

# Work Stress and Family Imbalance in Healthcare Industry

**Dr. Rashmi Rai**

School of Business Studies and Social Sciences  
Christ (Deemed to be) University  
Bangalore, India

## Abstract

Family life and work are those two important inseparable domains of a person's life. Any incompatibility between these two areas leads to increase in psychological strain and stress in his/her life. This very research paper has aimed to look into the relation between these two domains i.e. job stress and work life balance among doctors in healthcare Industry. A survey was conducted which included a questionnaire of 42 different items in order to get data for the research paper. 90 different participants responded in the study conducted.

The data has been analysed by using different statistical tools. The tools mainly included correlation, Cronbach's Alpha, ANOVA, and regression. The output of the analysis showed that there is a negative relationship between the two variables. The research paper also puts light on the relationship of different sub-factors of the two variables i.e. work life balance and stress. In order to conclude this research paper hopes to upgrade the learning in the domain of work-family adjustments, work pressure and mental strain among doctors in healthcare Industry

**Key Words:** *Organizational culture, inter-personal relationship, job stress, Work life balance, Self-perception, job satisfaction.*

## 1. Introduction

Work life and family has always been considered as the two important aspects of any individual's life. Managing a balance between the two is an important task. Both work life and work contribute differently in order to understand a person's behaviour. In a life where everything go with its own speed, it has really become difficult to maintain a balance between work life and family. In fact, day by day it is getting even more difficult to have a balance between the two.

Work family strife is a reality which was characterized as a type of between part struggle happening because of general demands and strain made by the activity meddling with one's capacity to perform family related duties. Contrasting to this it

has been defined as the work life-family conflict side as the main conflict which results from strain and general demands created by an employee's family which effects his abilities to fulfill his responsibilities at the work place.

The concept is still considered as one of the contemporary issues. There has been a significant change in the work culture and work force demographics which has influenced the work life balance a lot. The demand for more challenging jobs and much longer working hours have become the main part of new work culture.

This research paper aims to look into the relationship between the two variables i.e. psychological stress and work life balance among doctors in healthcare Industry. The variables have used in a way so as to find a better understanding of how office tasks and family work together results in the conflict of work and family.

## 2. Review of Literature

Several researches have proved the fact that the work-life imbalance has ultimately led to high stress level in the organisation. (Sen, 2017) in his paper has tried to put lights on the relationship between Job Satisfaction and Job Stress between managers and teachers. However, it was discovered that teachers faces low Job Satisfaction as compared to managers. They also face high level of Job Stress. As in case of managers Job Satisfaction and Job Stress do not relate to each other a lot.

In a research conducted by (Ali and Aameed, 2016) has again tried to look into the need for human resource management in hospitals that has to deal with some special features. The number of personnel working in hospital industry is huge, and their occupations are different from each other. There is a high need to manage the human resource in hospitals so as to provide the effective and efficient medical services. This is also important to achieve patients' satisfaction. It has been found that good human resource management in hospitals has a strong effect

in delivering the medical facilities and to fulfill the patients' need and make him satisfied.

The research paper by (Panatik & Rajab, 2012) has aimed to look into the impact of psychology strain and work family conflict on stress between the staffs of Technology University, Malaysia. The data collected for the research has been collected by a questionnaire survey. Around 267 responses were collected in order to conduct the study. Further the data has been analysed by using correlation and several regression. The results of the data showed that there is a significant relationship between the variables.

The study done by (Mache, 2006) tells that the doctors pursuing their careers in German hospitals consider a very high level of work family conflict with a mean of 76. According to the study work family conflict was highly related to quantitative job demands and high workloads. Variables such as personal resources and job resources were not at all or rather negatively associated with the doctors' work family conflicts.

Another research conducted by (Esson, 2004) shows that the consequences related to different variables such as work family conflict, stress and non-work are evidence in a network of direct as well as indirect relationships. The output of the research shows that the effects of the variable i.e. work family may be eliminated or reduced by making serious attempts to eliminate the consequences that comes early.

According to another search conducted by (Grzywacz, Almeida & McDonald, Jan 2002) studies work family balance by using different samples and strategies. The paper has used data which was from two partnered national surveys. The survey was conducted to look into the distribution of work family amongst working grown-ups. The National Study of Daily Experiences ( $n = 741$ ), a 8-day consistently contemplate consider using a subsample of the National Survey of Midlife Development in the United States (MIDUS:  $N = 2,130$ ), permitted work-family overflow to be conceptualized and operationalized in different ways. Study testing family life course speculation exhibited that self-uncovered negative and positive overflow among work and family not randomly dispersed inside the work drive. Age was found to have a driving forward curvilinear effect on negative overflow among work and family.

A study by (Greenglass, 2001) on the stress and work family conflict faced by nurses reports lower family work conflict than work family conflict. It also says that all the personal demographics except restructuring stressors and downsizing predicted work family issue

A research conducted by (Ezzedeen and Swiercz, 2002) had mentioned facts that the "modern work has become more knowledge based, fluid, and intellectual; The pressure to for overworked people is to always think about the work . For many people,

work has become cognitively intrusive." It was noticed that employees were often preoccupied with work

when not working, and when in the company of family and loved ones, experienced an inability to be meaningfully engaged in non work areas .

Another researcher (SitiAisyahBintiPanatik, 1997) studied the variables on a population of 267 students. The data of the quantitative study were analysed by using different statistical tools such as multiple regression and correlation. The results of the study showed that both the family work conflict and work family conflict have a considerable relationship with psychological strain and stress dimensions. It also says that work-to-family conflicts have a relatively higher correlation as compared to family-to-work conflicts. Further the results of regression showed that only work to family conflicts effects psychological strain and stress level.

Problems related to work life balance can be sorted with the help of Human Resource management in the company. This research is done to figure out the effect of job stress and work life balance on different employees in healthcare sector.

### **3. Materials and Methods**

#### **3.1 Objectives of the study**

1. To establish and understand the relationship between work family and job stress among doctors in Healthcare Industry.
2. To understand the relationship between different organisational factors which contribute to work life balance .

#### **3.2 Hypothesis**

$H_0$ : There is no relationship between job stress and work life balance among doctors

$H_1$ : There is a relationship between job stress and work life balance among doctors

#### **3.3 Sample**

The sample of the study is 90 doctors, working in the northern part of India

#### **3.4 Sampling techniques**

The study is based on health care sector. The population is the doctors practicing in India. The sample size for the research is selected from a hospital located in the northern states of India. The data is collected from primary source. The data is collected through questionnaire.

#### **3.5 Tools for the study**

In order to collect raw data for research, questionnaire was used. The questionnaire for both job stress and work family balance were self-administered. Likert scale of five points was used to record the response. The scale was 1 for strongly

Agree and 5 for strongly disagree. The research has used SPSS software in order to analyze data and make different graphs in order to depict the data.

## 4. Results and Discussion

### 4.1 Reliability Analysis

Cronbach's alpha is a measure of internal consistency. It used as a scale of reliability. For the following set of data, the alpha coefficient for the 47 items is 0.860. This suggests that the items have relatively high internal consistency.

Table 1:Reliabilty

Reliability Statistics	
Cronbach's Alpha	N of Items
.860	47

### 4.2 Relationship between Job stress and Work life balance

The first objective of the study is to understand the relationship between work life balance and job stress.

Table 2: Correlations

		Work Life Balance	Job Stress
Work life balance	Pearson Correlation	1	-.391**
	Sig. (2-tailed)		0
	N	90	90
Job Stress	Pearson Correlation	-.391**	1
	Sig. (2-tailed)	0	
	N	90	90

As shown in table 2, the Pearson correlation coefficient is -0.391. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Job stress and work life balance display a negative correlation with an average level of strength. The results suggest that if there is more stress due to job in a doctor's life then they will have a poor work life balance. If one factor increases the other will decrease. The coefficient is 0.4, which is close to 0.5 hence the relationship has average level of strength. Therefore, we reject the null hypothesis and accept the alternate hypothesis.

Linear regression is the next method used after correlation, for the study. It is used as the study wants to predict the value of a job stress based on the value of work-life balance. The variable of job stress is called the dependent variable or the outcome variable. The variable of work-life balance which is being used to predict the other job stress's value is called the independent variable or the predictor variable.

The model summary shows that the R value represents simple correlation. The R value for the study is 0.391, which indicates a low degree of correlation. The  $R^2$  value indicated the total variance in the job stress can be explained by the independent variable of work-life balance. In this case, 15.3% can be explained, which is very less.

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.391 <sup>a</sup>	0.153	0.143	0.66469

Table 4: ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7.028	1	7.028	15.906 .000 <sup>b</sup>
	Residual	38.88	88	0.442	
	Total	45.907	89		

The ANOVA table indicates that the regression model predicts the dependent variable significantly well. This can be concluded looking at the significance value which is .000 where  $p < 0.005$ . Hence on the basis of the results of the correlation and regression analysis it can be concluded that the null hypothesis is rejected and the alternate hypothesis is accepted. Therefore, there is a significant and negative relationship between work-life balance and job stress.

### 1.3 Relationship between Work-life balance and sub-factors related to job stress

Table 5: Regression Analysis

Predictor	Standardized coefficients beta				
	MJ	JS	OC	IPR	SP
Work-life balance	0.165	0.275	0.326	0.410	0.173
R square	0.027	0.075	0.106	0.168	0.03
F	2.477	7.177	10.452	17.801	2.72
Sig	0.119	0.009	0.002	0.000	0.103

MJ=Meaning of Job ,JS =Job satisfaction,  
 OC=Organisation Culture, IPR=Interpersonal relation, SP=Self Perception

Table 5, shows the regression analysis among the variables: Meaning of job, job satisfaction, organisation culture, inter-personal relation, self-perception and work-life balance. The results indicate that work-life balance explained: 2.7% of

meaning of job, 7.5% of job satisfaction, 10.6% of organisation culture, 16.8% of inter-personal relation and 3% of self- perception. Hence we can say that work life balance domain can significantly predict inter-personal relation. The work life balance did not significantly predict the other sub factors related to job-stress. In summary, this study states that work-life balance has very less impact on the sub-factors of job stress. And the independent variable did not predict the sub factors of job stress.

#### 4.4 Relationship Between different jobs related factor

Some of the factors which cannot be resolved that influences the stress levels of the doctors are working in an urban/rural area, type of institution, and age. However, reduction of working hours, increasing income, providing opportunities for development and training may be useful to reduce the stress level of the employees .

The study records the perception of doctors on the following factors: meaning of job, job satisfaction, organisation culture, self-perception, inter-personal relationship and work life balance. The correlation analysis in table 6 shows positive and strong correlations among different factors related to job of doctors.

**Table 6: Correlations**

Variables	MJ	JS	OC	IPR	SP
MJ	1	.412**	.274**	.434**	.528**
JS	.412**	1	.234*	.464**	0.145
OC	.274**	.234*	1	.641**	.413**
IPR	.434**	.464**	.641**	1	.571**
SP	.528**	0.145	.413**	.571**	1

MJ=Meaning of Job, JS =Job satisfaction, OC=Organisation Culture, IPR=Interpersonal relation, SP=Self Perception

- Meaning of job and job satisfaction

As shown in table 6, the Pearson correlation coefficient is 0.412. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Job satisfaction and meaning of job display a positive correlation with a strong level of strength. The results suggest that if the doctors find his/her job to be meaningful then they will be more satisfied with their job. If one factor increases the other will also increase. The coefficient is 0.41, which is close to 0.5 represents a strong relationship between the two factors.

- Meaning of job and inter personal relations

As shown in table 6, the Pearson correlation coefficient is 0.434. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Inter personal relation and meaning of job display a positive correlation with a strong level of strength. The results suggest that if the doctor finds his/her job to be meaningful then there will be better inter-personal relations among the employees on the hospital. If one factor increases the other will also increase. The coefficient is 0.43, which is close to 0.5 represents a strong relationship between the two factors.

- Meaning of job and self-perception

As shown in table 6, the Pearson correlation coefficient is 0.528. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Self-perception and meaning of job display a positive correlation with a strong level of strength. The results suggest that if the doctor finds his/her job to be meaningful then they will have a positive perception about themselves and the work done by them. If one factor increases the other will also increase. The coefficient is 0.52, which is more than 0.5 represents a very strong relationship between the two factors.

- Job satisfaction and inter personal relation

As shown in table 6, the Pearson correlation coefficient is 0.464. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Job satisfaction and inter personal relation display a positive correlation with a strong level of strength. The results suggest that if the doctor is satisfied with his/her job then they are to maintain better inter-personal relations. If one factor increases the other will also increase. The coefficient is 0.46, which is close to 0.5 represents a strong relationship between the two factors.

- Organisation Culture and inter personal relation

As shown in table 6, the Pearson correlation coefficient is 0.641. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Job satisfaction and meaning of job display a positive correlation with a strong level of strength. The results suggest that if the doctor find his/her job meaningful then they will be more satisfied with their job. If one factor increases the other will also increase. The coefficient is 0.41, which is close to 0.5 represents a strong relationship between the two factors.

- Organisation Culture and self- perception

As shown in table 6, the Pearson correlation coefficient is 0.641. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Organisation culture and self-perception display a positive correlation with a strong level of strength. The results suggest that if the organisation (hospital) culture is positive and healthy then the doctor's perception about self and his work is also positive and healthy. If one factor increases the other will also increase. The coefficient is 0.64, which is greater than 0.5 represents a strong relationship between the two factors.

- Self-perception and inter personal relations

As shown in table 6, the Pearson correlation coefficient is 0.571. The significance level is 0.000; hence we can conclude that the results are significant and reliable.

Self-perception and inter-personal relation shows a positive correlation with a strong level of strength. The results suggest that if there are positive inter personal relationship in the organisation then the doctors have better perception about themselves and their work. If one factor increases the other will also increase. The coefficient is 0.57, which is more than 0.5 represents a strong relationship between the two factors.

## 5. Conclusions

This study shows that in today's scenario work family conflict among doctors has an impact of job stress. This can be due to multiple factors such as increasing shifts and emergencies at work and different moods at home. This research paper also depicts that increasing conflict at home is a result of high occupational requirements. Also the increasing problems in professional life of doctors are a result of high family requirements. The study also analyses relationship between various other factors related job. The study establishes that the meaning of the job for a doctor impacts his self-perception about himself and his work. The organisation culture has an impact on the inter-personal relationship that doctors have with other employees in the organisation. And self-perception also has an impact on inter-personal relationship that doctors have with other employees

in the organisation. Application of human resource concepts in the field of medicine is a relatively new concept. Doctors are a very vital human resource and hence their workplace (hospital) need better human resource management practices. Hence, after analyzing the data we can conclude that doctors of Healthcare Industry district face an imbalance between their professional life and personal life. Also this research gives scope to other researchers to probe into this field and give better perspective and solutions regarding human resource in the medicine.

## Reference

- [1] Ali, D. E., & Aameed, M. S. (2016). Hrm Issues And Challenges In Healthcare. International Journal of Management, , 166-176.
- [2] Esson, P. L. (2004). Consequences Of Work-Family Conflict: Testing A New Model.
- [3] Ezzedeen, S.R., &Swiercz, P.M. (2002). Rethinking work life balance: Development and validation of the cognitive intrusion of work scale (CIWS) A dissertation research proposal. Proceedings of the 2002 Eastern Academy of Management Meeting
- [4] Greenglass, R. J. (2001). Hospital restructuring, work-family conflict and psychological burnout among nursing staff. 583-594.
- [5] Greenhaus, J. H. (1985). Sources of Conflict Be- tween Work and Family Roles. Academy of Management Review , 76-88.
- [6] Grzywacz, J. G., Almeida, D. M., & McDonald, D. A. (Jan 2002). Work-Family Spillover and Daily Reports of Work and Family Stress in the Adult LaborForce. National Council on Family Relations , 28 - 36.
- [7] Jesse S. Michel, L. M. (2011). Antecedents of work-family conflict: A meta-analytic review. Journal of Organizational Behavior, Vol. 32 , 689-725.
- [8] Mache, S. (2006). Managing work-family conflict in the medical profession.
- [9] Panatik, S. A., & Rajab, A. (2012). Work-Family Conflict, Stress and Psychological Strain in Higher. International Conference on Education and Management Innovation , 67 - 71.
- [10] Sen, K. (2017). Relationship between Job Satisfaction & Job Stress Amongst Teachers & Managers. Indian Journal of Industrial Relations , 14-23.
- [11] Siti Aisyah Binti Panatik, A. R. (1997). Work-Family Conflict, Stress and Psychological Strain in Higher Education . Human Resource managment .