



FACTORS INFLUENCING WORK LIFE BALANCE AMONG THE MEDICAL AND PARAMEDICAL STAFF DURING COVID-19 IN HEALTH CARE INDUSTRIES

Dr G S Swaminathan*, Dr.K.Hari **

* Corresponding Author, Retired Corporate HSE Head, Business & Research Consultant, Chennai, India

** Professor, Dept of Management, Govt. Arts & science College, Tiruthani

Abstract:

Background: This world has been witnessing a catastrophic event since the dawn of the year 2020, called COVID 19. This deadly virus not only spread disease throughout the world, but also ignites an extreme level of stress to the human kind. Medical and Paramedical professionals across the globe has been immensely pressurized to find the best solution with a very brief time. Despite knowing the deadly outcome, medical and paramedical professionals have been working day and night with patients, which tremendously raise the stress among them. In this context work life balance plays a very important role in order to maintain employees' job satisfaction by lessening stress. The study was conducted in a few health care industries such as occupational health centers in industry, private clinics, and private hospitals in and around Chennai. **Aim:** It is to identify the critical work life balance (WLB) factors and to analyze the primary data on these factors Influencing WLB in the health care industries. **Materials and Methods:** Systematic random sampling method was adopted to collect 56 samples using a developed questionnaire. Thirty Five variables influencing work life balance were identified in the questionnaire, validated and the response of the medical and paramedical staff was measured by applying Likert type five-point scale. **Statistical Analysis:** The data was analyzed by the IBM-SPSS version-20 and the Mini-Tab Version-16. Descriptive Statistics, Factor Analysis using Principal Component Analysis with Varimax Rotation and Pearson's correlation tests were performed. **Results:** The factor analysis revealed that six factors are the predominant factors that influence work life balance in health care industries. The result of correlation analysis also confirms the positive correlation among the above six factors and it is found to be at 5% level of significance. **Conclusions and Implications:** This study has demonstrated that the work life balance components were varying based on the type of management, organizations, facilities etc. It is concluded that there is a significant level of association and hence the management in health care industries has to consider these factors and focus more on Occupational Health and HRM policies and practices suitably to create conducive, comfortable & productive work environment.

(Keywords: Work-Life Balance, Job Nature, Work Load, Family Domain, Organizational Support, Work Environment, Work-Life Conflict)

1.0: INTRODUCTION

Nowadays, hospitals are confronting great competition and scarce resources than ever before. They are also ruthlessly challenge by the external and internal situation to achieve their goals effectively and efficiently. Medical and Paramedical staff are playing a significant function in determining the excellence and cost of healthcare. It is argued that they have the prospective to be part of solutions to key-problems in health care systems. Work life balance and organizational commitment for medical and paramedical staff are paramount importance for them. Since they play crucial role in their organizations performance and their family well being, medical and paramedical staff work life balance and organizational commitment are found to influence the hospital performance and productivity.

Health care sector has become one of the largest and important sectors in terms of revenue and employment. Health care industry is growing at a very high pace because of its best services. Nowadays people in general are very health conscious and this has created awareness in providing best services to customers. In this regard medical and paramedical staff, both male and female plays an important role in health care industry. There are fewer female doctors who continue their job after getting the degree of graduation. Almost 50% of the female doctors are never working after graduation. Many females sacrifice their incoming classes due to domestic and cultural restrictions and this give benefit to male's seats in medical colleges. Nowadays the majority of men's report work-life conflict and the women's report the stress, anxiety, and fatigue along with work-life conflict. This is due to their multiple roles in their work and life.

A study conclude that many women's change their career for the benefit of their family and their wellbeing. The same study conducts a research and found that the thirty five percent males change their career and eighty five percent women's change their career for the responsibilities of the family. Men's percentage is less in this regard as they are not able to maintain their work-life balance. But if there is a problem, solution is also there in the shape of changing in positions, reduction in working hours, part time work and making adjustment of time with family. If there is mutual understanding between families, spouse or partner the work-life conflict can be reduced.

Human resources are one of the most important elements for organizations to survive and develop. Organizations stand a great deal of outlay in order to extend and qualify human resources. Hence, trailing human resources becomes an unwanted condition. Studies point out that amenities such as creating work-life balance, taking part in decisions, providing career advance raise employees' organizational loyalty and organizations create staff whose features are appropriate for organizations' needs. Paramedical staff in the hospitals is the personnel to whom the patients and their families go first with problem and they play a key role in providing the communication in the health team. Being a paramedical staff is characterized as having a stressful job with a heavy work load, with the effect of many negative factors stemming from environment. Heavy work load, emotional stress because of being together with painful patients, working with deathly patients, conflicts with the patients and their relatives, night and long working conditions which belong to paramedical staff working environment lead them to burn out, be insensitive and quit their jobs. While working for long and inconsistent hours has physiologic, psychological and sociological effects on paramedical staff, several studies revealed that it also has many negative impacts on the individual who receives the service. However, to reduce these negative effects or minimize them is possible by arranging the working environment in a logical way. Employees are in an interface with their families, relations and environment apart from their job. They have to be cautious about this association, because a negative condition from the work-life can influence the professional life. From this point-of-view, work-life balance has a noteworthy significance. Individuals who keep up the stability between work and life put in absolutely to the organizations. These staff will entrust to their organizations and as a result they will have high performances at work.

Vast changes in the health care system have dramatically affected the day-to-day work lives of most of the hospital employee's especially nursing staff. Nursing is a profession in which dedication to the wellbeing of patients is of paramount importance than all the other aspects of life say her own family and life outside the family and work. Family and work are the two important domains of almost all working men and women life. Finding an acceptable balance between work and family is a challenge for almost all nursing staffs of multispecialty hospitals. A nurse's ability to balance multiple life-roles is directly related to her physical, mental well-being and her career performance and success. When conflicts between family and work domains occur, there are potentially adverse effects for families, organizations and also on individuals (Andrews & Withey, 1976). Now Health care organizations are facing problems with providing quality health care to the patients (Franklin, 2014). The lack of Work life balance (WLB) might have negative effect on the productivity and intention to leave

among the nurses. The concept of Work Life Balance, along with its implications, is a core issue that must be investigated (Mathew, 2011) among the nurses, as there is a need of large number of nursing professionals in both developing and developed countries.

It is imperative to study the work family constructs from the point of view of India, where the institution of family is very strong. The present article revolves around the following research question, what are the factors that influence work life balance of Medical and Paramedical in a hospital industry during COVID 19. The study aims to identify the factors those influence the work life balance of Medical and Paramedical professionals in Tamil Nadu. Private Clinics (3) and factory Medical Centres (3) in and around Chennai are considered for the study. The sample size determined is 56 and random sampling method has been adopted for selection of sample respondents. 56 respondents were contacted for the purpose of the study. Questionnaire method was used for collecting primary data for the study.

2.0: OBJECTIVES

The following are the objectives:

1. To study the Work Life Balance of medical and paramedical Professionals in health care industry during COVID 19.
2. To analyze the primary data on the Factors Influencing Work Life Balance of medical and paramedical Professionals in health care industry during COVID 19.

3.0: REVIEW OF LITERATURE

Gulzar & Khalid (2016) Healthcare workers perform their duties for the well-being of people in hospitals. Responsibilities are shared by both male and female staff as the burden on healthcare setting is increasing. Maintenance of job and home responsibilities are becoming more challenging as women are growing in the labor force. Due to performing job and family duty concurrently, women face variance in their twin roles. We define the work life balance as it means setting an equal time between one's work and family life. This will surely help in balancing the work and family. Now the main objective of the work life study is to enable the people to enjoy both the lives (personal & professional).

Grzywacz & Carlson (2007) it is a very projecting topic now a day in society. This expression firstly used in the middle of 1970 that describe the balance between professional and personal life. Allen et al., (2000) in these days when everybody is revolving around a competitive environment the hospitals are also face a competition. Hospitals face more competition and there is lack of resources and the availability of resources is necessary for the achievement of goals and success in career. Female doctors are a crucial element in hospitals they are responsible for the quality of health and health care issues. Female doctors also have the ability to resolve the big issues in hospitals. Female doctor's commitment with their family and hospitals put a great impact on the productivity of both domains.

There is another research suggest that women's are jiggling with their home responsibilities act as a mother, partner, homemaker along with the responsibilities of work demands (Bureau of labor statistics, 2006; Grzywacz & Carlson, 2007). The research targets the women professionals working in hospitals of Sialkot like female doctors and analyze the mediating role of work family conflict. The objective of this research is to identify the relationship of dependent and independent variables with mediating variable.

4.0: RESEARCH METHODOLOGY

Primary data are collected for the purpose of the study by administering a structured questionnaire with 45 questions to the medical and paramedical professionals. The components influencing Work life balance are measured by applying Likert type scale with 35 items excluding 10 demographic statements. The respondents are required to give their responses on a five-point scales ranging from strongly agree to strongly disagree. The Primary data were collected from 56 medical and paramedical professionals as the respondents using convenient sampling method. The data are collected during May - July 2020.

Variables	N	Mean	Std. Deviation	Skewness		Percentiles		
				Statistic	Std. Error	25th	50th (Median)	75th
Frequent extend work schedule	56	2.7500	1.09959	-.074	.319	2.0000	2.5000	4.0000
Unrealistic deadlines	56	1.5000	.71351	1.090	.319	1.0000	1.0000	2.0000
Role overload	56	2.2500	.66742	-.333	.319	2.0000	2.0000	3.0000
Frequent changing requirement of clients and the resultant stress	56	1.8750	.78769	.228	.319	1.0000	2.0000	2.7500
Lack of flexible option	56	2.2500	.66742	-.333	.319	2.0000	2.0000	3.0000
Long and odd working hours	56	2.6250	1.12108	.237	.319	2.0000	2.0000	4.0000
Long commuting time from home to workplace	56	2.3750	1.66856	.738	.319	1.0000	1.5000	4.5000
Night shifts	56	1.2500	.43693	1.187	.319	1.0000	1.0000	1.7500
Taking work-home often	56	1.8750	.33371	-2.331	.319	2.0000	2.0000	2.0000
Working late/week ends	56	2.5000	.87386	.000	.319	2.0000	2.5000	3.0000
Always connected to office work through conference calls	56	1.7500	.66742	.333	.319	1.0000	2.0000	2.0000
Official travel at short notice	56	1.6250	.48850	-.531	.319	1.0000	2.0000	2.0000
Check back with office even when on a vacation	56	1.8750	1.28009	.997	.319	1.0000	1.0000	3.5000
Non supportive attitude of superiors	56	1.3750	.70227	1.608	.319	1.0000	1.0000	1.7500
Compressed working week/job sharing	56	1.8750	.78769	.228	.319	1.0000	2.0000	2.7500
Working with incompetent subordinates	56	1.8750	1.17647	.737	.319	1.0000	1.0000	3.0000
Discrimination by superiors	56	1.1250	.33371	2.331	.319	1.0000	1.0000	1.0000
Inadequate leave facilities	56	3.8750	1.37593	-.983	.319	3.0000	4.5000	5.0000
Lack of job security	56	4.0000	1.00905	-.771	.319	3.2500	4.0000	5.0000
Organization has established WLB policy	56	2.0000	.71351	.000	.319	1.2500	2.0000	2.7500
No serious implementation of WLB policy	56	1.5000	.71351	1.090	.319	1.0000	1.0000	2.0000

Multiple social roles arising from marriage, child birth, pregnancy	56	3.2500	1.09959	-.521	.319	3.0000	3.0000	4.0000
Lack of support system at home	56	2.5000	1.23583	-.210	.319	1.0000	3.0000	3.7500
Poor day care and crèche facilities in the office	56	2.1250	1.17647	1.695	.319	1.2500	2.0000	2.0000
No time to socialize / relax	56	2.8750	1.70627	.042	.319	1.0000	3.0000	4.7500
Husband employed in another city/State and frequent travels	56	1.5000	.50452	.000	.319	1.0000	1.5000	2.0000
Family related problems strain with job	56	2.0000	.87386	.000	.319	1.0000	2.0000	3.0000
When the need for personal space is higher, family and work demands leads to work-life-imbalance	56	1.7500	.43693	-1.187	.319	1.2500	2.0000	2.0000
Home identity role developed strongly among women	56	1.6250	.48850	-.531	.319	1.0000	2.0000	2.0000
Professional isolation from office environment, when work from home	56	1.5000	1.33485	2.331	.319	1.0000	1.0000	1.0000
Round the clock support to meet aggressive time lines	56	2.5000	1.12815	1.103	.319	2.0000	2.0000	3.0000
Lack of gender sensitive WLB policy	56	1.5000	.87386	1.187	.319	1.0000	1.0000	2.5000
Work identity role developed strongly by men	56	2.7500	.83666	.507	.319	2.0000	2.5000	3.7500
Negative perception of Superiors /Colleagues about work-life-balance practices	56	1.3750	.48850	.531	.319	1.0000	1.0000	2.0000
Forced to work in additional jobs	56	1.3750	.70227	1.608	.319	1.0000	1.0000	1.7500

Table 1 show that the mean value of the components ranges from 1.125 to 4.000 and it is a good measure of central value since the Std. Deviation (SD) is very low. Percentiles of Q1 range from 1.00 to 3.25, Q2 (median) range from 1.0 to 4.5 and Q3 range from 1.0 to 5.0 respectively. The Work Life Balance component's distribution is more on the positive skewness (which is between -1 and greater than 1, the distribution is highly skewed).

Predominant factors that constitute Work Life Balance have been examined by applying factor analysis. Factor analysis by principal component method reduces the variables into predominant factors of Work Life Balance with regard to medical and non medical staff in hospitals. The application of factor analysis on 35 variables of predominant Work Life Balance and the results are given in subsequent tables.

Table-2:: KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.545
Bartlett's Test of Sphericity	Approx. Chi-Square	90.706
	df	15
	Sig.	.000
Communalities		
	Initial	Extraction
Frequent extend work schedule	1.000	1.000
Unrealistic deadlines	1.000	1.000
Role overload	1.000	.999
Frequent changing requirement of clients and the resultant stress	1.000	.999
Lack of flexible option	1.000	1.000
Long and odd working hours	1.000	1.000
Long commuting time from home to workplace	1.000	.999
Night shifts	1.000	.997
Taking work-home often	1.000	1.000
Working late/week ends	1.000	.911
Always connected to office work through conference calls	1.000	1.000
Official travel at short notice	1.000	.998
Check back with office even when on a vacation	1.000	1.000
Non supportive attitude of superiors	1.000	1.000
Compressed working week/job sharing	1.000	.999
Working with incompetent subordinates	1.000	1.000
Discrimination by superiors	1.000	1.000
Inadequate leave facilities	1.000	1.000
Lack of job security	1.000	1.000
Organization has established WLB policy	1.000	.998
No serious implementation of WLB policy	1.000	.902
Multiple social roles arising from marriage, child birth, pregnancy	1.000	.962
Lack of support system at home	1.000	.966
Poor day care and crèche facilities in the office	1.000	1.000
No time to socialize / relax	1.000	1.000
Husband employed in another city/State and frequent travels	1.000	.999
Family related problems strain with job	1.000	1.000
When the need for personal space is higher, family and work demands leads to work-life-imbalance	1.000	.999
Home identity role developed strongly among women	1.000	.999

Professional isolation from office environment, when work from home	1.000	1.000
Round the clock support to meet aggressive time lines	1.000	1.000
Lack of gender sensitive WLB policy	1.000	.999
Work identity role developed strongly by men	1.000	.999
Negative perception of Superiors /Colleagues about work-life-balance practices	1.000	.999
Forced to work in additional jobs	1.000	.998
<i>Extraction Method: Principal Component Analysis.</i>		

Initially the test of validity of data for factor analysis was studied with Keiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of Sphericity. Table 2 shows that KMO and Bartlett's Test had been administered in order to determine sampling adequacy. It indicates that the data set were sufficient to carry out factor analysis. The KMO test and Bartlett's Test of Sphericity establish that all extraction values have as per the predictable values and all items can be used for further analysis. The item scales have been subjected to factor analysis using principal component method with Varimax rotation. SPSS statistical package has been used for this purpose.

Component	Initial Eigen values			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	14.139	40.397	40.397	9.156	26.160	26.160
2	7.710	22.028	62.426	6.417	18.333	44.493
3	4.924	14.068	76.494	5.670	16.199	60.692
4	3.535	10.099	86.593	5.144	14.696	75.388
5	2.733	7.809	94.402	5.073	14.494	89.882
6	1.679	4.798	99.200	3.261	9.318	99.200
7	.280	.800	100.000			
8	6.244E-16	1.784E-15	100.000			
9	4.303E-16	1.230E-15	100.000			
10	3.377E-16	9.648E-16	100.000			
11	2.897E-16	8.278E-16	100.000			
12	2.449E-16	6.996E-16	100.000			
13	1.882E-16	5.378E-16	100.000			
14	1.575E-16	4.499E-16	100.000			
15	1.269E-16	3.626E-16	100.000			
16	1.173E-16	3.352E-16	100.000			
17	6.899E-17	1.971E-16	100.000			
18	5.708E-17	1.631E-16	100.000			
19	3.436E-17	9.817E-17	100.000			

20	2.517E-17	7.191E-17	100.000			
21	1.257E-17	3.590E-17	100.000			
22	-1.165E-17	-3.328E-17	100.000			
23	-2.923E-17	-8.351E-17	100.000			
24	-5.082E-17	-1.452E-16	100.000			
25	-1.023E-16	-2.923E-16	100.000			
26	-1.325E-16	-3.784E-16	100.000			
27	-1.428E-16	-4.079E-16	100.000			
28	-1.564E-16	-4.468E-16	100.000			
29	-1.908E-16	-5.451E-16	100.000			
30	-2.311E-16	-6.603E-16	100.000			
31	-2.427E-16	-6.934E-16	100.000			
32	-2.753E-16	-7.866E-16	100.000			
33	-3.454E-16	-9.869E-16	100.000			
34	-4.505E-16	-1.287E-15	100.000			
35	-5.357E-16	-1.531E-15	100.000			
<i>Extraction Method: Principal Component Analysis.</i>						

It is observed from Table 3 that total variance of the observed variables is explained by each principal components. The first principal component explains the largest part of the total variance, it accounts for 26.160 percent of the total variance, second component explains 18.333 percent of the total variance, third component explains 16.199 percent of the total variance, fourth component explains 14.696 percent of the total variance, fifth component explains 14.494 percent of the total variance and finally sixth component explains 9.318 percent of the total variance. A component displaying an Eigen value greater than 1.000 accounts for a greater amount of variance. Therefore only those components, which have Eigen value greater than 1.000, are considered as principal components. The principal components explain 99.200 percent of the total variance, and the remaining components explain 0.800 percent of the total variance.

Table-4 :: Rotated Component Matrix ^a

	Component					
	Job Nature (JN)	Work Load (WL)	Work Environment (WE)	Organizational Support (OS)	Family Domain (FD)	Work – Life Conflict (WLC)
Poor day care and crèche facilities in the office	.951					
Professional isolation from office environment, when work from home	.947					
Discrimination by superiors	.947					
Non supportive attitude of superiors	.871					
Multiple social roles arising from marriage, child birth, pregnancy	.715					
Unrealistic deadlines	.712					
Round the clock support to meet aggressive time lines	.690					
Lack of gender sensitive WLB policy	.637					
Check back with office even when on a vacation	.585					
Lack of support system at home	.540					
Home identity role developed strongly among women	.426					
Work identity role developed strongly by men		.859				
Frequent extend work schedule		.764				
Night shifts		.647				
Inadequate leave facilities			.923			
Frequent changing requirement of clients and the resultant stress			.846			
No serious implementation of WLB policy			.742			
Working late/week ends			.709			
Taking work-home often			.693			
Negative perception of Colleagues about work-life-balance practices			.591			
Forced to work in additional jobs				.829		
Working with incompetent subordinates				.821		
No time to socialize / relax				.697		
Long and odd working hours				.616		
Role overload				.607		
Compressed working week/job sharing				.599		
Lack of flexible option				.563		
Official travel at short notice					.928	
When the need for personal space is higher, family and work demands leads to work-life-imbalance					.927	
Family related problems strain with job					.728	
Lack of job security					.312	
Long commuting time from home to workplace						.921
Always connected to office work through conference calls						.889

Table-4 :: Rotated Component Matrix ^a

	Component					
	Job Nature (JN)	Work Load (WL)	Work Environment (WE)	Organizational Support (OS)	Family Domain (FD)	Work – Life Conflict (WLC)
Poor day care and crèche facilities in the office	.951					
Professional isolation from office environment, when work from home	.947					
Discrimination by superiors	.947					
Non supportive attitude of superiors	.871					
Multiple social roles arising from marriage, child birth, pregnancy	.715					
Unrealistic deadlines	.712					
Round the clock support to meet aggressive time lines	.690					
Lack of gender sensitive WLB policy	.637					
Check back with office even when on a vacation	.585					
Lack of support system at home	.540					
Home identity role developed strongly among women	.426					
Work identity role developed strongly by men		.859				
Frequent extend work schedule		.764				
Night shifts		.647				
Inadequate leave facilities			.923			
Frequent changing requirement of clients and the resultant stress			.846			
No serious implementation of WLB policy			.742			
Working late/week ends			.709			
Taking work-home often			.693			
Negative perception of Colleagues about work-life-balance practices			.591			
Forced to work in additional jobs				.829		
Working with incompetent subordinates				.821		
No time to socialize / relax				.697		
Long and odd working hours				.616		
Role overload				.607		
Compressed working week/job sharing				.599		
Lack of flexible option				.563		
Official travel at short notice					.928	
When the need for personal space is higher, family and work demands leads to work-life-imbalance					.927	
Family related problems strain with job					.728	
Lack of job security					.312	
Long commuting time from home to workplace						.921
Always connected to office work through conference calls						.889

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

Table-4 :: Rotated Component Matrix ^a

	Component					
	Job Nature (JN)	Work Load (WL)	Work Environment (WE)	Organizational Support (OS)	Family Domain (FD)	Work – Life Conflict (WLC)
Poor day care and crèche facilities in the office	.951					
Professional isolation from office environment, when work from home	.947					
Discrimination by superiors	.947					
Non supportive attitude of superiors	.871					
Multiple social roles arising from marriage, child birth, pregnancy	.715					
Unrealistic deadlines	.712					
Round the clock support to meet aggressive time lines	.690					
Lack of gender sensitive WLB policy	.637					
Check back with office even when on a vacation	.585					
Lack of support system at home	.540					
Home identity role developed strongly among women	.426					
Work identity role developed strongly by men		.859				
Frequent extend work schedule		.764				
Night shifts		.647				
Inadequate leave facilities			.923			
Frequent changing requirement of clients and the resultant stress			.846			
No serious implementation of WLB policy			.742			
Working late/week ends			.709			
Taking work-home often			.693			
Negative perception of Colleagues about work-life-balance practices			.591			
Forced to work in additional jobs				.829		
Working with incompetent subordinates				.821		
No time to socialize / relax				.697		
Long and odd working hours				.616		
Role overload				.607		
Compressed working week/job sharing				.599		
Lack of flexible option				.563		
Official travel at short notice					.928	
When the need for personal space is higher, family and work demands leads to work-life-imbalance					.927	
Family related problems strain with job					.728	
Lack of job security					.312	
Long commuting time from home to workplace						.921
Always connected to office work through conference calls						.889

a. Rotation converged in 6 iterations.

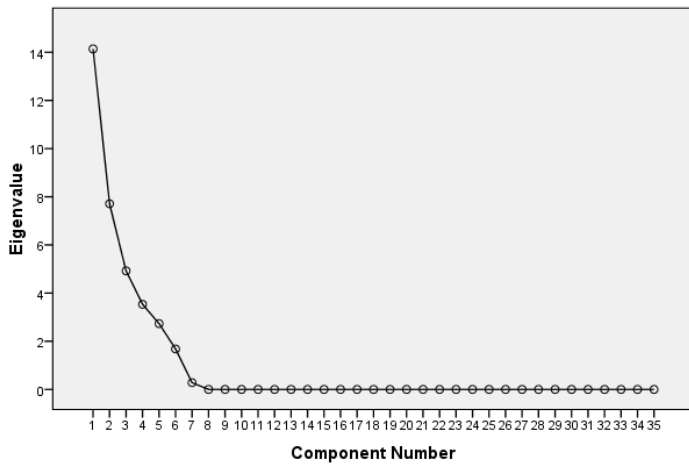
In Table-4, the rotated component matrix explains rescaled factor loading correlation to estimate which variables load on all factor. The commonly used procedure of Varimax orthogonal rotation for factors whose Eigen values were greater than 1 was employed in the analysis. The rotation was converged in 6 iterations. In Table 4 the rotated components show rescaled factor loadings. The rescaled factor loadings display “Job Nature” as first factor (with factor loadings 0.951, 0.947, 0.947, 0.871, 0.715, 0.712, 0.690, 0.637, 0.585, 0.540, 0.426), “Work Load” as second factor (with factor loadings 0.859, 0.764, 0.647), “Work Environment” as third factor (with factor loadings 0.923, 0.846, 0.742, 0.709, 0.693, 0.591), “Organizational Support” as fourth factor (with factor loadings 0.829, 0.821, 0.697, 0.616, 0.607, 0.599, 0.563), “Family Domain” as fifth factor (with factor loadings 0.928, 0.927, 0.728, 0.312) and finally “Work-Life Conflict” as the sixth factor (with factor loadings 0.921, 0.889).

The factor analysis resulted in six important predominant Work Life Balance components from the respondents and the Principal Component Factors were considered based on the list of variables and its characteristics and the respective loadings of the variable. The Eigen value and the percent of variance explained by the factors are presented in Table 5.

It is clear from Table 5 that six predominant Work Life Balance factors out of thirty five Work Life Balance components, accounted for 99.200 percent of total variance. “Job Nature” is the leading factor that influences the Work-Life Balance since its Eigen value and percent of variation explained are 14.139 and 40.397 respectively.

Sl.No	Predominant Factors	Number of variables	Eigen Value	Percent of variance explained	Cumulative percent of valuation
1	Job Nature (JN)	11	14.139	40.397	40.397
2	Work Load (WL)	3	7.710	22.028	62.426
3	Work Environment (WE)	7	4.924	14.068	76.494
4	Organizational Support (OS)	7	3.535	10.099	86.593
5	Family Domain (FD)	5	2.733	7.809	94.402
6	Work – Life Conflict (WLC)	2	1.679	4.798	99.200

Scree Plot



“Work Load” is the next significant factor with Eigen value of 7.710 and percent of variation explained is 22.028. “Work Environment” is the third important factor with Eigen value of 4.924 and percent of variation explained is 14.068. “Organizational Support” is the fourth important factor with Eigen value of 3.535 and percent of variation explained is 10.099. “Family Domain” is the fifth important factor with Eigen value of 2.733 and percent of variation explained is 7.809, and finally “Work-Life Conflict” is the sixth important factor with Eigen value of 1.679 and percent of variation explained is 4.798 respectively.

It is concluded by the above studies that “Job Nature (JN)”, “Work Load (WL)”, “Work Environment (WE)”, “Organizational Support (OS)”, “Family Domain (FD)” and “Work-Life Conflict (WLC)” are the predominant factors of Work Life Balance.

In order to find out whether there is an association among the predominant factors, Pearson’s Correlation analysis was done. The following null hypothesis has been framed.

H₀: There is no correlation among the predominant factors of Work Life Balance.

The Pearson’s correlation test has been applied to find out the existence of association and the degree of association among the predominant factors.

Table -6 :: Correlation among Predominant Factors of Work Life Balance

Correlations							
		JN	WL	WE	OS	FD	WLC
JN	Pearson Correlation	1	.331*	.544**	.318*	.092	-.129
	Sig. (2-tailed)		.013	.000	.017	.498	.342
	N	56	56	56	56	56	56
WL	Pearson Correlation	.331*	1	.227	.704**	.098	.359**
	Sig. (2-tailed)	.013		.093	.000	.474	.007
	N	56	56	56	56	56	56
WE	Pearson Correlation	.544**	.227	1	.357**	.241	-.020
	Sig. (2-tailed)	.000	.093		.007	.073	.885
	N	56	56	56	56	56	56
OS	Pearson Correlation	.318*	.704**	.357**	1	-.108	-.393**
	Sig. (2-tailed)	.017	.000	.007		.426	.003
	N	56	56	56	56	56	56
FD	Pearson Correlation	.092	.098	.241	-.108	1	.058
	Sig. (2-tailed)	.498	.474	.073	.426		.674
	N	56	56	56	56	56	56
WLC	Pearson Correlation	-.129	.359**	-.020	-.393**	.058	1
	Sig. (2-tailed)	.342	.007	.885	.003	.674	
	N	56	56	56	56	56	56

*. Correlation is significant at the 0.05 level (2-tailed).

Table -6 :: Correlation among Predominant Factors of Work Life Balance							
Correlations							
		JN	WL	WE	OS	FD	WLC
JN	Pearson Correlation	1	.331*	.544**	.318*	.092	-.129
	Sig. (2-tailed)		.013	.000	.017	.498	.342
	N	56	56	56	56	56	56
WL	Pearson Correlation	.331*	1	.227	.704**	.098	.359**
	Sig. (2-tailed)	.013		.093	.000	.474	.007
	N	56	56	56	56	56	56
WE	Pearson Correlation	.544**	.227	1	.357**	.241	-.020
	Sig. (2-tailed)	.000	.093		.007	.073	.885
	N	56	56	56	56	56	56
OS	Pearson Correlation	.318*	.704**	.357**	1	-.108	-.393**
	Sig. (2-tailed)	.017	.000	.007		.426	.003
	N	56	56	56	56	56	56
FD	Pearson Correlation	.092	.098	.241	-.108	1	.058
	Sig. (2-tailed)	.498	.474	.073	.426		.674
	N	56	56	56	56	56	56
WLC	Pearson Correlation	-.129	.359**	-.020	-.393**	.058	1
	Sig. (2-tailed)	.342	.007	.885	.003	.674	
	N	56	56	56	56	56	56

** . Correlation is significant at the 0.01 level (2-tailed).

Table 6 shows the correlation among the predominant factors such as “Job Nature (JN)”, “Work Load (WL)”, “Work Environment (WE)”, “Organizational Support (OS)”, “Family Domain (FD)” and “Work-Life Conflict (WLC)”. It is found that there exists a high positive correlation among Job Nature and Work Environment, Work Load and Organizational Support, Work Environment and Organizational Support, Family Domain and Work Environment, Work-Life Conflict and Work Load. There is a negative correlation exist among Work-Life Conflict with Job Nature and Organizational Support.

The analysis of correlation among predominant factors of Work Life Balance shows that there exists a positive correlation among Work Load and Organizational Support (0.704) at 0.01% level of significance. In addition, Factors has a positive correlation with Job Nature and Work Environment (0.544). Another factor is negatively associated with Organizational Support and Work-Life Conflict (-0.393) and finally the last factor is negatively correlated with Job Nature and Work-Life Conflict (-0.129).

5.0: CONCLUSIONS AND RECOMMENDATIONS

Work Life Balance Factors are highly essential issue in an industry especially in these context health care organizations such as hospitals with best practices of Human Resource Management. The study was able to measure the various components of Work Life Balance and established the fact that “Job Nature”, “Work Load”, “Work Environment”, “Organizational Support”, “Family Domain” and “Work-Life Conflict” are the significant and prime determinants which influenced the Work-Life Balance in health-care industries. The study also reveals that the above six prime factors symbolize the Work-Life Balance in health-care industries. The outcome of correlation study also confirm that there is an affirmative correlation among the prime factors as mentioned. In a health care industry, the operation and human resource management team has to consider the above six factors and focus more on Work Life Balance and HR policies and practices suitably and

create a conducive, comfortable work environment to the working medical and non medical staff to improve their performance.

The results indicate that managements of the Hospitals should have empathy with the medical professional and aid in enhancing work life balance in terms of providing time for meeting aspiration of the employees. Good and adequate infrastructure should be provided. Facilities for drinking water and sanitation need to be focused. Additional measures for counseling of patients / dependents to their fulfillment may be provided. Employees feel that their career demands time ahead of working hours, anticipate comfort with duty timings and feel stressed at work. Further the job requires creativity. Hospitals can take policy decisions by sanctioning adequate posts in departments where employees feel hard-pressed for time and take steps to lessen stress and augment creativity. An incentive plan may also be planned to please the employees working overtime. The employees also have diverse demands on their time. They need time to spend with parents, elders and other family members. These subtle expectations may be fulfilled on humanitarian grounds. They are prepared to turn down another job with more pay in order to stay in the hospital they are currently working. This is a good sign of effectiveness of employee retention policies of the hospitals surveyed.

Further studies may focus on larger samples of staff and different sectors in health care to get a better picture for taking policy and procedural compliances to HRM concerns and decisions at the national level. It is also recommended further to focus on various departments like administration, IT etc. to understand various factors influencing the work life balance in various health care sectors.



6.0: CONFLICTS OF INTEREST

Author does not have any conflicts of interest to declare.

7.0: ACKNOWLEDGEMENT

We sincerely thank all the medical and paramedical staff who took time out of their busy work schedule to participate in the survey and participated enthusiastically. We also thank the management of the Occupational Health Centers, Private Hospitals and Clinics and also Dr.K.Ashok and my industrial doctor friends and their Colleagues for their continuous support and encouragement during the process of study and the data analysis.

REFERENCES

- [1] Allen TD, et al. Consequences associated with work-to-family conflict: A review and agenda for future research. *J. Occu. Health Psychology*, 2000, 5: 278– 308.
- [2] Andrews F & Withey S. *Social indicators of wellbeing*. New York: Plenum Press; 1976.
- [3] Beauregard TA & Henry LC. Making the link between work-life balance practices and organizational performance. *Human resource management review*, 2009; 19: 9-22.
- [4] Burke RJ & Greenglass ER. Work-life congruence and work-life concerns among nursing staff. *Canadian J. Nursing Leadership*, 1999; 12(2): 21–29.
- [5] Franklin S, et al. A study on quality of work life in a Multi-specialty Hospital in Chennai. *Intl. J. Current Research*, 2014; 6 (01): 4610 – 4613.
- [6] Greenhaus JH & Beutell NJ. Sources of conflict between work and family roles. *Academy of Management Review*, 1985; 10: 76-88.
- [7] Jeyarathnam M. Factors Influencing Work life balance of Women Professionals in IT Industry - A Study in Tamil Nadu, India. *Intl. J. Humanities and Social Sci. Invention*, 2017; 6(7): 26-33.
- [8] Mathew RV & Panchanatham N. An exploratory study on the work-life balance of women entrepreneurs in south India. *Asian Academy of Management Journal*, 2011; 16(2): 98.

