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# PREDICAMENTS OF WORK LIFE BALANCE AMONGST DOCTORS WITH SPECIAL FOCUS ON THEIR AGE, GENDER, SPOUSE PROFESSION AND HOURS OF WORK

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#### ABSTRACT

Unlike west there is no much focus exerted by Indian Organizations to design Work Life Balance programs to help their employees. There is greater demand of such, especially in the areas of Medical Services as there is huge gap between the requirement of service and availability of service. Though there are numerable factors which may hinder or help in Work Life Balance, this study is an effort to measure the effect of Age, Gender, Spouse Profession and Hours of Work on the Work Life Balance of the Doctors in accomplishing their Life and Work needs. According to the study results, there is significant influence of these factors on the Work life Balance issues exhibited by the Doctors and hence the Organizations need to focus on these issues to help in their employees to coup thus helping them to render better service to their clientele.

## **INTRODUCTION**

The concept of work life balance has emerged from the acknowledgement that an individual's work life and personal /family life may exert conflicting demands on each other. To achieve Work life Balance it involves reduction of conflicting situations, reducing negative effects of certain work related factors and enhancing positive factors. Conflict is a normal part of life and is a natural result of the conflicting demands arising from multiple roles of the person. This conflict exists more in medical profession as Doctors spend more time on their profession, they are away from home; therefore they became vulnerable to family disturbances and experience or face difficulties in maintaining family life balance. This situation is one of the reasons for taking up this study.

"Work is a rubber ball. If you drop it, it will bounce back. The other four balls-family, health, friends, and integrity-- are made of glass. If you drop one of these, it will be irrevocably scuffed, nicked, perhaps even shattered." BY Gary Keller 2014. However, great competition and scarce resources pose a great challenge to doctors these days. There is only one doctor per 1,700 citizens in India; the World Health Organization (WHO) stipulates a

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minimum ratio of 1:1,000. Thus it becomes very difficult for a doctor to effectively and efficiently manage his time while treating the patients. Spending too less time with a patient in order to treat more number of patients poses a risk too. Some of the risks involved in such a scenario include improper diagnosis and dissatisfaction among patients as they feel they are hurried and not given proper treatment. Spending too much time with a patient again has its own setback, such as the patients coming for treatment may get frustrated with the waiting time indirectly leading to a stressful situation for the doctor.

#### **REVIEW OF RESEARCH**

The articulation of work and life has become a key feature of present scenario. Everyone in the society is in the need of having good work life balance. The past research in this area reveals only few people experience work and life as separate and balanceable, many of them were not able to distinguish and disentangle work and life. The overwork can have a debilitating effect on life is not a new concept, improper work life balance has hidden injuries and has long-term consequences on workers lives.

Generally the "work life balance" debate assumes that individuals have too much rather too little work, a debilitating long working hour culture is said to be pervasive.

Sara(2008) found that awareness of the WLB issues and options are unevenly spread amongst professionals.

Fiona(2007) stated that flexible working practices are good for WLB and managers are better able to maintain a good WLB than workers, and that the development of an appropriate WLB policy assists in ensuring company loyalty and positive attitudes to work.

Liz(2004) explored the main barriers to women's progression and highlights the long hours associated with managerial roles as a major problem.

Jeff and Juliette(2007), in their study, stated that employees do influence WLB issues in the financial services sector and that WLB initiatives had greater breadth, codification and quality where independent unions were recognized. In all cases, however, the extent of departure from minimal statutory levels of provision was not great.

Jennifer and Susan(2010), in their research, found that the part-time managers of the sample chosen in the study held varied careers while working full-time, but careers stalled once a transition to part-time work was made. The majority were career-focused, worked intensively and felt frustrated with their lack of mobility and career progression while working part-time. The majority worked in excess of their contracted hours and did not experience an appropriate reallocation of work when they reduced hours.

Miryala & Nagapriya (2012) studied the essentiality of adopting work life balance policies for teachers teaching at Government and Private Institutions.

As literatures available on the Western world reveal work domain variables; such as working hours, schedule inflexibility or work stressors, to have association with work family conflict, study of the same sort has relevance in the socio-economic context of Dhaka. Two main branches of WFC area- work interfering with family conflict (WIF) and family interfering with work conflict (FIW) have widely been studied in the Western context, while a little is known in the socio-economic scenario of Dhaka. Dhaka, being the cosmopolitan city, shares some important commonness with other economic hubs of the developed world. This study has taken into account the impact of single work domain variable; i.e. working hour, Spouse Profession and other Demographic variable.

## Work life Balance in Doctors

Doctors working in industrialized countries have traditionally worked long hours particularly during the early stages of their careers with 24 hour on call shifts and 100 hour working weeks. More over their schedules often featured frequent overnight and on call duties. Historically such schedules have been seen as an essential feature of junior doctors training underpinned by the need to experience firsthand exposure to a wide verity of patient cases. Such a regime ensures that trainees develop the ability to recognize the impact of their interventions over time and obtain practice in independent decision making. As such the demanding work hours undertaken has been described as a site of passage and a necessary part of junior doctors (Jagsi et al 2005).

Over recent years there has been a gradual recognition that the stressful working environment faced by doctors is not conducive to successful medical practice or to the reduction of medical errors (Holmes 2005). There is growing recognition in both academic and political domains that the hours worked by doctors are unacceptable, with respect to the welfare of doctors and the patients they treat. Research has shown that the long hours worked by doctors negatively impact on their sleep, on duty fatigue, eating habits and their ability to maintain a healthy work life balance (Nocera & Khursandi 1998).

Pilcher (1996) reported that sleep loss in trainee doctors (i.e. less than 5 hrs of sleep per night) significantly reduced cognitive performance and mood. A Meta analytic study concluded that cognitive performance in physicians is reduced as a result of fatigue and sleep loss associated with extended work hours.

The above findings suggest that extended shifts in which doctors are continuously on call are major cause of sleep deprivation and therefore are a potential source of medical error. A recent systematic review reported that the reduction of shifts over 16 hours was associated with improvement in patient safety as well as doctor's quality of life in most studies by Levine, Adesumilli & landriadan 2010.

The literature documents a wide variety of implications for work performance within the medical profession arising from Fatigue. However the solution is complicated by issues such as potential tradeoff between continuity of care and decreased fatigue (Fletcher et al 2004). If a work environment poses excessive demand in terms of work hours and productivity leading to stress, can impact the overall performance of the professional which may hamper the professional's family life. Work life balance is one of the important areas of Human Resource Management that is receiving increasing attention from government, researchers, management etc. (Pocock et al. 2001). Factors contributing to the interest in work life balance issues are global competition renewed interest in personal lives/family values and an aging work force (Lock wood 2003).

## **OBJECTIVES OF THE STUDY**

1. To assess the influence of Age, Gender, Spouse Profession and Hours of Work on the aspects of Work Life Balance of Doctors;

## **HYPOTHESES:**

- 1. H<sub>01</sub>: There is no significant influence of Doctor's Age on the aspects of Work Life Balance
- 2. H<sub>02</sub>: There is no significant influence of Doctor's Gender on the aspects of Work Life Balance.

- 3. H<sub>03</sub>: There is no significant influence of Doctor's Spouse Profession on the aspects of Work Life Balance.
- 4. H<sub>04</sub>: There is no significant influence of Doctor's Working Hours on the aspects of Work Life Balance.

## **RESEARCH METHODOLOGY**

Research methodology is the most important part of the research as it provides systematic framework for scientific research process. Research methodology section is presented in the following sub-sections:

- Sources of data
- Sample design
- Instrument for data collection
- The proposed tools and techniques for data analysis.

Sources of data: The study is based on both Primary data and Secondary data.

**Primary data:** Primary data is collected through administering a well-structured questionnaire consisting of 5-point scale on 36 Work Life Balance questions and 10 Demographic questions. An online version is developed to collect the data from respondents and such one will generate an immediate response to the respondent with their scores on Work Life Balance and its contributing sub-aspects.

**Secondary data:** Secondary data is collecting from the sources like, newspapers, magazines, journals, IMA Reports, Government and non-government reports, etc. The text books on Work Life Balance and related concepts are also reviewed for the purpose of the study.

**Sample design:** In the following sub-sections Population, Sampling Technique and Sample Size are elaborated.

**Population:** The target population for the study is both Doctors working in the state of Telangana. For Doctors the population consists of Doctors working in Government Hospitals, Corporate Hospitals, Private Hospitals, Medical Colleges and also private practitioners.

**Sampling Technique:** A combination of Area Sampling with Convenience Sampling technique is applied to derive the sample. The erstwhile Telangana state has 10 districts and each district has 4-5 divisions an average and each division has few number of mandals. All the districts are considered for the purpose of study and in each district two divisions are considered on the basis of simple random technique and by once again applying simple random technique within the chosen divisions the six mandals are chosen. And for both Doctors efforts are made to collect data from at least twelve target respondents using the convenience sampling technique.

Selection of Districts	10 districts are chosen	
Selection of Divisions	2 divisions in each district	20 divisions are chosen
Selection of Mandals	6 Mandals in each division	120 Mandals

**Sample Size:** To determine the sample size the following procedure is used. Presently the number of Doctors working with Government Hospitals, Corporate Hospitals, Private Hospitals, Medical Colleges and Private Partitioning are nearly 24,000. Using

this data and considering the concept as discussed in by Xu G (1999) and Sangren S (1999).

Sample Size = 10 Districts \* 2 Divisions \*6 Mandals \* 12 Respondents = 1440 respondents in each section of study

Presently respondents' response rate is more than 80% and even when it fluctuates and reaches a percentage less than 80% also the required target minimum sample size of 1067 will be attained which is sufficient for the conduct of the study.

**Method of Data Collection& Questionnaire Construction:** The primary data collected using the Questionnaire. The questionnaire has two major sections; one being the questions on the respondents demographic profile and other being on the aspects pertaining to the Work Life Balance. In designing the questionnaire the six aspects (Social needs, Personal needs, Time Management, Team work, Compensation & Benefits and Work itself) identified from review of literature are emphasized. So the focus of questions is to explore the respondents score on these aspects. And to avoid respondent error the indirect form of questioning is adopted.

**Testing of questionnaire**: A pilot study is conducted on a sample of 25 Doctors and after understanding their difficulties in understanding the questionnaire the required corrections are made in the instrument and then it is finalized. On the data collected as part of pilot study the Cronbach Alpha is calculated to measure the reliability rating of the questionnaire. The details are as follows:

Cronbach's Alpha	.878
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**Data Analysis Tools and Techniques:** Presently the individual scores of respondents are shared with them and it is also proposed to use the appropriate statistical techniques for further analyze the respondents' data using SPSS software and on finding requirement the Structural Equation Modelling shall be used.

## **Profile of Doctors**

Table 1: Profile of the Doctors

		Frequency	Percent	Valid Percent	Cumulative Percent
	Corporate Hospital	116	10.8	10.8	10.8
	Govt Hospital	279	26.0	26.0	36.8
Category of	Medical college	172	16.0	16.0	52.8
Organization	Own Hospital/Clinic	271	25.2	25.2	78.0
	Private Hospital	236	22.0	22.0	100.0
	less than 25 years	56	5.2	5.2	5.2
Age	25 to 30 years	401	37.3	37.3	42.6
	31 to 40 years	420	39.1	39.1	81.7
	41 to 50 years	60	5.6	5.6	87.2

	51 to 60 years	100	9.3	9.3	96.6
	above 60 years	37	3.4	3.4	100.0
Gender	Male	749	69.7	69.7	69.7
	Female	325	30.3	30.3	100.0
	Doctor in the	335	31.2	31.2	31.2
	other Hospital				
	Doctor in the	271	25.2	25.2	56.4
Spouse	same Hospital				
Profession	House Maker	174	16.2	16.2	72.6
	Non Doctor	205	19.1	19.1	91.7
	Not	89	8.3	8.3	100.0
	Applicable				
	Less than 6	150	14.0	14.0	14.0
	hours				
Hours of Work	6 to 8 hours	395	36.8	36.8	50.7
HOUTS OF WORK	8 to 10 hours	300	27.9	27.9	78.7
	More than 10	229	21.3	21.3	100.0
	hours				

Source: Primary Data

## Analysis of Doctors' Data:

The study was done by using Inferential Statistics to assess the influence of select variable like Age, Gender, Spouse Profession and Hours of Work on doctors Work life Balance. To be more accurate the data analysis was done by using ANOVA one way analysis and Hypothesis were tested for each select variable and its impact on WLB of Doctors considering the Social Needs, Personal Needs, Time Management, Team work and Compensation benefits of the Doctors.

Age:  $H_{01}$ : There is no significant influence of Doctor's Age on the aspects of Work Life Balance.

ANOVA								
		Sum of	df	Mean	F	Sig.	H <sub>0</sub>	
		Squares		Square			Accept/	
							Reject	
Social Need	Between Groups	7361.231	5	1472.246	5.954	.000	Reject	
	Within Groups	264085.213	1068	247.271				
	Total	271446.444	1073					
Dorsonal	Between Groups	10982.910	5	2196.582	13.436	.000		
Need	Within Groups	174598.749	1068	163.482			Reject	
	Total	185581.659	1073					
Time	Between Groups	1989.157	5	397.831	1.899	.092	Accent	
Management	Within Groups	223750.240	1068	209.504			Accept	

	Total	225739.397	1073				
	Between Groups	6289.962	5	1257.992	7.017	.000	
Team work	Within Groups	191462.956	1068	179.272			Reject
	Total	197752.918	1073				
Commonsation	Between Groups	5942.990	5	1188.598	6.263	.000	
banafita	Within Groups	202689.567	1068	189.784			Reject
Denemis	Total	208632.556	1073				
	Between Groups	9548.826	5	1909.765	9.923	.000	
Work	Within Groups	205551.997	1068	192.464			Reject
	Total	215100.823	1073				
Work Life Balance	Between Groups	2731.270	5	546.254	6.736	.000	
	Within Groups	86610.901	1068	81.096			Reject
	Total	89342.171	1073				

### Source: Primary Data

For the  $1^{st}$  dimension with regard to respondents' opinion about the social need, it is understood through the table above, that the mean score for different age's is supported by the F value is 5.954 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $2^{nd}$  dimension with regard to respondents' opinion about the personal need, it is understood through the table above, that the mean score for different age's is supported by the F value is 13.436 and Sig. value = 0.021 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $3^{rd}$  dimension about respondents' opinion with respective to the time management, it is understood from the results in the table above, that the mean score for different age's is supported by the F value is 1.899 and Sig. value = 0.092 which is statistically insignificant at 0.05 level. Hence, the null hypothesis is accepted and concluded that there is an insignificant difference between the two group's variances.

For the  $4^{st}$  dimension with regard to respondents' opinion about the team work, it is understood through the results in the above table, that the mean score for different age's is supported by the F value is 7.017 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is accepted and concluded that there is an insignificant difference between the two group's variances.

For the 5<sup>th</sup> dimension with regard to respondents' opinion about the compensation benefits, it is understood through the table above, that the mean score for different age's is supported by the F value is 6.263 and Sig. value = 0.000 which is statistically significant at 0.05 level.

Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the  $6^{th}$  dimension with regard to respondents' opinion about the work, it is understood through the table above, that the mean score for different specialization is supported by the F value is 9.923 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the 7<sup>th</sup> dimension with regard to respondents' opinion about the work life balance, it is understood through the table above, that the mean score for different age's is supported by the F value is 6.736 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

**Gender:**  $H_{02}$ : There is no significant influence of Doctor's Gender on the aspects of Work Life Balance.

		ANOV	4				
		Sum of	df	Mean	F	Sig.	H <sub>0</sub>
		Squares		Square			Accept/
							Reject
	Between Groups	6068.487	1	6068.487	24.514	.000	
Social Need	Within Groups	265377.957	1072	247.554			Reject
	Total	271446.444	1073				
Dersonal	Between Groups	918.693	1	918.693	5.333	.021	
Need	Within Groups	184662.966	1072	172.260			Reject
Ineeu	Total	185581.659	1073				
Timo	Between Groups	682.907	1	682.907	3.253	.072	Accept
Managamant	Within Groups	225056.490	1072	209.941			
wanagement	Total	225739.397	1073				
	Between Groups	3754.559	1	3754.559	20.747	.000	
Team work	Within Groups	193998.358	1072	180.969			Reject
	Total	197752.918	1073				
Companyation	Between Groups	3641.113	1	3641.113	19.041	.000	
bonofits	Within Groups	204991.444	1072	191.223			Reject
Denemus	Total	208632.556	1073				
	Between Groups	6167.938	1	6167.938	31.647	.000	
Work	Within Groups	208932.885	1072	194.900			Reject
	Total	215100.823	1073				
Work Life	Between Groups	3107.974	1	3107.974	38.636	.000	
Polonco	Within Groups	86234.197	1072	80.442			Reject
Datatice	Total	89342.171	1073				

Source: Primary Data

For the  $1^{st}$  dimension with regard to respondents' opinion about the social need, it is understood through the table above, that the mean score for gender is supported by the F value is 24,514 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $2^{nd}$  dimension with regard to respondents' opinion about the personal need, it is understood through the table above, that the mean score for gender is supported by the F value is 5.333 and Sig. value = 0.021 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $3^{rd}$  dimension about respondents' opinion with respective to the time management, it is understood from the results in the table above, that the mean score for gender is supported by the F value is 3.253 and Sig. value = 0.072 which is statistically insignificant at 0.05 level. Hence, the null hypothesis is accepted and concluded that there is an insignificant difference between the two group's variances.

For the  $4^{st}$  dimension with regard to respondents' opinion about the team work, it is understood through the results in the above table, that the mean score for gender is supported by the F value is 20.747 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is accepted and concluded that there is an insignificant difference between the two group's variances.

For the 5<sup>th</sup> dimension with regard to respondents' opinion about the compensation benefits, it is understood through the table above, that the mean score for gender is supported by the F value is 19.041 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the  $6^{th}$  dimension with regard to respondents' opinion about the work, it is understood through the table above, that the mean score for gender is supported by the F value is 31.647 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the 7<sup>th</sup> dimension with regard to respondents' opinion about the work life balance, it is understood through the table above, that the mean score for gender is supported by the F value is 38.636 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

## Profession of doctor's spouse:

H<sub>03</sub>: There is no significant influence of Doctor's Spouse Profession on the aspects of Work Life Balance.

	ANOVA							
		Sum of	df	Mean	F	Sig.	H <sub>0</sub>	
		Squares		Square			Accept/	
							Reject	
	Between Groups	9386.558	4	2346.639	9.572	.000		
Social Need	Within Groups	262059.887	1069	245.145			Reject	
	Total	271446.444	1073					
Dersonal	Between Groups	26732.652	4	6683.163	44.975	.000		
Need	Within Groups	158849.007	1069	148.596			Reject	
Neeu	Total	185581.659	1073					
Time	Between Groups	5628.589	4	1407.147	6.834	.000	Reject	
Managamant	Within Groups	220110.808	1069	205.903				
Wanagement	Total	225739.397	1073					
	Between Groups	2047.736	4	511.934	2.796	.002		
Team work	Within Groups	195705.182	1069	183.073			Reject	
	Total	197752.918	1073					
Companyation	Between Groups	6149.759	4	1537.440	8.117	.000		
bonofits	Within Groups	202482.797	1069	189.413			Reject	
Denemits	Total	208632.556	1073					
	Between Groups	10287.426	4	2571.857	13.424	.000		
Work	Within Groups	204813.396	1069	191.593			Reject	
	Total	215100.823	1073				1	
Work Life	Between Groups	3936.387	4	984.097	12.318	.000		
Relance	Within Groups	85405.784	1069	79.893			Reject	
Datatice	Total	89342.171	1073				1	

Source: Primary Data

For the  $1^{st}$  dimension with regard to respondents' opinion about the social need, it is understood through the table above, that the mean score for Profession of doctor's spouse is supported by the F value is 9.572 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $2^{nd}$  dimension with regard to respondents' opinion about the personal need, it is understood through the table above, that the mean score for Profession of doctor's spouse is supported by the F value is 44.975 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances. The  $3^{rd}$  dimension about respondents' opinion with respective to the time management, it is understood from the results in the table above, that the mean score for Profession of doctor's spouse is supported by the F value is 6.834 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is an significant difference between the two group's variances.

For the  $4^{st}$  dimension with regard to respondents' opinion about the team work, it is understood through the results in the above table, that the mean score for Profession of doctor's spouse is supported by the F value is 2.796 and Sig. value = 0.002 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the 5<sup>th</sup> dimension with regard to respondents' opinion about the compensation benefits, it is understood through the table above, that the mean score for Profession of doctor's spouse is supported by the F value is 8.117 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the  $6^{th}$  dimension with regard to respondents' opinion about the work, it is understood through the table above, that the mean score for Profession of doctor's spouse is supported by the F value is 13.424and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the 7<sup>th</sup> dimension with regard to respondents' opinion about the work life balance, it is understood through the table above, that the mean score for Profession of doctor's spouse is supported by the F value is 12.318 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

## No. of Hours attending to patients by the doctors:

H<sub>04</sub>: There is no significant influence of Doctor's Working Hours on the aspects of Work Life Balance.

ANOVA								
		Sum of	df	Mean	F	Sig.	H <sub>0</sub>	
		Squares		Square			Accept/	
							Reject	
Social Need	Between Groups	2656.647	3	885.549	3.525	.015		
	Within Groups	268789.798	1070	251.205			Reject	
	Total	271446.444	1073					
Personal	Between Groups	5581.384	3	1860.461	11.059	.000	Dojoct	
Need	Within Groups	180000.275	1070	168.225			Reject	

	Total	185581.659	1073				
<b>T</b> :	Between Groups	2729.802	3	909.934	4.366	.005	
Management	Within Groups	223009.595	1070	208.420			Reject
Wanagement	Total	225739.397	1073				
	Between Groups	2047.307	3	682.436	3.731	.011	
Team work	Within Groups	195705.610	1070	182.902			Reject
	Total	197752.918	1073				
	Between Groups	2562.465	3	854.155	4.435	.004	
bonofits	Within Groups	206070.091	1070	192.589			Reject
Denentis	Total	208632.556	1073				
	Between Groups	960.718	3	320.239	1.600	.188	
Work	Within Groups	214140.104	1070	200.131			Accept
	Total	215100.823	1073				
Work Life	Between Groups	267.436	3	89.145	1.071	.360	
	Within Groups	89074.735	1070	83.247			Accept
Datatice	Total	89342.171	1073				1

Source: Primary Data

For the  $1^{st}$  dimension with regard to respondents' opinion about the social need, it is understood through the table above, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 3.525 and Sig. value = .015 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $2^{nd}$  dimension with regard to respondents' opinion about the personal need, it is understood through the table above, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 11.059 and Sig. value = 0.000 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

The  $3^{rd}$  dimension about respondents' opinion with respective to the time management, it is understood from the results in the table above, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 4.366 and Sig. value = .005 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the  $4^{st}$  dimension with regard to respondents' opinion about the team work, it is understood through the results in the above table, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 3.731 and Sig. value = 0.011 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances. For the 5<sup>th</sup> dimension with regard to respondents' opinion about the compensation benefits, it is understood through the table above, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 4.435 and Sig. value = .004 which is statistically significant at 0.05 level. Hence, the null hypothesis is rejected and concluded that there is a significant difference between the two group's variances.

For the  $6^{th}$  dimension with regard to respondents' opinion about the work, it is understood through the table above, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 1.600 and Sig. value =.188 which is statistically insignificant at 0.05 level. Hence, the null hypothesis is accepted and concluded that there is an insignificant difference between the two group's variances.

For the 7<sup>th</sup> dimension with regard to respondents' opinion about the work life balance, it is understood through the table above, that the mean score for No. of Hours attending to patients by the doctors is supported by the F value is 1.071 and Sig. value = .360 which is statistically insignificant at 0.05 level. Hence, the null hypothesis is accepted and concluded that there is an insignificant difference between the two group's variances.

## CONCLUSIONS

The research study concludes that Work Life Balance by the Doctors is vital for the welfare of both the employees and the organizations/departments. It is accomplished that more the work – family conflict experienced by the doctors the less they are satisfied with their work life and family living.

Remarkably all the factors Age, Gender, Spouse Profession and Hours of Work has significant influence on the Work Life Balance of the Doctors. Hence the Organizations and the Doctors themselves need to take measures to effectively balance the issues that may erupt out of these imbalance, failing which there will be serious effect on Life or Work of the Doctors and thus resulting them to be a case of failure at one of these ends or both of them.

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