

# **A STUDY OF WORK-LIFE BALANCE IN HEALTH CARE INDUSTRY**

*A Thesis Submitted to  
Devi Ahilya Vishwavidyalaya, Indore  
for the award of*

**Doctor of Philosophy  
in  
Management**

**Researcher**

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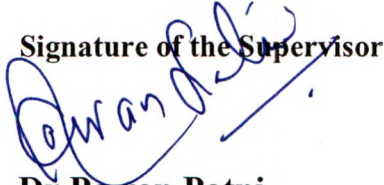
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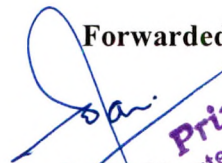
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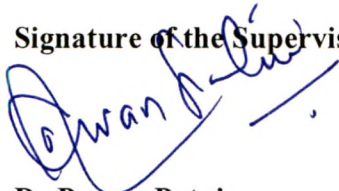
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**Ms. Rashmi Farkiya**

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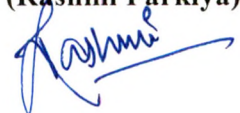
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Date: 22/12/14

(Rashmi Farkiya)



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**CHAPTER I**  
**INTRODUCTION**

# **CHAPTER I: INTRODUCTION**

## **1.1 INTRODUCTION:**

The term, Work-Life Balance was first coined in the late 1970s to describe the time devoted by an individual at work and in personal life. Thus work life balance is a broad concept including proper prioritizing between "work" on one hand and "life" on the other. In effect, Work includes inter-alia career and ambition whereas personal life emphasizes on pleasure, leisure, family and spiritual development.

With the onset of the industrial revolution in the second half of the 18th century, the separation between work and life became more clearly defined. The workplace has continued to change dramatically since those days, and as a result, balancing work and life has changed as well.

This chapter deals with the concept of work life balance, defining the variables under the study and also discusses about the background of the study i.e. detailed description, some facts and figures about healthcare industry in India.

Work-Life Balance is not necessarily a new concept and the terminology work/life balance has evolved over time. Throughout history, work and life were basically integrated. Life activities like community involvement, childcare, and elder care happened right alongside work.

One major change is that many families no longer have an adult who doesn't work outside the home. Without someone in the household attending to life issues full-time, employees now have to find time to take care of tasks like childcare or caring for an elder parent in addition to their professional workload.

The issue of Work-Life Balance was earlier raised by the working mothers during 1960's and 1970's in the UK. The working mothers were confronted with the issue of handling their work at their work places and raising their children at home. During the mid 1980's, the issue was also taken in to consideration by US government. Bird J (2006) confirmed the recognition of work-life balance as a main human resource issue in other parts or the world as well.

This concept has emerged as a result of the performance culture that expects more and more from the employees. Good work-life balance leads to healthy activities that in turn lead to a satisfied employee and a good contributor to the progress of the overall economy in general and the organization in particular. Good work-life balance is defined as a situation in which workers feel that they are capable of balancing their work and non work commitments (Moore 2007).

## **1.2 CONCEPTUAL FRAMEWORK :**

### **Work :**

Work is the activity or effort that we put to produce or accomplish something. We work to put food on our table and roofs on our hands. We work towards the prospect of children in college and ourselves. We work because we have to. People usually understand the world of work as it related to making money. However many reasons are often cited for wanting to work, besides money which includes productivity, ambition, esteem and contribution to society.

### **Life :**

Life is more than just our age count. It is a collage of our happiness, sadness, celebrations and peacefulness to name a few work is the part of life. Life is broadly related to certain aspects like ambition, acquisition, achievements etc., which may promote stress while part of life should be taken as stress releasing agent also. (Prabhakar David M et.al 2012)

### **Work-Life Balance :**

The term 'work-life balance' describes a person's ability to effectively manage their paid work commitments on one hand and with their career goals, personal, community and cultural responsibilities, interests and obligations on the other hand. As rightly said by Clark (2000) Work-Life Balance is "Satisfaction and good functioning at work and at home with a minimum of role conflict"

Work-life balance is about people having a measure of control over when, where and how they work. It is achieved when an individual's right to a fulfilled life inside and outside paid

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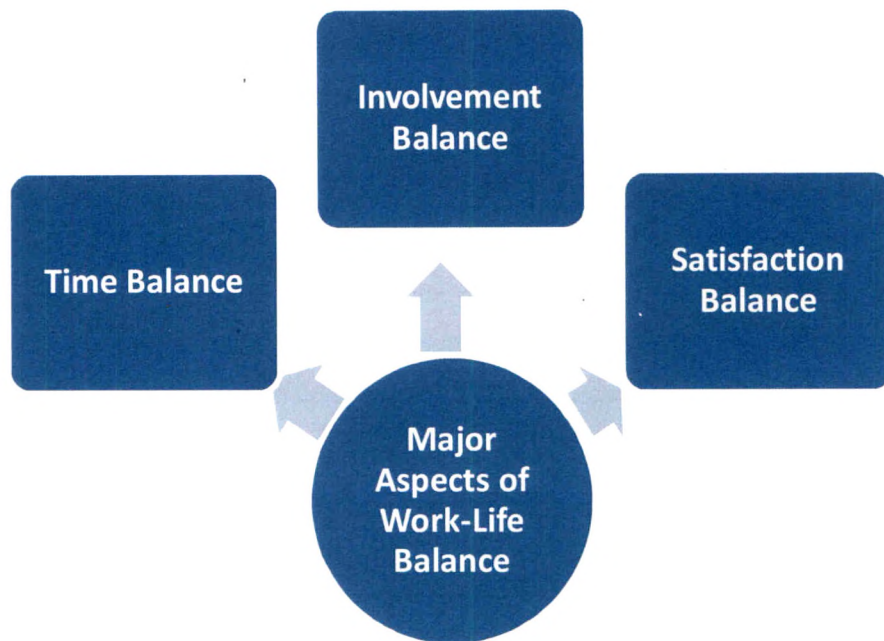
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work is accepted and respected as the norm, to the mutual benefit of the individual, business and society.

There are three major aspects of work/life balance:



**Diagram No. 1.1: Major Aspects of Work Life Balance**

- ❖ **Time balance:** It is concerned with the amount of time given to work and non work roles.
- ❖ **Involvement balance :** It means the level of psychological involvement in, or commitment to non work roles
- ❖ **Satisfaction balance:** It is the level of satisfaction with work and non work roles.

When the involvement in work is more, it increases the satisfaction level. As when we involve ourselves, we feel empowerment. We start owning the responsibility. From responsibility, the authority flows. And when there is balance between authority and responsibility, one ought to receive the satisfaction.

Since there is always a need to examine the balance between work and life is likely to impact on most people during their employment resulting in the need for flexible work arrangements at some stage, even for a short period of time. Adjustments to work arrangements may take the form of leave or a reduction in working hours, usually on a temporary and sometimes on a permanent basis. There are different types of demands in life cycle of the people, which requires change in work arrangements. Some demands may include:



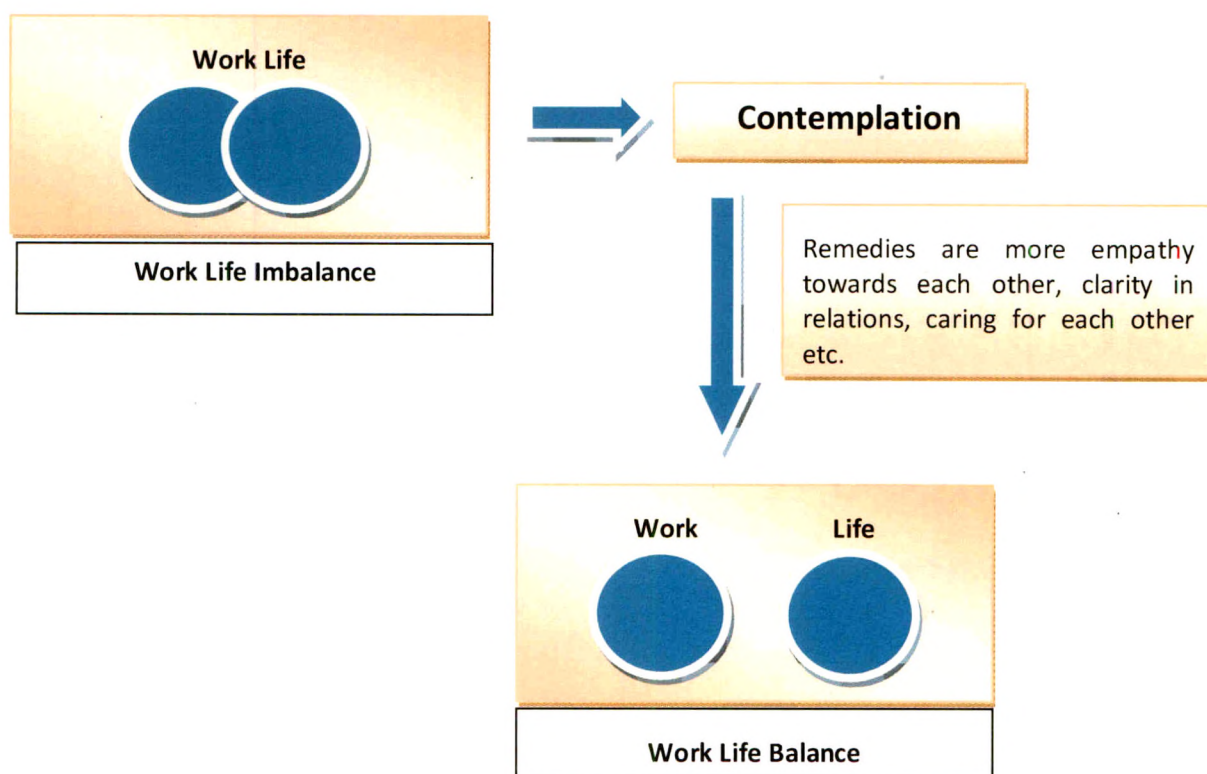
- ❖ The birth of a child
- ❖ Becoming a parent, guardian or grandparent
- ❖ The need to care for a family member who is ill or has a disability or onset of short-term or long-term illness or disability
- ❖ The desire to spend quality time with the family – at any stage
- ❖ The desire to pursue broader personal and/or community interests, such as volunteer work or sporting activities
- ❖ Deciding to return to study
- ❖ Feeling tired, stressed and unenthusiastic at work
- ❖ Spending too much time traveling to and from work each day
- ❖ Considering retiring from the regular workforce.

### Work-Life Imbalance:

Work-Life Imbalance occurs when the pressure from one role makes it difficult to comply with the demand of the other. This means that if individuals do not feel they have a good mix and integration of work and non work roles, they experience low balance in their personal and professional life.

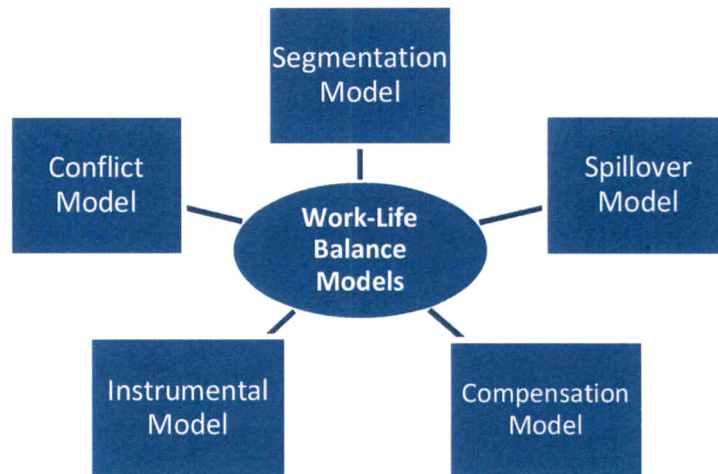
Employees who experience increased stress due to imbalance in Work-Life and decreased perception of control over their work and non work demands are less productive, less committed to and satisfied with, their organization and more likely to be absent or leave the organization. Individuals experiencing interference between work and personal lives are also more significantly more likely to suffer from reduced psychological well-being and physical health.

**Diagram No. 1.2: Diagram showing the Work Life Imbalance and Remedies**



## Models of Work-Life Balance:

There are different views regarding relation between work and life. The following are the main models of work-life balance:



**Diagram No. 1.3: Models of Work Life Balance**

1. **Segmentation Model:** This model hypothesizes that work and life are two different aspects and they do not affect each other.
2. **Spillover Model:** This model hypothesizes that one world can influence the other in either a positive or negative way.
3. **Compensation Model:** Compensation Model proposes that what may be lacking in one sphere, in terms of demands or satisfaction, can be made up in the other. For example, work may be routine and undemanding but this is compensated for by a major role in local community activities outside work.
4. **Instrumental model:** This model suggests that activities in one sphere facilitate success in the other.
5. **Conflict Model:** This Model suggests that with high levels of demand in all the spheres of life, some difficult choices have to be made, resulting in some conflicts and possibly some significant overload on an individual.

## Need of Work-Life Balance Programs :

The need for balance is essential. As stated by Human Resources and Social Development Canada (HRSDC) on their "Work-Life Balance in Canadian Workplaces", "Work-life balance programs and practices can benefit an organization's bottom line while at the same time; provide

other indirect benefits both to employees and employers. While some of these benefits might be more tangible and quantifiable than others, they nonetheless can contribute to significant positive organizational gain. Many businesses are already seeing the benefits for themselves”.

Studies on work/life balance programs have reported such benefits as:

- ❖ Attracts new employees,
- ❖ Helps to retain staff,
- ❖ Builds diversity in skills and personnel,
- ❖ Improves morale,
- ❖ Reduces sickness and absenteeism,
- ❖ Enhances working relationships between colleagues,
- ❖ Encourages employees to show more initiative and teamwork,
- ❖ Reduces absenteeism.
- ❖ Improves commitment
- ❖ Increases levels of production and satisfaction, and
- ❖ Decreases stress and burn-out.

### **Benefits of the Work-Life Balance :**

Work-Life Balance not only affects the individual, but also affects the organization. Therefore today solving work-life conflict is the concern for all growing organizations, and can be taken as a part of organization development.

### **Benefits to the Organization :**

- ❖ Increase in individual productivity, accountability and commitment.
- ❖ Better teamwork and communication
- ❖ Improved employee morale and commitment.
- ❖ Less negative organizational stress.
- ❖ Improved reputation
- ❖ Potential for improved occupational health and safety
- ❖ Good corporate citizenship and an enhanced corporate image

### **Benefits to the Individual :**

- ❖ More value and balance in daily life
- ❖ Increased Productivity
- ❖ Improved relations both on and off the job.
- ❖ Reduced stress
- ❖ Able to better meet work/personal/society commitments
- ❖ More time to do other things
- ❖ Increased ability to remain competitive in career advancement

### **Benefits to the Society :**

- ❖ Reduce health care costs
- ❖ Encourage and enable family involvement
- ❖ Encourage/enable volunteerism
- ❖ Happier people
- ❖ Reduce conflict/violence
- ❖ Better economy

### **Some more positive implications of Work-Life Balance are :**

- ❖ Reduced absenteeism
- ❖ Reduced Turnover
- ❖ Reduced overtime cost
- ❖ Client retention
- ❖ Satisfaction among the employees (both monetary and non-monetary)

This would, in turn, help the organization as well as individuals to grow and fulfilling their needs. This would benefit in improving work culture and creating conducive work environment.

## **Variables related to Work-Life Balance :**

One set of variables relate to the individual's satisfaction. It includes the following:

- ❖ **Enjoyment at work:** Joy in work results in stress free mind.
- ❖ **Motivation at work:** It includes giving the employees recognition, appreciation and also giving them new and challenging jobs.
- ❖ **Achievement from work:** Achievement refers to success one achieves in his workplace or in his personal life. The feeling of achievement leads to better output in the next task.
- ❖ **Social Satisfaction:** If a person is unable to give time to social activities, such as religious functions, family functions etc. he is considered to be isolated, which is stressful.
- ❖ **Mental Satisfaction:** Mental satisfaction can be achieved through meditation, mental rest, feeling of existence i.e. identity. The absence of mental satisfaction leads to stress in work-place and in personal life which would result in unwanted work imbalance.
- ❖ **Personal Satisfaction:** Personal life consists of- Caring of wife, children and parents, giving time to family members, entertainment etc.
- ❖ **Emotional Satisfaction:** Getting support from office colleagues, family members and society to full fill emotional needs includes support from subordinates in work, support from family, home and from society.

## **The second set of perception related variables i.e. individuals perception of the organization includes the following:**

1. Fulfillment of social needs
2. Fulfillment of personal needs

These variables include activities such as exercise, investing time in planning etc which play an important role in the aspect of work-life balance, and enjoying the activities of interest include the arena of work-life balance.

- ❖ **Time Management:** Time management is an important variable of work-life balance just because time affects human life in any situation: how an individual utilizes his time and how he divides his time between work and life.
- ❖ **Team work at work place:** Environment and work culture in work place affects working style of the person. It has a direct effect on his emotional and social life. Employee should be in the state in which he can rely on his colleagues and thus feel satisfied at workplace.

- ❖ **Job Type:** Type of job a person involved into contributes towards the work-life balance. Therefore how an individual takes his job and performs his job directly affects his nature and actions way back home.
- ❖ **Compensation and Benefits:** Monetary satisfaction is an important factor contributing towards the work-life balance of an individual. It also includes benefits and privileges offered by the organization.
- ❖ **Capabilities to work under stress:** Stress is considered to be the part of professional life. But still to maintain work-Life balance it is very important to manage stress.
- ❖ **Sociability:** Sociability refers to enjoying relationships and association at workplace

### **1.3 DEFINING VARIABLES :**

#### **Employee Satisfaction :**

Employee satisfaction is the terminology used to describe whether employees are happy and contented and fulfilling their desires and needs at work. Many measures contend that employee satisfaction is a factor in employee motivation, employee goal achievement, and positive employee morale in the workplace. It is defined as the extent to which employees are happy with their jobs and work environment.

Factors contributing to employee satisfaction includes treating employees with respect, providing regular employee recognition, empowering employees, offering benefits and compensation, providing employee perks and company activities, and positive management within a success framework of goals, measurements, and expectations.

#### **Employee Morale :**

Employee morale describes the overall outlook, attitude, satisfaction, and confidence that employees feel at work. When employees are positive about their work environment and believe that they can meet their most important needs at work, employee morale is positive or high. If employees are negative and unhappy about their workplace and feel unappreciated and as if they cannot satisfy their goals and needs, employee morale is negative or low.

## **Employee Performance :**

Performance is defined as an act of performing; the carrying into execution or action; execution; achievement; accomplishment; representation by action; as, the performance of an undertaking of a duty (Brainy Quote). According to business dictionary “Job Performance is the work related activities expected of an employee and how well those activities were executed. Many business personnel directors assess the job performance of each employee on an annual or quarterly basis in order to help them identify suggested areas for improvement.”

## 1.4 HEALTH CARE INDUSTRY IN INDIA

### About Health Care Industry :

The health care industry, or medical industry is a sector within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, palliative, or at times, unnecessary care.

As the saying goes – “Health is Wealth”, health is considered as the most important phenomenon in today’s world which determines the wealth of the country at large. The health care industry in India is one of the largest economic and fastest growing professions. In order to create a balance between the provision and reception of health care, various strategies have been worked out which makes the industry effectively by health consciousness among people & welfare schemes. Doctors play the major role in health care industry and are the first ones who are thought about when we talk about health care and thus it is necessary that their needs have to be taken care and a congenial atmosphere is created for them to work with utmost job satisfaction and content, the result of which would be a high quality care.

The modern health care sector is divided into many sub-sectors, and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet health needs of individuals and populations.

The United Nations International Standard Industrial Classification (ISIC) categorizes the health care industry as generally consisting of:

- ❖ Hospital Activities;
- ❖ Medical and Dental Practice Activities;
- ❖ Other Human Health Activities.

This third class involves activities of, or under the supervision of nurses, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities, or other allied health professions, e.g. in the field of optometry, hydrotherapy, medical massage, yoga therapy, music therapy, occupational therapy, speech therapy, chiropody, homeopathy, chiropractics, acupuncture, etc.

The Global Industry Classification Standard and the Industry Classification Benchmark further distinguish the industry as two main groups:

- ❖ Health Care Equipment and Services; and
- ❖ Pharmaceuticals, Biotechnology and related Life Sciences.



Health care equipment and services comprise companies and entities that provide medical equipment, medical supplies, and health care services, such as hospitals, home health care providers, and nursing homes. The second industry group comprises sectors companies that produce biotechnology, pharmaceuticals, and miscellaneous scientific services.

Thus Health Care Industry is concerned with the diagnosis, treatment and prevention of disease, illness, injury and other physical and mental impairments in humans. Health Care Industry is specifically related to practitioners in medicine, dentistry, nursing, pharmacy and allied health. It includes Hospitals, Private Clinics, Nursing Homes, Pharmaceuticals, Biotechnology, Health Insurance Companies, Diagnostic Laboratories, Surgery Centers, and Medical Equipment Manufactures & Suppliers etc.

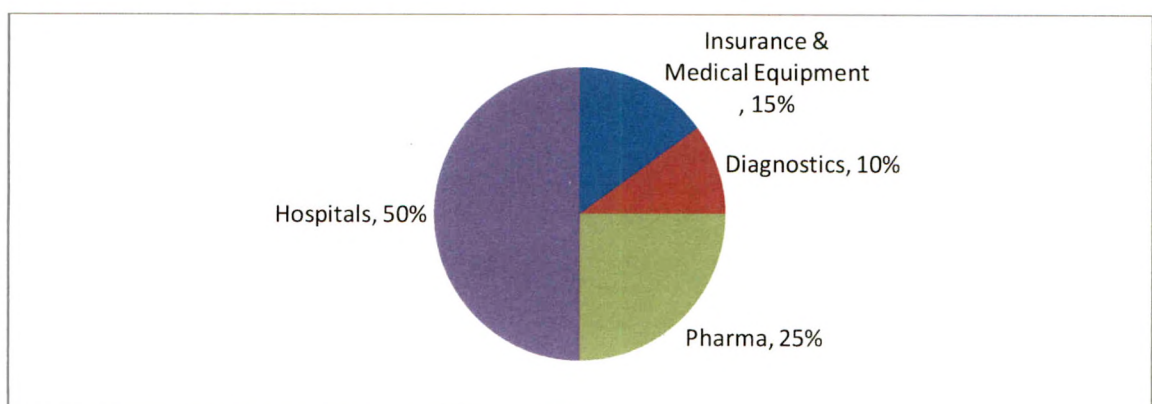
The growth in India's healthcare industry is driven by increasing population, rising incomes, changing lifestyle, easier access to high- quality healthcare facilities, and greater awareness of personal health and hygiene.

The healthcare sector in India is expected to grow at a CAGR of 15 percent to touch US\$ 158.2 billion in 2017 from US\$ 78.6 billion in 2012 and 90.4 billion US \$ in 2013, according to a report by Equentis Capital.

India being a country with a growing population, its per capita healthcare expenditure has increased at a CAGR of 10.3 per cent from US\$ 43.1 in 2008 to US\$ 57.9 in 2011, and going forward it is expected to reach US\$ 88.7 by 2015. The factors behind the growth of the sector are raising incomes, easier access to high-quality healthcare facilities and greater awareness of personal health and hygiene.

Healthcare providers in India are expected to spend US\$ 1.08 billion on IT products and services in 2014, a four per cent increase over 2013. (Source: Sectoral Report, April, 2014)

**Diagram No. 1.4: Healthcare Industry Break-up**



Source: IDFC Securities Hospital Sector (November 2010)

## **Design of Indian Healthcare Services:**

India's health care system is characterized by a pattern of mixed ownership and with different systems of medicine - Allopathy, Ayurvedic, Unani, Siddha and Homoeopathy. The health sector in India comprises of private sector that mostly provides curative services and government sector that provides publicly financed and managed promotive, preventive and curative health services. The private health sector consists of the 'not-for-profit' and the 'for-profit' health sectors. The not-for-profit health sector includes various health services provided by Non Government Organisations (NGO's), charitable institutions, missions, trusts, etc. Health care in the for-profit health sector consists of various types of practitioners and institutions. The private sector in India has a dominant presence in all the submarkets—medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services and finally, the provisioning of medical care.

## **Public and Private Health Sector :**

The public health sector consists of the central government, state government, municipal & local level bodies. Health is a state responsibility, however the central government does contribute in a substantial manner through grants and centrally sponsored health programs/schemes. There are other ministries and departments of the government such as defense, railways, police, ports and mines who have their own health services institutions for their personnel. For the organized sector employee's (public & private) provision for health services is through the Employee's State Insurance Scheme (ESIS).

The National Health Policy envisages a three tier structure comprising the primary, secondary and tertiary health care facilities to bring health care services within the reach of the people. The primary tier is designed to have three types of health care institutions, namely, a Sub-Centre (SC) for a population of 3000-5000, a Primary Health Centre (PHC) for 20000 to 30000 people and a Community Health Centre (CHC) as referral centre for every four PHCs covering a population of 80,000 to 1.2 lakh. The district hospitals were to function as the secondary tier for the rural health care, and as the primary tier for the urban population.

According to National Family Health Survey-3, the private medical sector remains the primary source of health care for the majority of households in both urban areas (70 percent) and rural areas (63 percent) of India. According to India Sector Notes (MAY 2014) Healthcare Most healthcare resources in India are with the private sector, which includes 80% of doctors, 26% of

nurses, 49% of beds, 78% of ambulatory services, and 60% of in-patient care (Source: India's healthcare sector to grow to \$158.2bn in 2017' by Economic Times, Dec 2013, Aranca Analysis). Reliance on public and private health care sector varies significantly between states. Several reasons are cited for relying on private rather than public sector; the topmost reason at national level is poor quality of care in public sector, with more than 57% households pointing to this as the reason for the preference of private health care. Other major reasons are distance of the public sector facility, long waiting time, and inconvenient hours of operation.

The tertiary health care was to be provided by health care institutions in urban areas which are well equipped with sophisticated diagnostic and investigative facilities. In pursuance of this a vast network of health care institutions has been created, both in rural and urban areas. Increased availability and utilization of health care services have resulted in a general improvement of the health status of the population in our country, as is reflected in the increased life expectancy and marked decline in birth and mortality rates over the last fifty years. However, these achievements are uneven, with marked disparities across states and districts, and between urban and rural people.

Doctors being integral part of the society provide health services. According to High Level Expert Group Report on Universal Health Coverage for India (Census 2011), there are:

- ❖ 1,47,069 Sub-Health Centres (SHCs)
- ❖ 23,673 Primary Health Centres (PHCs)
- ❖ 4535 Community Health Centres (CHCs)
- ❖ 12,760 hospitals in the Government Sector. (GHs)

According to Report on Annual Plan by Government of Madhya Pradesh (2011-2012) at present, the State has:

- ❖ 50 District Hospitals
- ❖ 333 Community Health Centers.
- ❖ 1155 Primary Health Centers.
- ❖ 56 Urban Civil Hospitals.
- ❖ 96 Civil Dispensaries.
- ❖ 313 Rural and 96 Urban Family Welfare Centers.
- ❖ 7 TB Hospitals
- ❖ 8860 Sub-health Centres, along with facilities of Indian System of Medicine.

The state has five Government Medical Colleges at Indore, Rewa, Gwalior, Bhopal and Jabalpur and has sanctioned one more Medical College at Sagar. Besides these, there are 4 private sector Medical and 12 Dental colleges.

### **About Health Care and Status of Medicine in Indore City :**

Indore is a centre of health care and India's first medical institution, Maharaja Yashwantrao Hospital was established in the city in early 1848. Originally named after Yashwantrao Holkar, Maharaja of Indore, the last Holkar ruler, this was the first public hospital to be computerised. When it was re-inaugurated in 1955, it was Asia's largest government hospital with 1200 beds, and it has remained the largest public hospital in the state. The eight-storied hospital building is surrounded by a group of its special purpose hospitals, namely the 300-bed Chacha Nehru Children hospitals, the 100-bed M.R TB hospital, the 100-bed cancer hospital, a mental hospital and a medical college within the hospital campus. The mental hospital and the psychiatry department of Sri Aurobindo Institute of Medical sciences in Indore caters to most of the mental health requirement of whole of the Malwa region. Apart from this Dr. Srikanth Reddy is a prominent private psychiatrist in Indore and provides psychiatric services to the people in Indore.

Indore is home to 51 public health institutions and has a good number i.e around 125 private hospitals (Source: <http://yellowpages.webindia123.com/d-py/Madhya-Pradesh/Indore/Hospitals-130/3/>), the prominent hospitals of Indore include Maharaja Yashwantrao Hospital, Bombay Hospital, T. Choithram Hospital, Dr Jafrey's Indore Chest Centre and Dr. Reddy's - Mind Clinic, Bombay Hospital, CHL Hospital, Apollo Hospital, Bhandari Hospital and Diagnostic Centre, Vishesh Hospital and Diagnostic Solution, Suyesh Hospital, Greater Kailash Hospital, Mayur Hospital and Research Centre, Medicare Hospital, SNG Hospital, Unique Hospital, Curewell Hospital, Life Line Hospital, Gokuldas Hospital, Geeta Bhavan Hospital etc. and with the new additions like leading hospital brands including Fortis, Medanta and Max Hospitals, it has become a centre for quality health care treatment. The awards are conferred on the best hospitals across India based on a rigorous and objective evaluation process, scope of service, infrastructure, patient safety record, innovation and research.

## **Investments :**

The private sector has emerged as a vibrant force in India's healthcare industry, lending it both national and international repute. The sector's share in healthcare delivery is expected to increase from 66 per cent in 2005 to 81 per cent by 2015. The private sector's share in hospitals and hospital beds is estimated at 74 per cent and 40 per cent, respectively.

According to data released by the Department of Industrial Policy and Promotion (DIPP), hospital and diagnostic centres attracted foreign direct investment (FDI) worth Rs 11,272.32 crore (US\$ 1.87 billion) between April 2000 and February 2014.

## **Some of the major investments in the Indian healthcare industry are as follows:**

- ❖ Jaypee Group plans to diversify into healthcare by investing in excess of Rs 2,000 crore (US\$ 332.68 million) over the next 3–4 years to set up a hospital chain with a minimum capacity of 3,000 beds.
- ❖ Helion Venture Partners has invested Rs 27 crore (US\$ 4.49 million) in multi-specialty dental care chain Denty's, as demand for quality patient care increases rapidly in India.
- ❖ Medwell Ventures Pvt Ltd has acquired Bengaluru-based Nightingales Home Health Services, which has more than 5,000 families subscribing to its annual care plans. The company expects to establish a network in 10 Indian metro clusters serving over a million families in the coming years.
- ❖ Strand Life Sciences has partnered with the Mazumdar-Shaw Medical Foundation (MSMF) to set up a lab that aims to bring down the cost of detecting cancer.
- ❖ GE Healthcare and Cancer Treatment Services International have announced plans to launch 25 cancer detection and treatment centres all over India with an investment of Rs 720 crore (US\$ 119.77 million) in the next five years.
- ❖ Chrys Capital has invested around US\$ 40 million in Torrent Pharma, expanding its portfolio of healthcare companies and taking up the total exposure in the sector to nearly US\$ 300 million.

**Table No.1: Health Care Infrastructure**

<b>Indicators</b>	<b>Year</b>	<b>India</b>	<b>USA</b>	<b>UK</b>	<b>Brazil</b>	<b>China</b>
<b>Hospital Bed Density (per 10000 population)</b>	2000-2009	12	31	39	24	30
<b>Doctor Density (per 10000 population)</b>	2000-2009	6	27	21	17	14
<b>Births attended by skilled health personnel (percent)</b>	2000-2009	47	99	NA	97	98
<b>No of Doctors</b>	2009	6,43,520	7,93,648	1,26,126	3,20,013	18,62,630
<b>No. of Nurses</b>	2009	13,72,059	29,27,000	37,200	5,49,423	12259240
<b>No. of Dentists</b>	2009	55,344	4,63,663	25,914	2,17,217	1,36,520
<b>Avg. no. of doctors per bed</b>	2009	0.6	0.81	0.53	0.69	0.46
<b>Avg. no. of nurses per bed</b>	2009	1.27	3	0.16	1.18	3.02
<b>No. of doctors per 1000 population</b>	2009	0.6	2.7	2.1	1.7	1.4
<b>No. of nurses per 1000 population</b>	2009	1.3	9.8	0.6	2.9	1

Source: [www.oecd.org](http://www.oecd.org), [www.whoindia.org](http://www.whoindia.org)

## **Human Resources for Health (HRH) :**

At present there are 334 medical colleges in the country. Out of which 154 medical colleges are in government sector and the remaining 180 medical colleges in private sector. The annual intake capacity of these medical colleges is approximately 41,500 students. The Post Graduate capacity of these medical colleges is approximately 21,100. During the academic year 2011-12, 20 new medical colleges were established in the country. 61 percent of the medical colleges are in the 6 states of Maharashtra, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh and Pondicherry, while only 11 percent are in Bihar, Jharkhand, Orissa and West Bengal and the north-eastern States. During this period, 4442 MBBS seats and 2398 Post Graduate seats were added to the existing seats in the recognized colleges. Though shortage of Doctors / Specialists in the country as whole is not available, according to Rural Health Statistics in India 2010, the shortage of Doctors at PHC and Specialist in CHC against sanctioned posts is estimated at 13794 in 2010.

**High level expert group (HLEG) Secretariat (2011)** Numerator: Yearly MCI registration records 1974-2010 (adjusted for retirement, and 3% attrition from other causes) indicates availability of 5.1 doctors per 10,000 i.e. 1 Doctor (Allopathic) per population of 1,953. According to World Health Statistics 2013, WHO, ICMR, Aranca Analysis, India's hospitals bed ratio is 0.9 per 1,000 population physician's ratio, is 0.7 per 1,000 populations. In India there is an acute shortage of doctors; there would be shortage of around 600,000 doctors in the next 10 years. India's hospital bed per thousand populations is below the global average of 2.9 beds.

The entire description gives above reveals that there is huge shortage of medical practitioners as against requirement predicted; therefore work life balance is a major factor. If the issues related to work life balance are addressed, doctors will be able to give their optimum to the Industry. So that real shortage is not further augmented.

**CHAPTER II**  
**REVIEW OF LITERATURE**



## CHAPTER II: REVIEW OF LITERATURE

This chapter reviews the literature regarding the work life balance and other variables such as morale, satisfaction and performance taken by the researcher for the purpose of undertaken study. Literature review gives the theoretical framework within which the data has been gathered and results are supported. For the purpose of the study the researcher has reviewed various books, articles, e-newspaper and journals etc. Very few studies have been carried out in India on work life balance of doctors. Here the researcher has attempted to review the wide variety of literature on work life balance and its impact on satisfaction morale and performance.

Work-Life Balance is fast becoming one of the defining issues of the current employment scene. Currently there is a shift from “work-family balance” to “work life balance” to reflect the fact that non-work demands in people’s lives not necessarily limited to family only. A good work-life balance is when employees are having the ability to fulfill both work and other commitments such as family, hobbies, art, travelling, studies and so forth (Omar, 2010)

“Employees are increasingly recognizing that work is squeezing out personal lives and they are not happy about it. Studies suggest that employees want jobs that give them flexibility in their work schedules so they can better manage work-life conflicts. Organizations that don’t help their people achieve work-life balance will find it increasingly hard to attract and retain the most capable and motivated employees. Research on work/life conflicts has provided new insights for managers into what works and when. Time pressures are not primary problem underlying work/life conflicts. It is the psychological interference of work into family domain and vice versa. People are worrying about personal problems at work and thinking about work problems at home. This suggests that organizations should spend less effort helping employees with time management issues and more effort at helping them clearly segment their lives.” (Robbins, 2003).

Recent changes in the physician's role in response to the requirements of managed care payers are potentially problematic for the physician-patient relationship. Many physicians and patients complain that their time together is more limited than ever, and at worst, patients see their physicians as agents of a bureaucracy, intent on withholding care for the sake of financial profit. The role of physicians in today's health care environment is changing in some predictable ways. It has been known for decades that communication and care of the patient as a person are essential elements to achieving good health care outcomes. Collaborative decision making, with

physicians and patients participating as partners, is becoming clearly essential to the achievement of patients' goals and the attainment of life. Surveys studied that patients want physicians who can skillfully diagnose and treat their sicknesses as well as communicate with them effectively. Research clearly demonstrates that effective communication is indispensable to successful diagnosis and treatment. Furthermore, patients want their personal values and preferences to be respected, and they want to be active participants in their health care. (Dimatteo, May 1998)

Life as a doctor poses particular challenges and stressors which can impact quality of life. High rates of burnout of doctors are areas of great concern. There are several contributing factors including predisposing personality traits, training experience, workplace culture and workload. Potential strategies involve addressing the problem at all levels from initial selection processes, medical undergraduate education and postgraduate training, improved support systems, and changes in working conditions. Effectiveness of elements of mentoring and supervision and identifying protective and preventative factors in promoting quality life and reducing the risk of burnout. All the doctors need to challenge ongoing learning and workplace practices that perpetuate less than optimal self-care practices; thereby making positive changes to workplace culture and learning environments, improving the quality of life of doctors, ultimately leading to better patient care. (Henning et.al, December 2009)

### **Literature Review related to Work Life Balance :**

Tariq (2012) studied the considerable knowledge related to the theory and practices of Work-life balance from extensive meta-analysis of literature found that work-life balance is both important for the organization and for its employee's particularly in current dynamic organizational scenarios. It helps the organization to improve productivity, efficiency, competitiveness, morale and hence gain a competitive edge. Similarly employees are benefited from work-life balance initiatives through increased motivation to work, enhanced satisfaction, empowerment and ultimately more commitment to the organization.

Dyrbye et.al (2013) conducted a survey of U.S. Physicians and their partners regarding the impact of work-home conflict (WHC) found that greater work hours for physicians and their employed partners were independently associated with WHC. Physicians and partners who had experienced a recent WHC were more likely to have symptoms of burnout. The study reveals that WHC are prevalent among U.S. physicians and their employed partners. Long work-hours, younger age, female sex and work within an academic medical center increase the risk for WHC

among physicians, while for partners, WHC appear to be driven in large part by work hours. These conflicts are strongly associated with distress and relationship dissatisfaction.

Wakako et.al (2013) estimated the prevalence of burnout and to ascertain the relationship between work environment satisfaction, work-life balance satisfaction and burnout among psychiatrists working in medical schools in Japan found that half of the respondents experienced difficulty with their work-life balance, some of the respondents had a high level of emotional exhaustion and others had a high level of depersonalization and majority of the respondents had a low level of personal accomplishment. The study reveals that receiving little support, experiencing difficulty with work-life balance and having less work-environment satisfaction were significantly associated with higher emotional exhaustion. A higher number of nights worked per month were significantly associated with higher depersonalization and poor work-life balance was related to burnout, and social support was noted to mitigate the impact of burnout.

Fanny (2013) studied the Work-Life Balance of Public Hospital Doctors in a Metropolitan City (Hong Cong) commented that public hospital doctors had poorer work-life balance as compared to the other professions. More than half of the doctors reported that disturbed work-life balance, dramatically reduced productivity and/or work quality, and prolonged fatigue level, sleepiness and extreme tiredness. Flexible working time; 5-day work week and job-share were found to be useful to alleviate the situation.

Fanny (2012) conducted a study on the work-life balance of private doctors in a metropolitan city with an objective to investigate the work-life balance condition of private doctors in a metropolitan city; a quantitative questionnaire survey was conducted with 500 doctors working in different specialties in the private sector in a metropolitan city, Hong Kong. The research reveals that private doctor had slightly longer but comparable work hour with that of the other professions. The study reported a disturbed work-life balance, dramatically reduced productivity and/or work quality of the doctors, and prolonged fatigue level, sleepiness and extreme tiredness. Flexible working time; 5-day work week and career break were considered useful to alleviate the situation.

Albertsen et.al (2008) studied the relationship between work hours and worklife balance and found a strong association between larger numbers of work hours and lower levels of work life balance amongst women. For men, the results were less conclusive, while for gender-mixed groups, an association between overtime work and lower levels of work life balance was strongly supported. It was found that nonstandard work hours had a negative influence on work life

balance and some evidence suggested that it had a negative influence on children's well-being and on marital satisfaction.

Dessler (2006), unlike many men, women must also make the 'Career versus family' decision since the responsibilities of raising the children and managing the household still fall disproportionately on women. Balancing work and family life becomes a challenge for women.

Jane et.al (2004) have explored relationships between work/life balance, work/non-work conflict, hours worked and organizational commitment concluded that, although graduates seek work/life balance, their concern for career success draws them into a situation where they work increasingly long hours and experience an increasingly unsatisfactory relationship between home and work. The article discusses the causes and potential consequences of this predicament and in particular how work/non-work conflict is linked to hours worked the state of the psychological contract and organizational commitment. It highlights the role of organizations' policy and practice in helping to manage the relationship between work and non-work and the development of organizational commitment through support for younger employees' lives out-of-work and effective management of aspects of the psychological contract.

Tausig et.al (2001) found that alternate work schedules affect perceived work-life imbalance the "time bind." However, perceived control of work schedules increases work-life balance net of family and work characteristics. The most consistent family characteristic predicting imbalance is being a parent. The most consistent work characteristic predicting imbalance is hours worked. Once we control for hours worked, women and part timers are shown to perceive more imbalance. Younger and better educated persons also perceive more work-life imbalance. However, they also report higher levels of schedule control and since schedule control improves work-life balance, it may be more important for unbinding time than schedule alternatives.

Yadav et.al (2013) found that respondents reported average level of work life balance and are generally happy with their working arrangements. The findings of the study reveal that balancing care and work affects career progression. Manager's act as barriers to members achieving appropriate work-life balance and considered WLB is an important determinant of intrinsic aspects of job satisfaction. Most of the employees enjoy the job and feel comfortable at their work place. According to studies; it has been found that it is important for employees to maintain a healthy balance between work and their private lives.

## **Literature Review on Factors relating to Work Life Balance:**

Keeton et.al (2007) studied predictors of physician career satisfaction, work–life balance, and burnout with an objective to explore factors associated with physician career satisfaction, work–life balance, and burnout focusing on differences across age, gender, and specialty found that both women and men report being highly satisfied with their careers, having moderate levels of satisfaction with work–life balance and having moderate levels of emotional resilience. Measures of burnout strongly predicted career satisfaction the strongest predictor of work–life balance. The study reveals that physicians can struggle with work–life balance yet remain highly satisfied with their career. Burnout is an important predictor of career satisfaction, and control over schedule and work hours are the most important predictors of work–life balance and burnout.

S. Padma et.al (2013) have highlighted the role of family support in balancing personal and work life and found that the present study show that the support from family members will play a significant role in balancing Personal and Professional lives. It is evident from the regression table that family members support is a dominant predictor of Work Life Balance. Employees who have adult children can easily balance than those with younger age kids. Similarly employees who need to take care of elder parents/in-laws health responsibility have lesser work life balance than their counterparts. The study concluded that lower balance may lead to higher absenteeism, lower job satisfaction and sometimes may turn to higher employee attrition. Organizations with cooperative work culture may help them to bring a suitable balance in their professional and personal life.

K. Santhana et.al (2013) highlighted that four factors marital status, working hours, requirement of flexibility, additional working hours and over time distort the work life balance. This is more unique in the case of married women, as any additional working hours at the organizational level deny them the time required to attend to the children and the other dependents. Among the factors classified in to components, the above factors alone influence more than 38% of work life balance. The study further reveals that three factors, viz., number of dependents, childcare and reason for overtime i.e. work life balance of married women gets affected with the number of dependents at home. This is worsened by the number of small children who need to be cared for and tended [i.e., larger the dependents lesser is the balance and vice versa], the supportive functional head can always help to minimize the work life balance related consequences.

Jain (2013) have done a comparative study of work life balance among CA, Doctors and Teachers found that working condition, time management and family support, role expectation is the most influencing factor which creates work-life balance among professionals. The researcher also found that work-life imbalances impact job satisfaction level of Professionals. The findings of study reveals that there exists a difference of Work Life Balance among CA, DR., And Teachers and this difference is also visible across the family and job status.

V. Madhusudhan et.al (2013) have identified the factors responsible for work life balance and extracted that dependents, time flexibility, role clarity, co-worker support, family culture, working hours and head support are responsible for work life balance. Management has to concentrate on time flexibility, role clarity, co-worker support, working hours and head support for managing work life balance

G. Kanthi (2013) has found that a good number of respondents expressed positively or confident enough to balance their routine work smoothly/comfortably. Due to some economic, family problems, inefficiency, lack of commitment some of the respondents expressed their inability to balance their work. The research reveals that long working hour, compulsory overtime, insisting more stress related job activities, non- flexible and closing time and other factors partially influencing the employees in form of absenteeism, turnover, frustration, low morale and motivation which leads to imbalance of both work and life. A happy and healthy employee will give better turnover, make good decisions and positively contribute to the organizational goal.

According to Fatima et.al (2012) factors affecting work life Balance are partner support, colleague support and job resources are positively associated with the work life balance whereas unfair criticism at job is negatively associated with work life balance. The study reveals that with reference to partner support male employees are more satisfied with work life balance as compared to females. It is found that female employees felt more work life strain due to child care responsibilities, and it is further noticed that elder dependency is doubling the burden of women than men.

Mathew et.al (2011) found that there is a positive correlation between WLB and health risks, work-family issues. Even though both factors are interrelated, health risks could result from other WLB challenges, such as role overload and dependent care issues. WLB issues that they face are role overload, health maintenance problems, poor time management, dependent care issues and lack of sufficient support networks. Although support network, quality of health and time management are positive predictors of WLB, dependent care issues and role overload are

negative predictors. The research indicates the existence of significant variations in the perception of WLB among the various categories of women entrepreneurs, depending on age group, education level, income and marital status.

### **Literature Review related to Work Life Balance and Satisfaction, Morale & Performance :**

Friedberg et.al (2013) in their research sponsored by American Medical Association with an aim to characterize factors that influence physician professional satisfaction found that factors in several broad categories were important determinants of physician professional satisfaction they are quality of care, electronic health records, autonomy and work control, practice leadership, collegiality, fairness and respect, work quantity and pace, work content, allied health professionals, support staff, payment, income, and practice finances, regulatory and professional liability concerns and health reform. In addition to this fair treatment, responsive leadership, attention to work quantity, content and pace can serve as targets for policymakers and health delivery systems that lead to improve physician professional satisfaction. The research further reveals that physicians are more satisfied when they perceive that they are meeting their patients' needs by delivering high-quality care and dissatisfied when they perceive barriers to delivering high-quality care—suggests an additional way of thinking about the relationship between physician professional satisfaction and the quality of care that patients receive.

Muhammad Imran et al (Oct. 2010) examined the impact of burnout at work (BO), work life balance (WLB), work life conflict (WLC) and job satisfaction (JS) on turnover intentions (TOI) among doctors in Pakistan. The study was conducted on MBBS qualified doctors with an objective to test the relationship of different variables interrelated in a form of a model and to test the effect of different variables on the turnover intentions of the doctors working in different hospitals in Pakistan. The results of the study concluded that there is no significant effect of burnout at work, work life balance and work life conflict on doctors' turnover intentions. There is no significant effect of burnout at work on doctors' work life balance whereas it has a significant effect on the work life conflict and job satisfaction of doctors. Moreover, work life balance has no significant impact on job satisfaction of doctors where as work life conflict does have a significant effect on job satisfaction of doctors. Lastly job satisfaction has a significant effect on turnover intentions of doctors

Madaan (2008) conducted a study on Job Satisfaction among Doctors found that majority of the doctors are satisfied with their job. The study reveals that job satisfaction is high amongst the younger doctors, but decreases abruptly after the age of 35 years and to again rise gradually in the fifth and sixth decades of life. The strongest dissatisfiers were salary and lack of incentives at work. Resident doctors were especially disgruntled with the paucity of incentives and perks at their level. It was found that nearly 2/3rd of the responding doctors are happy with their jobs, but would appreciate a raise in salary and the availability of greater opportunity to grow for a more fulfilling professional life. Doctors derive satisfaction from their work, but are not very happy with their work environment.

Kaplan (2009) studied the determinants of job satisfaction and turnover among physicians showed that the physicians who perceived a larger workload were less satisfied with their current position. Physicians who felt they had a good and correct balance between work and their private life were more satisfied with their current position. Those who felt that they were able to provide a high level of patient care were more satisfied with their careers and those who were more satisfied with their level of autonomy were more satisfied with their current positions. Lastly, physicians with an internal locus of control were more satisfied with their current position than those with more external locus of control orientations.

According to Douglas (2008) morale of the doctors could be better but it is found that trainees express high and rising satisfaction with the training they receive where as senior doctors expressed high job satisfaction although reporting that they had insufficient leisure time which adversely affected their morale. The study also reveals that female doctors working part-time were more likely to report a better work-life balance.

Fiaz et.al studied the relationship between job satisfaction and performance reveals that majority of the doctors working with public hospitals are not satisfied with pay. The research also concluded that majority of the doctors belonging to both of the public and private hospitals were of the opinion that the overall working conditions of their hospitals are inadequate, private and public sector doctor's expressed their contention that their profession plays significant role to ruin their satisfaction level, colleague help and cooperation while duty is more amongst doctors working with public hospitals, Most of the doctors of both categories responded positively to the opinion that rapid promotion has some positive role on the performance of the duty and satisfaction of doctor from the job, most of the doctors of both categories responded positively to the opinion that rapid promotion has some positive role on the performance of the duty and satisfaction of doctor from the job.



Gothel et.al (2007) reviews international literature on the subject of work and job satisfaction among physicians, and professional self image, focusing on studies of the effects of job satisfaction on health care. The result of the study focus primarily on the effects of organizational models i.e. managed care organizations, and on financial incentives within physicians' remuneration structures i.e. restrictive capitation fees exerting economic pressure is associated with low job satisfaction. Findings of the study suggest that physician dissatisfaction has serious consequences for physicians and patients.

Gururaja et.al (2013) studied the perceptions and attitude towards quality of Work-Life found that majority of the respondents experienced well balanced work life where as others have moderately balanced work -life and none of them rated under poor work-life balance. Data regarding job satisfaction showed majority of the respondents had moderate job satisfaction and others had high job satisfaction. The study showed a positive correlation between work life balance and job satisfaction. Thus it can be inferred from the research that high quality of work life balance will improve job satisfaction and vice versa.

Kumari Lalita (2012) commented that each of the WLB factors such as Psychological distress, organizational changes, working hours, managerial style, job responsibilities, work overload, work life conflict and personal financial problems etc. have been proven to affects or are predictive of job satisfaction. It can also be concluded from the data, that the overall WLB policies positively correlates significantly with level of job satisfaction which shows that job satisfaction increases with the increase in work-life balance. The results also indicated a shift in perceptions about work-life balance and job satisfaction. In the past, employees often found it more difficult to maintain balance due to the competing pressures at work and demands at home.

V.Varatharaj et.al (2012) found that work life balance entails attaining equilibrium between professional work and other activities, so that it reduces friction between official and domestic life. Researchers have noted that the majority of the respondents feel comfortable in their work place irrespective of their trivial personal and work place irritants. Work life balance enhances efficiency and thus, the productivity of an employee increases. It enhances satisfaction, in both the professional and personal lives.

Muhammad Iqbal et.al (2011) examined the relationship of employee work satisfaction (job satisfaction) and prevalence of work life balance (WLB) practices found that there is no significant difference in employee satisfaction and balancing their work life activities at all the stages of management (Top, Middle and First Level). The results of regression analysis pose a strong positive relationship between the employee work satisfaction and work life balance.

According to Sujat et.al (2011) work life balance have not much impact on employee job satisfaction and some factors of work life balance such as employee intention to leave job, work pressure and long working hours have negative relation with employee job satisfaction and work life balance programs and flexible working conditions have positive relation with employee job satisfaction.

Malik et.al (2010) reported a positive and significant relationship of job satisfaction and work family balance.

Beham, Barbara et.al (2010) examined the relationship between various work demands and resources and satisfaction with work-family balance. Work-to-family conflict is expected to mediate several relationships between dependent and independent variables. The study clarifying the relationship between work-to-family conflict and satisfaction with work-family balance.

Nadeem et.al (2009) studied the impact of work life conflict on job satisfaction of employees contended that job satisfaction is significantly negatively correlated with stress, work to family interference and family to work interference. However, the correlation of workload is positive and insignificant which shows that workload does not affect the job satisfaction of the employees in Pakistan. Job autonomy emerged as having a strong and clear correlation with job satisfaction, more autonomy in a job leads to higher job satisfaction among employees.

Hughes et.al (2007) while studying the work-life balance as source of job dissatisfaction and withdrawal attitudes identified major problems that are related to work-life balance are “difficult” shifts, inability to properly organize personal life, inability to dedicate time and proper attention to non-work activities and obligations are reasons for turnover in the job. All participants mentioned work-life balance problems as causes of absenteeism from the job. The findings clearly indicated that work-life balance issues were of major concern. Furthermore, the problems caused by inability to balance work and non-work life were identified as the main causes of job dissatisfaction, job turnover and absenteeism in the job. Other sources of dissatisfaction and withdrawal behaviors are treatment by the management and pay.

Duxbury and Higgings (2003) in their seminal report on work-life conflict demonstrated that the respondents with high levels of work to family interference reported: lower levels of job satisfaction and high levels of jobs stress the intent to turnover of the employees.

Duxbury et al (2002) studied that work-related stress consists of working conditions involving heavy workloads, lack of participation in decision making, health and safety hazards, job insecurity, and tight deadlines. Employees with high levels of work-life conflict are three

times more likely to suffer from certain heart problems, back pain and mental health problems. They also reveals that workers are more likely to experience poor health, experience negative impacts on relationships with children and their spouse, less committed to the organization, less satisfied with the job, have poor quality of relationship outside the work.

Jane et.al (2014) showed that there was positive relationship between work life balance policies and the job satisfaction of employees. The result of this study makes recommendation that improved work life balance policies offered to employees lead to increase their job satisfaction, improve staff commitment and productivity.

Work Family Conflict (WFC) and Family Work Conflict (FWC) are the very important factors in the life of employees working in service sector. The study reveals that marital status, age and the number of dependents are the crucial factors addressing the work life issues of employees. It was observed that among those who reported that there is imbalance; majority said that it was work that dominated. The findings of the research indicates that all the respondents said that having work life balance is very important for them, Majority of respondents have responded that their life is heavily weighted toward work. Only some of the employees said their life is in balance at present. Work Life Imbalance among the employees affect negatively to employees as well as organizations. Less productivity at workplace, more conflicts, absenteeism, high attrition , low morale, more stress are the major impact of work life imbalance on the employees working in service sector. (Mehtha, 2012).

Singh (2013) reviewed the existing literature on work-life balance concluded that work life balance have significant impact on various quality life conditions such as job satisfaction, work stress, career growth, turnover, absenteeism, appreciation and competitive environment.

Maeran et.al (2013) studied the relationship between work-life balance and job satisfaction found that there is a moderate negative influence of work over family (work-family conflict), as the average value of this variable is only marginally significant. Job satisfaction measured appears to be fairly high among respondents, and assumes a negative relationship with both work-family conflict and family-work conflict. The study reveals that Work-Family conflict negatively correlates with work-family enrichment, supportive supervision, and factors that affect job satisfaction. The negative impact of work on family is positively correlated with age, length of service, and to a lesser extent with the number of working hours.

Rai Imtiaz et.al (2012) explores the impact of work-life conflicts on employee performance reveals that there appears to be a positive and significant relationship between work-life conflicts and performance of employees. Statistical analysis was used to see the impact of

gender and marital status on the work-life conflicts and performance of employees. The results indicate that gender had no significant effect on performance and work-life conflicts whereas marital status of the respondents' had a significant impact on the work-life conflicts.

K. S. Chandrasekar et.al (2013) found that there are some factors of work demand that interferes with the personal life which leads to an imbalance state; work-life balance is different based on gender and nature of jobs. The study reveals that work life balance has a positive relationship with job satisfaction. The study concluded that an efficient Work life Balance helps an employee in improving their job satisfaction and productivity. The company should focus on providing efficient Work Life Balance policies and programs to ensure proper Work Life Balance which will help them to improve the employee productivity and also to control the attrition rate.

Donna et.al (2014) in their article on Obstacles for Women in Pediatric Surgery conducted a survey on 95 female pediatric surgeons in the US proposed that women in pediatric surgery did express a desire to spend more time with their families and more room for personal interests in their lives and the women working in academic surgery were concerned that this would interfere with their career. The study reveals that regardless of these issues most women reported high career satisfaction, perceived their career to be rewarding and would make the same career choice again.

### **Literature Review on Work Life Balance and Demographic Variables :**

Thriveni et.al (2012) studied the impact of demographic variables on work-life balance revealed that there is a significant relationship between all demographic variables - age, experience, marital status, income, type of family, number of dependents and perception of work-life balance of employees. This shows that there is a significant relationship between demographic variables and work life balance.

Philippa et.al (2010) have done a gender-based analysis of work patterns, fatigue, and work/life balance among Physicians commented that women were more likely to report never/rarely getting enough sleep, never/rarely waking refreshed, and excessive sleepiness and were less likely to live with children up to 12 years old. Fatigue risk scores differed by specialty but not by gender. The researchers found that multiple aspects of work patterns, not just long working hours, are associated with problems of work/life balance. Independent risk factors for reporting problems with social life, home life, personal relationships, and other commitments included longer total duty hours, increasing amounts of night duty, and schedule changes. The

total fatigue risk score was a stronger predictor of problems in life outside work than was any single aspect of the work pattern.

Doble et.al (2010) while studying the gender differences in the perception of work-life balance reveals that both men and women reported experiencing work life imbalance. Supportive work environment will help to reduce work life imbalances. Flex time, work from home, child care facilities and the part time work are facilities will help employees to balance their life.

Men feel more pressure to balance work and family demands because they are planning a larger role in outside-of-work responsibilities. Moreover, some men are not happy with the balance available at work in which 21% have unfavorable views of their employer's work/life balance support (Kenexa Research Institute, US (2008).

Burke (2002) examined the relationship of managerial and professional gender's perceptions of organizational values, supportive of work-personal life balance and their job experiences, work and non-work satisfactions and psychological well-being. It revealed that women managers reporting organizational values more supportive of work-personal life balance, greater job and career satisfaction, less work stress, less intention to quit, greater family satisfaction, fewer psychosomatic symptoms and more positive emotional well-being.

Sandra L et.al (2006) studied the influence of physician gender on practice satisfaction among obstetrician gynecologists found that there is no significant difference between the career satisfaction of male and female physicians. The study also reveals that both genders considered female gender to be an asset in obstetrics and gynecology.

Married physicians have long resolved their multiple roles by compromise: limiting their hours of work and selection of specialization. It has been noted that married physicians were restricted more towards scheduled work than single physicians. (Lopate Carole).

Medical Post (2006) reveals that many single doctors would prefer not to be single. They go home and are shocked by the silence and wish there was something to do, and someone to do it with. It is not easy for single doctors to find a partner. People assume they are busy and not available, and do not invite them to events. The lifestyle is often too busy or hectic, leaving little time to meet people and pursue relationships. Sometimes, the single doctor is asked to do more, on the assumption that they do not have to go home to a family. It was also debated that married took full advantage of their being married in case of leave or duty adjustment. They got more favours on the grounds of home, spouse and children. Thus by proactively looking for what's good about being alone every day, identifying areas of interest, take a class and learn something

new, join a group that focuses on the activity or area of interest they enjoy, thinking about what other people would want time alone to do, and do that—shop, read, going to the spa, watch TV or a movie and by keeping themselves open to meeting new people and to love will help to reduce the imbalances in their life.

Torrieri (2013) in an article posted that married or single, physicians often have a difficult time finding balance between work and life. Unlike married physicians single physicians don't have the added stress of family demands, but they have their own one-of-a-kind challenges, namely how to reign in career ambition to create space for a personal life and "enhancing soft skills" that will allow for them to make said meaningful connections. It is suggested that special connection" moments, such as mystery drives with the kids or surprise/spontaneous meetings with spouse, block off time for special family events, vacation, and downtime at the beginning of the year, and arrange for on-call and other coverage well in advance will help the doctors to find a better balance in their work and life.

According to medscape physician's compensation report (2014), it is revealed that Orthopedics is the earning leaders, followed by cardiologists, urologists and gastroenterologists. Physicians in HIV/AIDS, primary care and endocrinologists are the lowest earners. 49% of employed physicians were satisfied with their income. Physicians in single specialty group practices are the highest earners, then solo practice physicians, whereas physicians who work for healthcare organizations are the second highest earners and lowest earners are outpatient's clinics. Primary care physicians were only slightly more negative saying that they did not feel compensated fairly as compared to others. The study also reveals that anesthesiologists and intensivists spend more hours with patients than pathologists, emergency physicians and dermatologists. The study also concluded that physicians with specialization in dermatology, psychiatry are more satisfied where as physicians with specialization in plastic surgery, then neurologists and internists are least satisfied.

Shanafelt et.al (2012) found substantial differences in burnout amongst doctors with different specialty. The study concluded that highest rates of burnout amongst physicians at the front line of care access (family medicine, general internal medicine, and emergency medicine). The study reveals that as compared to working US adults, physicians were more likely to have symptoms of burnout. Highest level of education completed also related to burnout in a pooled multivariate analysis adjusted for age, sex, relationship status, and hours worked per week. Compared with high school graduates, individuals with an MD or DO degree were at increased

risk for burnout, whereas individuals with a bachelor's degree, master's degree or professional or doctoral degree other than an MD or DO degree were at lower risk for burnout.

According to Leigh et.al (2002) dissatisfaction level of physicians practicing certain "procedural" specialties such as ophthalmology, pulmonary medicine, otolaryngology, and orthopedic surgery is relatively high. In contrast, physicians practicing some "cognitive" specialties such as infectious diseases, geriatrics, and pediatrics were unlikely to be dissatisfied. The study reveals that physicians with specialties geriatric internal medicine, neonatal-perinatal medicine, dermatology and pediatrics are found to be very satisfied where as doctors with specialty in otolaryngology, obstetrics-gynecology, ophthalmology, orthopedics and internal medicine are found to be least satisfied. The researchers also found non linear relations between age and satisfaction. The study concludes that high income and prestige associated with the "procedural" specialties. Further a positive association has been found between income and satisfaction and no differences are found between women and men.

Karrir et.al (1996) found significant correlations of Quality of work life of managers from three sectors of industry viz., Public, Private and Cooperative, with some of the background variables (education qualification, native/migrant status, income level) and with all of the motivational variables like job satisfaction and job involvement. The researcher concluded that both the variables job satisfaction and job involvement have an effect on work life balance.

Sutherland (2014) while conducting a survey on who's happier: employed or private practice physicians commented that both employed and self employed doctors are almost equally satisfied. The study further reveals that doctors moved from employed to self employed are happier than those who made opposite move. Typically, employed physicians work shorter, and more regular, hours thus more than half of the respondents reported that work-life balance improved after taking an employed position. Work-life balance is also an important indicator of career satisfaction, especially for young doctors. The results of the study further indicate that 64 percent of employed physicians would recommend it to other doctors. Nearly a third of self-employed doctors would also recommend employment. However, 37 percent of self-employed physicians would discourage employment.

Jain (2012) in his post on doctors in private practices are now joining hospital staffs said that doctors in private practice are paid fixed salaries based on productivity, which distances them from some of the unpredictable changes in health care. Due to this doctors are relieved from competing practice by others in the sector. Doctors in private practice if join the hospital will be

giving them more job security and better work-life balance as well. He said that many younger colleagues, including those just completing their residencies are taking this route.

Leslie (2014) has conducted a survey on 4600 physicians about their work environment and job satisfaction. The study reveals that 74% of self-employed physicians reported being satisfied with their work environment, while 73% of employed physicians were satisfied with their environments. However, self-employed doctors were slightly more satisfied with their current practice situation: 65% of self-employed doctors reported feeling satisfied, compared with 59% of employed doctors. Thus the result of study indicates that self employed doctors are somewhat more satisfied with their situation than are employed doctors, and employed doctors are unsatisfied with their situation than are self employed doctors.

K. Santhana et.al (2012) have commented that majority of respondents are working through-out week and are struggling to achieve work-life balance. Women reported that their life has become a juggling act as they have to shoulder multiple responsibilities at work and home. Results of the study also indicated that both government and private hospital the work life balance is a challengeable one, need for periodical review in terms of their work and personal life satisfaction, otherwise, they would be subjected to severe stress. Both the hospitals can create supportive environment to help to achieve work life balance.

Berber et.al (2014) highlighted that neither being a mother nor the age of the youngest child significantly predicted career motivation. Those who had more traditional views on what a mother ought to be (e.g. spending most of their time with their children) were less motivated than those who had more modern views on this issue. Moreover, a supportive work environment – especially supervisor's support for one's career goals – was beneficial for career motivation of female doctors.

Geraldine et.al (2008) have reported a complex relationship of work-related dynamics and personal factors shaped the meaning for working women amid competing priorities of work, family and individual lives. Organization and co-ordination of multiple activities with support from various sources was fundamental to finding balance. A deep sense of motherhood was evident in that their children were their number one priority but career was of high importance as they sought stimulation, challenges, achievement and enrichment in their work. Now, in mid-career transition, the respondents seek more self-care time in an effort to find new meaning in the work, family and self equation.

Buddeberg-Fischer et.al (2010) conducted a research study on 579 residents found that physicians, especially those with children have lower rates of employment and show lower values



in terms of career success and career support experiences than male physicians. The study further reveals that having children has a negative impact on career factors. In terms of work-life balance female doctors are less career-oriented and are more inclined to consider part-time work or to continue their professional career following a break to bring up a family. Satisfaction level of females is high as compared to male, especially where friends, leisure activities, and income are concerned. Compared to their male colleagues, female physicians are less advanced in their specialty qualification, are less prone to choosing prestigious surgical fields, have a mentor less often, prefers more often to work at small hospitals or in private practice, aspire less often to senior hospital or academic positions and consider part-time work more often.

### **Literature Review on Managing Work Life :**

The study conducted by Santhi et.al (2012) emphasized the work life balance depicts that support system, benefits awarded and relocation are the prime factors enabling entry level cadre to strike work life harmony. However, work environment alternative working hour's recreation and child care are of secondary importance in maintaining a balance. As for middle cadre work environment, support system and recreation are prominent factors in achieving work life harmony. As regards higher level cadre support system, child care, benefits and alterative working hours are enablers of work life balance. Relocation, work environment, support system and benefits are ranking ahead of other factors in achieving work life balance for the whole employees. The study reveals that 55 per cent of the respondents are highly satisfied with the current work life initiatives.

According to study by Smith et.al (2007) work life balance initiatives give employees flexibility and help to ensure that dependents are cared even if the employees are at work. Both work to family conflict and family to work conflict can be reduced when employees use work life balance initiatives.

Hom et.al (2001) in their study found that organizations take into consideration and apply policies that manage a balance between employees work and their lives which in turn helps to reduce the turnover of employees.

Glass et.al (1995) defined the work-family practices as 'any benefit, working condition, or personnel policy that has been to empirically decrease work –family conflicts among workers'. In operation, work –family practices address, among other things, childcare plans, on-site day care,

eldercare, parental leave, long-term care leave, and flexible working hours are the supporting human resource practices which makes an employee to balance both work and life.

Kisilevitz et.al (Dec 2009) has explained presents tips on managing work-balance programs in times of economic recession. Effective implementation of work-life balance programs offer substantial return on investment through increased engagement and a strengthened employment value proposition. According to the estimates of the Benefits Roundtable of the Corporation Executive Boards, effective work-life balance programs can increase employee effort by 21% and improve employee commitment by 33 percent.

According to the report by Civichino (2008) many employers and employees are recognizing the importance of work-life balance as a necessary component of wellness. Also, the report emphasizes that a number of companies are offering recruitment and retention strategies with flexible benefit packages that support personal development and quality of work-life.

Shanafelt et.al (2008) in their article describes principles to promote professional satisfaction and work-life integration developed by the Mayo Clinic department of medicine. These principles can be used to measure and align policies. The study indicates that meaningful work, challenges commensurate with skills, interests, and resources, opportunities for professional development, creating a culture that cultivates professionalism and professional satisfaction, autonomy and flexible scheduling, culture that values and encourages life outside of work and a culture of wellness are certain principles that an institution can use to evaluate existing policies and craft a new one that helps in creating an environment that promotes physician satisfaction.

Doyle Matt (April 02) in his post on is it possible for physicians to balance their work and life said that due to increasing demands and challenges in the healthcare, physicians are striving for balance, that not only impacts them at personal level but also affects the larger healthcare system. When physicians are happy and fulfilled, their patients and the industry as a whole will also benefit. He suggested five ways such as assess what's most important, change behavior and mindset, recognize the small victories, remember that balance isn't permanent and finding support will help to make a balance. The study reveals by identifying what "balance" means and taking small steps to achieve it is so important. A feeling of balance contributes to overall satisfaction and fulfillment — the foundation of a truly healthy life.

Austin (2006) suggested that proper planning, hard work, and commitment are required to have both a rewarding professional life and a satisfying personal life. The study reveals that trusted mentors are valuable to young physicians in helping them to achieve an optimal work life balance. Taking personal control of schedule, delegating as much as possible, both at work and at home will help to manage the balance between home and work lives. By accepting the fact that it is not possible to having all at once, so better to enjoy each and every moment of life instead of waiting from right time.

The article by EMR, HER & Health Care Technology (2011) aims to suggest help on how physicians may save time on subordinate activities like paperwork, clinic management and other administrative functions by using technological tools that will enable them to complete the same tasks quickly and efficiently, leaving them more personal time and a better organized work day. Seven technological tools for physicians are Email, Medical Website, Spreadsheet programs like Microsoft Excel, PDAs (Personal Digital or Data Assistant) and Smartphones, Medical Software such as an Electronic Medical Record (EMR), Smartphones/Tablet PCs and Videoconferencing and Tele-consultations. These technological tools can be used to reduce the time and effort spent on administrative functions. Thus doctors will be able to present themselves atleast physically at home v/s not being there at all.

Gaillour (2006) suggested five principles that helps to achieve balance in work life of doctors are establishing boundaries, eliminating clutter and tolerations, having a reserve in all areas, uncovering and developing your unique gift and trusting that god will illuminate the next step. The researcher said that sometimes creating work-life balance is less about the addition of “happy events” and “stuff” to lives and more about pruning away the junk and clutter of annoyances and empty obligations.

Berry (2010) conducted a survey on physicians taken the opinion of various experts said that work life balance is different for different individuals. It is really about how you allocate your resources, your time and your energy, and whether the way you actually spend your time matches your goals. The experts says that restrictions on work process, having control over work schedules has been shown to dramatically improve feelings of balance and work satisfaction of physicians. Growing awareness that these are all stresses that the doctors are going to face and learning about emotional intelligence and mindfulness as part of a physician leadership course will help to reduce he various cultural barriers faced by the physicians.

Family physicians say achieving work-life balance is all about setting priorities conducted a survey on opinion of various experts on work life balance highlighted that work life balance is

all about defining how you want to spend your time and adjusting your life and work as your needs change. Experts suggested that job sharing with another physician, flexible schedule, identifying your priorities and schedule life accordingly will help to make a good balance in personal and professional life of physicians. (FP News, March 22, 2012)

Drummond (2012) suggested that creating life calendar by putting everything i.e. every life events on it and by making regular updations in it and carry it at all times and scheduled everything according to the calendar will help the doctors to balance their work-life. The author further suggested that the clean and honest use of the word no will also help to make a balance.

Frank (2014) suggested that support from colleagues is a key to work life balance. Provide support and assistance to the colleagues in their work so that they will also be ready to provide their assistance and support in future, thus physicians will be able to make better balance in work and life.

**CHAPTER III**  
**RATIONALE, OBJECTIVES AND**  
**HYPOTHESES OF THE STUDY**

## **CHAPTER III : RATIONALE, OBJECTIVES AND HYPOTHESES OF THE STUDY**

This chapter deals with the rationale of the study i.e. need of studying the topic, objectives of the research undertaken i.e. problem statement is developed and hypotheses are formulated to test the set objectives.

### **3.1 Rationale of the Study :**

Today, People are not only doing work for survival but also for personal satisfaction as well. If there is no balance between the persons working life and personal life, it will affect their performance and commitment towards the organization.

If the job is stressful, it will affect the personal life of people, because emotions are always going with them and if they are not able to control it, it will get affected in their behavior and ultimately having an impact on their personal life that leads to affect their concentration on work, level of commitment to the profession, the level of satisfaction, performance, productivity and the services which they provided to the society i.e. patient dissatisfaction with the care received, Doctors not meet at time, thus the quality of life of both the service provider and service taker is affected.

In this research study, the researcher would attempt to study the work-life balance in health care industry with special reference to Allopathic Doctors working in Hospitals and Private Clinics in urban community as it has been observed in general that work-life imbalance is comparatively more amongst doctors in urban community. The personal life, family life vis-à-vis professional life of these Doctors seems to affect work-life balance significantly. In this backdrop it is considered that if some in-depth study is carried out and cause-effect relationship is established, perhaps it would definitely improve the scenario for the common causes of this segment and finally the society in general.

### 3.2 Objectives of the Study :

Before taking up any research it is essential to have clarity of the objectives. Objectivity is a very important characteristic of good research. The objectives address the purpose of the investigation. Following are the objectives of research study:

- ❖ To study the various factors related to Work-Life Imbalance amongst Doctors.
- ❖ To identify critical components of Work-Life Balance vis-à-vis Organization Wellness.
- ❖ To study the impact of Work-Life Imbalances on Morale, Satisfaction and Performance of Doctors.
- ❖ To find out the Work Life Balance, Morale, Satisfaction and Performance of Doctors amongst various Demographic Variables.
- ❖ To suggest various strategies to Doctors to balance their Work and Non Work Lives.

### 3.3 Hypothesis Formulated :

Formulation of hypotheses is the foundation of all scientific research as it provides direction to inquire and helps the researcher to draw specific conclusion.

The hypothesis framed for the undertaken research is trying to find out the relationship between the work life balance and the morale, satisfaction and performance of the doctors amongst different demographic variables.

On the basis of review of literature and detailed discussion with the experts, the following hypotheses have been formulated for studying the research problem:

**Null Hypotheses H1:** There is no significant impact of work life imbalance on satisfaction of doctors.

**Null Hypotheses H2:** There is no significant impact of work-life imbalance on morale of the doctors.

**Null Hypotheses H3:** There is no significant impact of work-life imbalance on performance of the doctors.

**Null Hypotheses H4:** There is no significant difference between the work life balance of male and female doctors.

**Null Hypotheses H5:** There is no significant difference between the satisfaction level of male and female doctors.

**Null Hypotheses H6:** There is no significant difference between the morale of male and female doctors.

**Null Hypotheses H7:** There is no significant difference between the performance of male and female doctors.

**Null Hypotheses H8:** There is no significant difference between the work life balance of married and unmarried doctors.

**Null Hypotheses H9:** There is no significant difference between the satisfaction of married and unmarried doctors.

**Null Hypotheses H10:** There is no significant difference between the morale of married and unmarried doctors.

**Null Hypotheses H11:** There is no significant difference between the performance of married and unmarried doctors.

**Null Hypotheses H12:** There is no significant relationship between the age and the work life balance of doctors.

**Null Hypotheses H13:** There is no significant relationship between the age and the satisfaction of doctors

**Null Hypotheses H14:** There is no significant relationship between the age and the morale of doctors.

**Null Hypotheses H15:** There is no significant relationship between the age and the performance of doctors.

**Null Hypotheses H16:** There is no significant relationship between experience and work life balance of the doctors.

**Null Hypotheses H17:** There is no significant relationship between experience and satisfaction of the doctors.

**Null Hypotheses H18:** There is no significant relationship between experience and morale of the doctors.

**Null Hypotheses H19:** There is no significant relationship between experience and performance of the doctors.

**Null Hypotheses H20:** There is no significant difference between the work life balance of doctors with different specialty.



**Null Hypotheses H21:** There is no significant difference between the satisfaction of doctors with different specialty.

**Null Hypotheses H22:** There is no significant difference between the morale of doctors with different specialty.

**Null Hypotheses H23:** There is no significant difference between the performance of doctors with different specialty.

**Null Hypotheses H24:** There is no significant difference in the work life balance of doctors having no children, having one child, having two children and having three children

**Null Hypotheses H25:** There is no significant difference in the morale of doctors having no children, having one child, having two children and having three children

**Null Hypotheses H26:** There is no significant difference in the satisfaction of doctors having no children, having one child, having two children and having three children.

**Null Hypotheses H27:** There is no significant difference in the performance of doctors having no children, having one child, having two children and having three children.

**Null Hypotheses H28:** There is no significant difference in the work life balance of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, Mch & Diploma in different specialty) and Doctorate degree (DM).

**Null Hypotheses H29:** There is no significant difference in the satisfaction of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).

**Null Hypotheses H30:** There is no significant difference in the morale of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).

**Null Hypotheses H31:** There is no significant difference in the performance of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).

**Null Hypotheses H32:** There is no significant difference between the work life balance of public, private and self employed doctors.

**Null Hypotheses H33:** There is no significant difference between the satisfaction of public, private and self employed doctors.

**Null Hypotheses H34:** There is no significant difference between the morale of public, private and self employed doctors.

**Null Hypotheses H35:** There is no significant difference between the performance of public, private and self employed doctors.

**CHAPTER IV**  
**RESEARCH DESIGN AND**  
**METHODOLOGY**

## CHAPTER IV: RESEARCH DESIGN AND METHODOLOGY

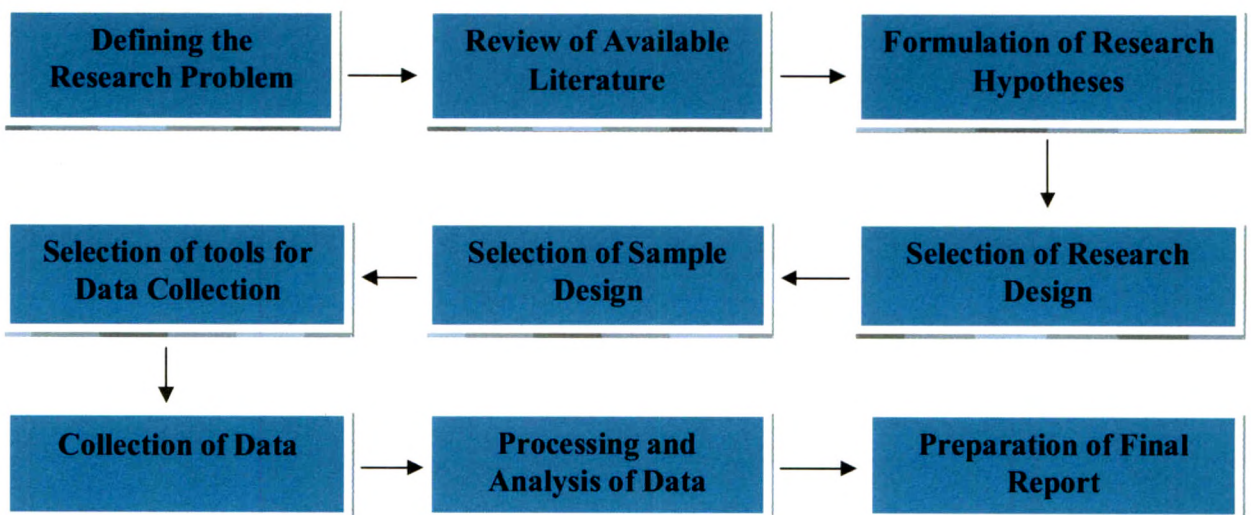
This chapter deals with the methodology used for the purpose of conducting a research and various statistical tools applied to test the set hypotheses. A few studies have been undertaken in India in the area of work life balance. Most of the studies in work life balance in India have been carried out in different sectors, but a very few studies have been conducted on work life balance of doctors. No study has ever been conducted in Indore region regarding the work life balance of allopathic doctors working with public and private hospitals and clinics. Most of the major health care organizations in the country are provided their services in the Indore City. This all encouraged the researcher to choose the topic “**A study of Work Life Balance in Health Care Industry**”, is based on the collection of primary and secondary data.

### 4.1 Research Methodology:

The methodology is the most important in research as it is the frame work for conducting the study. This chapter deals with the description of the methods and different steps used for collecting and organizing data are stated below.

Research Methodology refers to the method that researcher use in performing the research operations. Research Methodology is a way to systematically solve the research problems. It explains the various steps that are adopted by a researcher in studying the research problem along with the logic behind them. This chapter explains the methodology adopted in this study for conducting the research. Steps followed for conducting a Research:

**Diagram No. 4.1: Steps involved in conducting a Research**



#### 4.1.1 Research Design:

A research design is based on a framework and provides a direction to the investigation being conducted in the most efficient manner. The research undertaken is of descriptive type. It consists of a mixture of quantitative as well as qualitative data

#### 4.1.2 Research Area:

The study was carried out in Indore region, which has rich cultural background, with continual growth and modernization. Indore City has been considered as an experimental city more particularly health care industry. Most of the hospitals like Bombay Hospital; Apollo Hospital etc have got parental units at Mumbai for spreading over their activities besides parental units. It also provides the representative sample of the most of the activities in the country. In view of this, Indore City has been taken as the research area for this study.

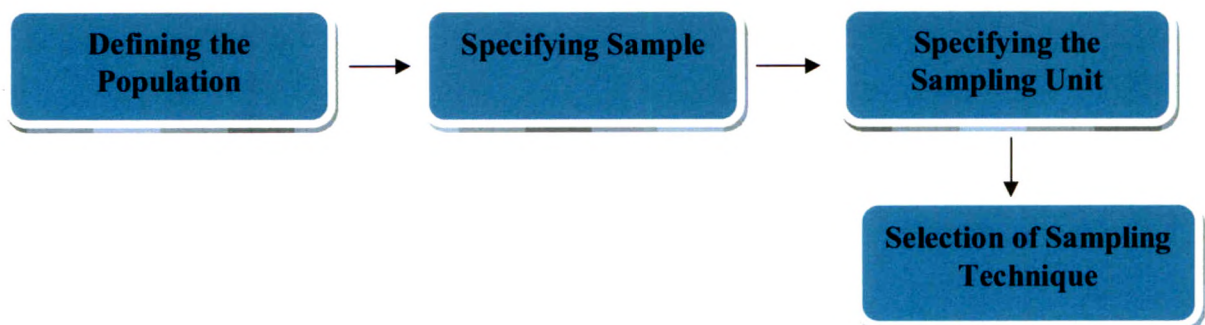
#### 4.1.3 Variables under Study:

- ❖ **Independent Variable:** Work Life Balance
- ❖ **Dependent Variable:** Morale, Satisfaction and Performance
- ❖ **Demographic Variables:** Age, Gender, Marital Status, Experience, Specialization, Qualification, Organization type and practice setting and Children.

#### 4.1.4 Sample Design and Sampling Technique :

Sampling is the process of selecting the right individuals, objects or events for the study. It involves the study of a small number of individuals, objects chosen from a larger group. Representative sample mirrors the characteristics of the population and minimizes the errors associated with it. Sampling process followed for the research:

**Diagram No. 4.2: Sampling Process**



#### **4.1.4.1 Defining the Population :**

Population refers to any group of people or objects that form the subject of study in a particular survey. For the purpose of this research Allopathic Doctors working with public and private hospitals and clinics in urban areas (Indore City) are taken in to consideration.

#### **4.1.4.2 Specifying Sample :**

Sample is a subset of the population. It comprises only some elements of the population. Sample size selected for the present study comprises of 200 male and female allopathic doctors and has been selected from major private and public hospitals and clinics in Indore City.

#### **4.1.4.3 Specifying Sampling Unit :**

The sampling unit is the basic unit containing the elements of the target population. Sampling Unit for Research: Allopathic Doctors working with Public and Private Hospitals and Clinics in Indore City.

#### **4.1.4.4 Specifying Sample Design:**

Sample design indicates how the sample units are selected i.e. sampling technique used for the selection of sample. Sampling Technique used for the research: Non Probability Convenience Sampling.

#### **4.1.5 Data Collection Method:**

The type of data collected for the undertaken research is primary and secondary type. Primary data is collected through standardized self designed questionnaire and by conducting an unstructured interview with the doctors working with public and private hospitals and clinics. For the collection of secondary data books, journals, magazines, articles and internet is used.

#### 4.1.5.1 Data Collection Tool :

Questionnaire is used for the purpose of primary data collection. The questionnaire consist the following:

Demographic data consists of 10 items which includes information of respondents about age, gender, marital status, professional qualification, years of experience, organization, designation, specialization, qualification and no. of children.

A self designed closed ended questionnaire was prepared and administered to the hospitals and clinics. The survey is designed to produce quantitative information. Questions are 'close ended' – respondents have to pick one of the available answers. This makes is easier to process the information. Five point rating scale (0= if it is not true, 1= If it is a little true, 2= if it is somewhat true, 3= if it is fairly true, 4= if it is definitely true) is used for getting responses for different statements in the questionnaire. Total no. of Questions in a questionnaire is 45, which comprises of questions relating to measurement of work life balance, satisfaction, morale and performance.

**Table No. 4.1: Structure of Questionnaire**

S.No	Particulars	Total no. of Statements/Questions	Statement Numbers
1	Work Life Balance (WLB)	14	Statement No. 1,4,5,6,12,17,19,20,21,25,31,33,34,44
2	Morale	10	Statement No. 7,8,9,10,11,18,37,39,41,42
3	Satisfaction	12	Statement No. 2,3,16,22,23,24,26,27,28,29,38,45
4	Performance	9	Statement No. 13,14,15,30,32,35,36,40,43

#### 4.1.5.2 Testing of Instrument:

##### Content Validity :

Validity' represents the extent to which a measure correctly represents the concept of study. To test the Content Validity of the Work Life Balance, Satisfaction, Morale and Performance Questionnaire developed by the researcher, an extensive interaction with the eminent experts of HR, Allopathic doctors of different specialization of both gender and practitioners was undertaken. Modifications were made on the basis of recommendations and suggestions of experts.

##### Reliability Analysis :

Reliability can be defined to the extent to which a variable is consistent in what it is intended to measure. Several measures of reliability can ascertain the reliability of the measuring instrument. In the present research, the reliability of the statements measuring the work life balance, satisfaction, morale and performance was determined by using Cronbach's Coefficient alpha as shown below:

**Table No. 4.2 Reliability Coefficients**

	Work Life Balance	Morale	Satisfaction	Performance
Number of Items	14	10	12	9
Cronbach's Alpha	.820	.725	.729	.710

**\* Values of 0.60 and above testify strong reliability of the scale.**

The reliability coefficient indicated that the scale for measuring Work Life Balance is quite reliable as the alpha value is 0.820. For the purpose of measuring Satisfaction, Morale and Performance the reliability coefficients are 0.729, 0.725 and 0.710. An alpha value of 0.60 and 0.70 or above is considered to be the criterion for demonstrating internal consistency of new scales respectively. As the value exceeded the minimum requirement, it is thereby demonstrated that all the factors of Work Life Balance, Satisfaction, Morale and Performance are internally consistent.



#### **4.1.5.3 Distribution and Collection of Questionnaire:**

Questionnaires were distributed to allopathic doctors working in public and private hospitals and clinics in Indore City personally and through references also.

A total of 200 questionnaires are collected. Participants were fully voluntarily responded and respondents were assured of the strict confidentiality of their information and responses.

#### **4.1.6 Tools for Data Analysis:**

- ❖ The obtained data has been analyzed in terms of the objectives and hypothesis of the study by both descriptive and inferential statistics.
- ❖ Codification of variable data was followed by preparation of Master Charts. SPSS 21.00 is used to analyze the data after due entry of each and every respondents data.
- ❖ Pie Charts, Bar Charts, Tables and Graphs were used to represent the results.
- ❖ Hypothesis Testing: To arrive at pertinent analysis, the collected data was put to plan statistical analysis using SPSS version 21. The tools, which were employed to test the drafted hypothesis for analysis is Correlation Analysis, Analysis of Variance (ANOVA) and Independent sample T-test.
- ❖ Factor analysis is used for the reducing data complexities by reducing the number of variables being studied. Factor Analysis is used to identify the factors responsible for work life imbalance amongst the doctors..

**CHAPTER V**  
**ANALYSIS AND**  
**INTERPRETATION**

## CHAPTER V: ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of results. It comprises of four sections: Section A deals with the statistical analysis based on distribution of respondents according to demographic characteristics. Section B gives the detailed analysis of various statements on the basis of responses given by the respondents. Section C deals with the objective wise analysis and interpretation of results and testing of hypotheses by using various statistical tools. Section D deals with the summary of the results of research study.

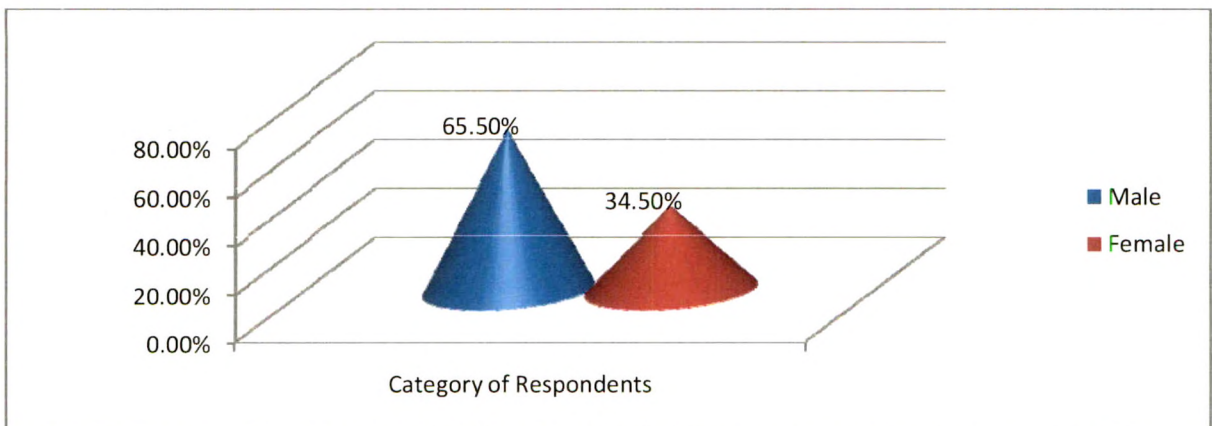
### 5.1 SECTION A: STATISTICAL ANALYSIS OF DISTRIBUTION OF RESPONDENTS ACCORDING TO DEMOGRAPHIC CHARACTERISTICS.

#### 5.1.1 Distribution of Respondents by Gender

Table No. 5.1.1

Gender	No. of Respondents	Percentage
<b>Male</b>	131	65.50%
<b>Female</b>	69	34.50%
<b>Total</b>	200	100%

Graph No. 5.1.1



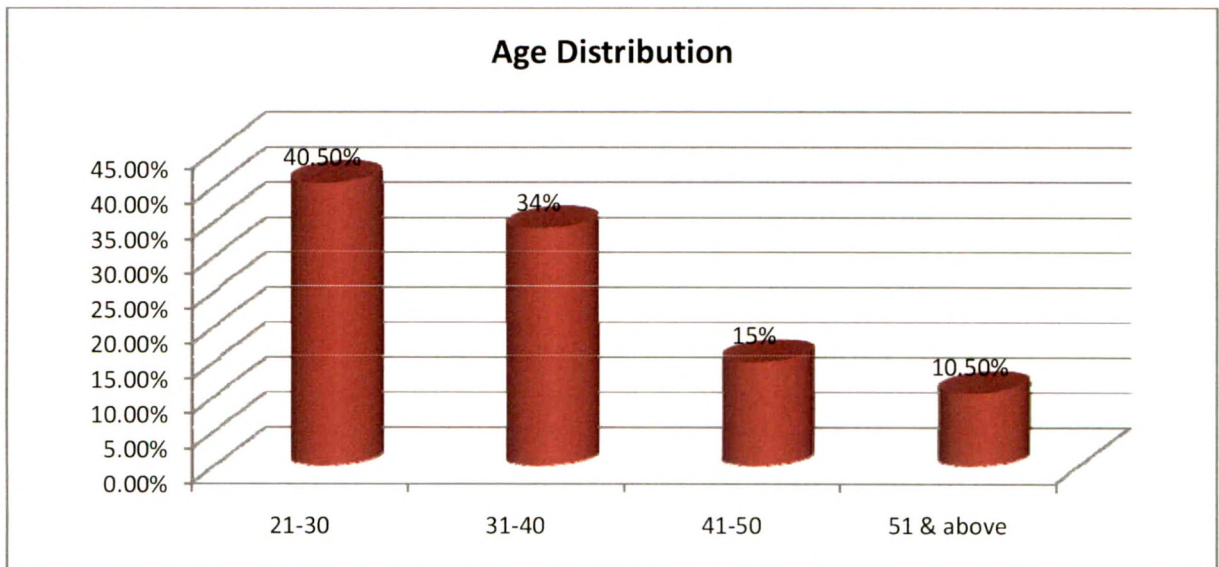
The above table and graph no. 5.1.1 reveals the gender wise distribution of respondents. According to this most of the respondents are male 131 (65.5%) and females are 69 (34.50%).

### 5.1.2 Distribution of Respondents by Age :

Table No. 5.1.2

Age Range	No. of Respondents	Percentage
21-30	81	40.50%
31-40	68	34%
41-50	30	15%
51 & above	21	10.50%
<b>Total</b>	<b>200</b>	<b>100%</b>

Graph No. 5.1.2



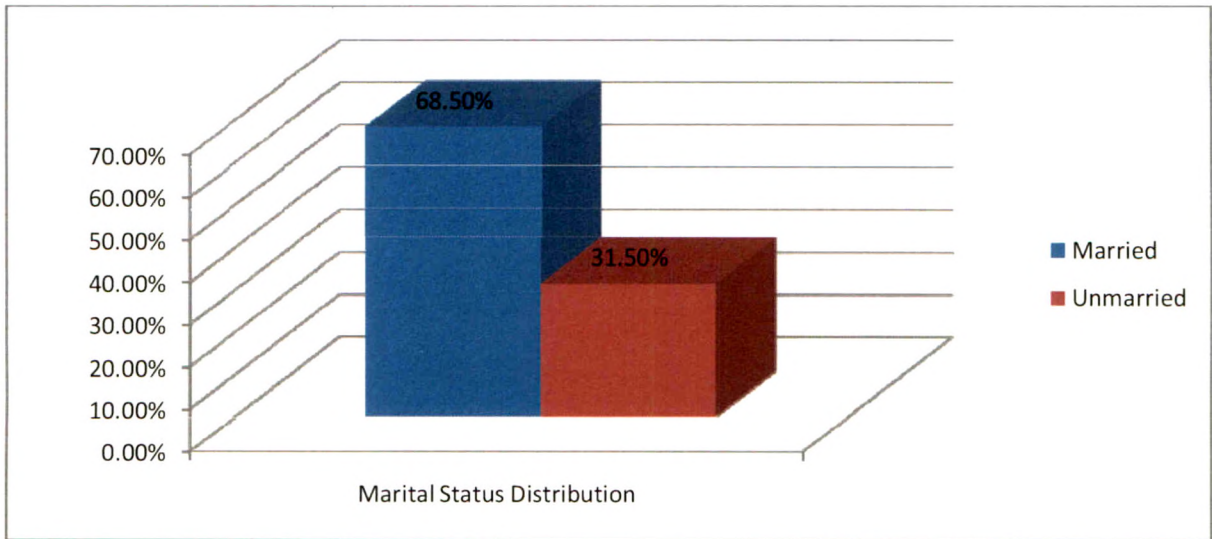
The above table and graph no. 5.1.2 indicates the age wise distribution of respondents which shows that most of the respondents 81 (40.50%) belongs to the age group 21-30 years, 68 (34%) are in the age group 31-40 years, 30 (15%) are in the age group 41-50 years, 21 (10%) are in the age group 51 & above years.

### 5.1.3 Distribution of Respondents by Marital Status :

Table No. 5.1.3

Marital Status	No. of Respondents	Percentage
<b>Married</b>	137	68.50%
<b>Unmarried</b>	63	31.50%
<b>Total</b>	200	100%

Graph No. 5.1.3



From the above table and graph no. 5.1.3, it is observed that most of the respondents 137 (68.50%) are married and 63 (31.50%) are unmarried.

### 5.1.4 Distribution of Respondents by Experience :

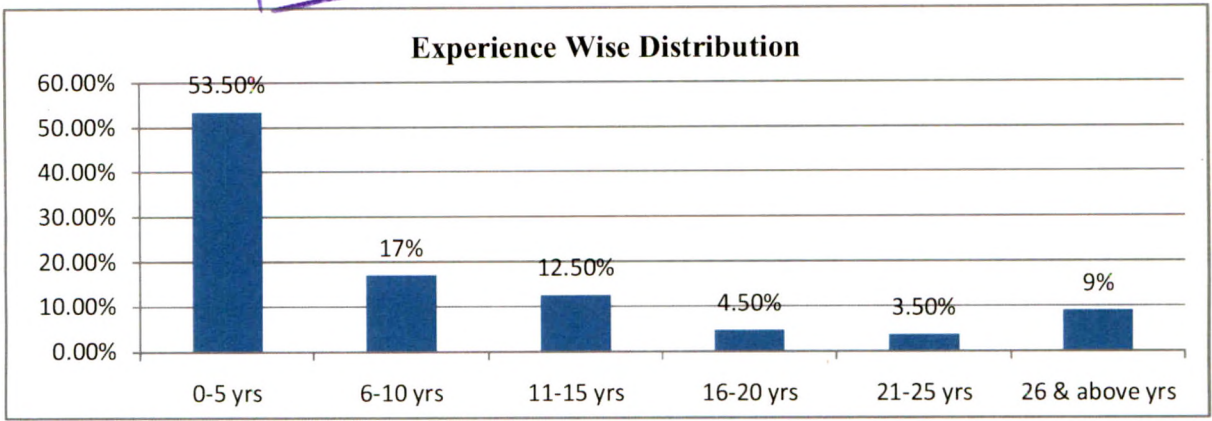
Table No. 5.1.4

Experience Range	No. of Respondents	Percentage
<b>0-5 yrs</b>	107	53.50%
<b>6-10 yrs</b>	34	17%
<b>11-15 yrs</b>	25	12.50%
<b>16-20 yrs</b>	9	4.50%
<b>21-25 yrs</b>	7	3.50%
<b>26 &amp; above yrs</b>	18	9%
<b>Total</b>	200	100%

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Graph No. 5.1.4



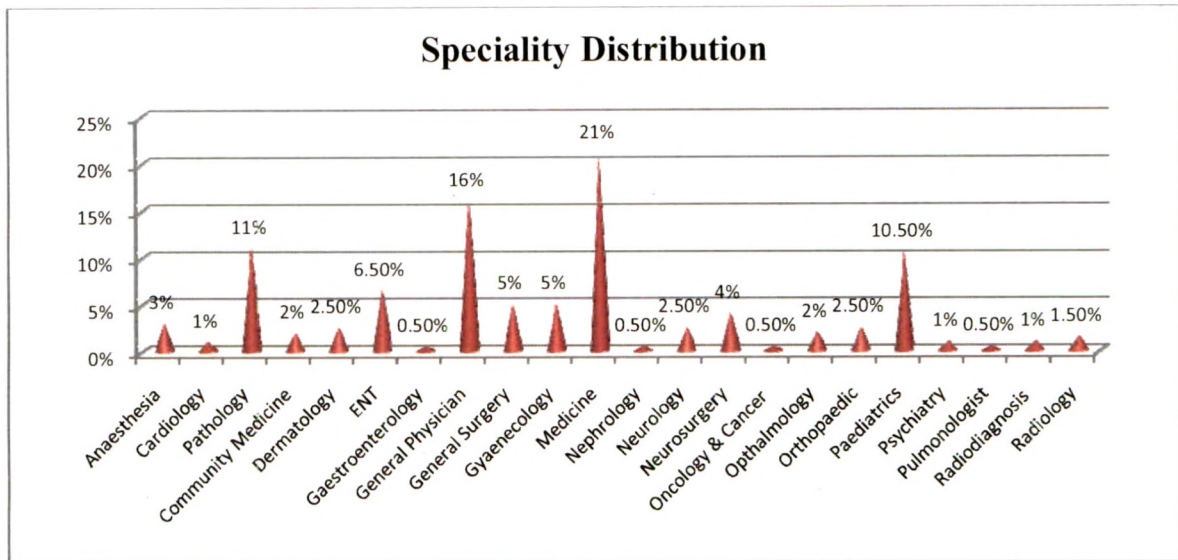
From the above table and graph no. 5.1.4 it is revealed that most of the respondents 107 (53.50%) has 0 to 5 years of experience, 34 (17%) has 6 to 10 years experience, 25 (12.50%) has 11 to 15 years experience, 9 (4.50%) has 16 to 20 years experience, 7 (3.50%) has 21 to 25 years experience, 18 (9%) has 26 & above years experience.

**5.1.5 Distribution of Respondents by Specialty :**

Table No. 5.1.5

Specialization	No. of Respondents	Percentage
Anesthesia	6	3%
Cardiology	2	1%
Pathology	22	11%
Community Medicine	4	2%
Dermatology	5	2.50%
ENT	13	6.50%
Gastroenterology	1	0.50%
General Physician	32	16%
General Surgery	10	5%
Gynecology	10	5%
Medicine	42	21%
Nephrology	1	0.50%
Neurology	5	2.50%
Neurosurgery	8	4%
Oncology & Cancer	1	0.50%
Ophthalmology	4	2%
Orthopedic	5	2.50%
Pediatrics	21	10.50%
Psychiatry	2	1%
Pulmonologist	1	0.50%
Radiodiagnosis	2	1%
Radiology	3	1.50%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Graph No. 5.1.5**



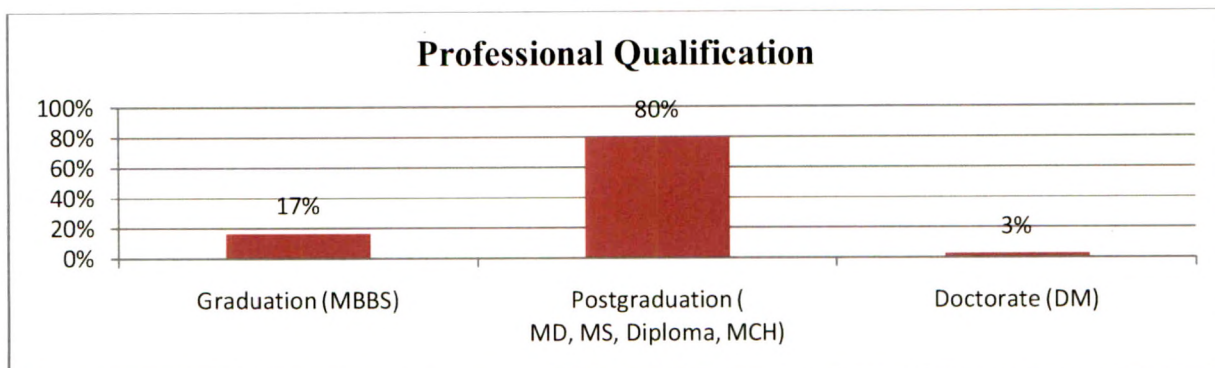
The above table and graph no. 5.1.5 shows that 42 (21%) of respondents are having specialization in Medicine, 32 (16%) are General Physician, 22 (11%) are having specialization in Pathology, 21 (10.50%) are having specialization in Pediatrics, 13 (6.50%) are having specialization in ENT, 10 (5%) are having specialization in General Surgery, 10 (5%) are having specialization in Gynecology, 8 (4%) are having specialization in Neurosurgery, 6 (3%) are having specialization in Anesthesia, 5 (2.50%) are having specialization in Dermatology, Neurology and Orthopedics, 4 (2%) are having specialization in Community Medicine and Ophthalmology, 3 (1.50%) are having specialization in Radiology, 2 (1%) are having specialization in Cardiology, Radiodiagnosis and Psychiatry and 1 (0.50%) is having specialization in Gastroenterology, Nephrology, Oncology and Cancer, Pulmonology.

### 5.1.6 Distribution of Respondents by Professional Qualification :

**Table No. 5.1.6**

Professional Qualification	No. of Respondents	Percentage
<b>Graduation (MBBS)</b>	34	17%
<b>Post graduation ( MD, MS, Diploma, MCH)</b>	160	80%
<b>Doctorate (DM)</b>	6	3%
<b>Total</b>	200	100%

**Graph No. 5.1.6**



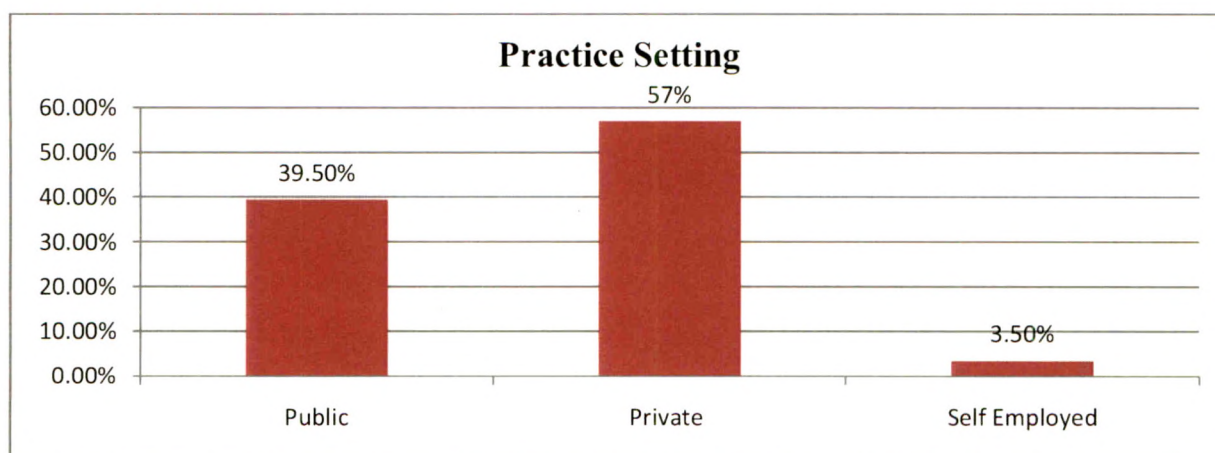
The above table and graph no. 5.1.6 reveals that most of the respondents 160 (80%) have done professional qualification i.e. Post graduation (MD, MS, Diploma, MCH), 34 (17%) have done Graduation (MBBS) and 6 (3%) have done Doctorate (DM).

### 5.1.7 Distribution by Organization Type and Practice Setting :

**Table No. 5.1.7**

Practice Setting	No. of Respondents	Percentage
<b>Public</b>	79	39.50%
<b>Private</b>	114	57%
<b>Self Employed</b>	7	3.50%
<b>Total</b>	200	100%

**Graph No. 5.1.7**



From the above table and graph no. 5.1.7 it is interpreted that most of the respondents 114 (57%) are practicing in Private Hospitals, 79 (39.50%) are practicing in Public Hospitals and 7 (3.50%) are Self Employed.



### 5.1.8 Distribution of Respondents by the no. of Dependent Children :

Table No. 5.1.8

No. of Children	No. of Respondents	Percentage
1	45	22.50%
2	46	23%
3	3	1.50%
None	106	53%
<b>Total</b>	200	100

Graph No. 5.1.8

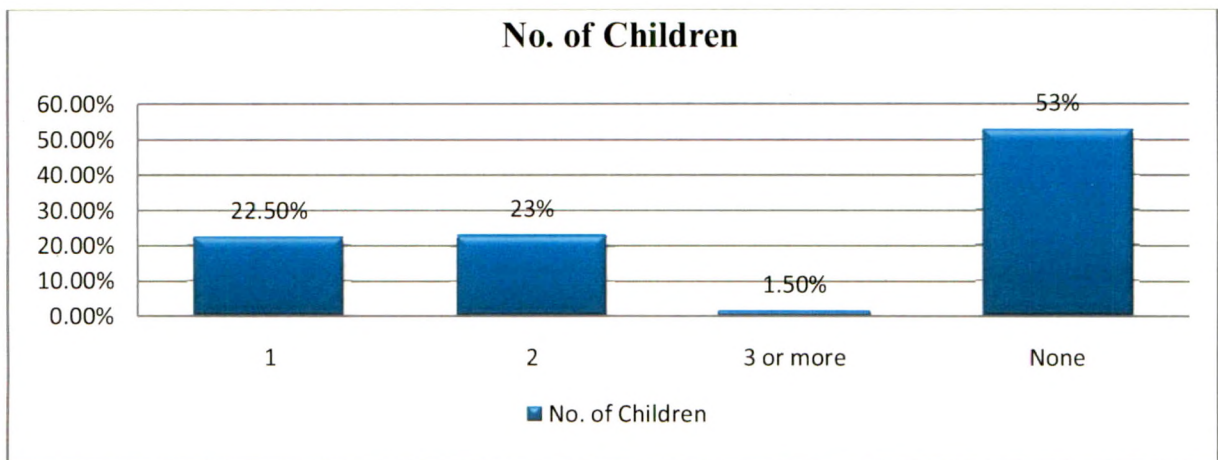


Table no. 5.1.8 and graph no. 5.1.8 shows that out of total respondents 46 (23%) of the respondents has two child, 45 (22.50%) of the respondents has one children, 3 (1.50%) has 3 children and 106 (53%) of the respondents is not having a child/children.

### 5.2 Section B: Statistical Analysis of Various Statements on the Basis of Responses given by the Respondents.

The tables have shown below gives the detailed analysis of various statements on the basis of responses given by the respondents. For this researcher has framed 45 statements out of which 14 statements are relating to work life balance, 10 statements are relating to morale, 12 statements are relating to satisfaction, 9 statements are relating to performance and the response have been given by respondents on 5 point rating scale. The participants have been asked to indicate how much the statements mentioned affect their work-life, satisfaction, morale and performance. The responses range from 0- If it is not true, 1-if it is little true, 2-if it is somewhat true, 3-if it is fairly true and 4-If it is definitely true. For the purpose of interpretation value 0, 1 are considered as not agree, 2 is taken as somewhat or moderately agree and 3 & 4 considered as agree.

## STATEMENTS RELATING TO WORK LIFE BALANCE OF DOCTORS

### Ability to Balance Work Life :

Table No. 5.2.1								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
1	I am able to balance my work life.	No. of Respondents	7	27	39	78	49	200
		%	3.5	13.5	19.5	39	24.5	100

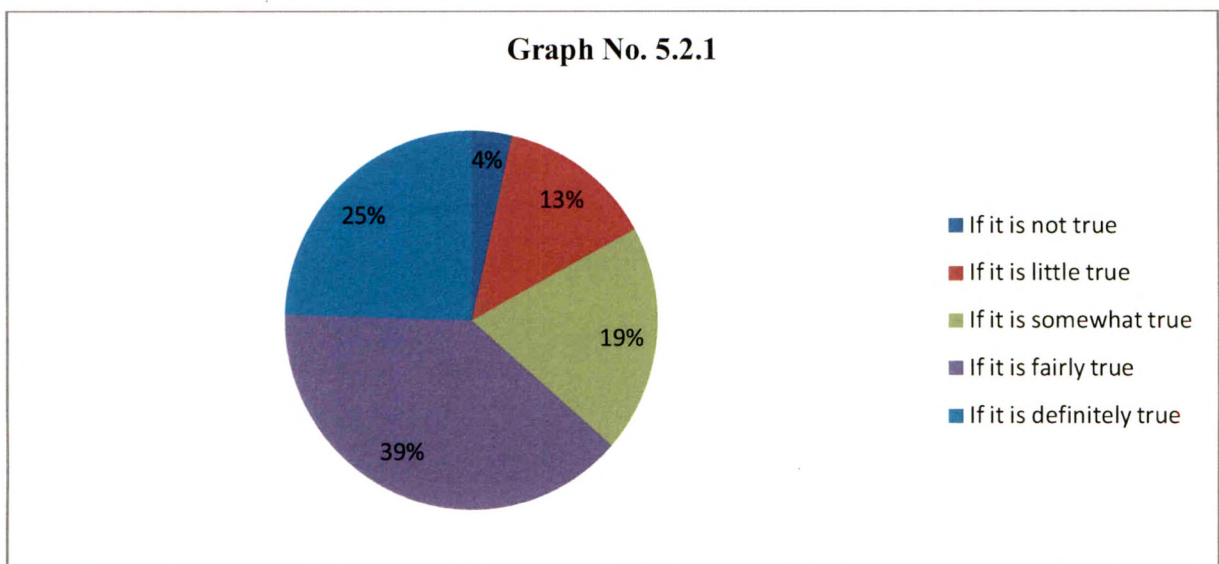


Table no. 5.2.1 shows the opinion of respondents on whether they are able to make a balance in their work and personal life or not. It can be viewed from the table that 3.5% out of the total respondents have responded as it is not true that they are able to balance their work-life; 13.5% responded as it is little true; 19.5 % have responded as it is somewhat true; 39% have responded as it is fairly true and 24.5 % of the respondents have responded as it is definitely true that they are able to balance their work-life. Thus it is clear from the table that majority of doctors are agreed that they are able to balance their work life. Perhaps they are very modest in replying to the question. Whereas some of the doctors are having a reverse view which has been categorically replied in other questions to follow.

**Feeling of Tiredness/Depression :**

Table No. 5.2.2								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
4	I feel tired or depressed due to work.	No. of Respondents	37	51	55	38	19	200
		%	18.5	25.5	27.5	19	9.5	100

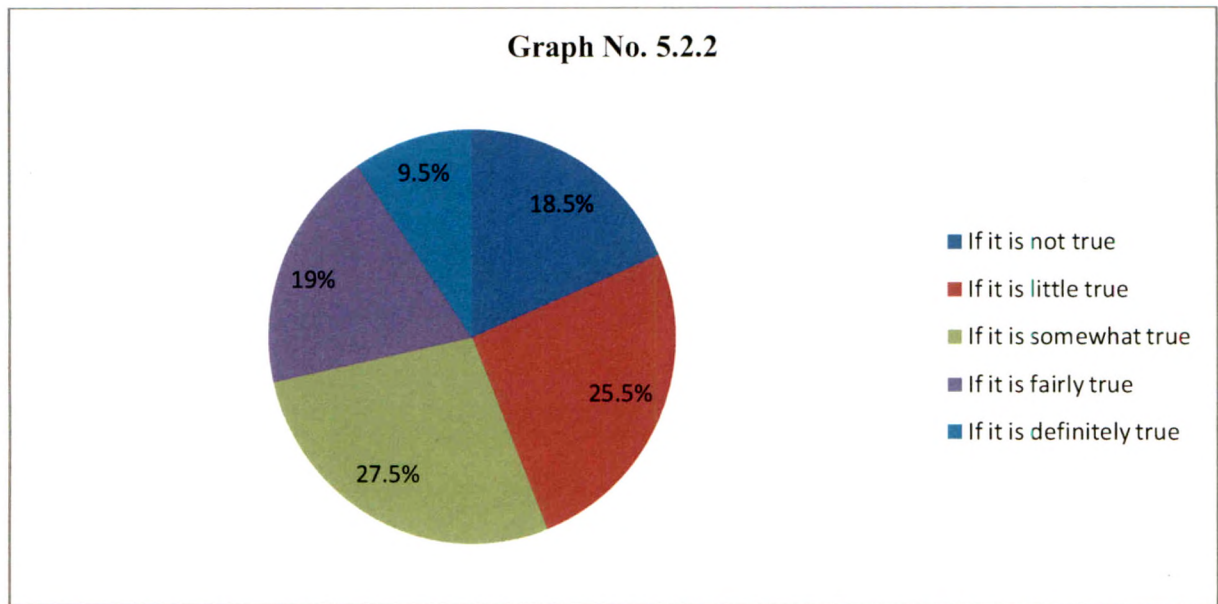


Table No. 5.2.2 exhibits the respondent’s opinion on feeling of tiredness and depression due to work. It is clearly observed from the table that majority of respondents i.e. 27.5% are agreed that it is somewhat true or moderately true that they feel tired or depressed due to work where as 25.5% have responded as it is little true that they feel tired or depressed due to work and remaining 19% have responded as it is fairly true; 9.5 % of respondents are of opinion that it is definitely true and 18.5% have responded as it is not true that they feel tired or depressed due to work.

Thus it may be concluded that more than half of the respondents are moderately agreed or agreed that they feel tired or depressed due to work.

**Work demands affect home/personal life :**

Table No. 5.2.3

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
	I feel that demands of work affect my home/personal life	No. of Respondents	11	43	48	64	24	190
		%	5.8	22.6	25.3	33.7	12.6	100

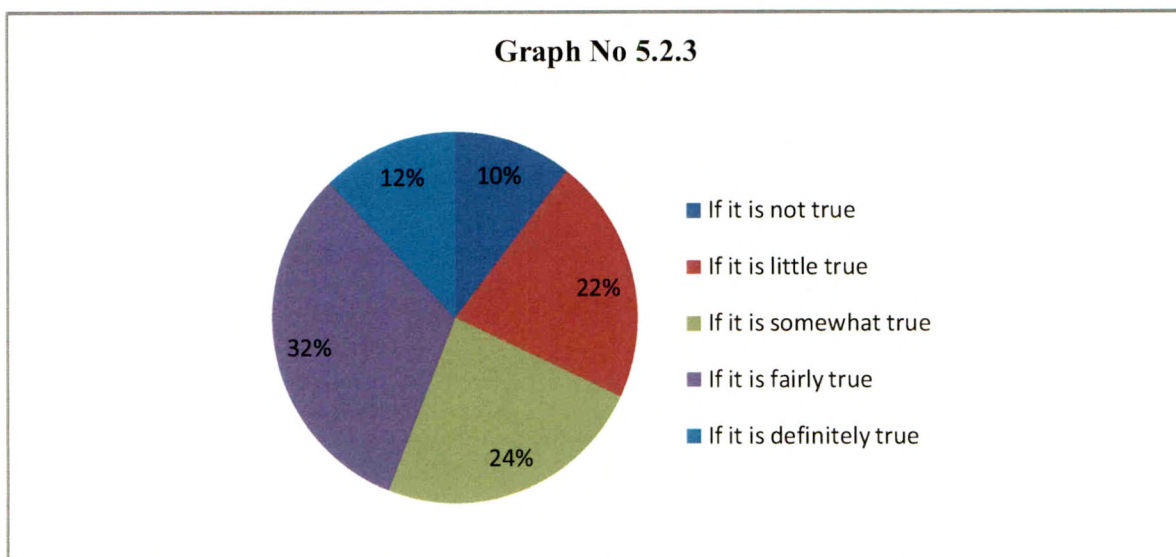
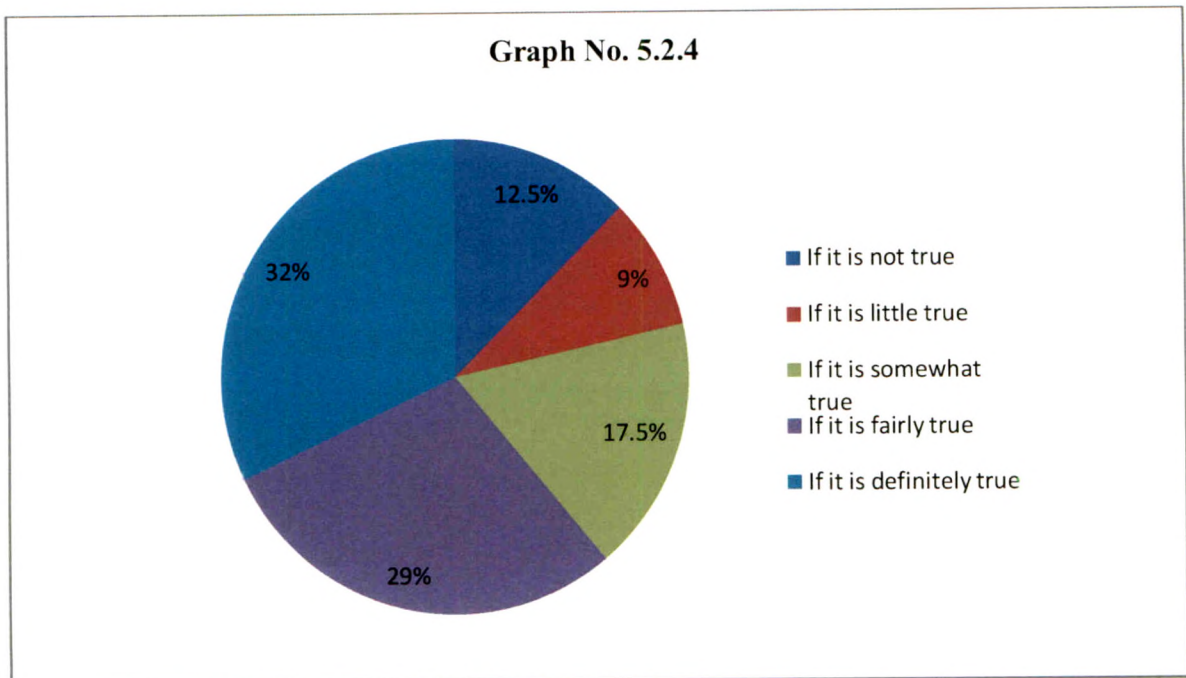


Table and graph no. 5.2.3 exhibits the respondent’s opinion about the statement that work demands affect their home/personal life. It is observed from the table that majority of the respondent’s i.e. 32% are of opinion that the demands of work affect their home/personal life where as 12% have responded as definitely true and 24% are of the opinion that it is somewhat true that the work demands affect their home/personal life. Remaining respondents i.e. 22% have responded as it is little true and 10% of the respondents are responded as it is not true that the work demands affect their personal life.

Thus it may be said that due to increased demand of work majority of the doctors feels that they are not able to give time to their family and fulfill their personal needs.

## Maintaining Physical and Mental Health :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
6	I feel that balancing work life creates an impact on my mental and physical status	No. of Respondents	25	18	35	58	64	200
%		12.5	9	17.5	29	32	100	

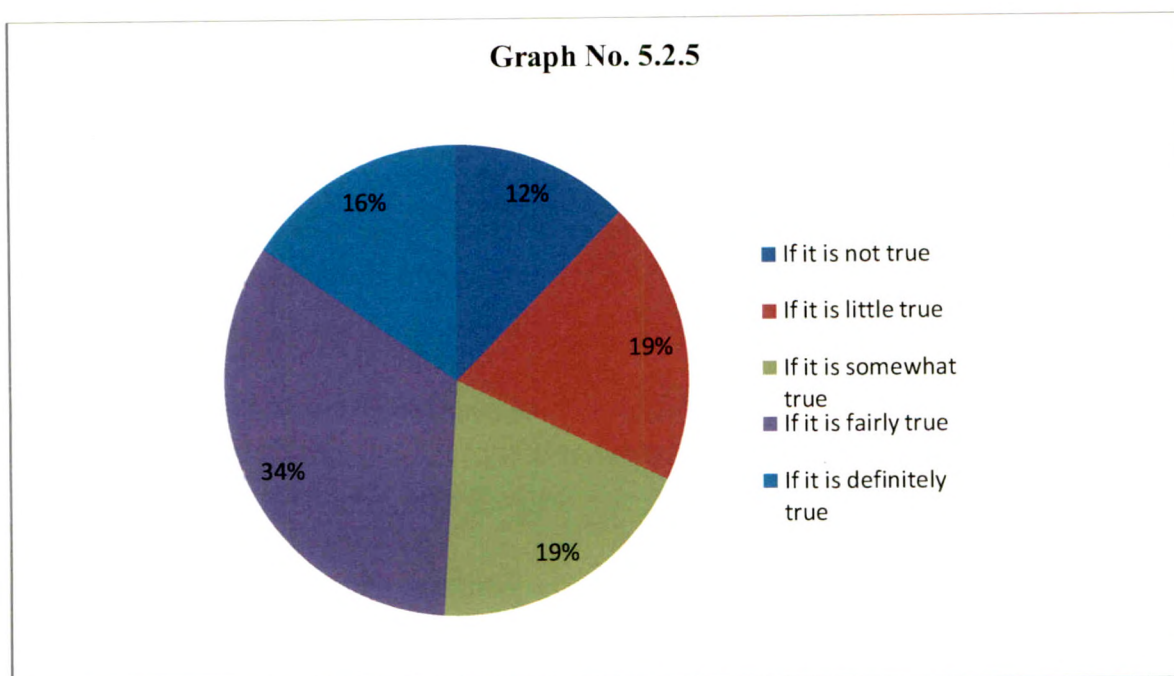


Respondent's opinion on the statement balancing work life creates an impact on physical and mental status of the respondents is exhibited in table 5.2.4. Out of the total sample of 200 doctors, 32% are agreed that balancing work life may create impact on their physical and mental status. Whereas 29% have responded as it is fairly true; 17.5% responded as it is sometimes true; 9% have responded as it is little true and remaining 12.5% of the respondents are of the opinion that it is not true that balancing work life creates an impact on their mental and physical status.

Thus it may be concluded that majority of the doctors are agreed that a balancing the work and personal life affects mental and physical health of doctors. Higher the imbalances, higher will be impact on the physical and mental health of the doctors.

### Paucity of time for Health Care and Exercise :

Table No. 5.2.5								
S. No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
12	I do not get time for exercise and take care of my health.	No. of Respondents	25	39	38	67	31	200
		%	12.5	19.5	19	33.5	15.5	100

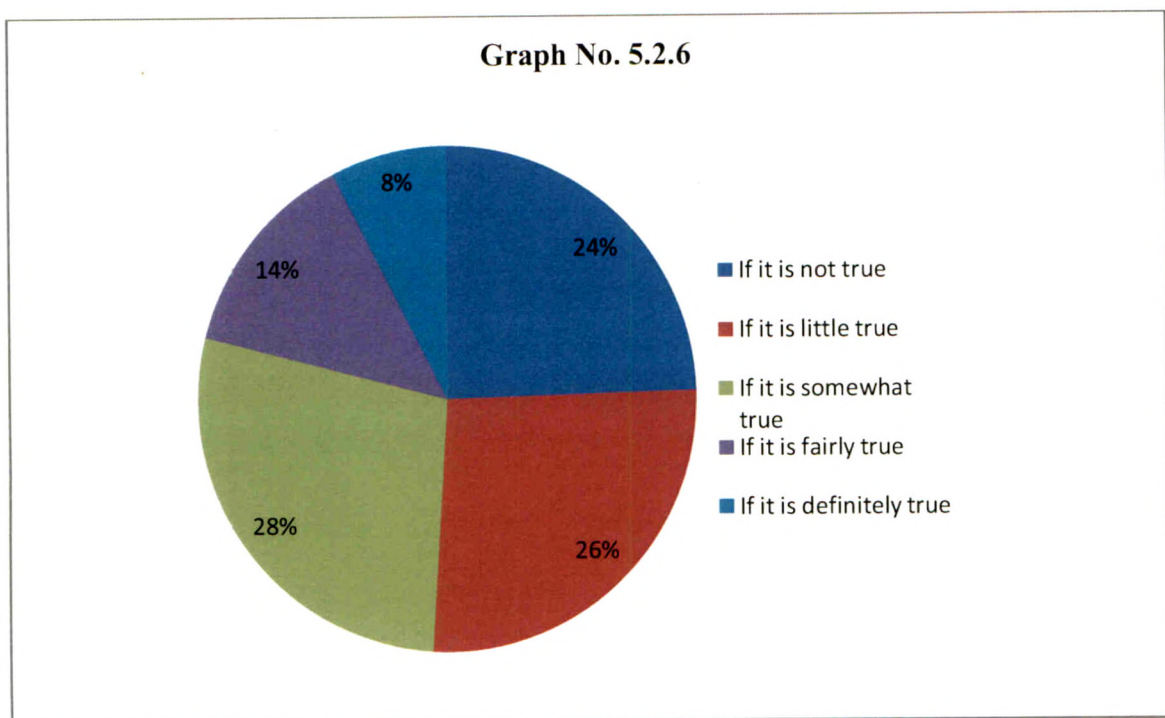


The above table and graph no. 5.2.5 depicts that out of the total respondents; 12% of the respondents have responded as it is not true that they do not get time for exercise and take care of their health; 19% have responded as it is little true; 19% have responded as it is somewhat true; 34% have responded as it is fairly true and 16 % of the respondents have responded as it is definitely true that they do not get time for exercise and take care of their health.

Thus it may be concluded that half of the respondents are agreed that they are not getting time for exercise and take care of their health due to their busy schedule. The reverse is true for the remaining doctors.

### Taking out time for Additional Work :

Table No. 5.2.6								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
17	I often take additional work to home.	No. of Respondents	49	53	56	27	15	200
		%	24.5	26.5	28	13.5	7.5	100



It has been observed from the table and graph no. 5.2.6 that out of the total respondents; 24% of the respondents have responded as it is not true that they often take additional work to home; 26% have responded as it is little true, 28 % have responded as it is somewhat true; 14% have responded as it is fairly true and 8% of the respondents have responded as it is definitely true that they often take additional work to home.

Thus it may be concluded that half of the respondents said that generally they do not take additional work to home but remaining doctors' are of view that they often or sometimes take additional work to home and thus it leads to create imbalances on their part.

### Enjoying Holidays for Rejuvenation :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
19	I get the opportunity to enjoy holidays with my family.	No. of Respondents	10	43	55	59	33	200
		%	5	21.5	27.5	29.5	16.5	100

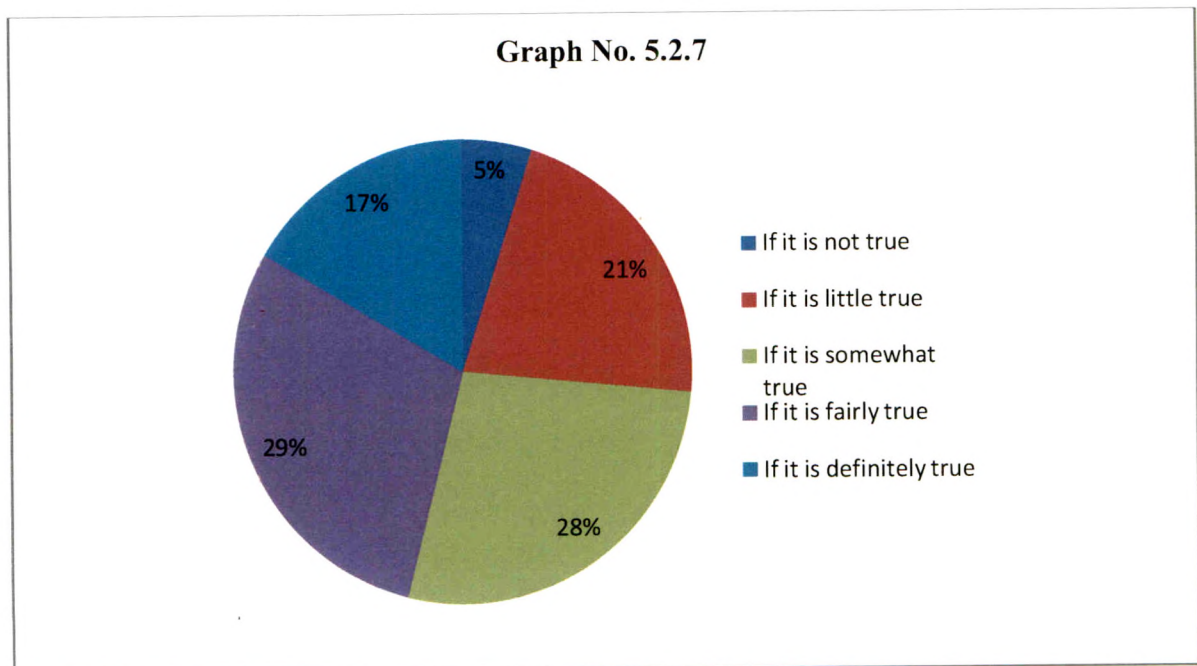


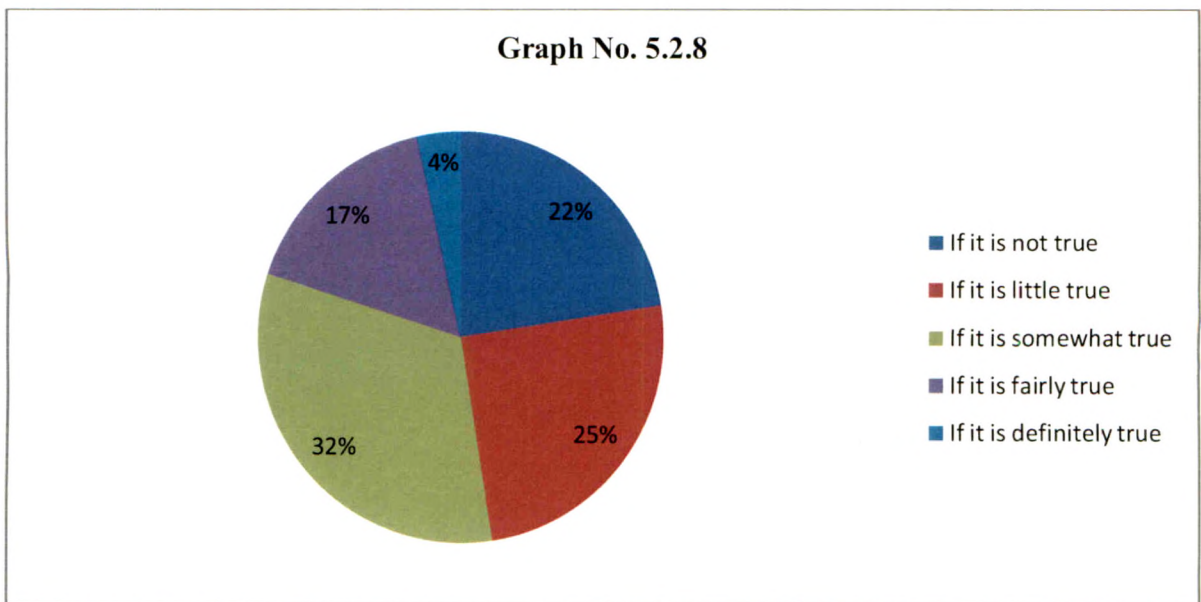
Table and Graph No. 5.2.7 shows that out of the total respondents; 5% of the respondents have responded as it is not true that they get the opportunity to enjoy holidays with their family; 21% have responded as it is little true; 28 % have responded as it is somewhat true; 29% have responded as it is fairly true and 17% of the respondents have responded as it is definitely true that they get the opportunity to enjoy holidays with their family.

Thus it may be concluded that majority of doctor's feels that it is not true or moderately true that they are getting the opportunity to enjoy holidays with family where as remaining 46% are agreed that they are getting time to enjoy holidays with their family/child/parents/friends.



**Sick Partner/Parents/Child/Friends- No taking out time :**

Table No. 5.2.8								
No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
0	I do not get time for my sick partner/child/parents/friends	No. of Respondents	5	0	65	3	7	100
		%	2.5	5	32.5	6.5	3.5	100

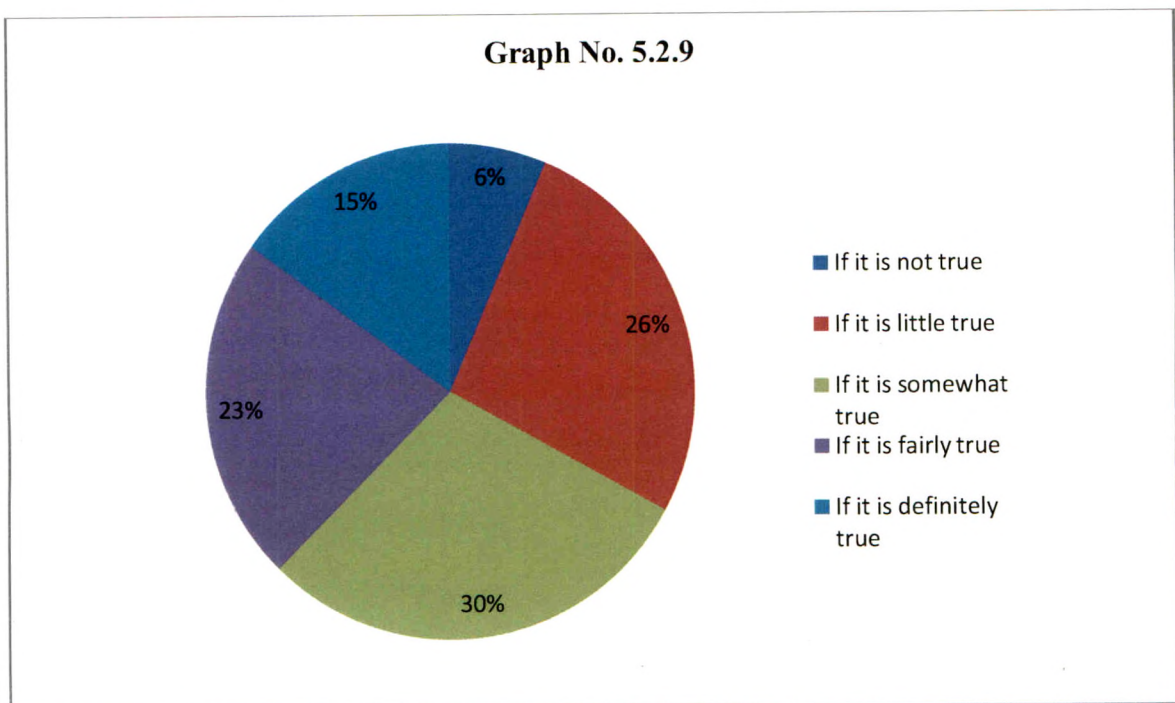


The above table and graph no. 5.2.8 shows that out of the total respondents; 22% of the respondents have responded as it is not true that they do not get time for their sick partner/child/parents/friends; 25% have responded as it is little true; 32 % have responded as it is somewhat true; 17% have responded as it is fairly true and 4% of the respondents have responded as it is definitely true that they do not get time for my sick partner/child/parents/friends.

Thus it may be concluded that majority of the doctors are moderately agreed that they are not getting the time for their sick partner/child/parents/friends because of lack of control over their work schedule.

### Adjusting Working Schedule to Life Priorities :

Table No. 5.2.9								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
21	I can adjust my working schedule to attend to my life priorities	No. of Respondents	13	53	59	45	30	200
		%	6.5	26.5	29.5	22.5	15	100

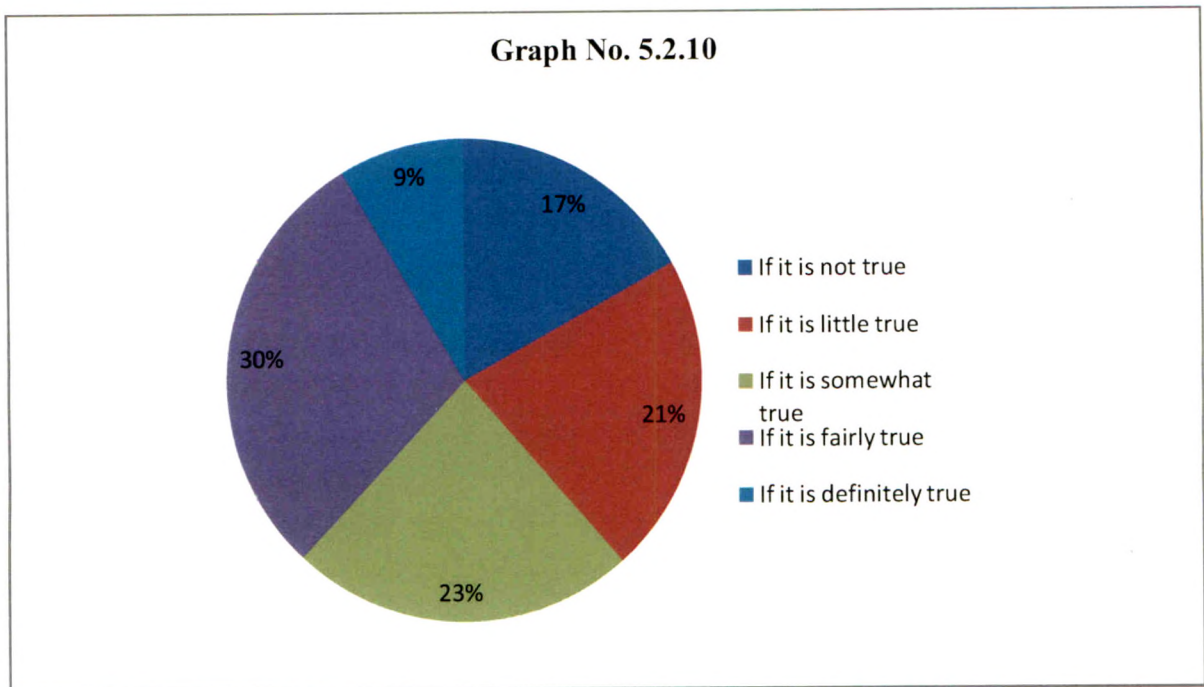


From the above table and graph no. 5.2.9 it is interpreted that out of the total respondents, 6% of the respondents have responded as it is not true that they can adjust their working schedule to attend their life priorities, 26% have responded as it is little true, 30 % have responded as it is somewhat true, 23% have responded as it is fairly true and 15% of the respondents have responded as it is definitely true that they can adjust their working schedule to attend their life priorities.

Thus it may be concluded that majority of the doctors are agreed that it is difficult for them to adjust their working schedule according to their life priorities. As it is observed that the nature of work in which doctors are engaged are of emergent type especially in case of some specialty and it makes difficult for the doctors to adjust their schedule.

**Not Attending Household Requirements :**

Table No. 5.2.10								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
25	I am not able to attend to my household requirements	No. of Respondents	34	43	47	59	17	200
		%	17	21.5	23.5	29.5	8.5	100

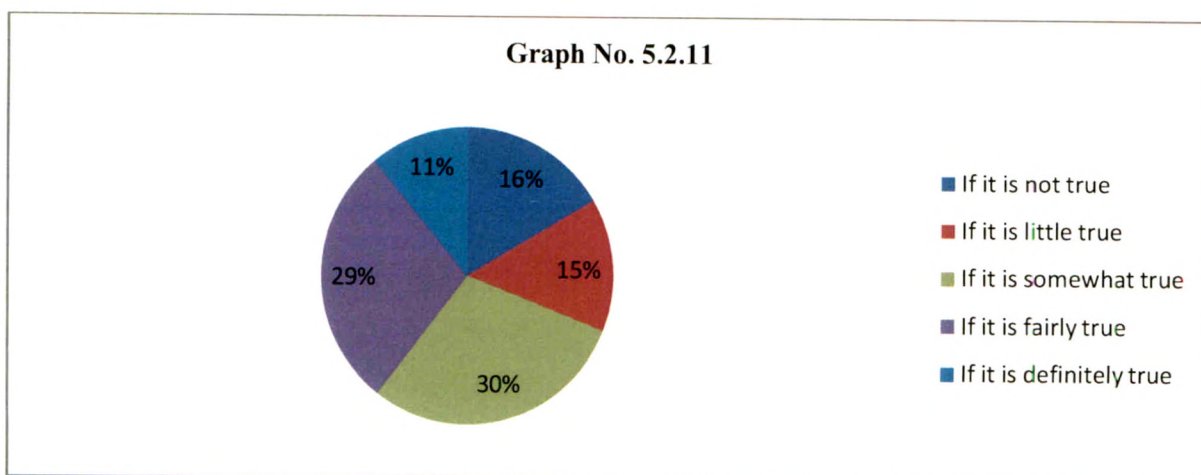


It is observed from the table and graph no. 5.2.10 that out of the total respondents; 17% of the respondents have responded as it is not true that they are not able to attend to their household requirements; 21% have responded as it is little true; 23 % have responded as it is somewhat true; 30% have responded as it is fairly true and 9% of the respondents have responded as it is definitely true that they are not able to attend to their household requirements.

Thus it may be concluded that more than half of the doctors are agreed and moderately agreed that due to their schedule they are not able to attend their household requirements.

### No time for Personal and Professional Development :

Table No. 5.2.11								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
31	I do not get proper time for professional development and self development	No. of Respondents	33	29	59	57	22	200
		%	16.5	14.5	29.5	28.5	11	100

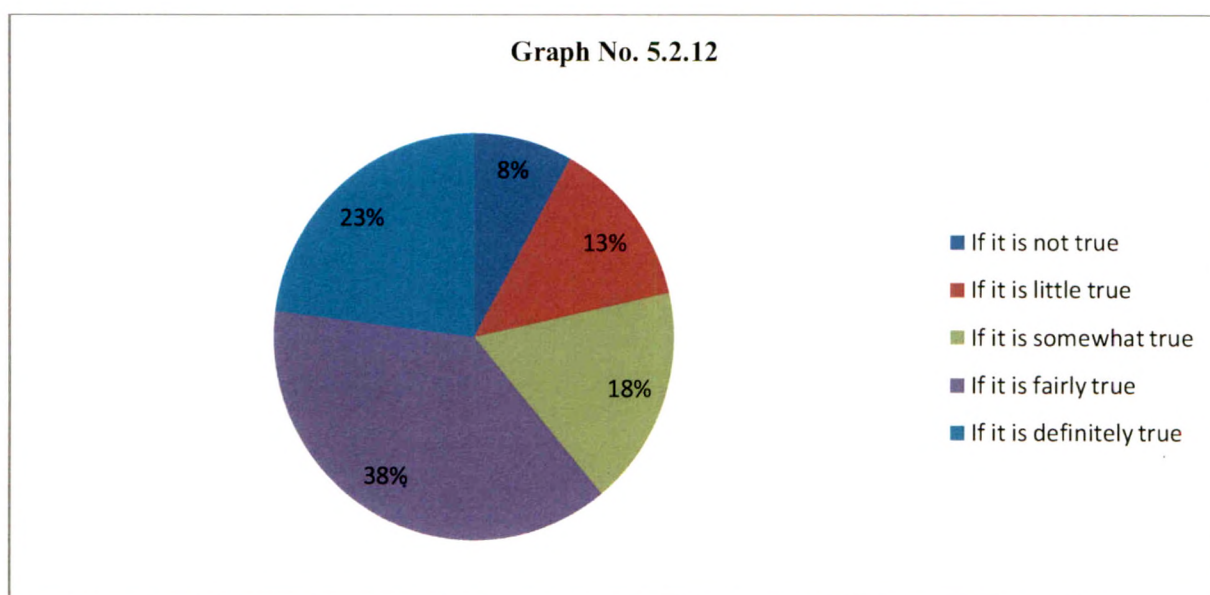


The above table and graph no. 5.2.11 shows that out of the total respondents; 16% of the respondents have responded as it is not true that they do not get proper time for professional development and self development; 15% have responded as it is little true; 30 % have responded as it is somewhat true; 29% have responded as it is fairly true and 11% of the respondents have responded as it is definitely true that they do not get proper time for professional development and self development.

Thus it may be concluded that doctors due to increased demand of their work and family not getting the time for professional and self development. Majority of the doctors are agreed and moderately agreed that they are not getting time for their personal and professional development.

### Time Pressure and Deadlines to meet :

Table No. 5.2.12								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
33	I have time pressure and deadlines to meet	No. of Respondents	16	27	35	76	46	200
		%	8	13.5	17.5	38	23	100

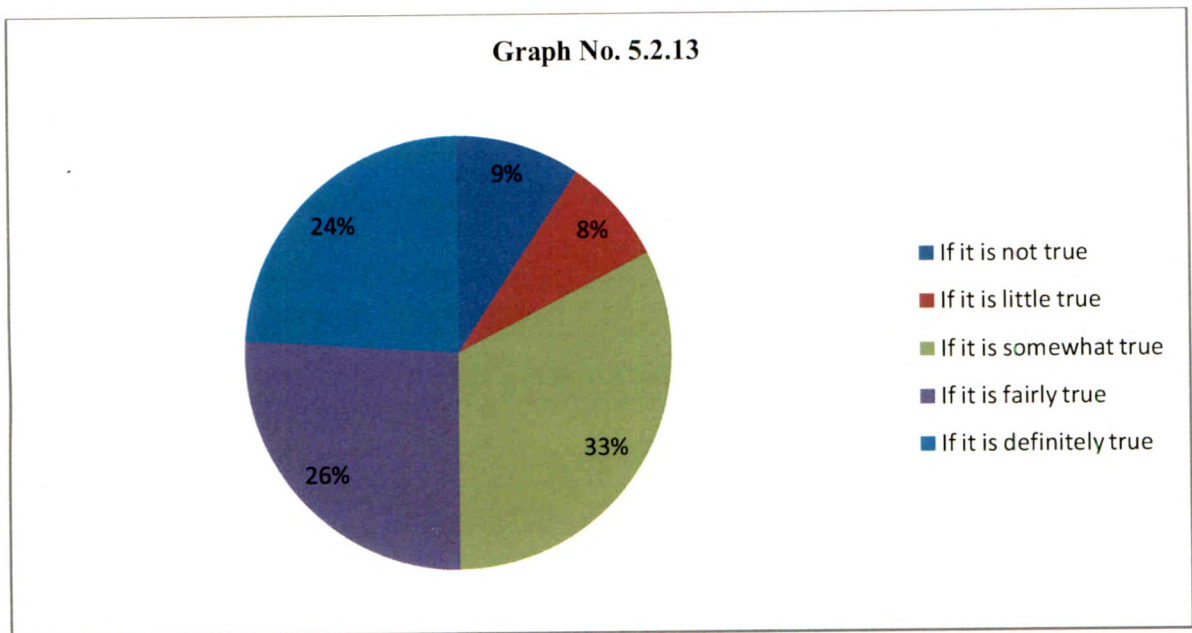


The above table and graph no. 5.2.12 shows that out of the total respondents; 8% of the respondents are responded as it is not true that they have time pressure and deadlines to meet; 13% are responded as it is little true; 18 % are responded as it is somewhat true; 38% are responded as it is fairly true and 23% of the respondents are responded as it is definitely true that they have time pressure and deadlines to meet.

Thus it may be concluded that majority of the doctors agreed to the statement that they have time pressure and deadlines to meet.

### Difficult to Distance from Work :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
34	It is difficult for me to distance myself from my work	No. of Respondents	19	16	65	52	48	200
		%	9.5	8	32.5	26	24	100

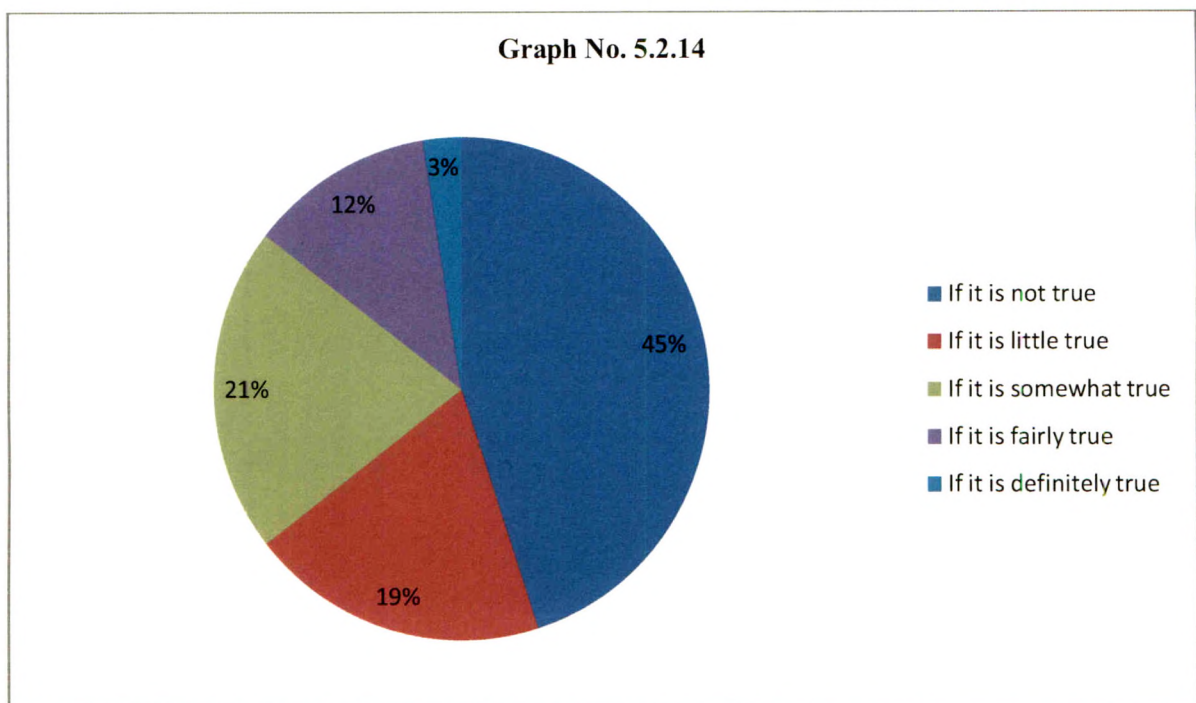


It is observed from the table and graph no. 5.2.13 that out of the total respondents; 9% of the respondents have responded as it is not true that it is difficult for them to distance themselves from work; 8% have responded as it is little true; 33 % have responded as it is somewhat true; 26% have responded as it is fairly true and 24% of the respondents have responded as it is definitely true that it is difficult for them to distance themselves from work.

Thus it may be concluded that half of the doctors are agreed that it is difficult for them to distance themselves from their work. Because if there is any emergency they do not deny to go and give treatment to their patients.

### Lack of Emotional Support from Family :

Table No. 5.2.14								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
44	I do not get emotional support from my family	No. of Respondents	90	39	42	24	5	200
		%	45	19.5	21	12	2.5	100

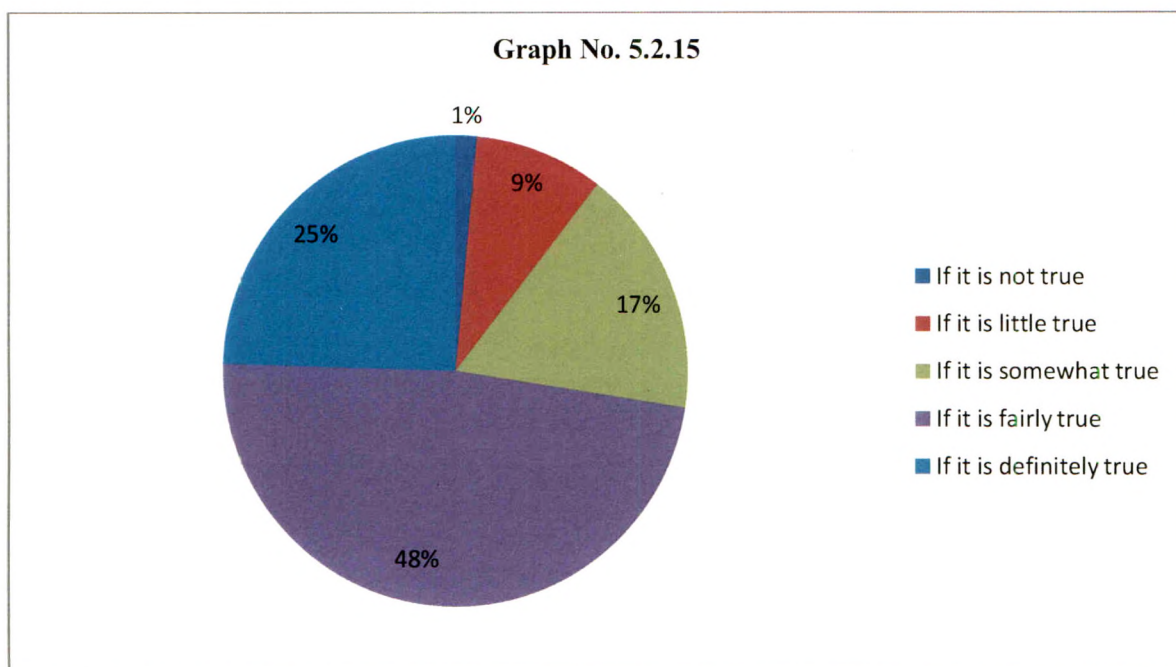


Family support plays a major role in work life balance of doctors. Majority i.e more than half of the doctors are agreed that they are getting emotional support from their family members. It is also observed from the table and graph no. 5.2.14 that out of the total respondents; 45% of the respondents have responded as it is not true that they do not get emotional support from their family; 19% have responded as it is little true, 21 % have responded as it is somewhat true; 12% have responded as it is fairly true and 3% of the respondents have responded as it is definitely true that they do not get emotional support from their family.

**STATEMENTS RELATING TO SATISFACTION OF DOCTORS**

**Feeling Happy about Time Spend at Work**

Table No. 5.2.15								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
2	I feel happy about the amount of time I spend at work.	No. of Respondents	3	18	34	96	49	200
		%	1.5	9	17	48	24.5	100



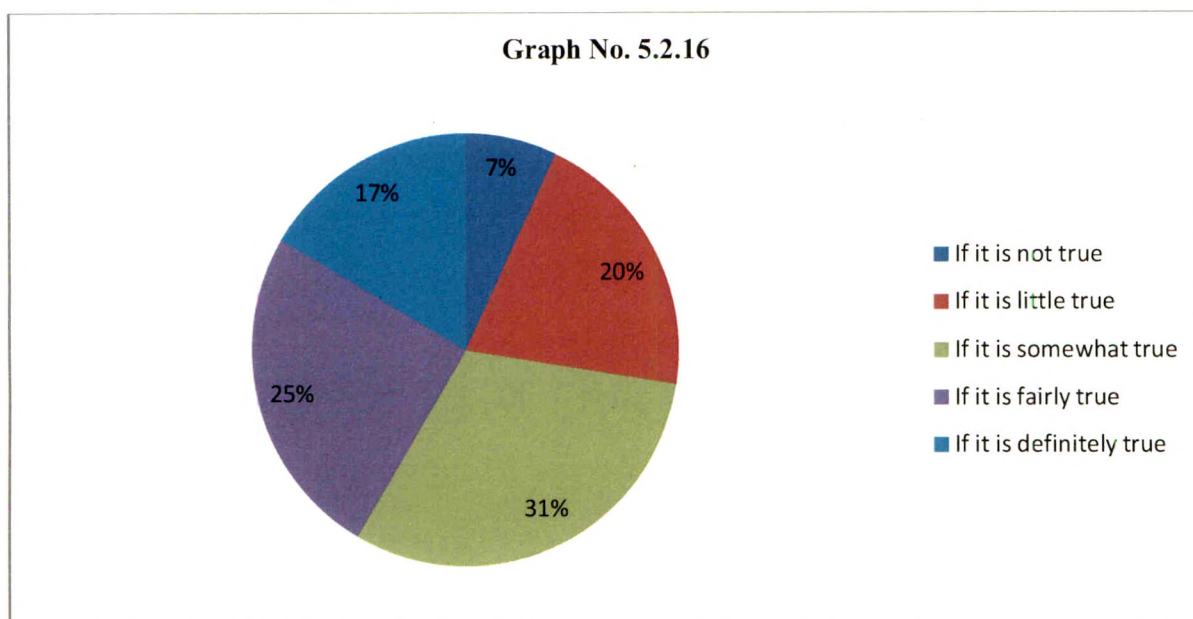
It is observed from the table and graph no. 5.2.15 that out of the total respondents; 1.5 % of the respondents have responded as it is not true that they feel happy about the amount of time they spend at work; 9% have responded as it is little true; 17 % have responded as it is somewhat true; 48% have responded as it is fairly true and 24.5 % of the respondents have responded as it is definitely true that they feel happy about the amount of time they spend at work.

From the results it may be concluded that majority of the doctors are agreed that they are happy with the amount of time they are spending at their work. As doctors are given the place of god by their patients. Treating patients and type of pleasure they are feeling when their patients are fine makes them happy.



### Squeezing Quality Time :

Table No. 5.2.16								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
3	I miss out quality time with my family or friends due to pressure of work.	No. of Respondents	14	41	62	50	33	200
		%	7	20.5	31	25	16.5	100

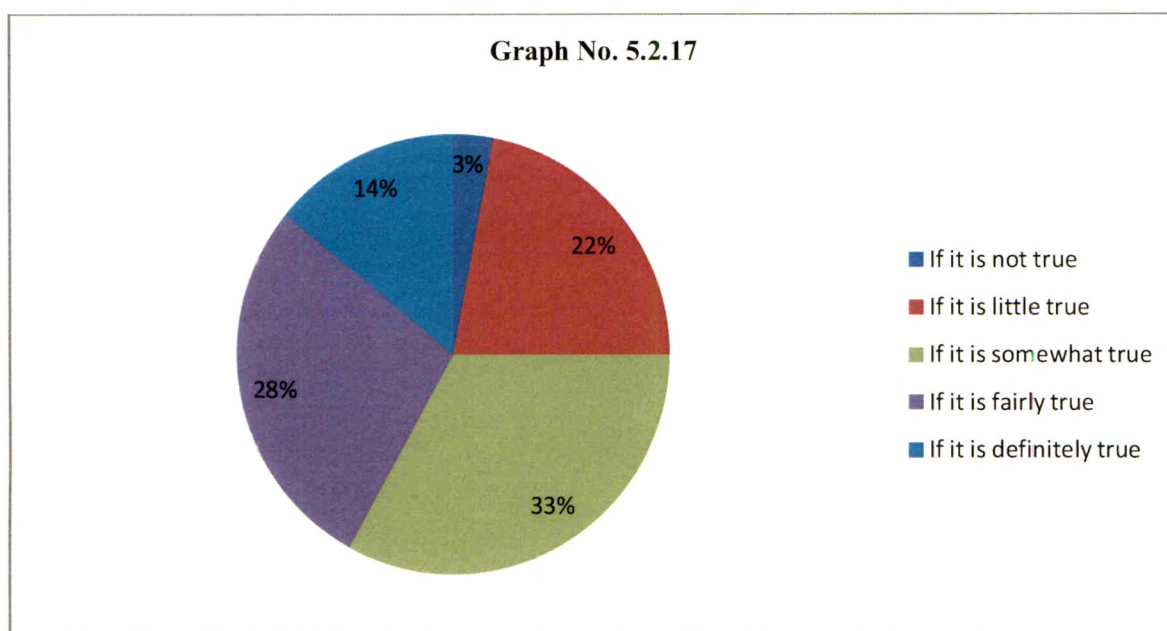


The above table and graph no. 5.2.16 that out of the total respondents; 7 % of the respondents have responded as it is not true that they miss out quality time with family and friends due to pressure of work; 20.5% have responded as it is little true; 31 % have responded as it is somewhat true; 25% have responded as it is fairly true and 16.5 % of the respondents have responded as it is definitely true that they miss out quality time with family and friends due to pressure of work.

Thus it may be concluded that majority of the doctors are agreed and are moderately agreed that they are not able to spend quality time with the friends and family due to pressure of work.

## Participation in Social Activities :

Table No. 5.2.17								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
16	I am able to participate in community activities and attend to religious commitments.	No. of Respondents	6	44	66	56	28	200
		%	3	22	33	28	14	100



The above table and graph no. 5.2.17 shows that out of the total respondents; 3% of the respondents have responded as it is not true that they are able to participate in community activities and attend to religious commitments; 22% have responded as it is little true; 33 % have responded as it is somewhat true; 28% have responded as it is fairly true and 14 % of the respondents have responded as it is definitely true that they are able to they are able to participate in community activities and attend to religious commitments.

Thus it may be concluded that majority of the doctors even if there are imbalances in their work life are agreed and are moderately agreed that they are able to participate in community activities and attend to religious commitments. Whereas reverse is true for some of the doctors.

### Enjoying Privileges Offered by the Organization :

Table No. 5.2.18								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
22	I enjoy the privileges I am offered by the organization.	No. of Respondents	16	34	66	49	35	200
		%	8	17	33	24.5	17.5	100

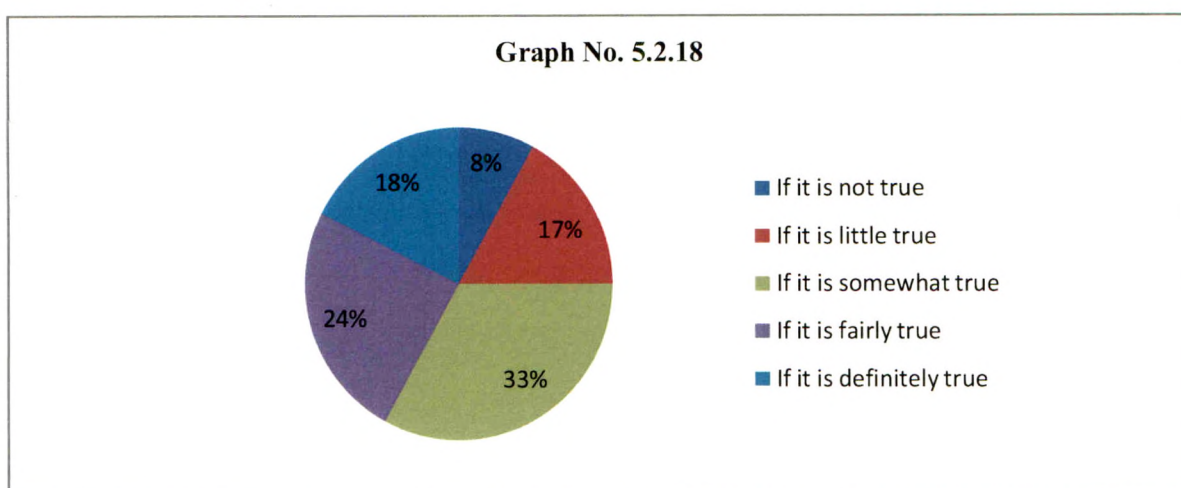
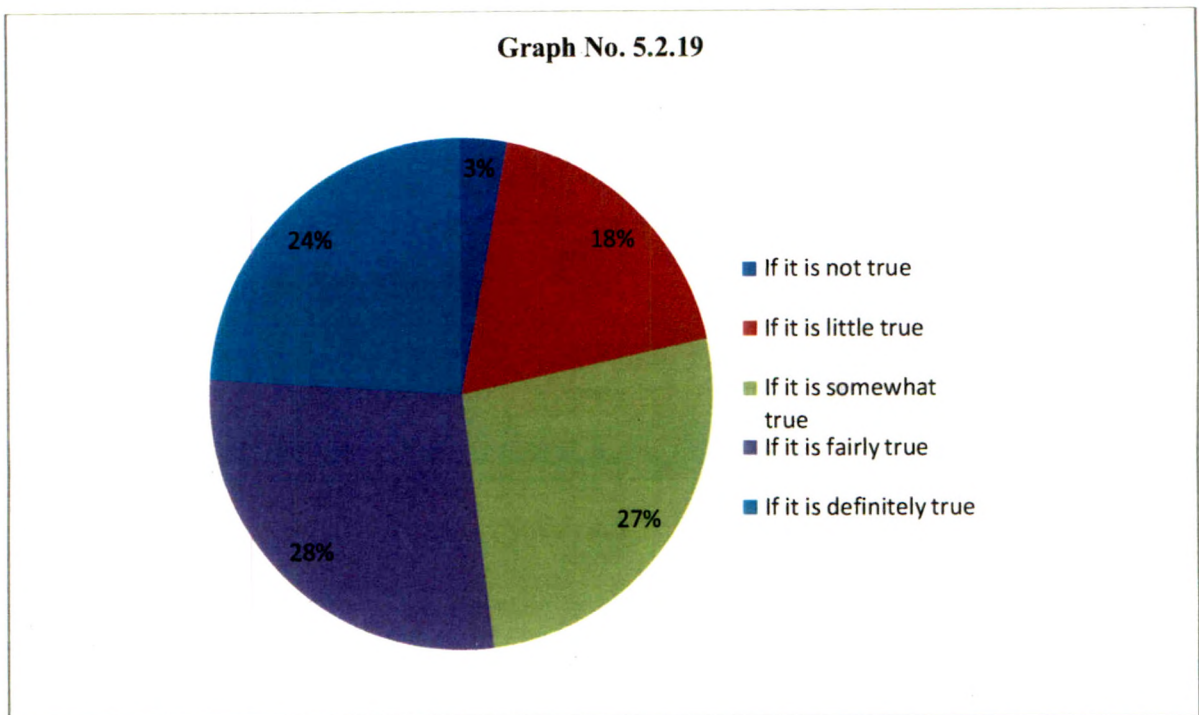


Table and Graph No. 5.2.18 shows that out of the total respondents; 8% of the respondents have responded as it is not true that they enjoy the privileges offered by the organization; 17% have responded as it is little true; 33 % have responded as it is somewhat true; 24.5% have responded as it is fairly true and 17.5% of the respondents have responded as it is definitely true that they are enjoying the privileges offered to them by the organization.

From the analysis it may be concluded that majority of the doctors are agreed and are moderately agreed that they are enjoying the privileges offered by the organization. Whereas some of the doctors said that they are not enjoying the privileges offered by the organization.

### Working Happily Without Stress :

Table No. 5.2.19								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
23	I love the kind of work I do without any stress	No. of Respondents	6	37	53	56	48	200
		%	3	18.5	26.5	28	24	100

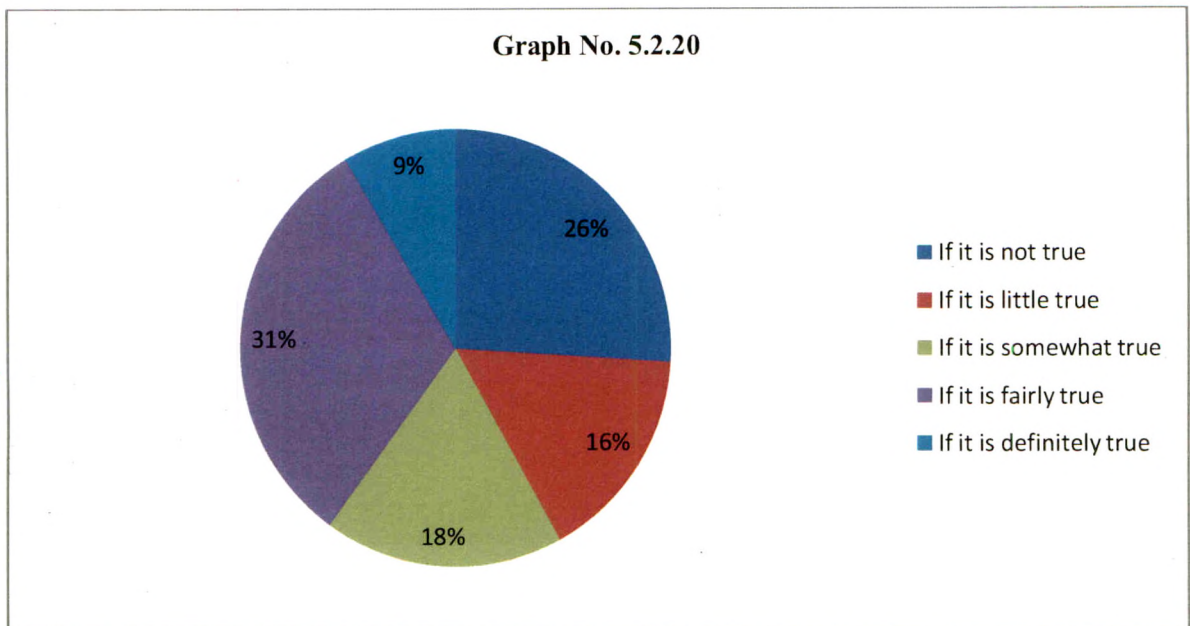


The above table and graph 5.2.19 shows that out of the total respondents; 3% of the respondents have responded as it is not true that they love the kind of work they are doing without any stress; 18% have responded as it is little true; 27 % have responded as it is somewhat true; 28% have responded as it is fairly true and 24% of the respondents have responded as it is definitely true that they love the kind of work they are doing without any stress.

Thus it may be concluded that more than half of the respondents love their job without any stress.

### Long Distance between Work and Home Place :

Table No. 5.2.20								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
24	I am not comfortable with the amount of traveling time required to reach the organization.	No. of Respondents	52	32	36	63	17	200
		%	26	16	18	31.5	8.5	100



The above table and chart shows that out of the total respondents; 26% of the respondents have responded as it is not true that they are not comfortable with the amount of traveling time required to reach the organization; 16% have responded as it is little true; 18 % have responded as it is somewhat true; 31% have responded as it is fairly true and 9% of the respondents have responded as it is definitely true that they are not comfortable with the amount of traveling time required to reach the organization.

Thus it may be concluded that majority of the doctors are agreed that they are not comfortable with the travelling time required to reach the organization.

### Completing Work beyond Time Limits :

Table No. 5.2.21								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
26	I am not doing any overtime to complete my work	No. of Respondents	24	76	30	39	31	200
		%	12	38	15	19.5	15.5	100

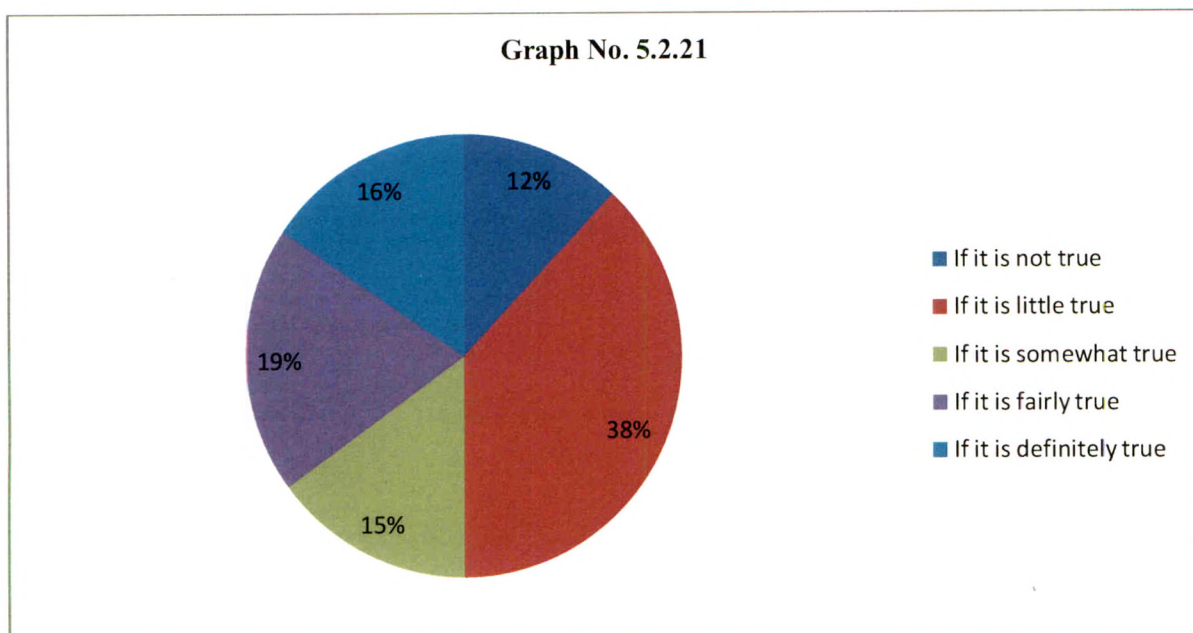
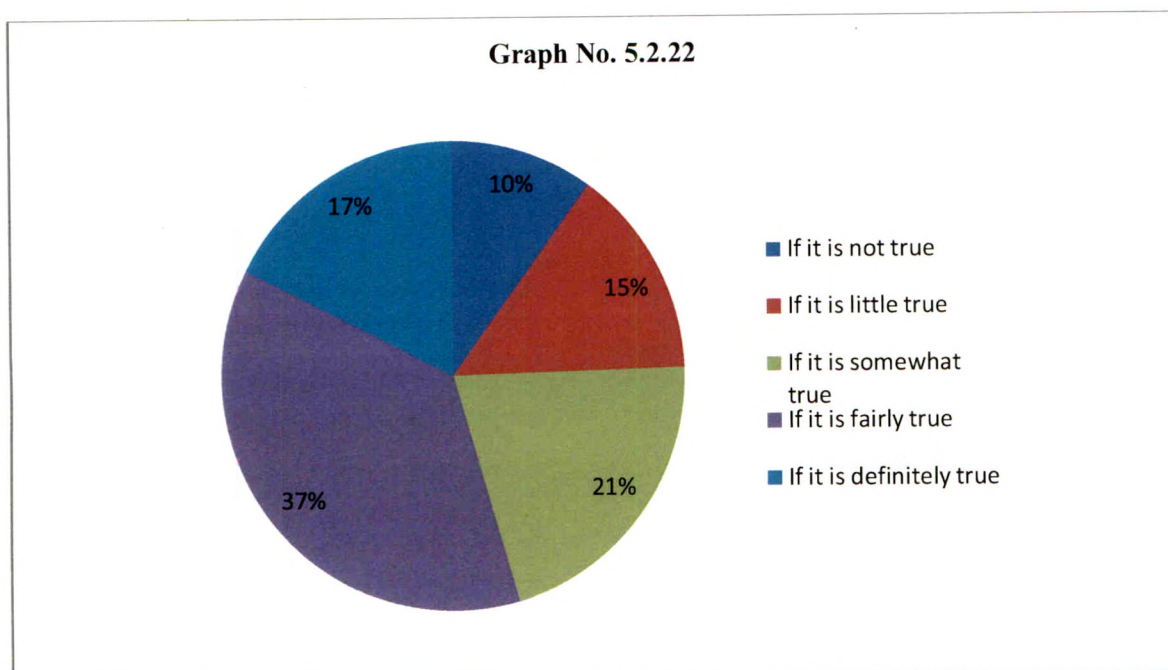


Table and Graph no. 5.2.21 shows that out of the total respondents; 12% of the respondents have responded as it is not true that they are not doing any overtime to complete their work; 38% have responded as it is little true; 15 % have responded as it is somewhat true; 19% have responded as it is fairly true and 16% of the respondents have responded as it is definitely true that they are not doing any overtime to complete their work.

Thus it may be concluded that half of the doctors do not feel that they are doing overtime to complete their work. Whereas reverse is true for others.

### Extra Efforts not Rewarded :

Table No. 5.2.22								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
27	I do not get compensated for my extra efforts in an organization.	No. of Respondents	20	29	42	74	35	200
		%	10	14.5	21	37	17.5	100



The above table and graph no. 5.2.22 shows that out of the total respondents; 10% of the respondents have responded as it is not true that they do not get compensated for their extra efforts in an organization; 15% have responded as it is little true; 21 % have responded as it is somewhat true; 37% have responded as it is fairly true and 17% of the respondents have responded as it is definitely true that they do not get compensated for their extra efforts in an organization.

Thus it may be concluded that majority of the doctors are not satisfied with the compensation paid to them for their extra efforts by the organization.

### Work is Mentally Straining :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
28	I feel my work is mentally straining	No. of Respondents	30	29	32	79	30	200
		%	15	14.5	16	39.5	15	100

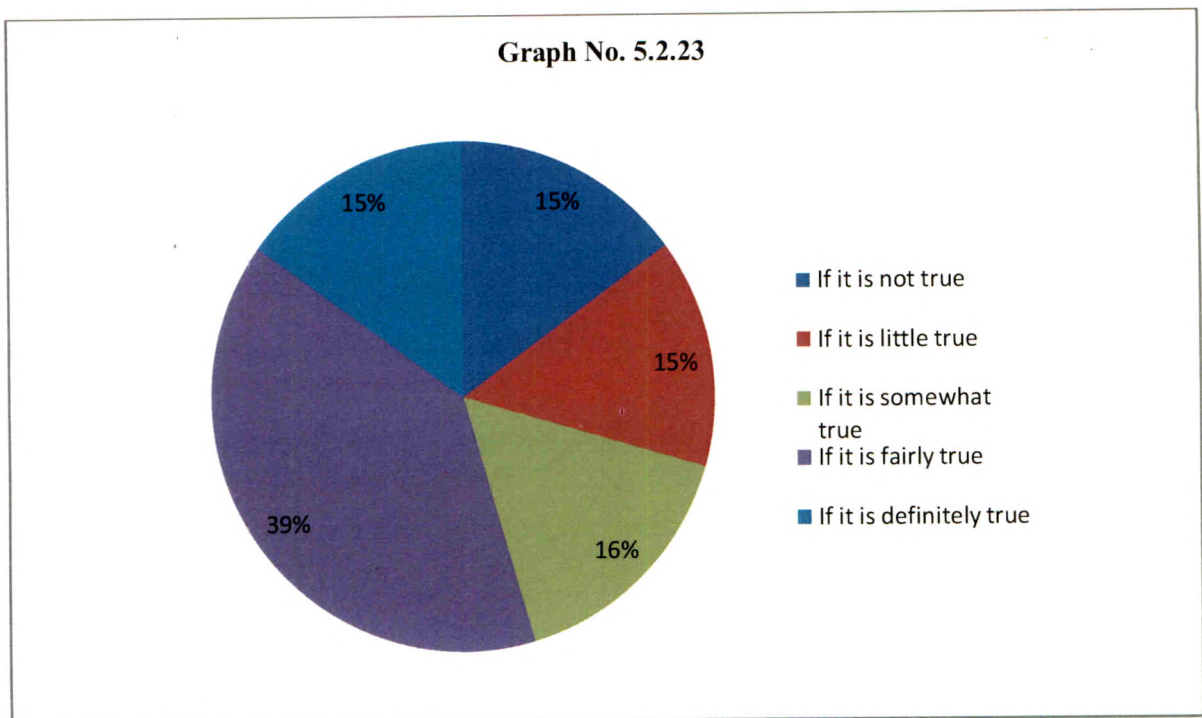


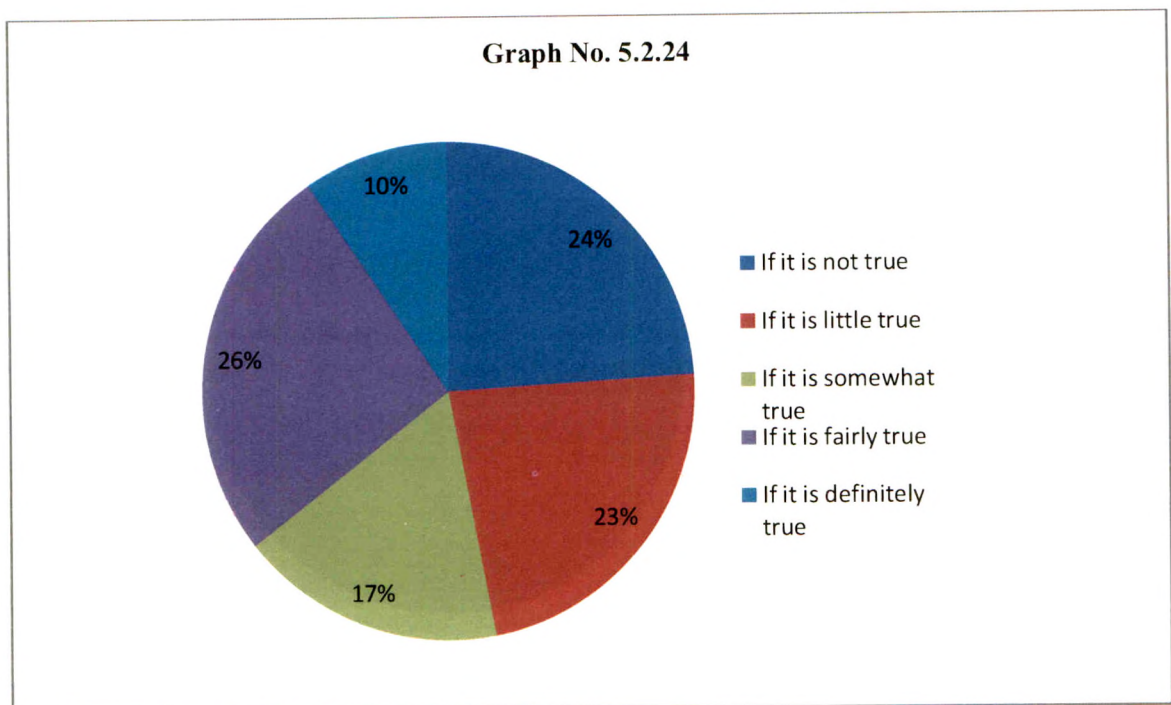
Table and Graph No. 5.2.23 exhibits that out of the total respondents; 15% of the respondents have responded as it is not true that they feel their work is mentally straining; 15% have responded as it is little true; 16 % have responded as it is somewhat true; 39% have responded as it is fairly true and 15% of the respondents have responded as it is definitely true that they feel their work is mentally straining.

Thus it may be concluded that majority of the respondents agreed that they feel mental strain due to work.



### Administrative Work/Paper Work vis-à-vis Work Life Balance :

Table No. 5.2.24								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
29	I have too much administrative work or paperwork.	No. of Respondents	48	46	35	52	19	200
		%	24	23	17.5	26	9.5	100

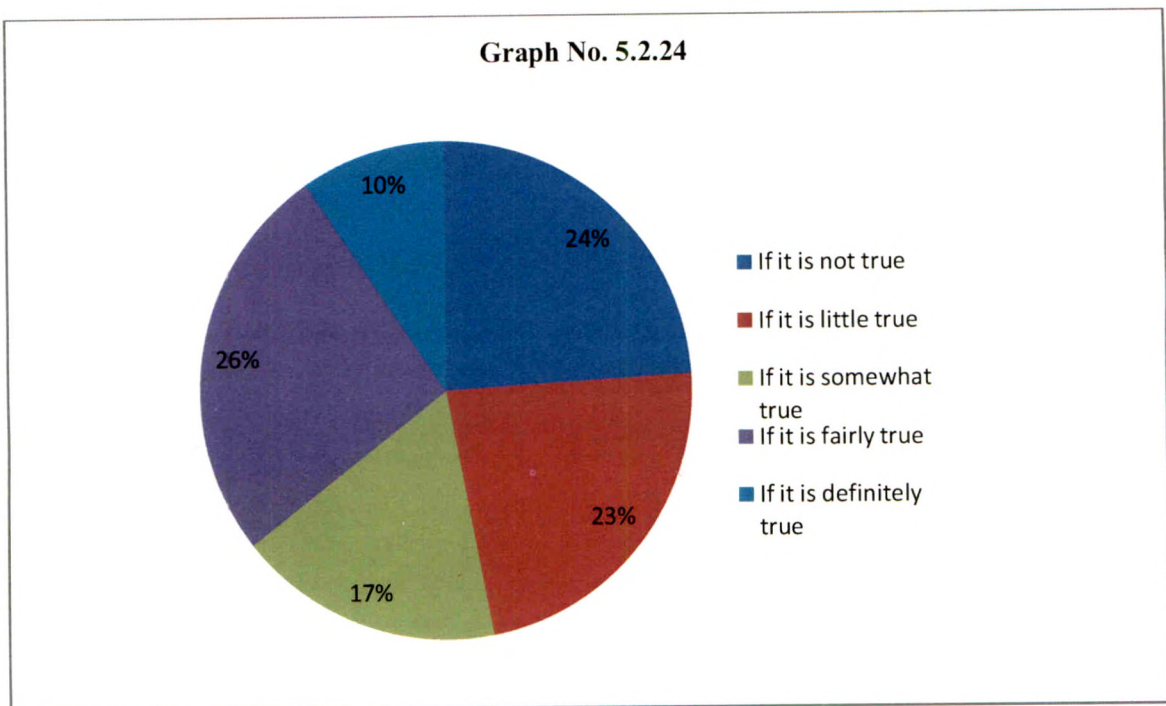


It is observed from the above table and graph no. 5.2.24 that out of the total respondents; 24% of the respondents have responded as it is not true that they have too much administrative work or paperwork; 23% have responded as it is little true; 17 % have responded as it is somewhat true; 26% have responded as it is fairly true and 10% of the respondents have responded as it is definitely true that they have too much administrative work or paperwork.

Thus it may be concluded that more than half of the doctors feels that apart from their job duties they are doing too much of administrative work or paper work.

### Administrative Work/Paper Work vis-à-vis Work Life Balance :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
29	I have too much administrative work or paperwork.	No. of Respondents	48	46	35	52	19	200
		%	24	23	17.5	26	9.5	100

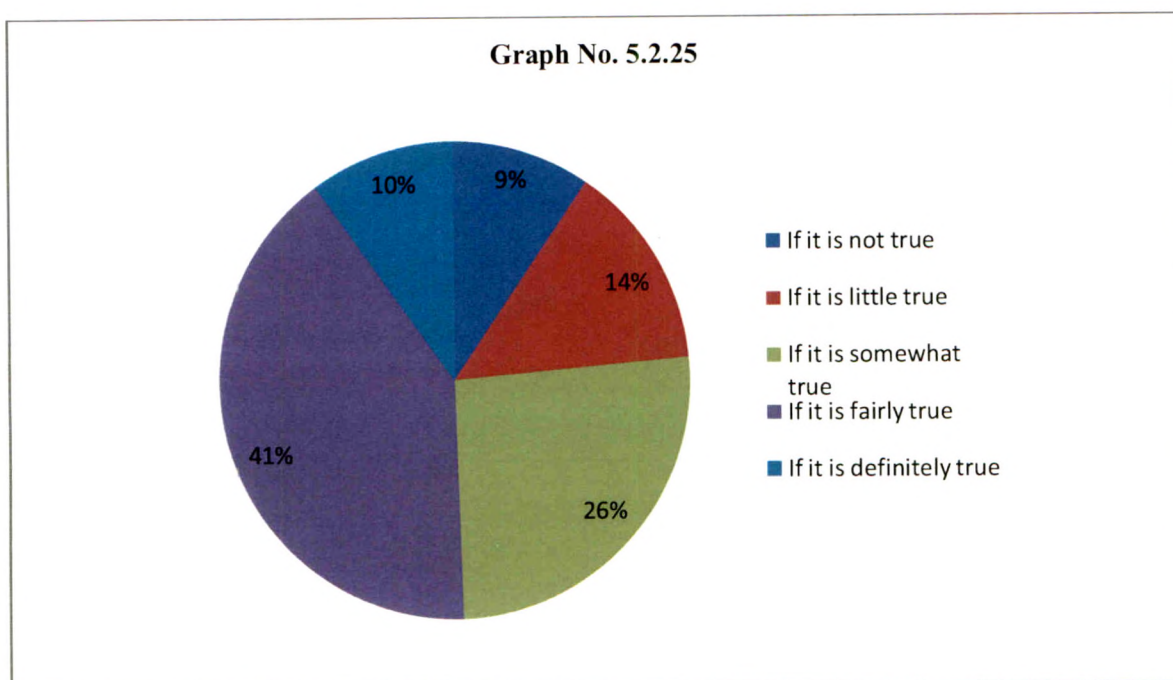


It is observed from the above table and graph no. 5.2.24 that out of the total respondents; 24% of the respondents have responded as it is not true that they have too much administrative work or paperwork; 23% have responded as it is little true; 17% have responded as it is somewhat true; 26% have responded as it is fairly true and 10% of the respondents have responded as it is definitely true that they have too much administrative work or paperwork.

Thus it may be concluded that more than half of the doctors feels that apart from their job duties they are doing too much of administrative work or paper work.

### Availability of Sufficient Resources and Facilities :

Table No. 5.2.25								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
38	There are sufficient resources and facilities to get work done	No. of Respondents	19	28	52	81	20	200
		%	9.5	14	26	40.5	10	100

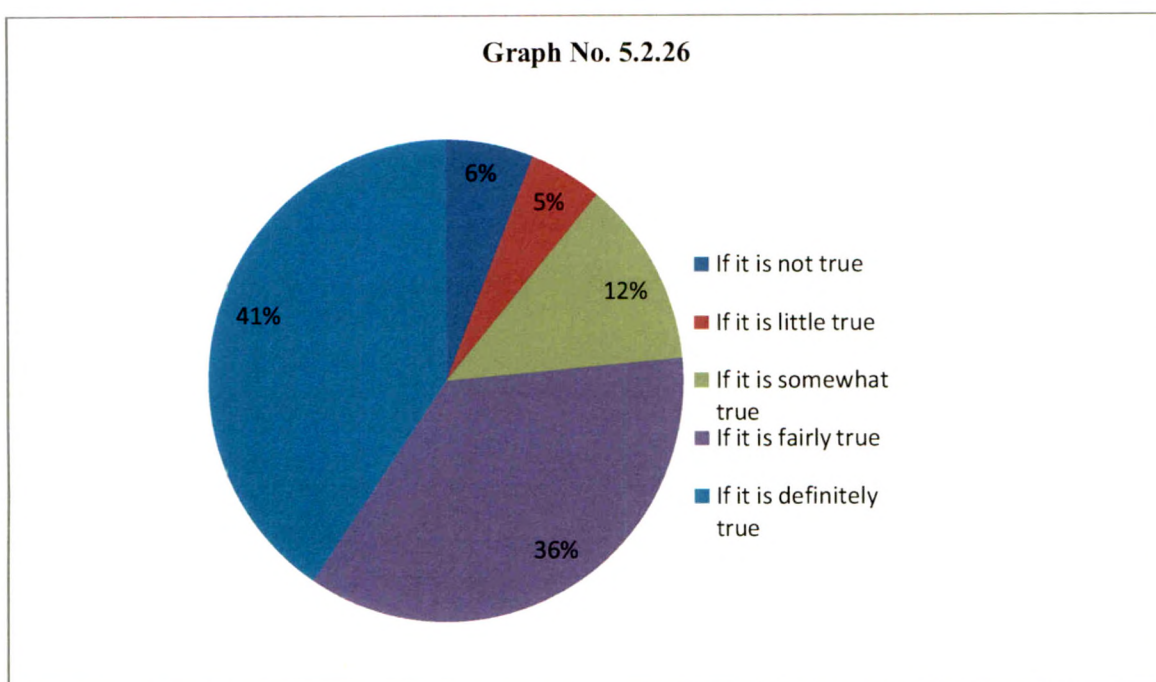


The above table and graph no. 5.2.25 shows that out of the total respondents; 9% of the respondents have responded as it is not true that there are sufficient resources and facilities to get work done in their organization; 14% have responded as it is little true; 26 % have responded as it is somewhat true; 41% have responded as it is fairly true and 10% of the respondents have responded as it is definitely true that there are sufficient resources and facilities to get work done in an organization.

Thus it may be concluded that half of the doctors are satisfied with resources and facilities available to get their work done in an organization.

## Enjoying Job :

Table No. 5.2.26								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
45	I enjoy doing my job	No. of Respondents	12	10	25	72	81	200
		%	6	5	12.5	36	40.5	100



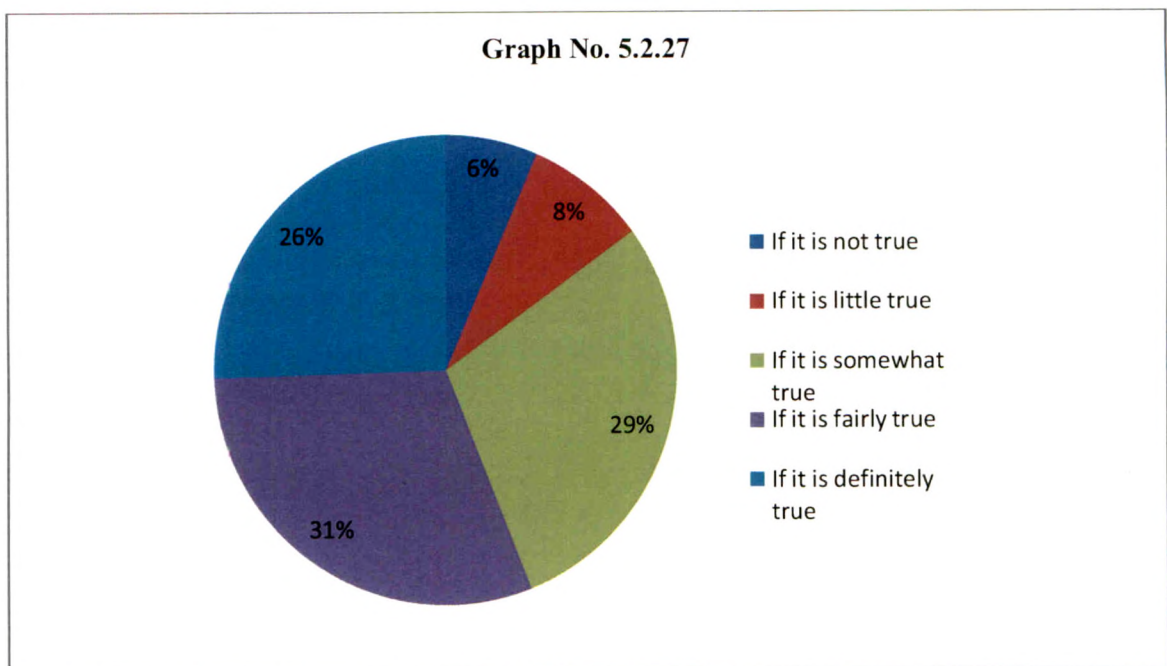
The above table and graph no. 5.2.26 shows that out of the total respondents; 6% of the respondents are of opinion that it is not true that they enjoy doing their job; 5% have responded as it is little true; 12 % have responded as it is somewhat true; 36% have responded as it is fairly true and 41% of the respondents have responded as it is definitely true that they enjoy doing their job. Thus it may be concluded that majority of the respondents are agreed that they are enjoying their job.

Although there are imbalances in the personal and professional life of doctors but the type of satisfaction they are getting by saving the life of their patients makes them feel satisfied.

## STATEMENTS RELATING TO MORALE OF THE DOCTORS

### Happy to spend rest of Career with the Organization :

Table No. 5.2.27								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
7	I would be happy to spend the rest of my career with this organization	No. of Respondents	13	17	58	61	51	200
		%	6.5	8.5	29	30.5	25.5	100

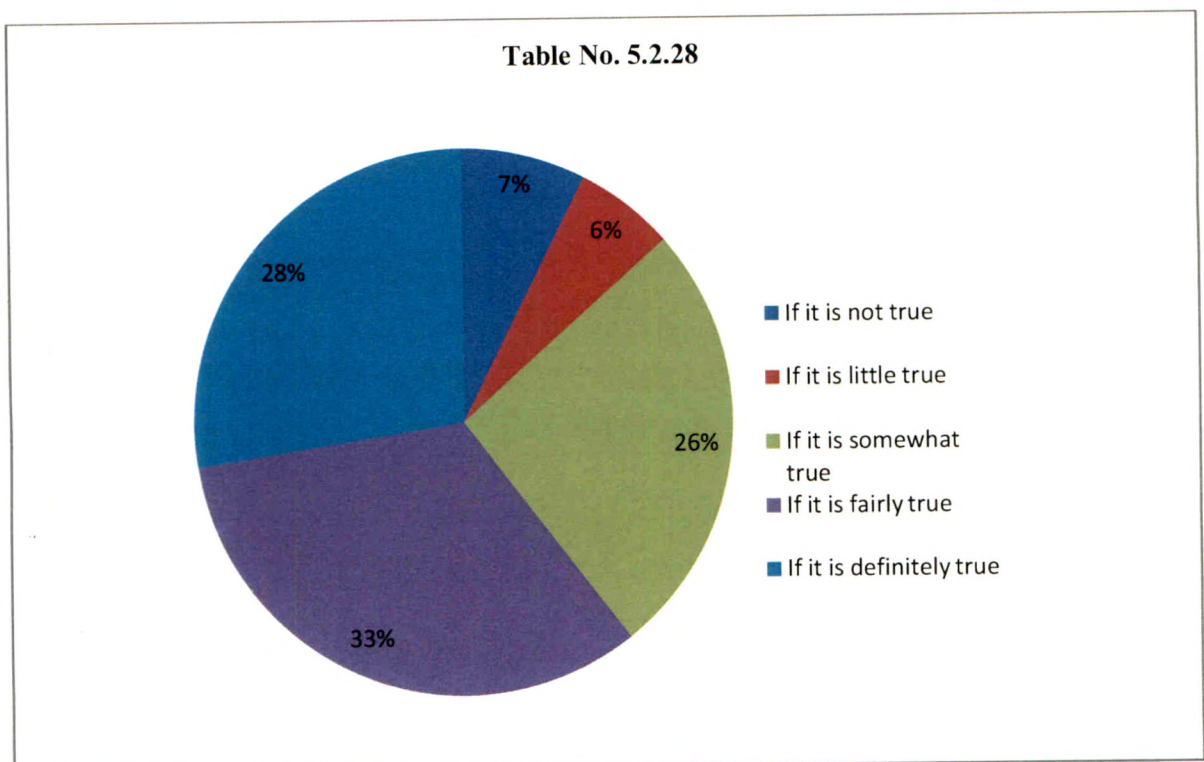


From the above table and graph no. 5.2.27 it is observed that out of the total respondents; 6% of the respondents have responded as it is not true that they would be happy to spend rest of their career in the organization they are working; 8% have responded as it is little true; 29% have responded as it is somewhat true; 31% have responded as it is fairly true and 26% of the respondents have responded as it is definitely true that they would be happy to spend rest of their career in the organization they are working.

Thus it may be concluded that majority of the respondents are agreed that they want to spend their career with the organization they are working for.

### Feeling Pleasure in Discussing about Organization with Outside People :

Table No. 5.2.28								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
8	I feel pleasure in discussing about my organization with outside people.	No. of Respondents	15	12	52	66	55	200
		%	7.5	6	26	33	27.5	100



The above table and graph no. 5.2.28 shows that out of the total respondents; 7% of the respondents have responded as it is not true that they feel pleasure in discussing about their organization with outside people; 6% have responded as it is little true; 26 % have responded as it is somewhat true; 33% have responded as it is fairly true and 28 % of the respondents have responded as it is definitely true that they feel pleasure in discussing about their organization with outside people.

Thus it may be concluded that majority of the doctors feel pleasure in discussing about their organization with outside people.

## Owning for Organizational Problems :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
9	I really feel as if this organization's problems are my own.	No. of Respondents	16	29	78	43	34	200
		%	8	14.5	39	21.5	17	100

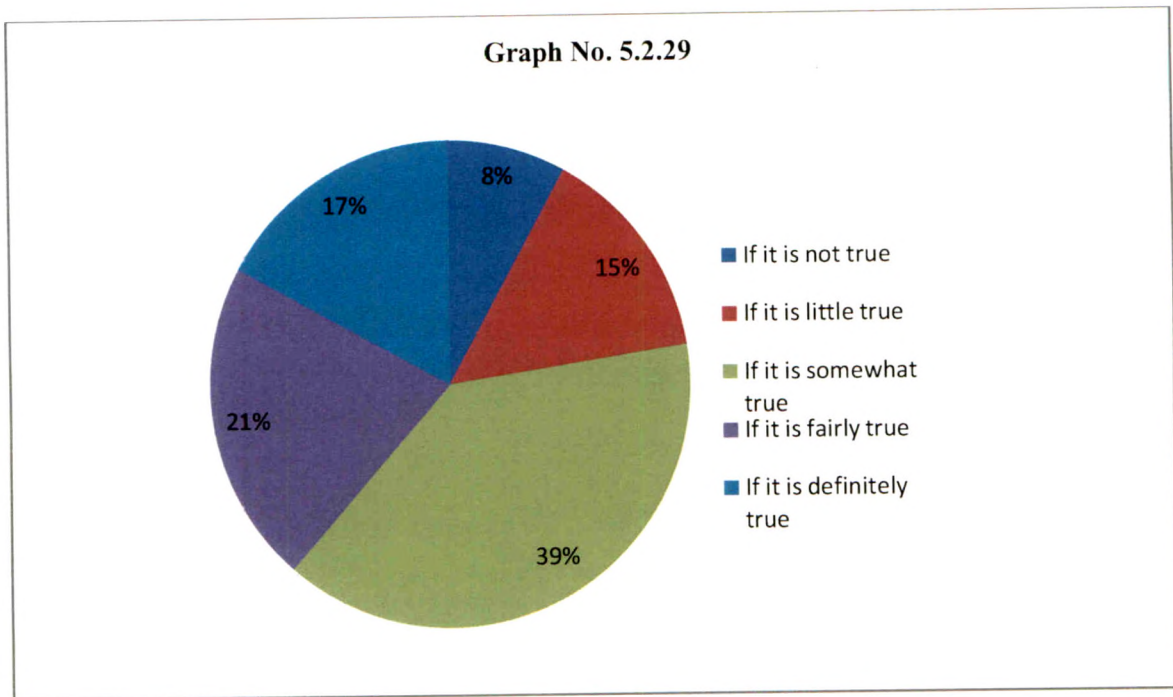
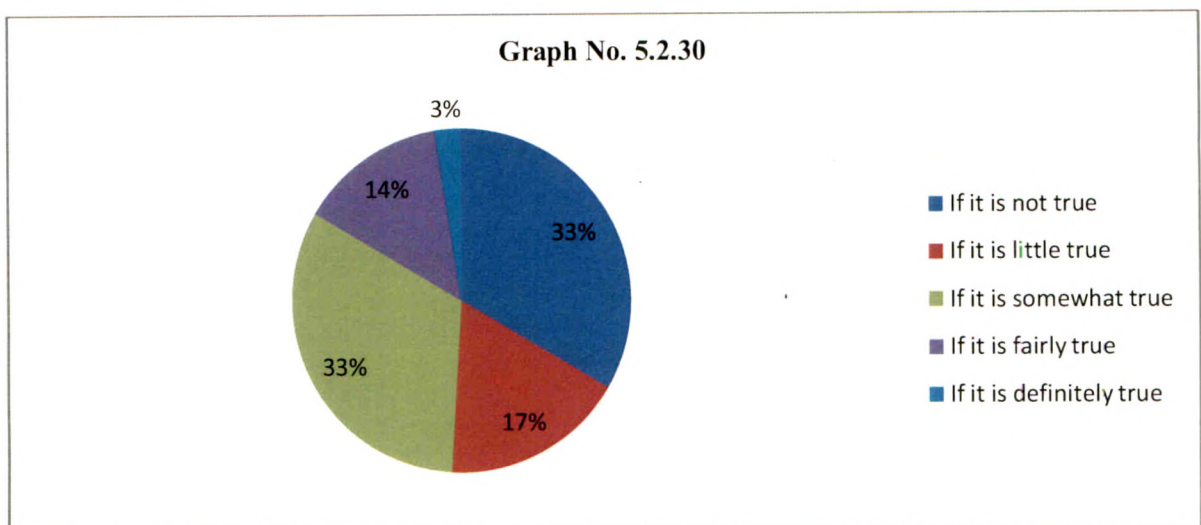


Table and graph no. 5.2.29 shows that out of the total respondents; 8% of the respondents have responded as it is not true that they really feel as the organization's problems as their own; 15% have responded as it is little true; 39 % have responded as it is somewhat true; 21% have responded as it is fairly true and 17 % of the respondents have responded as it is definitely true that they really feel as the organization's problems are their own.

Thus it may be concluded that majority of the respondents are moderately agreed on the statement that they feel the organizations problem as their own.

### Non Feeling of the Part of Family in an Organization :

Table No. 5.2.30								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
10	I do not feel like 'part of the family' in my organization	No. of Respondents	67	35	65	28	5	200
		%	33.5	17.5	32.5	14	2.5	100



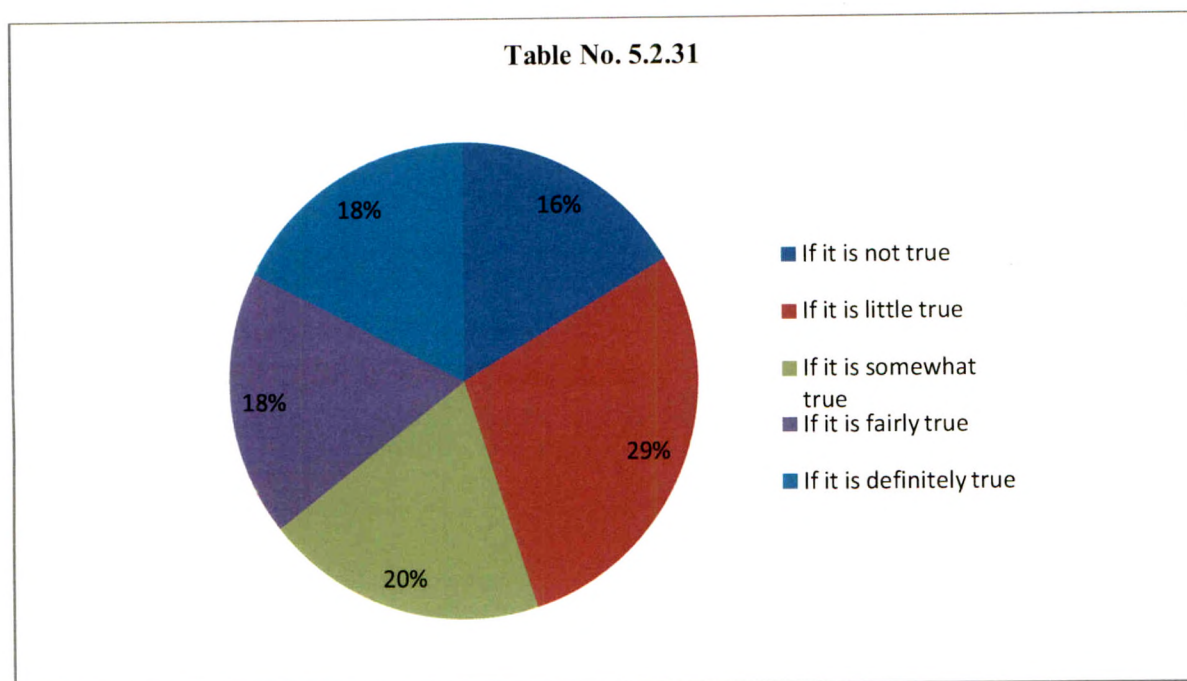
The above table and graph no. 5.2.30 shows that out of the total respondents; 33% of the respondents have responded as it is not true that they do not feel like part of the family in an organization; 17% have responded as it is little true; 33 % have responded as it is somewhat true; 14% have responded as it is fairly true and 3 % of the respondents have responded as it is definitely true that they do not feel like part of the family in an organization.

Thus it may be concluded that majority of the doctors are feeling like a part of family in their organization.



### Comfortability for Getting Leaves :

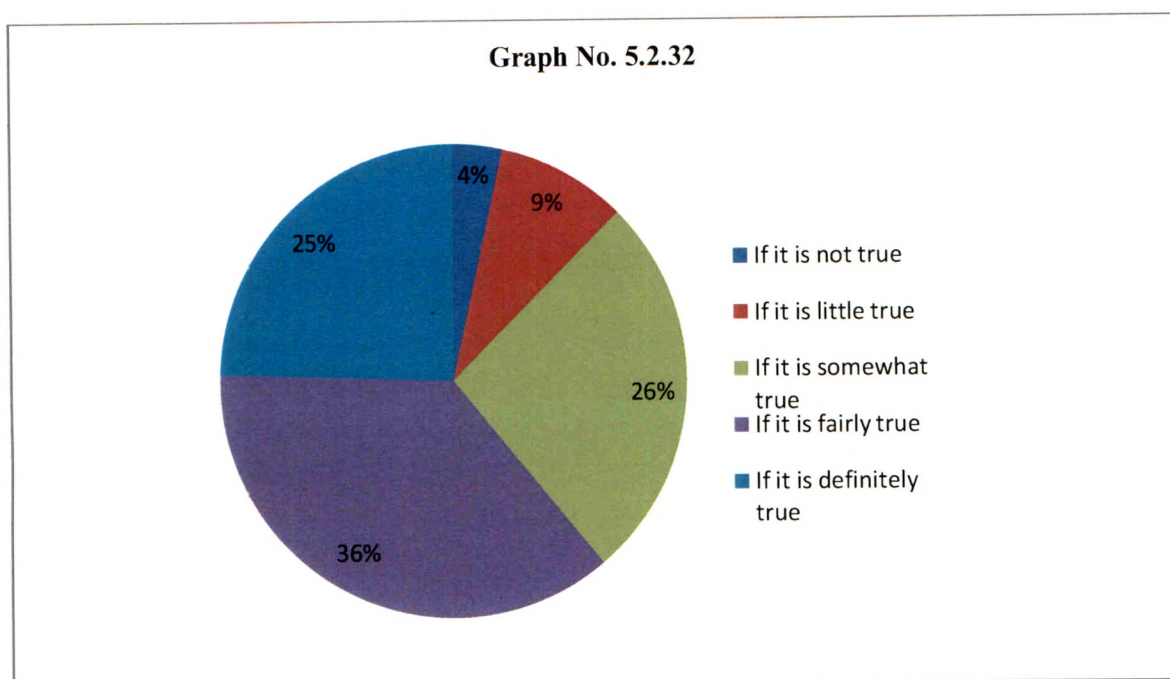
Table No. 5.2.31								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
11	I do not find it difficult to take leave at the time of emergencies	No. of Respondents	33	57	39	36	35	200
		%	16.5	28.5	19.5	18	17.5	100



From the above table and graph no. 5.2.31 it is observed that out of the total respondents; 16% of the respondents have responded as it is not true that they do not find it difficult to take leave at the time of emergencies; 29% have responded as it is little true; 20% have responded as it is somewhat true; 18% have responded as it is fairly true and 18 % of the respondents have responded as it is definitely true that they do not find it difficult to take leave at the time of emergencies. It is observed that doctors those especially in the emergency specialty find it difficult to take leave at the time of emergencies where as others may not have faced difficulty in taking leave.

### Work Sharing with Colleagues :

Table No. 5.2.32								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
18	I share the work with my colleagues whenever needed.	No. of Respondents	7	18	53	73	49	200
		%	3.5	9	26.5	36.5	24.5	100

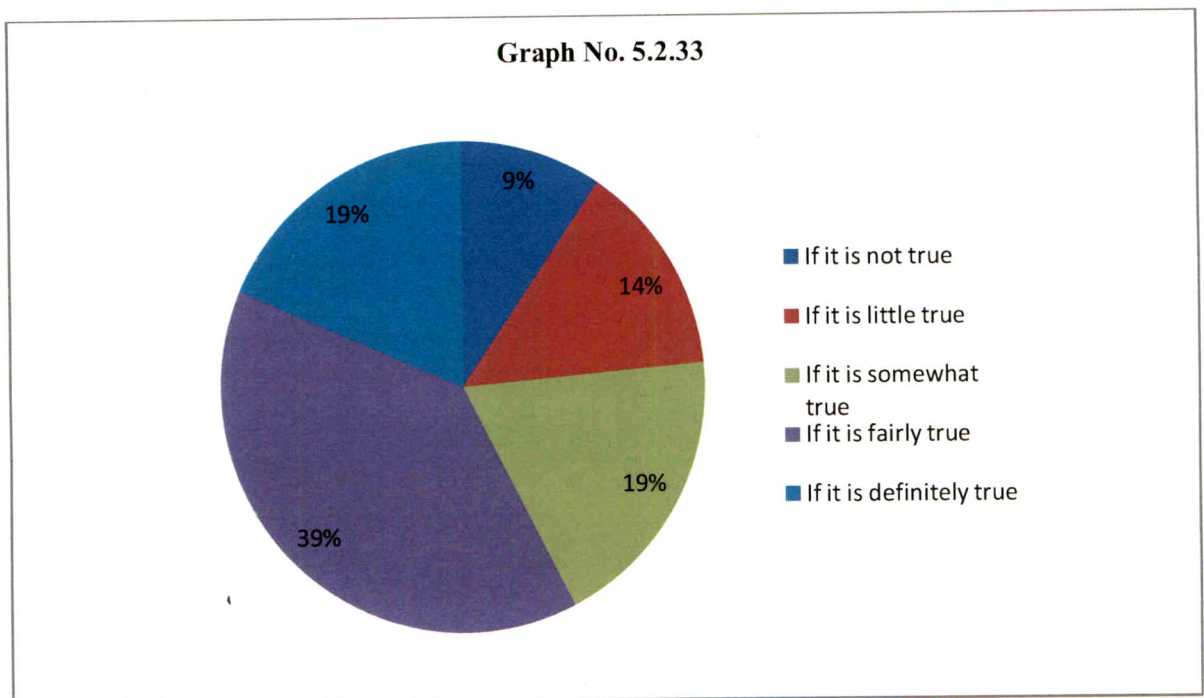


The above table and graph no. 5.2.32 shows that out of the total respondents; 4% of the respondents have responded as it is not true that they share the work with their colleagues whenever needed; 9% have responded as it is little true; 26 % have responded as it is somewhat true; 36% have responded as it is fairly true and 25% of the respondents are responded as it is definitely true that they share the work with their colleagues whenever needed.

Thus it may be concluded from the results that majority of the doctors are agreed that they share the work with colleagues to fulfill their personal commitments.

**Feeling of Being Underpaid :**

Table No. 5.2.33								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
37	I have a feeling of being underpaid	No. of Respondents	19	28	38	78	37	200
		%	9.5	14	19	39	18.5	100

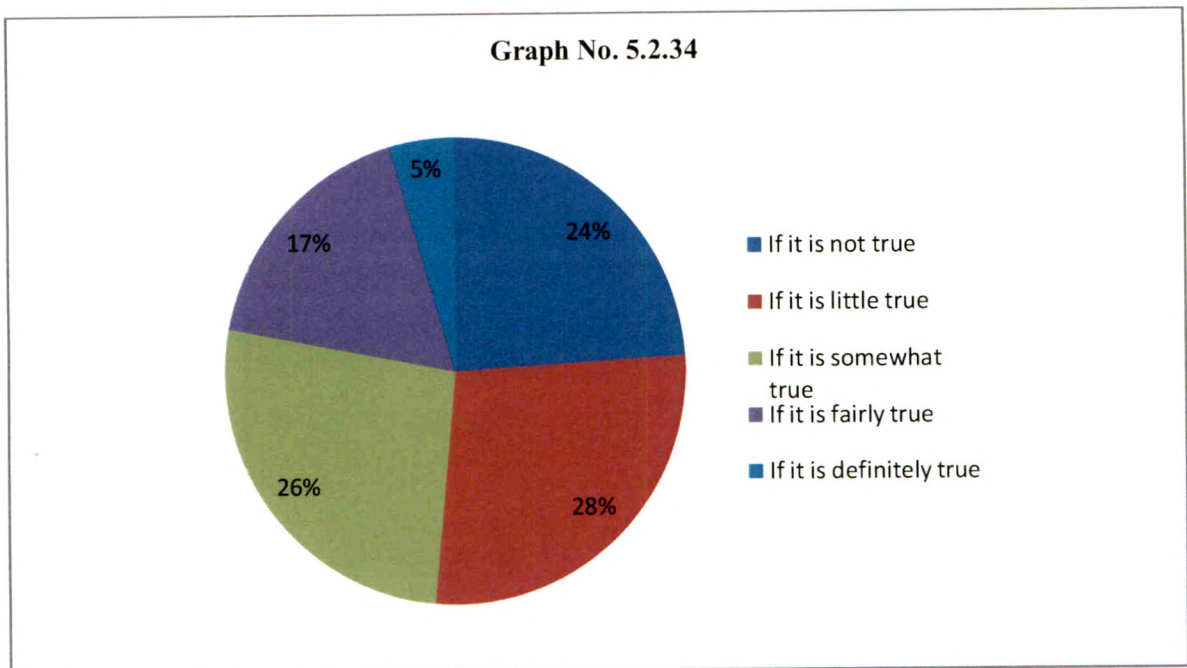


Above table and graph no. 5.2.33 shows that out of the total respondents; 9% of the respondents have responded as it is not true that they have a feeling of being underpaid; 14% have responded as it is little true; 19 % have responded as it is somewhat true; 39% have responded as it is fairly true and 19% of the respondents have responded as it is definitely true that they have a feeling of being underpaid.

Thus it may be concluded that majority of the doctors feels they are underpaid.

**Working with Incompetent Colleagues :**

Table No. 5.2.34								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
39	I have a feeling of working with incompetent colleagues	No. of Respondents	48	55	53	35	9	200
		%	24	27.5	26.5	17.5	4.5	100

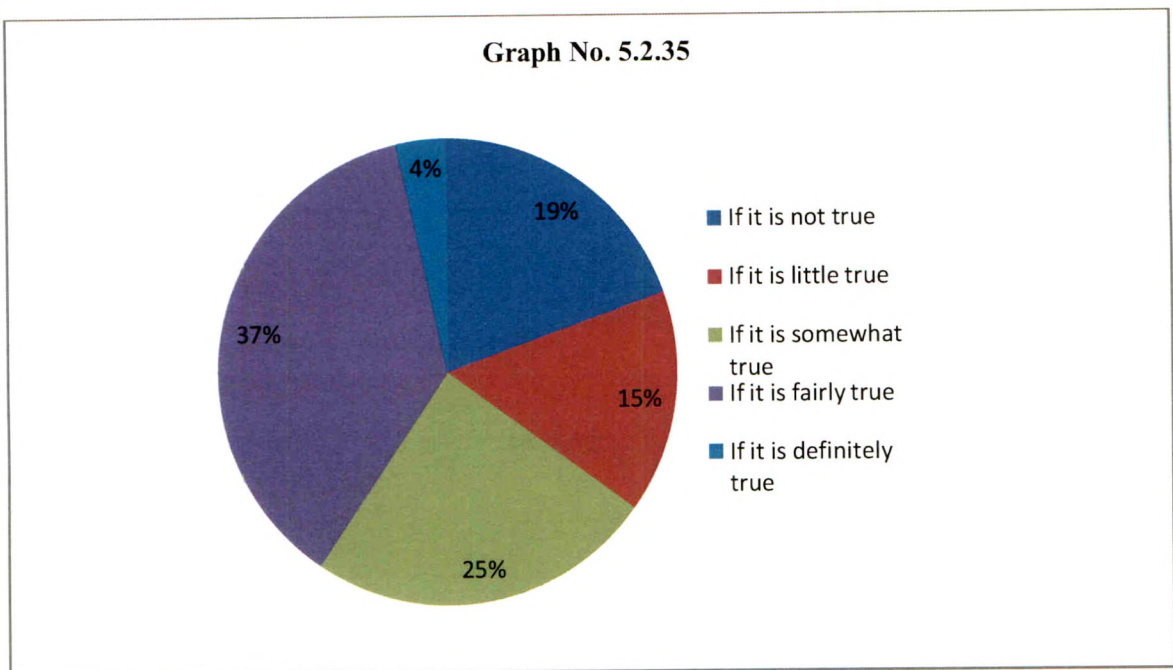


From the above table and graph no. 5.2.34 it is observed that out of the total respondents; 24% of the respondents have responded as it is not true that they have a feeling of working with incompetent colleagues; 28% have responded as it is little true; 26 % have responded as it is somewhat true; 17% have responded as it is fairly true and 5% of the respondents have responded as it is definitely true that have a feeling of working with incompetent colleagues.

Thus it may be concluded that majority of respondents do not feel that they are working with incompetent colleagues.

### Lack of Support from Superiors :

Table No. 5.2.35								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
41	I feel that there is a lack of support from superiors.	No. of Respondents	39	31	49	74	7	200
		%	19.5	15.5	24.5	37	3.5	100

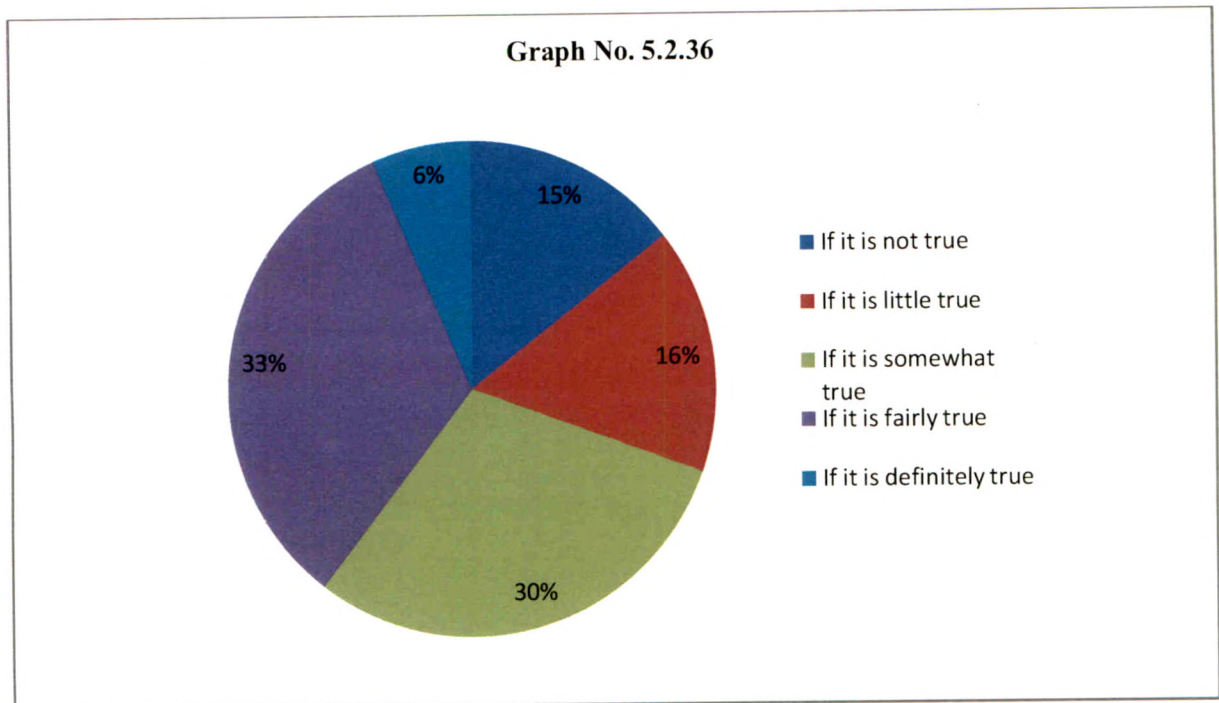


The above table and no. 5.2.35 shows that out of the total respondents; 19% of the respondents have responded as it is not true that they feel there is a lack of support from superiors; 15% have responded as it is little true; 25 % have responded as it is somewhat true; 37% have responded as it is fairly true and 4% of the respondents have responded as it is definitely true that they feel there is a lack of support from superiors.

Thus it may be concluded that majority of the respondents feel that there is a lack of support from superiors but reverse phenomenon is true for some of the respondents who responded as they do not feel the lack of support from their superiors. They are of the opinion that if there is no coordination between the team of doctors, it becomes very difficult for them to save the life of their patients.

**Discrimination and Favoritism in Organization :**

Table No. 5.2.36								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
42	I feel that there is discrimination and favoritism in my organization.	No. of Respondents	29	32	60	66	13	200
		%	14.5	16	30	33	6.5	100



The above table and graph no. 5.2.36 shows that out of the total respondents; 15% of the respondents have responded as it is not true that they feel there is discrimination and favoritism in their organization; 16% have responded as it is little true; 30 % have responded as it is somewhat true; 33% have responded as it is fairly true and 6% of the respondents have responded as it is definitely true that they feel there is discrimination and favoritism in their organization.

Thus it may be concluded that most of the doctors are agreed and are moderately agreed that there is a discrimination and favoritism in their organization.

## STATEMENTS RELATING TO PERFORMANCE OF DOCTORS

### Working for Extra Hours :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
13	I work for extra hours to get my work done	No. of Respondents	36	47	31	61	25	200
		%	18	23.5	15.5	30.5	12.5	100

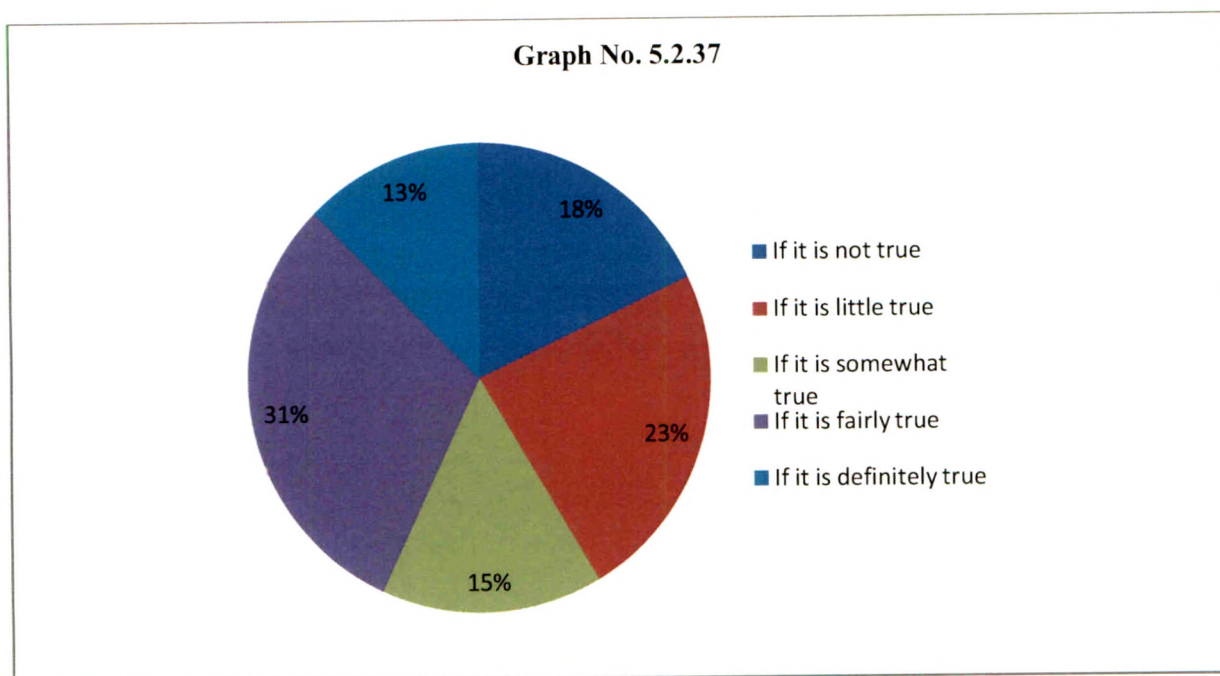
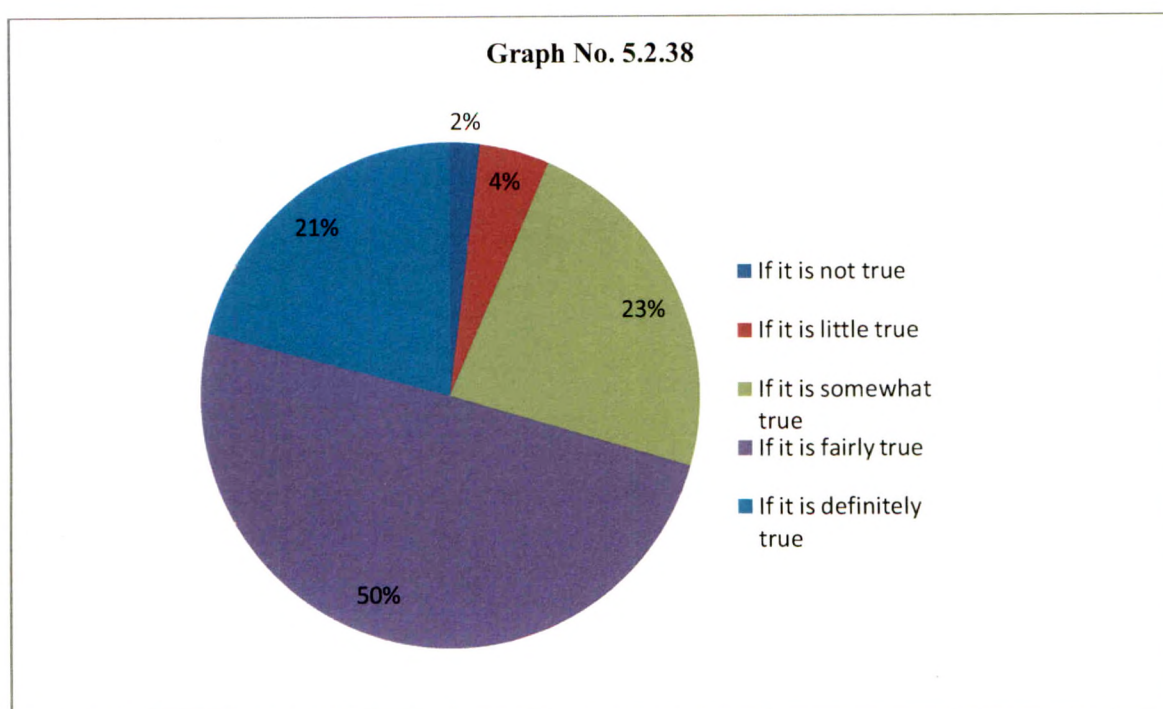


Table and graph no. 5.2.37 shows that out of the total respondents; 18% of the respondents have responded as it is not true that they work for extra hours to get work done; 23% have responded as it is little true; 15% have responded as it is somewhat true; 31% have responded as it is fairly true and 13 % of the respondents have responded as it is definitely true that they work for extra hours to get work done.

Thus it may be concluded that majority of doctors are agreed that they work for extra hours to get their work done.

### Meeting Expectation of Colleagues :

Table No. 5.2.38								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
14	I meet the expectations of my colleagues.	No. of Respondents	4	9	46	99	42	200
		%	2	4.5	23	49.5	21	100



The above table and graph no. 5.2.38 shows that out of the total respondents; 2% of the respondents have responded as it is not true that they are able to meet the expectations of their colleague; 4% have responded as it is little true; 23% have responded as it is somewhat true; 50% have responded as it is fairly true and 21 % of the respondents have responded as it is definitely true that they are able to meet the expectations of their colleague.

Thus it may be concluded that majority of the doctors feel that they are able to meet the expectations of their colleagues.



## Easy Standards for Deadlines and Schedules :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
15	I meet prescribed deadlines and schedules, without affecting my home life.	No. of Respondents	9	29	57	81	24	200
		%	4.5	14.5	28.5	40.5	12	100

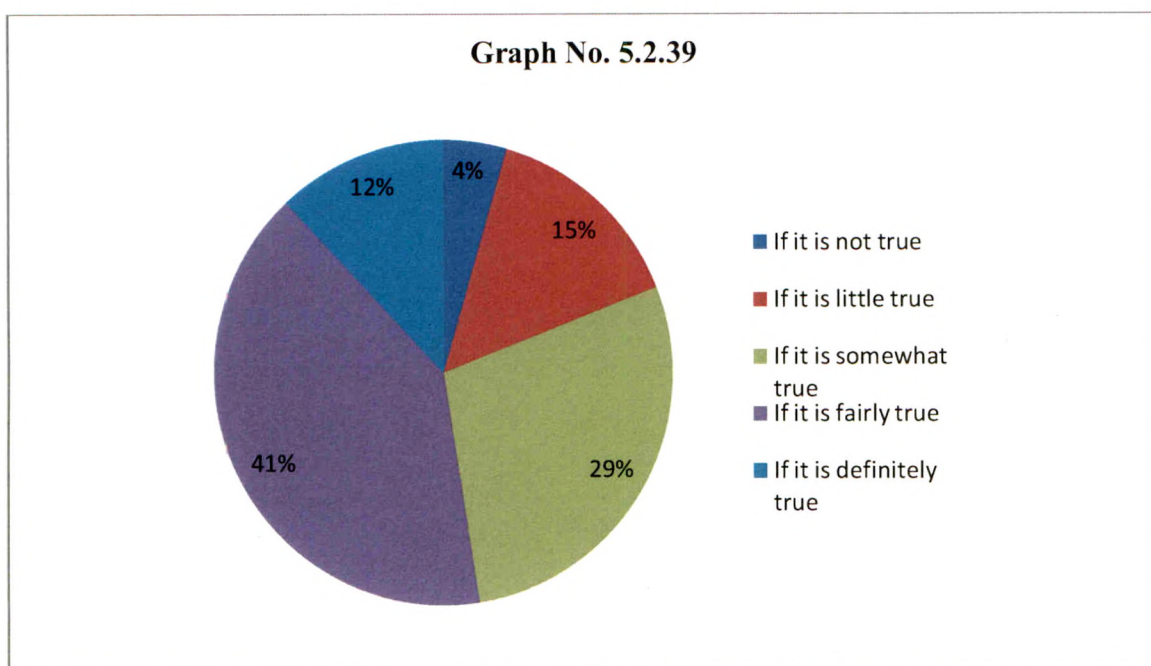


Table and graph no. 5.2.39 shows that out of the total respondents; 4% of the respondents have responded as it is not true that they are able to meet prescribed deadlines and schedules, without affecting their home life, 15% have responded as it is little true; 29 % have responded as it is somewhat true; 41% have responded as it is fairly true and 12 % of the respondents have responded as it is definitely true that they are able to meet prescribed deadlines and schedules, without affecting their home life.

Thus it may be concluded that majority of the respondents are agreed that they are able to meet prescribed deadlines without affecting their home life.

**Inadequate Authority :**

Table No. 5.2.40								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
30	I do not have adequate authority to carry out my job duties	No. of Respondents	38	24	58	62	18	200
		%	19	12	29	31	9	100

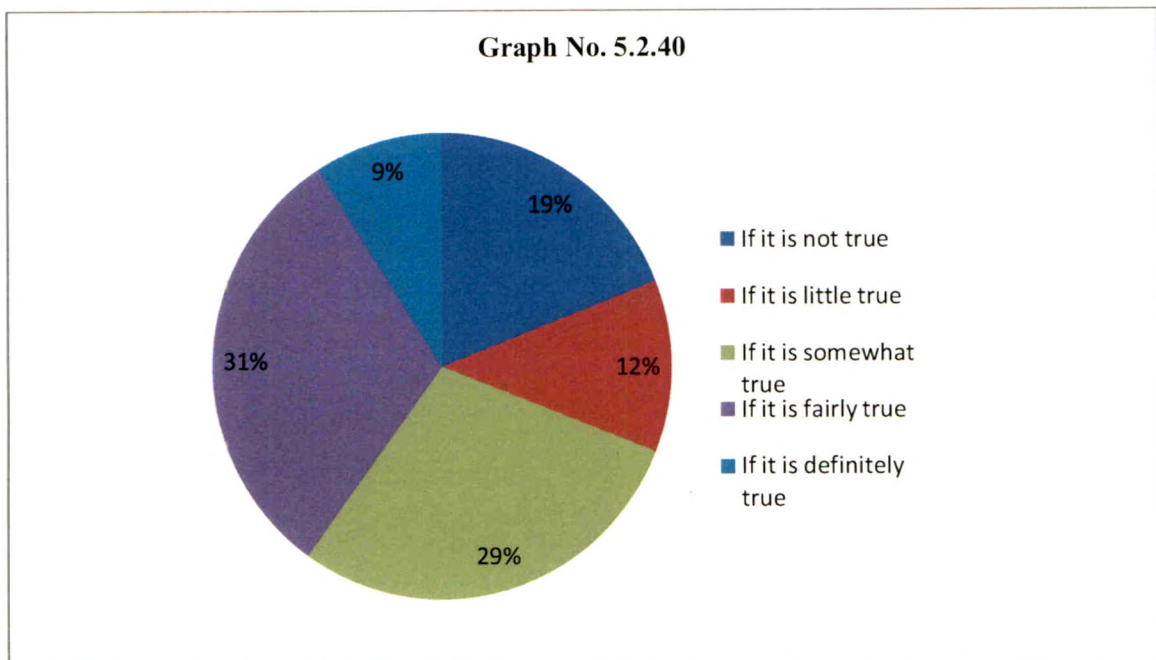
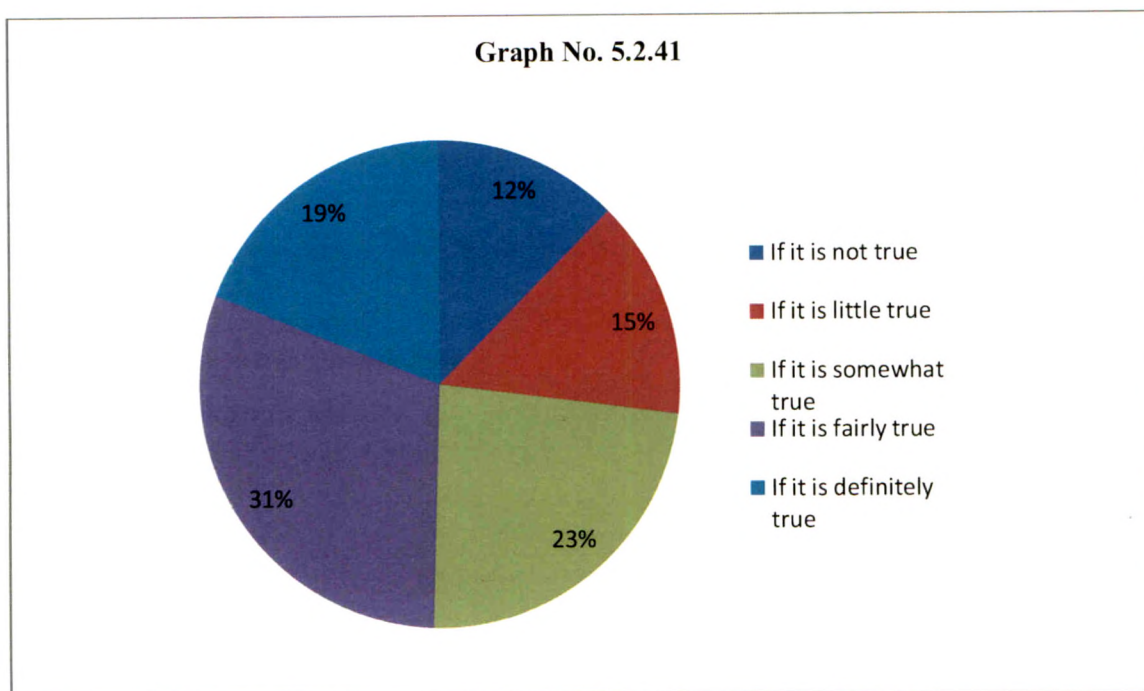


Table and graph no. 5.2.40 shows that out of the total respondents, 19% of the respondents have responded as it is not true that they do not have adequate authority to carry out their job duties, 12% have responded as it is little true, 29 % have responded as it is somewhat true, 31% have responded as it is fairly true and 9% of the respondents have responded as it is definitely true that they do not have adequate authority to carry out their job duties.

Thus it may be concluded that majority of doctors feel that they do not have adequate authority to carry out their job duties. .

### Inadequate Promotional Prospects :

Table No. 5.2.41								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
32	I do not have adequate promotion prospects	No. of Respondents	25	29	47	61	38	200
		%	12.5	14.5	23.5	30.5	19	100

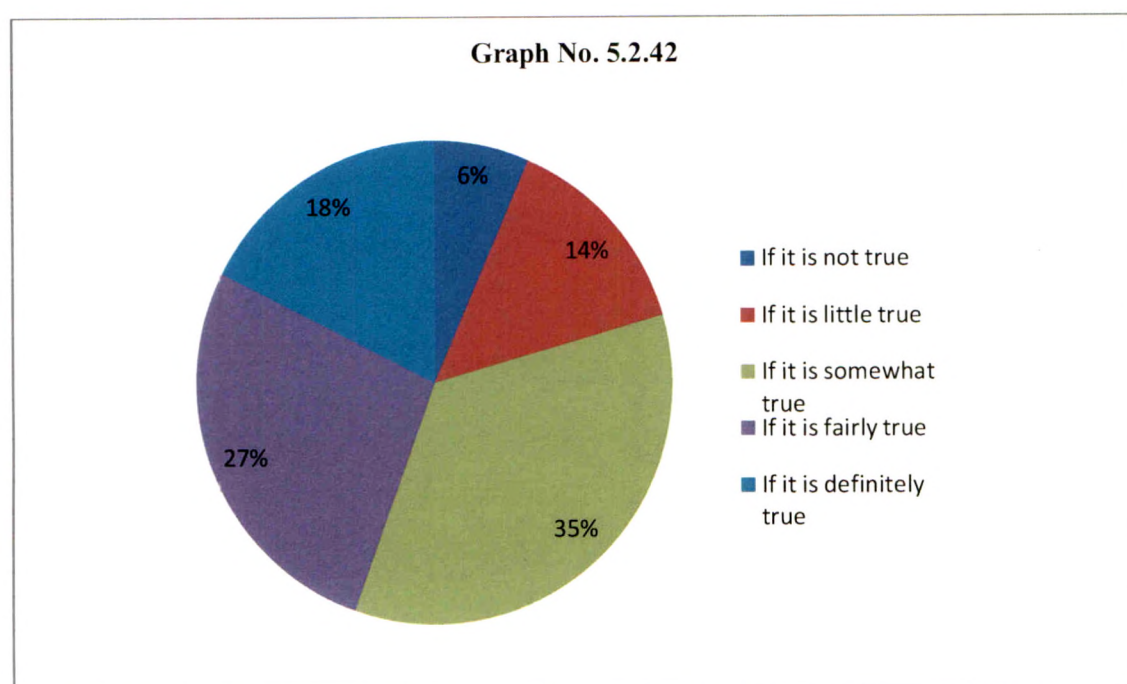


The above table and graph no. 5.2.41 shows that out of the total respondents; 16% of the respondents have responded as it is not true that they do not have adequate promotional prospects; 15% have responded as it is little true; 30 % have responded as it is somewhat true; 29% have responded as it is fairly true and 11% of the respondents have responded as it is definitely true that they do not they do not have adequate promotional prospects.

Thus it may be concluded that majority of the doctors are agreed that they do not have adequate promotion prospects.

## Empowerment :

Table No. 5.2.42								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
35	Empowered to participate in decision-making.	No. of Respondents	13	28	70	54	35	200
		%	6.5	14	35	27	17.5	100

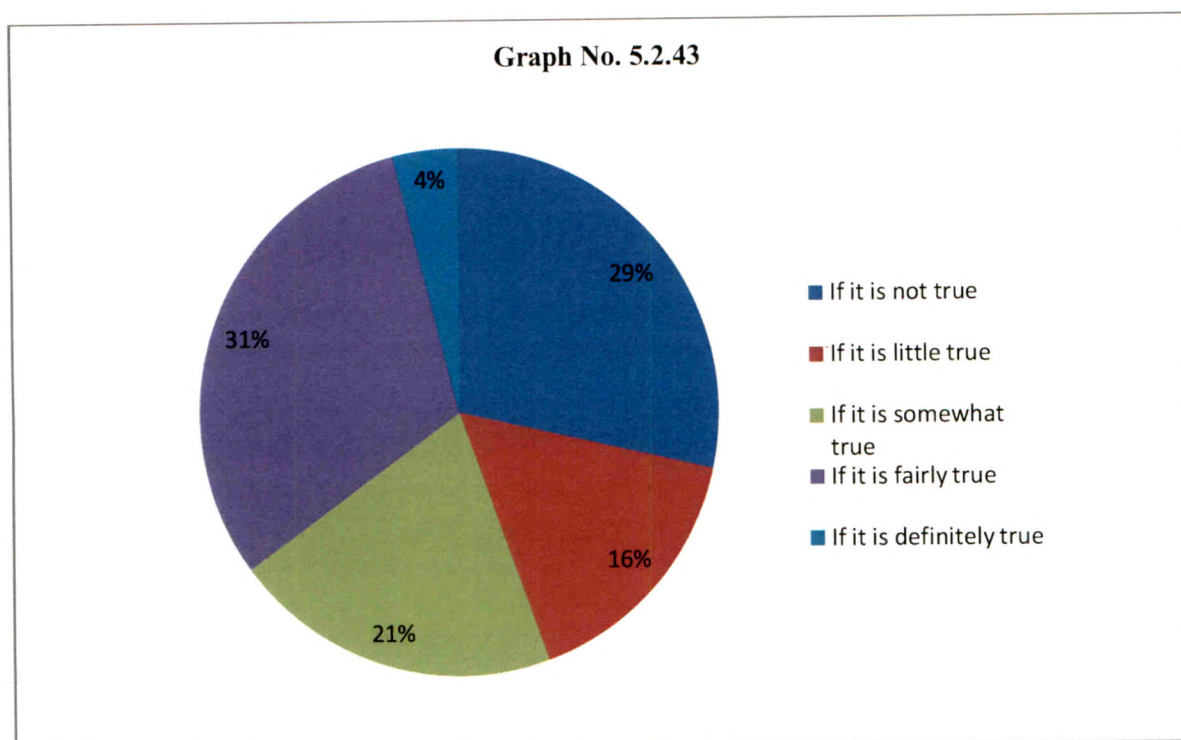


The above table and graph no. 5.2.42 shows that out of the total respondents; 6% of the respondents have responded as it is not true that they are empowered to participate in decision-making; 14% have responded as it is little true; 35 % have responded as it is somewhat true; 27% have responded as it is fairly true and 18% of the respondents are responded as it is definitely true that they are empowered to participate in decision-making.

Thus it may be concluded that majority of the respondents are moderately agreed and are agreed that they are empowered to participate in decision making.

## Maintaining Relationship with Superior :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
36	I feel difficulty in maintaining relationship with superior.	No. of Respondents	57	32	41	62	8	200
		%	28.5	16	20.5	31	4	100

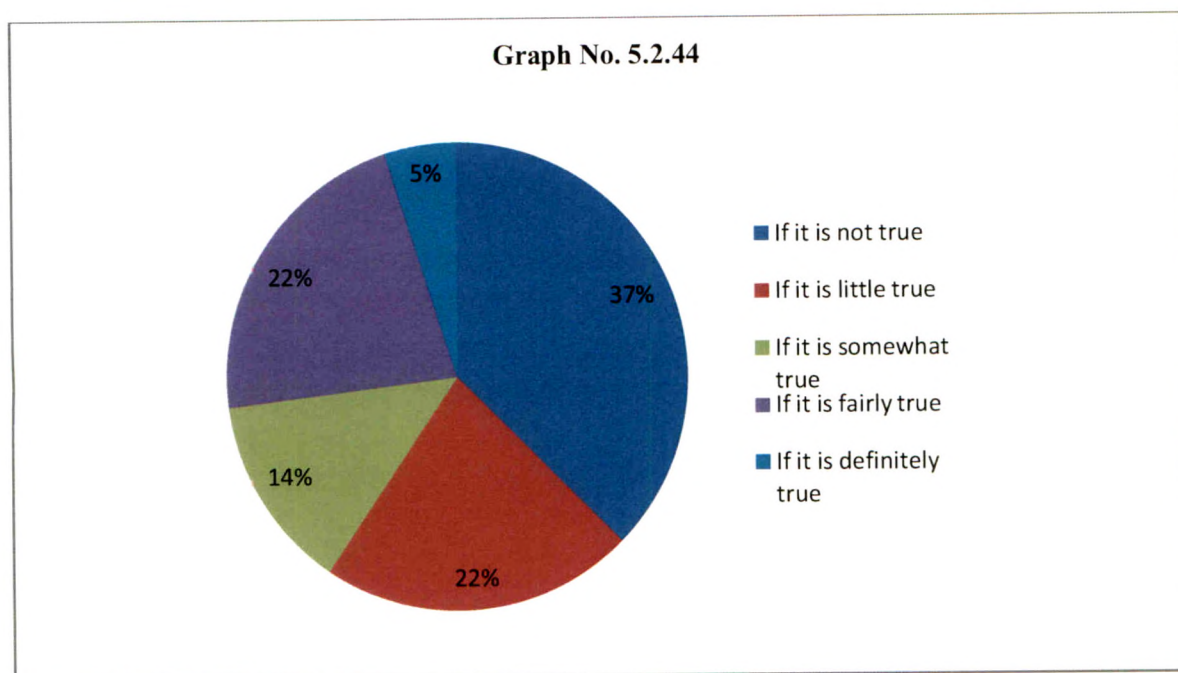


The above table and graph no. 5.2.43 shows that out of the total respondents; 29% of the respondents have responded as it is not true that they feel difficulty in maintaining relationship with superior; 16% have responded as it is little true; 21 % have responded as it is somewhat true; 31% have responded as it is fairly true and 4% of the respondents have responded as it is definitely true that they feel difficulty in maintaining relationship with superior.

Thus it may be concluded that more than half of the doctors are feeling difficulty in maintaining the relationship with superiors. Whereas the reverse is true for other respondents.

## Jealousy and Unhealthy Competition :

S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
40	I feel the jealousy and competition hinders performance amongst colleagues.	No. of Respondents	75	44	27	44	10	200
		%	37.5	22	13.5	22	5	100

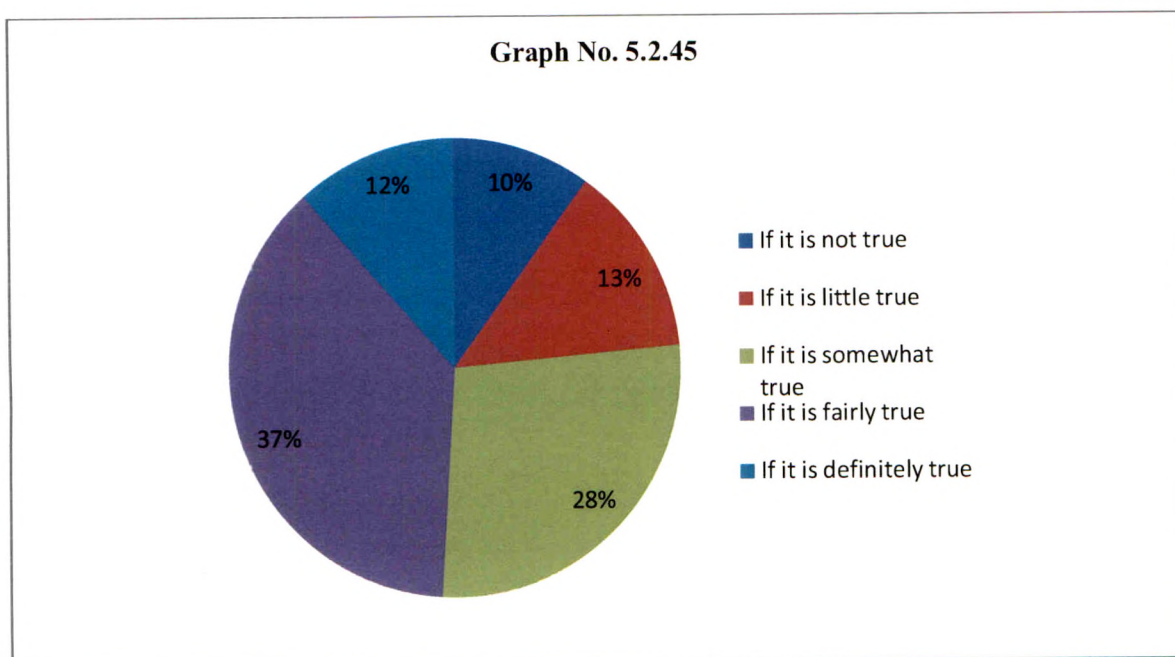


From the above table and graph no. 5.2.44 it is observed that out of the total respondents; 37% of the respondents have responded as it is not true that they feel the jealousy and competition hinders performance amongst colleagues; 22% have responded as it is little true; 14% have responded as it is somewhat true; 22% have responded as it is fairly true and 5% of the respondents have responded as it is definitely true that feel the jealousy and competition hinders performance amongst colleagues.

Thus it may be concluded that majority of doctors do not feel the jealousy and competition. Doctors are in such a profession where they have to deal with the life of the patients, if they are feeling jealousy and competition they are not able to focus on their patients.

**Inability to Match Skills :**

Table No. 5.2.45								
S.No	Statement	Response	If it is not true	If it is little true	If it is somewhat true	If it is fairly true	If it is definitely true	Total
43	I am unable to make full use of my skills and ability	No. of Respondents	20	27	55	75	23	200
		%	10	13.5	27.5	37.5	11.5	100



Above table and graph no. 5.2.45 shows that out of the total respondents; 10% of the respondents have responded as it is not true that they are unable to make full use of their skills and ability feel there is discrimination and favoritism in their organization; 13% have responded as it is little true; 28 % have responded as it is somewhat true; 37% have responded as it is fairly true and 12% of the respondents have responded as it is definitely true that they are unable to make full use of their skills and ability.

Thus it may be concluded that majority of the doctors feel that they are unable to make full use of their skills and ability.

### **5.3 SECTION C: OBJECTIVE WISE ANALYSIS AND INTERPRETATION OF RESULTS AND TESTING OF STATED HYPOTHESES.**

#### **5.3.1 Objective No. 1: To study the various factors related to Work-Life Imbalances amongst Doctors.**

**Factor Analysis:** Factor analysis is a very popular multivariate statistical technique to analyze interdependence. Factor analysis studies the entire set of interrelationships without defining variables to be dependent or independent. Factor analysis is a useful method to reduce a large no. of variables resulting in data complexity to a few manageable factors. These factors explain most part of the variations of original set of data. Mathematically, a factor is a linear combination of variables. The technique helps in identifying the underlying structure of the data.

Factor analysis is applied as a data reduction or structure detection method. Factors are formed by grouping the variables that have correlation with each other. The factors are extracted from the correlation matrix based on the correlation coefficients of the variables. The factors are rotated in order to maximize the relationship between the variables and some of the factors.

A factor with an Eigen value less than 1 is not as important, from a covariance perspective, as an observed variable. Factor analysis is applied on the response of the respondents towards various statements related to work life balance issues. There are 14 statements to know if really there is imbalance between work life and personal life.

In this case there were 4 factors with eigen values greater than 1. Factor 1 (Physical and Mental Stress) account for 20.554 % of variability in all 14 variables of Work Life Balance, Factor 2 (Personal Needs and Time Management) account for 34.690% of variability in all 14 variables, Factor 3 (Role Overload and Family Support) account for 46.212 % of variability in all 14 variables, Factor 4 (Work Itself) account for 56.930% of variability in all 14 variables.

Factor segmentation was done and it is explained through the correlation values derived from the communalities table.



**Table No. 5.3.1**

<b>Total Variance Explained</b>						
Component	Initial Eigen values			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.371	31.224	31.224	2.878	20.554	20.554
2	1.399	9.990	41.213	1.979	14.136	34.690
3	1.194	8.531	49.745	1.613	11.522	46.212
4	1.006	7.186	56.930	1.500	10.718	56.930
5	.972	6.940	63.870			
6	.880	6.289	70.160			
7	.729	5.209	75.369			
8	.619	4.420	79.788			
9	.584	4.170	83.958			
10	.544	3.885	87.843			
11	.502	3.586	91.429			
12	.480	3.429	94.858			
13	.382	2.726	97.583			
14	.338	2.417	100.000			

Extraction Method: Principal Component Analysis.

**Table No. 5.3.2**

<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.818
Bartlett's Test of Sphericity	Approx. Chi-Square	691.792
	Df	91
	Sig.	.000

**Naming of the factors:** The entire four factors extracted have been given the names on the basis of variables included in each case. By considering the factor loading, all statements are loaded on four factors. Table No. 5.3.3 below shows the classification of the variables showing work life imbalances into 4 different factors.

**Table No. 5.3.3**

<b>Naming the factors revealing the imbalance between work and personal life among the Doctors</b>					
<b>Factor No.</b>	<b>Name of the Factor</b>	<b>Statement No.</b>	<b>Statements</b>	<b>Factor Loadings</b>	<b>Total Factor Loads</b>
1	Physical and Mental Stress	25	I am not able to attend to my household requirements	0.688	<b>3.865</b>
		4	I feel tired or depressed due to work.	0.687	
		6	I feel that balancing work life creates an impact on my mental and Physical Stress	0.651	
		5	I feel that demands of work affect my home/personal life	0.644	
		12	I do not get time for exercise and take care of my health	0.598	
		31	I do not get proper time for professional development and self development.	0.597	
2	Personal Needs and Time Management	21	I can adjust my working schedule to attend to my life priorities	0.776	<b>2.181</b>
		22	I do not get time for my sick partner/child/parents/friends	0.774	
		1	I am able to balance my work life.	0.631	
3	Workload and Family Support	17	I often take additional work to home.	0.809	<b>1.987</b>
		44	I do not get emotional support from my family	0.675	
		19	I get the opportunity to enjoy holidays with my family.	0.503	
4	Work Itself	33	I have time pressure and deadlines to meet	0.786	<b>1.546</b>
		34	It is difficult for me to distance myself from my work	0.760	

**Factor 1: Physical and Mental Stress :**

6 statements out of 14 statements with factor loading 3.865 reveals that due to the pressure of work doctors feel tired and depressed and do not get time for their personal and professional development. Due to mental strain the physical and mental health of doctors has been affected and they are not able to find time to take care of their health aspects.

**Factor 2: Personal Needs and Time Management :**

3 statements out of 14 statements with factor loading 2.181 reveals that due to lack of time and less flexibility in their working schedule doctors are not able to balance their personal and professional life.

**Factor 3: Workload and Family Support :**

3 statements out of 14 statements with factor loading 1.987 reveal that workload and lack of support from the family will create work life imbalances amongst doctors.

**Factor 4: Work Itself :**

2 statements out of 14 statements with factor loading 1.546 reveal that due to increased time pressure and deadlines, it becomes very difficult for the doctors to distant themselves from work and thus it will lead to create imbalances in their personal and professional life.

**5.3.2 Objective No. 2: To identify critical components of Work-Life Balance vis-à-vis Organization Wellness.**

<b>Table No. 5.3.4</b>		
<b>Factor No.</b>	<b>Name of the Factor</b>	<b>Factor Loading</b>
1	Physical and Mental Stress	3.865
2	Personal Needs and Time Management	2.181
3	Role Overload and Family Support	1.987
4	Work Itself	1.546
	<b>Total</b>	<b>9.579</b>

From the above table it is clear that out of the four identified factors affecting the work life balance of doctors, physical and mental stress with highest factor loading 3.865, Personal needs and time management with factor loading 2.181, Workload and family support with factor loading 1.987 and work itself with factor loading 1.546. High factor loading indicates that factor is most responsible for creating the imbalances in the work and life of the doctors, thus it is said that physical and mental stress is the most dominant predictor of imbalances in the work and life of the doctors. Due to mental strain the physical and mental health of Doctors has been affected and they are not able to find time to take care of their health aspects. Due to acute depression on their part they are not able to enjoy their work

In the backdrop of preceding remarks it may be concluded that physical and mental stress is the most critical factor responsible for imbalances in the work and life of the doctors. If physical and mental stress of doctors is reduced and other factors creating imbalances in their personal and professional life as discussed above is controlled doctors will be able to manage their work- life and thus able to give their best to the organization that will lead to improve the wellness of the organization.

**5.3.3 Objective No. 3: To study the impact of Work-Life Imbalances on Morale, Satisfaction and Performance of Doctors.**

**Correlation between Work Life Imbalance and Satisfaction of Doctors**

		<b>WLB</b>	<b>Satisfaction</b>
<b>WLB</b>	<b>Pearson Correlation</b>	<b>1</b>	<b>-.791**</b>
	<b>Sig. (2-tailed)</b>		<b>.000</b>
	<b>N</b>	<b>200</b>	<b>200</b>
<b>Satisfaction</b>	<b>Pearson Correlation</b>	<b>-.791**</b>	<b>1</b>
	<b>Sig. (2-tailed)</b>	<b>.000</b>	
	<b>N</b>	<b>200</b>	<b>200</b>
** . Correlation is significant at the 0.01 level (2-tailed).			

Table No. 5.3.5 shows the correlation relationship between the work-life imbalance and satisfaction of doctors. There is a high degree negative correlation between work-life imbalance and satisfaction of doctors and its value is -.791. This shows that satisfaction level of doctor's decreases with the increase in imbalances in their personal and professional life. P-value is 0.00 which is less than 0.05. Hence null hypotheses H1: There is no significant impact of Work Life Imbalance on Satisfaction level of doctors is rejected. Thus it may be said that there is a significant impact of work life imbalance on the satisfaction level of doctors.

**Correlation between Work Life Imbalance and Morale of Doctors**

		<b>WLB</b>	<b>Morale</b>
<b>WLB</b>	<b>Pearson Correlation</b>	<b>1</b>	<b>-.677**</b>
	<b>Sig. (2-tailed)</b>		<b>.000</b>
	<b>N</b>	<b>200</b>	<b>200</b>
<b>Morale</b>	<b>Pearson Correlation</b>	<b>-.677**</b>	<b>1</b>
	<b>Sig. (2-tailed)</b>	<b>.000</b>	
	<b>N</b>	<b>200</b>	<b>200</b>
** . Correlation is significant at the 0.01 level (2-tailed).			

Table 5.3.6 shows the correlation relationship between the work-life imbalance and morale of doctors. There is a moderate degree negative correlation between work-life imbalance and morale of doctors and its value is -.677. This shows that morale of doctor's decreases with the increase in imbalances in their personal and professional life. P-value is 0.00 which is less than 0.05. Hence null hypotheses H2: There is no significant impact of Work Life Imbalance on Morale of doctors is rejected. Thus it may be said that there is a significant impact of work life imbalances on the morale of doctors.

**Correlation between Work Life Imbalance and Performance of Doctors**

<b>Table No. 5.3.7</b>			
		<b>WLB</b>	<b>Performance</b>
<b>WLB</b>	<b>Pearson Correlation</b>	1	-.640**
	<b>Sig. (2-tailed)</b>		.000
	<b>N</b>	200	200
<b>Performance</b>	<b>Pearson Correlation</b>	-.640**	1
	<b>Sig. (2-tailed)</b>	.000	
	<b>N</b>	200	200
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 5.3.7 shows the correlation relationship between the work-life imbalances and performance of doctors. There is a moderate degree negative correlation between work-life imbalance and performance of doctors and its value is -.640. This shows that performance of doctor's decreases with the increase in imbalances in their personal and professional life. P-value is 0.00 which is less than 0.05. Hence null hypotheses H3: There is no significant impact of Work Life Imbalance on performance of doctors is rejected. Thus it may be said that there is a significant impact of work life imbalance on the performance of doctors.

**Table No. 5.3.8: Mean Value of impact of Work Life Balance on Morale, Satisfaction and Performance of Doctors**

Group Statistics					
	WLB	N	Mean	Std. Deviation	Std. Error Mean
Satisfaction	>= 27.00	103	23.4466	4.74389	.46743
	< 27.00	97	30.9794	5.55836	.56437
Morale	>= 27.00	103	19.3981	4.42883	.43639
	< 27.00	97	26.7526	5.78257	.58713
Performance	>= 27.00	103	17.1068	4.41680	.43520
	< 27.00	97	23.2165	5.56632	.56517

\* High value of WLB indicates that work life balance is low i.e. the presence of work life imbalance

\*High value of Satisfaction, Morale and Performance indicates that satisfaction, morale and performance is high

**Table No. 5.3.9**

Independent Sample Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Satisfaction	Equal variances assumed	3.085	.081	-10.328	198	.000	-7.53278	.72934	-8.97105	-6.09451
	Equal variances not assumed			-10.279	189.122	.000	-7.53278	.73280	-8.97830	-6.08726
Morale	Equal variances assumed	8.079	.005	-10.133	198	.000	-7.35452	.72582	-8.78584	-5.92319
	Equal variances not assumed			-10.053	179.737	.000	-7.35452	.73154	-8.79804	-5.91100
Performance	Equal variances assumed	5.900	.016	-8.624	198	.000	-6.10970	.70844	-7.50676	-4.71263
	Equal variances not assumed			-8.565	183.032	.000	-6.10970	.71332	-7.51708	-4.70232

Table no. 5.3.8 shown above indicates the descriptive table which shows that no. of doctors having work life balance value more than or equal to 27 is 103 and no. of doctors having WLB value less than 27 are 97. Here higher value of WLB indicated that work life balance is low and imbalances are more.

**H1: There is no significant impact of work life imbalance on satisfaction of doctors :**

Table no 5.3.9 shows that the p value is less than .05, so the stated hypothesis stands rejected. It means that there is a significant impact of work life imbalances on satisfaction of doctors. From table no 5.3.8 the mean values show that lower the Work life imbalances (WLB), higher is the satisfaction. As it is shown in the table no. 5.3.8, for higher value of work life imbalances, mean value of the satisfaction of doctors is (23.4466) and for lesser value of WLB, mean value is 30.9794. This shows that satisfaction level decreases with the increase in imbalances in personal and professional life of doctors.

**H2: There is no significant impact of work-life imbalance on morale of the doctors.**

Table no 5.3.9 shows that the p value is less than .05, so the stated hypothesis H2 stands rejected. It means that work life imbalance may have significant impact on the morale of the doctors. From table no. 5.3.8 the mean value shows that lesser the imbalances in the Work life, higher are the morale of the doctors. It indicates that that mean value of morale for higher value of work life imbalance are 19.3981 and for lower value of WLB it is 26.7526. This shows that morale of the doctors increases with the decrease in imbalances in their personal and professional life.

**H3: There is no significant impact of work-life imbalance on performance of the doctors.**

Table No 5.3.9 shows that p value less than 0.05, it shows that null hypotheses H3 is rejected. This shows that there is a significant impact of work life imbalance on the performance of the doctors.

As it is shown in the table no. 5.3.8, for higher value of work life imbalances (WLB), mean value of the performance of doctors is (17.1068) and for lower value of WLB, mean value is 23.2165. This shows that lower the imbalances higher the performance of doctors.

Thus it may be concluded that work life imbalance has a significant impact on the morale satisfaction and performance of the doctors. Lower the imbalances, higher the satisfaction, morale and performance of the doctors



**5.3.4 Objective No. 4: To find out the Work Life Balance, Morale, Satisfaction and Performance of Doctors amongst various Demographic Variables.**

**a) Morale, Satisfaction, Performance and Work Life Balance by Gender :**

**Table No. 5.3.10: Mean Value of Work Life Balance, Morale, Satisfaction and Performance by Gender**

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
<b>WLB</b>	Female	69	26.4058	9.98870	1.20250
	Male	131	26.5954	8.83592	.77200
<b>Satisfaction</b>	Female	69	27.0435	6.46810	.77867
	Male	131	27.1298	6.35537	.55527
<b>Morale</b>	Female	69	23.6232	6.60459	.79510
	Male	131	22.6183	6.13998	.53645
<b>Performance</b>	Female	69	19.4058	6.02280	.72506
	Male	131	20.4198	5.76188	.50342

\*High mean value of WLB indicates that work life balance is low.

\*High mean value of Satisfaction, Morale and Performance indicates that Satisfaction, Morale and Performance is high.

**Table No. 5.3.11**

Independent Sample Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
<b>WLB</b>	Equal variances assumed	1.783	.183	-.138	198	.891	-.18962	1.37564	-2.90241	2.52316
	Equal variances not assumed			-.133	124.539	.895	-.18962	1.42898	-3.01785	2.63861
<b>Satisfaction</b>	Equal variances assumed	.033	.857	-.091	198	.928	-.08629	.95115	-1.96197	1.78939
	Equal variances not assumed			-.090	136.305	.928	-.08629	.95637	-1.97754	1.80496
<b>Morale</b>	Equal variances assumed	.320	.572	1.072	198	.285	1.00487	.93763	-.84415	2.85388
	Equal variances not assumed			1.048	129.919	.297	1.00487	.95915	-.89270	2.90244
<b>Performance</b>	Equal variances assumed	.382	.537	-1.165	198	.246	-1.01405	.87060	-2.73089	.70279
	Equal variances not assumed			-1.149	133.176	.253	-1.01405	.88269	-2.75996	.73185

**H4: There is no significant difference between the work life balance of male and female doctors.**

Table no 5.3.11 shows that p value is more than 0.05, it shows that stated null hypotheses H4 is accepted. This shows that there is no significant difference between the work life balance of male and female doctors. Thus it is said that gender of doctors do not affect their work life balance. Both male and female doctors facing the imbalances in their work and life and are not significantly different.

**H5: There is no significant difference between the satisfaction level of male and female doctors.**

Table No. 5.3.11 shows that significance value is more than 0.05, it shows that null hypotheses H5 is accepted. This shows that there is no significant difference between the satisfaction level of male and female doctors.

**H6: There is no significant difference between the morale of male and female doctors.**

Table No. 5.3.11 shows that p value is more than 0.05, it shows that stated null hypotheses H6 is accepted. This shows that there is no significant difference between the morale of male and female doctors.

**H7: There is no significant difference between the performance of male and female doctors.**

Table No. 5.3.11 shows that p value is more than 0.05, it shows that null hypotheses H7 is accepted. It means that there is no significant difference between the performance of male and female doctors.

Thus it may be concluded that there is no significant impact of gender on the work life balance, morale, satisfaction and performance of the doctors.

**b) Morale, Satisfaction, Performance and Work Life Balance  
by Marital Status**

**Table No. 5.3.12: Mean Value of Work Life Balance, Morale, Satisfaction and Performance by Marital Status**

Group Statistics					
Status		N	Mean	Std. Deviation	Std. Error Mean
WLB	Married	137	25.0730	9.23121	.78868
	Unmarried	63	29.6984	8.44648	1.06416
Satisfaction	Married	137	28.2117	6.33087	.54088
	Unmarried	63	24.6825	5.83047	.73457
Morale	Married	137	23.9781	6.32975	.54079
	Unmarried	63	20.7619	5.70431	.71868
Performance	Married	137	21.1022	6.05281	.51713
	Unmarried	63	17.8254	4.72311	.59506

\* High mean value of WLB indicates that work life balance is low.

\*High mean value of Satisfaction, Morale and Performance indicates that Satisfaction, Morale and Performance are high.

**Table No. 5.3.13**

Independent Sample Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
WLB	Equal variances assumed	1.055	.306	-3.379	198	.001	-4.62542	1.36893	-7.32498	-1.92586
	Equal variances not assumed			-3.492	130.822	.001	-4.62542	1.32455	-7.24573	-2.00511
Satisfaction	Equal variances assumed	.256	.614	3.752	198	.000	3.52914	.94052	1.67441	5.38387
	Equal variances not assumed			3.869	130.030	.000	3.52914	.91222	1.72442	5.33386
Morale	Equal variances assumed	1.116	.292	3.441	198	.001	3.21620	.93477	1.37281	5.05959
	Equal variances not assumed			3.576	132.695	.000	3.21620	.89941	1.43715	4.99524
Performance	Equal variances assumed	6.974	.009	3.796	198	.000	3.27679	.86312	1.57470	4.97889
	Equal variances not assumed			4.156	151.594	.000	3.27679	.78836	1.71920	4.83438

Table No. 5.3.12 indicates that out of 200 doctors 137 were married and 63 doctors are not married.

**H8: There is no significant difference between the work life balance of married and unmarried doctors.**

Table no. 5.3.13 represents the result of Independent t-test indicates that significance value is less than 0.05, it shows that null hypotheses H8 is rejected. This shows that there is a significant difference between the work life balance of married and unmarried doctors. From table no. 5.3.12 the results of mean value of Work life balance of married doctors is 25.0730 and unmarried doctors is 29.6984 (High value of WLB indicates work life balance is low), it shows that work life balance amongst married doctors is better than unmarried doctors.

**H9: There is no significant difference between the satisfaction of married and unmarried doctors.**

Table No. 5.3.13 shows that p value is less than 0.05, it indicates that null hypotheses H9 is rejected. This shows that there is a significant difference between the satisfaction of married and unmarried doctors. From table no. 5.3.12 the mean value of Satisfaction of married doctors is 28.2117 and unmarried doctors are 27.0952, it shows that satisfaction level of married doctors is comparatively higher than unmarried doctors.

**H10: There is no significant difference between the morale of married and unmarried doctors.**

Significance value i.e. p value less than 0.05, it shows that null hypotheses H10 is rejected. This shows that there is a significant difference between the morale of married and unmarried doctors.

Table No. 5.3.12 indicates that mean value of morale of married doctors is 23.9781 and unmarried doctors is 20.7619, it shows that morale of married doctors is higher than unmarried doctors.

**H11: There is no significant difference between the performance of married and unmarried doctors.**

Significance value i.e. p value is less than 0.05; it shows that null hypotheses H11 is rejected. This shows that there is a significant difference between the performance of married and unmarried doctors.

Table No. 5.3.12 indicates that mean value of performance of doctors who are married is 21.1022 and unmarried is 17.8254. It shows that performance of married doctors is better and less affected than unmarried doctors.

Thus it may be concluded that marital status of the doctors may have significant impact on their work life balance, satisfaction, morale and performance of the doctors. It is observed from the mean values that work life balance, morale, satisfaction and performance of married doctors is better and less affected than unmarried ones.

### c) Morale, Satisfaction, Performance and Work Life Balance by Age Distribution

**Table No. 5.3.14: Mean Value of Work Life Balance, Morale, Satisfaction and Performance by Age Distribution**

		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
<b>WLB</b>	21-30	81	29.7407	8.16207	.90690	27.9360	31.5455	11.00	46.00
	31-40	68	25.7941	8.87989	1.07685	23.6447	27.9435	4.00	43.00
	41-50	30	24.7667	9.81443	1.79186	21.1019	28.4314	6.00	40.00
	51 & above	21	19.0476	8.33352	1.81852	15.2542	22.8410	4.00	35.00
	Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00
<b>Satisfaction</b>	21-30	81	24.9506	5.84573	.64953	23.6580	26.2432	14.00	39.00
	31-40	68	27.6029	6.21539	.75373	26.0985	29.1074	14.00	42.00
	41-50	30	28.7000	5.80814	1.06042	26.5312	30.8688	19.00	40.00
	51 & above	21	31.4762	6.80161	1.48423	28.3801	34.5722	15.00	44.00
	Total	200	27.1000	6.37836	.45102	26.2106	27.9894	14.00	44.00
<b>Morale</b>	21-30	81	21.3580	6.09571	.67730	20.0102	22.7059	11.00	36.00
	31-40	68	22.5588	5.88036	.71310	21.1355	23.9822	10.00	37.00
	41-50	30	25.8333	6.14247	1.12146	23.5397	28.1270	16.00	37.00
	51 & above	21	26.3810	6.39121	1.39468	23.4717	29.2902	15.00	40.00
	Total	200	22.9650	6.30576	.44588	22.0857	23.8443	10.00	40.00
<b>Performance</b>	21-30	81	17.4321	4.76691	.52966	16.3780	18.4861	9.00	33.00
	31-40	68	20.4118	5.20400	.63108	19.1521	21.6714	8.00	33.00
	41-50	30	22.8333	5.65736	1.03289	20.7208	24.9458	12.00	35.00
	51 & above	21	25.1905	6.77214	1.47780	22.1078	28.2731	9.00	34.00
	Total	200	20.0700	5.85804	.41423	19.2532	20.8868	8.00	35.00

**Table No. 5.3.15**

Anova						
		Sum of Squares	Df	Mean Square	F	Sig.
<b>WLB</b>	Between Groups	2140.828	3	713.609	9.454	.000
	Within Groups	14794.992	196	75.485		
	Total	16935.820	199			
<b>Satisfaction</b>	Between Groups	870.380	3	290.127	7.870	.000
	Within Groups	7225.620	196	36.865		
	Total	8096.000	199			
<b>Morale</b>	Between Groups	712.254	3	237.418	6.463	.000
	Within Groups	7200.501	196	36.737		
	Total	7912.755	199			
<b>Performance</b>	Between Groups	1351.268	3	450.423	16.117	.000
	Within Groups	5477.752	196	27.948		
	Total	6829.020	199			

Table no. 5.3.14 above indicates the descriptive table which shows that there were four age group. Out of total 200 doctors, 81 doctors are in age group 21-30 yrs, 68 doctors are in age group 31-40 yrs, 30 doctors are in age group 41-50 years and 21 doctors are in age group 51 & above years.

Table no 5.3.15 shows the anova table indicates the F -Value for morale, satisfaction, performance and work life balance of doctors by age.

**H12: There is no significant relationship between the age and the work life balance of doctors.**

F-Value for work life balance is 9.454 and p value is less than 0.05 which means that null hypotheses H12 is rejected. This shows that there is a significant relationship between the age and work life balance of the doctors. Table No. 5.3.14 indicates that mean value of Work Life Balance of doctors in age group 21-30 yrs (29.7407) and 31-40 yrs (25.7941) is comparatively higher than doctors in age group 41-50 yrs (24.7667) and 51 & above years (19.0476). Here higher mean value of WLB indicates the low balance in personal and professional life of doctors. Thus it may be said that work life balance of doctors increases with the increase in their age.

**H13: There is no significant relationship between the age and the satisfaction of doctors.**

F-Value for satisfaction is 7.870 and p value is less than 0.05 which means that stated hypotheses H13 is rejected. This shows that there is a significant relationship between the age and satisfaction of the doctors. Table No. 5.3.14 indicates that mean value of satisfaction of doctors in age group 21-30 yrs (24.9506), 31-40 yrs (27.6029), 41-50 yrs (28.7000) and 51 & above yrs (31.4762). Here the higher mean value of satisfaction indicates the high satisfaction level of doctors on the basis of their age distribution. Thus it may be said that satisfaction of doctors increases with the increase in their age.

**H14: There is no significant relationship between the age and the morale of doctors.**

F-Value for morale is 6.463 and p value is less than 0.05 which means that stated hypotheses H14 is rejected. This shows that there is a significant relationship between the age and morale of the doctors. Table No. 5.3.14 shows that mean value of morale of doctors in age group 21-30 yrs (21.3580), 31-40 yrs (22.5588), 41-50 yrs (25.8333) and 51 & above yrs (26.3810). Thus it may be said that morale of doctors increases with the increase in their age.

**H15: There is no significant relationship between the age and the performance of doctors.**

F-Value for performance is 16.117 and p value is less than 0.05 which means that null hypotheses H15 is rejected it means that there is a significant relationship between the age and performance of the doctors. Table No. 5.3.14 indicates that mean value of performance of doctors in age group 21-30 yrs (17.4321), 31-40 yrs (20.4118), 41-50 yrs (22.8333) and 51 & above years (25.1905). This indicates that performance of doctors is less affected with the increase in their age.

Thus it may be concluded that there is a significant impact of age on the work life balance, morale, satisfaction and performance of doctors. It is observed from the mean values that work life balance, morale, satisfaction and performance of doctor's increases with the increase in their age.

**d) Morale, Satisfaction, Performance and Work Life Balance by Experience**  
**Table No. 5.3.16: Mean Value of Morale, Satisfaction, Performance and Work Life Balance by Experience**

		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
<b>WLB</b>	0-5 yrs	107	28.9720	8.10015	.78307	27.4194	30.5245	10.00	46.00
	6-10 yrs	59	25.7288	9.76946	1.27188	23.1829	28.2747	4.00	43.00
	11-15 yrs	9	21.3333	10.44031	3.48010	13.3082	29.3585	4.00	35.00
	16-20 yrs	7	15.4286	8.84792	3.34420	7.2456	23.6115	6.00	31.00
	21-25 yrs	8	25.7500	5.52268	1.95256	21.1329	30.3671	18.00	35.00
	26 & above yrs	10	18.2000	6.74619	2.13333	13.3741	23.0259	9.00	27.00
	Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00
<b>Satisfaction</b>	0-5 yrs	107	25.9907	6.46105	.62461	24.7523	27.2290	14.00	42.00
	6-10 yrs	59	26.5932	4.93796	.64287	25.3064	27.8801	15.00	39.00
	11-15 yrs	9	31.2222	7.96520	2.65507	25.0996	37.3448	19.00	44.00
	16-20 yrs	7	34.0000	5.35413	2.02367	29.0483	38.9517	26.00	40.00
	21-25 yrs	8	27.6250	6.90626	2.44173	21.8512	33.3988	15.00	35.00
	26 & above yrs	10	33.0000	5.37484	1.69967	29.1551	36.8449	25.00	40.00
	Total	200	27.1000	6.37836	.45102	26.2106	27.9894	14.00	44.00
<b>Morale</b>	0-5 yrs	107	21.7570	6.10728	.59041	20.5865	22.9276	11.00	36.00
	6-10 yrs	59	23.2542	5.79415	.75433	21.7443	24.7642	10.00	37.00
	11-15 yrs	9	26.4444	7.36735	2.45578	20.7814	32.1075	16.00	36.00
	16-20 yrs	7	29.5714	6.80336	2.57143	23.2794	35.8635	22.00	40.00
	21-25 yrs	8	22.5000	4.40779	1.55839	18.8150	26.1850	16.00	30.00
	26 & above yrs	10	26.8000	6.98888	2.21008	21.8005	31.7995	15.00	35.00
	Total	200	22.9650	6.30576	.44588	22.0857	23.8443	10.00	40.00
<b>Performance</b>	0-5 yrs	107	18.4579	5.21478	.50413	17.4585	19.4574	9.00	33.00
	6-10 yrs	59	20.5763	5.34404	.69573	19.1836	21.9689	8.00	35.00
	11-15 yrs	9	22.5556	7.77996	2.59332	16.5753	28.5358	12.00	34.00
	16-20 yrs	7	27.2857	4.15188	1.56926	23.4459	31.1256	22.00	34.00
	21-25 yrs	8	22.5000	8.34951	2.95200	15.5196	29.4804	9.00	31.00
	26 & above yrs	10	25.1000	4.72464	1.49406	21.7202	28.4798	19.00	34.00
	Total	200	20.0700	5.85804	.41423	19.2532	20.8868	8.00	35.00



**Table No. 5.3.17**

<b>Anova</b>						
		<b>Sum of Squares</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
<b>WLB</b>	Between Groups	2480.429	5	496.086	6.658	.000
	Within Groups	14455.391	194	74.512		
	Total	16935.820	199			
<b>Satisfaction</b>	Between Groups	983.342	5	196.668	5.364	.000
	Within Groups	7112.658	194	36.663		
	Total	8096.000	199			
<b>Morale</b>	Between Groups	724.350	5	144.870	3.910	.002
	Within Groups	7188.405	194	37.054		
	Total	7912.755	199			
<b>Performance</b>	Between Groups	1013.502	5	202.700	6.762	.000
	Within Groups	5815.518	194	29.977		
	Total	6829.020	199			

Table no. 5.3.16 indicates the descriptive table which shows that there were six categories of doctors on the basis of experience. Out of total 200 doctors, 107 doctors are having an experience of 0-5 yrs, 59 doctors are having an experience of 6-10 yrs, 9 doctors are having an experience of 11-15 yrs, 7 doctors having an experience of 16-20yrs, 8 doctors having 21-25 yrs experience and 10 doctors are having an experience of 26 & more years.

Table no 5.3.17 above shows the anova table indicates the F-value for morale, satisfaction, performance and work life balance by experience.

**H16: There is no significant relationship between experience and work life balance of the doctors.**

F-Value for work life balance is 6.658 and significance is 0.00 which means that null hypotheses H16 is rejected. This shows that there is a significant relationship between the experience and the work life balance of the doctors. Thus it is said that experience of doctors have significant impact on their work life balance.

Table No. 5.3.16 indicates that mean value for Work Life Balance of doctors having an experience of 0-5 yrs is (28.9720), 6-10 yrs (25.7288), 11-15 yrs (21.3333), 16-20 yrs (15.4286), 21-25 yrs (25.7500), 26 & above years (18.2000). Here the higher mean value of work life balance indicates the low balance in personal and professional life of doctors on the basis of their experience. This indicates that work life balance amongst the doctors having an experience of 0-5 yrs, 6-10 yrs, 11-15 yrs and 21-25 yrs is low as compared to doctors having an experience of 16-20 yrs and 26 & above years. Thus it may be concluded that work life balance is more amongst the doctors in the age group 16-20 years whereas it is less amongst the doctors in the age group 0-5 years.

**H17: There is no significant relationship between experience and satisfaction of the doctors.**

F-Value for satisfaction is 5.364 and significance is 0.000 which means that null hypotheses H17 is rejected. This shows that there is a significant relationship between the experience and the satisfaction of the doctors.

Table No. 5.3.16 indicates that mean value for satisfaction of doctors having an experience of 0-5 yrs is (25.9907), 6-10 yrs (26.5932), 11-15 yrs (31.2222), 16-20 yrs (34.0000), 21-25 yrs (27.6250), 26 & above years (33.0000). Here the higher mean value of satisfaction indicates the high satisfaction level of doctors on the basis of their experience. This indicates that satisfaction level of the doctors having an experience of 0-5 yrs, 6-10 yrs and 21-25 yrs is low as compared to doctors having an experience of 11-15 yrs, 16-20 yrs and 26 & above years. Thus it may be concluded that satisfaction level of doctors having an experience of 16-20 yrs is highest and having an experience of 0-5 yrs is lowest of all the doctors.

**H18: There is no significant relationship between experience and morale of the doctors.**

F-Value for morale is 3.910 and significance is 0.002 which means that null hypotheses H18 is rejected. This shows that there is a significant relationship between the experience and the morale of the doctors.

Table no. 5.3.16 indicates that mean value for morale of doctors having an experience of 0-5 yrs (21.7570), 6-10 yrs (23.2542), 11-15 yrs (26.4444), 16-20 yrs (34.0000), 21-25 yrs (22.5000), 26 & above years (26.8000). This indicates that morale of the doctors having an experience of 0-5 yrs, 6-10 yrs and 21-25 yrs is low as compared to doctors having an experience of 11-20 yrs, 16-20 yrs and 26 & above years. Thus it is may be concluded that morale of doctors having an experience of 16-20 yrs is highest and having an experience of 0-5 yrs is lowest of all the doctors.

**H19: There is no significant relationship between experience and performance of the doctors.**

F-Value for performance is 6.762 and significance is 0.00 which means that null hypotheses H19 is rejected. This shows that there is a significant relationship between the experience and the performance of the doctors.

Table No. 5.3.16 indicates mean value of performance of doctors having an experience of 0-5 yrs (18.4579), 6-10 yrs (20.5763), 11-15 yrs (22.5556), 16-20 yrs (27.2857), 21-25 yrs (22.5000), 26 & above years (25.1000). This indicates that performance of the doctors having an experience of 0-5 yrs, 6-10 yrs and 21-25 yrs is low as compared to doctors having an experience of 11-20 yrs, 16-20 yrs and 26 & above years. Thus it may be concluded that performance of doctors having an experience of 16-20 yrs is less affected and having an experience of 0-5 yrs is more affected as compared to all the doctors.

Thus it may be concluded that there is a significant impact of experience on the Work life balance Morale, Satisfaction and Performance of the doctors. Work life balance, Morale, Satisfaction and Performance amongst doctors having an experience of 16-20 yrs. is highest and having an experience of 0-5 yrs is more affected as compared to all the other doctors.

**e) Work Life Balance, Morale, Satisfaction and Performance by Specialization of Doctors**

**Table No. 5.3.18: Mean Value of Work Life Balance, Morale, Satisfaction and Performance by Specialization of Doctors**

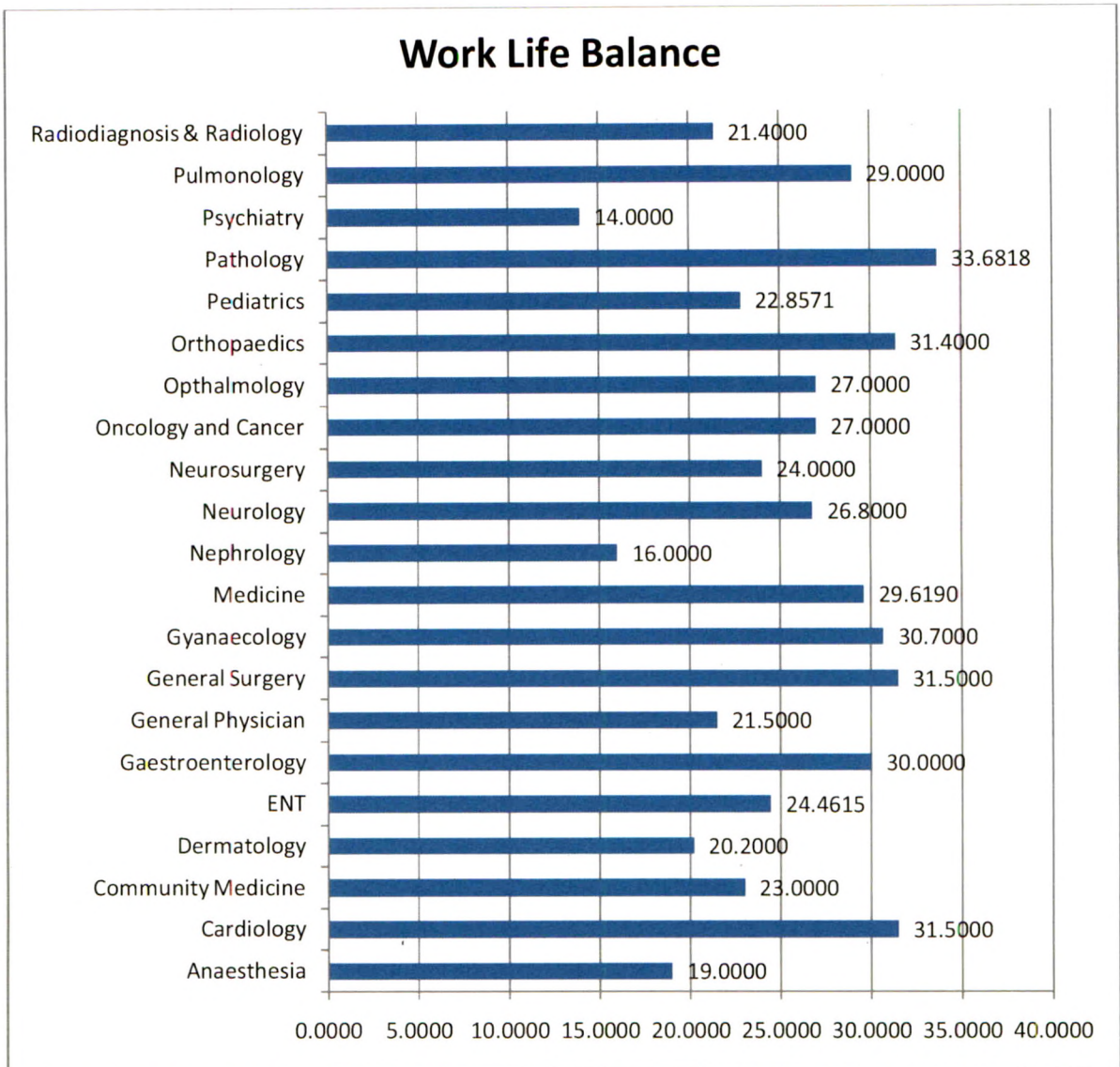
		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
<b>WLB</b>	Anaesthesia	6	19.0000	6.92820	2.82843	11.7293	26.2707	6.00	25.00
	Cardiology	2	31.5000	3.53553	2.50000	-.2655	63.2655	29.00	34.00
	Community Medicine	4	23.0000	4.89898	2.44949	15.2046	30.7954	17.00	27.00
	Dermatology	5	20.2000	13.21741	5.91101	3.7884	36.6116	9.00	43.00
	ENT	13	24.4615	8.31280	2.30555	19.4382	29.4849	11.00	37.00
	Gastroenterology	1	30.0000					30.00	30.00
	General Physician	32	21.5000	9.88645	1.74769	17.9356	25.0644	4.00	40.00
	General Surgery	10	31.5000	8.60555	2.72132	25.3440	37.6560	13.00	40.00
	Gynaecology	10	30.7000	5.43752	1.71950	26.8102	34.5898	20.00	38.00
	Medicine	42	29.6190	8.76232	1.35205	26.8885	32.3496	4.00	42.00
	Nephrology	1	16.0000					16.00	16.00
	Neurology	5	26.8000	7.08520	3.16860	18.0026	35.5974	18.00	35.00
	Neurosurgery	8	24.0000	7.32900	2.59119	17.8728	30.1272	11.00	34.00
	Oncology and Cancer	1	27.0000					27.00	27.00
	Ophthalmology	4	27.0000	5.22813	2.61406	18.6809	35.3191	22.00	32.00
	Orthopaedics	5	31.4000	6.10737	2.73130	23.8167	38.9833	26.00	39.00
	Pediatrics	21	22.8571	5.10182	1.11331	20.5348	25.1795	10.00	34.00
	Pathology	22	33.6818	9.12029	1.94445	29.6381	37.7255	12.00	46.00
	Psychiatry	1	14.0000					14.00	14.00
	Pulmonology	2	29.0000	15.55635	11.00000	-110.7683	168.7683	18.00	40.00
Radiodiagnosis & Radiology	5	21.4000	9.01665	4.03237	10.2043	32.5957	10.00	35.00	
Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00	
<b>Satisfaction</b>	Anaesthesia	6	29.8333	5.38207	2.19722	24.1852	35.4815	25.00	40.00
	Cardiology	2	26.0000	1.41421	1.00000	13.2938	38.7062	25.00	27.00
	Community Medicine	4	29.2500	7.08872	3.54436	17.9703	40.5297	24.00	39.00
	Dermatology	5	30.0000	9.24662	4.13521	18.5188	41.4812	14.00	36.00
	ENT	13	28.5385	5.93879	1.64712	24.9497	32.1272	19.00	39.00
	Gastroenterology	1	23.0000					23.00	23.00

	General Physician	32	28.9688	5.89414	1.04195	26.8437	31.0938	21.00	41.00
	General Surgery	10	25.0000	5.43650	1.71917	21.1110	28.8890	16.00	36.00
	Gynaecology	10	25.9000	4.30633	1.36178	22.8194	28.9806	19.00	31.00
	Medicine	42	24.9762	6.13462	.94659	23.0645	26.8879	14.00	44.00
	Nephrology	1	31.0000					31.00	31.00
	Neurology	5	31.0000	10.04988	4.49444	18.5214	43.4786	23.00	42.00
	Neurosurgery	8	29.2500	7.28501	2.57564	23.1596	35.3404	19.00	42.00
	Oncology and Cancer	1	28.0000					28.00	28.00
	Ophthalmology	4	28.0000	4.08248	2.04124	21.5039	34.4961	25.00	34.00
	Orthopaedics	5	27.6000	5.17687	2.31517	21.1721	34.0279	21.00	35.00
	Pediatrics	21	30.0000	3.86005	.84233	28.2429	31.7571	25.00	39.00
	Pathology	22	21.2727	6.30330	1.34387	18.4780	24.0675	15.00	38.00
	Psychiatry	1	40.0000					40.00	40.00
	Pulmonology	2	30.0000	7.07107	5.00000	-33.5310	93.5310	25.00	35.00
	Radiodiagnosis & Radiology	5	29.4000	4.66905	2.08806	23.6026	35.1974	24.00	36.00
	Total	200	27.1000	6.37836	.45102	26.2106	27.9894	14.00	44.00
<b>Morale</b>	Anaesthesia	6	24.1667	8.03534	3.28041	15.7341	32.5992	13.00	37.00
	Cardiology	2	23.0000	5.65685	4.00000	-27.8248	73.8248	19.00	27.00
	Community Medicine	4	23.0000	9.83192	4.91596	7.3552	38.6448	14.00	36.00
	Dermatology	5	28.0000	7.77817	3.47851	18.3421	37.6579	15.00	36.00
	ENT	13	25.1538	7.30121	2.02499	20.7418	29.5659	16.00	37.00
	Gastroenterology	1	20.0000					20.00	20.00
	General Physician	32	26.0625	4.71057	.83272	24.3642	27.7608	17.00	37.00
	General Surgery	10	22.5000	4.17000	1.31867	19.5170	25.4830	15.00	30.00
	Gynaecology	10	23.3000	5.94512	1.88001	19.0471	27.5529	15.00	33.00
	Medicine	42	20.2143	5.13969	.79307	18.6126	21.8159	15.00	36.00
	Nephrology	1	29.0000					29.00	29.00
	Neurology	5	21.6000	8.44393	3.77624	11.1155	32.0845	15.00	36.00
	Neurosurgery	8	25.6250	6.86477	2.42706	19.8859	31.3641	18.00	36.00
	Oncology and Cancer	1	18.0000					18.00	18.00
	Ophthalmology	4	21.0000	2.44949	1.22474	17.1023	24.8977	19.00	24.00
	Orthopaedics	5	20.8000	6.94262	3.10483	12.1796	29.4204	15.00	32.00
	Pediatrics	21	25.6667	3.29140	.71824	24.1684	27.1649	20.00	34.00
	Pathology	22	17.3182	5.89096	1.25596	14.7063	19.9301	10.00	31.00
	Psychiatry	1	33.0000					33.00	33.00
	Pulmonology	2	24.5000	10.60660	7.50000	-70.7965	119.7965	17.00	32.00
	Radiodiagnosis & Radiology	5	26.4000	7.70065	3.44384	16.8384	35.9616	21.00	40.00
	Total	200	22.9650	6.30576	.44588	22.0857	23.8443	10.00	40.00

<b>Performance</b>	Anaesthesia	6	23.3333	3.14113	1.28236	20.0369	26.6297	19.00	27.00
	Cardiology	2	20.0000	2.82843	2.00000	-5.4124	45.4124	18.00	22.00
	Community Medicine	4	20.7500	4.57347	2.28674	13.4726	28.0274	16.00	27.00
	Dermatology	5	25.6000	8.96103	4.00749	14.4734	36.7266	12.00	35.00
	ENT	13	20.0000	4.49073	1.24550	17.2863	22.7137	13.00	27.00
	Gastroenterology	1	23.0000					23.00	23.00
	General Physician	32	21.7813	6.48440	1.14629	19.4434	24.1191	8.00	34.00
	General Surgery	10	20.8000	5.28730	1.67199	17.0177	24.5823	13.00	29.00
	Gynaecology	10	19.1000	5.23768	1.65630	15.3532	22.8468	12.00	28.00
	Medicine	42	17.0476	4.10801	.63388	15.7675	18.3278	9.00	30.00
	Nephrology	1	28.0000					28.00	28.00
	Neurology	5	25.8000	6.90652	3.08869	17.2244	34.3756	17.00	33.00
	Neurosurgery	8	22.3750	6.94751	2.45631	16.5667	28.1833	14.00	32.00
	Oncology and Cancer	1	21.0000					21.00	21.00
	Ophthalmology	4	24.0000	7.87401	3.93700	11.4707	36.5293	13.00	31.00
	Orthopaedics	5	20.8000	6.30079	2.81780	12.9765	28.6235	14.00	29.00
	Pediatrics	21	20.7619	3.67294	.80150	19.0900	22.4338	16.00	31.00
	Pathology	22	15.9091	5.37994	1.14701	13.5238	18.2944	9.00	27.00
	Psychiatry	1	26.0000					26.00	26.00
	Pulmonology	2	22.5000	4.94975	3.50000	-21.9717	66.9717	19.00	26.00
	Radiodiagnosis & Radiology	5	22.8000	9.31128	4.16413	11.2385	34.3615	9.00	34.00
<b>Total</b>	<b>200</b>	<b>20.0700</b>	<b>5.85804</b>	<b>.41423</b>	<b>19.2532</b>	<b>20.8868</b>	<b>8.00</b>	<b>35.00</b>	

Table no. 5.3.18 indicates the descriptive table which shows that there were 21 categories of doctors on the basis of experience. Out of total 200 doctors, 6 doctors are having an specialization in Anaesthesia, 2 doctors are having an Cardiology, 4 doctors are having an specialization in Community Medicine, 5 having dermatology, 13 having ENT, 1 having Gastroenterology, 32 having General Physician, 10 having General Surgery, 10 having Gynecology, 42 having Medicine, 1 having Nephrology, 5 having Neurology , 8 having Neurosurgery, 1 having Oncology and Cancer, 4 having Ophthalmology, 5 having Orthopedics, 21 having Pediatrics, 22 having Pathology, 1 having Psychiatry, 2 having Pulmonology and 5 having specialization in Radiodiagnosis & Radiology.

Graph No. 5.3.1



The above graph no. 5.3.1 indicates that the mean value of Work Life Balance of doctors according to the specialty on horizontal axis and vertical axis represents the specialty of the doctors. Higher mean value of WLB indicates that work life balance is low. Thus it is said that doctors with specialization in Pathology, General Surgery, Cardiology, Gastroenterology, Gynecology, and Medicine have low balance in their personal and professional life as compared to doctors with other specialization. Work life balance is more amongst doctors with specialization in psychiatry, nephrology, anesthesia, dermatology, general physician, radio diagnosis & radiology, pediatrics and others as shown in graph no. 5.3.1.

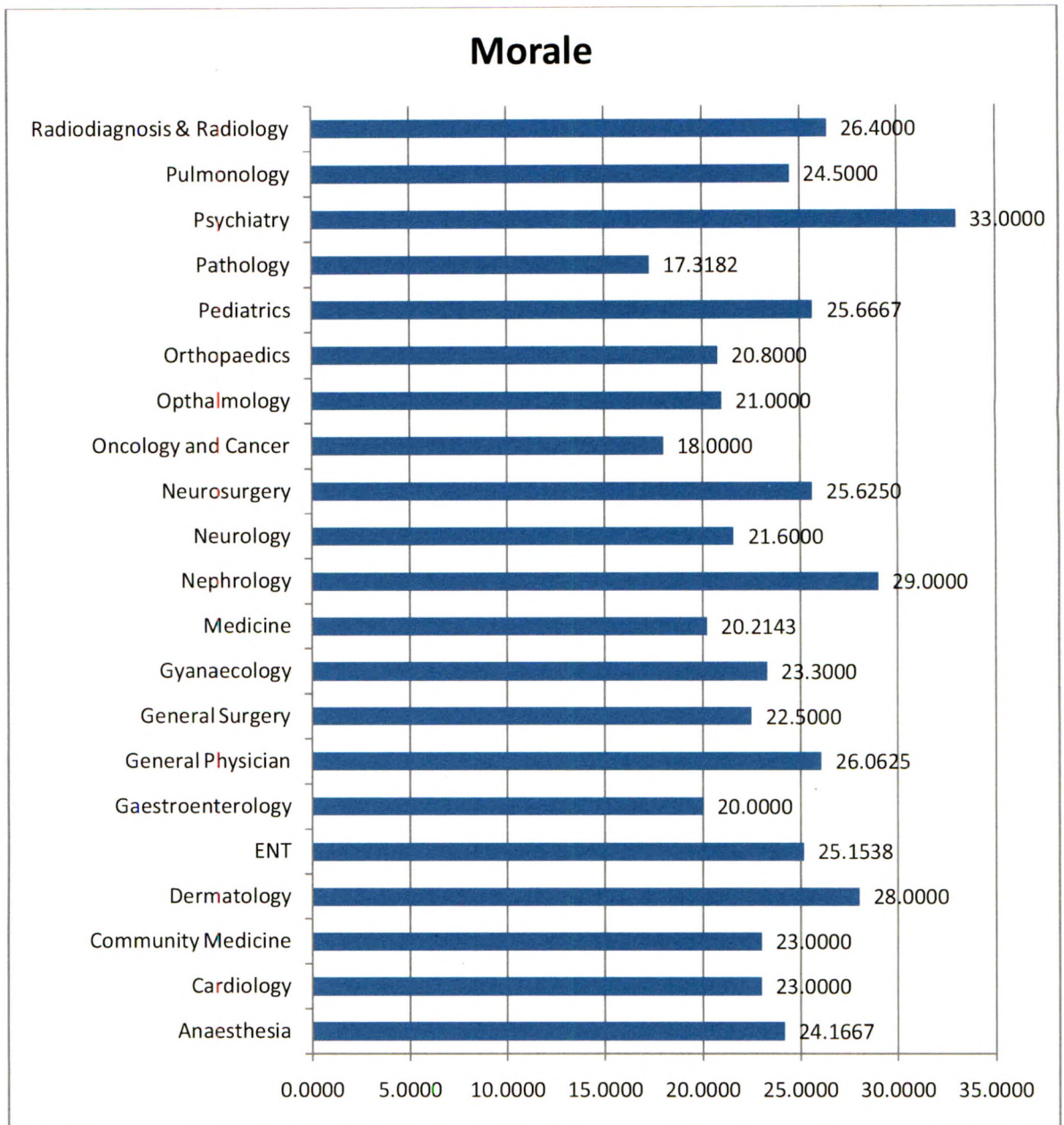
Graph No. 5.3.2



From the graph no. 5.3.2 shows the mean value of the satisfaction of doctors according to the specialty on horizontal axis and vertical axis represents the specialty of the doctors. Thus it is clear that doctors with specialization in psychiatry (40.0000), neurology (31.0000), nephrology (31.0000), dermatology (30.0000), pediatrics (30.0000), Anesthesia (29.8333), Radiology & Radiodiagnosis (29.4000) are more satisfied as compared to doctors with specialization in pathology (21.2727), gastroenterology (23.0000), gynecology (25.9000), general surgery (25.0000) & others as specified in above chart.

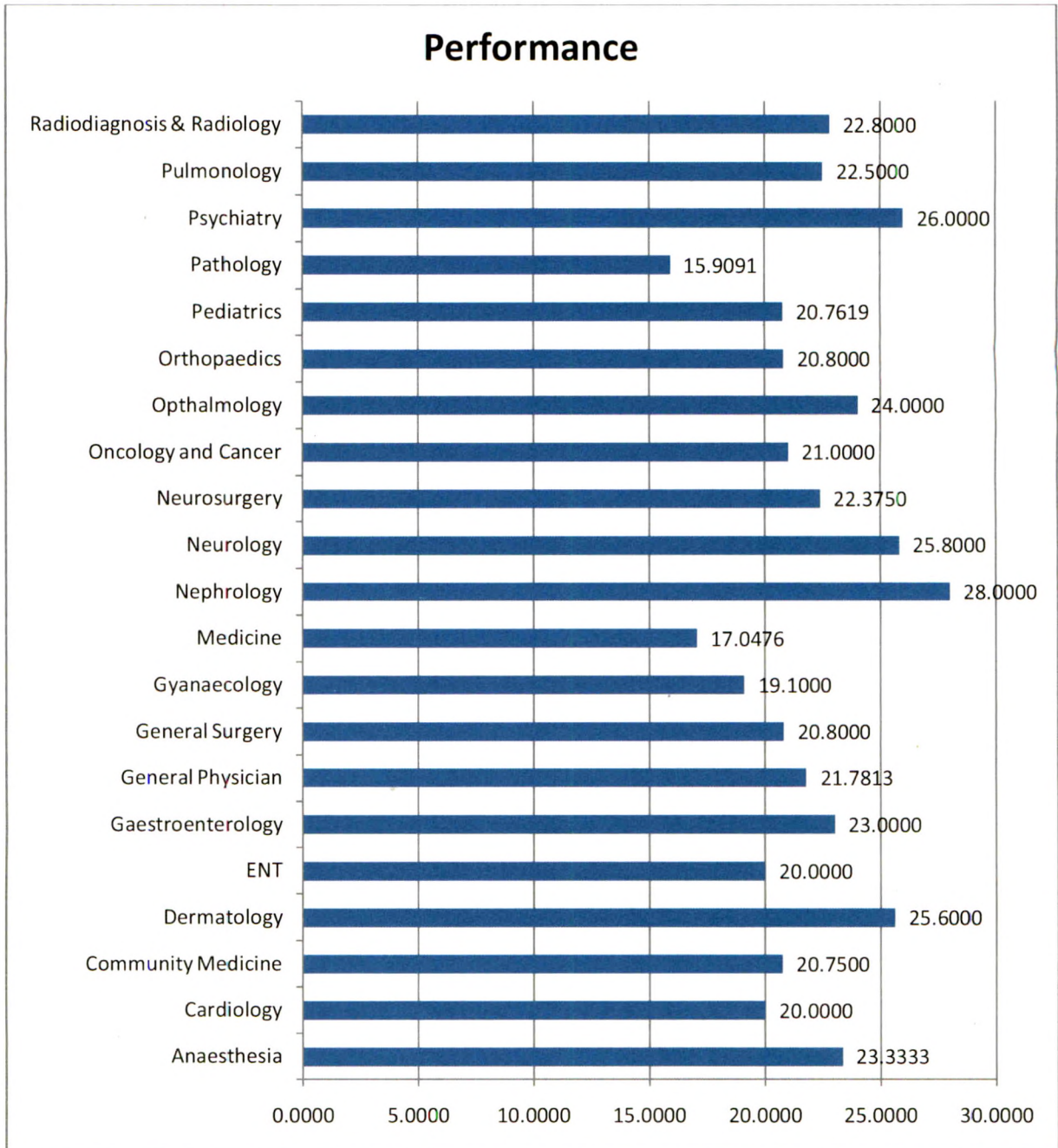


Graph No. 5.3.3



From the graph no. 5.3.3 shows the mean value of the morale of doctors according to the specialty on horizontal axis and vertical axis represents the specialty of the doctors. It is clear that morale is highest amongst the doctors with specialization in psychiatry (33.0000), nephrology (29.0000), and dermatology (28.0000) whereas the morale of doctors with specialization in pathology (17.3182), Oncology & cancer (18.0000) gastroenterology (20.0000), Orthopaedics (20.8000), general surgery (22.5000) & others as specified in above chart is low.

Graph No. 5.3.4



Above graph no. 5.3.4 indicates the shows the mean value of level of performance of doctors according to the specialty on horizontal axis and vertical axis represents the specialty of the doctors. Here mean value is highest for doctors with specialty in Nephrology, Psychiatry, Neurology, Dermatology , ophthalmology as compared to mean value for doctors with specialization in Pathology, Medicine, Gynecology, Cardiology, ENT, General Surgery and others as specified in the above chart. This indicates that performance of doctors with high mean value is better and less affected as compared to doctors with low mean value.

**Table No. 5.3.19: Anova**

		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
<b>WLB</b>	Between Groups	4330.240	20	216.512	3.074	.000
	Within Groups	12605.580	179	70.422		
	Total	16935.820	199			
<b>Satisfaction</b>	Between Groups	1778.077	20	88.904	2.519	.001
	Within Groups	6317.923	179	35.296		
	Total	8096.000	199			
<b>Morale</b>	Between Groups	2019.669	20	100.983	3.067	.000
	Within Groups	5893.086	179	32.922		
	Total	7912.755	199			
<b>Performance</b>	Between Groups	1529.460	20	76.473	2.583	.000
	Within Groups	5299.560	179	29.606		
	Total	6829.020	199			

Table no 5.3.19 shows the anova table indicates the F-value for morale, satisfaction, performance and work life balance by specialty.

**H20: There is no significant difference between the work life balance of doctors with different specialty.**

F-Value for work life balance is 3.074 and significance is 0.000 which means that null hypotheses H20 is rejected. This shows that there is a significant difference between the work life balance of doctors with different specialty. Thus it is may be said that specialty of doctors have significant impact on their work life balance.

**H21: There is no significant difference between the satisfaction of doctors with different specialty.**

F-Value for Satisfaction is 2.519 and significance is 0.001 which means that null hypotheses H21 is rejected. This shows that there is a significant difference between the satisfaction level of doctors with different specialty. Thus it may be said that specialty of doctors have significant impact on their level of satisfaction.

**H22: There is no significant difference between the morale of doctors with different specialty.**

F-Value for morale is 3.067 and significance is 0.000 which means that null hypotheses H22 is rejected. This shows that there is a significant difference between the morale of doctors with different specialty. Thus it may be said that specialty of doctors have significant impact on their morale.

**H23: There is no significant difference between the performance of doctors with different specialty.**

F-Value for performance is 2.583 and significance is 0.000 which means that null hypotheses H23 is rejected. This shows that there is a significant difference between the performance of doctors with different specialty. Thus it may be said that specialty of doctors have significant impact on their performance.

Thus it may be concluded that work life balance, morale, satisfaction and performance of doctors is different amongst doctors with different specialty as it was already discussed in Graph no. 5.3.1, 5.3.2, 5.3.3 and 5.3.4.

**f) Morale, Satisfaction, Performance and Work Life Balance by Children**

**Table No. 5.3.20: Mean value of Morale, Satisfaction, Performance and Work Life Balance by Children**

		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
<b>WLB</b>	Having no child	109	28.4037	8.65289	.82880	26.7609	30.0465	4.00	46.00
	Having one child	42	24.1429	8.55277	1.31972	21.4776	26.8081	5.00	42.00
	Having 2 children	46	24.1522	10.37511	1.52973	21.0711	27.2332	4.00	41.00
	Having 3 children	3	28.3333	7.57188	4.37163	9.5237	47.1429	23.00	37.00
	Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00
<b>Satisfaction</b>	Having no child	109	25.6055	6.08583	.58292	24.4501	26.7609	14.00	42.00
	Having one child	42	28.7857	5.09201	.78571	27.1989	30.3725	16.00	42.00
	Having 2 children	46	29.0870	7.38715	1.08918	26.8932	31.2807	15.00	44.00
	Having 3 children	3	27.3333	4.04145	2.33333	17.2938	37.3729	23.00	31.00
	Total	200	27.1000	6.37836	.45102	26.2106	27.9894	14.00	44.00
<b>Morale</b>	Having no child	109	21.7798	6.06959	.58136	20.6275	22.9322	11.00	36.00
	Having one child	42	23.6429	6.12002	.94434	21.7357	25.5500	10.00	37.00
	Having 2 children	46	25.2174	6.63966	.97896	23.2457	27.1891	15.00	40.00
	Having 3 children	3	22.0000	1.73205	1.00000	17.6973	26.3027	21.00	24.00
	Total	200	22.9650	6.30576	.44588	22.0857	23.8443	10.00	40.00
<b>Performance</b>	Having no child	109	18.6972	5.28538	.50625	17.6938	19.7007	9.00	34.00
	Having one child	42	21.3333	4.77119	.73621	19.8465	22.8201	11.00	33.00
	Having 2 children	46	22.0870	7.19514	1.06087	19.9503	24.2236	8.00	35.00
	Having 3 children	3	21.3333	6.50641	3.75648	5.1705	37.4961	15.00	28.00
	Total	200	20.0700	5.85804	.41423	19.2532	20.8868	8.00	35.00

**Table No. 5.3.21**

Anova						
		Sum of Squares	Df	Mean Square	F	Sig.
<b>WLB</b>	Between Groups	891.837	3	297.279	3.632	.014
	Within Groups	16043.983	196	81.857		
	Total	16935.820	199			
<b>Satisfaction</b>	Between Groups	544.573	3	181.524	4.712	.003
	Within Groups	7551.427	196	38.528		
	Total	8096.000	199			
<b>Morale</b>	Between Groups	408.570	3	136.190	3.557	.015
	Within Groups	7504.185	196	38.287		
	Total	7912.755	199			
<b>Performance</b>	Between Groups	464.359	3	154.786	4.767	.003
	Within Groups	6364.661	196	32.473		
	Total	6829.020	199			

Table no. 5.3.20 indicates the descriptive table which shows that there were four groups of doctors with having no child, having 1 child, having two children and having three children. Out of 200 doctors 109 is having no child, 42 having 1 child, 46 having 2 children and 3 doctors having 3 children.

Table no. 5.3.21 above shows the anova table indicates the F-value for morale, satisfaction, performance and work life balance by children.

**H24: There is no significant difference in the work life balance of doctors having no children, having one child, having two children and having three children.**

F-Value for work life balance is 3.632 and significance is 0.014 which means that null hypotheses H24 is rejected. This shows that there is a significant difference in the work life balance of the doctors having no children, having one child, having 2 children and having three children.

Table No. 5.3.20 indicates that mean value of Work Life Balance of doctors having 3 children (28.3333), having 2 children (24.1522), having 1 child (24.1429) and having no child (28.4037). Thus it may be said that work life balance of doctors having 3 children is low as compared to doctors with 1 or 2 children. Whereas research also indicates that work life imbalances are more amongst the doctors having no child.

**H25: There is no significant difference in the morale of doctors having no children, having one child, having two children and having three children.**

F-Value for satisfaction is 3.557 and significance is 0.015 which means that null hypotheses H25 is rejected. This shows that there is a significant difference in the morale of the doctors having no children, having one child, having 2 children and having three children.

From the table no. 5.3.20 the result shows that mean value of morale of doctors having 3 children (22.0000), having 2 children (25.2174), having one child (23.6429) and having no child (21.7798). Morale of doctors having two children is better than doctors having 1 or 3 children. Whereas the result also indicates that morale of doctors having no child is less.

**H26: There is no significant difference in the satisfaction of doctors having no children, having one child, having two children and having three children.**

F-Value for performance is 4.712 and significance is 0.003 which means that null hypotheses H26 is rejected. This shows that there is a significant difference in the satisfaction level of the doctors having no children, having one child, having 2 children and having three children. Table No. 5.3.20 indicates that mean value of satisfaction of doctors having 3 children (27.3333), 2 children (27.8696), 1 child (28.7857) and having no child (25.6055). This shows that satisfaction of doctors having 1 child is more than the doctors having 2 or 3 children. Whereas results also indicate that satisfaction is less amongst the doctors having no children.

**H27: There is no significant difference in the performance of doctors having no children, having one child, having two children and having three children.**

F-Value for performance is 4.767 and significance is 0.003 which means that null hypotheses H27 is rejected. This shows that there is a significant difference in the performance of doctors having no children, having one child, having 2 children and having three children.

Table no. 5.3.20 shows that mean value of performance of doctors having 3 children (21.3333), having 2 children (22.0870), having 1 child (21.3333) and having no children (18.6972). This shows that performance of doctors having 3 children & 2 children is more affected than doctors with 1 child. It is also observed that performance of doctors having no child is more affected than all the other doctors having a child.

Thus it may be concluded that Work Life Balance and Satisfaction of doctors with 3 or 2 children is more affected as compared to doctors with 1 child. Whereas Morale and Performance of doctors having 3 children is more affected than doctors having 1 or 2 children. The study also found more work life imbalances and low morale, satisfaction and performance amongst the doctors having no child.

**g) Work Life Balance, Morale, Satisfaction and Performance by Qualification:**

**Table No. 5.3.22: Mean Value of Work Life Balance, Morale, Satisfaction and Performance by Qualification**

		Descriptives							
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
WLB	Graduate (MBBS)	34	21.2941	9.81813	1.68380	17.8684	24.7198	4.00	40.00
	Post Graduate (MD,MS,MCH and Diploma Holders)	160	27.5063	8.78821	.69477	26.1341	28.8784	4.00	46.00
	Doctorate (DM)	6	30.1667	7.88458	3.21887	21.8923	38.4410	18.00	40.00
	Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00
Satisfaction	Graduate (MBBS)	34	29.1765	5.87996	1.00841	27.1249	31.2281	21.00	41.00
	Post Graduate (MD,MS,MCH and Diploma Holders)	160	26.5188	6.29063	.49732	25.5365	27.5010	14.00	44.00
	Doctorate (DM)	6	30.8333	8.70441	3.55356	21.6986	39.9680	24.00	42.00
	Total	200	27.1000	6.37836	.45102	26.2106	27.9894	14.00	44.00
Morale	Graduate (MBBS)	34	26.2059	4.60421	.78962	24.5994	27.8124	17.00	37.00
	Post Graduate (MD,MS,MCH and Diploma Holders)	160	22.2625	6.40704	.50652	21.2621	23.2629	10.00	40.00
	Doctorate (DM)	6	23.3333	7.06163	2.88290	15.9226	30.7441	17.00	36.00
	Total	200	22.9650	6.30576	.44588	22.0857	23.8443	10.00	40.00
Performance	Graduate (MBBS)	34	21.7059	6.30310	1.08097	19.5066	23.9051	8.00	34.00
	Post Graduate (MD,MS,MCH and Diploma Holders)	160	19.5375	5.62328	.44456	18.6595	20.4155	9.00	35.00
	Doctorate (DM)	6	25.0000	6.44981	2.63312	18.2313	31.7687	18.00	33.00
	Total	200	20.0700	5.85804	.41423	19.2532	20.8868	8.00	35.00



**Table No. 5.3.23**

Anova						
		Sum of Squares	Df	Mean Square	F	Sig.
WLB	Between Groups	1163.934	2	581.967	7.269	.001
	Within Groups	15771.886	197	80.060		
	Total	16935.820	199			
Satisfaction	Between Groups	284.282	2	142.141	3.585	.030
	Within Groups	7811.718	197	39.653		
	Total	8096.000	199			
Morale	Between Groups	436.888	2	218.444	5.756	.004
	Within Groups	7475.867	197	37.949		
	Total	7912.755	199			
Performance	Between Groups	282.186	2	141.093	4.246	.016
	Within Groups	6546.834	197	33.233		
	Total	6829.020	199			

Table no. 5.3.22 indicates the descriptive table which shows that there were three groups of doctors according to their qualification. Out of 200 doctors, 34 are Graduates (MBBS Qualified), 160 are Post Graduate (MD, MS, MCh or Diploma in different specialties) and 6 are Doctorate (DM Qualified).

Table no. 5.3.23 above shows the anova table indicates the F-value for morale, satisfaction, performance and work life balance by qualification.

**H28: There is no significant difference in the Work Life Balance of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).**

F-Value for morale is 7.269 and significance is 0.001 which means that null hypotheses H28 is rejected. This shows that there is a significant difference among the work life balance of the doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).

Table No.5.3.22 indicates that mean value of work life balance of doctors having MBBS Degree (21.2941), having MD, MS, MCh or Diploma in different specialties (27.5063) and having DM (30.1667). Here higher mean value of WLB indicates the low balance in the work

and life of the doctors. This shows that work life balance is low amongst the doctors with Doctorate (DM) degree than the doctors with Post Graduate (MD, MS, MCh or Diploma holders) and MBBS degree. This shows that work life balance is low amongst the doctors with highest qualification.

**H29: There is no significant difference in the satisfaction of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, Mch & Diploma in different specialty) and Doctorate degree (DM).**

F-Value for satisfaction is 3.585 and significance is 0.030 which means that null hypotheses H29 is rejected. This shows that there is a significant difference in the satisfaction of the doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).

Table No. 5.3.22 shows that mean value of satisfaction of doctors having MBBS Degree (29.1765), having MD, MS, MCh or Diploma in different specialties (26.5188) and having DM (30.8333). This shows that satisfaction of doctors having MBBS and Doctorate (DM) degree is comparatively higher than post graduate with different specialty doctors.

**H30: There is no significant difference in the morale of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).**

F-Value for morale is 5.756 and significance is 0.004 which means that null hypotheses H30 is rejected. This shows that there is a significant difference in the morale of the doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, Mch & Diploma in different specialty) and Doctorate degree (DM).

Table No. 5.3.22 indicates that mean value of morale of doctors having MBBS Degree (26.2059), having MD, MS, MCH or Diploma in different specialties (22.2625) and having DM (23.3333). This shows that morale of doctors having MBBS degree is high as compared to Post Graduate and DM Qualified doctors.

**H31: There is no significant difference in the performance of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).**

F-Value for performance is 4.246 and significance is 0.16 which means that null hypotheses H31 is rejected. This shows that there is a significant difference in the performance of the doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh & Diploma in different specialty) and Doctorate degree (DM).

Table No. 5.3.22 indicates that mean value of performance of doctors having MBBS Degree (21.7059), having MD, MS, MCH or Diploma in different specialties (19.5375) and having DM (25.0000). This shows that performance of doctors having Doctorate (DM) degree and MBBS degree is comparatively higher and less affected as compared to post graduate with different specialty doctors.

Thus it is concluded that there is a significant impact of qualification of Doctors on their morale, satisfaction, performance and work life balance of doctors.

**h) Morale, Satisfaction, Performance and Work Life Balance by Organization Type and Practice Setting.**

**Table No. 5.3.24: Mean Value of Morale, Satisfaction, Performance and Work Life Balance by Organization Type and Practice Setting**

Descriptives									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
WLB	Public	79	26.6709	10.79497	1.21453	24.2529	29.0888	4.00	46.00
	Private	114	26.6667	8.07779	.75655	25.1678	28.1655	4.00	41.00
	Self Employed	7	22.7143	7.82548	2.95775	15.4769	29.9516	10.00	33.00
	Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00
Satisfaction	Public	79	25.6582	7.13044	.80224	24.0611	27.2554	14.00	44.00
	Private	114	27.9035	5.69578	.53346	26.8466	28.9604	16.00	42.00
	Self Employed	7	30.2857	5.08967	1.92372	25.5786	34.9929	25.00	38.00
	Total	200	27.1000	6.37836	.45102	26.2106	27.9894	14.00	44.00
Morale	Public	79	22.2152	6.85317	.77104	20.6802	23.7502	10.00	37.00
	Private	114	23.2281	5.76384	.53983	22.1586	24.2976	13.00	37.00
	Self Employed	7	27.1429	7.31274	2.76396	20.3797	33.9060	20.00	40.00
	Total	200	22.9650	6.30576	.44588	22.0857	23.8443	10.00	40.00
Performance	Public	79	18.6076	5.48989	.61766	17.3779	19.8373	8.00	34.00
	Private	114	20.8860	5.76649	.54008	19.8160	21.9560	9.00	35.00
	Self Employed	7	23.2857	8.19988	3.09926	15.7021	30.8693	12.00	34.00
	Total	200	20.0700	5.85804	.41423	19.2532	20.8868	8.00	35.00

**Table No. 5.3.25**

Anova						
		Sum of Squares	Df	Mean Square	F	Sig.
WLB	Between Groups	105.615	2	52.808	.618	.540
	Within Groups	16830.205	197	85.433		
	Total	16935.820	199			
Satisfaction	Between Groups	308.861	2	154.430	3.907	.022
	Within Groups	7787.139	197	39.529		
	Total	8096.000	199			
Morale	Between Groups	174.486	2	87.243	2.221	.111
	Within Groups	7738.269	197	39.281		
	Total	7912.755	199			
Performance	Between Groups	317.238	2	158.619	4.799	.009
	Within Groups	6511.782	197	33.055		
	Total	6829.020	199			

Table no. 5.3.24 indicates the descriptive table which shows that there were three groups of doctors according to their practice setting. Out of 200 doctors, 79 doctors are working with public hospitals, 114 doctors are working with private hospitals and 7 are self employed.

Table no 5.3.25 shows the anova table indicates the F-value for morale, satisfaction, performance and work life balance by organization type and practice setting.

**H32: There is no significant difference between the work life balance of public, private and self employed doctors.**

F-Value for work life balance is .618 and significance is 0.540 which means that null hypotheses H32 is accepted. This shows that there is no significant difference in the work life balance of the public, private and self employed doctors.

**H33: There is no significant difference between the satisfaction of public, private and self employed doctors.**

F-Value for satisfaction is 3.907 and significance is 0.022 which means that null hypotheses H33 is rejected. This shows that there is a significant difference in the satisfaction of

the public, private and self employed doctors. The mean value of satisfaction shows that satisfaction of self employed doctors is more than the doctors working with public and private hospitals.

The result from table no. 5.3.24 indicates that mean value of satisfaction of doctors working with public hospitals (25.6582), private hospitals (27.9035) and self employed doctors (30.2857). This shows that satisfaction of self employed doctors is more than the doctors working with public and private hospitals.

**H34: There is no significant difference between the morale of public, private and self employed doctors.**

F-Value for morale is 2.221 and significance is 0.111 which means that null hypotheses H34 is accepted. This shows that there is no significant difference in the morale of the public, private and self employed doctors. .

**H35: There is no significant difference between the performance of public, private and self employed doctors.**

F-Value for performance is 4.799 and significance is 0.009 which means that null hypotheses H35 is rejected. This shows that there is a significant difference in the performance of the public, private and self employed doctors.

Mean value of performance of doctors working with public hospitals (18.6076), private hospitals (20.8860) and self employed doctors (23.2857). This shows that performance of self employed doctors is less affected than the doctors working with public and private hospitals.

Thus it may be concluded that type of organization and practice setting of doctors may have significant impact on their satisfaction and performance but no significant difference is found between the work life balance and morale of the doctors in public hospitals, private hospitals and self employed. It is observed from the mean value that satisfaction and performance amongst self employed doctors is more than doctors working with public and private hospitals. It is also inferred from the study that satisfaction and performance of doctors working with public hospitals are more affected as compared to other doctors. Whereas it is highest amongst the self employed doctors.

## 5.4 SECTION D: SUMMARY OF RESULTS ON THE BASIS OF OBJECTIVES:

**Objective No. 1: To study the various factors related to Work-Life Imbalance amongst Doctors.**

**Result:** According to the research study the factors that are responsible for creating imbalances in the personal and professional life of Doctors based on factor analysis are Physical and Mental Stress, Personal Needs and Time Management, Workload and Family-Support and the Work Itself.

**Objective No. 2: To identify critical components of Work-Life Balance vis-à-vis Organization Wellness.**

**Result:** According to research study, out of the four factors identified that affects the work life balance of the doctors, physical and mental stress is the most critical factor responsible for imbalances in the work and life of the doctors. If physical and mental stress of doctors is reduced and other factors creating imbalances in their work and personal life as identified in the study is controlled, doctors will be able to manage their work- life and thus able to give their best to the organization that will lead to improve the wellness of the organization.

**Objective no. 3: To study the impact of Work-Life Imbalances on Morale, Satisfaction and Performance of Doctors.**

Hypothesis	Correlation Value	P-Value	Acceptance/ Rejection	Results
<b>H1: There is no significant impact of work life imbalance on satisfaction of doctors</b>	-.791 (High Degree Negative Correlation)	0.00	H1=Rejected	Significant impact of Work-Life Imbalances on Morale, Satisfaction and Performance of Doctors have been found. Work life imbalances are inversely related to morale, satisfaction and performance of the doctors. Lower the work life imbalances, higher the morale, satisfaction and performance of the doctors.
<b>H2: There is no significant impact of work-life imbalance on morale of the doctors.</b>	-.677 (Moderate Degree Negative Correlation)	.000	H2=Rejected	
<b>H3: There is no significant impact of work-life imbalance on performance of the doctors.</b>	-.640 (Moderate Degree Negative Correlation)	.000	H3=Rejected	

**Objective No. 4: To find out the Work Life Balance, Morale, Satisfaction and Performance of Doctors amongst various Demographic Variables.**

**1. Work-Life Balance (WLB), Morale, Satisfaction and Performance by Gender**

Hypothesis	Acceptance/Rejection	Results
<b>H4: There is no significant difference between the work life balance of male and female doctors</b>	H4=Accepted	The result indicates that work life balance, morale, satisfaction and performance of male and female doctors are not significantly different.
<b>H5: There is no significant difference between the satisfaction level of male and female doctors.</b>	H5=Accepted	
<b>H6: There is no significant difference between the morale of male and female doctors.</b>	H6= Accepted	
<b>H7: There is no significant difference between the performance of male and female doctors.</b>	H7=Accepted	

**2. Work-Life Balance (WLB), Morale, Satisfaction and Performance by Marital Status:**

Hypothesis	Acceptance/Rejection	Results
<b>H8: There is no significant difference between the work life balance of married and unmarried doctors.</b>	H8=Rejected	Doctors whether married or single, often have a difficult time finding balance between work and life. Significant difference is found between the work life balance, morale, satisfaction and performance of married and unmarried doctors.  Mean value indicates that Work Life Balance, Satisfaction, Morale and Performance of unmarried doctors are more affected as compared to married doctors.
<b>H9: There is no significant difference between the satisfaction of married and unmarried doctors.</b>	H9=Rejected	
<b>H10: There is no significant difference between the morale of married and unmarried doctors.</b>	H10=Rejected	
<b>H11: There is no significant difference between the performance of married and unmarried doctors.</b>	H11=Rejected	



**3. Work-Life Balance (WLB), Morale, Satisfaction and Performance by Age Distribution:**

Hypothesis	Acceptance/Rejection	Results
<b>H12: There is no significant relationship between the age and the work life balance of doctors.</b>	H12=Rejected	A significant difference is found between the work life balance, satisfaction, morale and performance amongst doctors in different age groups. The researcher found that work life balance, morale, satisfaction and performance are more affected amongst the doctors in the age group 21-30 yrs (i.e. young doctors)
<b>H13: There is no significant relationship between the age and the satisfaction of doctors</b>	H13=Rejected	
<b>H14: There is no significant relationship between the age and the morale of doctors</b>	H14=Rejected	
<b>H15: There is no significant relationship between the age and the performance of doctors.</b>	H15=Rejected	

**4. Work-Life Balance (WLB), Morale, Satisfaction and Performance by Experience:**

Hypothesis	Acceptance/Rejection	Results
<b>H16: There is no significant relationship between experience and work life balance of the doctors.</b>	H16=Rejected	Experience of the doctors may also have significant impact on their work life balance, morale, satisfaction and performance. It is revealed from the study that Work life balance Morale, Satisfaction and Performance amongst doctors having an experience of 16-20 yrs. is highest and having an experience of 0-5 yrs is lowest of all the other doctors. There are less alternate opportunities available to matured group as they are completely settled and life at both the fronts personal and professional does have major variations.
<b>H17: There is no significant relationship between experience and satisfaction of the doctors.</b>	H17=Rejected	
<b>H18: There is no significant relationship between experience and morale of the doctors.</b>	H18=Rejected	
<b>H19: There is no significant relationship between experience and performance of the doctors.</b>	H19=Rejected	

**5. Work-Life Balance (WLB), Morale, Satisfaction and Performance by Specialization**

Hypothesis	Acceptance/Rejection	Results
<p><b>H20: There is no significant difference between the work life balance of doctors with different specialty.</b></p>	<p><b>H20=Rejected</b></p>	<p>Specialty of doctors may have significant impact on their work life balance, morale, satisfaction and performance. The result of the study shows that Work life balance amongst the doctors with specialization in Pathology, General Surgery, Cardiology, Gastroenterology, Gynecology, and Medicine is low as compared to doctors with other specialization like dermatology, general pediatrics etc as specified. As the cases coming under their consideration are always less emergent types.</p>
<p><b>H21: There is no significant difference between the satisfaction of doctors with different specialty.</b></p>	<p><b>H21=Rejected</b></p>	<p>Satisfaction level of doctors with specialization in psychiatry, neurology, nephrology, dermatology, pediatrics, Anesthesia, Radiology &amp; Radio-diagnosis is high as compared to doctors with specialization in pathology, gastroenterology, gynecology, general surgery &amp; others as specified</p>
<p><b>H22: There is no significant difference between the morale of doctors with different specialty.</b></p>	<p><b>H22=Rejected</b></p>	<p>Morale is highest amongst the doctors with specialization in psychiatry, nephrology, dermatology where as the morale of doctors with specialization in pathology , Oncology &amp; cancer, Gastroenterology, Orthopedics, general surgery &amp; others as specified in above chart is low.</p>
<p><b>H23: There is no significant difference between the performance of doctors with different specialty.</b></p>	<p><b>H23= Rejected</b></p>	<p>Performance of doctors with specialty in Nephrology, Psychiatry, Neurology, Dermatology , ophthalmology is better and less affected as compared to doctors with specialization in Medicine, Gynecology, Cardiology, ENT, General Surgery and others</p>

**6. Work Life Balance, Morale, Satisfaction and Performance by Children**

Hypothesis	Acceptance/Rejection	Results
<b>H24: There is no significant difference in the work life balance of doctors having no children, having one child, having 2 children and having three children</b>	H24: Rejected	The study identifies a significant relationship between the no. of children and the work life balance, morale, satisfaction and performance of doctors. The result indicates that Work Life Balance and Satisfaction of doctors with 3 or 2 children is more affected as compared to doctors with 1 child. Whereas Morale and Performance of doctors having 3 children is more affected than doctors having 1 or 2 children. The study also found more imbalances amongst the doctors having no child.
<b>H25: There is no significant difference in the morale of doctors having no children, having one child, having 2 children and having three children.</b>	H25: Rejected	
<b>H26: There is no significant difference in the satisfaction of doctors having no children, having one child, having 2 children and having three children.</b>	H26: Rejected	
<b>H27: There is no significant difference in the performance of doctors having no children, having one child, having 2 children and having three children.</b>	H27: Rejected	

**7. Work Life Balance, Morale, Satisfaction and Performance of Doctors by Qualification**

Hypothesis	Acceptance/Rejection	Results
<p><b>H28: There is no significant difference in the Work Life Balance of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, Mch &amp; Diploma in different specialty) and Doctorate degree (DM).</b></p>	<p>H28=Rejected</p>	<p>Qualification of doctors may have significant impact on their work life balance, morale, satisfaction and performance. Work Life Balance and Morale of doctors having MBBS degree is high as compared to doctors with MD, MS or Diploma and DM degree. The result indicates that work life balance is lowest amongst the doctors with highest qualification. Further the result indicates that Satisfaction and performance of doctors having MBBS and Doctorate (DM) degree is comparatively higher and less affected than post graduate with different specialty doctors.</p>
<p><b>H29: There is no significant difference in the satisfaction of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, Mch &amp; Diploma in different specialty) and Doctorate degree (DM).</b></p>	<p>H29: Rejected</p>	
<p><b>H30: There is no significant difference in the morale of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh &amp; Diploma in different specialty) and Doctorate degree (DM).</b></p>	<p>H30=Rejected</p>	
<p><b>H31: There is no significant difference in the performance of doctors having Graduate degree (MBBS), Post Graduate degree (MD, MS, MCh &amp; Diploma in different specialty) and Doctorate degree (DM).</b></p>	<p>H31= Rejected</p>	

**8. Work Life Balance, Morale, Satisfaction and Performance by Organization type and practice Setting:**

Hypothesis	Acceptance/Rejection	Results
<b>H32: There is no significant difference between the work life balance of public, private and self employed doctors.</b>	H32: Accepted	Work life balance and morale of doctors working with public and private hospitals and self employed is not significantly different, but the satisfaction level and performance amongst doctors is significantly different.
<b>H33: There is no significant difference between the satisfaction of public, private and self employed doctors.</b>	H33: Rejected	The result of mean value indicates that work life balance is low amongst doctors working with public hospitals than doctors in private hospitals and self employed doctors. Satisfaction and morale of self employed doctors is more than the doctors working with public and private hospitals.
<b>H34: There is no significant difference between the morale of public, private and self employed doctors.</b>	H34: Accepted	
<b>H35: There is no significant difference between the performance of public, private and self employed doctors.</b>	H35: Rejected	

**CHAPTER VI**  
**MAJOR FINDINGS &**  
**DISCUSSION**

## CHAPTER VI: MAJOR FINDINGS & DISCUSSION

The findings of this survey support the perceived importance of balance between both work and personal aspects of one's life to enable greater success to be achieved in every aspect of life – including professional matters. With increasing demand in the personal life, family life vis-à-vis professional life of the Doctors seems to affect their work-life balance significantly and is linked to the lower quality of care. Work and Personal Life balance is a real issue for the doctors as well. Organizations can benefit from these policies too as they can help to develop a more commitment on the part of doctors. The current generation of medical field values time-off and lifestyle more than the “Boomer” generation, whose members tend to place work first. As such, a controllable lifestyle has become more of a factor in specialty selection in recent years and is taking precedence over traditional motivators such as remuneration and prestige. The relationship between work-life balance, morale, satisfaction and performance has been explored in the study. Specifically researcher addressed the following major questions:

- 1) What are the factors responsible for creating imbalances in the work-life of doctors?
- 2) What is the most critical factor relating to work life balances vis-à-vis organization wellness?
- 3) What impact do work life imbalance on the morale, satisfaction and performance of doctors?
- 4) What impact do demographic variables have on work life balance, morale, satisfaction and performance of the doctors?

The findings of the study are based on analysis of primary data as well as review of literature. The primary data is collected through self designed questionnaire and also through unstructured interviews of some of the doctors with different specialty working with public and private hospitals and clinics. These findings are based on a survey of doctors working with public and private hospitals and clinics in Indore City reveals some worrying facts about work-life balance of the respondents.

## **5.4.1 Various factors related to Work Life Imbalance amongst Doctors**

According to the research study following factors have been identified that are responsible for creating imbalances in the personal and professional life of Doctors:

### **5.4.1.1 Physical and Mental Stress :**

Most of the doctors more or less feel tired or depressed due to work. Because of their work they are not getting a time for self development as well as not able to attend their household requirements. Balancing work life creates a physical and mental stress on doctors. Thus imbalances have been faced by doctors due stress in their life.

### **5.4.1.2 Personal Needs and Time Management :**

Doctors are in such a profession where they have to continuously deal with the life of their patients. Lots of emergencies and requirement of their job do not allow them to adjust their work schedule to attend their life priorities. Due to this sometimes they are not able to give time to their partners/child/parents/friends. This will create imbalances in their personal and professional life.

### **5.4.1.3 Workload and Family Support :**

Due to increased demand of the work like additional work, emergencies doctors are not able to give time to their family members and sometimes due to this they are facing a problem in their personal life. Hence it is utmost important for the family members to give the required support to the doctors whenever they require to performing the balancing act of personnel life as well as work life.

### **5.4.1.4 Work Itself :**

Due to increased time pressure it is very difficult for doctors to distant themselves from their work and thus it leads to create an imbalance in their work and personal life.



#### **5.4.2 Most critical factors relating to Work Life Balance vis-à-vis Organization Wellness**

According to research study, out of the various factors identified that affects the work life balance of the doctors, physical and mental stress is the most dominant predictor of imbalances in the work and life of the doctors. Due to mental strain the physical and mental health of Doctors has been affected and they are not able to find time to take care of their health aspects. Due to acute depression on their part they are not able to enjoy their work. In the backdrop of preceding remarks it may be concluded that physical and mental stress is the most critical factor responsible for imbalances in the work and life of the doctors. If physical and mental stress of doctors is reduced and other factors creating imbalances in their personal and professional life as discussed above is controlled doctors will be able to manage their work- life and thus able to give their best to the organization that will lead to improve the wellness of the organization.

#### **5.4.3 Impact of Work Life Imbalance on Morale, Satisfaction and Performance**

According to the research work significant impact of Work-Life Imbalances on Morale, Satisfaction and Performance of Doctors has been found. Work life imbalances are inversely related to morale, satisfaction and performance of the doctors. Lower the work life imbalances, higher the morale, satisfaction and performance of the doctors. Thus it may be said that better balance in work and life helps to improve the satisfaction, morale and performance of the doctors.

The result is also supported by various studies conducted on work life balance. Work life balance enhances efficiency and thus, the productivity of an employee increases. It enhances satisfaction, in both the professional and personal lives. (V.Varatharaj et.al, 2012). WLB policies positively correlate significantly with level of job satisfaction which shows that job satisfaction increases with the increase in work-life balance. (Lalita Kumari, 2012). High quality of work life balance will improve job satisfaction (Gururaja et.al 2013). Work Life Balance helps the organization to improve productivity, efficiency, competitiveness, morale and hence gain a competitive edge. (Amber Tariq et.al, 2012). Less productivity at workplace, more conflicts , absenteeism , high attrition , low morale, more stress are the major impact of work life imbalance (Vijayshri Rameshkumar Mehtha (2012). A positive and significant relationship has been found between work-life conflicts and performance of employees (Rai Imtiaz Hussain 2012). S. Chandrasekhar et.al (2013) found that an efficient Work life Balance helps an employee in improving their job satisfaction and productivity. Y. F. Young Fanny (2012) found that disturbed work-life balance, dramatically reduced productivity and/or work quality of doctors.

#### **5.4.4. Work Life Balance, Morale, Satisfaction and Performance of Doctors amongst various Demographic Variables**

##### **5.4.4.1 Work Life Balance, Morale, Satisfaction and Performance by Gender**

Work Life balance is an issue for both male and female doctor. The study reveals that Work life balance, Morale, Satisfaction and Performance of both male and female doctors is not significantly different.

The result is supported by the other study also. White Gold (1971) found that male and female job satisfaction does not show any difference. Niharika Doble et.al (2010) while studying the gender differences in the perception of work-life balance reveals that both men and women reported experiencing work life imbalance.

##### **5.4.4.2 Work Life Balance, Morale, Satisfaction and Performance by Marital Status**

Marital status of employee is a very crucial factor relating to work life imbalance. Whether married or single, doctors often have a difficult time finding balance between work and life. Significant difference is found between the work life balance, morale, satisfaction and performance of married and unmarried doctors.

Work Life Balance, Satisfaction, Morale and Performance of unmarried doctors are more affected as compared to married doctors. As it was observed in various studies that married doctors are more restricted to their schedule than the unmarried doctors.

Unlike married doctors, single doctors don't have the added stress of family demands, but they have their own one-of-a-kind challenges, namely how to reign in career ambition to create space for a personal life and "enhancing soft skills" that will allow for them to make said meaningful connections. (Marisa Torrieri, 2013). According to article by Medical Post (2006) on "Being single poses unique challenges for doctors" reveals that many single doctors would prefer not to be single. They go home and are shocked by the silence and wish there was something to do, and someone to do it with. It is not easy for single doctors to find a partner. People assume they are busy and not available, and do not invite them to events. The lifestyle is often too busy or hectic, leaving little time to meet people and pursue relationships. Sometimes, the single doctor is asked to do more, on the assumption that they do not have to go home to a family. It was also debated that married took full advantage of their being married in case of leave or duty

adjustment. They got more favours on the grounds of home, spouse and children. This will lead to create imbalances in their personal and professional life of unmarried doctors. Focusing on doctors, this study agrees with Carol Lopate that married physicians have long resolved their multiple roles by compromise: limiting their hours of work and selection of specialization. It has been noted that married physicians were restricted more towards scheduled work than single physicians.

#### **5.4.4.3 Work Life Balance, Morale, Satisfaction and Performance by Age Distribution :**

Any individual passes through 3 stages of life. Child, Youth and Old age .Same is for doctors too. The age of doctors plays a very important role in the work life balance issues. A significant difference is found between the work life balance, satisfaction, morale and performance of doctors in different age groups. It is increases with the increase in the age of the doctors. The researcher found that work life balance, morale, satisfaction and performance are more affected amongst the doctors in the age group 21-30 yrs (i.e. young doctors) and highest amongst the doctors in the age group 51 & above years.

#### **5.4.4.4 Work Life Balance, Morale, Satisfaction and Performance of Doctors by Experience :**

Experience of the doctors may also have significant impact on their work life balance, morale, satisfaction and performance. It is revealed from the study that Work life balance Morale, Satisfaction and Performance amongst doctors having an experience of 16-20 yrs. is highest and having an experience of 0-5 yrs is lowest of all the other doctors. There are less alternate opportunities available to matured group as they are completely settled and life at both the fronts personal and professional does have major variations.

#### **5.4.4.5 Work Life Balance, Morale, Satisfaction and Performance of Doctors by Speciality:**

Specialization opted by doctors also determines their level of work life balance, morale, satisfaction and performance. Work life balance amongst doctors with specialization in

Pathology, General Surgery, Cardiology, Gastroenterology, Gynecology, and Medicine is low as compared to doctors with other specialization like dermatology, general pediatrics etc as the cases coming under their consideration are always less emergent types. The findings of the study are also supported by others. Tait D. Shanafelt (2012) found that Physicians practicing dermatology, general pediatrics, and preventive medicine (including occupational health and environmental medicine) had the highest rated satisfaction with work-life balance, whereas physicians practicing general surgery, general surgery subspecialties, and obstetrics/gynecology had the lowest rates.

Satisfaction level of doctors with specialization in psychiatry, neurology, nephrology, dermatology, pediatrics, Anesthesia, Radiology & Radiodiagnosis is high as compared to doctors with specialization in pathology, gastroenterology, gynecology, general surgery, orthopedics & others as specified in the graph no. 5.3.2. In support of the study *Archives of Internal Medicine* study physicians surveyed found that those in so-called lifestyle-friendly specialties like dermatology and preventive medicine reported the highest levels of work-life balance satisfaction, although pediatricians, who have significant time demands without higher pay, ranked third. Physicians in the “uncontrollable lifestyle” specialties of surgery, surgical subspecialties, and obstetrics-gynecology had the lowest satisfaction rates. The study is supported by other studies by J. Paul Leigh et.al (2002) reveals that physicians with specialties geriatric internal medicine, neonatal-perinatal medicine, dermatology and pediatrics are found to be very satisfied where as doctors with specialty in otolaryngology; obstetrics-gynecology, ophthalmology, orthopedics and internal medicine are found to be least satisfied.

Morale is highest amongst the doctors with specialization in psychiatry, nephrology, dermatology where as the morale of doctors with specialization in pathology , Oncology & cancer, Gastroenterology, Orthopedics, general surgery & others as specified in graph no. 5.3.3 is low.

Performance of doctors with specialty in Nephrology, Psychiatry, Neurology, Dermatology , ophthalmology is less affected as compared to doctors with specialization in Pathology, Medicine, Gynecology, Cardiology, ENT, General Surgery and others as already been discussed in the graph no. 5.3.4.

#### **5.4.4.6 Work Life Balance, Morale, Satisfaction and Performance of Doctors by Children:**

The study identifies a significant relationship between the no. of children and the work life balance, morale, satisfaction and performance of doctors. The result indicates that Work Life Balance and Satisfaction of doctors with 3 or 2 children is more affected as compared to doctors with 1 child. Whereas Morale and Performance of doctors having 3 children is more affected than doctors having 1 or 2 children. The study also found that work life balance, morale, satisfaction and performance of doctors having no child are more affected.

The result is supported by other study also. Lisa Ryan (2012) says that career as a doctor requires lots of dedication and commitment towards the profession over personal needs, Due to this doctors didn't find a time for themselves and thus working life is not suited to having children. As it is also noticed that medical education takes so long and it is also found in the data collected for the research purpose that most of the doctor's got married at later 28-35 years of age (after completion of their post graduation) and also delayed their family plan as most of them plan their child after 35 years of age and due to this those who are not having a child or not married due to their busy schedule and demand of profession or growth in their career, they faced more imbalances in their personal and professional life.

#### **5.4.4.7 Work Life Balance, Morale, Satisfaction and Performance of Doctors by Qualification :**

Qualification of doctors may have significant impact on their work life balance, morale, satisfaction and performance. Work Life Balance and Morale of doctors having MBBS degree is high as compared to doctors with MD, MS or Diploma and DM degree. The result indicates that work life balance is lowest amongst the doctors with highest qualification. Further the result indicates that satisfaction of doctors having MBBS and Doctorate (DM) degree is high and their performance is less affected as compared to post graduate with different specialty doctors.

#### **5.4.4.8 Work Life Balance, Morale, Satisfaction and Performance of Doctors by Organization Type and Practice Setting :**

Work life balance and morale of doctors working with public and private hospitals and self employed is not significantly different, but the satisfaction level and performance amongst doctors is significantly different. From the mean value it is observed that Satisfaction and Performance of self employed doctors is higher than the doctors working with public and private hospitals. The study also found that satisfaction and performance of doctors working with private hospital is more affected and low as compared to doctors working with private hospitals. The result of the study is supported by other study by Kane Leslie (2014), which reveals that self employed doctors are somewhat more satisfied with their situation than are employed doctors, and employed doctors are unsatisfied with their situation than are self employed doctors.

**CHAPTER VII**  
**SUGGESTIONS AND**  
**IMPLICATIONS OF THE STUDY**

## **CHAPTER VII: SUGGESTIONS AND IMPLICATIONS OF THE STUDY**

This chapter deals with the suggestions and implications of the research/study undertaken.

### **7.1 SUGGESTIONS AND STRATEGIES TO IMPROVE THE WORK LIFE BALANCE OF DOCTORS :**

The fundamental need of every family is education, health and law. Out of which the health care is occupied the second place after education. Following strategies have been suggested by researcher after reviewing of various articles, talking to the respondents, looking in to causes of their problems and advice taken from various experts that may help the doctors to make a better balance between their personal and professional life and also to the organizations to design a better policy. The suggestions made under this chapter to improve the work life balance are divided in to three categories:

#### **SUGGESTIONS TO THE DOCTORS :**

Many doctors struggle to balance their professional commitments with their personal lives. For doctors it can be hard to get that balance right. As long as they are working, repeated demands of work and personal life will probably be an ongoing challenge for them. Indian doctors are overloaded as they are giving more appointment then they can cope with. In modern foreign countries like US, UK the doctors are giving appointments less than their required capacity per day. The patients are paying heavy fees to doctors in foreign countries in comparison to Indian doctors. It is observed that money orientation is more amongst Indian doctors, because we Indians are in the habit of more saving for keeping status, higher education to children, family responsibilities and others. Thus due to this doctors are facing a lots of problem in managing their work and personal life. Following strategies may help the doctors to make a balance in their personal and professional life as well as to improve their morale, satisfaction and attitudes carving in to positive tender warm behavior towards patients:



- ❖ **Managing Time & Setting Priorities are prominent:** Time management is one of the most critical areas that doctors attempt to manage. As a doctor one should always have too much to do each day. By setting boundaries and keeping to them (For e.g. I will not see more than a specified no. of patients in my clinic, nor do I want any interruptions unless there is an emergency), setting priorities and arrange the time at the work place according to that, putting family events on a weekly family calendar and reengineering in time table on regular basis may be required that will help the doctors to manage their time.
- ❖ **Identifying time wasters that are consuming their time, energy and encroaching upon their prime time:** Many people waste their time on activities or people that add no value. Take stock of activities that aren't really enhancing your career or personal life and minimizing the time one should spend on them. Learning to always start on time, because any lag would only worsen over the course of a day.
- ❖ **A little relaxation time:** It is not required to make big changes to bring more balance in life. Build more activities into the schedule that are important. By spending some of the time on hobby or planning a weekend go away with the family once a year, taking 10 to 15 minutes to do something that will help to recharge during a hectic day, read a novel, go for a walk, or listen to music. Make a little time for the things that ignite your joy. As happiness has direct relation to productivity one must need to think of the things which make them happy.
- ❖ **Being Honest:** One should be honest to oneself and about the time spends at work. Balanced life is to assess honestly what you need and what you want out of your whole life, not just work or home in isolation.
- ❖ **Social Networking:** It is recommended that doctors should integrate themselves into various social networks and high levels of social support, as this will greatly improve their mental health outcomes.
- ❖ **Assertive Behavior and Empathy:** Doctors are also a social animal, so they should try to improve their professional life but not at the cost of social values. Assert your profession but it should not harm your patients. It is always OK to say no if you want to say no, so

that one should be able to give quality time to his/her patients and family members. There will always be times whether it's a co-worker asking the doctors to organize an extra or when an emergency situation means that yes is the answer. But the most things can wait. So it is always better to fix the number of patients to make a proper balance but at the same time emergency cases should not be ignored, it will improve their moral values. Doctors are required to treat their patients with compassion and also developing deep and honest emotions for their partner spouses too.

- ❖ **Leave work at work:** One should concentrate on work when at job/on clinic and concentrate on family affairs without giving any articulation on either side. With the technology to connect to anyone at any time from virtually anywhere, there may be no boundary between work and home — unless you create it. Make a conscious decision to separate work time from personal time. One way to manage time pressure and to keep yourself distant from work is to delegate your work. For this purpose to receive calls and to take appointments and give initial treatments to patients qualified experienced assistant is appointed. Second line of doctors will be developed. So that general information is taken by the assistant doctors and general patients will be treated by them. So that doctors will be able to give more time to critical patients and thus able to manage their life in a better way.
- ❖ **Develop support system and peeping in to valuation time of their partners:** Having supportive family, friends and colleagues also helps to avoid imbalances and ease work pressures. Good relationships with colleagues and having an understanding and supportive partner is all important. Sharing with partner, communication and team work will help to achieve a balance. For this purpose doctors are supposed to create a humor in daily communication and it should be enjoyed. Every moment of life is taken in a positive spirit and enjoyed by both. Caring, sharing and loving with the partner and other family members and get involved in their matters and also involved them in your matters too may also help to create a balance.
- ❖ **Become familiar with your partner's schedule and use it convenient for both:** It is not only a good idea to distinguish which days are the most flexible for you, but also to familiarize yourself with when your partner has free time. Prioritizing and empathy are the most important part for a satisfied and happier family life. While we know that every concept has merits and demerits, one has to use most of the merits and see the convenience not only for himself but for spouse also.

- ❖ **Taking Care of Oneself:** To be effective at caring for loved ones and patients, one has to be careful for himself/herself. Self-care can include protecting time with friends and families, taking short breaks during the workday, eat healthy foods, exercising, and getting regular sleep and meals.
- ❖ **Attending Seminars/Workshops etc:** Take help from counselors and attend seminars, workshops, undergoing short term courses, personality development programs, time management programs and so on.
- ❖ **Use of Technology:** Doctors may use tele-working to work from home, use technology to access reports, scans etc. on-line and Electronic medical record will help the doctors to reduce the amount of paperwork and give patients and physicians more time to interact with each other on one on one basis.
- ❖ **Work Organization:** Organizing, planning and methodology involved in every work are important, whether it is in parts or in a whole. The mechanics of every work occupies the paramount place. Proper scheduling and fitting in to each other is necessary for every work to become usable. That means organizing most every element to allow as smooth a workflow as possible.
- ❖ **Working Smart:** Working smart by delegating administrative tasks to others or appoint staff for doing all such work or get it outsourced.
- ❖ **Take occasional leave, holidays and long weekends for rejuvenation:** Everyone needs a total break from the operational side of their role so that they can freshen their perspective on what needs to be done. It is always need to be around but if doctors got good structure with good support systems they can take time off.
- ❖ **Be Positive, Passionate and Enthusiastic:** Developing positive attitude by looking in to bright side of every problem. Attitude is very important for creating hygienic environment. The concept of PIPO (positivity in-positivity out) is catalyst in developing positive attitude and creating the aura which would be helpful in getting success and job satisfaction.

- ❖ **Achieving Integrated Life:** Keeping things in perspective. Create harmony in one's life-- a mixture of work, family and friends. We know that there is no two minute maggi solution formula for balancing work and family. It is a personal decision how one combines spouse, children and career.

## **SUGGESTIONS TO ORGANIZATION :**

Today due to ever-increasing demand in healthcare, the future of hospitalist practice rests, in no small part, on the work-life satisfaction of its doctors. A doctor's sense of commitment, happiness, and enjoyment in their work is going to be much higher if organization pays attention to the things they want to pursue. Well-being of Doctors is extremely important not only for the doctors, but also for the patients and organization too. Physician depression, job dissatisfaction, and low quality of life can harm patient care by contributing to major medical and medication mistakes, poor care practices and patient dissatisfaction that will affect the image of the organization too. Following strategies are suggested by researcher to organization that helps to improve the balance in work life of doctors and improve their morale, satisfaction and performance are:

- ❖ **Integration:** Work Life Balance issues need to be integrated in to the organization's HR Strategy. Collaborative approach between the hospital management and doctor's assist in the process of introducing new initiatives.
- ❖ **Facilities for Technological Assistance:** Organization should provide facility of Tele-working i.e. use of technology to allow doctors to work from home (e.g. electronic health records, access reports, scans etc. on-line); Establishment of an on-line job-share register to allow those seeking job-share positions to make contact.
- ❖ **Flexible Working Time:** There should be well designed flexible working hours. If the doctors are given freedom to choose their own work schedules; quality and productivity of their work is also increases. Because if this opportunity is given to the doctors, it will also bring to the responsibility for finishing work within specified deadline.



- ❖ **Shift Working:** Scheduling shifts with flexibility for shift doctors and understanding their personal needs and preferences is a key factor in determining whether shift work impedes or supports work-life balance. Negotiations and arrangements around working hours need to be customized as much as possible, to individual doctors' circumstances.
- ❖ **Supportive Management:** A supportive management is required to minimize the conflict between work and family. Top management should realize the importance of work life balance and its adverse affect on job satisfaction. Hospital Management should focus on policies that help to make a balance in the personal and professional life of doctors. In most of the cases lip sympathy does not work and conversion of words in to action is necessary for well being of the doctors and in turn to the organization.
- ❖ Facilities like Leave, child care, job sharing, part time employment, consultancy services outside the fixed business hours, compressed weeks and sabbatical leave for doctors for pursuing higher studies and looking for better employment elsewhere.
- ❖ **Appointment of Administrative Staff:** Adequate provision of administrative staff would help out and ease the core work of doctors. Administrative work can be delegated to admin staff. It has been seen that such provisions increases the efficiency of doctors.
- ❖ **Better Working Environment:** Organization need to create such an environment at the work place where there is a better communication and relationship amongst the staff members' i.e. senior and junior staff and amongst the colleagues. Nurturing a workplace culture by letting people take their leave time joyfully, providing opportunities for exercise and personal growth etc that will help to facilitates the health and wellbeing of the doctors.
- ❖ **Employee Assistance Programmes:** Organization should organize Specific Counseling programs on Work Life Balance, Family welfare, family counseling, Employees" social gathering and public contact programs that will be the better option to reduce the mental pressure in the work place as the study reveals more mental pressure on the Doctors.

- ❖ **Training Programs:** Training programmes should be organized for the doctors in the workplace for updations in their field, developing new skills, doing new courses, participate in competitions, conferences or for learning new techniques for growth in their career and other training programs on stress management, time management etc that helps them in managing their personal and professional lives.
- ❖ **Compensation and Rewards:** Providing fair compensation according to skills to the doctors and recognizing their efforts through monetary and non-monetary factors such as good payment, positive feedback for good work, giving them respect and appreciation for their contribution.
- ❖ **Participation of Doctors in Strategy Making:** Taking inputs from the doctors regarding policies, promotion and performance review processes and involve them at all levels of discussions and encourage ownership. Organizations need to ensure that policies are sustainable. A good place to start is to find out what problems doctors have with their current working arrangements and ask what options would help them to balance their work and personal lives.
- ❖ **Avoid Long Working Hours for doctors:** Long hours are not only damaging to the doctors but also to the organization. Organization need to understand that long hours may lead to lower the motivation, morale, turnover and productivity of doctors and reputation of both in the market. There has long been a recognition that happy employees are more productive and less likely to leave.
- ❖ **Periodical Review:** Periodically reviewing the implementation of policies would help to enhance the work life balance and satisfaction of doctors. Periodic meetings with the doctors to have the feedback. Constructive criticism helps in the progress of organization and improvement in services offered at all levels. It also ensures fairness and consistence in the way policies that support work-life balance are implemented.
- ❖ **Other Facilities** like Facility for rest room to the doctors working in different shifts in peaceful atmosphere, Provide assistance to the doctors by taking care of regular family needs like insurance bills payment, tax payment, electricity bill payment, payment of mobile phone bills, Internet bills and other routine works of the doctors that can be done

online in the hospital. So that they are free from such responsibilities. If the organization provides them assistant who will do all such work, it will reduce the stress level of doctors and thus they will be better able to balance their work life.

- ❖ Organization should also provide recreational benefits like holiday and vacations plan for doctors and their family members, picnics, club facility etc so that doctors will get break for some time from their routine and become reenergized and feel satisfied.

### **SUGGESTIONS TO GOVERNMENT :**

In today's society we live in an unparalleled era in that a higher proportion of doctors are engaged in paid employment than ever before. In addition, the pressures and demands of work reflected both in longer hours, more exhaustion and the growth of evening and weekend work leave less scope for "quality" family time. So its utmost important that Government should pay attention to the issues of WLB of Doctors.

- ❖ Government extended right to request for Flexible working hours, flexibility in workplace and working hours, with the aid of advanced technology
- ❖ Appointment of personal and professional counselors for doctors
- ❖ Liasoning with education industry for taking care of education of children of doctors.
- ❖ Government should set out proposals of how various strategies will be used to deliver improved work-life balance for organizations and doctors' to improve efficiency and services
- ❖ Encourages the hospitals to implement work-life strategies such as leave arrangements at work place like Annual Leave, Parental Leave, Paternity Leave, and Time Off for Dependents etc.
- ❖ Creating and strengthening an accurate and authentic data-base on doctors in all sectors of employment. This could be used as a tool of planning for both legislative as well as administrative intervention by the Government to protect and safeguard the interests of doctors working with public and private hospitals.

## **7.2 IMPLICATIONS OF THE RESEARCH STUDY :**

The outcome of the study will be useful to the individuals, organizations and the Society/Community in general. Following are the implications of the research study:

### **1) At the Individual Level :**

The study will be helpful to the doctors as they are able to make plan for their personal and professional life. It will also be helpful to design better working policy that will help the doctors in reducing the imbalances in their personal and professional life.

### **2) At the Organizational Level:**

The study will help the organization to develop a practical and workable work life balance policy benefitting and meeting the needs of both the organization and the doctors. If the doctors are satisfied, loyal and committed then the delivery of services with quality outcome is ensured.

### **3) Society:**

The quality of life is improved. Doctors will meet at time thus both service provider and service user will be benefitted.



**CHAPTER VIII**  
**CONCLUSION**  
**AND**  
**SCOPE FOR FUTURE RESEARCH**

## **CHAPTER VIII: CONCLUSION AND SCOPE FOR FUTURE RESEARCH**

### **8.1 CONCLUSION :**

Doctors are the pillars of the health care services, if their working conditions are encouraging, they in turn, would provide good services to the people and the nation at large. The study concludes that the major factors that may cause imbalances in the personal and professional lives of doctors are Physical and Mental stress, Personal Needs and Time Management, Workload and Family Support and the Work Itself. Out of which Physical and Mental stress faced by the doctors is the most important predictor of work life imbalance and organization wellness. Further the study also identifies that work life imbalances affects the morale, satisfaction and performance of doctors inversely. Whereas demographic variables such as age, marital status, children, experience, specialization and qualification of doctors affect their work life balance, morale, satisfaction and performance but gender of the doctors is not affecting their work life balance, morale, satisfaction and performance. It is also observed in the study that type of organization and the practice setting of the doctors may affect their satisfaction and performance but having no impact on the work life balance and morale of the doctors. Earlier the boundaries between the work and life were fairly clear but today it is not easy to maintain the balance between work and life. Still, work-life balance is not out of reach.

Achieving a good balance between work and family commitments is a growing concern for doctors and their organizations. There is now mounting evidence-linking work-life imbalance to reduced health and wellbeing among individuals and families. It is not surprising then that there is increasing interest of the hospital management to introduce work-life balance policies in their organizations. The suggestions given by the researcher will help the organization to create a family friendly policies as well as it also helps doctors to evaluate their relationship to work. Then apply specific strategies as mentioned in chapter VII of the study that help them to strike a healthier balance.

Work-life balance policies are most likely to be successfully mainstreamed in organizations which have a clear understanding of their business rationale and which respect the importance of work-life balance for all doctors. Whatever the chosen course, it is hoped that this research project report will form a stepping stone in the process and provide a basis for improving the work-life balance amongst doctors working with hospitals and clinics.

## **8.2 SCOPE FOR FUTURE RESEARCH :**

There is always a room for improvement and this research study is not an exception. The study relies on the responses of the sample population of doctors. The results of the study are affected by these responses and are subject to varying in a bigger or different sample. These limitations need to be addressed in future studies.

The study is with reference to doctors working in Urban Areas i.e. Indore City only, so in future other areas are also included or research is done on wider basis for whole state of Madhya Pradesh or India or on International basis.

This study concentrates only on the doctors working in public and private hospitals and clinics in Indore City which could not be generalizable and thus further studies could be applied on the Health Care Industry in India.

The study undertaken considers some of the variables affecting the work life balance, satisfaction; morale and performance of doctors have been considered. Other variables like family background, working hours, no. of members in the family, doctors who are living separately from their spouse and other family members due to their professional career etc also have been considered for further research/study.

The study is not able to cover doctors with all the specialization. So there is a further scope to include the doctors with other disciplines of medical sciences like homeopathy, ayurvedic and other disciplines.

The study is limited to allopathic doctors from selected hospitals in Indore city. There is a further scope to conduct a comparative study on other doctors also.

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# **ANNEXURE**

**PHD RESEARCH WORK: “A STUDY OF WORK-LIFE BALANCE IN HEALTH  
CARE INDUSTRY”**

**Sir/Madam,**

I, Rashmi Farkiya (Gharia) pursuing my Ph.D in Management from DAVV, Indore and am conducting a research titled “**A study of Work-Life Balance in Health Care Industry**” under the guidance of Dr Pawan Patni (Director, Pioneer Institute of Professional Studies, Indore) . The present study is related to Work-Life Balance amongst Doctors and the impact of it on the morale, performance and satisfaction of Doctors. A questionnaire has been developed for this purpose. I request you to give your free and frank response to the following questionnaire.

I assure you that all the information provided by you will be kept strictly confidential and shall be used only for academic research purpose. I shall be highly obliged for your kind cooperation.

With best regards

**Yours Educationally,  
Rashmi Farkiya (Gharia)**

**QUESTIONNAIRE**

I request your response for the following statements by picking one of the given options on the right side of each statement to indicate how these are true as per your experience. Use the following key for your ratings:

**Ratings, 0= if it is not true**

**1= if it is a little true**

**2= if it is somewhat true**

**3 =if it is fairly true**

**4= if it is definitely true**

<b><u>S.</u></b> <b><u>No</u></b>	<b><u>Statements</u></b>	<b><u>0</u></b>	<b><u>1</u></b>	<b><u>2</u></b>	<b><u>3</u></b>	<b><u>4</u></b>
1.	I am able to balance my work life.					
2.	I feel happy about the amount of time I spend at work.					
3.	I miss out quality time with my family or friends due to pressure of work.					
4.	I feel tired or depressed due to work.					
5.	I feel that demands of work affect my home/personal life					
6.	I feel that balancing work life creates an impact on my mental and physical status.					
7.	I would be happy to spend the rest of my career with this organization					
8.	I feel pleasure in discussing about my organization with outside people.					
9.	I really feel as if this organization's problems are my own.					
10.	I do not feel like 'part of the family' in my organization					
11.	I do not find it difficult to take leave at the time of emergencies					



**Ratings, 0= if it is not true**

**1= if it is a little true**

**2= if it is somewhat true**

**3 =if it is fairly true**

**4= if it is definitely true**

<u>S.</u> <u>No</u>	<u>Statements</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
1.	I am able to balance my work life.					
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5.	I feel that demands of work affect my home/personal life					
6.	I feel that balancing work life creates an impact on my mental and physical status.					
7.	I would be happy to spend the rest of my career with this organization					
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9.	I really feel as if this organization's problems are my own.					
10.	I do not feel like 'part of the family' in my organization					
11.	I do not find it difficult to take leave at the time of emergencies					

**Ratings, 0= if it is not true**

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**3 =if it is fairly true**

**4= if it is definitely true**

<u>S.</u> <u>No.</u>	<u>Statements</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
12.	I do not get time for exercise and take care of my health.					
13.	I work for extra hours to get my work done					
14.	I meet the expectations of my colleagues.					
15.	I meet prescribed deadlines and schedules, without affecting my home life.					
16.	I am able to participate in community activities and attend to religious commitments.					
17.	I often take additional work to home.					
18.	I share the work with my colleagues whenever needed.					
19.	I get the opportunity to enjoy holidays with my family.					
20.	I do not get time for my sick partner/child/parents/friends					
21.	I can adjust my working schedule to attend to my life priorities					
22.	I enjoy the privileges I am offered by the organization.					
23.	I love the kind of work I do without any stress					
24.	I am not comfortable with the amount of traveling time required to reach the organization.					
25.	I am not able to attend to my household requirements					
26.	I am not doing any overtime to complete my work					
27.	I do not get compensated for my extra efforts in an organization.					

**Ratings, 0= if it is not true**

**1= if it is a little true**

**2= if it is somewhat true**

**3 =if it is fairly true**

**4= if it is definitely true**

<u>S.</u> <u>No.</u>	<u>Statements</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
28.	I feel my work is mentally straining					
29.	I have too much administrative work or paperwork.					
30.	I do not have adequate authority to carry out my job duties					
31.	I do not get proper time for professional development and self development					
32.	I do not have adequate promotion prospects					
33.	I have time pressure and deadlines to meet					
34.	It is difficult for me to distance myself from my work					
35.	Empowered to participate in decision-making.					
36.	I feel difficulty in maintaining relationship with superior.					

**Ratings: 0= if it is not true**

**1= if it is a little true**

**2= if it is somewhat true**

**3 =if it is fairly true**

**4= if it is definitely true**

<b><u>S.</u> <u>No.</u></b>	<b><u>Statements</u></b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
37.	I have a feeling of being underpaid					
38.	There are sufficient resources and facilities to get work done					
39.	I have a feeling of working with incompetent colleagues					
40.	I feel the jealousy and competition hinders performance amongst colleagues.					
41.	I feel that there is a lack of support from superiors.					
42.	I feel that there is discrimination and favoritism in my organization.					
43.	I am unable to make full use of my skills and ability					
44.	I do not get emotional support from my family					
45.	I enjoy doing my job					

**Suggestions (if any, please specify)**

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**Personal Details**

Name (optional): .....

Organization: .....

Designation: ..... Experience .....

Qualification: ..... Age: .....

Specialization: .....

Gender: ..... Marital Status: .....

Children: Yes/No .....

(If yes then specify no. of children with (age).....