

SOCIAL ECONOMIC PROFILE AND WORK LIFE BALANCE MODEL OF HOSPITAL EMPLOYEES WORKING IN ST.JOSEPH HOSPITAL CHENNAI CITY

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Abstract— Life of a health care worker is very different compared with any other professional. This is distinct not from the perspective of an overwhelming level of personal and professional accomplishment, but from the huge amount of psychological stress and anxiety involved in it. Earlier studies show that health workers, particularly medical practitioners, are vulnerable to mental health developments. Furthermore, workplace stress has been related to emotional exhaustion, which can result in a lack of enthusiasm for work, feelings of powerlessness, depression, and defeat. Emotional factors inherent to the job, responsibilities related to patient needs, feeling of being overburdened, organizational responsibilities, and issues related to working relationships and career growth are commonly identified as occupational stressors among medical professionals. Emotional fatigue is commonly referred to as burnout among professionals. The present paper is an initiative to understand the various dynamics of work life balance during pandemic and to undertake the empirical study on the topic.

Index Terms – Health Care, Work life Balance, stress, Emotional, Job.

I. INTRODUCTION

Healthcare has become one of India's largest sectors, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players¹.

India's healthcare delivery system is categorized into two major components public and private. India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is

about one-tenth of that in the US or Western Europe.

As of March 21, 2022, more than 181.52 crore COVID-19 vaccine doses have been administered across the country. The Indian healthcare sector is expected to record a three-fold rise, growing at a CAGR of 22% between 2016–2022 to reach US\$ 372 billion in 2022 from US\$ 110 billion in 2016. With the above said growth the organization needs to attract and retain valued employees in a highly competitive labour market is a strong motivating factor for increased organizational awareness and action with regard to human resource policies and practices that address work life balance. Work life balance is an important area of human resource management that is receiving increasing attention from government, researchers, management and employee representatives and the popular media. The healthcare sector in India realizes the opening up of jobs especially for Doctors, nursing care, customer management, and operational activities. The growth of Indian health care sector extends the scope of employment for doctors in years to come. But at the same time, in order to redesign the service quality gap, the women employees need to tent amount work pressures at different circumstances. It is witnessed that several changes in the work force demographics, like rising number of women escalating number of dual income families and nuclear families. These rapid transitions have put substantial strain on men and women to balance their work-life and family-life. How individuals can be successful in their working lives without sacrificing their personal lives is a debatable issue. As a result of intensification of work demands, there seems to be a continuous focus on work-life balance.

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II. REVIEW OF LITERATURE

Tapaswini Pattnaik et.al. (2022)² the study reveals that the variable identified included scheduled working hours, flexible working hours, workload, employee morale, sustain corporate awareness, performance at work, working-life norm, quality of work-life, unfavourable working environment stress, tension, employee satisfaction, job satisfaction, excessive work, mental health assistance to doctors, organizational support, depression, anxiety, emotional exhaustion and employment stress, etc. However, in the given current predicament of health care workers' working conditions, Indian hospitals must solve a variety of issues concerning them before it becomes a crisis. There is a growing recognition that the medical profession needs to respond more to the worklife balance concerns of healthcare workers. Hospitals in India must also foster a work environment that promotes the professional and personal well-being of healthcare workers while reducing competitive pressures between the two realms of life. This necessitates a change in mindset as well as the need to let go of old paradigms.

Vishnu Priya and Amutha (2019)³ they state that the Work-life balance is an issue of great importance that has to be addressed by the hospitals at the earliest. After all the Doctors are the greatest asset and the hospital performance is affected by doctor performance. The HR department of the hospital and the Doctors together must work out strategies to help attain Work-life balance which makes the hospital the happiest place to work in. In spite of higher salaries and other monetary and non-monetary benefits, a comfortable working environment, less workload and hospitals taking care of Doctors, it is observed that sometimes. Though there can be numerous factors that affect the performance of a doctor achieving balance in work and familial life is considered important in order to perform par excellence

Stephanie P Schwartz et. al (2019)⁴ in their study they conclude that the Problems with WLI are common in healthcare workers and differ significantly based on position and time in specialty. Although typically thought of as an individual difference variable, WLI appears to operate as a climate, and is consistently associated with better safety culture norms.

III. STATEMENT OF THE PROBLEM

Work life balance is the imperative instrument in the modern working life of any individual irrespective of their occupation. It is normally a challenging exercise among the occupants to manage work situations, family circumstances and the intervention of these two at different conditions. In addition to that the influence of predictable and extraneous factors relevance to work life balance and imbalances are countless. The male doctors, women Doctors and Nurses working in the hospitals under the condition of work pressure, inflexible working environment and frequent patient interactions. In addition to that the women Doctors and Nurses working in the hospitals undergo the pressure of multi task and multi demand and command. The women Doctors and Nurses in hospitals face the situation of caring the work responsibilities to the home and at the home. These avenues encounter the imbalance among them to manage work and family. The Health sector carries heavy responsibility centers and accountability make women to encounter work life balance related issues. Attitude is the combination of cognitive, affective and behavior component and its stability can be re-modified based on situation and environment. In connection to work life balance, the attitude of encountering individual also vary. But the working systems, the prevailing work culture, the impetus of needy economy sources cause work life imbalances of women Doctors and Nurses in this sector. In order to study these aspects the particular study has been designed.

1) Objectives of the Study

1. To reveal the Work life Model of Employees working in St. Joseph Hospital Chennai
2. To examine the socio-economic profile of the employees

2) Scope of the Study

The scope of the study is limited to the Employees working in St. Joseph hospital Chennai

3) Research Design

Research design is a framework or blue print for conducting the research work. It details the procedures necessary for obtaining the information needed to structure and / or solve research problems. The descriptive research design has been used for the present study.

4) Sampling Procedure

In this Study Convenient sampling method is used for selecting the samples of employees from the total population.

5) Sampling Size

The sample size for the present study is 100

6) Period of Study

The study pertains to the period from February 2022 to July 2022, in which the sample survey is conducted in the study area of St. Joseph Hospital Chennai.

7) Method of Data Collection

The present Study used both Primary and Secondary Data collection method. For Primary data the present study used Structured Questionnaire for collecting the data from the employees and for secondary Data the researcher used Journals, magazines and Hospital data sheet.

8) Limitations of the Study

1. The present study is carried out in St. Joseph Hospital Chennai only.
2. The present study is restricted to Private Hospital.

3. The drawbacks and limitations of the field level survey are very much applicable to the present research.
4. The data and information collected from the employees are subjected to recall bias.

9) Framework of Analysis

To understand the socio-economic profile of the employees, the frequency and percentages have been carried out. The mean and standard deviation have been calculated for dimensions determining the work life balance among the employees. Chi Square tests, One way ANOVA have been used for testing the Hypotheses.

10) Need for Work-Life Balance

The outcomes of imperfect work-life balance faced in day-to-day life are:

A. Stress:

Doctors and Nurses must be ever performing and ever learning to adapt themselves to the dynamic market conditions. Adding to this is the constant pressure from the superiors to meet the targets. Thus, they have no other choice but to sacrifice their personal space. The entire process is creating stress on the Doctors which are the root cause for many other problems.

B. Physical problem:

The numbers of Doctors and Nurses suffering from physical ailments like hypertension, diabetes, heart attacks have grown considerably in the past. Women Doctors are the worst affected due to the long and stressful working hours.

C. Relational problems:

since Doctors and nurses are spending more time at work rather than at home, spouses, parents, children are no longer given the time they deserve.

Unethical practices: to handle the stress, the Doctors and nurses tend to adopt Unethical practices like boozing, smoking, drugs, improper relation etc. Also, there are chances that the doctor may resort to unfair means to get their work done ultimately by hook or crook.

D. Disturbed families:

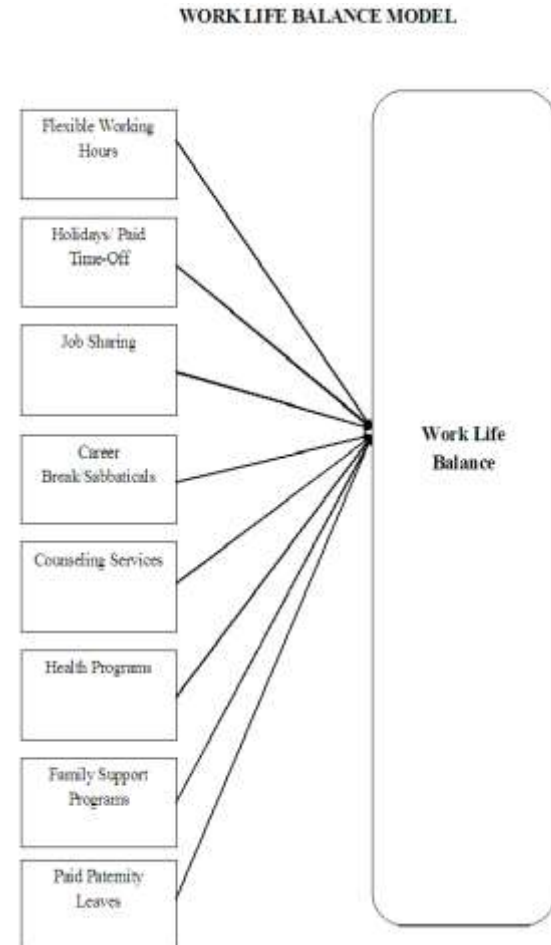
The worst hit is the family members of the Doctors. Fighting with the target achievement may sometimes result in neglecting the family. The number of the broken family has gone up drastically.

E. Decreased performance:

Doctors in the hospital are never at peace. When they are at workplace issues at home are a concern and vice-versa. Unknowingly, the Doctors get into frustration and cannot give their best to their profession.

Hospital in jeopardy: it all starts with stress and ultimately the doctor ability and performance is at crossroads. The output to the situation may be that the hospital may not achieve its goals or the doctor is no longer satisfied with the hospital. In either case, the entire hospital is in jeopardy.

IV. WORK LIFE BALANCE MODEL



The present Study reveals out the various work life balance factors like Flexible working hours, Holidays/ paid time-off, Job sharing, Career break/sabbaticals, Counseling services, Health programs, Family support programs, Paid paternity leaves which are the main indicator of determining the work life balance of employees working in St.Joseph Hospital Chennai.

A. Socio-Economic Factors of Employees working in St.Joseph Hospital Chennai

The role of individual Employees in supporting the mission of the hospital will depend on the specific missions of their departments. All employees, however, have certain common responsibilities to commit themselves fully to their work obligations, to participate in the development of the programmes of their departments and of the hospital as a whole,

to engage in various activities, and, as appropriate, to support the hospital in its goal to render public service. The socio-economic profile of employees working in St. Joseph Hospital is very important for patient to communicate ideas in clear and convincing ways, to develop fruitful relationships, to be enthusiastic and inspired and to work effectively with colleagues and management. Keeping this in view, an attempt has been made to examine the socio-economic profile of employees working in St. Joseph Hospital Chennai.

B. GENDER-WISE DISTRIBUTION OF THE EMPLOYEES

The gender-wise distribution of the employees is presented in Table 1.1.

TABLE 1.1

GENDER-WISE DISTRIBUTION OF THE EMPLOYEES

Sl. No.	Gender	Number of Respondent	Percentage
1.	Male	37	41.15
2.	Female	53	58.85
	Total	90	100.00

Source: Primary Data

The results show that 58.85 per cent of employees are females and the rest of 41.15 per cent of employees are males. It is inferred that the majority of the Employees are females.

C. AGE GROUP OF THE EMPLOYEES

The age group of the Employees is presented in Table 1.2

TABLE 1.2

AGE GROUP OF THE EMPLOYEES

Sl. No.	Age Group	Number of Respondent	Percentage
1.	21 – 31 years	19	20.80
2.	32 – 41 years	38	42.77

3.	42 – 51 years	22	24.04
4.	52 & Above	11	12.39
	Total	90	100.00

Source: Primary Data

The results indicate that 42.77 per cent of employees belong to the age group of 32 – 41 years, 24.04 per cent of employees belong to the age group of 42 – 51 years, 20.80 per cent of employees belong to the age group of 21 – 31 years and 12.39 per cent of employees belong to the age group of above 52 years. It reveals that the most of the employees belong to the age group of 31 – 40 years.

D. MARITAL STATUS OF THE EMPLOYEES

The marital status of the Employees is presented in Table 1.3.

TABLE 1.3

MARITAL STATUS OF THE EMPLOYEES

Sl. No.	Marital Status	Number of Respondent	Percentage
1.	Married	72	80.09
2.	Unmarried	18	19.91
	Total	90	100.00

Source: Primary Data

The results indicate that 80.09 per cent of Employees are married and the remaining 19.91 per cent of Employees are unmarried. It is inferred that the majority of the Employees are married.

E. EDUCATIONAL QUALIFICATION OF THE EMPLOYEES

The educational qualification of the Employees is presented in Table 1.4

TABLE 1.4

EDUCATIONAL QUALIFICATION OF THE EMPLOYEES

Sl. No.	Educational Qualification	Number of Respondent	Percentage
1.	MBBS	8	7.97
2.	BDS	26	29.35
3.	BSN	37	41.15
4.	MD	7	7.67
5.	DNM	8	9.29
6.	Others	4	4.57
	Total	90	100.00

Source: Primary Data

It is clear that about 41.15 per cent of Employees have the educational qualification of BSN, 29.35 per cent of Employees have the educational qualification of BDS, 9.29 per cent of Employees have the educational qualification of DNM., 7.97 per cent of Employees have the educational qualification of MBBS, 7.67 per cent of Employees have the educational qualification of MD and 4.57 per cent of Employees have the educational qualification of Others. It is inferred that the majority of the Employees have the educational qualification of BSN.

F. EXPERIENCE OF THE EMPLOYEES

The experience of the employees is presented in Table 1.5.

TABLE 1.5
EXPERIENCE OF THE EMPLOYEES

Sl. No.	Experience	Number of Respondent	Percentage
1.	0 – 5 years	31	34.37
2.	6 – 10 years	37	41.45
3.	11 – 15 years	12	13.27
4.	Above 15 years	10	10.91
	Total	90	100.00

Source: Primary Data

It is apparent that 41.45 per cent of employees have experience of 6 – 10 years, 34.37 per cent of employees have experience of 0 – 5 years, 13.27 per cent of employees have experience of 11 – 15 years

and 10.91 per cent of employees have experience of above 15 years. It is inferred that the majority of the employees have teaching experience of 6 – 10 years.

V. CONCLUSION

It is concluded that the present study reveals the various work life balance factors like Flexible working hours, Holidays/ paid time-off, Job sharing, Career break/sabbaticals, Counseling services, Health programs, Family support programs, Paid paternity leaves which are the main indicator of determining the work life balance of employees working in St.Joseph Hospital Chennai. In the socio-economic factors Majority of the employees are females and most of the employees belong to the age group of 32 – 41 years. Majority of the employees have the educational qualification of BSN and most of the employees have experience of 6 – 10 years. Majority of the employees are married.

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