

How Demographic and Socio-Economic Factors Affect Work Life Balance of Female Nurses Working in Public Hospitals of Uttarakhand

Shamsher Singh

Research Scholar, Kumaun University, Nainital Address - Rudrapur, U.S Nagar, Uttarakhand, Pin - 263153 Email address: shamsher1901@gmail.com

Abstract— Since organizations are employing both male and female employees at present, the problem with female employees is more intense. family obligations along with stress and burnout associated with the workplace leads to work-family conflict, thereby the chances of WLB reduces. outside formal/paid employment, there is unpaid work like caring responsibilities, cooking, cleaning etc. for working women and leisure time is just a fantasy (collins 2007). Therefore, professional work life balance remains a challenge for them to prove themselves. they feel stressed and frustrated when work does not allow them to look after their family and vice versa. they do not like work crossing their family responsibilities and they draw tight boundaries between them (burke, 2002). This managerial issue is a challenging factor for young as well middle-aged working women having children in healthcare industry also, which has provided impetus for this study. data from 214 female nurses working in 16 public hospitals across six districts of kumaun division of uttarakhand was collected through structured questionnaire and was evaluated using descriptive analysis. out of eight demographic and socio-economic variables, the perception of nurses shows that four variables are negatively affecting their work life balance. public hospitals should frame and implement policies, which can help nurses to focus on their work as well as family so that they are happy with the amount of time for household as well as social activities. This will also help to reduce work family conflict and enhance their work life balance along with quality of life.

Keywords— Work Life Balance, Nurses, Demographic Factors, Socio-Economic Factors.

I. INTRODUCTION

Researchers have highlighted the importance of Work Life Balance of nurses in healthcare sector and have attempted to identify the predictors and antecedents of this construct. However, this problem of integration between work and life both not interfering with each other is difficult to handle and no such study has been carried out on the nurses of Kumaun Division of Uttarakhand. Hence, in this study the researcher has tried to identify all the demographic and socio economic factors affecting Work Life Balance of nurses working in government hospitals of Kumaun Division of Uttarakhand. Demographic variables includes variables to test whether respondent's job status is in accordance to their education and experience as it can influence Work Life Balance. Age, marital status, number of dependents and health status of nurses working in public hospitals are important variables included in this part of questionnaire as married nurses having children would have more family obligations as compared to unmarried nurses which can impact negatively on their Work Life Balance. Socio-Economic variables includes variables related to family responsibilities which can drain energy; assistance of family members in household activities; self and family income; time availability for household and social activities will be studied and analyzed to find their impact on Work Life Balance. Suggestions to frame compatible and sustainable human resource policies to enhance the Work Life Balance of nurses will be made on the basis of type and place of hospital as hilly areas of this region have adverse geographic conditions and have shortage of healthcare facilities and professionals. In order

to conduct this study, the requirement of qualitative data has been fulfilled by gathering it from the primary source.

II. NURSES AS THE NERVOUS CENTER OF HEALTHCARE

Healthcare system in India is offering a wide range of products, treatments, facilities and services with staff having diverse skill levels across all categories in public as well as private hospitals. But nurses are the nervous center of the health world and are considered as the patient's advocates and linkages between doctors and patients and even between patients and medicines as buffers, translators, mediators and facilitators. Moreover, being the key components of health care sector nurses have a significant role in upgrading health standard and enhancing patient care and safety.

Nurses constitute about 75% of the workforce in Indian healthcare sector. Technological advancements, globalization, health awareness and increasing demand of quality medical care has led to the corporatization and privatization of hospitals and health care services. This has raised the efficiency as well as competition level among hospitals but at the same time has contributed negatively on Work Life Balance of nurses. Work exhaustion, constant deadlines, intense pressure, stress, job insecurity and workplace conflict are some of its factors.

Government hospitals on the other hand are more preferred by nurses as they provide better salary, job security, fixed working hours, leaves, incentives and perks. But their poor, deficit and unhealthy work environment leads to increased cost and more cases of medical negligence, dissatisfied patients, conflicts, turnover and poor reputation of the hospital and contributes negative Work Life Balance



Volume 7, Issue 2, pp. 82-85, 2023.

of nurses and other working staff members including doctors. Outbreak of pandemics like SARS, A/H1N1 influenza and COVID 19 has also made the situation worse. Nurses responding to a pandemic outbreak are exposed to physical and psychological stressors that may result in severe mental health outcomes, thus reducing their Work Life Balance.

III. WORK/LIFE CONFLICT

Work Life Balance is out of picture when the pressures from one role make it difficult to comply with the demands of the other. This is known as work/life conflict. This means that if the individuals do not have a 'good' mix and integration of work and non-work roles, they may experience negative or conflicting outcomes. This implies a bidirectional relationship where work can interfere with nonwork responsibilities (work/life conflict) and vice versa (life/work conflict). Employees who experience increased stress due to work/life conflict are less productive, less committed to, and less satisfied with, their organization and more likely to be absent or leave the organization. Individuals experiencing interference between work and personal lives are more likely to suffer from reduced psychological and physical health.

As per report of Employment and Social Development Department, Canada, 2004, people who experienced life/work conflict were nearly 30 times more likely to suffer from a mood disorder (e.g. depression), 10 times more likely to have an anxiety disorder and 11 times more likely to have a substance-dependence disorder (e.g., heavy drinking), 3 times more likely to suffer from heart problems, infections, injuries, mental health problems, and back pain and 5 times more likely to suffer from certain cancer. On the other hand, employees with lower levels of work/life conflict report higher job satisfaction overall.

IV. RESEARCH METHODOLOGY

This study will be descriptive research design in nature. Data from 214 female nurses working in 16 public hospitals across six districts of Kumaun Division of Uttarakhand was collected through structured questionnaire. Data was collected physically using proportional random sampling technique as equal proportion of nurses from various public hospitals was tried to be selected. Participants were selected with the help of MSExcel usino the =RANDBETWEEN(bottom, top) formula from the list of names of nurses working in various public hospitals. Descriptive analysis has been used and the variables having mean value above the average level i.e. 2.50 (50 Percentage) out of 5 will be treated as variables influencing Work Life Balance positively and the variables having mean value below the average level i.e. 2.50 (50 Percentage) out of 5 will be treated as variables influencing Work Life Balance negatively. Variables having mean value more than or equal to 3.50 (70 percentage) will be treated as highly positive variables influencing Work Life Balance and the variables having mean value less than or equal to 1.50 (30 percentage) will be treated as highly negative variables influencing Work Life Balance.

V. FINDINGS (DESCRIPTIVE ANALYSIS – MEAN ANALYSIS)

Table 1 provides the analysis of the variables related to demographics influencing Work Life Balance in government hospitals of Kumaun Division of Uttarakhand.

S.No.	Variables	Public Hospitals				
		Ν	Mean	SD		
1	My job status/position is in accordance to my education & experience	214	3.51	3.25		
2	Face problems because of my age and marital status.	214	2.40	2.28		
3	Number of dependents in family creates problem.	214	2.14	1.97		
4	I suffer because of my health.	214	3.46	3.23		

TABLE 1: Mean Analysis of Demographic Related Variables (Primary-data source)

Inference

It is inferred from Table 1 that the question used in variable 1 is positively connoted and questions used in variable 2, 3 and 4 are negatively connoted therefore reverse coding has been used in variable 2, 3 and 4 for the calculation of mean and standard deviation. Variable-1 reflects the perception of the nurse's towards job status/position, whether it is in accordance to their education and experience. Mean values of this factor affecting Work Life Balance of nurses in public hospitals is higher (M=3.51) is not the matter of concern for public hospital nurses. In case of variable-2, the perception of nurses regarding problems faced because of their age and marital status is being



reflected. The perception of public hospital's nurses on this variable is low (M=2.40) which indicates that this variable is influencing their Work Life Balance negatively. Variable-3 represents problems being faced by nurses due to number of dependents in family where perception of nurses (M=2.14) indicates which means that they face problems due to number of dependents in family. Therefore, this variable has negative influence on Work Life Balance of nurses in public hospitals. Variable-4 which reflects influence of Work Life Balance on health where perception of nurses (M=3.46) indicates that this variable has no negative influence on Work Life Balance.

From Table 1 it is inferred that the perception on the demographic variables that are negatively affecting Work Life Balance of nurses working in public hospitals are:-

- Problems faced because of age and marital status.
- Problems faced due to number of dependents in family.

Table 2 provides the analysis of the variables related to Socio-Economic influencing Work Life Balance in government hospitals of Kumaun Division of Uttarakhand.

TABLE 2: Mean Analysis of Socio-Economic Related Variable	es (Primar	y-data	source	e)	

S.No.	Variables	Public Hospitals				
		Ν	Mean	SD		
1	Family obligations /responsibilities drains me of energy.	214	2.27	2.12		
2	Family members assist me in household activities.	214	2.22	2.05		
3	I am satisfied with self and family income.	214	3.76	3.43		
4	Happy with the amount of time for household and social activities.	214	2.57	2.46		

Inference

It is inferred from Table 2 that the question used in variable-1 is negatively connoted and questions used in variable 2, 3 and 4 are positively connoted therefore reverse coding has been used in variable-1 for the calculation of mean and standard deviation. Variable-1 reflects the perception of the nurse's towards familv obligations/responsibilities, which can drain energy of the nurses. Mean values of this factor of nurses in public hospitals is (M=2.27) which indicates that nurses believe that their family obligations/responsibilities drain energy for hospital work. In case of variable-2, the perception of nurses towards family members who assist them in household activities is being reflected. Mean values of this factor of nurses in public hospitals is (M=2.22) which indicates that nurses face problem of family member's assistance in household activities, which is influencing their Work Life Balance negatively. Variable-3 represents the perception of nurses regarding satisfaction level with self and family income, which is higher in public hospitals (M=3.76). This indicates that they are satisfied with self and family income and this variable has no negative impact on nurse's Work Life Balance. Variable-4 which reflects the perception of nurses regarding availability of time for household and social activities which is higher in public hospital's nurses (M=2.57) which indicates that this variable has no negative influence on Work Life Balance of private hospital nurses.

From Table 2 it is inferred that the perception on the Socio-Economic variables that are negatively affecting Work Life Balance of nurses working in public hospitals are:-

- Family obligations/responsibilities, which drain energy of the nurses.
- Family members who assist in household activities.

VI. CONCLUSIONS & RECOMMENDATIONS

The study has revealed that the perception on the demographic variables that are negatively affecting Work Life Balance of nurses working in public hospitals are problems faced because of age and marital status; and problems faced due to number of dependents in family. Married nurses having dependents in family have negative Work Life Balance. Most of them believe that they face problems because of age and marital status.

It is found that the perception on the Socio-Economic variables that are negatively affecting Work Life Balance of nurses working in public hospitals are family obligations/responsibilities, which drain energy of the nurses; and family members who assist in household activities.

This study provides information, which could benefit the Management of Healthcare institutions in better understanding the perception of female nurses on Work Life Balance and its impact on Quality of Life in the present organizations. Therefore, proper planning and administration along with effective execution of plans is required so that the overall efficiency of healthcare should



Volume 7, Issue 2, pp. 82-85, 2023.

be enhanced. Allocation of new human resource, filling up vacant positions, more focus on hilly regions and places where burden on healthcare facilities is more is required. Public-Private Partnership is required to achieve the desired goals and to enhance the efficiency, accessibility and availability of essential healthcare services required by people. All the technical, infrastructural and financial resources are needed to be enhanced to meet the increasing demand of healthcare facilities across the state. The Management of Public hospitals could consider and develop the following in order to make their nurses more perceived and satisfied with their Work Life Balance in the present work environment and improve their quality of life and perform better.

Therefore, hospital administration must acquire a transparent and honest provision of job position/status, which should be in accordance to performance, education and qualification of nurses. Aged and married nurses should be given privileges like flexible time and work, leaves like sick leaves, maternity leaves and childcare leaves etc. Job sharing and job rotation facilities along with provisions like crèche/childcare facility, house accommodation and pickup and drop facility will help them to balance their work and family life largely. Furthermore, the provision of Work Life Balance policies is likely to play a role in recruiting and retaining good-quality employees and maintaining a competitive edge in a demanding market place. Hospital management therefore should try to enhance job satisfaction level of nurses by caring them and encouraging them to pursue their hobbies along with providing various human resource policies with transparency and honesty.

From the HR-Practices aspect, although efficient and effective human resource policies are required at the organizational level to utilize human resource for achieving individual and organizational objectives but hospitals are still lacking in it. Hospital's management therefore should try to provide quality of life to nurses by encompassing all the ingredients with genuine interest and transparency and honesty. Main components of quality life in case of nurses are various human resource development practices starting from recruitment and placement until retirement along with better salary and incentives is required initially. Facilities like flexible work arrangements, job sharing, job rotation, sick leaves, maternity leaves, childcare and adult care leaves, special day leaves along with crèche or childcare facility at workplace will help a lot to manage their work and life balance. These facilities if accompanied with other facilities like house accommodation, pickup and drop facility, recreational activities and family get together will help nurses to face the stress and work pressure at workplace along with family obligations. It will also enhance their Work Life Balance and will make nurses more active, energetic, motivated, enthusiastic, healthy and productive. Merely creating a work/life policy framework is not enough. Fostering an organizational culture that supports the use of available policies is also of great importance. Hospitals need to be supportive and empathetic towards their employee's multiple roles and responsibilities.

Finally, the outcome of this research will add up to the existing body of knowledge, which can be useful for the economic and social progress of our country.

REFERENCES

- Malik, M., & Aylott, E.(2005), "Facilitating practice learning in preregistration nursing programmes – a comparative review of the Bournemouth Collaborative models", *Nursing Education in Practice*, 5, 152-160.
- [2]. Ahmed, M.Z., & Safadi, E.G. (2013), "Decisional involvement among Nurses: Governmental versus Private Hospitals", *Health Science Journal*, Volume.7, Issue.1, 18-27.
- [3]. Deepak Chawla & Neena Sondhi (2011), "Assessing work life balance among Indian women professionals", *The Indian Journal of Industrial Relations*, Vol. 47, No. 2.
- [4]. Okemwa, D. O. (2016), "Relationship between Flexible Work-Arrangement and Commitment of Nurses in Public Hospitals in Kenya", *International Journal of Academic Research in Accounting, Finance and Management Sciences*, 6(3), 255-261.
- [5]. Banu, A.R. (2015), "A structural equation model-I for work life balance of IT professionals in Chennai", *European Journal of Business and Management*, 7(4), 221-229.
- [6]. Carlson, D.S., Kacmar, M.K., Williams, L.J. (2000), "Construction and Initial Validation of a multidimensional measure of work-family conflict", *Journal of Vocational Behaviour*, 56(2), 249-276.
- [7]. Tandon & Chawla (2018), "A study of work life balance of women employees in life insurance in Life Insurance Corporation of India", *IOSR Journal of Business and Management*, Vol. 20, Issue 7, Ver. VII: 04-09
- [8]. Suguna G & Eugine Franco C. (2016), "A study on work life balance of nursing staff working in private hospitals in Palayamkottai", *International journal of Research – Granthaalayah*, Vol. 5, Iss.8: 106-109.
- [9]. Rawal, C. N. & Pardeshi, S. A. (2014), "Job Stress Causes Attrition among Nurses in Public and Private Hospitals", *Journal of Nursing and Health Science*, 3(2), 42-47.
- [10]. Shobana, S. P. & Kannan, S. (2016), "A Comparative Study on Work Life Balance Among Nurses With Special Reference to Government and Private Hospitals in Tirunelveli District", *IJARIIE*, 1(1), 330-332.
- [11]. Pandu A, Balu A & Poorani K. (2013), "Assessing work life balance among IT &ITeS women professionals", *The Indian Journal of Industrial Relations*, Vol. 48, No. 4
- [12]. Kumari, S. V. & Selvi, A. M. (2013), "The Impact of Work-Life Balance on the Wellbeing of Employees in the Telecom Sector". *International Journal of Science and Research (IJSR)*, 5(2), 597-601.
- [13]. Krishnan, I. G., Raj, S. A. (2016), "A Study on Emotional Intelligence and Work Life Balance among Female Nurses in Kerala", *Research Journal of Commerce and Behavioural Science*, 05(10), 12-16.
- [14]. Bansal, Nidhi & Agarwal, Upasna A. (2017), "The gap between availability and expectations of work life balance", *The Indian Journal of Industrial Relations*, Vol. 45, No. 3: 528-542.
- [15]. Rajan, Bellare, (2011), "Work related stress and its anticipated solutions among post-graduate medical resident doctors: A crosssectional survey conducted at a tertiary municipal hospital in Mumbai, India", *Indian Journal of Medical Sciences*, ISSN: 0019-5359 Vol:65, Issue 3, Pp.100-106.
- [16]. https://ruralindiaonline.org/en/library/resource/all-india-survey-on higher-education-2018-19.
- [17]. https://censusindia.gov.in/census.website/
- [18]. https://www.census2011.co.in/literacy.php
- [19]. https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS
- [20]. https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life -Sciences-Health-Care/gx-lshc-hc-outlook-2019.pdf
- [21]. https://www.ibef.org/industry/healthcare-india
- [22]. https://budget.uk.gov.in/pages/display/115-budget-2018-19
- [23]. https://www.niti.gov.in/sites/default/files/202103/InvestmentOpportuniti es_HealthcareSector_0.pdf
- [24]. https://ieg.worldbankgroup.org/sites/default/files/Data/reports/ipdet.pdf