
CHAPTER 7

CONCLUSIONS

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Chapter Overview

This chapter includes a conclusion based upon the findings of the research study. The chapter begins by giving a brief overview of the research study titled “Work Life Balance Concerns and Issues of Doctors Working in Hospitals with special reference to Nashik and Mumbai Cities”. Further the chapter highlights major findings, value addition of the research and practical implications for hospitals. The chapter closes by discussing few of the limitation of present study and thereby recommending areas of future research.

7.1 Overview of the Research Study

A doctor's 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. However recent changes in Indian healthcare segment and medical profession have brought certain questions to the forefront. The Indian sub continent is facing increasing **shortage of doctors and nurses** and this adds to extra workload for existing doctors; 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 that has **disturbed doctors' work life balance**.

Against these stated problems, one important question that needs to be answered is what can hospitals do to help their doctors deal with these professional and personal life challenges effectively. Present research study aimed to answer this question by

investigating the issues and factors related to doctors' work life balance and putting forth suggestions to hospitals to assist their doctors in restoring work life balance.

Thus the research was guided by two research questions first, **what factors affect Doctor's Work Life Balance within public and private hospitals settings of Nashik and Mumbai cities** and second, **is Doctors' Work Life Balance a key driver of their Job Satisfaction.**

This research specifically examined:

- 1) current work life balance level of doctors
- 2) the extent of intrusion and support from professional and personal factors
- 3) doctors' job satisfaction on two dimensions, cognitive and affective
- 4) doctors' work life balance as a predictor of their affective job satisfaction and
- 5) moderating effect of 'city type' and 'hospital type' on cognitive job satisfaction and work life balance relationship and finally
- 6) doctors' perception and need for work life balance programs in hospitals.

The reason for choosing hospital doctors was that they have altogether different work demands and pressures and hence require different approach to maintain healthy work and personal lives. Further the purpose of the study was also to make comparison between doctors' work life issues on two bases, city type, that is metropolitan and non metropolitan cities and on hospital type, which is public and private. Hence the study was completed in two cities Nashik and Mumbai, covering a total of 502 doctors (248 from Nashik and 254 from Mumbai) working in public and private hospitals.

This research's findings provide a number of valuable insights for understanding the unique work life balance challenges faced by doctors working in public and private hospitals. The backdrop revealed through the findings of this research is certainly interesting and drives to a logical conclusion with regard to doctors' work life balance in India. Few Indian studies have researched this topic earlier.

7.2 Overview of Research Findings:

7.2.1) Indicators of Doctors' Work Life Balance:

With regard to first objective of this research, the study developed a valid and reliable Doctor's Work Life Balance scale considering the Indian hospital work environment. WLB was measured as a bidirectional construct on Intrusion ('Work to Life Intrusion' and 'Life to Work Intrusion') and Support ('Work to Life Support' and 'Life to Work Support') dimensions.

- ✓ From the research findings, it was very much apparent that **maximum doctors** from public and private hospitals of Nashik and Mumbai cities, **experienced poor work life balance and faced difficulty in balancing their professional obligations with those of personal life.**

□ Causes of poor Work Life Balance:

- ✓ **In reference to second and third objectives of this study, it was inferred that the cause for doctors' poor work life balance was rooted in job and hospital related factors (professional domain) rather than in personal and family related issues (personal domain).**

While on one side, professional domain interfered most with doctors' personal, family and social lives, on the other side the much expected support from work domain was reported to be missing. As a result the negative effects of high work to life intrusion were not being offset by organisational support. Doctors spend maximum of their time on job and thus this lack of support from hospitals could be very detrimental.

On the contrary, intrusion of personal domain with doctors' professional life was moderate enough, which did not disturb their work life balance. Rather, whatever balance doctors could restore was mainly attributed to support received from personal, family and social lives.

❑ **Effect of 'Intrusion' and 'Support' on Doctors' Work Life Balance:**

1) Professional Domain: (Work to Life Intrusion and Work to Life Support)

- ✓ **High intrusion but low support from work was linked with doctors' problems at personal, family and social fronts.**

Work to Life Intrusion: Effect of negative spillover and resource drain was observed, as professional domain consumed most of doctors' time and energy.

On the personal front, most doctors could hardly find time to take care of their own health or even pursue personal goals as they felt physically and emotionally exhausted. A serious concern was that doctors felt that their profession produced negative feelings in their lives. Doctors also reported decreasing involvement with family and social lives due to high work to life intrusion. It was difficult for doctors to spend quality time with children, family and friends.

With regard to Work to Life Support, doctors did not find hospital policies and work culture to be life and family friendly. Doctors even felt that their job failed to provide a sense of achievement and fulfillment.

2) Personal Domain: (Life to Work Intrusion and Life to Work Support)

- ✓ **The intrusion from personal domain was not deemed to be severely interfering, instead the support from this domain helped doctors retain their competency, achievement and motivation levels at work**

Doctors did not feel that home and family environment hampered their work ability or that family issues impeded with their professional development and motivation at work. Support and enrichment from life were appreciated by doctors and experiences from this domain were being positively transferred to professional life.

Doctors actually believed that discussing work problems with family and friends improved their decision making and interpersonal relationships shared at home allowed harnessing better relations with team members. Doctors also appreciated the assistance and advice from family and friends when they felt de-motivated.

7.2.2 Factors determining Doctors' Work Life Balance in Public and Private Hospitals of Nashik and Mumbai cities – Barriers to WLB:

- ✓ **With regard to fourth objective;** the study identified four factors determining doctors' work life balance 'profession related', 'patient issues', 'country specific' and 'personal matters'.

- ✓ **Of these four, profession and patient related aspects influenced doctor's work life balance the most.**

Profession's demand to be always right and self critical was a pressurizing issue for doctors. Working in shifts and total hours of work proved to be demanding and consuming much of doctors' time and energy. Doctors believed that they had low autonomy and control over work. Apart from this, getting leaves, holidays or vacations was also difficult for many doctors.

Uniquely this study explored patient related issues as factors associated with doctors' WLB. Dealing with increasing mistrust and unrealistic expectations of patients and their family members, appeared to put additional pressure on doctors; apart from the pressure of always being a good doctor of choice. Patients demand to be treated by senior doctors resulted in overwork and strain for experienced doctors. Emergency cases due to ignorance on behalf of patients also disturbed doctors' routine and work schedule many a times.

While certain 'country specific' factors like increasing patient population and shortage of doctors and nurses were perceived as barriers to work life balance. Few 'personal matters' like caring for dependents, poor health and a working spouse were also linked with work life balance problems.

7.2.3 Job Satisfaction of Doctors working in Public and Private Hospitals of Nashik and Mumbai cities:

Doctor's Job Satisfaction was measured on two components, Cognitive (Satisfaction with Intrinsic and Extrinsic Job Factors) and Affective (Feelings and Emotions attached to Job).

- ✓ **Doctors from public and private hospitals of Nashik and Mumbai cities reported moderate levels of overall job satisfaction, with comparatively better cognitive but lower affective job satisfaction.**

Cognitive Job Satisfaction:

This component represented doctors' level of satisfaction with various intrinsic and extrinsic factors of their job. For, intrinsic job factors built into the job, doctors expressed satisfaction with meaningfulness of their job and job enrichment but high dissatisfaction was reported with total duty hours, autonomy and flexibility on job. With extrinsic factors, the job contextual factors; it was observed that doctors were satisfied with their relationship with colleagues and the growth opportunities to some extent. But they were dissatisfied with salary as being compatible with the kind of job done and with hospitals policies and practices.

Affective Job Satisfaction:

Doctors' Affection Job Satisfaction represents feeling evoked on the job in hospital which encompassed their feelings, moods and emotions on job. Doctors overall affection and attachment towards their job and hospital was low, which resulted from high negative feelings and low positive feelings. As expected, doctors most commonly endorsed negative feelings of distress, fatigue, anger and nervousness. Negative affect evoked from long hectic schedules characterized by tremendous work pressure and stress. Doctors failed to experience positive feelings and emotions but rather complained about not feeling enthusiastic, energetic, peaceful and relaxed on job

7.2.4) Relation between Doctor's Work Life Balance and Job Satisfaction:

Research findings point to a **strong and significant correlation between doctors' work life balance and their job satisfaction** (cognitive and affective components). Also an analysis into predicator criterion relationship revealed the following.

- ✓ First, **doctors' work life balance strongly predicted their affective job satisfaction** (fifth objective of the study). In particular, 'work to life intrusion' and 'work to life support' dimensions had greater influence in determining doctors' feelings and emotions attached with their job and hospital.

Second, cognitive job satisfaction, specifically intrinsic job factors, significantly predicted and had greater role in supporting doctors' work life balance.

Further analysis revealed that work life balance mediated the relationship between cognitive and affective components of job satisfaction. That is, a **notable conclusion was that Intrinsic and Extrinsic job factors (cognitive component) had strong ability to determine Doctors' Work Life Balance status and this work life balance in turn influenced their Feelings and Emotions towards the job and hospital (affective component).**

There is an indication that satisfactory hospital job factors may not be sufficient in themselves for generating positive feelings on job. But rather, when these job features are in addition also supportive of WLB, then they can help create emotionally satisfying jobs within hospital work environment. If doctors believe that their hospitals are supportive of their work life balance then they are bound to feel good and positive about their job, leading to higher affective job satisfaction.

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 negative feelings are experienced then doctors may search for alternative job options. Hence the critical importance of high affective job satisfaction in retaining doctors.

7.2.5) Effect of 'City Type' and 'Hospital Type' on relationship between Cognitive Job satisfaction and Doctor's Work Life Balance

- ✓ **In reference to sixth objective**, it was observed that **city type**, metropolitan or non metropolitan; **moderated the effect of Cognitive Job satisfaction in generating Doctors' Work Life Balance**.

It was noted that though cognitive job satisfaction (satisfactory intrinsic and extrinsic job factors) had led to WLB, however this effect was influenced by the fact whether hospitals were located in metropolitan (Mumbai) or non-metro city (Nashik). In case of Mumbai, this effect was reduced noticeably; which implies that doctors' work life balance was influenced by certain other factors in addition to hospital job features. Issues associated with metropolitan life style like hectic and fast life, high cost of living, nuclear families, dual career couples seemed to put strain on doctors' professional and personal lives. It was thus inferred that Nashik doctors were at a better advantage and enjoyed comparatively good WLB.

- ✓ **In reference to seventh objective**, it was concluded that **Hospital Type**, public or private **had no moderating effect on relationship between Cognitive Job satisfaction and Doctors' Work Life Balance**.

Between public and private hospitals, no significant difference was observed in the effect of intrinsic and extrinsic job factors (cognitive component) on doctors' work life balance. Thus there is no indication that job and hospital features of private hospitals in Nashik and Mumbai cities are better and more supportive of doctors' WLB. Thus with regard to doctors' work life balance, it can be inferred that working in either public or private hospitals does not make any considerable difference.

7.2.6) Doctors' Preference for various Work Life Balance Programs:

- ✓ With regard to **eighth objective of the research**, an insight into doctors' preference for work life balance program revealed that **conciierge services, flexible work arrangements and leave arrangements were the most highly preferred options**.

Doctors from public and private hospitals of Nashik and Mumbai cities highly favoured Concierge Services like event planning, car maintenance, travel arrangements and convenience services like bill payments, housekeeping, grocery shopping. Flexible Work Arrangements in which doctors were interested were temporary reduced work hours and compressed week hours. Leave arrangements like Paid Time Off and Paid Forced Vacations were also highly demanded by most doctors.

Under Employee Assistance Programs, doctors mainly demanded for guidance on financial and investment planning, on legal problems and counseling programs to handle emotional setback resulting from traumatic experiences. Onsite fitness, health, recreation centers and sports complex were also preferred by most doctors.

7.3 Contributions of the Research

This research confirms much that is already known about work life balance of doctors working in hospitals. Nevertheless, it also adds some knowledge and new dimensions to the understanding of work life balance and job satisfactions concepts. Apart from addressing the identified research gaps, **the potential value-add of this study are:**

1. The study surfaces a different set of challenges faced by Indian doctors on professional front amidst the recent developments in Indian healthcare system and doctors' profession. The sample chosen broadly represents doctors from public and private hospitals of non metropolitan and metropolitan cities.
2. Doctors' WLB scale, suitable for use within Indian healthcare settings was developed. This scale would be helpful to doctors, hospital management and to researchers for future studies. Generally researchers tend to confuse the effects of WLB with its factors; for example considering emotional exhaustion as WLB factor, which is in fact a consequence of imbalance. However this study framed questions cautiously to separate effects from factors of WLB.

3. Distinctive factors and barriers to Doctors' WLB within Indian context were identified, 'professional factors', 'patient issues', 'country specific' and 'personal matters'. Of these, 'patient issues' was a very much unique factor studied in relation to Doctors' WLB. The study also revealed certain country specific factors, which affirms that such issues must be considered while understanding the work life demands on doctors.
4. The research also explored the concept of doctors' job satisfaction, however unlike earlier studies that have largely emphasized only on cognitive component, this research distinctively studied job satisfaction on both components, cognitive and affective.
5. The research investigated relation between Doctors' WLB and Job Satisfaction from a different perspective: by uniquely studying the mediating role of Doctors' WLB between Cognitive and Affective Job Satisfaction. Study provides evidence that satisfactory intrinsic and extrinsic job factors improved Doctors' WLB and when doctors lived a balanced life, it in turn made them feel positive about their job and hospital.
6. Doctors' WLB as a concept related to city type (metropolitan and non-metropolitan city) was studied and it was observed that doctors working in non metropolitan city had a better advantage over their counter parts.
7. Doctors' WLB issues were also studied in relation to hospital type (public and private hospitals) and it was concluded that there was no significant difference between work life balance experiences of public and private hospital doctors.
8. The research was also interdisciplinary in nature, as it combined human resource issues within healthcare settings.

7.4 Implications of the Study:

The research has contributed to theoretical progression and has expanded understanding of work life balance and job satisfaction of doctors from a unique perspective, considering the Indian healthcare environment.

Implications to Health Care Industry / Human Resource Implications

In line with multiple researches that point towards increasing WLB problems and its adverse effect on doctors, this research also presents evidence of such issues among Indian doctors. **A major 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.

The cause of doctors' poor WLB was rooted in highly interfering nature of work, which was further aggravated by absence of support policies and programs from hospitals. Thus there is need to find out means and methods to **reduce work intrusion and extend more support** to doctors. **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 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 are encouraged to take initiative steps towards developing a more supportive and employee friendly culture

that can facilitate WLB. Support from hospitals will not only make doctors happier and satisfied but also differentiate the hospitals as an employer of choice.

With regard to Job Satisfaction, doctors experienced low satisfaction due to high negative feelings; which may be an inherent element of this profession that constantly faces pain, grief and sorrow. However, what is **an important implication to hospitals is to take immediate remedial measures** like stress relief, spiritual or wellness programs, personal counseling or other similar initiatives; **to help doctors overcome these negative emotions.**

Supporting doctors in achieving WLB helps generate satisfying jobs. Thus HR function in hospitals need to **extend beyond basic administrative and traditional activities**, towards **developing more employee friendly and supportive work practices, policies and culture.**

Overall, what doctors need is more support from hospitals in various forms, such that they can focus on their personal health and goals and fulfill their family responsibilities and social obligations. They need a balance where they can live a satisfactory professional and personal life, without feeling guilty of having compromised in any domain.

- ✓ Hospitals supporting doctors to have a satisfactory professional as well as personal life could help change the image of this profession.

7.5 Limitations of the Research and Scope for Future Research

7.5.1 Limitations:

The challenge while addressing and understanding work life balance is that, it is an issue related to human resource and therefore is perceptive. The data and responses collected through self report questionnaire could thus be subject to temporary mood of doctors or what they considered socially and situationally appropriate. The information provided is based on doctors' own perceptions. Hence care must be taken

before generalizing and extending the results to doctors from other parts of the country.

The research involved questions related doctors' professional and personal lives. Although participants were assured confidentiality, it is possible that doctors may have over or under rated their satisfaction on these sensitive issues.

Further, there is possibility that opinions of doctors who did not participate in this research may have differed from the present and could have given additional perspective on WLB issues.

7.5.2 Scope for Further Studies

Formerly, once work life balance is examined within Indian hospital context then further strategies to improve doctors work life balance can be developed. Thus this present research will definitely form the basis for further empirical studies. Considering the importance of doctors' work life balance, further Indian studies should continue to add information on this concept.

An in depth understanding of what doctors perceive as a balanced life is fore mostly required, that would provide information on conflict and enrichment processes within Indian context. For this reason, longitudinal studies in multiple cities across India with larger sample size are encouraged.

As most of the doctors' work life balance level had reached threshold, much of the negatives consequences have been reported in the study. Hence further comprehensive assessment to examine benefits and positive effects of balance on doctors' professional and personal lives is required.

The study suggests that there is difference between work life balance experience of doctors working in metropolitan and non metropolitan cities. However the findings were based on survey in two cities, Nashik and Mumbai only. Hence it requires further investigation.

Work life issues of doctors having their own private practice have not been covered in this study. Further comparative studies are recommended to understand whether and on what parameters, differences exist in WLB issues of hospitals doctors and those having their own practice.

The predictor criterion relationship between WLB and two components of job satisfaction must be researched.

The feasibility and practicality of WLB Programs within organizations and specifically hospitals remain to be explored.

Considering the limited studies focusing on this topic, future research studies will surely be helpful in filling the research gap.

Overall Conclusion:

To conclude, the present research had addressed research gaps identified at the beginning of the study. A comprehensive study was developed to throw light on emerging work life balance concerns and issues of doctors working in Indian public and private hospital units.