
CHAPTER 5

FINDINGS

CHAPTER 5

FINDINGS

Chapter Overview

This chapter is a summary of findings of the research work on doctors' work life balance. The findings have uncovered similarities and differences in work life balance issues of doctors working public and private hospitals of Nashik and Mumbai cities. The chapter is sequenced to discuss effective findings in connection with the research objectives of this study and throw light on the following:

- Doctor's Work Life Balance scale
- The present level of work life balance experienced by doctors
- Effects of Intrusion (WLI and LWI) and Support (WLS and LWS) dimensions on overall work life balance
- Factors determining and influencing work life balance of doctors
- The present level of job satisfaction and its relation with doctors' work life balance
- The role of city type (metropolitan and non metropolitan) and hospital type (public and private) in moderating relationship between work life balance and job satisfaction
- Doctors preferences for supportive work life balance programs in hospitals

The results of the research were based on input data received from 502 completely filled in questionnaires (response rate 25%) returned by the participants. Also to examine the effect of city type on doctors' work life balance issues, respondents were divided into two groups as those from metropolitan city Mumbai (254) and non metropolitan city Nashik (248). Similarly to study effect of hospital type, sample was categorized as those from public hospitals (262) and private (240) hospitals.

5.1) Doctors' Work life balance

Objective 1: To assess the Work life balance status of hospital doctors by developing a WLB Scale.

This objective was achieved by developing a DrWLB scale to measure the present work life balance status of doctors participating in this study.

5.1.1) Development of Doctor's Work life balance (DrWLB) Scale

This research defined work life balance in accordance with Frone's (2003) description of balance and accordingly Doctor's Work life balance (DrWLB) construct was measured on two types of effects, Intrusion and Support:

1) **Intrusion:** High intrusion lowers the level of WLB. It focused on

- **Work to Life Intrusion (WLI)** represented the extent to which work interfered with achievement of personal, family and social life objectives
- **Life to Work Intrusion (LWI)** represented the extent to which life interfered with competency, achievement and motivation at work

2) **Support:** High support enhances the level of WLB. It focused on

- **Work to Life Support (WLS)** signified the amount of support extended by work towards fulfillment of personal, family and social life demands
- **Life to Work Support (LWS)** signified the support extended by individual's life towards enhancing competency, achievement and motivation at work.

Conclusions: Doctor's Work life balance (DrWLB) scale was developed, tested and considered as a strong measure of doctors' work life balance status for the purpose of this research.

5.1.2) Doctors' Work life balance (DrWLB) Status

- ❑ Overall **WLB status of doctors** surveyed in this research **was below average** and maintaining work life balance was indeed difficult and a challenge for most of them.
- ❑ The reason for this poor WLB was twofold, one- very **high work to life intrusion** and two- **low work to life support**. Apparently, severe negative effects of work to life intrusion were not being offset and neutralized by strong work to life support.
- ❑ Out of the four dimensions of DrWLB, **WLI had highest impact** on DrWLB, while WLS had the lowest, failing to enhance WLB of doctors. Straightforwardly this was an indication of professional domain being more influential than personal domain.

City wise comparison: It was observed that **doctors from Mumbai city** working in public and private hospitals **faced more problems of WLB** than their counterparts from Nashik city.

Hospital wise comparison: When compared based on hospital type, it was observed that **private hospitals doctors** from both cities **experienced slightly higher issues of WLB**.

Conclusions:

Indian doctors working in public and private hospitals of Nashik and Mumbai cities perceived WLB as important to their professional and personal life satisfaction. However it was revealed that maximum doctors had low balance and were struggling to manage the demands of professional and personal lives; like their counterparts in many other countries. This situation, with most doctors being on the threshold, affirms prevalence of work life balance issues in Indian healthcare segment.

Implication:

It was noted that though, most doctors were on the verge and struggling to maintain work life balance, none scored very low. Hence despite the meager scenario, this could be considered a positive opportunity for improvement. There is still scope to handle and control the situation before it goes from concern to crisis, if timely appropriate measures are taken.

5.1.3) Doctors' Perception about WLB:

- Doctors surveyed in this research described attaining WLB as 'achieving a balance which provided a feeling of satisfaction in both professional and personal life domains. It need not mean spending equal amount of time and resources in both domains; rather, what doctors desired was to have a satisfying experience in each domain without feeling guilty of compromising in other.
- Doctors perceived work life balance as a prerequisite for a satisfied professional and personal life. They believed that a healthy professional life was a precondition for healthy personal life.
- Doctors associated WLB problems with working in metropolitan cities but not many thought that working with either public or private hospitals would make much difference.
- WLB not was perceived as an issue linked with gender or marital status. However, doctors were of the opinion that senior doctors had to face more WLB problems than the juniors.

5.1.4) Doctors' Preference of Practice Method to achieve better WLB:

- ❑ To achieve and maintain a healthy WLB, most of the Nashik doctors opted for private practice and also to work with other hospitals on consulting basis.
- ❑ Conversely, maximum Mumbai doctors preferred working with other hospitals against having own private practice, which seems to be encouraging and an opportunity for Mumbai hospitals to attract and retain talented doctors.

5.1.5) Correlation between Work life balance and Doctors' Personal Demographic Profile:

Both male and female doctors **equally faced work life balance issues** and the demand for healthy work life balance was alike for both the genders. Doctors' age **was moderately correlated with their WLB**, but not prominently. WLB was **negatively related** with **marital status**, having a **working spouse, a doctor spouse** and **dependent care** responsibilities. This suggests that after marriage there was possibility of increased work life balance problems and issues. Having a working spouse or dependents made it further difficult to achieve WLB. Having a working spouse who was also a doctor did not support but only added to WLB issues for doctors.

5.1.6) Correlation between Work Life Balance and Professional Demographic Profile:

WLB was negatively correlated with all the professional demographic factors. That is, with an increase in **education, experience, shift working** and **total hours of work**, WLB of doctors would decrease. WLB was highly affected and reduced by total hours of work and shift working pattern.

5.2) Effect of Intrusion on Doctor's Work life balance -

(Work to Life Intrusion and Life to Work Intrusion)

Second Objective: To understand which domain intrudes more with achievement of doctor's work life balance, professional or personal.

What Doctors felt about Work to Life Intrusion and Life to Work Intrusion?

- ❑ Analysis revealed that maximum doctors from public and private hospitals of Nashik and Mumbai cities experienced **very high levels of intrusion from professional domain (WLI)**. However, in contrast to this **LWI was low** and its effect was not as adverse as that of WLI. It was thus inferred that **professional life domain dominated over personal life of doctors**.

The probable reason for this high work to life intrusion could be explained in the fact that doctors spend most of their time, sometimes ten to twelve hours each day, on their jobs and hospitals.

Conclusions:

It can be concluded that factors related to doctors' professional life and not personal life, had major influence on their work life balance status. The very nature of a doctor's job characterized by long inflexible work hours and less autonomy; was found to consume most of their time and energy.

Implications:

These findings provide a strong implication to hospitals to rework the policies and practices related a doctor's job. Hospitals need to restructure those particular job demands that expose doctors to a number of intrusions and negatively affect their work life balance.

5.2.1) Consequences of WLI - Intrusion of Work with Doctors' Personal, Family and Social lives

Doctors complained about work majorly interfering with their personal life, followed by interference with family life and lastly with social life. The major negative consequences of Work to Life Intrusion (WLI) observed in this research were:

Work to Personal Life Intrusion:

- Doctors themselves did not get sufficient time to take care of their health and were forced to ignore personal health conditions
- They felt emotionally exhausted and stressed out by the end of the day, due to which they failed to focus on their personal goals
- Their profession as a doctors produced negative feelings that disturbed their personal life.

Work to Family Life Intrusion:

- Doctors were unhappy with the fact that due their busy schedules, their spouse was forced to handle most of household responsibilities and thus had to compromise with his or her career
- Doctors also complained about missing out on family get together, functions and vacations
- Spending quality time with children and family was also difficult for many doctors.

Work to Social Life Intrusion:

- Many doctors were not in touch with their friends and had not met them for a long period
- With lack of time to participate in social activities, doctors were deprived of a supportive social life
- Unexpectedly, many doctors did not knew their neighbours well and could hardly find time to acquaint with them

5.2.2) Consequences of LWI: Intrusion of Life with Doctors' Competency, Achievement and Motivation at Work:

Life to work conflict can lead to many of the negative outcomes for organizations, like job dissatisfaction, low organizational commitment and poor attendance. Likewise, a disturbed personal and family life can have negative consequences for doctors' professional performance. In case of this research, a small percentage of doctors reported their work competency being affected, to some extent, by their personal life. However negative effects on achievement and motivation levels at work were reported to be not adverse.

Life to Work Competency Intrusion:

- Few doctors believed that at times they found it difficult to concentrate on work due to a disturbed environment at home
- Some doctors admitted that their health problems had reduced their competency at work.
- Due to family worries, doctors sometimes lost their patience and temper at work

Life to Work Achievement Intrusion:

- Not many doctors felt that their personal life interfered with achievements at work, as just few agreed that personal problems impeded their professional growth
- To some extent doctors perceived that due to family obligations they were unable to spend time on research and training activities for career development.

Life to Work Motivation Intrusion:

Doctors did not believe that personal life matters and family responsibilities

- reduced their enthusiasm, motivation and interest levels at work,
- nor did it affect their desire and aspiration for taking initiative on job

5.3) Effect of Support on Doctor's Work life balance - (Work to Life Support and Life to Work Support)

Work to life conflict and work to life enrichment are not opposites but are two different processes that predict different outcomes (Frone, 2003; Witt and Carlson, 2006). Absence of conflict does not imply enrichment. Although many studies largely focus on conflict, it is essential to incorporate both dimensions while exploring WLB.

Third Objective: To understand which domain supports achievement of doctor's work life balance, professional or personal.

What Doctors felt about Work to Life Support and Life to Work Support?

- Analysis of the data revealed that doctors' **personal life domain was comparatively more supportive** of their WLB than the professional life domain. Doctors rated the support from their personal, family and social lives as enriching and enhancing their performance in work life.
- The much expected support from professional domain to counteract the negative effects of high work intrusion was found to be absent.

Conclusions:

The experiences and behavior at work can actually enrich the participation in personal, family and social lives of doctors. However, in case of doctors surveyed in this research the supportive element was very weak and low.

Implications:

Hospitals seem to be unaware that work life support programs can go beyond the balance component to improve and enrich doctors' lives. Implications stand for hospitals to improve the support extended to doctors and allow them better WLB.

5.3.1) Consequences of WLS: Support from Work towards Doctor's Personal, Family and Social lives

Although doctors complained of lack of support; still whatever little support they received from work was helpful in enhancing their social life, rather than personal and family lives.

- Work to Personal Life Support:** Very few doctors believed that abilities and competencies acquired at work were helpful for their personal growth
- Work to Family Life Support:** Doctors did not strongly agree that behaviors learnt on job helped them perform their family roles better.
- Work to Social Life Support:** Slightly more number of doctors agreed that being in this profession had helped them become better responsible citizens and that their job provided them social status.

5.3.2) Consequences of LWS: Support from Life towards Doctors' Competency, Achievement and Motivation levels at Work

Comparatively better percentage of doctors reported receiving support from their personal domain, specifically to maintain motivation levels at work

- Life to Work Competency Support:** Doctors agreed that discussion of problems at work with family and friends was helpful in relieving stress and taking right decisions. Emotional intelligence was beneficial in managing the work at hospital.
- Life to Work Achievement Support:** Doctors felt that having good interpersonal relationships at home was helpful while working with teams, as they were better able to bond with their team members.
- Life to Work Motivation Support:** High percentage of doctors appreciated assistance and help received from family, friends and society, especially when they felt de-motivated. More importantly this kept them optimistic during stressful times.

5.4) Determinants of Doctors Work life balance:

Research Question 1:

What factors affect Doctor's Work life balance within public and private hospitals settings of Nashik and Mumbai cities?

The above discussed effects of intrusion and support were just the visible symptoms on doctors' lives. What it was important was to identify the much deeper and less visible factors associated these WLB issues. This objective was achieved by designing and factor analyzing DrWLB_Fact scale and **four most influential factors** were identified, **'profession related, 'patient issues', 'country specific' and 'personal matters'**.

Fourth Objective: To identify problem areas of a doctor's job and work environment that impacts their work life balance

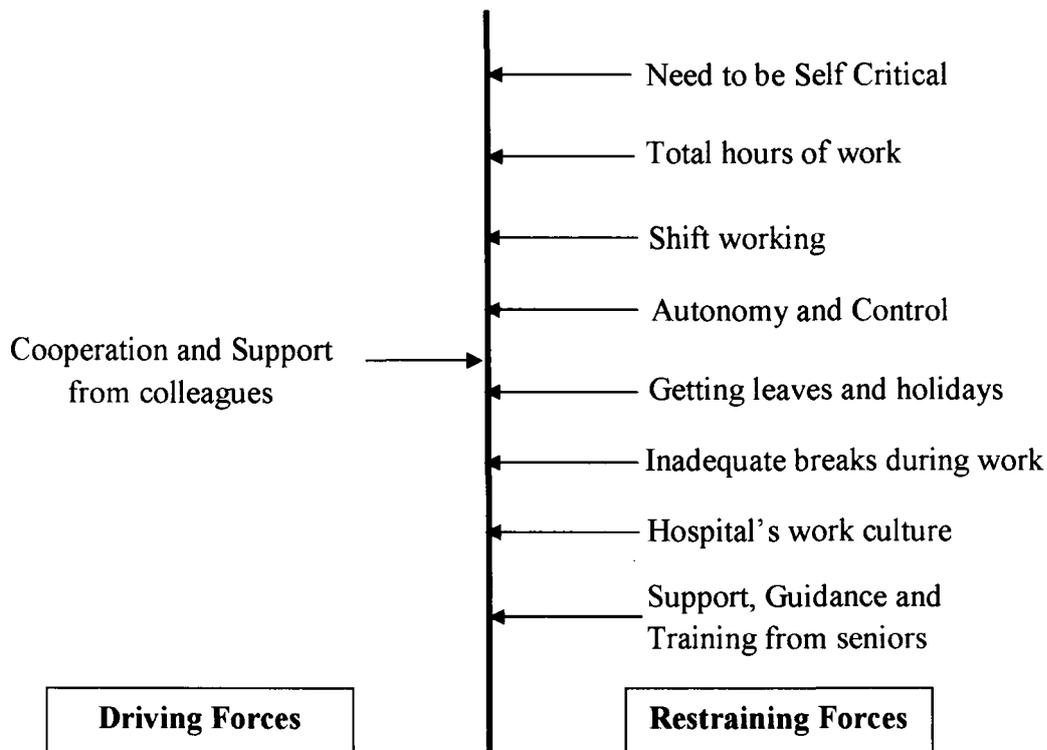
5.4.1) 'Profession Related' Factor:

This factor emerged as the most significant and relevant aspect that explained highest variance in doctors' work life balance. Maximum doctors, who found it difficult to manage work life balance, attributed it to 'profession related' factors. These were:

- total hours of work (daily and weekly), working in shifts
- profession's demand to be always right & self critical
- low autonomy & control over work
- inadequate break during work
- getting leaves, availing holidays and vacations
- lack of support and guidance from seniors and
- work culture of the hospital

Only benefit of cooperation and support from colleagues was appreciated, which resulted in productive work environment and mutual trust and respect.

Overall, based on what most doctors reported, there did appear to be certain driving and restraining forces of doctor's work life balance within Indian hospital work environment. The driving forces were identified as the ones with which maximum doctors agreed as being supportive of their WLB; while the restraining forces were the major barriers of WLB. The result of applying force field analysis to these profession related factors is shown in diagrammatic form below.



Source: Data Analysis of this research study

Figure 5.1: Force Field Analysis of 'Profession Related' factors determining WLB

Implication: As evident from above figure, doctor's job was found to be over demanding, with multiple restraining forces and just one driving force. As a result doctors' professional and personal lives were pushed off balance. Hence, hospitals are suggested to focus on reducing these major restraining forces and design appropriate work life balance programs to allow doctors more control over their work and time.

5.4.2) 'Patient Issues':

While doctors are on job, they spend lot of time dealing with patients; hence certain issues related to patients can put additional demand on a doctor's time, energy and resources. Thus this factor was distinctively included in this research.

Astonishingly this factor seemed to be a highly relevant issue for doctors, as nearly all from public and private hospitals of Nashik and Mumbai agreed with each of the patient related issue as being barriers to their work life balance. Patient issues identified by doctors were:

- increasing mistrust among patients
- patients' demand only for senior experienced doctors, thereby increasing senior doctors workload
- pressure of always being a good doctor of choice
- unrealistic expectations and demands of patients and their family
- Ignorance and delay by patients giving rise to emergency conditions

5.4.3) Country Specific:

Since issues related to work life balance are culture specific, it was important to understand and assess peculiar characteristics of Indian healthcare system influencing doctors work life balance. Few such underlying issues that doctors believed as disturbing their work life balance were:

- shortage of doctors and nurses resulting in additional workload for existing doctors
- increasing patient population
- unorganized & unsystematic working pattern which makes it difficult to achieve WLB.

5.4.4) Personal Matters:

This factor reflected the needs and demands of a doctor's personal life that affected their work life balance. Compared to other three factors, doctors reported 'personal matters' to have least influence on their WLB.

Nevertheless, following personal life features were reported to interfere with WLB to some extent

- caring for older parents or dependents
- a working spouse
- personal physical health condition

Conclusions:

- ✓ To answer the **first research question**, four determinants 'profession related', 'patient issues', 'country specific' and 'personal matters' were identified as factors affecting doctors' WLB.

With regard to **fourth objective**, it can be concluded that job factors like total hours of work, working in shifts, low autonomy and control over work and profession's demand to be always right and self critical were the foremost problem areas affecting doctors' WLB. Apart from these, certain patient related issues like increasing patient population, patients and their relatives' unrealistic expectations and patients' ignorance resulting into emergency situations seemed to disturbing doctors' work schedule and balance. Also 'country specific' features like shortage of doctors and nurses along with unorganized working system appeared to increase doctors' workload.

Implications:

Implementation of WLBP which can reduce the time crunch and allow doctors more control over their time, work and life seems to be the most crucial need of this profession.

5.5) Doctors' Job Satisfaction

In present study Job Satisfaction was defined and studied in accordance with the general definition given by Spector (1997). He described job satisfaction as how people feel about their jobs (affective component) and different aspects of their jobs (cognitive component). Accordingly Doctor's Job Satisfaction (DrJS) was measured as:

1. Cognitive Job Satisfaction (CJS): Satisfaction with:
 - Intrinsic Factors (Int_Fact) and
 - Extrinsic factors (Ext_Fact)
2. Affective Job Satisfaction (AJS): Feelings and Emotions about job:
 - Positive Affect (Pos_Aff) and
 - Negative Affect (Neg_Aff)

Doctors' Job Satisfaction (DrJS) Status

- ❑ **Three fourth of doctors** working in public and private hospitals of Nashik and Mumbai cities **experienced moderate levels of job satisfaction.**
- ❑ It was observed that this moderate satisfaction level was due to the fact that large number of doctors held negative feelings and emotions about their job, which on the whole decreased their job satisfaction level.

City wise comparison: Again, doctors from Mumbai city reported low levels of job satisfaction than those from Nashik city. Improving doctors' satisfaction with job and practice both are necessary, which requires equal efforts from government and hospitals.

Hospital wise comparison: It was observed that doctors from public hospital enjoyed slightly better satisfaction than those from private hospital, although this difference was not much significant.

Conclusions:

The findings show that Job Satisfaction level of doctors surveyed in this research ranged from below average to moderate levels. Significantly better satisfaction was reported on cognitive component (intrinsic and extrinsic job factors). Contrary to this, less satisfaction was observed on affective component, resulting from high negative but low positive feelings.

Implication:

Hospitals must take initiatives to keep doctors satisfied with their job and profession. The need is to focus on affective component of job satisfaction, as feelings and emotions towards job always impact employees' intention to leave the organisation.

5.5.1 Cognitive Job Satisfaction:

This component measured doctors' satisfaction with various intrinsic and extrinsic job aspects.

- **Intrinsic Factors:**

According to (Herzberg et al., 1959; Herzberg, 1966) intrinsic job factors are those whose absence is not necessarily dissatisfying; when present, they could be a motivational force.

Doctors considered 'meaningfulness' and 'enrichment' elements of their job as **high satisfiers** within their profession.

Against this, intrinsic job factors contributing doctors dissatisfaction were:

- authority, control and autonomy at work place
- total time spent on job and at the hospital (duty hours)
- flexibility provided on job

- **Extrinsic Factors:**

Extrinsic job factors are not necessarily satisfying, but their absence could cause dissatisfaction (Herzberg, 1966). Doctors from public and private hospitals of Nashik and Mumbai cities **expressed satisfaction with:**

- relationship with colleagues that resulted into good collaboration and teamwork
- growth and promotions opportunities to advance in career

However, certain extrinsic job factors identified as **source of increased discontent and dissatisfaction** were:

- hospital's culture, policies and practices as being supportive
- guidance, feedback and support from seniors
- salary as compared to work done

Conclusions:

The cause of low cognitive job satisfaction was rooted in intrinsic job factors in hospitals. Doctors who worked for long hours through the week, experienced loss of control, autonomy and flexibility on job were more dissatisfied. However, there was no doubt that doctors perceived their job as meaningful and enriching with duties and responsibilities well structured to make maximum utilization of their skills and talent.

With regard to extrinsic job factors, doctors expressed dissatisfaction with hospital's overall work culture and believed that salary paid was too less to match the kind of job and responsibilities they shouldered. Doctors' sensed reasonably low financial stability and security in their jobs. On the other hand, doctors who shared good relationship with colleagues experienced more satisfaction.

Implications:

Hospitals need to concentrate more on redesigning intrinsic job factors for two reasons; first, because most doctors had expressed comparatively greater dissatisfaction with these factors and second, because these factors serve as motivators and thus dissatisfaction with these will have de-motivating effect on doctors.

5.5.2) Doctors' Affective Job satisfaction:

The term "affect" is broad and encompasses at least two relatively distinct phenomena, moods and emotions. While positive affect can reinforce doctors' satisfaction and commitment towards hospital; negative affect can weaken the same.

- **Positive Affect:**

Doctor's profession demands high determination, concentration and confidence and thus it was very much evident for doctors to score high on following positive feelings:

- Attentiveness (alert, attentive, determined and concentration)
- Active (excited, inspired, interested) and
- Self assurance (proud, confident, daring)

However it must be noted that these high scores can be a hidden indicator of the pressure on doctors to exhibit high alertness and attentiveness while on job.

On the other hand, doctors' job at the hospital failed to induce positive feelings of:

- Amazement (surprise)
- Joviality (happy, joyful, delighted, enthusiastic, energetic) and above all
- Serenity (calm, relaxed, at ease)

- **Negative Affect:**

The doctors reported experiencing moderate to high **negative feelings and emotions while on job. A combination of negative feelings that had been disturbing and worrying doctors at work are listed below in descending order of negativity**

- Fatigue (sleepy, tired, sluggish, drowsy)
- Hostility (angry, irritable)
- Disappointment (upset, distressed)
- Fear (frightened, nervous)
- Guilt (angry at self, disgusted and dissatisfied with self) and
- Sadness (alone, lonely downhearted)

Conclusions:

On the whole, doctors from public and private hospitals of Nashik and Mumbai cities displayed very low positive but considerably high negative emotions and feelings about their job.

The very nature of doctors' job was found to give rise to intense fatigue and feelings of hostility and anger. Owing to the environment in which doctors worked and the kind of experiences they had, doctors felt depressed, upset and nervous. The job failed to generate much of happiness, enthusiasm and amusement. Due to stringent and demanding nature of work, hardly any of the doctors felt relaxed and calm while on job.

Implications:

Presence of high fatigue, irritation and nervousness among doctors without time to relax and feel at ease, is yet another consequence of long working hours. Hospitals need to understand that if doctors hold on to negative feelings over the long run, it can be detrimental to their physical, emotional and psychological health, which in turn will impact patient care also.

5.6) Relation between Doctors' Work Life Balance and Job Satisfaction

Research Question 2:

Is Doctors' Work Life Balance correlated to their Job Satisfaction in public and private hospitals of Nashik and Mumbai cities?

Most studies have considered work life balance as a factor impacting job satisfaction. However, while addressing relationship between these two concepts, the discrimination between cognitive and affective components of job satisfaction becomes of particular importance.

It would be irrational to imply that WLB leads to satisfaction with job factors (cognitive component) like working hours, salary or other similar aspects. Rather, predicting that a healthy WLB may generate positive feelings and emotions (affective component) in one's life and on job can be justified. Hence this perspective and discrimination between two components of job satisfaction had been discreetly incorporated in this research.

5.6.1) Correlation between Doctor's Work life balance and Job Satisfaction

Fifth Objective: To study the nature of relationship between doctors' work life balance and two components of job satisfaction, cognitive and affective.

H1: Work life balance will be positively correlated with job satisfaction of doctors working in public and private hospitals of Nashik and Mumbai cities.

Hypothesis H1 was accepted. **Doctor's Work life balance (DrWLB) was positively and significantly correlated with Doctor's Job Satisfaction (DrJS).** That is, high levels of work life balance were associated with high levels of job satisfaction in case of this research.

-
- ✓ To answer the second research question and fifth objective, it was observed that Doctors' WLB and Job Satisfaction were found to be positively correlated (H1).
 - Further, results of sub hypotheses H1a to H1d revealed that, DrWLB was positively linked with Intrinsic (H1a) and Extrinsic (H1b) job factors and positive affect (H1d) of doctors. However, as expected DrWLB was inversely linked with negative affect (H1d), which means doctors reporting higher levels of WLB, will tend to have less negative emotions and feelings about to their job and vice versa.

Doctors' job satisfaction has steadily declined over the last few years. While most solutions to this problem revolve around job factors and work environment, the role of work life balance has been completely ignored. However this research, like many earlier studies, provides evidence of positive association between doctors' work life balance and job satisfaction.

5.6.2) Predicting Doctors' Affective Job Satisfaction (AJS) by Means of their Work life balance

- **Hypothesis H1e**, that assumed dimensions of doctors' work to life balance to predict affective job satisfaction; was **accepted**. The intrusion dimension of DrWLB (WLI and LWI) had significant negative regression weights, indicating that doctors with higher scores on this dimension were expected to have low AJS. Against this, doctors with higher support (WLS and LWS) were expected to have more positive AJS.
- Further, professional domain, that is WLI and WLS together had strong influence in predicating doctors' feeling and emotions (AJS) towards their job and hospitals. This implies that the extent of work to life intrusion and work to life support experienced by doctors influenced their feelings that they held about the job. Explicitly, satisfaction of living a balanced life was reflected in terms of good and positive feelings being experienced in both life domains.

5.6.3) Predicting Doctor's Work life balance by means of their Cognitive Job Satisfaction

- ❑ **Hypothesis H1f** that assumed dimensions of Cognitive Job Satisfaction (Intrinsic and Extrinsic job factors) would predicate Doctors' WLB; was **accepted**. Intrinsic Job Factors had comparatively more predicting power over DrWLB.
- ❑ This relationship implies that thoughtfully designed intrinsic and extrinsic factors of a doctor's job like autonomy, duty hours, salary, career growth and other similar factors can actually support and help doctors to manage their WLB.

Conclusions:

From the results of two multiple regressions it can be concluded that:

- ▶ First, Doctors' Affective Job Satisfaction (AJS) was significantly predicted by dimensions of DrWLB (H1e), predominantly **the extent to which doctors experienced WLI or WLS from their work domain; influenced the feelings and emotions that they held towards their job and hospital.**

Generally, positive affect and feelings results from situation in which doctors can make optimistic evaluation of their environment. The analysis of present study reveals that hospitals support towards achievement of WLB has positive impact on doctors' feelings evaluation about their job.

- ▶ Second, Doctors' WLB was strongly determined by Cognitive Job Satisfaction (H1f), where intrinsic job factors were observed to have comparatively greater influence. **This implies that intrinsic job factors can be designed to support doctors' WLB.**

Doctors hold cognition about various facets of their job and cognitions, in which they perceive fulfillment of expectations, are positive. Likewise, if doctors' believe their job to support a healthy and good work life balance, then it leads to positive evaluation of the job and hospital.

5.6.4) Mediating Effect of Doctors' Work Life Balance (DrWLB) on relationship between Cognitive Job Satisfaction (CJS) and Affective Job Satisfaction (AJS)

The research analysis was further stepped up to mediation analysis so as to examine DrWLB as a mediator of the relationship between CJS and AJS.

- There was significant positive relation between all the three variables CJS (Predictor), DrWLB (Mediator) and AJS (Criterion).

- However an interesting observation was that, when DrWLB was added as mediator to regression analysis between CJS and AJS, full mediation was observed; which meant that CJS led to AJS but when mediated by DrWLB.

- In case of this research, it implies that doctors' satisfaction with intrinsic and extrinsic job factors (CJS) generates positive feelings towards job (AJS) only when these job factors are designed to support doctors' WLB (DrWLB).

- That is, mere provision of satisfactory job features and work environment (CJS) may not necessarily make a doctor feel good about the job (AJS). However, when these job factors are designed to in way to support doctors' WLB, then they are bound to feel good and satisfied with their job and hospital.

Conclusions:

Notable inferences were drawn by exploring directed relationship between Cognitive Job Satisfaction, Doctors' WLB and Affective Job Satisfaction. 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. In other words, if doctors perceive difficulty in balancing their lives due to high pressure and intrusion from work; it is very likely for them to feel negative about their job, workplace and hospital.

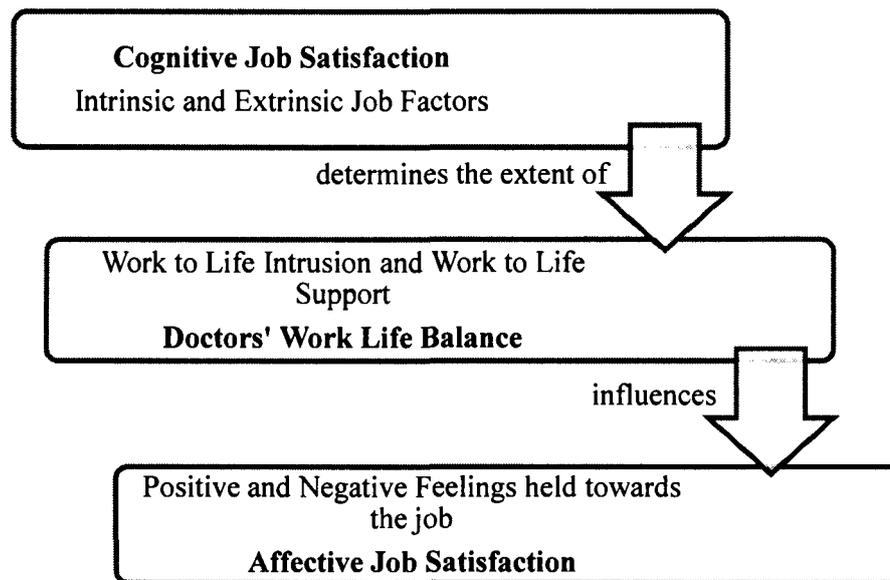


Figure 5.2: Model of Relationship between Cognitive Job Satisfaction, Doctors' Work life balance and Affective Job Satisfaction

Implications:

When doctors are faced by increased demands and pressures from either professional or personal domains, they seek additional resources and support to deal with it. When this support is absent, doctors may lose their balance and are forced to sacrifice needs of any one domain. And particularly, when this support is missing from hospitals, doctors are bound to develop negative feelings and attitude towards their job.

Feelings and emotions generated due to association with job and hospital has consequential effect on doctors' behavior on job. And the strongest behavioural linkage is observed in doctors' organizational commitment decision. If doctors experience negative feelings, then they may search for alternative job options. Hence the critical importance of affective job satisfaction in retaining doctors. Hospitals must realize that what matters more for doctors' satisfaction and commitment towards hospitals, are their feelings, attitude and attachment towards the job.

Further analysis of this relationship was helpful to identify specific intrinsic and extrinsic job factors that either intruded with or supported the achievement of doctors' work life balance. The same is shown in figure 5.3 below.

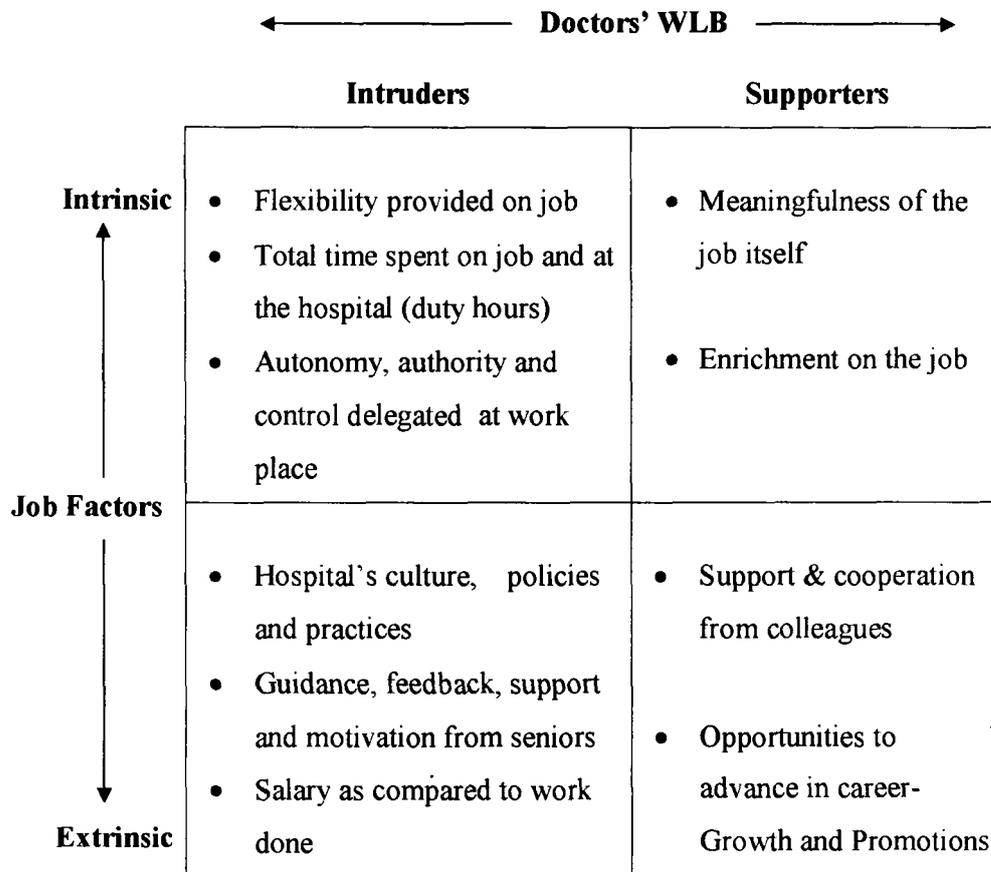


Figure 5.3: The Doctors' Work life balance (DrWLB) Matrix

With a focus on 'Intruders', hospitals can attempt to redesign specific intrinsic and extrinsic job factors such that it reduces work to life intrusion, while 'Supporters' factor could be focused upon to extend work to life support to doctors.

The model 5.4 below illustrates the concept of doctors' work life balance and sets certain guidelines for hospitals to enhance doctors' WLB and affective job satisfaction. The model proposes that certain intrinsic and extrinsic job factors can influence doctors' affective job satisfaction by either, intruding or supporting doctors work life balance. However this effect is moderated depending on whether a doctor works in hospitals situated in metropolitan or non metropolitan city.

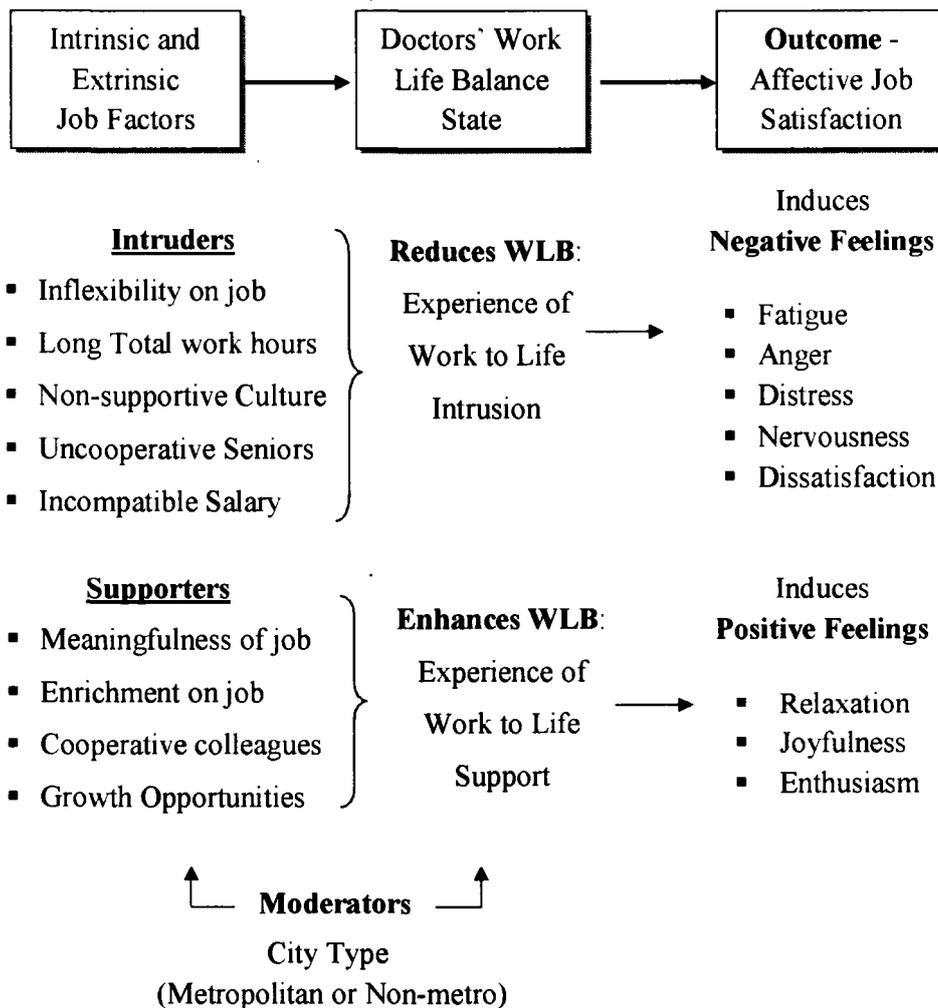


Figure 5.4: The Complete Model Doctors' Work Life Balance

5.7) Moderating Effect of City Type (Metropolitan and Non-Metropolitan) on relationship between Cognitive Job Satisfaction (CJS) and Doctors Work life balance (DrWLB)

Sixth Objective: To study and compare work life balance issues of the doctors working in Nashik and Mumbai cities

H2: City type will moderate the relationship between cognitive job satisfaction and work life balance of doctors working in private and public hospitals

-
- ❑ Hypothesis H2 was accepted, with city type (metropolitan or non metropolitan) playing a significant role in determining influence of cognitive job satisfaction on doctors' work life balance.

 - ❑ For low levels of CJS, there was not much significant difference between DrWLB level in metropolitan (Mumbai) and non metropolitan cities (Nashik). But at higher levels, there was considerable difference in impact of CJS on DrWLB for Mumbai and Nashik cities. It was observed that CJS was more influential on DrWLB in case of non metropolitan city, Nashik.

The recent trend shows that millions of people pour into big cities of India looking for better employment; there are a substantial number of young professionals who are doing the opposite. Today's young generation prefer employment in smaller cities for better work life balance and quality of life.

Conclusions:

The research found support for **hypothesis H2**, which meant that doctors' WLB was dependent on whether they worked in hospitals of metropolitan, Mumbai or non metropolitan city, Nashik. Doctors from non metropolitan city were at a better advantage compared to their counterparts from Mumbai. There is indication that, work life balance and job satisfaction issues could be augmented by hectic and fast life of metropolitan cities. Hospitals in these cities must thus consider this peculiar aspect while designing a doctor's job.

Implications:

In hospitals of metropolitan cities, only supportive job factors may not be sufficient for doctors to handle distinctive challenges and achieve work life balance. Additional support in form work life balance programs can make a significant difference.

5.8) Moderating Effect of Hospital Type (Public and Private) on relationship between Cognitive Job Satisfaction (CJS) and Doctors Work life balance (DrWLB)

Seventh Objective: To study the significant difference between doctors' work life balance in public and private hospitals

H3: Hospital Type will moderate the relationship between cognitive job satisfaction and work life balance of doctors working in hospitals of Nashik and Mumbai cities.

- Hypothesis H3 was rejected**, as hospital type (public or private) was not found to moderate the relationship between cognitive job satisfaction (CJS) and doctors' work life balance (DrWLB).

Considering the Indian public and private sectors it can be said that employees in private sector, characterized by tough competition and rivalry, work longer hours and thus experience significant work to life intrusion. While public sector employees enjoy job security and work under less pressure and time constraints, thus engaging with family and friends is not difficult for them. However, in case of this study no such evidence was observed for doctors' profession in India.

Conclusions:

When the influence of cognitive job satisfaction on DrWLB was compared based on hospital type, either public or private hospital; not much difference was observed between the two.

Implications:

The way intrinsic and extrinsic job factors are designed in public and private hospitals does not make significant difference on doctors work life balance. That is, from doctors' work life balance point of view, working in public or private hospital will not make much difference.

5.9) Work life balance Programs Preferred by Doctors

Eighth Objective: To gain insight into perceptions and preferences of doctors for various supportive WLB programs and to give suggestions on actions to be undertaken by hospitals to assist doctors in dealing with work life demands

Doctors' preferences for Work life balance Programs (WLBP) were sought under five categories, flexible work arrangement, leave arrangement, on-site programs, employee assistance programs and concierge services.

Doctors from public and private hospitals of both cities showed high interest in concierge services and flexible work arrangements; this was followed by employee assistance programs, leave arrangements and on-site programs. An overview of the preferences also showed significant difference between choices of doctors from the two cities. Mumbai doctors approved more of these programs than those from Nashik. Further private hospital doctors were in the forefront for opting work life balance supportive programs.

- **What were doctors' demands in terms Work life balance Programs?**

1) Concierge Services

Maximum doctors opted for concierge services like event planning, travel booking and arrangement, vehicle maintenance and convenience services like bill payments, grocery shopping and housekeeping.

2) Flexible Work Arrangements (FWA)

Individuals who perceive flexibility on job are able to work long hours before workload can negatively affect their work life balance. FWAs were second most preferred WLB program, which justifies doctors' need for more control and flexibility on job.

Doctors expressed their interest in:

- temporary reduced hours of work: nearly all doctors demanded for this option to work reduced hours each day for a temporary period, so as to take care of emergencies arising in personal and family life.
- compressed week hours: most doctors also liked the arrangement of working longer shifts so as to compress total week days worked into five longer days with two days weekend.

3) Employee Support/ Assistance Programs (EAPs):

The third most preferred WLB program was EAPs, wherein doctors were basically insisted in:

- assistance in financial and investment planning
- counseling and stress management programs to handle emotional and behavioral difficulties arising from traumatic experiences at hospitals

4) Leave Arrangement

- the demand for 'Paid Time Off (PTO)' dominated over rest of the leave arrangement schemes. PTO is an arrangement where a fix amount of off time could be earned after having worked for certain total hours or based on years of service put in.
- next to this, maximum doctors also approved of 'paid forced holidays and vacations' arrangement. Under this scheme an employee is forced to compulsory avail leave or holiday, after completion of certain amount of work hours over the months.
- doctors from both cities showed their interest in paternity leave, which is still not a common practice in India.

5) On-site Program:

Doctors preferred provision of fitness center, sport and recreation complex within hospital campus. Although, they seemed to avoid 'onsite child care' services, probably due to the need and psychology of keeping children away from hospital environment.

Conclusions:

Doctors' high preference for Concierge services, FWAs and EAPs once again highlights the problem of lack of time faced by them, to handle multiple responsibilities simultaneously. Implementing these WLBP will surely provide doctors with the much needed job flexibility and time to address their responsibilities as well as improve job satisfaction.

Implications:

Hospitals need to experiment with a variety of work life balance programs that can assist its healthcare employees in managing professional and personal life domains. Though practicality of WLBP within Indian hospitals can be questioned, but earlier research in other IT sector have given positive indications.

5.10) Doctors' Intention to Leave the Job:

- A matter of concern was that, nearly half of the doctors admitted continuing with present job, despite being unsatisfied; just because they had other constraints.
- A significant percentage of doctors were already looking for other job opportunities
- While only one fifth doctors said that they would be happy to spend rest of their career with the same hospital

5.11) Doctors' Satisfaction with Choice of Profession:

- ❑ Again, a disappointing and worrying matter was that almost three fourth of the doctors reported feeling, quite a few times; that they had chosen the wrong profession

- ❑ Two major reasons cited were, one - the job being too demanding and stressful and two - increasing difficulty in managing both the professional and personal life satisfactorily and that their family life suffered the most. A small percent of doctors did express concern over rising competition in this profession.

- ❑ An upsetting statement made by few doctors, particular from Mumbai, was that they would not encourage their children to opt for medical profession, considering the current scenario. Rather they would prefer other comfortable high paying careers for their children.

Conclusion:

This chapter has summarized the overall findings related to doctors' work life balance and job satisfaction. The significant consequences of 'Intrusion' and 'Support' dimensions on doctors' WLB have been explained. Further, the factors associated with doctors' WLB were also identified. The similarities and differences between WLB issues of doctors from public and private hospitals of Nashik and Mumbai were discussed. The relationship between dimensions of Doctors' Work life balance and Job Satisfaction were explored within Indian context. It is hoped that these findings will be helpful towards improving doctors' professional and personal lives.