

## ABSTRACT

This thesis titled “Work Life Balance Concerns and Issues of Doctors Working in Hospitals with special reference to Nashik and Mumbai Cities” was a part of PhD study in Management (Human Resource Management), under Savitribai Phule Pune University. The thesis presents findings of the research survey carried out to understand work life balance problems faced by doctors working in public and private hospitals of Nashik and Mumbai cities.

Doctors’ position in hospitals is considered to be extremely crucial as they are the main healthcare professionals who have important impact on patient care. Despite this, doctors and their various problems have been hardly noticed and questioned in India. The Indian sub continent is facing increasing shortage of doctors and nurses due to which, presently doctors are forced to work extra hours; making their professional life even tougher. Alongside this, the changing socio cultural forces within India have also increased the personal and family life challenges faced by doctors. The consequential stress and tension leads to serious health and wellbeing problems among doctors. Professional and personal life demands have become never meeting ends, which has disturbed doctors’ work life balance.

Against this background, present research largely aimed to answer, what hospitals can do to help their doctors deal with these work life challenges effectively. The review of related literature in the area of work life balance and job satisfaction had provided an insight into many factors and a direction to design the present study. The sample consisted of 502 doctors and it is broadly representative of doctors working in public and private hospitals of Nashik and Mumbai cities.

The main objectives of the research were to examine:

- 1) work life balance status of doctors
- 2) the extent of intrusion and support from professional and personal domains
- 3) doctors’ job satisfaction on two dimensions, cognitive and affective
- 4) the relationship between doctors’ work life balance and their job satisfaction
- 5) effect of ‘city type’ and ‘hospital type’ on doctors work life balance and
- 6) doctors’ perception and need for work life balance programs in hospitals

The questionnaire is comprised of three subscales to measure:

- 1) **Doctors' Work Life Balance:** defined as a multifaceted construct and measured as the overall balance achieved through the resultant effects of
  - Intrusion - Work to Life Intrusion (WLI) and Life to Work Intrusion (LWI)
  - Support - Work to Life Support (WLS) and Life to Work Support (LWS)
  
- 2) **Determinants of Doctors' Work Life Balance:** defined as professional and personal factors determining doctors' work life balance experience. Four factors identified were: 'Professional Related', 'Patient Issues', 'Country Specific' and 'Personal Matters'
  
- 3) **Doctor's Job Satisfaction:** defined as a combined outcome of emotions and feelings attached to the job (affective satisfaction) as well as the satisfaction experienced with various job and hospital aspects (cognitive satisfaction).
  - Affective Job Satisfaction - Positive Affect and Negative Affect
  - Cognitive Job Satisfaction - Intrinsic Factors and Extrinsic Factors

**The major findings of the research were:**

- 1) Over 90% of doctors considered that healthy professional life is a precondition for healthy personal life and also 87% believed that good work life balance leads to better job satisfaction.
  
- 2) Doctors perceived WLB as 'achieving a balance which provided a feeling of satisfaction in both, professional and personal life domains. Doctors desire to have a satisfying experience in each domain without feeling guilty of compromising in the other.

With this perspective, a marked variation was observed in the choice of practice method by doctors from Nashik and Mumbai cities. To achieve and maintain a healthy WLB, most of the Nashik doctors chose to have private practice in addition to working with other hospitals on consulting basis. Conversely, maximum Mumbai doctors preferred only working with other hospitals. Probably having an own private hospital in Mumbai could be financially challenging for

doctors; however this comes as an opportunity for Mumbai hospitals to attract and retain talented doctors.

- 3) Overall WLB level of doctors was below average and with most doctors on the verge, maintaining a balance was indeed difficult for them. The reason for this poor WLB was twofold, one- very high work to life intrusion and two- low work to life support.
- 4) Doctors' professional and work domain intruded the most with their achievement of work life balance. Against this, the professional domain did not support and enhanced a healthy balance for doctors. Rather, whatever work life balance doctors could restore was mainly attributed to support received from personal domain. Implying that professional domain of doctors had significant negative influence on their work life balance.
- 4) City wise comparison revealed that doctors from Mumbai city working in public and private hospitals faced more problems of WLB than their counterparts from Nashik. While for hospital wise comparison, it was observed that private hospitals doctors from both cities experienced slightly higher issues of WLB.
- 5) Four most influential factors determining Doctors' Work Life Balance within Indian context were identified as 'profession related', 'patient issues', 'country specific' and 'personal matters'.
- 6) The major 'Profession Related' factors interfering with doctors' WLB were, total hours of work (daily and weekly), working in shifts, profession's demand to be always right and self critical, low autonomy and control over work, inadequate break during work, getting leaves and holidays, lack of support and guidance from seniors and work culture of the hospital.
- 7) The major 'Patient Issues' placing additional demand on doctors' limited resources were, increasing mistrust among patients, patients' demand only for senior doctors, pressure of always being a good doctor of choice, unrealistic expectations of

patients and their family and lastly, ignorance and delay by patients giving rise to emergency conditions.

- 8) Certain 'Country Specific' issues intrusive of doctors' WLB were, shortage of doctors and nurses, increasing patient population and unorganized and unsystematic working pattern in India making WLB even difficult. Specific 'Personal Matters' influencing doctors' WLB were, caring for dependents and a working spouse.
- 9) With regard to Job Satisfaction, it was observed that three fourth of doctors working in public and private hospitals of Nashik and Mumbai cities experienced moderate job satisfaction. The major cause behind this was the fact that large number of doctors held negative feelings and emotions about their job, which on the whole reduced their satisfaction level.
- 10) Although doctors' cognitive job satisfaction (satisfaction with intrinsic and extrinsic job factors) was comparatively better, their affective job satisfaction (feelings and emotions attached to job) was low. The very nature of doctors' job induced high negative feelings of distress, fatigue, anger and nervousness.
- 11) Notable inferences were drawn by exploring directed relationship between three constructs, Cognitive Job Satisfaction (CJS), Doctors' WLB and Affective Job Satisfaction (AJS). It was observed that CJS did not have a direct influence on doctors AJS, but was indirectly related through Doctors' WLB. Implying that, mere provision of satisfactory job features and work environment may not necessarily make a doctor feel good about the job. However, if job factors are designed to support doctors' WLB, then doctors are bound to feel good and satisfied with their job and hospital.

In other words, doctors' feelings and emotions towards their job were intensely framed by the fact whether they led a balanced professional and personal life, which in turn was dependent on whether the intrinsic and extrinsic job factors were designed to be supportive of WLB.

## **Major Implications:**

An important implication to hospitals is that the issue of Doctors' Work Life Balance needs immediate attention and action, so as to handle the situation before it goes from concern to crisis.

Interventions to improve doctors' WLB are needed for two specific reasons. First, as the study confirms that most doctors faced great difficulty in maintaining WLB despite perceiving WLB as important to their professional and personal life satisfaction. Second, because doctors' WLB strongly predicted and influenced their feelings and emotions attached to their job and hospitals.

Hospitals and government are suggested to redesign work practices that consume most of doctors' time and resources, leaving them with less personal and family time. More focus on profession and job related aspects that provide flexibility and autonomy is recommended, such that doctors can have better control over their time and work.

The findings from this research study also create a strong compelling case for Work Life Balance Programs in hospitals. Hospitals seem to be unaware that work life support programs can go beyond the balance component to improve and enrich doctors' lives. Hospitals supporting doctors to have a satisfactory professional as well as personal life, could help change the image of this profession.