

A STUDY ON WORK-LIFE BALANCE OF PARAMEDICAL EMPLOYEES WITH SPECIAL REFERENCE TO A PRIVATE HOSPITAL

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ABSTRACT

Employee engagement has been identified as critical to competitive advantage in a labour market where skilled, committed people are increasingly hard to find and keep. Many of the factors that impact on employee engagement have been identified, or at least speculated on. The concept of work-life balance has developed out of demographic and social changes that have resulted in a more diverse and declining workforce and different family/work models. Encouraging work-life balance is seen as a way of attracting and retaining the labour force needed to support economic well-being. The main objectives of the study are to the work-life score of paramedical employees in a private hospital and the variations in the work-life among different category of paramedical employees. The research design adopted was descriptive as the study required both primary and secondary data. The problem is identified through extensive study of the hypothesis collecting all relevant information using primary data and secondary data. There were 116 paramedical employees selected from a Private Hospital. Questionnaires were circulated and data was collected and analyzed by using by appropriate statistical tools. Based on the analysis, the present study concluded that the work life balance of paramedical employees is good.

Keywords: *work life balance; paramedical employees; work life policies; private hospital.*

Introduction:

A hospital may be soundly organized beautifully situated and well equipped, but if the nursing care is not of high quality the hospital will fail in its responsibility. Nursing service in a wider context is that part of the total health organization which aims to satisfy the nursing needs of the community. Nurses from a very important group-the largest single technical group of personnel engaged in patient care in hospitals next to doctors, consuming approximately one third of hospital costs.

Encouraging work-life balance is seen as a way of attracting and retaining the labour force needed to support economic well-being. The role of work has changed throughout the world due to economic conditions and social demands. 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 still is a necessity but it should be a source of personal satisfaction as well. One of the vehicles

to help provide attainment of personal and professional goals is work-life benefits and programs.

Primarily a working person has two roles to play: professional and personal roles. This has a significant role in shaping the performance of an individual especially in Indian context. Along with the role of an employee the person has to do justice with various other roles of like: son/daughter, husband/wife, father/mother etc. Each role demands specific expectations from incumbents. Due to factors organizational and personal factors, role clash is also caused by the reverse relation that is personal level stress affecting job performance. This role clash results into stress and burnout leading to work-life imbalance. Work- life balance is a state where an individual manages real or potential conflict between different demands on his or her time and energy in a way that satisfies his or her needs for well-being and self-fulfillment. Strategies to achieve work life balance are Allocated time, Control

interruption and distraction, Seize the week end, Schedule the activities, Drop the prejudices.

Benefits of work life balance are classified into two. To the organization are measured increases in individual productivity, accountability and commitment, better team work and communication and improved morale. To the individual is more value and balance in daily life, better understanding of individual's work, increased productivity, improved relationship both on and off the job.

Work-life imbalance is a common phenomenon seen in paramedical employees in private hospitals. Work-life balance can be represented as two spheres indicating two lives: personal and professional. There must be proper balance between these spheres. The achievement of better work life balance can yield dividends for employers in terms of having a more motivated, productive and less stressed workforce that feels valued, attracting a wider range of candidates, increased productivity and reduced absenteeism, gaining the reputation of being an employer of choice, retaining valued employees, achieving reduced cost and maximizing the available labour³. In Indian context the concern of work life balance becomes imperative for all concerned. This study is an attempt to throw light on work life balance issues with reference to paramedical employees in private hospital.

Literature Review:

B. Loy and Wharton (2004) cite several studies showing links between the use of flexibility policies and enhanced commitment and performance, but their own research shows that constraint on using work-life policies or flexibility result in lower organisational commitment. One-third of the respondents to their study of the financial services industry reported feeling constrained from using available workplace flexibility policies.

These constraints included heavy workload, long hours, lack of job control and unsupportive senior staff or colleagues. Having a high proportion of women or parents in a workgroup increases the feeling of being able to use flexitime options but even supportive supervisors cannot counteract the effects of high workloads.

B. Loy's and Wharton's findings in the financial services industry also support arguments for a decline in work-life balance for both men and women, despite an increase in work-life or family-friendly policies. This is a result of globalisation and the intense demands of corporate work conditions.

While high level workers such as those in the financial services sector are likely to have more access to work-life policies and provisions, they are also likely to face constraints on using them due to the workplace culture and competing policies and objectives. Blair Loy and Wharton suggest a U-shaped curve of employee level and flexibility policy uptake, with both the lowest and highest using the policy less. They also recommend more research on workers' use and perception of work-family policies, and the consequences of these perceptions and behaviours.

Crooker et. al (2002) have studied the relationship between life complexity and dynamism that affect work-life balance. The authors have explained individual value systems on the relationship between life complexity and work-life balance.

De Cieri et. al, (2002), in their work The most influential aspects of organisational values as barriers to positive work-life outcomes in the Australian study were focusing on the programmes rather than culture change and the way work is done, and increased work demands overshadowing personal needs. The authors state that what is needed to improve utilisation of work-life balance programmes is improved implementation and communication to managers and employees, culture change and the development of a 'track record' of achievements to encourage future management commitment to this area" ie. Case study examples that demonstrate it works.

Guest (2002) has explored the reasons why work-life balance has become an important topic for research and policy in some countries.

Low et. al (2001) have studied the antecedents and outcome of salesperson burnout with special reference to Australia. They found that intrinsic motivation, role ambiguity and role conflict are significant antecedents of burnout and performance is the outcome.

McDonald, Brown and Bradley (2005) found that the gap between work-life policies and initiatives and their use, particularly by men and career-oriented employees, was due to five factors. The factors are lack of managerial support for work-life balance, perceptions of negative career consequences, organisational time expectations, gendered nature of policy utilisation, perceptions of unfairness by other employees (ie. those without family responsibilities).

Given that the use of family-friendly initiatives was found to be significantly related to employees' perceptions of family-oriented workplace support and men reported higher work-family conflict than women, it appears that men experience less workplace support to use family-friendly initiatives than women as explained in more detail on the following page.

Moncrief et al (1997) have examined the precursors and consequences of salesperson job stress. According to authors, there are a number of organizational variables including met expectations, role conflict, role ambiguity, job satisfaction, organization commitment and intention to leave which influence job stress.

Moore (2007) conducted a research to compare work-life balance issues workers and managers of an MNC. It was concluded that many of the managers are not able to achieve work-life balance.

Morris and Madsen (2007) have shown the importance of work-life balance. By better understanding work-life theory, HR professionals can contribute to the strategic development of polices, practice, programs and interventions.

Simard et. al, (2005) Research in the Canadian banking industry by found a positive relationship between employee commitment and non-monetary recognition such as organisational justice. The authors of this study claim their results confirm that the competitive advantage of successful firms comes from their ability to increased added value (discretionary effort) of employees. Wilkinson (2008), to establish and illustrate the levels of awareness of work-life balance polices within the surveying profession in Australia and New Zealand, Wilkinson (2008) conducted that the consequences of an imbalance between work and personal or family life is emotional exhaustion, cynicism and burnout.

Objectives:

- To find out the work-life status of paramedical employees.
- To the variations in the work-life among different category of paramedical employees.

Research Methodology:

For a meaningful and systematic analysis of the problem encountered a suitable formulation of a methodology for the study is indispensable. Types of research, research design, source of data, tools for data collection of the study are detail. Research refers to the search for knowledge. Methodology is the systematic way of solving the problem. Research Methodology to the various sequence, steps to be adopted by a researcher to study a problem with certain objective in view.

Research Design – Descriptive:

Descriptive research is also called Statistical Research. The main goal of this type of research is to describe the data and characteristics about what is being studied. The idea behind this type of research is to study frequencies, averages, and other statistical calculations. Although this research is highly accurate, it does not gather the causes behind a situation. Descriptive research is mainly done when a researcher wants to gain a better understanding of a topic. It is quantitative and uses surveys and panels and also the use of probability sampling.

Research Instrument- Questionnaire:

Questionnaire contained two main parts such as personal data, organizational factors and having a total of 30 items. Items were measured using Likert scale. Questions were also asked about age, gender, marital status, educational qualification, years of experience, number of members in respondents’ family and working persons in their family.

Tools for Data Analysis:

Basic description about variable under study where explained by using frequency table, chart and descriptive statistics. Hypothesis testing was done using one sample t-test and independent sample t-test.

Analysis and Interpretation:

Data analysis is considered to be important step and heart of the research in research work. After collection of data with the help of relevant tools and techniques, the next logical step, is to analyze and interpret data. The purpose of the date analysis and interpretation phase is to transform the data collected into credible evidence about the development of the intervention and its performance.

Table 1: Details of Demographic Factors used in the Present Study

Description	Particulars	Frequency	Percentage
Age Group	Youngsters	83	71.6
	Middle aged	33	28.4
Gender	Male	14	12.1
	Female	102	87.9
Education Qualification	Diploma	53	45.7
	Graduate	60	51.7
	Postgraduate	3	2.6
Family Members Staying Together	Up to two	18	15.5
	More than two	96	82.8
	Not Responded	2	1.7
Parents/Spouse Parents, staying with Employees	Yes	81	69.8
	No	35	30.2
Usual duty hours	8 hour	116	100.0
Servants at Home	Yes	4	3.4
	No	112	96.6
Travelling Time	Less than 30 minutes	60	51.7
	More than 30 minutes	56	48.3

Source: Survey Data.

Research data were analyzed using statistical tools. 71.6% of respondent employees are youngsters. Only 28.4% are middle aged. In that only 12.1% of respondent are males and 87.9% are females. In that 45.7% are diploma holders, 51.7 % employees are graduates and only 2.6% are post graduate. In that 45.7% are diploma holders, 51.7 % employees are graduates and only 2.6% are post graduate. It explains that up to two family members are staying with only 15.8% of employees and more than two family members are staying with 84.2% of employees. Of all respondent 1.7 % where not responded and hence did not considered for this aspect. 69.8% employees say their parents/spouse parents staying along with them and 30.2% says no. 100% of employees are having 8 hour duty time. 3.4% responded employees have employed any servants at their home and 96.6% employees have not employed any servants at home. In that 51.7% employees need less than 30 minutes to reach the hospital and 48.3% require more than 30 minutes.

Work-life Status of Paramedical Employees:

Work-life was calculated by using a validated Likert instrument; consist of 15 statements pertaining to all major dimensions of work-life. The descriptive statistics is explained in table no. 2.

Table 2: Work-life Score Descriptive Statistics

N Valid	116
Missing	0
Mean	51.1897
Std. Deviation	4.34974
Range	23.00
Minimum	38.00
Maximum	61.00

Table no. 2 explains the descriptive statistics of work-life score. It was reported that the work-life balance mean was found to be 51.1 with a standard deviation 4.34. This was recorded on a scale that may range between 15 and 75. The minimum score recorded on this scale was 38 and the maximum was 61. The distribution is pictorially presented by using the Histogram plot with normal curve.

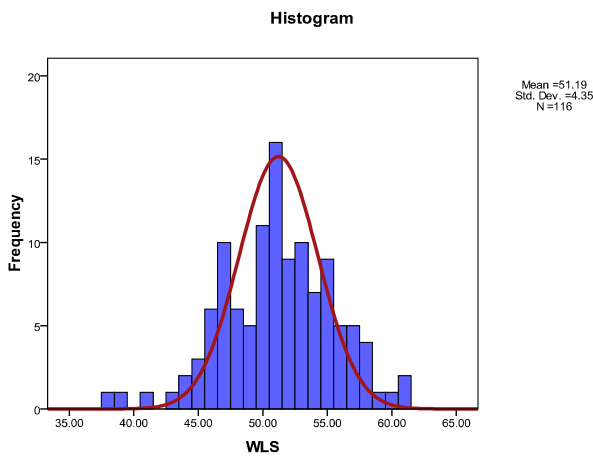


Fig. 1 Histogram

Table 3: Descriptive

		Statistic	Std. Error	
WLS	Mean	51.1897	0.40386	
	95% Confidence Interval for Mean	Lower Bound	50.3897	
		Upper Bound	51.9896	
	5% Trimmed Mean	51.2682		
	Median	51.0000		
	Variance	18.920		
	Std. Deviation	4.34974		
	Minimum	38.00		
	Maximum	61.00		
	Range	23.00		
	Interquartile Range	6.00		
	Skewness	-.262	0.225	
	Kurtosis	0.330	0.446	

Descriptive table explains about the work-life score. It was found that the mean work-life score was 51.18 with a standard deviation of 0.10

5% trimmed mean is also not too different from the original mean. Hence we can assume that outlier are less. The std. deviation was found to be 4.34 and the variance was found to be 18.92.

Testing of Normality:

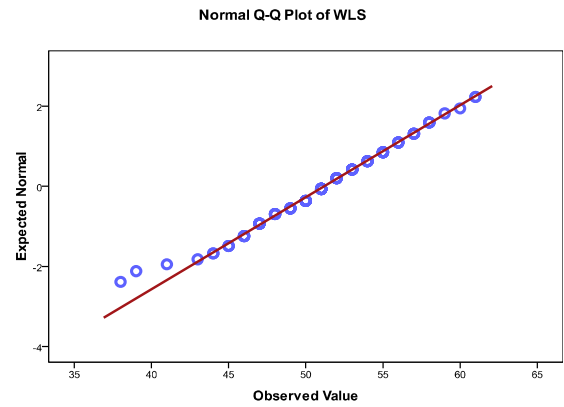
Table 4: Tests of Normality-Work life score

WLS	Kolmogorov-Smirnov ^a		
	Statistic	df	Sig.
	0.082	116	0.054

a. Lilliefors Significance Correction

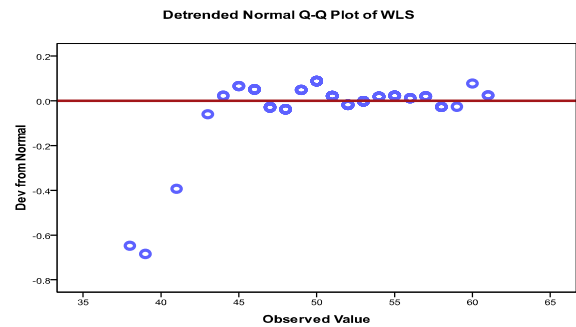
In order to find out whether the data is normally distributed or nor, a Kolmogorov- Smimov test was attempted and the result is furnished in the table no.11. The test was found to be not significant ($p>0.05$). Hence we accept the hypothesis and claims that the data is normally distributed.

Fig. 2 Normal Q-Q Plot of WLS



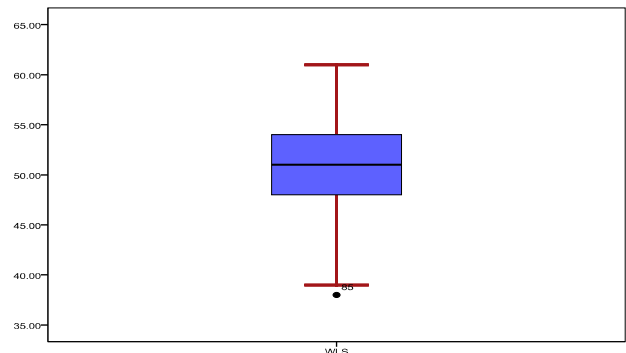
The normal Q-Q plot of work life score shows that the data is normally distributed except certain anomalies found in one end.

Fig. 3 Detrended Normal Q-Q plot of WLS



Detrended normal Q-Q Plot of work life score give another view of how the data is distributed.

Fig. 4 Box plot diagram



Box plot diagram shows that one outlier was found which is having a score below 40. Since there is only one outlier and this is not affecting the normality of the data, this outlier is neglected.

Work-life Score-Calculation of Bench mark:

In order to measure the work-life of paramedical employees a Likert frame was developed by the researcher. It was having 15 statements touching different dimensions of work-life balance. This can generate a score which spreads between 15(1x15) and 75(15x5). So the bench mark score was found to be 45 [(15+75)/2 that means maximum + minimum divided by two]. That means if the mean work-life score is significantly greater than 45, we can claim that the work-life of paramedical employees is good (above average).

Table 5: One-Sample Statistics

WLS	N	Mean	Std. Deviation	Std. Error Mean
	116	51.1897	4.34974	0.40386

From the table it can be explain that the work-life score mean was found that 51.18 with std. deviation of 4.34. In order to find the significance of work-life score means, a one sample t-test was attempted with the following hypothesis.

Hypothesis 1:

- H₀–The test value and the mean work-life score are same.**
- H₁–The test value and the mean work-life score are not same.**

Table 6: One-Sample Test

WLS	Test Value = 45					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
	15.326	115	.000	6.18966	5.3897	6.9896

From one sample test it was found that the test was significant with t=15.32, df =115, p<0.05. Hence we reject the hypothesis and claims that the test value and the mean value are different. Since the work-life score mean is greater than the test value. It is proved that the work-life of paramedical employees are good.

Work-life Status of Paramedical Employees:

Work-life was calculated by using a validated Likert instrument; consist of 15 statements pertaining to all major dimensions of work-life. The work-life balance mean was found to be 51.1 with a standard deviation 4.34. From one sample test it was found that the test was significant.

Hence we claim that the test value and the mean value are different. Since the work-life score mean is greater than the test value. It is proved that the work-life of paramedical employees are good. The major findings of the study are the work life balance of paramedical employees is good. It was found that male respondents are having high work-life score as compared to females. From the one sample test result it was found that the test is not significant (p>0.05). Hence prove that there is no variation in work-life among the different genders. Those respondents who’s travelling time is less than 30 minutes are having high work-life score as compared to respondents who travel more than 30 minutes. From the one sample test result it was found that the test is significant (p<0.05). We prove that there is variation in work-life among the two groups. It was found that single respondents are having high work-life score as compared to married. From the test result it was found that the test is significant. We prove that there is variation in work-life among the marital status. Employees who’s parents/ spouse parents staying along with them are having high work-life score as compared to employees who’s parents/ spouse parents not staying with them. From the one sample test result it was found that the test is significant. Hence prove that there is variation in work-life between the employees who’s parents/ spouse parents staying along with or without them.

Suggestions:

1. There are lots of things that employees can do to be supportive without requiring financial resources or making more work for themselves. Many of the solutions actually reduce work for employees. Employees need to start by looking at what is within their sphere of influence.
2. To reduce the stress and balance their personal life work, the respondents may undergo work life policies and programs such as yoga, entertainment programs and tour etc in a regular interval.
3. To reduce the workload of the manager, the organization can adapt the flexible working opportunities to suit the needs of the employees such as flexi time, job sharing etc

Conclusion:

Organization’s success depends on people and they have multiple responsibilities, diverse need and often conflict priorities. The work life balance analysis of paramedical employees helps to know about the employees’ working conditions, environment, and their present situation of balancing their personal life with work. Based on the analysis, the present study concluded that the work life balance of paramedical employees is good. Hence, organizations must ensure that there is a work life balance to their organizations, which will pave the way for better performance, improved morale and results in higher job satisfaction, which will ultimately help to improve the organization’s performance and profitability.

This study was confined to health care sector. The findings of the study should not be generalized. The results may also differ in case of employees in other functional areas. Further studies can be carried out on a large sample size and hospital-based comparison can be done.

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