

# LITERATURE SURVEY ON FAMILY AND WORK RELATED FACTORS WHICH AFFECTS WORK LIFE BALANCE OF NURSES

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**Abstract:** Women are generally perceived as home makers with little to do with economy or commerce. But this picture is changing. In Modern India, more and more women are taking up professional activity especially in service sectors with the changing socio-cultural environment and increasing educational opportunities, women became aware of their potential to develop professional skills. The Planning commission as well as the Indian government recognizes the need for women to be part of the mainstream of economic development. Nurses occupy the largest employing group in health care industry. They are key players in meeting the patients' needs. In order to fulfil their duties the face lot of problems and maintaining work life balance becomes difficult for them. This study is carried out to make qualitative and comprehensive evaluation of concepts of family and work related factors affecting work life balance of nurses.

**IndexTerms - Work life balance, Nurses, Work related factors, and Family related factors, Health care industry**

## INTRODUCTION:

Work life balance refers to an effective management of multiple tasks at work, home, and in other aspects of life. It is an important issue for both employees and organization. In the present economic scenario, organisations are agitated for higher production and need employees with enhanced work-life balance as an employee with good work-life balance will contribute more studiously towards the organisational expansion and accomplishment (Naithani, 2010). Work life balance has become more important in current era due to changes in the workforce, demography of employees and in the family sphere too.

Due to increased competition in the world labour market, the companies are making all possible efforts to reduce labour costs through various means like outsourcing etc. As a result, the employees are compelled to put in extra effort on part of their work and to outpace the confidence of the employers in order to protect their jobs. Thus, the 'long hour culture' and '24/7 life style' has come to dominate the lives of managerial personnel and skilled professionals. The invent of technology was to considered as a reason to shorten or reduce the work burden of personnel but the result is just the opposite of what expected, as it has increased the competition level which in turn had made life of professionals more busy and long. In fact, technology has dimmed the thread segregating office from home and now the employees are available throughout the day due to innovation of information technology and availability of the same at our doorsteps.

The increased number of multinationals and their different working culture has brought more stress and burden to the working professionals. The increased pressure of work which is represented through long working hours

and fatigue leaves less quality time with family resulting in less proper care of children and dependents. In fact these work pressures impact the employee's health adversely.

Due to dynamic nature of the business these days the organizations are not able to render secure job profiles for the employees which in turns results in low motivation and low commitment for the employees too. The interest of the employees to treat work as the central part of their life is decreasing and the contrary requirement of the work results in imbalance of work with life. The mindset of people is also changing these days, they want to enjoy their lives and if in case they do not get enough time to do so they are filled with frustration and unhappiness. The family orbit changes today which have brought work life imbalances are likely due to increasing nuclear families, dual parents earning, parents working at different locations and increasing household work. Hence, it becomes challenging to fulfil family requirements. The other most important change is the entry of women in the workforce, while having the same primary objective being a homemaker. So, now women are discharging dual responsibility at home and at work. It is women who are considered to play primary role in looking after the family and kids and in order to do so they face various challenges and problems. All these conflicts put extra pressure on women.

Nathani and Jha (2009) has identified the factors impacting work and family life of spheres into three namely, family and personal life related factors, work related factors and others. Family and personal life related factors include increasing numbers of women in workforce, increasing participation of childbearing women in workforce, increased number of working couples, elderly person care and increase in child care. Work related factor include long hour culture, changes in the timings, presence of shifts, stress and overtime. Other factors include ageing population, increase of service sector industries, shortage of skill, loss of social support network, changes in the demography of workforce.

Indian health care sector is growing with a wide range of needs and expectations. Nurses occupy the largest employing group in health care industry. They are key players in meeting the patients' needs. The job nature of a Nurse is basically that they have to work in shifts, work for longer shifts with a few breaks or without breaks. They have to work for varied people even for mentally retarded, criminals, stressed persons, etc. Besides nurses are facing problems from other health care workers like bullying, harassment, continuous unreasonable performance demands, improper or misleading communications, office politics and conflict among staff, etc., that creates a heavy pressure on a nursing professional and it may affect the family and work environment.

## **REVIEW OF LITERATURE**

Some important family factors associated with the balancing of work-life included child care responsibilities, family support and various other factors like some kids, spouse employment, family quarrels, expectations for affection, openness, etc. Some are described below.

### **FAMILY-RELATED FACTORS AND WLB**

#### **Child care responsibilities**

Some studies suggested that family-related factors such as child-care responsibilities and number of children have led to imbalance and conflict in work and family roles.

Barnett and Marshall (1991) in their study observed that the nurses who had more children in their family found it difficult to balance their work and family life. The constant need to stay at home and attend to child-care issues resulted in additional stress -family conflict.

Nurses who had younger children, especially of age less than six years, were unable to provide adequate care for their children due limited free time. Additional care for the elderly too placed an emotional burden, especially on women, as was investigated by Elliott (2003). Women employees or employed mothers who could not arrange for or manage child-care were observed to have high levels of depression (Ross and Mirowsky, 1988).

A study was conducted by Padma and Reddy (2013) on teachers working in various schools in Andhra Pradesh (India) for investigating the influence of demographics of their children, e.g. number of children and age of children, etc. on WLB. It was observed, contrary to expectation, that the perception regarding WLB, both among the teachers with two or more children and educators with no kids was the same.

Some researchers studied the work-family conflict in relation to parental demands for assessing the WLB. Along with the observation that women experience more work-family interference as compared to men, it was also seen family intervention was most when the children were young, as compared to the families with older children. Further, it was observed that during the early years of growth of their children, women faced significantly greater levels of work-family interference than men, but evened out in the third growing stage of their children, i.e. at 10–18 years. So, having child care responsibility was seen as a predictive indicator of family-work conflict and thus was found to be negatively associated with WLB (Frye and Breaugh, 2004; Duxbury et al., 1994).

Padma and Sudhir(2013) noted that there was a statistically significant impact of support in child care responsibilities from the spouse and elderly parents on WLB of school teachers and various other women professionals.

Jennefer et al. (2012) and Lakshmi and Gopinath (2013) observed that ting WLB of nurses were the factors affect the responsibility of taking care of the child, working for long hours or tenure and also gender related issues were the main factors that affected WLB of women employees.

### **Family Support**

A work-family relationship model was developed and tested by Adams et al. (1996). Their study showed that higher levels of instrumental and emotional support from the family got linked with decreased levels of family interference with work. Frone et al. (1997) reported that family support variables like support from spouses and other family members helped in reducing the Work-family conflicts of women employees; as such support reduced their parental overload and family distress.

Adams et al. (1996) indicated through their research that there was a positive relationship between work-family relations and job-life satisfaction. The degree of importance or level of involvement that women employees gave to work and family roles gets directly linked with relationships between labour and family. Higher levels of family involvement caused higher levels of emotional satisfaction in family members, which positively impacted job-life satisfaction.

LaRocco et al. (1980) affirmed through their study that even though the having friends and relatives support did not predict job satisfaction, which is a work-related outcome; they did predict general well-being of a woman employee relating to depression and anxiety.

### **WORK-RELATED FACTORS AND WLB**

The various work-related factors which impact WLB were found to be work schedule flexibility, work support, the number of hours worked, job stress, etc.

#### **Work Schedule Flexibility**

Some researchers have shown that work schedule flexibility could help the employees to achieve a better balance between professional and family activities and could also benefit the organizations by assisting them in recruiting, retaining and motivating staff (Bachmann, 2000; Kaur, 2004). Christensen and Staines (1990) further showed that the arrangements of flexitime work helped in reducing late coming, turnover and absenteeism of employees. The study further concluded that the strategy of flexible time also improved the productivity of employees.

In the Indian context, a study conducted among female teachers by Madipelli et al. (2013) on factors affecting WLB at home and the workplace. It was observed that institutes with poor working conditions, ineffective work arrangements, long working hours, pressurized work environment, low income, etc. were responsible for frustration, monotony, and stress among employees towards their job and home.

Jahan and Kiran (2013), while evaluating the job satisfaction of nurses across the working sector, found that it was becoming increasingly difficult for female nurses to manage their professional and personal life due to the work hours (lack of schedule flexibility) and work pressures. This study showed that government sector nurses had better job satisfaction as compared to nurses in the industry. The reasons proposed for this difference were that the private hospital nurses had longer working hours without any schedule flexibility and job insecurity.

Okemwa (2016) determined the relationship between the flexible work arrangement and commitment of nurses in public hospitals. In this cross-sectional survey, a significantly positive correlation between nurses' engagement and flexible work arrangements like compressed work schedule, flexitime, shift schedule, job sharing, etc. got noted.

## Work Support

Research conducted by Warner and Hausdorf (2009) on WLB among healthcare workers in Canada showed that there was a positive correlation between the organization's support along with supervisor support and work-life issues, as such support can lead to the reduction in work-family conflict.

Velhal et al. (2013) studied work related perceptions among nursing staff in a tertiary care hospital in Mumbai (India). The majority of nursing staff members said that they did not receive any job orientation from their seniors. Half of the staff nurses and two-thirds of the sisters-in-charge expressed dissatisfaction regarding work support. The most common reasons cited the here were the shortage of staff; biased nature of the senior Matron, etc. which resulted in mental stress, overwork, and burnout. Malik and Aylott (2005) revealed in their research that the majority of the nursing staff of the hospital under study had a limited knowledge of their responsibilities. Only a few received orientation training before joining. A well-planned and compulsory scheduled induction and job-orientation program for a designated duration of time was lacking. Further, seniors and subordinates did not cooperate and provide the staff nurses with essential information, resulting in their inability to take on their responsibilities and roles. Malik and Aylott (2005) in their study described the necessity for a mentor for clinical learning experiences and stressed the need to give ongoing adequate training to the nursing staff so that they perform their roles with confidence.

Thompson et al. (2005) in their study proposed that supervisors had a visible influence on professional stress faced by women police officers. These supervisors could, therefore, help in reducing stress among these employees, thereby contributing to their better WLB. It further identified through a study that the support of colleagues along with job resources was positively associated with WLB, whereas unfair criticism by members on the job gets negatively associated with WLB among nurses in Pakistan (Fathima and Sahibzada, 2012).

## Job Stress

Asad and Khan (2003) stated that job stress was the effect of tension on an employee, which an employee gets due to job pressures around the fulfilment of assigned jobs and meeting of deadlines. Salik and Kamal (2007) stated that most employees spend a significant part of their life at work. Varied levels of job stress occurring among employees working in different occupations get linked to WLB (Wallace, 2005; Wong and Lin, 2007). Stanton et al. (2001) defined job stress as the perception of an individual regarding his/her work environment as demanding or threatening. It also explained the degree of discomfort experienced by a person at the workplace. Bhatia et al. (2010) conducted research to study job stress among nurses from two tertiary-care hospitals in Delhi (India). The pressure of time was found to be most stressful for the nurses, while discrimination was found to be least stressful. Other stressors included simultaneous handling of various life issues with duties like

caring for children/parents, work situations, etc. A high level of skill requirement was the most important stressor in the profession of nursing.

Rawal et al. (2014) studied the experiences and perceptions of nurses regarding job-related stress and its impact on their work behaviour through a survey conducted in public and private hospitals. The job stressors for private hospital nurses were overload and excessive timings, feelings of exploitation, low salary and slow increments, heavy work pressures and increased physical exertions with less or no breaks. The job stressors for public hospital nurses were a lack of recognition, legal exploitation, and danger from patients, monotonous nature of the job, relationship issues with peers, limited technical knowledge leading to job dissatisfaction, etc. All these factors resulted in depression among nurses of both private and public hospitals.

In research on job stress among female nurses in private and public hospitals in an urban area, it was observed that no significant difference existed in levels of stress among female nurses working in public and private hospitals. The stress level measurement regarding occupational stress among female nurses indicated the impact of job duties and the need for competence (Vyas, 2014).

A study was conducted for investigating the relationships between job stresses, health and WLB in the Australian academia by Bell et al. (2012). It was concluded in the research that a high level of job stress was positively correlated with a high-level of ill-being and work-family conflict it while being negatively associated with WLB.

## CONCLUSIONS:

Most of the previous research work expectant mothers on enrichment and interference between work and family domains, rather than individual and personal enrichment and intervention. Also, a majority of studies was developed based on western society norms and work context (Adams et al., 1996). The eight culture, custom primary, and values in India differ from those in the western countries. Studies in an Indian context are few.

Among the previous studies relating to individual factors affecting WLB, the major focus was seen to be on the factors like personality, well-being and emotional intelligence (Poulose and Sudarsan, 2014). Most studies carried out in India, and other countries focused on the relationship between nature and WLB, while a little on the relationship between emotional intelligence and psychological well-being of working women on WLB, in an Indian context.

Not much research has categorized on the various organizational policies drafted by hospitals (neither in government hospitals nor private hospitals) to help overcome the challenges faced by female nursing staff while maintaining a WLB, especially in the Indian context. There are very few studies on the harassment policies in

hospitals or health sectors for nursing staff. Age and gender discrimination are other significant challenges faced by female nurses, on which not much research has been carried out in the Indian context.

Although most international studies cover different economic classes, i.e. lower and higher income group, Indian studies were conducted mostly among middle-income groups and focused less on lower-income women employees. So, a more comprehensive research needs to be undertaken to realise and solve the problems of nurses regarding work life balance.

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