

Relationship Between Family Variables and Work Life Balance – A Study of Medical Practitioners in Private Hospitals of Kanyakumari District

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ABSTRACT

This study was performed to find out the relationship between various family related variables and different dimensions of work life balance among the medical practitioners in private hospitals of Kanyakumari district. The main aim of this study is to identify the most significantly influencing factors of work life balance of medical practitioners. The study was conducted with the sample of 132 medical practitioners from various hospitals in Kanyakumari district. Correlation coefficient and ANOVA have been performed to analyze the collected data. It is found from the result that there is a significant relationship between various family related variables and work life balance. Spouse support and work life balance is found to be significant and positive correlation. Family role overload and work life balance is also found to be a significant and positive relationship.

Keywords: family demands, role overload, work life balance, work family conflict, spouse support.

INTRODUCTION:

Balancing work and life is one of the critical and very important issues nowadays. This aspect is very much applicable for working women, where she has to balance her work and also family, as the members of the family solely depends on the women. However, several problems arise for working people in all the profession. Medical profession is one among the fields where the doctors find it difficult to manage their work and family. There are several reasons for the successful balancing of work and life. Walia (2011) expressed that the changes in the family sphere such as nuclear families, single parent households, dual-earning parents, parents working at different locations and increasing household work have impacted the work-life balance of individuals. Hence, it has become very difficult for the individuals to meet the family demands (Walia, 2011). The environment in which organizations now operate is totally different from any time in history, with new demands in a constant state of flux (Shoemaker, Brown, and Barboer, 2011).

Three important categories of socioeconomic factors have been responsible for work and personal life of employees namely, family and personal life, work and other factors" Naithani (2010) and Naithani and Jha (2009). Family and personal life factors include increasing participation of women in the workforce, the participation of working mothers, dual-earner couples and single parents. These factors enhanced the child and elder care burden on a large number of employees and, in addition, created new challenges in balancing work and family life. Work-related factors include long hour culture, unpaid overtime, changing work time, increase in part-time workers and work intensification. These work-related factors resulted in enhanced work related stress, time squeeze for home and family and employees demand for shorter working hours. Other factors include aging population, the technological complexity of work, skill shortages, lack of social support network, globalization and demographic shift of the workforce.

Increase in work and family pressures from the home domain may result in higher levels of work-home conflicts among medical professionals. Balancing work and life and reducing the conflict relationships between the two domains are crucially important. It is not only important to the medical professionals that strive to deliver their work with the highest possible quality, but also to the organizations and privates that employ them and are concerned with work performance and national health, to the families that rely on them as family members, and to the patients that expect high quality service from them (Sharma and Parmar, 2015). Keeping this in view, through the present study an attempt has been made to investigate the relationship between various family related variables and work life balance of medical practitioners working in private hospitals of Kanyakumari district. Through this study an effort has been made to understand whether family related variables viz. spouse support, parental demands, household responsibility and family role overload have any relationship with work life balance.

LITERATURE REVIEW:

Several studies have been conducted to examine the work life balance of employees of various organizations. These studies have demonstrated the relationship between various family related variables and work life balance. Frone et al. (1997) developed and tested an integrative model of the work-family interface. Data for the study was obtained from a sample of 372 employed adults who were married and/or parents. The study reported an indirect reciprocal relation between work-to-family conflict and family-to-work conflict. The study suggested that family-related support may reduce family-to-work conflict primarily by reducing family distress and parental overload. In addition, the findings of the study indicated that work-to-family conflict was negatively related to family performance (Sakshi and Parmer, 2017).

A study conducted by Grzywacz and Marks (1999) using a sample of employed adults from the National Survey of Midlife Development in the United States, indicated four distinct dimensions of work-family spillover: negative spillover from work to family, positive spillover from work to family, negative spillover from family to work, and positive spillover from family to work. Results of the study indicated that the more resources that facilitate development in work or family settings (e.g., more decision latitude at work, support at work from co-workers and superiors, emotionally close spouse and family relations) were associated with less negative and more positive spillover between work and family.

Milkie and Peltola (1999) using a sample of married employed Americans from the 1996 General Social Survey, examined the men and women's subjective sense in balancing work and family demands. The study found that women and men reported similar levels of success and kinds of work-family tradeoffs. However, some gender differences were found. For men, the imbalance was predicted by longer working hours, wives who worked fewer hours, perceived unfairness in sharing housework, marital unhappiness and tradeoffs made at work for the family and at home for work. For women only marital unhappiness and sacrifices at home caused imbalance and for full time employed women, children at home caused the imbalance.

Work and family conflict, spouse support, and nursing staff well-being during a time of hospital restructuring and downsizing was examined by Burke and Greenglass (1999). The study found that spouse support had no effect on work-family conflict, but reduced family-work conflict. Both work-family conflict and family-work conflict were associated with less work satisfaction and greater psychological distress.

Kim and Ling (2001) in their study examined the sources and type of work-family conflict among married Singapore women entrepreneurs. The data for the study came from married Singapore women entrepreneurs. Results of the study indicated that the spouse emotional and attitudinal support had a significant negative relation to work-family conflict.

The value of facets of family friendly work environment, i.e., work/family policies and programs, including flexibility and dependent care, and family-friendly culture, including work/family culture, supervisor support and co-worker support in reducing worker reports of work/family conflict was examined by Mesmer-Magnus and Viswesvaran (2006). The study found spousal support to be strongly related to family work conflict. Also, it was found that work/family culture and supervisor support influences worker's feelings of work/family conflict. In addition, small relationship was found between dependent care assistance and work/family conflict.

Michel, Kotrba, Mitchelson, Clark and Baltes (2011) analyzed an organizing framework and theoretical model of work-family conflict. Results of the study indicated that family role stressors (family stressors, role conflict, role ambiguity, role overload, time demands, parental demands, number of children / dependents), family social support (family support, spousal support), family characteristics (internal locus of control, negative affect/neuroticism) are antecedents of family-to-work conflict (FWC). Nasurdin and O'Driscoll (2011) examined the relationships between work overload and parental demands with work-family conflict among New Zealand and

Malaysian academics. The data were gathered from two public universities, one located in New Zealand and the other in Malaysia. The study found no significant correlation between parental demands and family-to-work interference in both the samples.

Bennett (2012) examined the antecedents of work-family conflict and how individuals from different generations and life cycle stages differ in regards to two directions of work-family conflict; work-interference-with-family conflict and family-interference-with-work conflict. The study found that family role overload, instrumental social support from spouse, and hours spent on child care or household duties were significantly related to family-interference-with-work conflict.

NEED OF THE STUDY:

In every family, the demands have increased due to the consequence of a shift in demographic factors and change in family social system like inflow of women in the labor force, dual-earner couples, one-parent families and nuclear households. Due to the present trend, the child and elder care burden on a large number of employees is enhanced and in addition created new challenges in balancing work and family life. Riley (2012) cautioned that the environment in which organizations now operate is totally different from any time in history, with new demands in a constant state of flux. For example, the family unit may now consist of a three generational unit where both the partners are employed and have care responsibilities for their kids and elders (Grundy and Henretta, 2006). Thus, today's workplace is more multi-faceted and requires balancing between work and life of doctors especially in private hospitals. Doctors in private hospitals face more issues while managing their family and life. Balancing work and life and reducing the conflict relationships between the two domains is crucially significant for medical practitioners. Therefore, through this study an effort has been made to understand the relationship between various family related variables and work life balance of medical practitioners.

OBJECTIVES OF THE STUDY:

Based on the review of literature, the present study was undertaken with the following objectives;

- To study the relationship between family related variables and work life balance of medical practitioners employed in private hospitals of Kanyakumari district.
- To study the difference in work life balance of medical practitioners at varied levels of family related variables.

METHODOLOGY:

The study is mainly based on primary data which was collected through the respondents consisting of 132 medical practitioners employed in various private hospitals of Kanyakumari district. In order to get the required information a well-designed questionnaire was prepared and administered among respondents. Data was collected from private hospitals of Kanyakumari district. There are more numbers of private hospitals in Kanyakumari district. However, only 20 hospitals were selected randomly. The total number of medical practitioners working in 20 hospitals was 237. Researcher made request to all the 237 medical professionals, but received favourable reply from only 132 medical professionals and the researcher explained them the need for the study. Questionnaires were distributed among those 132 medical practitioners and collected their response. The data thus collected have been analyzed with the help of SPSS.

Reliability:

Work life balance (Hyman 2005)		
Work interference with personal life	5	0.89
Personal life interference with work	5	0.84
work personal life enhancement	5	0.83
Social support (Caplan et al., 1975)	4	0.92
Role overload (Beehr et al., 1976)	3	0.85
Household Responsibility Index (Hyman et al., 2003)	6	0.89
Parental demands (Walia, 2010)	6	0.80

RESULTS AND DISCUSSION:

Relationship between family related variables and work life balance:

Table 1: Correlation coefficient between family related variables and work life balance

Family Related Variables	Work Life Balance
Spouse support	0.53**
Parental Demands	0.18
Household Responsibility	0.08
Family Role Overload	-0.29*

* - Significant at 0.05 level ** - Significant at 0.01 level

In order to find out the relationship between family related variables and work life balance of medical practitioners employed in private hospitals of Kanyakumari district, Pearson correlation coefficient was employed and the results are shown in Table 1. From the results of the table, Spouse support (SS, $r=0.53^{**}$, $p<0.01$) was found to be significantly and positively correlated with work life balance. Family role overload (FRO, $r= -0.29^*$, $p<0.05$), was also associated with work life balance of medical practitioners, although the relationship was generally weaker. However, no significant correlation was found between the family related variables viz. parental demands and household responsibility and work life balance. It is identified from the result that higher the family role overload, lower is the work life balance.

Work life balance medical practitioners at varied levels of family related variables:

Table 2: Work life balance of medical practitioners at varied levels of family related variables

Family related variables	Work Life Balance	Sources of Variance	Sum of Squares	df	Mean Square	F	Sig.
SS	WLBT	Between Groups	1458.806	2	729.403		
		Within Groups	14874.161	59	252.104	2.89	.063
		Total	16332.968	61			
PD	WLBT	Between Groups	962.462	2	481.231		
		Within Groups	14264.746	50	285.295	1.68	.195
		Total	15227.208	52			
HHR	WLBT	Between Groups	291.632	2	145.816		
		Within Groups	34954.027	138	253.290	.576	.564
		Total	35245.660	140			
FRO	WLBT	Between Groups	2200.804	2	1100.402		
		Within Groups	33044.856	138	239.455	4.59	.012
		Total	35245.660	140			

As evidenced in Table 2, F value was found to be significant for FRO ($F=4.59$, $p<0.05$) which implied significant differences in the overall work life balance of medical practitioners with low, average and high family role overload. However, F value was found to be insignificant for the family related variables SS ($F=2.89$, $p>0.05$), PD ($F=1.68$, $p>0.05$) and HHR ($F=.576$, $p>0.05$), implying no significant difference in work life balance of medical practitioners at varied levels of spouse support, household responsibility and parental demands. Since work life balance of medical practitioners was found to significantly different at low, average and high levels of family role overload in one-way ANOVA, the post hoc test was employed to identify the pair of groups that contributed to significant differences. The results of Tukey HSD post hoc analysis shows that, on WLBT, the p-value between low and high groups was less than 0.05, implying that the mean scores between low and high groups differed significantly at the 5% level of significance. However, the p-value for low and average and average and high groups was found to be greater than 0.05, implying that there were no significant differences among these groups. The results imply that the overall work life balance differed significantly among medical practitioners with low and high family role overload, however, does not differ significantly between medical practitioners with low and average and average and high family role overload. Overall work life balance was

found to be highest among groups with low family role overload, followed by average and high groups.

CONCLUSIONS AND IMPLICATIONS:

The present study was conducted with the key objective of investigating the relationship between various family related variables and work life balance of medical practitioners employed in private hospitals of Kanyakumari district. The study found significant and positive correlation between spouse support and work life balance. The finding of the present study is in line with the previous study conducted by Grzywacz and Marks (1999) who reported that resources that facilitate development in work or family settings (e.g., emotionally close spouse and family relations) are associated with less negative and more positive spillover between work and family. The present study also reported a correlation between family role overload and work life balance. This finding is in consistency with the findings of the study by Bennett (2012) who reported significant correlation between family role overload and family interference with work conflict. The difference in work life balance of medical practitioners at varied levels of family related variables viz. spouse support, parental demands, household responsibility and family role overload was also studied. The study found significant difference in work life balance of medical practitioners at low, average and high level of family role overload.

The identified family related variables cannot be directly manipulated by the private hospitals. However, the management of the private hospitals can make an effort to lessen the impact of the home-related demands of their medical practitioners. For instance, provisions for child care referral services, family room, sick leave to take of children, parenting or family support programs, and crèches may assist in thinning out the degree to which family demands affects work life balance. In family, the demands have increased as a consequence of a shift in demographic factors and change in family structure such as an influx of women in the labour force, dual-earner couples, single-parent families and nuclear families. This trend has created new challenges in balancing work and other domains of life. Riley (2012) pointed out that even with reliable work-family arrangements, conflict can arise from episodic events such as deadlines at work and sudden illness of children. Therefore, support from non-work based sources (such as spouse, children, and friends) help to reduce the conflict between work and life domains. If a person receives the needed support from spouse and parents, it may become easier to maintain a balance in their life. The collective strength of family resources (e.g., cohesion and ability to adapt to work and family related demands) are vital for work-family integration (Voydanoff, 2007, Sakshi and Parmer, 2017).

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