
CHAPTER 2

LITERATURE

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Chapter Overview

Review of related literature helps in understanding and defining the research problem, framing objectives, formulating hypotheses, selecting appropriate design and methodology of research as well as interpreting the results in the light of the research work already undertaken. This chapter provides an overview of literature in the field of psychology, social science, human resource management and healthcare; so as to cover: (a) introduction to the topic, (b) significant theories and models associated with work life balance, (c) work life balance of doctors (d) job satisfaction of doctors (e) the research gaps.

2.1 Introduction: What Is Work Life Balance (WLB)?

Work Life Balance (WLB) has its own evolution history in different parts of the world. In United Kingdom, somewhere in late 1970s the phrase 'Work Life Balance' was used for the first time by working mothers' association, to explain the balance between a person's work and personal life (as published in 'New Ways to Work and the Working Mother's Association in the UK'). In the United States the term work life balance was first coined in 1986 in reaction to the unhealthy choices that many Americans made in favour of their workplace, as they opted to neglect family, friends and leisure activities in the pursuit of corporate or work goals.

Like many other debatable and contemporary concepts in the field of human resource management, WLB is also subject to debate in literature. There has been much debate over the formal definition of work life balance. Research studies and articles that have explored work life balance have failed to explicitly define the construct, as every study had used a different approach to operationalise and measure WLB ^[36,79]. In general the term 'balance' is defined as harmony or equilibrium between work and life domains (Clarke, Koch and Hill, 2004).

Although definitions and concepts related to work life balance are highly varied, these definitions can be classified under following heads:

WLB defined in terms of satisfaction: the degree of satisfaction with work and family role (Greenhaus et al., 2003) and a state that occurs when there is a sense of satisfaction with work and family roles (Clark 2000)

WLB as a belief: Guest (2002) argued that balance is determined by a person's subjective feelings and emotions; that is, the feeling of living a balanced life. People assess the balance in their life using subjective evaluations based on their beliefs and feelings. WLB is defined as resulting from one's belief that work and family commitments can be facilitated and the capability of effective negotiation with others in their different life domains (Carlson, Grzywacz, and Zivnuska 2009). WLB is an individual's belief that work activities are not incompatible with non work activities and as such it promotes growth that is in accordance with individual's current life priorities (Kalliath et. al, 2008).

WLB as a fit: Crooker, Smith, & Tabak, 2002 defined WLB as a fit between the demands of multiple roles and the availability of personal resources.

WLB as equilibrium: Researchers have defined WLB as a balance, harmony and outcome of work-family conflict or work-family enrichment (Buffardi, Smith, O'Brien, & Erdwins, 1999; Clark, 2001). WLB has been defined by Frone (2003) as a four-fold taxonomy as resulting from dimensions of direction of influence (work to family and family to work) and type of effect (conflict and facilitation)

This study conceptualized work life balance in line with Frone's (2003) definition and measured it on two dimensions 'Intrusion' and 'Support' in two directions 'work to life' and 'life to work'.

To summarize, Kalliath and Brough (2008) in their study 'Work life balance: A review of the meaning of the balance construct' identified six different WLB definitions that are commonly used in literature:

- 1) as a concept that reflects an individual's orientation across different life roles
- 2) the extent to which an individual is engaged in work role and family role and is also satisfied equally in both domains,
- 3) as attaining satisfying experiences in all life domains by skillfully distributing personal resources such as energy, time and commitment across all the domains,
- 4) the extent to which an individual's effectiveness and satisfaction in work and family roles are compatible with the individual's life role priorities at a given point in time,
- 5) as relationship between conflict and facilitation; where higher levels of balance results from low levels of inter-role conflict and high levels of inter-role facilitation contributing to; and finally
- 6) it is about people having a measure of control over when, where and how they work ^[54]

According to Grzywacz and Carlson (2007), considering WLB as a multiple constructs concept consisting of work and non work conflict and enhancement in both directions, is an important notion as it captures more of the phenomenon.

2.2 Theories And Models of WLB

Based on these definitions, researchers have evolved number models that attempt to explain the dynamics of work life balance. Guest (2002) in his study to explore the meaning of balance with regards to work life balance, explains that Zedeck & Mosier (1990) and O'Driscoll (1996) speculated five main models explaining various forms of relationship between work and non work life

- 1) the segmentation model, where job and life experiences are considered in isolation with each other and are separated. Within the purview of this model work and non work lives should be lived separately and as such these two domains are considered distinct, not influencing with each other
- 2) the spillover model, where experiences in one domain of life spill over into other domain of life, influencing it either positively or negatively

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- 3) the compensation model, where an individual seeks to compensate for a dissatisfying experience or what is lacking in one domain by seeking fulfillment and happiness in other domain of life
 - 4) the instrumental model, where activities in one domain of life constructively influences the other domain and facilitates success
 - 5) the conflict model, where an individual has to face conflict due to high demands from multiple domains of life. An individual faces overload in one particular domain because of which is forced to make difficult choices ^[38].

This research is based on Work Life Spillover theory which states that spillover can occur in both directions – work to personal life and personal life to work and can have positive or negative effects ^[8]. Thus it is assumed that a doctor's professional and personal lives both can influence each other either negatively (intrusion) or positively (support).

2.2.1) Negative Spillover - Work Life Conflict:

Research attention was focused on Work Life Conflict for two reasons, first because it had been growing for the past twenty years and was probably at an all-time high. Second, because work life conflict was found to negatively influence a variety of attitudes and behaviors of both personal and organizational relevance; like emotional exhaustion, depression, lowered job and life satisfaction, absenteeism, turnover, reduced performance and lower organizational commitment ^[93].

'Work to family' and 'family to work' conflict are forms of friction in which role pressures from work and family domains are mutually incompatible ^[21]. Although, the two are correlated, these are distinct variables (Casper, Martin, Buffardi, & Edwins, 2002). Further, as mentioned by Wayne et al., (2004) work and life researchers agree that work family conflict occurs bi-directionally that is, negative experiences at work can affect people's family life and vice versa. Continued work demands over a period

of time may cause employees to think they are not effective family members. Alternatively, a family role could interfere with employee's work role.

For employees, work life conflict occurs when work and life are mutually non compatible, such that meeting demands in one domain makes it difficult to meet demands of the other domain. This conflict can arise due to time-based constraints, strain-based constraints or behavior-based constraints. Employees experience more work life conflict when they feel pushed by work, tense, uncomfortable, overwhelmed or sense lack of control^[11]. Work life conflict has been found to have negative impact on employees and also on organizational performance. Employees who are overloaded or whose work interferes with family (vice-versa) are highly stressed, experience burnout and express dissatisfaction with life^[30]. Work life conflict can lead to numerous negative health implications, physical as well as mental health. Hence the amount of work life conflict that employees perceive greatly influences their quality of relationship with employers and organizations^[51].

Major reasons cited for work life conflict include job security, supervisor's support, peer level support, job demand, work overload, work role conflict or ambiguity, technology interference and dissatisfaction with job^[1]. Studies have found long work hours and highly stressful professions to specifically hamper employees' ability to harmonize work and family life, which is very relevant to doctors' profession.

For organizations, increased employees' work life conflict problems lead to high turnover intentions^[73]. It can increase burnout and decrease job satisfaction (Thomas and Ganster, 1995). It has significant impact on employees' organizational citizenship behavior and organizational commitment, which in turn negatively affects organizational performance^[5].

2.2.2) Positive Spillover - Work life Enrichment:

In last one decade, a growing number of researches have also focused attention on positive side of work family interface; the basic belief being that work and family each provide individual with resources that can benefit them to better perform across

other life domains. The process of enrichment occurs when resources acquired from one role enriches other roles (Carlson, Kacmar, Wayne and Grzywacz, 2006). In addition to resources, enrichment can occur when the emotions and moods experienced in one role enrich another role (Hanson, Hammer, & Colton, 2006).

As mentioned by Stoddard and Madsen (2007) in their study, Greenhaus & Powell (2006) identified three main components of work family enrichment as:

- 1) First, enrichment directions and dimensions: work family enrichment is bidirectional that is enrichment occurs in both directions from work and family. Further, Carlson, Kacmar, Wayne and Grzywacz (2006) describe the dimensions for each of these directions as:
 - i) Development: implies that involvement in any one domain helps to acquire or improve the skills and behaviors or perceiving things of other domain
 - ii) Affect: implies that positive feelings and emotions resulting from involvement in one domain improves the experiences in other domain
 - iii) Capital: implies that involvement in any one domain promotes sense of focus, confidence, accomplishment, or self-fulfillment that helps to be better member of the other domain.

- 2) Second, resources generated in work and family roles: a resource is described as an asset that may be drawn on when needed to solve a problem or cope with a challenging situation. Five resources that support work to family enrichment were identified as: skills and perspectives (cognitive and task related interpersonal skills), psychological and physical (self-esteem, self-efficacy, positive feelings, increased physical and mental energy), social capital (interpersonal relationships), flexibility (freedom to determine the timing, pace, and location) and material resources (money and gifts) ^[37]. For example, employees learn certain skills at work (e.g., conflict resolution or effective problem solving) and transfer these skills from work to home; it results in improved interactions with family members (Stoddard & Madsen, 2007).

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- 3) Third, the 'paths' that promote work family enrichment: Resources are promoted basically through two paths, instrumental (direct) and affective (indirect). Instrumental path is when resources acquired in one domain have a direct impact on performance in other domain, while Affective path first influences the positive feelings for other domain which then leads to improvement in that domain ^[37].

2.3 Work Life Balance In Indian Organisations:

In India, given the amount of time employees devote to their work lives in this 21st century, achieving WLB becomes increasingly complex and challenging. In a developing economy of India, WLB problems of employees are different from those of other countries.

Gupta and Sharma (2013) found that work life imbalance and job stress have become the very obvious part of present Indian life style. It was observed that ineffective work arrangements, poor working conditions, long working hours, lower income and pressurized work environment were the major factors influencing employees work life balance. This imbalance led to frustration and stress in work and home domains ^[66]. Organizations in India still fail to realize that a supportive and successful work life culture, recognition and respect for employees' responsibilities and commitments outside work is essential ^[95]. Organizations having a supportive work culture characterized by work time and work life flexibilities, contributes to increased work life balance and employee productivity Kar and Misra (2013). Employees will only stay with jobs that offer flexibility to make life easier. Hence, it is crucial that the Indian workforce be given work life balance support ^[58].

In India, even today, most of the support to balance work and family still majorly comes from non institutional family context, from family members like parents, in-laws and paid help ^[85]. Much of work life support policies in India are formal and statutory in nature, which are more oriented towards family needs of employees. A comparative qualitative analysis of eastern and western perspectives on work life balance revealed that American and European companies paid more attention to employees WLB needs than the Indian companies. Western countries have fewer

working hours and more generous parental leave, as compared to their counterparts in Asia. While American multinationals focused on flexible working practices, the focus for Indian companies was on employee welfare programs ^[19].

Public sector in India has provided certain statutory facilities to employees, mandated by the government (with a narrow focus on work and family policies). For example, provisions for women employees are crèche facility, feeding breaks and three months maternity leave ^[94]. However this institutional support is almost negligible.

Private sector, particularly MNCs and prominent ITES companies, have started providing different employee friendly initiatives like dependent care support, on-site child care, flexible work arrangements (telecommuting) and flexi time, compressed work week and shift flexibility ^[94].

Though the scope and coverage of WLB initiatives have broadened over time, these policies and practices are more prominent in new economy organisations only, such as software and services organizations. There is still a long way to go when WLBP's will become strategic HR initiatives in most Indian organizations ^[9].

2.4 Work Life Balance Of Doctors:

Awareness and demand for work life balance has been increasing among healthcare employees. Nine out of ten healthcare workers rated the ability to balance work and life as the most important job factor, even important than salary ^[34]. Today's generation seem to be more inclined than previous generations of physicians and is prepared to trade some of their income for more control of their hours and an improved lifestyle. They are more interested in work life balance and are not as willing to put their families and personal interests in the background ^[33]. A comparative study of satisfaction of work life balance of US physicians as against that of general US population, found that physicians work life balance issues were different than the general societal trend. Physicians worked longer hours and had to struggle greater with work life integration than other US workers ^[91]. Forty percent doctors of private hospitals in metropolitan city Hong Kong reported having disturbed

work life balance. These doctors worked on an average fifty hours per week which was longer than that of other professions. Due to long working hours doctors could spend just three hours daily on personal or private activities ^[115].

A survey of 2000 physicians in continental United States stratified by specialty, age and gender, showed that both women and men reported having moderate levels of satisfaction with work life balance. While physicians' gender and age were not found to predict their work life balance, control over schedule and total weekly hours worked had greater predicating effect ^[59]. Policies and practices related to shift work, lack of autonomy for self-rostering or self-scheduling, lack of supportive and sensitive supervision, inability to take recreational and other leaves when needed, responsibility of child care have greatest impact on work life outcomes within health services ^[95].

Even in small towns and rural communities, family physicians had to struggle to keep their profession from intruding too much into their private lives. They faced problems such as heavy workloads, adverse effects of their profession on their family lives and the trespassing of patients onto their personal lives ^[69].

Negative consequences observed on doctors were in the form of lowered productivity and quality of work life, prolonged fatigue, extreme tiredness and sleepiness. Particularly women working in healthcare sector found it difficult to find time to relax or to socialize ^[27]. Female physicians reported difficulty in maintaining personal relationships because of work demands. They felt socially isolated from friends, family and community outside the hospital, which led to frustration. Thus a desire for better work life balance and for part-time work, particularly to handle responsibility of parenthood was observed among these female physicians.

In India, for professions like doctors it was observed that working condition, time management, role expectation and family support were the most influencing factor which created work life balance ^[49]. Indian nurses too agreed that a good work life balance is required to be effective and successful at medical profession, while it is also helps to continue with the job ^[25]. Sakthivel and Jayakrishnan (2014) found that the balance level between work and family was low for nurses due to work interfering with their family life. Work-demand consumed most of their time and as such they

could not spend time on personal interest, family and friend. Nurses also reported discontentment with the choice of occupation.

2.4.1) WLB Programs in Hospitals

It is observed that firms in the United States (Konrad and Mangel, 2000), Australia, Japan and the UK (Evans, 2001), with a higher percentage of professionals and technical workers are more likely to offer greater work life balance policies. The reason behind this is that professionals are scarcer, harder to attract, more valuable and more expensive to recruit and retain ^[114]. The same stands true for the profession of doctors.

In medicine, the barriers to work life balance are deeply rooted in the professional culture itself ^[99], thus it is imperative for hospitals to intervene. Doctors working in hospitals are more tightly integrated into the health care system that is less under their exclusive control. Hence 'physician friendly' and 'family friendly' organizational settings result in greater well-being for doctors ^[110]. There is research evidence which suggests that employers who support a work life balance ethos and offer flexible working arrangements are likely to have a competitive advantage in the business environment. Healthy work life balance results from improving HR policies and practices, particularly by providing flexible work time and location and developing supportive management style ^[1].

Avgar et al (2011) study found strong support for WLB practices within hospital settings and for functioning of a healthcare organization. Use of WLB practices proved to have an enhancing effect for three central stakeholders the hospitals, their employees and the patients. Particularly WLB practices positively affected hospital's financial performance, reduced employee turnover intentions and decreased errors that could harm patients and staff ^[7]. A combination of mentorship, flexibility (with regard to timing) and interventions that target work culture can promote satisfaction and success for new generation healthcare employees who desire work life balance ^[99].

2.5) Job Satisfaction:

As rightly mentioned by Judge and Church (2000), job satisfaction is the most extensively researched concept in industrial and organizational psychology. Locke's (1976) definition of job satisfaction is most accepted in literature, which describes it as an emotional state of pleasurable feelings that arise from positive appraisal of job and its related experience. A report of American Society of Health Systems Pharmacists (2012) explains that job satisfaction is traditionally measured in two ways:

- First: As a 'facet free' construct, this measures an individual's overall or global satisfaction, instead of satisfaction with various job factors
- Second: As a 'facet specific' construct, this measures an individual's satisfaction with various job factors (job content and job context factors). These factors can be redesigned to improve employees' job satisfaction ^[6].

Employees' job satisfaction is important to organizations as it can bring out positive as well negative behaviours.

2.5.1) Affective Job Satisfaction:

Affective job satisfaction is usually defined as a subjective construct representing overall emotional feeling individuals have about their job as a whole ^[71,102]. For employees, it reflects the degree of pleasure or happiness that their job in general induces. Affective job satisfaction can be positive or negative. Positive affect reflects the extent to which a person feels enthusiastic, active and alert. While Negative Affect reflects the extent to which people experience distress and unpleasant engagement; that may take form of many emotional states like anger, contempt, disgust, guilt, fear, and nervousness (Watson, Clark, & Tellegen, 1988).

According to Thompson & Phua (2012) AJS is based on affective event theory, which was developed by Weiss and Cropanzano. It explains how emotions and moods

influence job satisfaction and further proposes that 'positive-inducing' and 'negative-inducing' emotional incidents at work have a significant psychological impact upon workers' job satisfaction.

2.5.2) Cognitive Job Satisfaction:

Cognitive job satisfaction is the extent of employees' satisfactions with different job facets, which are categorized as intrinsic or extrinsic. Intrinsic facets are various features or activities in-built in the job, for example challenging work, work autonomy, duties and responsibilities. Satisfaction reflects employees' perception regarding these factors. Extrinsic facets are various factors and activities outside the job like salary and benefits, work environment, management). Satisfaction reflects employees' values about these job contextual features ^[6].

2.5.3) Doctors' Job Satisfaction Factors in India:

Within Indian perspective, doctors' job satisfaction levels were observed to be lowest during the most productive years of their lives ^[64]. Six factors identified as influencing job satisfaction amongst doctors working in various government, corporate and private hospitals were human resource practices, personal contentedness, work and delegation, human resources policies, recreation facilities and retirement benefits ^[70]. While another study identified freedom to choose desired method of working, attitude of fellow workers, attitude of immediate boss, recognition for good work, rate of pay, opportunity to use abilities, inter and intra departmental management and attention paid to suggestions, as determinants of doctors' job satisfaction ^[92].

In hospitals, factors like inadequate pay and allowances, poor promotional prospects, work conditions and atmosphere ^[12], increased work load and working hours ^[61] were particularly reported to contribute to job dissatisfaction. Hospitals must aim to enhance job satisfaction, as it will not only improve mental, psychology and social well being of workforce, but also hospitals financial health ^[50].

2.6 Work Life Balance And Job Satisfaction:

Research literature indicates that job and life satisfaction are correlated (Tait, Padgett, & Baldwin, 1989). It was around 1994, as Saari and Judge (2004) put it that there was an emerging area of study of interplay between job and life satisfaction ^[87]. Almost two decades back, Adams, King and King (1996) found that relationships between work and family have an important impact on job and life satisfaction and that the relationship is reciprocal, i.e. both job and life satisfaction affected each other (Judge and Watanabe, 1994). Recent studies have agreed that good work life balance is linked to job satisfaction, organizational commitment, organizational citizenship behaviour, increased diversity and equity, productivity, improved bottom line, and lower turnover intention ^[11].

In India also work life imbalance has been found to impact job satisfaction level of professionals ^[49]. In a 2007 survey conducted on job satisfaction by the Assocham (Associated Chambers of Commerce and Industry of India), around 85 percent respondents in BPOs and call centers, manufacturing units, retail malls and multiplexes, hotels and transport companies reported high dissatisfaction with their jobs mainly due to work life balance issues. The survey highlighted that flexi HR policies can make working attractive for employees.

2.7 Gaps Identified

The review of WLB literature led to identification of certain gaps and limitations that exists particularly within the Indian context

- First, despite increase in research on work life balance in India over past few years, very few studies were conducted in healthcare sector and even fewer focused on problems of doctors. These studies mainly focused on information technology (IT) and BPO sectors. As such these studies could not represent specific WLB experiences of healthcare professionals.

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- However it must be remembered that post liberalization and globalization, problems of WLB are faced by employees in many other industrial sectors also and likewise it is highly relevant in healthcare segment.
 - Second, most of these Indian studies have also predominantly focused on WLB issues of only women employees. But it is observed that, in present business environment WLB is not a gender specific issue. Employees both, female as well as male equally seek jobs that provide good WLB.
 - Third, few researches in India have incorporated both components of job satisfaction, that is affective and cognitive and aimed to explore its relation with WLB
 - Fourth, there appears to be limited researches that have studied the influence of city type and hospital type on work life balance of doctors working in hospitals.

Lastly, WLB is a concept that is aligned with the social and institutional context of any country, hence understanding the dynamics between work and personal lives specific to Indian culture is also important. Rajadhyaksha U (2012) believes that WLB programs are culture specific that must to be tailored to organizations' and employees' need ^[84]. Hence there is need for further WLB studies to get in-depth understanding of the concept and its relevance in different industry sectors of India.

Conclusion:

Overall there is a shortage of well designed evaluative research that addresses the topic of work life balance within Indian healthcare sector. This research was therefore motivated by a general need to address the research gaps and to a) operationalize a comprehensive definition of work life balance b) develop a measure of work life balance that is consistent within the Indian healthcare environment and c) examine the relation between doctors' work life balance and job satisfaction, a prominent indicator of their well-being, performance and quality of patient care.