapter along with the development of Work Life Balance practices in India, challenges in the deployment of work life balance policies is also discussed in the chapter. Internationally and locally, work-life balance has become an issue of great concern over the last decade. It represents an important concern among healthcare workers due to its crucial contribution in attaining maximum job output and optimal quality of working life. Work - life balance has become an increasingly pervasive concern for employers as well as employees in healthcare industry. The increasing number of women in the workplace and dual career families has generated an

increasingly diverse workforce and a greater need of employees to balance their work and non-work lives (Bharat, 2003; Komarraju, 1997; Rajadhyaksha & Bhatnagar, 2000; Ramu, 1989; Sekharan, 1992).

To study the attitude of employers for the formation and implementation of work life balance policies in organizations, present scenario of work-life balance policies in India is examined on the basis of secondary data and observation. As a strategic response to the significant changes that have taken place in work and family spheres, various hospitals are committed to provide tools and work environment solutions to reduce work and personal life challenges and maximizing employee contributions. Apart from providing five-day working and flexible working hours, it also provides certain benefits for employees and their families. Such benefits include Hospitalization Insurance Policy, which covers reimbursement of hospital expenses, incurred due to illness/injury where all employees and their nominated dependants are covered under a floater policy. There are various other provision for managing work-life balance offered by various organizations working in India, the options includes flexible work schedules, compressed workweeks and alternate work schedules etc.

The study of secondary reports and the analysis of primary data collected through and questionnaire surveys suggest that organizations in India have certainly realized the need for work-life balance of employees and have started offering policies and programs that are more employee growth oriented and family-friendly than mere welfare and safety oriented. Although, these policies and programs differ across organizations, but has surely provide new directions for organizations in similar sectors to adopt such progressive HR initiatives to recognize and accommodate the diverse needs of the employees.

Review of Literature

Archana R. Salve (2012) in an article “Work Life Balance and Stress Management”, emphasized that changing economic conditions and social demands have changed the nature of work throughout the world. Originally, work was a matter of necessity and survival. Throughout the years, the role of "work" has evolved and the composition of the workforce has changed. Today, work is widely viewed as a source of personal satisfaction. A good balance in work and life can play a phenomenal role in the attainment of personal and professional goals. The objective of this paper was to understand the various issues that have come into limelight due to the dynamic nature of work. Researcher further stated that existence of work-life balance programs can be attributed to a realization of social responsibility by the employers towards their employees or to a realization of the competitive advantage it offers to employer. The concept of Work life balance is becoming more and

more relevant in a ever-dynamic working environment. The role played by the individual is as important as that of the organization in managing this tumultuous see saw.

Priya Chetty (2012) in an article “Importance of work-life balance” define the conceptual framework of the term work-life balance in a manner that it is mostly interpreted as the compatibility and harmony of personal life and the working life (Tucholka and Weese, 2007). So, generally it is considered as the balance between different parts of life. For organizations, work-life balance is about developing working practices that benefit both businesses and their employees (Coussey, 2000). Also it is an important component of family-friendly policy formulated by the organizations to help those with family responsibilities such as support in child care and care for older people and fulfil social responsibilities.

S.Pattu, Meenakshi, Dr. K. Ravichandran (2012) in an article “A Study on Work-Life Balance among Women Teachers Working in Self-Financing Engineering Institutions”, emphasized on teacher’s role in student’s development. Being an essential part of society they assist in creating a prosperous future. In this study the women teachers working in self-financing engineering institutions were taken as samples. Their role in work and family, factors hindering them to achieve Work Life Balance, impact of poor Work Life Balance were considered as objectives of this study. Primary data was the main source analysis and to understand in depth about the topic and to fulfil the objectives. The study has thrown light on the problems faced by women teachers in achieving Work Life Balance and accordingly suitable suggestion were provided by the researcher which would benefit both individual and the organization.

Newaz, Mohammad Tanvi, Zaman, Kanij Fatama (2012) in a paper “ Work life balance: Is it still a new concept in private commercial banking sector of Bangladesh?” presented a paper on the current scenario of work-life balance in private commercial banks of Bangladesh which indicated a pessimistic approach has been adopted by the management. Apart from the multinational banks, most of the national banks were not aware of this concept and hardly had any policy regarding the work-life balance issues. At this moment, different socio-economic barriers and lack of human right awareness may support the management for not taking this issue seriously. However, if they want to achieve their business objectives through the development of the human resource then there is no alternative to develop the working lives of their workforce. This paper recommended management should consider the nature of business and background of employees they have

employed and customize their policies with the participation of the employees. This paper also discussed some other recommendations considering the perspectives of both parties as well as the perspectives of Bangladesh.

Research Methodology

Need of the Study

The efficiency of any employee in the organization depends upon his ability to balance work and life (Work Life Balance). The Work Life Balance portrays the factors which people find interesting and satisfying at their work and work place and the factors that help them to devote time towards their personal and social life. Work Life Balance is an integration of work with family environment. The studies conducted in the field of Work Life Balance is more on increasing employee's motivation so that he can perform harder, fostering loyalty and creating more effective organizations. The flexible work hours, support from peers and supervisors and ability to manage personal life are the focus areas of the research.

In Indian scenario Hospital industry is emerging as private or public hospitals. The nurses of the hospital represent the hospital and being a highly stressful service oriented sector the nurses are trained to provide quality services to the patients. With increasing number of patients it becomes essential that the nurses are satisfied with their jobs and have better Work Life Balance with respect to their job. At this point, the study has been undertaken to determine the effect of various demographic variables and organizations working environment on Work Life Balance.

Objectives of the Study

1. To analyse the impact of demographic variables viz, age, experience, gender and marital status on work-life balance amongst nurses.
2. To analyse the difference in the work-life balance of the nurses working in public and private sectors hospitals.
3. To analyse the impact of dimensions of work life balance on nurses.

Hypothesis

H1- There is no significant sector wise (public and private) difference with regard to work life balance among nurses.

H2- There is a significant difference among gender with regard to work life balance.

H3- There is a significant age group wise difference with regard to work life balance.

H4- There is a significant experience wise difference with regard to work life balance.

H5- There is a significant marital status wise difference with regard to work-life balance.

H6- There is no significant relationship between different factors of work life balance with work-life balance.

Research Design

This study is exploratory cum descriptive in nature. The variables in this study are demographical variables (age, sex, education, marital status) and work life balance. The independent variable is work-life balance.

Population and Sample Size

The population of this study consisted of the employees who were working in the north region of India in public and private hospitals both. The sample comprises of 100 respondents working as nurses in different organizations. Data was collected from primary sources. Primary source included the employees of the selected hospitals who were provided with suitable questionnaires, hard copy or Google Form Links, as requested.

Data Collection Tool: Work-life balance: 36-item Work-life balance Questionnaire developed by Udai Pareek and Surabhi Purohit was used. Specifically, the instrument contains 36 items with 6 sub constructs and 6 items for each of sub constructs- Social needs, Personal needs, Time management, Team work, Compensation and benefits, and Work.

ITEMS	VARIABLE ATTRIBUTED
Items-1, 7,13,19,25,31	Social needs
Items-2, 8,14,20,26,32	Personal needs
Items-3, 9, 15, 21,27, 33	Time management
Items-4, 10, 16, 22, 28, 34	Team work
Item-5, 11, 17, 23, 29, 35	Compensation and benefits
Items-6, 12,18,24,30, 36	Work

Data Analysis

Work-life Balance among Public and Private Hospitals

From the above Table-1 it can be inferred that significance value for Work-life balance with respect to sector, having the p-value .00, which is less than the significance value ($p < 0.05$), states that there is a significant relationship between the work life balance within different sectors among nurses. However, from the mean rank scores it can be inferred that public sector nurses are having higher level of work life balance than nurses in private sector. Thus Hypothesis H1 for sector is rejected.

TABLE-1

Group Statistics						
	SECTOR	N	Mean	Std. Deviation	Std. Error Mean	
meanwlb1	PUBLIC	53	3.1214	.56348	.07740	
	PRIVATE	47	1.9835	.11360	.01657	
Independent t-test						
	Gender	N	Mean	Std. Deviation	t-value	p-value
meanwlb1	PUBLIC	53	3.1214	.56348	14.377	.000**
	PRIVATE	47	1.9835	.11360		

Impact of Gender on Work-life Balance

From the above Table-2 it can be inferred that significance value for Work-life balance with respect to gender is having the p-value .00, which is less than the significance value ($p < 0.05$), states that there is a significant relationship between the work life balance and gender. However, from the mean rank scores it can be inferred that female nurses are having higher level of work life balance than male nurses. Thus Hypothesis H2 for is accepted.

TABLE-2

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
meanwlb1	MALE	39	2.3020	.55027	.08811
	FEMALE	61	2.7685	.73800	.09449

Independent t-test

	Gender	N	Mean	Std. Deviation	t-value	p-value
meanwlb1	MALE	39	2.3020	.55027	-3.611	.000**
	FEMALE	61	2.7685	.73800		

Impact of Age on Work-life Balance

From the above table-3 it can be inferred that significance value for Work-life balance with respect to age group is having the p-value .010, which is greater than the significance value ($p < 0.05$), states that there is a no significant relationship between the work life balance and age groups. However, from the mean rank scores it can be inferred that nurses in age group 31-35 are having highest level of work life balance and age group 36-40 are having lowest. Thus Hypothesis H3 for is rejected.

TABLE-3

Descriptives

meanwlb1

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
25-30	49	2.5588	.89862	.12837	2.3007	2.8169	1.86	4.03
31-35	19	2.8085	.45114	.10350	2.5910	3.0259	1.86	3.50
36-40	9	1.9475	.03526	.01175	1.9204	1.9746	1.89	2.00
41-50	17	2.8562	.18871	.04577	2.7592	2.9532	2.72	3.19
51-above	6	2.3056	.00000	.00000	2.3056	2.3056	2.31	2.31
Total	100	2.5866	.70613	.07061	2.4465	2.7267	1.86	4.03

One Way ANOVA					
	N	Mean	Std. Deviation	F-value	p-value
25-30	49	2.5588	.89862	3.512	.010**
31-35	19	2.8085	.45114		
36-40	9	1.9475	.03526		
41-50	17	2.8562	.18871		
51-above	6	2.3056	.00000		

Impact of Experience on Work-life Balance

From the above Table-4 it can be inferred that significance value for Work-life balance with respect to experience is having the p-value .00, which is less than the significance value ($p < 0.05$), states that there is a significant relationship between the work life balance and experience. However, from the mean rank scores it can be inferred that nurses with 2-5 years of experience are having highest level of work life balance. Thus Hypothesis H4 is accepted.

TABLE-4

Descriptives

meanwlb1

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
2years and below	41	2.3501	.77900	.12166	2.1042	2.5960	1.86	3.97
2-5 years	19	3.1711	.75927	.17419	2.8051	3.5370	1.86	4.03
5-10 years	21	2.3862	.39036	.08518	2.2086	2.5639	1.89	2.72
10-15 years	13	2.9316	.03695	.01025	2.9093	2.9540	2.92	3.03
15 years and above	6	2.3056	.00000	.00000	2.3056	2.3056	2.31	2.31
Total	100	2.5866	.70613	.07061	2.4465	2.7267	1.86	4.03

One Way ANOVA					
	N	Mean	Std. Deviation	F-value	p-value
2years & below	41	2.3501	.77900	7.335	.000**
2-5 years	19	3.1711	.75927		
5-10 years	21	2.3862	.39036		
10-15 years	13	2.9316	.03695		
15 years & above	6	2.3056	.00000		

Impact of Marital Status on Work-life Balance

From the above Table-5 it can be inferred that significance value for Work-life balance with respect to marital status is having the p-value .00, which is less than the significance value ($p < 0.05$), states that there is a significant relationship between the work life balance and marital status. However, from the mean rank scores it can be inferred that unmarried nurses are having higher levels of work life balance than married. Thus Hypothesis H5 is accepted.

TABLE-5

Group Statistics

	Marital Status	N	Mean	Std. Deviation	Std. Error Mean
meanwlb1	married	71	2.3239	.46540	.05523
	unmarried	29	3.2296	.78632	.14602

Independent t-test

	Marital Status	N	Mean	Std. Deviation	t-value	p-value
meanwlb1	Married	71	2.3239	.46450	7.139	.000**
	Unmarried	29	3.2296	.78632		

Relationship amongst the various factors of Work-life Balance

From the above table-8 it is inferred that work-life balance has positive relationship with social needs (.892), personal needs (.806), time management (.919), team work (.558), compensation and benefits (.904).

All the relationship of factors with work life balance using Pearson correlation method was observed statistically significant ($p < 0.05$). However the work was found to be the most significant factor and team work the least impacting work life balance among nurses.

Correlations		
		meanwlb1
meanwlb1	Pearson Correlation	1
	p-value	
Meansocialneeds	Pearson Correlation	.892**
	p-value	.000
Meanpersonalneeds	Pearson Correlation	.806**.
	p-value	.000
Meantimemanagement	Pearson Correlation	.919**
	p-value	.000
Meanteamwork	Pearson Correlation	.588**
	p-value	.000
Meancompensationandbenefits	Pearson Correlation	.904**
	p-value	.000
Meanwork	Pearson Correlation	.927**.
	p-value	.000

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 6

Conclusion

Initially discussing the role of demographics on work –life balance in nursing staff we can conclude majority of the respondents irrespective of the category feel that they are never able to balance work and personal obligation. If compared amongst gender than female nurses are reported to better balance work and life than male nurses; and amongst the m the unmarried nurses are better able to achieve a balance between work and life. The reason for this might be that unmarried nurses have lesser social and family obligations to be fulfilled when compared to married nurses. Also the reason for female nurses to be better satisfied with work life balance might be due to the nature and duties of job to be performed.

In age group demographics the nurses of the age group 31-35years are able to maintain highest level of work-life balance (mean-2.80) and it was reported to be lowest in age group 36-40years (mean-1.94); and with increasing experience there is not any pattern of change in work-life balance amongst nurses and in this report the nurses in initially years of their job are better able to achieve work-life balance i.e. nurses with 2-5years of experience. And during the analysis of balance of work and life amongst nurses in public and private sector there was a considerable difference found, it was reported that the nurses working in public sector are better able to balance work and life when compared to those in private hospitals.

Amongst the six constructs the highest weightage was given to work and least to teamwork; which concludes that the kind of work in the organization and workload are the main factors of causing imbalance in their work and life while teamwork was the least, the probable cause can be that there are not many team assignments for nurses in hospital or secondly they preferred working individually. There was reported a significant positive correlation between work life balance and other six constructs.

Through the analysis of the results it is reported that achieving a good balance between work and family commitments is a growing concern for contemporary employees and organizations. There is now mounting evidence linking work-life imbalance to reduced health and wellbeing among individuals and families. So it is recommended that hospitals though preach different concepts on work life balance; it should at the same time practice it. Failing which they would lose the quality of the staff and their emotional attachment towards the hospitals and commitment towards the work. Hence, the top management of hospitals should aim at restructuring its policies whereby they can create a favourable working environment.

Hospital authorities can implement family-friendly approaches to encourage nursing staff to balance their work-family challenges. Dissatisfaction among nursing staff can be reduced by improving the quality of work life by providing an attractive system of rewards and recognition of good work and improving the working environment. Innovative, robust and cost-effective options will prove to be sustainable options in the long run and finally an instrument for competitive advantage. It is also true that these staffs are equally important for the growth of the organization. Their feelings, emotions and expectations cannot be taken for granted. Hence the better policies must be adopted in hospitals so as to give their nursing staff a better work-life balance and satisfaction.

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