

# Assessment of work-life balance among married female healthcare workers in a tertiary care hospital of Chengalpattu district, Tamil Nadu: A cross-sectional study

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## ABSTRACT

**Introduction:** In the present century, women seem to flood into every industry/department on par with men with their knowledge and skill. The working woman's job title, demands, and challenges she faces often result in incompatibilities between the necessities felt at the workplace and home leading to conflicts and loss of work-life balance (WLB). Eventually, a work-life balance is said to exist if the workplace and non-work domains are properly compatible.

**Methods:** A hospital-based cross-sectional study has been conducted among married female healthcare workers in the tertiary care hospital in Chengalpattu district, Tamil Nadu during the period November 2022 to April 2023. The healthcare workers included were doctors, nurses, pharmacy staffs, and lab technicians. A sample size 318 was derived and samples were drawn by stratified random sampling method. The chi-square test was employed to find an association in Statistical Package for Social Sciences v21.

**Results:** Only 28.3% of the healthcare workers had adequate work-life balance and the majority (66 %) cited family factors as the key factor influencing their work-life balance. Statistically significant association ( $p < 0.05$ ) has been established for characteristics like occupation, marital status, type of family, presence of children, type of duty, place of work and travel time.

**Conclusion:** A series of focus group discussions can be conducted as it serves as a forum for sharing ideas, concerns and information on work-life balance. Institutions can support their staff by developing flexible working schedules and also by ensuring that workplace demands are not penetrating their personal life.

**Keywords:** Healthcare workers, Occupational health, Working women, Work-life

## Introduction:

Women of the former centuries were mostly limited to their kitchens and only very few had access to higher education and employment.<sup>1</sup> In the present century, women seem to flood into

every industry/department on par with men with their knowledge and skill.<sup>2,3,4</sup> Work life balance (WLB) is defined as "The amount of time you spend doing your job compared with the amount

of time you spend with your family and doing things you enjoy".<sup>1</sup> WLB is a concept that comprises assigning priorities between work and personal life as well as balancing the same, which is often hard to maintain.<sup>5</sup> Working schedules, the workplace, incentive structures, workloads, and leave regulations are the five components of WLB.<sup>6</sup> Even those who are desperate to improve the WLB through employer-friendly flexible work arrangements have to accept that these approaches are used to achieve additional organizational goals that may be more compelling for the organization than the WLB demands or preferences of their staff.<sup>7</sup> Moreover, Technical advancements (like mobiles, e-mail etc) have also made it simpler for the work demands to penetrate the personal lives of many working women which results in incompatibilities between the necessities at the workplace and home leading to conflicts and loss of WLB.<sup>8,9</sup>

The overall evidence from several studies concludes that there is a lack of work-life balance especially among working women which ends up affecting the individual's health in terms of increased mental stress and the organization where they work in terms of negligence at work and absenteeism.<sup>10</sup> Nowadays females play a vital role in serving the community as doctors, nurses, laboratory technicians, paramedical staff and in many other roles. As there is very little literature on healthcare workers' WLB, this study has ultimately aimed to assess the prevalence of work-life among married female healthcare workers. This study also examines the effects of workplace, personal and economic determinants on the work-life balance of the study population in Chengalpattu. This study serves as a piece of additional information for assessing the growing need for work-life balance policies/programs, especially for the working women of India.

## Methods

The study is a hospital-based cross-sectional study carried out in a tertiary care hospital of Chengalpattu district, Tamil Nadu. The study proposal has been approved by the institutional human ethics committee. The study population

included married female healthcare professionals working in the tertiary care hospital. Inclusion criteria: Healthcare workers who were married for more than one year, those with or without children were included in the study and those who worked in tertiary care hospitals for more than one year. The healthcare workers included in the present study comprises of doctors, nurses, pharmacy staffs, and lab technicians. Those healthcare workers who were pregnant or lactating mothers during the study period were excluded, those with chronic illness and those who have less than six months of work experience at the present institute were excluded.

The sample size was calculated based on the study by Kandela et al<sup>11</sup>, considering a 10.5% prevalence of imbalance in work and family life, with 95% confidence interval, 5% allowable error and design effect of 2 the sample size was calculated to be 289. To account for a non-response rate of 10%, 318 healthcare workers were approached and interviewed with their consent. A stratified random sampling method was used to recruit the study participants for 6 months from November 2022 to April 2023.

A pre-tested semi-structured questionnaire was used for the present study. The questionnaire had two sections. The first section comprised socio-demographic data where factors of married women and their spouses were assessed. The second section focused on work-life balance under three sub-sections namely workplace factors, factors at home/personal life and others like economic and mental health conditions. Workplace factors, like working hours, work burden and working style will be assessed in the first part of section two. Factors at home/personal life like the relationship between the partners and family members, time for personal interest and commitments and family problems were assessed in the second part of section two. In the third part, other factors like the economic and mental health conditions of the working women were assessed. A total of 18 questions were asked to determine the WLB of the study population. each question had a rating from five to one, where 5 denotes

strongly agree and 1 denotes strongly disagree. The maximum score was 90 and the minimum score was 18. Those who secured a score between 54 to 90 were categorized to have a balanced WLB, and those with a score of 18 to 53 were considered to have a poorly balanced WLB.

Data was collected after obtaining informed consent from the participants, they were interviewed and assessed using the semi-structured questionnaire to elicit their work-life balance. The outcome of the study was the estimation of work-life imbalance among married healthcare workers. Data entry and analysis were

done using a Microsoft Excel spreadsheet and Statistical Package for Social Sciences v21. Qualitative variables were described as frequency and percentage while the Chi-square test and Fisher exact test were used to find the association between work-life balance and its determining factors.  $P < 0.05$  was considered significant.

### Results

The majority of the study participants were between 20 and 40 years old with a mean age of 46.3 years and a standard deviation of 5.6. About 93.4% were married and only 33.3% had children (Table 1, 2).

**Table 1 Socio-demographic details of the study participants (n=318)**

Characteristics	Number of respondents n (%)
<b>Age</b>	
20 – 40 years	187 (58.8)
41 – 60 years	131 (41.1)
<b>Educational status</b>	
Undergraduate degree	128 (40.3)
Postgraduate degree	104 (32.7)
Others	86 (27)
<b>Socioeconomic status<sup>§</sup></b>	
Upper	81 (25.47)
Upper middle class	85 (26.73)
Middle class	80 (25.16)
Lower middle class	42 (13.2)
Lower	30 (9.44)

Note: § Modified BG Prasad's socioeconomic status classification

**Table 2: Marital and family characteristics of the study participants (n=318)**

Characteristics	Number of respondents n (%)
<b>Marital status</b>	
Married	297 (93.4)
Divorced/Separated/Widow	21 (6.6)
<b>Type of family</b>	
Nuclear family	161 (50.6)
Joint family	95 (29.9)
Three generation family	62 (19.5)
<b>Children</b>	
No	212 (66.7)
Yes	106 (33.3)

Majority of the study participant's spouses were in the age group of 20 to 40 years (54.9%, n=152)

and educated up to an undergraduate degree (54.9%, n=152). About 11.9% (n=33) of them were

postgraduates and 18.4% (n=51) were illiterates. Nearly 10.5 % (n=29) of them were unemployed. It was observed that only 28.3% of the married female healthcare workers had a balance between work and personal life. About 66%, 37.4%, 17.9% of the study participants reported personal factors, economic factors and institutional factors respectively as a reason for their work-life imbalance. The common mode of transport was by

own vehicle (n=183, 57.5%), around 13% traveled by hospital vehicle (n=41), and 22% traveled by public vehicle (n=70).

Nearly half of the study participants were doctors (n=159, 50%), 16.7% (n=53) each contributed by pharmacists, laboratory technicians and nurses. Almost 75.2% were working on a rotational basis and 52.5% had to travel for 30 minutes to 1 hour to reach the workplace (Table 3,4).

**Table 3: Work-related particulars of the study participants (n=318)**

Characteristics	Number of respondents n (%)
<b>Type of duty</b>	
Non-Rotational	79 (24.8)
Rotational	239 (75.2)
<b>Duration of service</b>	
< 2 years	52 (16.4)
2 to < 5 years	139 (43.7)
5 to < 10 years	80 (25.2)
≥ 10 years	47 (14.7)
<b>Place of work</b>	
Out Patient Department	48 (15.1)
In Patient wards	56 (17.6)
Intensive Care Unit	32 (10.1)
Lecturers	76 (23.9)
Others	106 (33.3)
<b>No. of day shifts/month</b>	
< 15 days	69 (21.7)
≥ 15 days	249 (78.3)
<b>No. of night shifts/month</b>	
< 15 days	249 (78.3)
≥ 15 days	69 (21.7)

**Table 4: Travel time required to reached the work place (n=318)**

Characteristics	Number of respondents n (%)
<b>Travel time</b>	
< 30 min	127 (40)
30 min to 1 hour	167 (52.5)
> 1 hour	24 (7.5)

A statistically significant association was found among the lab technicians, married female healthcare workers, those living in nuclear families, those female workers without children,

those who work on rotational duties, those who were lecturers by occupation and those who travel less than 30 minutes to reach the workplace (p<0.001) (Table 5,6 and 7).

**Table 5 Association between work-life balance and socio-demographic determinants (n=318)**

Characteristics	Work-life balance		P value
	Balanced (90)	Poorly balanced (228)	
<b>Age</b>			
20 – 40 years	46 (51.11)	141 (61.84)	0.798
41 – 60 years	44 (48.89)	87 (38.16)	
<b>Occupation</b>			
Doctors	21 (23.33)	138 (60.52)	<b>0.001*</b>
Nurses	19 (21.11)	34 (14.91)	
Lab technicians	29 (32.22)	24 (10.53)	
Pharmacy staff	21 (23.33)	32 (14.04)	
<b>Socioeconomic status<sup>s</sup></b>			
Upper class	32 (35.55)	49 (21.49)	0.582
Upper middle class	25 (27.78)	60 (26.31)	
Middle class	15 (16.67)	65 (28.5)	
Lower middle class	11 (12.22)	31 (13.6)	
Lower	7 (7.78)	23 (10.1)	

Note: \* Statistically significant at  $p < 0.05$

**Table 6: Association between work-life balance and family characteristics (n=318)**

Characteristics	Work-life balance		P value
	Balanced (90)	Poorly balanced (228)	
<b>Marital status</b>			
Married	77 (85.56)	220 (96.49)	<b>0.001*</b>
Divorced/Separated/Widow	13 (14.44)	8 (3.51)	
<b>Type of family</b>			
Nuclear family	46 (51.11)	115 (50.44)	<b>0.001*</b>
Joint family	37 (41.11)	58 (25.44)	
Three generation family	7 (7.78)	55 (24.12)	
<b>Children</b>			
Absent	59 (65.55)	153 (67.1)	<b>0.014*</b>
Present	31 (34.45)	75 (32.9)	

Note: \* Statistically significant at  $p < 0.05$

**Table 7: Association between work-life balance and institutional determinants, (n=318)**

Characteristics	Work-life balance		P value
	Balanced (90)	Poorly balanced (228)	
<b>Type of duty</b>			
Non-Rotational	43 (47.78)	36 (15.79)	<b>0.001*</b>
Rotational	47 (52.22)	192(84.21)	
<b>Place of work</b>			
Out Patient Department	19 (21.11)	29 (12.72)	<b>0.001*</b>
In Patient wards	22 (24.44)	34 (14.91)	
Intensive Care Unit	9 (10)	23 (10.09)	
Lecturers	32 (35.56)	44 (19.3)	
Others	8 (8.89)	98 (42.98)	

Characteristics	Work-life balance		P value
	Balanced (90)	Poorly balanced (228)	
<b>No. of day shifts/month</b>			
< 15 days	19 (21.11)	50 (21.93)	0.873
≥ 15 days	71 (78.89)	178 (78.07)	
<b>No. of night shifts/month</b>			
< 15 days	66 (73.33)	183 (80.26)	0.176
≥ 15 days	24 (26.67)	45 (19.74)	
<b>Travel time</b>			
< 30 min	46 (51.11)	81 (35.53)	0.001*
30 min to 1 hour	28 (31.11)	139 (60.96)	
> 1 hour	16 (17.78)	8 (3.51)	

Note: \*Statistically significant at  $p < 0.05$

## Discussion

Leaders in organizations should use their skills to develop policies that will help men and women succeed in the workplace.<sup>12</sup> It was noted that organizations that genuinely wish to support women's advancement into leadership roles should develop a stress-free institutional environment for their workers.<sup>13,14</sup> Work-life balance was found to be poor among healthcare workers in the present study. This finding coincides with the few available literature that studied women's work-life balance. A study by Lakshmi N et al among working women has shown that the majority of the study participants (82.2%) had poor work-life balance and stated having poor quality of life (75.6%).<sup>15</sup> Also, the study has found that those married women working in the Information Technology sector face more work-life imbalance when compared to healthcare workers.<sup>15</sup> Among the health sector workers, the important finding was the lack of time to socialize however it was working hours for the IT professionals. Age less than 30 years was found a significant risk factor for work-life imbalance however significance was not elicited in our present study.<sup>15</sup>

A similar study by Mahi Uddin addressing the challenges of working women in Bangladesh found poor work-life balance among women when compared to men.<sup>16</sup> A study by Kandel et al among nurses found that 86.3% of the participants had moderately balanced work-life while 10.5% were struggling to balance work and personal

life.<sup>11</sup> A study conducted in France among hotel industry workers has found that age, gender and marital status were some of the potential factors that affect both work-life and work-leisure balance.<sup>17</sup> However, the imbalance was common in both genders, women were found to have a higher work-life imbalance.<sup>17</sup> In the process of achieving a work-life balance, individuals start to make adjustments that better reflect their changing physical, psychological, or both priorities. These adjustments can be sparked by a variety of factors, including aging, changing work environments, the demands of new technology, and ineffective management.<sup>18,19,20,21</sup>

There are limitations to this research, and these represent potential directions for additional research. This study only used quantitative approaches, which may have obscured the opinions of healthcare professionals. In-depth interviews could be used in future research to close this gap. Given the differences in their working environments, it could be interesting to look at the WLB of other groups of healthcare professionals and compare them to married women. Lastly, because the questionnaire was only given out in a tertiary care hospital, the sample is not representative of all the medical professionals working in different healthcare sectors in the community.

## Conclusions

Only 90 participants out of 228 had a good WLB in our study. This points out that ultimately,

recognizing and appreciating gender variations in the workplace and their distinct requirements is a crucial first step which in turn, can boost output, inspire, involve, and enhance physical and mental well-being, yielding favourable outcomes for individuals and organizations alike.

Few recommendations that can improve WLB are

i) A series of focus group discussions can be conducted as it serves as a forum for sharing ideas,

concerns and information on work-life balance ii) Institutions can support their staff by developing flexible working schedules and by ensuring that workplace demands are not penetrating their personal life iii) Support from family, husband and working organization will further inspire working women to complete their roles and responsibilities peacefully both at the workplace and at home.

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