



## A STUDY ON WORKLIFE BALANCE OF DOCTORS IN METRO CITY

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### ABSTRACT

*According to Osterman, organizations introduce family friendly policies to respond to the practical problems associated with the recruitment and retention of the employees. Work life balance plays a positive role in minimizing the dissatisfaction among employees with respect to their jobs (Eikhof, Warhurst & Haunschild, 2007; Osterman, 1995). Although there are many factors which effect work life balance of doctors but in this research the main factor which would be are “Turnover, Job Satisfaction, and Performance. **Problem:** When a person devotes more time to work and less time to home, then it affects its family and marital life. So the research problem is to find out the results of more importance to work and less to family. Therefore the study is on **A study on Work life Balance of Doctors in metro city.***

***Method:** Questionnaire method was used for collecting data to find out the relation between genders, marital status with various personal activities performed by the doctors. Convenient sampling technique was used.*

**Key words:** Work life balance, gender, marital status, personal life.

### **Introduction**

The expression “Work –life balance” is used to describe the balance between an individual’s work and personal life. It intends to provide satisfaction and good functioning at work and at home, with a minimum of role conflict. It is a generally agreed fact that work-life balance is important for an individual’s psychological well-being, and that high self-esteem, satisfaction and overall sense of harmony in life can be regarded as indicators of a successful balance

between work and family roles. The concept of Work-Life Balance (WLB) was traditionally restricted to employees who constituted majority of male and less female employees. Over the years, the practice of women employment has led to a leading emphasis on work-life balance. Since the families have shifted from male bread winner to dual earner couples trend, the boundary of work and life has become more and more broad and complex. With a positive trend towards technological advancement, the work demand has made a disturbing intrusion into the family and personal life. Work-family balance has been defined as an “extent to which an individual or equally engaged in-and equally satisfied with his or her work role and family role”. The study of work-life balance includes a insight into the factors which contribute to a proper Work Life Balance, the relationship between Work Life Balance, job satisfaction, stress and Work Life Balance, benefits of an effective Work Life Balance, the policies adopted by organizations towards balancing work and personal life and the awareness and preference of employees towards it. Work is taking over the lives of many of us in today’s fast-paced, global environment, and if we do not guard ourselves against work–life imbalance, there could be increasing work–family conflicts and stress resulting from long hours and workload escalation. Vacations are getting shorter and are often clubbed with work, or even worse, many do not have the time for a vacation. Quality family time is getting invaded by the omnipresence of media and the internet. It has been well established that most adults suffer adverse health effects from stress, and 75–90% of all physician office visits are for stress-related ailments and complaints. Stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and suicide. People who experience stress typically go through different stages and degrees of suffering and along the way they pass on their stress to their direct environment, their families, co-workers and friends. Research in the field of work and family has well established the spillover and crossover effects of stress affecting co-workers, spouses, children, and the community at large. Decrease in work–life balance has been linked to higher unwanted turnover, lower physical and psychological well-being, lower productivity, greater stress-related ailments, and the like. The Waste is immeasurable.

Home life and beyond Pressures at home can include economic problems, marital discord, daily chores, children’s activities, ongoing adult education, and elder care. Responsibilities at home need to be balanced with responsibilities at work. Leisure activity shouldn’t be confused with sitting in front of the TV and tuning out. Leisure activity is enhanced when we engage, explore,

and are challenged in ways that stimulate us, such as when we spend time with friends, work on hobbies, perform volunteer work, or practice a spiritual life.

## **1.1 REVIEWS RELATED TO MEDICAL PROFESSION**

**Sharma et al conducted a study on “Job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi” (2009)** had observed job satisfaction among doctors in a tertiary hospital in Delhi and the various factors related with it. 250 doctors were selected as sample size on tenure-based job, selected by stratified random sampling, in a teaching hospital in Delhi, by using a self-administered questionnaire. Statistical Analysis was Proportions and Chi-square tests were used. **Malik et al in their study “Examining the relationship of work life balance, job satisfaction, turnover in Pakistan” (2010)** had observed that employee turnover is one of the critical issues discussed in the organizational studies. The author examines the effect of work – life balance and job satisfaction on the turnover intentions of doctors. The results of the cross - sectional study show that the doctors who are better able to manage the work and the life activities are more satisfied with their jobs and have less intention to leave their jobs. Similar study took place by other researcher on similar topic as above. **Imran et al conducted study on “Work-Life Balance and Job Satisfaction among Doctors in Pakistan” (2010)** depicted that the doctors who are better able to manage their work and life responsibilities have low burnout level and experience more job satisfaction and ultimately result in less turnover. To analyze the data t-test and regression were used. **Yoshikawa et al conducted research on “National survey of the association of depressive symptoms with the number of off duty and on-call, and sleep hours among physicians working in Japanese hospitals: a cross sectional study” (2010)** had observed that physicians' mental health may be adversely affected by the number of days of work and time spent on-call, and improved by sleep and days-off. Depressive state was positively associated with being on-call more than 5 days per month for men, and more than 8 days per month for women, and was negatively associated with being off-duty more than 8 days per month for men. **Christine et al in their study “Correlation of work-life balance decisions of different generations of physicians” (2010)** had concluded that over the past decade, based on the generation of the person, the values and beliefs of physicians had changed with regard to work-life balance choices. Generation X physicians had strong values about finding balance between their chosen professions in medicine and enjoying their personal lives. The baby boomer physicians believe

their careers are their first priority and often place career obligations above family commitments. **Rohini et al conducted research on “Social responsibility of hospitals: an Indian context” (2010)** had explored the perceived responsibilities of five not-for-profit hospitals in Bangalore, India, towards society. It was found that the hospitals must take into account the social, cultural and financial characteristics of the patients while fulfilling societal obligations. **Susi and Jawaharrani conducted research on “Work-Life Balance: The key driver of employee engagement” (2012)** had examined some of the literature on employee engagement, explore workplace culture and work life balance policies and practices followed in industries in order to promote employee engagement in their organization to increase their employee productivity and retain them. Work life balance was a key driver of job satisfaction. **Tariq et al conducted research on “Work-Life Balance as a Best Practice Model of Human Resource Management: A Win-Win Situational Tool for the Employees and Organizations” (2012)** examined that work-life balance was both important for the organization and for its employees particularly in dynamic organizational scenarios. It helps the organization to improve productivity, efficiency, competitiveness, morale and hence gain a competitive edge. **Lakshmi et al conducted research on “Analysis Of Work Life Balance Of Female Nurses In Hospitals - Comparative Study Between Government And Private Hospital In Chennai, India” (2012)** state that majority of women are working through-out week and 53% were struggling to achieve work-life balance. Women reported that their life had become a juggling act as they had to shoulder multiple responsibilities at work and home.

## **PROBLEM FORMULATION**

### **2.1 NEED AND SIGNIFICANCE OF STUDY**

The need of this research was to fill the research gap that existed between the previous researches and the present research. In the present scenario, high demands of excelling in their respective fields and high workload in form of night shifts amongst skilled professionals creates mental stress and job dissatisfaction affecting their professional and personal lives.

This study will assess the stress factors and its effect on the personal life of doctors. This study will be beneficial in striking balance between their work as well as family life. The results of this study can also be extrapolated to other professions with similar working hours.

### 3.1.1 Research Problem

When a person devotes more time to work and less time to home, then it affects its family and marital life. So the research problem is to find out the results of work life balance of Doctors in relation with child care, stress, health, etc . Therefore the study is on **Work life Balance of Doctors in metro city.**

### 3.1.2 Research Methodology

Research Methodology is a way to systematically solve the research problem. The Research Methodology includes the various methods and techniques for conducting a Research

## 3.2 SAMPLING DESIGN

Sampling can be defined as the section of some part of an aggregate or totality on the basis of which judgments or an inference about aggregate or totality is made. The sampling design helps in decision making in the following areas:

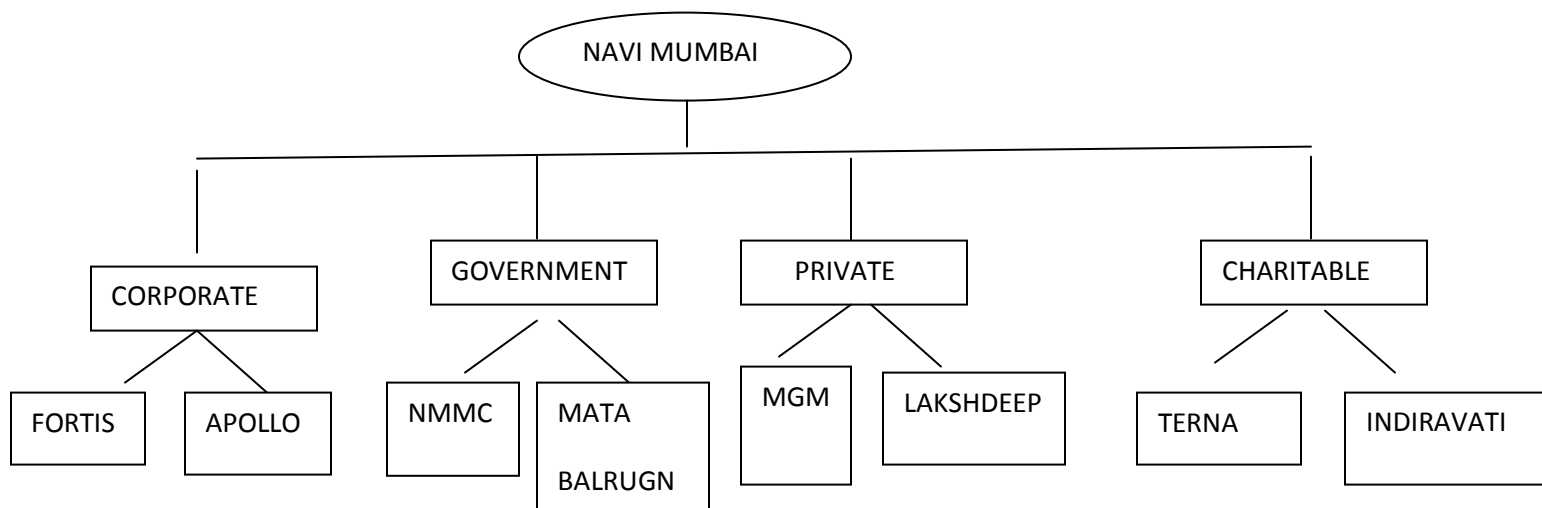
**3.2.1 Universe of the study** – The universe comprises of two parts as theoretical universe and accessible universe.

- **Theoretical universe-** It included all the Hospitals throughout the universe.
- **Accessible universe-** It included hospitals of Navi mumbai

**3.2.2 Sampling Unit:** It indicates who is to be surveyed. In this project, sampling unit consisted of Doctors and Para –Medical staff working in hospitals of Navi Mumbai .The hospitals covered will include General, Multi specialty, orthopedic, ENT, Gynecologist, Cardiologist, and Pediatrician etc.

**3.2.3 Sample size:** It refers to the elements to be included in the study. So In order to have conceptualized view of all types of respondents in our study, we will cover 8 major hospitals in the city.

Fig no 3.1 showing the selected hospitals from city



I have selected 20 doctors from each sector like corporate, government, private, charitable. From each hospital will select 10 doctors. So sample size will be 80 doctors.

### 3.2.4 SAMPLING TECHNIQUE

**Convenient sampling** will be used to collect the data from the respondents.

### 3.3 DATA COLLECTION

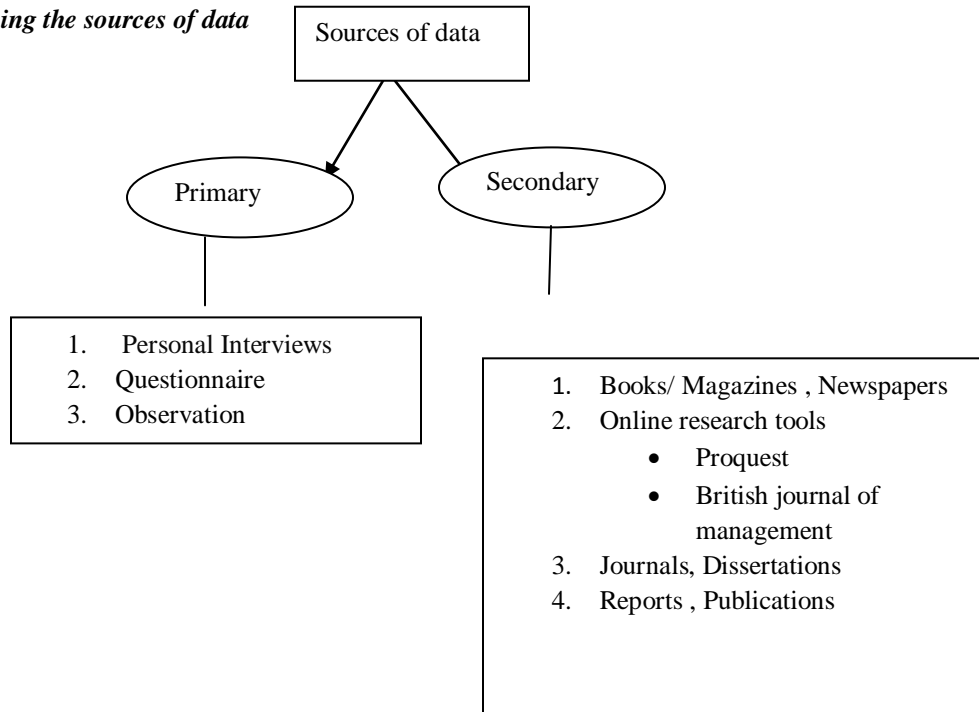
Both primary and secondary methods will be used for collection of data.

**Primary data:** Primary data are the information collected firsthand from sources such as historical documents, literary texts, artistic works, experiments, surveys, and interviews. The primary data for present study will be collected from structured questionnaire and Interviews from doctors and Para- medical staff and through observation.

**Secondary Data:** Secondary data is data collected by someone other than the user. Common sources of secondary data for social science include censuses, organizational records and data collected through qualitative methodologies or qualitative research.

Structured questionnaire comprising different parts will be used for as primary source for collection of data whereas library research (journals, dissertations books, etc.) will be used as secondary source for collecting data.

*Fig 3.2 showing the sources of data*



### 3.4 OBJECTIVE OF THE STUDY

The following will be the objective of my study:

- To study the impact of work life balance on married life of doctors.
- To study the relation between gender and numbers of hours doctors spend with their children.
- To study the association between factors that may cause difficulty like Holidays /paid time off and suffering from any stress-related disease like hypertension.

### 3.5 HYPOTHESIS

**Ho:** There exist difference on work life balance and married life of doctors.

**Ho:** There exist significant relation between gender and numbers of hours doctors spend with their children.

**Ho:** There exist significant relation between factors that may cause difficulty like Holidays /paid time off and suffering from any stress-related disease like hypertension.

## Interpretation

- Association of “Gender” with employed man/woman who is helping them to take care of their children?

- Spouse
- In-laws
- Parents
- Servants
- Crèche/day care centers

Table no 4.1 Crosstab

			Q10					Total	
			0	1	2	3	4		5
Gender	1	Count	15	0	0	0	0	36	51
		% within Gender	29.4%	.0%	.0%	.0%	.0%	70.6%	100.0%
		% within Q10	100.0%	.0%	.0%	.0%	.0%	73.5%	63.8%
	2	Count	0	1	13	1	1	13	29
		% within Gender	.0%	3.4%	44.8%	3.4%	3.4%	44.8%	100.0%
		% within Q10	.0%	100.0%	100.0%	100.0%	100.0%	26.5%	36.3%
Total	Count	15	1	13	1	1	49	80	
	% within Gender	18.8%	1.3%	16.3%	1.3%	1.3%	61.3%	100.0%	
	% within Q10	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

### 4.1.1 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	38.670 <sup>a</sup>	5	.000
Likelihood Ratio	48.079	5	.000
Linear-by-Linear Association	.059	1	.808
N of Valid Cases	80		

- a. 7 cells (58.3%) have expected count less than 5. The minimum expected count is .36.



From the above table 4.1 it is concluded that out of 80, 51 were male doctors and 29 female doctors who filled questionnaire. It is found that out of 51 male doctors 36 doctors admitted that their children are taken care by crèche or day care center. Out of 29 female doctors 13 doctors are of similar view.

After applying chi square test in table no: 4.1.1 it is found that chi square value is 38.670, degree of freedom is 5. P value is .000 which means it is less than .05 so there is significant difference between gender and the employees who take care of their children.

- **Association of “Gender” with the number of hours in a day do doctors spend with their child/children?**

- a) Less than 2 hours
- b) 2-3 hours
- c) 3-4 hours
- d) 4-5 hours
- e) More than 5 hours

**4.2 Crosstab**

			Q11			Total
			0	1	2	
Gender	1	Count	15	7	29	51
		% within Gender	29.4%	13.7%	56.9%	100.0%
		% within Q11	100.0%	26.9%	74.4%	63.8%
	2	Count	0	19	10	29
		% within Gender	.0%	65.5%	34.5%	100.0%
		% within Q11	.0%	73.1%	25.6%	36.3%
Total		Count	15	26	39	80
		% within Gender	18.8%	32.5%	48.8%	100.0%
		% within Q11	100.0%	100.0%	100.0%	100.0%

#### 4.2.1 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.687 <sup>a</sup>	2	.000
Likelihood Ratio	30.082	2	.000
Linear-by-Linear Association	.154	1	.694
N of Valid Cases	80		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.44.

From the above table 4.2 it is concluded that out of 80, 51 were male doctors and 29 female doctors who filled questionnaire. It is found that out of 51 male doctors 29 doctors admitted that they spend 4-5 hrs with their children. Out of 29 female doctors 19 doctors spend only 2-3 hrs with their children.

After applying chi square test from table no; 4.2.1, it is found that chi square value is 25.687, degree of freedom is 2. P value is .000 which means it is less than .05 so there is significant difference between gender and the number of hours doctors spend with their children.

- **Association of “Marital status” with employed man/woman who is helping them to take care of their children?**

- Spouse
- In-laws
- Parents
- Servants
- Crèche/day care centers

### 4.3 Crosstab

			Q10					Total	
			0	1	2	3	4		5
Marital Status	1	Count	0	1	13	1	1	49	65
		% within Marital Status	.0%	1.5%	20.0%	1.5%	1.5%	75.4%	100.0%
		% within Q10	.0%	100.0%	100.0%	100.0%	100.0%	100.0%	81.3%
	2	Count	15	0	0	0	0	0	15
		% within Marital Status	100.0%	.0%	.0%	.0%	.0%	.0%	100.0%
		% within Q10	100.0%	.0%	.0%	.0%	.0%	.0%	18.8%
Total		Count	15	1	13	1	1	49	80
		% within Marital Status	18.8%	1.3%	16.3%	1.3%	1.3%	61.3%	100.0%
		% within Q10	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

#### 4.3.1 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	80.000 <sup>a</sup>	5	.000
Likelihood Ratio	77.212	5	.000
Linear-by-Linear Association	53.756	1	.000
N of Valid Cases	80		

a. 8 cells (66.7%) have expected count less than 5. The minimum expected count is .19.

From the above table it is concluded that out of 80, 65 are married and 15 are unmarried doctors who filled the questionnaire. Out of 65, 49 doctors agreed that their children are taken care of by crèche or day care center. After applying the chi-square test, it is found that the chi-square value is 80.000, the degree of freedom is 5.

The P value is .000, which means it is less than .05, so there is a significant difference between marital status and the employees who take care of their children.

- **Association of “Marital status” with the number of hours in a day do doctors spend with their child/children?**

a) Less than 2 hours

b) 2-3 hours

c) 3-4 hours

d) 4-5 hours

e) More than 5 hours

**4.4 Crosstab**

			Q11			Total
			0	1	2	
Marital Status	1	Count	0	26	39	65
		% within Marital Status	.0%	40.0%	60.0%	100.0%
		% within Q11	.0%	100.0%	100.0%	81.3%
	2	Count	15	0	0	15
		% within Marital Status	100.0%	.0%	.0%	100.0%
		% within Q11	100.0%	.0%	.0%	18.8%
Total	Count	15	26	39	80	
	% within Marital Status	18.8%	32.5%	48.8%	100.0%	
	% within Q11	100.0%	100.0%	100.0%	100.0%	

**4.4.1 Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	80.000 <sup>a</sup>	2	.000
Likelihood Ratio	77.212	2	.000
Linear-by-Linear Association	52.667	1	.000
N of Valid Cases	80		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 2.81.

From the above table it is conclude that out of 80, 65 are married 15 are unmarried doctors who filled questionnaire. Out of 65 , 39 doctors agreed that they spend 3-4 hrs with their children. After applying chi square test it is found that chi square value is 80.000, degree of freedom is 2. P value is .000 which mean it is less than .05 so there is significant difference between marital status and the employees who take care of their children.

- Association with factors that may cause difficulty like Hours of work and suffering from any stress-related disease like diabetes.

### Q28a \* Q33c

4.5 Crosstab

			Q33c		Total
			0	1	
Q28a	0	Count	0	11	11
		% within Q28a	.0%	100.0%	100.0%
		% within Q33c	.0%	44.0%	13.8%
1	1	Count	55	14	69
		% within Q28a	79.7%	20.3%	100.0%
		% within Q33c	100.0%	56.0%	86.3%
Total		Count	55	25	80
		% within Q28a	68.8%	31.3%	100.0%
		% within Q33c	100.0%	100.0%	100.0%

4.5.1 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	28.058 <sup>a</sup>	1	.000	.000	.000
Continuity Correction <sup>b</sup>	24.470	1	.000		
Likelihood Ratio	29.767	1	.000		
Fisher's Exact Test					
Linear-by-Linear Association	27.707	1	.000		
N of Valid Cases	80				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.44.

b. Computed only for a 2x2 table

After applying chi square test it is found that chi square value is 28.058, degree of freedom is 1. P value is .000 which mean it is less than .05 so there is significant difference between areas that may cause difficulty like hours of work and suffering from any stress-related disease like diabetes.

- Association with areas that may cause difficulty like Holidays /paid time off and suffering from any stress-related disease like hypertension.

#### 4.6 Crosstab

			Q33a		Total
			0	1	
Q28c	0	Count	0	11	11
		% within Q28c	.0%	100.0%	100.0%
		% within Q33a	.0%	44.0%	13.8%
	1	Count	55	14	69
		% within Q28c	79.7%	20.3%	100.0%
		% within Q33a	100.0%	56.0%	86.3%
Total		Count	55	25	80
		% within Q28c	68.8%	31.3%	100.0%
		% within Q33a	100.0%	100.0%	100.0%

#### 4.6.1 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	28.058 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	24.470	1	.000		
Likelihood Ratio	29.767	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	27.707	1	.000		
N of Valid Cases	80				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.44.

b. Computed only for a 2x2 table

After applying chi square test it is found that chi square value is 28.058, degree of freedom is 1. P value is .000 which mean it is less than .05 so there is significant difference between areas that may cause difficulty like like Holidays /paid time off and suffering from any stress-related disease like hypertension.

- Association with areas that may cause difficulty like Caring for children and suffering from any stress-related disease like frequent headaches

### Q28e \* Q33d

4.7 Crosstab

			Q33d		Total
			0	1	
Q28e	0	Count	11	0	11
		% within Q28e	100.0%	.0%	100.0%
		% within Q33d	44.0%	.0%	13.8%
1	1	Count	14	55	69
		% within Q28e	20.3%	79.7%	100.0%
		% within Q33d	56.0%	100.0%	86.3%
Total		Count	25	55	80
		% within Q28e	31.3%	68.8%	100.0%
		% within Q33d	100.0%	100.0%	100.0%

4.7.1 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	28.058 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	24.470	1	.000		
Likelihood Ratio	29.767	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	27.707	1	.000		
N of Valid Cases	80				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.44.

b. Computed only for a 2x2 table

After applying chi square test it is found that chi square value is 28.058, degree of freedom is 1.

P value is .000 which means it is less than .05 so there is significant difference between areas that may cause difficulty like Caring for children and suffering from any stress-related disease like frequent headaches.

## Findings:

- There is significant difference on work life balance and married life of doctors.
- There is significant relation between gender and numbers of hours doctors spend with their children.
- There is significant relation between areas that may cause difficulty like Holidays /paid time off and suffering from any stress-related disease like hypertension.
- Female doctors are getting less time to devote in the family for this reason their children are taken care by crèche.
- Married doctors are busier than unmarried doctors.
- Many times due to heavy load of work they feel frequent headaches.

## Conclusion:

There was a time when the boundaries between work and home were fairly clear. Today, however, work is likely to invade your personal life — and maintaining work-life balance is no simple task. This might be especially true if you're concerned about losing your job due to restructuring, layoffs or other factors. Work and home life are both necessary, but they should be fulfilling and satisfying. To achieve not only balance but also peace, fulfillment, and happiness in your life, know yourself, take action, and maintain as much control over both work and home as possible.



## REFERENCES

### ➤ BOOKS

- Drafke , Michael.,(2008), “ *The Human Side Of Organization*”, 9<sup>th</sup> Edition , Pronticle Hall Of India Pvt Ltd , New Delhi,pp . 304
- Krishnaswamy, K.N.,Shivakumar,Eyer,Appa.,(2006), “*Management Research Methodology*”, Dorling Kindersley India Pvt Ltd, New Delhi,pp.76,110
- Gupta, C.B., Gupta, Vijay.,(2010), “*An Introduction To Statistical Method*”, Vikas Publication House Pvt Ltd , New Delhi,pp.32-34

### ➤ JOURNALS

- Atkinson,M., Turkel,M. & Cashy,J. (2008) Overcoming Barriers to Research in a Magnet Community Hospital. *Journal of Nursing Care Quality*,Volume 23, Issue Number 4 ,Pages 362 – 368
- Bakker, A.B., Demerouti,E., Burke,R (2009) Workaholism and Relationship Quality: A Spillover–Crossover Perspective. *Journal of Occupational Health Psychology* 2009, Vol. 14,Issue No. 1, 23–33
- Brough,P., Holt,J., Bauld,R., Biggs,A., & Ryan,C. (2008) The ability of work–life balance policies to influence key social/organisational issues.
- Buddeberg,B., Fischer, Stamm,M., Buddeberg,C., Bauer,G., Hämmig,O.,Knecht,M ., & Klaghofer,R. (2010) The impact of gender and parenthood on physicians’ careers - professional and personal situation seven years after graduation.Buddeberg-Fischer . *BMC Health Services Research* 2010, 10:40
- Duvendack, Christine (2010)Correlation of work-life balance decisions of different generations of physicians. Source: DAI-B 71/05, p, Nov 2010 Source Type: Ph.D. Subjects: Management; Organizational behavior; Health care management Publication Number: 3403222
- Felstead,A., Jewson,N., Phizacklea.A., Walters,S. (2006) Opportunities to work at home in the context of work-life balance. *Human Resource Management Journal*, Volume 12, Issue 1, pages 54–76, January 2002.

- Gangadhar,Ashwin. Dash, Mchis.(2012), Perception of work life balance among Professionals. The IUP Journal of Organizational Behavior ,Volume 11, Issue1, Page 51, January 2012.
- Girard,M. (2010) Effects of Non-standard Work on the Work-family Balance.McGill Sociological Review, Volume 1 ,(January 2010): 46–58
- Malik,M.I., Zaheer,A., Khan,A. & Ahmed,M. (2010), Developing and Testing a Model of Burnout at Work and Turnover Intentions among Doctors in Pakistan. International Journal of Business and Management Vol. 5, No. 10; October 2010 234
- Mayala,kumar,Ramesh. Chiluka,Nagapriya.(2012), Worklife balance among teachers. The IUP Journal of Organizational Behavior ,Volume 11, Issue1, Page 37, January 2012.

#### ➤ WEBSITE

- [http://www.nursingcenter.com/library/JournalArticle.asp?Article\\_ID=815746](http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=815746)
- [http://www.beanmanaged.eu/pdf/articles/arnoldbakker/article\\_arnold\\_bakker\\_202.pdf](http://www.beanmanaged.eu/pdf/articles/arnoldbakker/article_arnold_bakker_202.pdf)
- <http://apj.sagepub.com/content/46/3/261.full.pdf+html>
- <http://www.biomedcentral.com/content/pdf/1472-6963-10-40.pdf>
- [http://www.mutual-learning-employment.net/uploads/ModuleXtender/PeerReviews/70/NL\\_den%20Dulk.pdf](http://www.mutual-learning-employment.net/uploads/ModuleXtender/PeerReviews/70/NL_den%20Dulk.pdf)
- [http://onlinelibrary.wiley.com/doi/10.1111/j.1748\\_8583.2002.tb00057.x/abstract](http://onlinelibrary.wiley.com/doi/10.1111/j.1748_8583.2002.tb00057.x/abstract)
- [http://journals.lww.com/greenjournal/abstract/2007/04000/predictors\\_of\\_physician\\_career\\_satisfaction,.24.aspx](http://journals.lww.com/greenjournal/abstract/2007/04000/predictors_of_physician_career_satisfaction,.24.aspx)
- [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1689323](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1689323)