DOI: 10.18843/ijcms/v8i3/12
DOI URL: http://dx.doi.org/10.18843/ijcms/v8i3/12

FAMILY VARIABLES AND WORK LIFE BALANCE – A STUDY OF DOCTORS IN GOVERNMENT HOSPITALS OF HIMACHAL PRADESH

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ABSTRACT

The present study was designed to investigate the relationship between family related variables and wok life balance (and its dimensions) among the doctors of the government hospitals of Himachal Pradesh. The study sought to determine the most significant predictors of work life balance of doctors. The study was conducted through the sample of 141 doctors employed in various government hospitals of Himachal Pradesh. The data thus collected have been analyzed with the help of SPSS 17. In order to analyze the data the statistical tools viz. Pearson correlation coefficient and one way- ANOVA were used. The findings of the study demonstrated that there is correlation between various family related variables and work life balance. The study found significant and positive correlation between spouse support and work life balance. The study also reported a correlation between family role overload and work life balance.

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

Introduction:

The demands in family have increased as a result of a shift in demographic factors and changes in the family structure such as an influx of women in the labour force, dual-earner couples, single-parent families and nuclear families. 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). This trend has 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. 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, & Barboer, 2011).

Researchers Naithani (2010) and Naithani and Jha (2009) stated that "From 1950's up to the early years of the 21st century a wide array of socioeconomic factors has been responsible which significantly influenced the work and personal life of employees. Three important categories of such factors are - family and personal life, work and other factors". *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 (Naithani, 2010).

The growing level of 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 governments 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 & 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 doctors working in government hospitals of Himachal Pradesh. 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:

During the past decades a large number of 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, Yardley & Markel (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.

Grzywacz & 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 & 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.

Burke & Greenglass (1999) examined the work and family conflict, spouse support, and nursing staff well-being during a time of hospital restructuring and downsizing. 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 & 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.

Mesmer-Magnus & Viswesvaran (2006) conducted a study which examined 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. 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 & Baltes (2011) analysed 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 & 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:

The demands in family have increased as a consequence of a shift in demographic factors and change in family social system such as an inflow of women in the labor force, dual-earner couples, one-parent families and nuclear households. This trend has 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. The environment in which organizations now operate is totally different from any time in history, with new demands in a constant state of flux (Riley, 2012). For instance, 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 & Henretta, 2006). Thus, today's workplace is more multi-faceted and requires managers of organizations to deal with new complexities (Riley, 2012). Balancing work and life and reducing the conflict relationships between the two domains is crucially significant. Therefore, through this study an effort has been made to understand the relationship between various family related variables and work life balance of doctors.

Objectives of the Study:

Keeping in mind the review of past studies, the present study was undertaken with the following objectives;

- To study the relationship between family related variables and work life balance of doctors employed in government hospitals of Himachal Pradesh.
- To study the difference in work life balance of doctors at varied levels of family related variables.

Hypothesis:

On the basis of the literature available on family variables and work life balance, the following hypotheses were formulated;

H1: There is no significant relationship between spouse support and work life balance of doctors.

H2: There is no significant relationship between household responsibility and work life balance of doctors.

H3: There is no significant relationship between parental demands and work life balance of doctors.

H4: There is no significant relationship between family roles overloads and work life balance of doctors.

H5: There is no significant difference in work life balance (and its dimensions) among doctors at varied levels of spouse support (i.e., low, average and high spouse support)

H6: There is no significant difference in work life balance (and its dimensions) among doctors at varied levels of parental demands (i.e., low, average and high parental demands)

H7: There is no significant difference in work life balance (and its dimensions) among doctors at varied levels of household responsibility (i.e., low, average and high household responsibility)

H8: There is no significant difference in work life balance (and its dimensions) among doctors at varied levels of family role overload (i.e., low, average and high family role overload)

Methodology:

The study is mainly based on primary data which was collected through the respondents consisting of 141 doctors employed in various government hospitals of Himachal Pradesh. In order to get the required information a well-designed questionnaire was prepared and administered among respondents. Data was collected from six government hospitals of four districts of Himachal Pradesh namely Kangra, Mandi, Shimla and Solan. There are twelve districts in the state of Himachal Pradesh and for the present study four districts were selected on the basis of random sampling. The total number of government hospitals in these four districts is 26. However, we selected six hospitals on the basis of convenience and judgment sampling. The total number of doctors working in six hospitals was 503. Questionnaires were distributed among 215 doctors on the basis of judgment sampling out of which 141 questionnaires were returned by the respondents yielding a response rate of 65%. The period of the study was 2015-2016. The data thus collected have been analyzed with the help of SPSS 17. The various statistical tools viz. Pearson correlation coefficient and t-test was used to analyse the data.

Reliability:

Work Life Balance: In the present study, the WIPL (work interference with personal life) scale had a reliability of α=.92, the PLIW (personal life interference with work) subscale had a reliability of α=.83, and the WPLE (work personal life enhancement) subscale had a reliability of α=.89. Work life balance was assessed with 15-item scale adapted from an instrument developed and reported by Fisher-McAuley, Stanton, Jolton and Gavin (2003). Their original scale consisted of 19 items designed to assess three dimensions of work life balance: work interference with personal life (WIPL), personal life interference with work (PLIW), and work/personal life enhancement (WPLE). The scale used in the

present study is the scale reported by Hyman (2005), where the original 19 items have been reduced to 15 items, but retains all three dimensions. The respondents were asked to indicate the frequency with which they have felt in a particular way during the past three months using a seven point time related scale (e.g. 1=Not at all, 4= Sometimes, and 7=All the time). Scoring was done as 7,6,5,4,3,2,1 (7=Not at all, 4=Sometimes, and 1=All the time) for the dimensions of work interference with personal life (except item 7, which was reverse coded) and personal life interference with work. Higher scores indicated low interference, and lower levels of interference were interpreted as higher levels of work-life balance. For the dimension work/personal life enhancement scoring was 1,2,3,4,5,6,7 (1=Not at all, 4=Sometimes, and 7=All the time) as the items were positively worded. The overall work life balance score was computed by adding the score on three dimensions.

Social Support: The scale of Caplan *et al.* (1975) was used to measure the social support. In this study perception of support from spouse was measured. There were four items in the scale. Respondents were asked to state the extent of support they received from spouse on a five-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). In the analysis internal consistency reliability coefficient (Cronbach's Alpha) for the support from spouse was reported as $\alpha = .77$.

Role Overload: Role overload was assessed by using a three-item scale developed by Beehr *et al.* (1976), where a five point Likert-type scale ranging from "Strongly agree" to "Strongly disagree" was used. Scoring was 5 (Strongly disagree) to 1 (Strongly agree). Internal consistency reliability (Cronbach's Alpha) was $\alpha=.48$ for the scale. Item 2 was reverse coded.

Household Responsibility Index: The scale of Hyman *et al. (*2003) was used to measure household responsibility. An index of household responsibilities was calculated from the sum of responses to six items assessing the degree of responsibility for cooking; shopping; cleaning; washing/ironing; looking after small children/sick relative; and small household repairs. The items were scaled from 1 (always someone else's responsibility) to 5 (always my responsibility). Internal consistency reliability for the scale in this study was reported as $\alpha=.90$.

Parental demands: The scale of Walia (2010) was used to measure parental demands (6-items). The items were scored on a five point scale. Examples of the items include: Who at home is responsible to: "assist child with his homework", "take care of child during sickness". The scale Internal consistency reliability (Cronbach's alpha) was reported as $\alpha=.80$.

Results and Discussion:

Classification of Doctors on the basis of family related variables scores

The doctors were classified on the basis of their spouse support, parental demands, household responsibility, and family role overload into three groups (Table 1), based on the scores obtained in the questionnaire as those with:

(a) Low spouse support, parental demands, household responsibility, and family role overload: Score< (Mean – 0.5 S.D.)
(b) Average spouse support, parental demands, household responsibility, and family role overload: Scores between (Mean – 0.5 S.D.) and (Mean + 0.5 S.D.)
(c) High spouse support, parental demands, household responsibility, and family role overload: Score > (Mean + 0.5 S.D.)

Relationship between family related variables and work life balance:

In order to find out the relationship between family related variables and work life balance of doctors employed in government hospitals of Himachal Pradesh, Pearson correlation coefficient was employed and the results are shown in Table 2. From the results of the table, Spouse support (SS, $r=.32^{**}$, $p<0.01$) was found to be significantly and positively correlated with work life balance. Family role overload (FRO, $r=-.17^{*}$, $p<0.05$), was also associated with work life balance of doctors, 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. Hence, hypotheses H1 and H4 are rejected and hypotheses H2 and H3 are accepted. The results imply that higher the spouse support, higher is the overall work life balance. In addition, higher the family role overload, lower is the work life balance.

Work life balance doctors at varied levels of family related variables:

As evidenced in Table 3, 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 doctors 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 doctors at varied levels of spouse support, household responsibility and parental demands. Hence, hypotheses H5, H6 and H7 are accepted and hypothesis H8 is rejected.

Post Hoc Test:

Since work life balance of doctors 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 the comparison are summarized in Table 4.

Table 5 shows the results of Tukey HSD post hoc analysis. 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 doctors with low and high family role overload, however, does not differ significantly between doctors 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 main objective of the study was to investigate the relationship between various family related variables and work life balance of doctors employed in government hospitals of Himachal Pradesh. The study found significant and positive correlation between spouse support and work life balance. The finding of the present study corroborates with one previous study by Grzywacz & 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 doctors 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 doctors at low, average and high level of family role overload.

The identified family related variables cannot be directly manipulated by the organizations. However, organizations can make an effort to lessen the impact of the home-related demands. 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).

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Table 1: Classification of doctors on the basis of their family related variable scores

Family related variables	Classification								
	Low			Average			High		
	N	%	Mean	N	%	Mean	N	%	Mean
SS	19	30.64	10.89	21	33.87	16.33	22	35.48	19.63
PD	14	26.41	10.85	25	47.16	19.04	14	26.41	26.57
HHR	44	31.20	6.31	68	48.22	15.10	29	20.56	24.79
FRO	35	24.82	4.74	82	58.15	8.18	24	17.02	11.00

Note: SS- Spouse Support, PD-Parental Demands, HHR-Household Responsibility, FRO- Family Role Overload

Table 2: Correlation coefficient between family related variables and work life balance

Family Related Variables	Work life balance
SS***	.32**
PD***	.17
HHR***	..07
FRO***	-.17*

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

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

*** SS- Spouse Support, PD-Parental Demands, HHR-Household Responsibility, FRO-Family Role Overload

Table 3: Work life balance of doctors 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	2.89	.063
		Within Groups	14874.161	59	252.104		
		Total	**16332.968**	**61**			
PD	WLBT	Between Groups	962.462	2	481.231	1.68	.195
		Within Groups	14264.746	50	285.295		
		Total	**15227.208**	**52**			
HHR	WLBT	Between Groups	291.632	2	145.816	.576	.564
		Within Groups	34954.027	138	253.290		
		Total	**35245.660**	**140**			
FRO	WLBT	Between Groups	2200.804	2	1100.402	4.59	.012
		Within Groups	33044.856	138	239.455		
		Total	**35245.660**	**140**			

Table 4: Post hoc test

Tukey HSD							
Dependent Variable	**(I) FRg**	**(J) FRg**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
WLBT	Low	Average	6.95296	3.12438	.070	-.4496	14.3555
		High	12.01190*	4.10108	.011	2.2953	21.7285
	Average	Low	-6.95296	3.12438	.070	-14.3555	.4496
		High	5.05894	3.59131	.339	-3.4498	13.5677
	High	Low	-12.01190*	4.10108	.011	-21.7285	-2.2953
		Average	-5.05894	3.59131	.339	-13.5677	3.4498
*. The mean difference is significant at the 0.05 level							

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