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**CAMPARATIVE ANALYSIS OF OVERALL WORK LIFE BALANCE  
OF MEDICAL PROFESSIONALS**

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**ABSTRACT**

In the last few decades, there has been a dramatic increase in the amount of research devoted to understanding the linkages between work and family and/or personal life. The term ‘Work-life Balance’ was first coined in 1986 in reaction to the unhealthy choices that many Americans were making in favour of the work place, as they opted to neglect family, friends and leisure activities in the pursuit of corporate / work goals. Medical professionals must endure an enormous amount of work-related stress. They have to be correct in all decisions. If they are wrong, a life could be lost. In addition, they have to be prepared to leave what they are doing at a moment’s notice to attend to a medical emergency. Also, there is a multitude of conflicting calls for their attention during a standard workday. Indeed, the profession is so stricken with “wounded healers” that the care of physicians has become a large field of work.

**Objectives of the study:**

- To know whether work-life balance / imbalance have an impact on the overall stress on medical professionals working in Government and Private Hospitals.
- To analyze whether is there significance difference between mean of overall stress in Male & Female Medical Professionals.
- To evaluate the significance difference between specialists & non specialists.
- To test the significance difference due to long working hours in Public & Private Hospitals.

**Key Words:** Work Life Balance, Medical Professionals, Stress

'Work Life Balance' has become a catchword. Ask anyone working in any sector and one can know what is life behind those posh buildings where cabs keep moving in and out endlessly. The corporate lifestyle comes with its own advantages and pitfalls. Prolonged working hours, catching up with deadlines and the duties towards the home or the call of one's personal life makes one to jump from one role to the other frequently. When life is busy, or all your energy is focused on a special project, it's all too easy to find yourself "off balance," not paying enough attention to important areas of your life. While you need to have drive and focus if you're going to get things done, taking this too far can lead to frustration and intense stress.

The term WLB is a relatively new topic in business and psychological context. The Work Foundation (formerly named The Industrial Society) defines it as follows: "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 work is accepted and respected as the norm to the mutual benefit of the individual, business and society". The concept of WLB is mostly used relating to working aspects as Family-friendly operating hours as well as to opportunities for enhancing the individual Balance. In general, it is said that WLB practices "increase the flexibility and autonomy of the worker in negotiating their attention (time) and presence in the workplace, while WLB policies exist where those practices are intentionally designed and implemented" Beauregard and Henry (2009) state that WLB practices would reduce WLB conflict.

However, they also argue that until now not sufficient evidence for this would exist wherefore further research is needed.

This model shows that there are multiple components that need to be in balance for achieving a good WLB. An employee who has an unbalanced time due to the fact that he or she works 70 hours a week may have a greater satisfaction and involvement balance because he or she is more committed to the organization and is more satisfied with the degree of responsibility he or she has. Early literature rather dealt with the problems of WFB. Here, the focus was laid on "the extent to which individuals are equally involved in – and equally satisfied with — their work role and family role". As one can see when comparing the definitions of WLB and WFB, the former includes the latter but extends it in that way that more factors than family and childcare are incorporated. Over time, there was a semantic shift to WLB due to the detection that there are more non-work roles influencing the balance between work and non-work than the family factor. These so-called 'non-work tasks' that are included in the life roles are manifold; amongst all 25% they consist of work, family, friends, health, and spirit or self. In addition, "study, sport and exercise, volunteer work, hobbies or care of the elderly" are also life factors mentioned by researchers, as well as working time arrangements, parental leave entitlements and childcare (Gregory & Milner, 2009). The generic term 'work tasks' include the amount of working hours, the flexibility one has in the job, and the workload demanded.

Researchers detected a reciprocal relationship between the work-family and the family-work conflict "based on the assumption that if work stressors (...) begin to interfere with family obligations, these unfulfilled family obligations may then begin to interfere with work functions". The same phenomenon was also found out for WLB, meaning there is a work-life but also a life-work conflict. Here, WLB is not in its desired equilibrium resulting from the fact that "pressures from one role make it difficult to comply with the demands of the other" The results from these conflicts, independent from the main catalyst (which are either work or life factors) are a lower production and a lower organizational commitment,

less satisfaction, a higher absenteeism, which can even lead to a job turnover. Other consequences resulting from WLB conflicts are a lower psychological well-being and a worse physical health Highland. In contrast to this, the less conflict between work and life, the less stress occurs and thus the better the production and the satisfaction of the employees.

### **NEED OF WORK LIFE BALANCE**

In response to shifts in the labour market and the changing nature of work, work-life balance is now at the top of the agenda for government and business. While work-life balance traditionally focused on family-friendly workplaces – essentially concerned with enabling mothers to balance work and childcare responsibilities – there is increasing recognition from organisations that work-life balance is about more than families, and are instead helping employees to have access to working arrangements that are compatible with their other responsibilities, lifestyle and, of course, their work. It is also recognised that work-life balance can lead indirectly to productivity gains through increased retention and helps organisations to respond to customer needs more effectively.

### **Health system**

Health is a state subject under the Indian Constitution and the State is responsible for the delivery of health services. India's health care system is characterized by a mixed ownership pattern practicing different systems of medicine. There are two major groups in the provision of health care services in the country. These are the public health sector and the private health sector. Recent national surveys have shown that in both rural and urban areas, dependence on private sector for outpatient and inpatient services has substantially increased over the last decade.

### **Stress in Medicine**

Medical professionals must endure an enormous amount of work-related stress. They have to be correct in all decisions. If they are wrong, a life could be lost. In addition, they have to be prepared to leave what they are doing at a moment's notice to attend to a medical emergency. Also, there is a multitude of conflicting calls for their attention during a standard workday. Indeed, the profession is so stricken with "wounded healers" that the care of physicians has become a large field of work.

**Details of Respondents in Government & Private Hospital Regarding Gender & Experience**

Gender	Govt Hospital	Private Hospital	Total
Male	60	80	140
Female	40	70	110
<b>Total</b>	100	150	250
<b>Experience (Male)</b>			
0 - 10 Year	26	36	62
10-20 Year	16	22	38
20-30 Year	10	14	24
30 & Above	8	8	16
<b>Total</b>	60	80	140
<b>Experience (Female)</b>			
0 - 10 Year	22	34	56
10-20 Year	10	20	30
20-30 Year	4	10	14
30 & Above	4	6	10
<b>Total</b>	40	70	110

**Details of Respondents in Government & Private Hospital Regarding AGE & Specialist**

**Total Ors (Organizational Role Stress) Score For Medical Professional (Male & Female) Inpublic As Well As Private Hospital**

**Inter Role Distance (IRD):** Conflict between organizational and non-organizational roles.

**Role Stagnation (RS):** “Feeling of being stuck in the same role.” It results in the perception that there is no opportunity for learning & growth in the role.

**Role Expectation Conflict (REC):** Conflicting demands made on the role by role senders.

**Role Erosion (RE):** Feeling of “Responsibility without power.” It is a feeling that some important functions a role occupant would like to perform has been given to some other roles.

**Role Overload (RO):** A feeling that too much is expected from the role than what the occupant can cope with.

**Role Isolation (RI):** Lack of linkages of one’s role with other roles in the organization.

**Personal Inadequacy (PI):** Lack of knowledge, skills or adequate preparation to be effective in a particular job.

**Self- Role Distance (SRD):** Conflicts of one’s values and self-concepts with the requirements of the organizational role.

**Role Ambiguity (RA):** Lack of clarity about expectations of others from the role, or lack of feedback on how performance is regarded by others.

**Resource Inadequacy (RIIn):** Non-availability of resources needed for effective Role performance

**Comparative Analysis of Overall Stress n Government & Private Hospital**

Type of Stress	IRD	RS	REC	RE	RO	RI	PI	SRD	RA	RIn
<b>Government</b>	9.7	7.0	5.3	6.7	7.3	7.4	6.3	6.0	5.2	7.4
<b>Private</b>	8.7	3.6	6.7	8.3	8.7	6.6	6.3	6.4	6.2	9.4

Data based on 10 point ORS scale

**Null Hypothesis:**  $H_0 = 0$ , There is no significant difference between the overall stress on medical professional working in Government & private hospitals.

**Alternate Hypothesis:**  $H_a =$  There is a significant difference difference between the overall stress on medical professional working in Government & private hospitals.

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
16.7	14.23	2.47	6.1009	0.42874
12.3	14.77	-2.47	6.1009	0.41306
12	13.25	-1.25	1.5625	0.11792
15	13.75	1.25	1.5625	0.11364
14.7	14.71	-0.01	0.0001	0.00001
15.3	15.28	0.02	0.0004	0.00003
12.3	12.27	0.03	0.0009	0.00007
12.7	12.73	-0.03	0.0009	0.00007
12.6	13.83	-1.23	1.5129	0.10939
15.6	14.36	1.24	1.5376	0.10708
TOTAL				1.29000

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

$$\chi^2_{tab(.05, v = 4)} = 9.49$$

Because  $\chi^2_{cal} < \chi^2_{tab}$  Null Hypothesis is accepted

**Comparative analysis of Stress Level between Male & Female Medical Professional**

Type of Stress	Male	Female
IRD	8.7	9.7
RS	6.3	4.3
RES	5.6	6.4
RES	8.2	6.8
RO	8.2	7.8
RI	7.6	6.4
PI	6.6	6
SRD	6.2	6.2
RA	5.9	5.5
RIn	8.4	8.4

**Null Hypothesis:**  $H_0 = 0$ , There is no significant difference between mean of overall stress in Male & Female Medical Professionals.

**Alternate Hypothesis:**  $H_a =$  There is a significant difference difference between mean of overall stress in Male & Female Medical Professionals.

As we are comparing the mean stress between two samples of populations of male and female professionals, and the number of samples is less than 30 (small sample), hence we apply the t- test.

Mean of overall stress in males  $(\bar{X}_1) = 71.7/10 = 7.17$

Mean of overall stress in females  $(\bar{X}_2) = 67.5/10 = 6.75$

Type of Stress	Male $X_1$	Female $X_2$	$(X_1 - \bar{X}_1)$	$(X_1 - \bar{X}_1)^2$	$(X_2 - \bar{X}_2)$	$(X_2 - \bar{X}_2)^2$
IRD	8.7	9.7	1.53	2.3409	2.95	8.7025
RS	6.3	4.3	-0.87	0.7569	-2.45	6.0025
RES	5.6	6.4	-1.57	2.4649	-0.35	0.1225
RES	8.2	6.8	1.03	1.0609	0.05	0.0025
RO	8.2	7.8	1.03	1.0609	1.05	1.1025
RI	7.6	6.4	0.43	0.1849	-0.35	0.1225
PI	6.6	6	-0.57	0.3249	-0.75	0.5625
SRD	6.2	6.2	-0.97	0.9409	-0.55	0.3025
RA	5.9	5.5	-1.27	1.6129	-1.25	1.5625
RIn	8.4	8.4	1.23	1.5129	1.65	2.7225

$$t_{cal} = \frac{|\bar{X}_1 - \bar{X}_2|}{S} \sqrt{\frac{n_1 n_2}{n_1 + n_2}}$$

$$S = \sqrt{\frac{\sum (X_1 - \bar{X}_1)^2 + (X_2 - \bar{X}_2)^2}{n_1 + n_2 - 2}}$$

$$S = 0.485, \bar{X}_1 = 7.17, \bar{X}_2 = 6.75$$

$$t_{cal} = 1.936$$

$$t_{tab(18, .05)} = 2.101$$

Because  $t_{cal} < t_{tab}$  Null Hypothesis is accepted

**Null Hypothesis**  $H_0 = 0$ , There is no significant difference in Work Life Balance between Specialists & Non Specialists

**Alternate Hypothesis:**  $H_a =$  There is a significant difference between the Work Life Balance (WLB) in Specialists and Non Specialists.

We use the Chi Square test for hypothesis testing.

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
93	101	-8	64	0.63366
51	43	8	64	1.48837
83	75	8	64	0.85333
23	31	4	64	2.064516
Total				5.039876

$$\chi^2_{cal} = 5.039876$$

$$\chi^2_{tab(.05, v = 1)} = 3.84$$

Because  $\chi^2_{cal} > \chi^2_{tab}$  Null Hypothesis is rejected

Level of significance to test the hypothesis was taken at 5% which means that we have standardised the probability of a false rejection of the null hypothesis in our statistical test at 5%.

**Effect of Long Working Hours on Both Male & Female Doctors in Both Public & Private Hospitals**

**Comparative analysis of Effect of Long Working Hours on In Public & Private Hospitals (All data in Percentage)**

Effect of Long Working Hours			
	Public Hospitals	Private Hospitals	Total
Effect	38	59.5	97.5
Not Effect	62	40.5	102.5
Total	100	100	200

**Null Hypothesis**  $H_0 = 0$ , There is no significant difference due to long Working Hours in Public & Private Hospitals.

**Alternate Hypothesis:**  $H_a =$  There is a significant due to long Working Hours in Public & Private Hospitals

To test the hypothesis, let us assume that there is no significant difference due to long Working Hours in Public & Private Hospitals, we use the Chi Square test for hypothesis testing.

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

O	E	(O-E)	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
38	48.75	-10.75	115.56	2.370512
62	51.25	10.75	115.56	2.254829
59.5	48.75	-10.75	115.56	2.370512
40.5	51.25	10.75	115.56	2.254829
Total				9.250682

$$X^2_{cal} = 9.250682$$

$$\chi^2_{tab(.05, v = 1)} = 3.84$$

Because  $\chi^2_{cal} > \chi^2_{tab}$  Null Hypothesis is rejected

Level of significance to test the hypothesis was taken at 5% which means that we have standardised the probability of a false rejection of the null hypothesis in our statistical test at 5%.



## CONCLUSIONS

From the above researches it has come to know that:

- There is no significant difference between the overall stress on medical professional working in Government & private hospitals.
- There is no significant difference between mean of overall stress in Male & Female Medical Professionals.
- There is no significant difference in Work Life Balance between Specialists & Non Specialists Medical Professionals.
- There is no significant difference due to long Working Hours in Public & Private Hospitals.

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