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Original Research Article

Working condition and work-life balance of working women in a tertiary care hospital in a metropolitan city of Tamil Nadu: a cross sectional study

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ABSTRACT

Background: Quality of work life and work life balance needs to be assessed as there is decline in labor force of married working women. The current study attempted to assess working conditions and work life balance of married working women in tertiary care hospital.
Methods: A cross sectional section was conducted in tertiary health care hospital for six months period. A total of 254 married working women of various professions such as doctors, nurses, human resource, hospital administrators, secretaries, attenders and housekeeping were selected using universal sampling method. The data collection was done using the instrument "work environment survey 2011 (we are finding patterns in employee attitudes)" for assessing working condition and "work life conflict scale" to assess the work life balance of these women. Results were expressed in frequency, mean and chi square with $p<0.5$ was significant.
Results: About half of the study population women 152 (59.84%) are involved in health care sector and 53.94% of them earn per capita income of above 20,000. The mean of total working conditions score in the study population is 13.82 with a standard deviation of 4.64. Increase workload and nature of spouse are associated with poor working condition.
Conclusions: Majority of married women working in tertiary care hospital were moderately satisfied with the working conditions. Quality of work life can be promoted by recognition of the work done, providing autonomy of work, sufficient staffing with better working environment.

Keywords: Healthcare workers, Poor working conditions, Universal sampling, Work life conflict scale, Work-life balance

INTRODUCTION

Workplace health promotion has been defined as the combined efforts of employers, employees and society to improve the health and well-being of people at work and focuses on the factors associated with safe, motivating and enjoyable work settings.[1] According to Brooks, quality of life is improving the work experience of employees and increasing the overall productivity.[2]

Work-life balance is defined as the "extent to which individuals are equally engaged in and equally satisfied with work and family roles."[3] Employee satisfaction is about providing them with place where they feel accepted, wanted and appreciated.[4] The married employed women play several roles as a parent, as a spouse, as a responsible daughter, as a conscious citizen along with her role in workplace. Lot of time and productive energy, also commitment is required to fulfil the responsibilities.

Services rendered in the hospital sector is utilized instantly and they are naturally perishable, so employee has to be physically present to serve at the time the service is required. Therefore, establishing the right balance between family and work in the healthcare sector by working females is very difficult. Hence, it is essential to determine the magnitude of the problem especially in those working in tertiary care hospitals and also the factors responsible for it. This will help in streamlining the stress management programs towards specific direction, thereby ensuring that these health care providers remain healthy and stress free. This will lead to better delivery and enhanced quality of health services for the entire population.

Most of the studies on quality of working conditions and work-life balance were conducted only among nurses in the healthcare industries and very few of them on doctors but none of the study included all the women staffs such as human resource (HR) women, hospital administrators (HA), secretaries, attenders, housekeeping women, doctors and nurses to the best of our knowledge.[5-7] With this background, the current study attempted to assess the working condition, balance of work and family life using work life conflict scale and also to establish the association of certain sociodemographic variables with work- life balance scores of married women working in tertiary care medical college hospital.

METHODS

This is an observational cross-sectional study conducted among married women employed in a tertiary care medical college hospital in Chennai city of Tamil Nadu, from January to June 2019 after obtaining approval from institutional ethical clearance committee. For the purpose of study, 'married' was defined as "the state of being united to a person of the opposite sex as husband or wife in a consensual and contractual relationship recognized by law".

Study participants were enrolled in the study in two stages. For stage one, as there was no separate list for married working women, we prepared 'the list of all the women employed in the Tertiary healthcare center'. The list included working women from all sectors of hospital and medical college which includes doctors, nurses, HR, HA, secretaries, attenders and housekeeping. Sociodemographic details of these women, such as age, education and marital status (currently married, widowed and divorced) were documented. Thus, it enabled us to construct a sampling frame of 487 working women. In second stage "selection of married working women" was done, in which all the married working women were enrolled, thereby generating a sample of 283 married working women. Therefore, out of 283 married women, 254 participants of all cadres gave consent.

The data collection was done using the instrument "Work Environment survey 2011 (WE ARE finding patterns in Employee attitudes)" for assessing working condition and we used "work life conflict scale."[8-10] to assess the work life balance of these women. The questionnaire used to assess the working condition included six domains such as workload, compensation satisfaction, job satisfaction, supervisor relationship, coworker relationships and nature of spouse. Each category had four to six questions and the response was graded as agree and disagree with the scores ranging from 0 to 2.

Work life conflict scale consisted of ten questions and it was graded as strongly agree (5 score), agree (4 score), neutral (3 score), disagree (2 score) and strongly disagree (1 score). Total score ranging from 10 to 50. Scores below 34 was considered as "poor" work life balance and above 34 as "good" work life balance.[9] The purpose of the study was explained to the participants and informed written consent was obtained. Utmost confidentiality was maintained throughout the study.

The data obtained was entered on Microsoft excel sheet and statistical analysis was done using SPSS (Statistical Package for Social Sciences) Software version 16.0. Descriptive data were presented using frequencies and percentages. Secondary analysis was done using chi-square test to ascertain the association between sociodemographic factors, working conditions and work life conflict scores. $P<0.05$ was considered statistically significant.

RESULTS

From the data collected, out of 254 participants, 165 women (64.96%) were below the age of 40 years. As per the marital status, 223 (87.9%) were currently married, 14 (5.5%) were divorced and 17 (6.7%) were widowed. A total of 148 (58.27%) women were graduated. Almost half of them,152 women (59.84%) were working in the health care providing sector which includes doctors, nurses and pharmacists.

According to income, 137 participants (53.94%) were having per-capita income of more than Rs. 20,000 which is above average.

The mean of total working conditions score in the study population is 13.82 with a standard deviation of 4.64. Results of the current study revealed that increased workload and nature of spouse, is associated with poor work life balance and the rest of the values for various working conditions are shown in the Table 1. The study also revealed that there was no association between number of family members and work life balance; the rest of the values are given in the Table 2.

Table 1: Association of working conditions with work life balance scores of working women.

Factors	Categories	Work life balance	
		<34 (poor)	>34 (good)
		N (%)	N (%)
Workload (Total Score =1433) (Mean Score=5)	<5	43 (63.2)	25 (36.8)
	≥5	148 (79.6)	38 (20.4)
	OR (CI)	2.44 (1.24, 4.81)	
	P value	0.008*	
Compensation satisfaction (Total Score = 460) (Mean Score=2)	<2	117 (73.6)	42 (26.4)
	≥	74 (77.9)	21 (22.1)
	OR (CI)	0.79 (0.85, 1.03)	
	P value	0.44	
Job satisfaction (Total Score = 474) (Mean Score=2)	<2	105 (75)	35 (25)
	≥2	86 (75.4)	28 (24.6)
	OR (CI)	0.97 (0.55, 1.73)	
	P value	0.93	
Supervisor relationship (Total Score = 453) (Mean Score=2)	<2	103 (75.7)	33 (24.3)
	≥2	88 (74.6)	30 (25.4)
	OR (CI)	1.06 (0.60, 1.88)	
	P value	0.831	
Co-worker relationship (Total Score = 235) (Mean Score=1)	<1	89 (78.1)	25 (21.9)
	≥1	102 (72.9)	38 (27.1)
	OR (CI)	1.326 (0.74, 2.36)	
	P value	0.339	
Nature of spouse (Total Score = 2) (Mean Score=456)	<2	112 (82.4)	24 (17.6)
	≥2	79 (66.9)	39 (33.1)
	OR (CI)	2.304 (1.08, 4.36)	
	P value	0.005*	

*p value <0.05 is significant using chi-square test

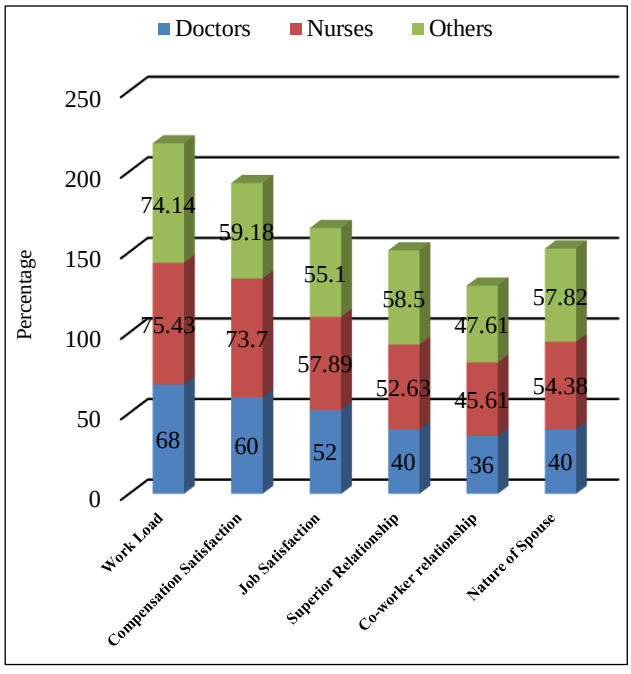

Figure 1: Percentage of women having good working conditions among various domains of working conditions.

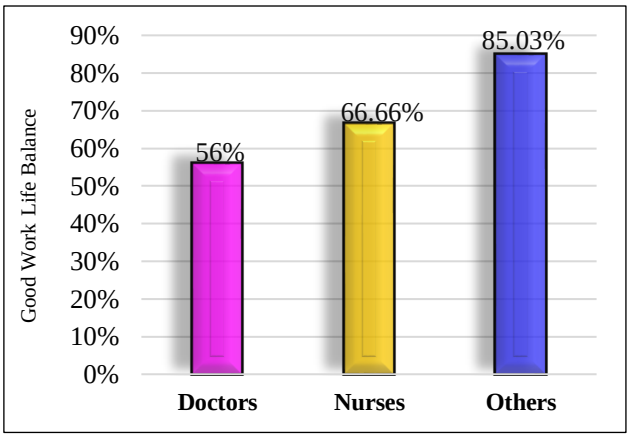

Figure 2: Comparison of good work life balance among various cadres of working women.

The percentage of married working women who are having good conditions in various domains of working conditions are shown in Figure 1, with workload and compensation satisfaction being at higher values than others. A comparison among the married women, working in various cadres of a Tertiary Care Centre who were found to have a good work-life balance is shown in Figure 2, with doctors having the 'least' percentage.

Table 2: Association of socio-demographic variables with work life balance scores of working women.

Factors	Categories	Work life balance score	
		<34	>34
		N (%)	N (%)
Age (in years)	<40	139 (72.4)	53 (47.6)
	>40	52 (83.9)	10 (16.1)
	OR (CI)	0.50 (0.239, 1.065)	
	P value	0.069	
Education	All others	86 (81.1)	20 (18.9)
	UG & PG	105 (70.9)	43 (29.1)
	OR(CI)	1.76 (0.96, 3.2)	
	P value	0.064	
Per capita income (Average – Rs. 20000)	Below average	110 (80.3)	37 (19.7)
	Above average	81 (69.2)	36 (30.8)
	OR (CI)	1.81 (1.018,3.22)	
	P value	0.042*	
Doctors vs others	Doctors	28 (56)	22 (44)
	Others	163 (79.9)	41 (20.1)
	OR (CI)	5.32 (2.16, 11.61)	
	P value	0.000*	
Healthcare providers vs others	Doctors and Nurses	101 (66.4)	51 (33.6)
	Others	90 (88.2)	12 (11.8)
	OR (CI)	2.26 (1.13,4.52)	
	P value	0.000*	

*p value <0.05 is significant using chi-square test.

DISCUSSION

According to World economic forum (2019), the labor force participation rate for women is one of the lowest in the world. Despite educational gains, the labor force participation rate for women in 2017 was 28.5% (compared to 82% for men).[11] The National Family Health Survey (NFHS 4) conducted in 2015-16 revealed that only 31% of married women in the age group of 15-49 years had reported working in the past 12 months which declined compared to survey conducted in 2005-06 where the rate was 43%.[12] This rises the concern as the under representation of women is both a social and economic loss. Hence, the quality of work life and work life balance of married working women were assessed and factors that affects the quality of life were determined in the current study.

In the present study, mean age of the study population is 40 years. There was no statistically significant relationship between marital status and Quality of Work-life (QWL. Similarly, in a study conducted by Thakr et al and Dargahi et al have also shown no significant relationship between marital status and QWL.[13,14] Increased workload leads to poor work life balance as it creates imbalance between work life and family life, similarities were also portrayed in other studies conducted internationally.[13,14]

The present study showed significant association between job satisfaction and good relationships with co-workers. Health care workers need to work as team and in coordinated way especially doctors-nurses. The relationship with co-worker is of significant importance as it promotes teamwork which in turn leads to patient satisfaction. These results were also consistent in study conducted by Kumar et al.[15] Doctors have the autonomy to take decision regarding the patient treatment and nurses have to follow the order from doctors and lack autonomy. There is lack of supervision, feedback and participation recognition. AbuAlRub and Al Zara, have shown that recognitions of performance of nurse have direct effect on the level of intention to stay at work in their study.[16]

Sharma et al showed that the support and involvement of husband positively relates to lower level of conflict experienced by married working women.[17] The Current study also shows significant positive relationship between nature of Spouse and work life balance. Nature of spouse plays a vital role in maintaining good work life balance. If the husband is understanding and supportive, the more the working women balances her work and family lives. A study conducted by Carlson et al, and Clark S, showed that work demand negatively influences the family responsibilities in more instances than the family demand on work responsibilities.[18,19]

The limitations of this study are that it was conducted only in one private tertiary care medical college hospital, so the results cannot be generalized to the entire healthcare sector population. Also, this study failed to understand the human resources practices of the organization with specific reference to work-life balance.

CONCLUSION

The present study shows majority of married women working in the Tertiary Care center are moderately satisfied with the working conditions. Work- life balance among doctors and nurses were poor compared to others healthcare industry women workers. Quality of work life can be promoted by recognition of the work done, providing autonomy of work, sufficient staffing with better working environment. Workplace stress management program can be conducted. Equitable shifts, delineating the work of all the staffs, frequent supervisor meetings are the some of the methods which could be used to improve the working conditions.

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