

Stress and Work Life Balance Among Women Employees in Government Hospitals during COVID-19 – A Study with Special Reference to Chennai City

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Abstract - Women employment is challenged by stress and work family commitment at the end of each day in Government hospital. Majority of women are working through-out week and 53% are struggling to achieve stress and work-life balance. Women reported that their life has become a juggling act as they have to shoulder multiple responsibilities at work and home. Government hospital management need to be conscious of this status of female health care providers and periodically review their status. They can create supportive environment to help these women achieve the positive stress work life balance. This article highlights the issues connected with stress work life balance of female health care providers in government hospital and the factors that determine stress and work life balance.

Index Terms - Health care professionals, Public hospitals, female health care providers, contentment, demand factors, supportive factors, society's factors.

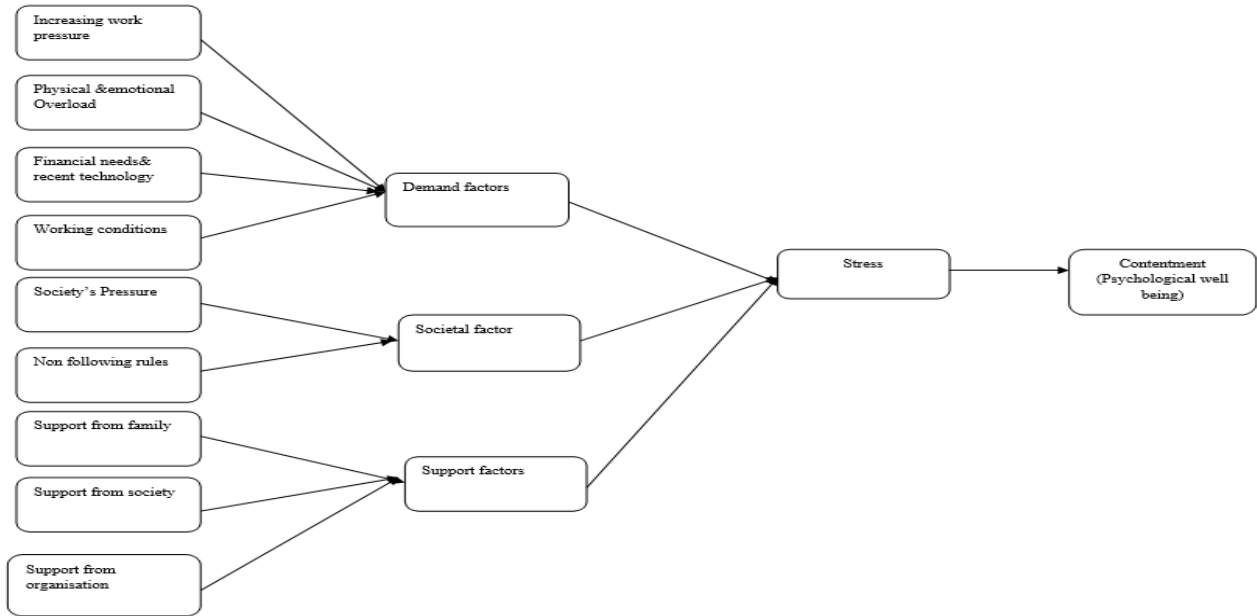
I.INTRODUCTION

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 players. Indian healthcare delivery system is categorised into two major components - public and private. The Government, i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres

(PHCs) in rural areas. Today, then ever before, there is an increased concern about the relationship between work and family life and the impact each has on the other. Research about this area has begun way back in the early nineteenth century. The world of work – employment, the nature, the demands, and employee-employer relations, has changed greatly over the years. This has seen a related change in the amount of time which an employee can exclusively devote to his family. Increased expectations of the job, the quantity of time at the workplace, rising competition, lifestyle and demographic factors, increased employment rate of women have all contributed to the growing need for a defined policy and well-designed policies to ensure balance in work and life. The concept of a single male breadwinner has changed and we can see a paradigm shift in the single parents, commuter marriages and break down of the joint family concept in Asian countries. While organizations are expecting employees to be more flexible and productive, employees too have exceeding expectations about their work life. The earlier concept of “lifetime employment” has vanished. It has been ravaged by uncertain and volatile economic conditions leading to unemployment and job insecurity. This has led to a change in the employees' perspectives and expectations about work. Work-life balance requires creating and nurturing a supportive and healthy work environment, which allows employees to maintain equilibrium balance between their work and personal responsibilities. This in turn leads to improved employee loyalty and productivity. The employee of today plays several roles as a parent, as a spouse, as a responsible son/daughter, as a conscious citizen along

with his role at the workplace. These responsibilities consume a lot of his time and productive energy as well as commitment.

II.CONCEPTUAL FRAMEWORK OF THE STUDY



III. REVIEW OF LITERATURE

Lua PL & Imilia I (2019) in this study, occupational stress and quality of working life is an important concern to attain the maximum job output and optimal quality of work life. Results indicated stress levels are affected by job category and specialisation, flexible strategies to ensure employees’ job productivity, contentment and personal well-being should be implemented.

Keyur Parmar et al (2015) in his study, identify the gender differences in stress at workplace among doctors and nurses. Findings showed Females find workplace significantly more stressful than males. There is a need of giving importance to improve work environment of doctors and nurses, specifically female staff, which in turn can help patients and community at large.

Divinakumar K J et al (2014) in his study, Perceived stress, psychological well-being, and burnout among female nurses working in government hospitals. Findings indicated Prevalence of Burnout in government employed Female Nurses in India was less when compared to prevalence of burnout in nurses reported in western countries. The perceived Stress and Burnout was more in Nurses of 31-50 years age group, and being employed in the acute wards

K. Suganthi et al (2017) in her study, to know the reasons for stress among women employees. Increasing work pressure, financial needs and recent technology are some factors that increase stress for women. It is clearly pictures the problem of women employee faces at work place and causes for stress in women. Stress is unavoidable on the part of employees irrespective of the gender.

Irfana Baba (2012) in his empirical study, workplace stress among doctors in government hospitals. Results showed that doctors are the serious sufferers of organizational role stress.

Maritza Muzzi Cardozo Pawlina (2018) in his study, aims to evaluate the prevalence of stress in health workers in the context hospital, results indicated the work conditions inflict physical and emotional overload and society’s pressure to deliver efficiency affects both health and job satisfaction of workers, triggering stress and emotional pain, which has been generating exhaustion.

Raga Sudha Addagabottu (2015) in her study, variables that Influence work life balance of Women Doctors and Nurses with Special Reference to Government and Private Hospitals. Results showed circumstances women because of their educational background, logical thinking and emotional balances try to balance both work and family related conflicts. Still the supports extend by family, society and

organization will gear up means women should become productive asset and able employees to any organization they belong.

Funmilola Adenike Faremi (2019), aims to analyse the assessment of occupational related stress among nurses in two selected hospitals in a city south western Nigeria. Results showed nurses are susceptible to occupational stress because of intense daily activity. Nurses are not ever thought as needing help but only as the care givers.

Mary Ann Yeboah (2014) in her empirical study, analyse the determinants of Workplace Stress among Healthcare Professionals in Ghana. Findings revealed demand factors, control factors, support factors, relationships factors, change factors and role factors that have been analysed have significant impact on employees' stress though, they do not impact on employees in the same measure.

G.Suguna (2017) in her study, attempts to a study on work life balance dilemmas faced by nurses working in private hospitals. Work-life balance issues have assumed a lot of importance in recent times due to increasing in single parent families, dual career couples and issues of elder care which create complex situations for the nursing staff. The factors that sustain or impede a healthy work life relationship are multifaceted and likely to differ depending on an individual's life circumstances, values and priorities.

IV. RESEARCH QUESTIONS

When women go for employment either in govt. or private organisation, they add a dimension to their challenge. When they are married, they have to take care of the dependent's children and adults [in-laws]. When they go for employment, they have to also balance their role between institution and the family. Often the work environment – working hours, career opportunities, stress in job & Family, reward factors at the workplace, etc. affect their efforts to balance their work life. Employed married women therefore undertake multiple roles and work life balance becomes a challenge. Added to this, they have to work towards their professional improvement which adds to their work pressure. Hence, in this study analyse,

- Is there any significant difference between the stress and WLB among the female health care providers in Government hospital of Chennai city?

- What are the aspects of stress and WLB that led to a increased productivity of the employees in the government hospital?

V. RESEARCH OBJECTIVES:

- To measure the level of stress among women health care providers
- To find out the determinants of factors lead to work life balance.

VI. STATEMENT OF PROBLEM

Stress and WLB in a health care industry has been a major worldwide problem for quite something now. Coping strategies and WLB policies are increasing the job productivity and increased quality of work life in developing countries. The critical analysis of the literature on Stress and work life balance variables in selected Public hospitals illustrates the increasing job productivity and contentment. Questions have been raised about their increasing work pressure, physical and emotional overload, financial needs and recent technology, working conditions, pressure from the society, non-following rules, support from family, society and the organisation. It is noted that the different elements have only been studies at only stress. But this research intends to look beyond the outcomes of stress with WLB. The review concludes that stress and work life balance mainly related to demand factors, society's factor, support factor and perceptions of work life balance.

VII. RESEARCH GAP

Earlier reviews have been done on the comparative study between public and private hospitals on the work life balance alone. However, there are no studies pertaining to stress and WLB contributing to increased job productivity and contentment. This study is proposed to address the research gap.

VIII. RESEARCH METHODOLOGY

Research design proposed for the study is 'Descriptive' type of research service. This type of research deals with quality of responses from the respondents, attitudes, interests, technical skills,

financial needs, supporting factors, experience, emotions etc. Primary data was collected through survey method using questionnaire as the tool.

IX. PERIOD OF THE STUDY

The objectives set for the study required collection of primary data from the female health care providers in public Hospital. Therefore, a questionnaire was drafted, field tested [pilot study] and then finalized. The survey was conducted during February 2020 – April 2020. The primary data was collected by distributing questionnaire among the female health care providers belonging to different dept. of public Hospitals in Chennai

X. SAMPLE

Primary data was collected from the female health care providers of ESI Government Hospitals in Chennai. Totally there are about 400 women employees in Table 1 Demographic profile of the respondents

various public hospital of Chennai city. Of this the 200 women nurses belonging to different departments of Medical, surgery, OP and ICU with different background were selected. Questionnaire was distributed to the female nurses belonging to various departments.

XI. LIMITATIONS OF THE STUDY

This study was undertaken only among women health care providers of government hospital of Chennai city and so conclusions arrived at based on this study need to be placed in proper perspective before application elsewhere. Another limitation is that since the sample size is only 150 study to ascertain whether women in different dept.–Medical, surgery, OP and ICU in government hospital, face different challenges in reducing their stress level and balancing their work life.

XII. ANALYSIS AND RESULTS

S. No	Demographic Profile	Frequency	Number of respondents	Percentage
1	Age	< than 30	61	41
		31-40	32	21
		41-50	55	37
		51-60	2	1
		Total	150	100
2	Educational Qualifications	UG	35	23
		PG	75	50
		Others	40	27
		Total	150	100
3	Marital status	Married	127	85
		Unmarried	23	15
		Total	150	100
4	Monthly Income	<15000	48	32
		15001-50000	45	30
		>50000	57	38
		Total	150	100
5	Type of family	Joint	54	36
		Nuclear	96	64
		Total	150	100
6	Experience	<5	57	38
		6-10	21	14
		>10	72	48
		Total	150	100
7	Spouse employment, if married	Government	55	
		Private	40	
		Business	25	
		N/A	30	

		Total	150	100
8	No.of earners in the family	<2	68	45
		>2	82	55
		Total	150	100

Source: Computed Primary data

Table1 shows the demographic background of the respondents selected for the study. Regarding the age category of respondents, it is inferred from table 1 that 39.3 percent of respondent belong to the age category of less than 30, 8 percent are in the category of 51-60.Regarding the educational qualification of respondents, 46 percent of women employees have B. Sc Nursing background, 11.3 percent of women have M.B.B.S (M.D) qualifications. Table 1 also reveals the marital status of respondent’s 78 percent of them got married, 22 percent are single. Regarding the Type of Sector, 64 percent of them are working in private, 36 percent are working in government Hospitals. The table also shows the designation of the respondents, 54 percent are women Doctors and 46 percent are Nurses. The work experience of respondents, 50 percent of them have more than 10 years of experience, 34.7 percent of them have below 5 years of experience and 15.3 of the respondents have 6 - 10 years of experience. Regarding the monthly income of respondents in India, it is inferred that 42.7 percent of them have above Rs.50,000, 30 percent of them have below Rs.15,000 and 27.3 percent have Rs.15,001-Rs.50,000. Regarding the nature of family of respondents 30.7percent are living in joint family system and 69.3 are in nuclear family system. The table outlines the status of spouse employment, 34.7 percent of employees husband are in government job,

and 15.3 percent are in business. Regarding earning members in a family, 52 percent of women employees have more than 2 earning members and 48 percent of employees have less than two earning members.

ANALYSIS RELATED TO OBJECTIVE 1

Table 2: Ranking level of demand factors (Garrett) influence on stress and WLB of female health care providers

S.No	Demand Factors	Total score	Mean score	Rank
1	Increasing work pressure	8432	52.3	2
2	Physical and emotional overload	6666.7	46.2	4
3	Financial needs and recent technology	9333	63.2	1
4	Working conditions	7341	43.7	3

Source: Computed Primary Data

Table 2 shows the Ranking Level of Work-Related Variables [Garrett] Influence on WLB of Women Doctors and Nurses. Among the work-related variables, Scope for improvement/job prospects variable is ranked as one with the highest mean Score 53.3 and Workload variable is ranked as twelve with the least mean score 37.5

Table 3 : ANOVA table shows influence of demand factors on their experience

		Sum of Squares	Df	Mean Square	F	Sig
Supervision	Between Groups	34.834	2	19.340	32.234	.001
	Within Groups	72.812	147	.523		
	Total	107.646	149			
Safety working environment	Between Groups	16.523	2	6.810	11.319	.003
	Within Groups	86.643	147	.579		
	Total	103.166	149			
Role Conflict	Between Groups	1.732	2	12.260	65.832	.001
	Within Groups	122.143	147	.111		
	Total	123.875	149			
Improvement in job role	Between Groups	37.543	2	.820	1.132	.332
	Within Groups	53.232	147	.735		
	Total	90.775	149			
Participation in decision making	Between Groups	1.634	2	18.543	45.427	.022
	Within Groups	87.568	147	.432		
	Total	89.202	149			

Supportive factors	Between Groups	29.281	2	14.640	65.829	.001
	Within Groups	32.693	147	.222		
	Total	61.973	149			

ANOVA Table: 3 aims to analyse the existence of significant different exist among the respondents opinion of work conflict based on their experience. The significant values for close supervision, work safety and support from others are .001,.003,.001 which is less than 0.05 and it shows there is a significant difference exists among the respondents regarding levels of work conflict based on their working sector. (Null Hypothesis is rejected). The significant values for multi-instructions, scope for improvement/job prospects, importance of decision making are .332, .022, .325, which is greater than 0.05 and it shows there is no significant difference exists among the respondents opinion levels of work conflict based on their working sector.(Null Hypothesis is accepted).

Table 4: Shows Ranking of Consequences of Work-Related variables [Garrett]

S. No	Causes	Total Score	Mean Score	Rank
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1	Occupational stress	6166.667	41.11111	7
2	Low involvement and stress	8800	58.66667	3
3	Physical illness	7500	50	6
4	Psychological illness	5766.667	38.44444	8
5	Loss of patience	7900	52.66667	5
6	Poor relationship with others	8066.667	53.77778	4
7	Lack of managerial skill	9933.33	66.22222	2
8	Negative attitude	11700	78	1

Table 4 shows the Ranking of Consequences of Work-Related variables WLB of Women Doctors and Nurses. Among the Consequences, Negative Attitude consequence is ranked as one with the highest mean Score 78 and Psychological illness is ranked as Eight with the least mean score 38.44444.

Table 5: ANOVA shows influence of factors influencing factors based on their educational qualification

Source of Variation		Sum of Squares	Df	Mean Square	F	Sig
Low involvement and interest	Between Groups	24.987	2	12.340	32.234	.001
	Within Groups	54.965	147	.342		
	Total		149			
Poor interpersonal relationship	Between Groups	40.176	2	20.083	11.319	.003
	Within Groups	42.822	147	.292		
	Total		149			
Lack of managerial skill	Between Groups	1.872	2	.975	65.832	.001
	Within Groups	45.523	147	.320		
	Total		149			
Negative attitude	Between Groups	2.634	2	1.276	45.427	.022
	Within Groups	17.568	147	.178		
	Total		149			

Total 149 ANOVA Table 5 aims to analyse the existence of significant different between consequences of work conflict based on their educational qualification. The significant values for the consequences of work conflict are less involvement and interest, poor relationship with others and negative attitude are .001,.002,.002 which is less than 0.05 and it shows there is a significant difference exists among the respondents regarding consequences of work conflict based on their designation. (Null

Hypothesis is rejected). The significant values for the consequences of work conflict for lack of managerial skills are 0.44, which is greater than 0.05 and it shows there is no significant difference exists among the respondents regarding consequences of work conflict based on their designation.(Null Hypothesis is accepted). Table 6 shows the Ranking Level of Family/Life-Related Variables [Garrett] Influence on WLB of Women Doctors and Nurses. Among the Family/Life-Related variables, Workplace issues at

family variable is ranked as one with the highest mean Score 66.88, Poor contribution to family variable is ranked as two with the mean score 64.66, Sources of Income is ranked as three with the mean score 52.88, Family Problems is ranked as four with mean score 47.33, Family welfare is ranked as ten with the mean score 36, Family workload is ranked as Eleven with the mean score 33.55 and Recognition in family is ranked as twelve with the least mean score 26.44.

ANALYSIS RELATED TO OBJECTIVE 2

Table 6: Respondents View about Stress related Statements

S. No	Statements	Yes(%)	No(%)
1	Women felt more pressure during working hours because of family responsibilities	32	68
2	Career development of female health care providers slow down due to family responsibilities	68	32
3	Less spent time for her kids	73	27
4	Less spent time for her husband	67	33
5	Female health care providers with small kids found difficult to manage their work and personal life	53	47
6	Conflict between the work life and personal life preference is given to personal work	46	54
7	Childcare facilities in the working place will help to the female health care providers to do their better output	87	13
8	Flexible working environment and flexible working hours should be there for female health care providers	87	19
9	Post maternity leave should be given to female health care providers	92	8

32% lady doctors and nurses realised that they were more pressurised due to family responsibilities. 58% of nurses and lady doctors realised that their career development has slowed down due to family responsibilities. Majority of our respondents were of the view that their job leaves less time for their kids and husband. 67% of lady doctors and nurses found it difficult to manage their household and office work. In

case of conflict between household work and office work, 44% of lady doctors and nurses give preference to household work. 81% of lady doctors and nurses were in the favour of flexible work arrangements that should be provided to every working woman to manage their household and office responsibilities. They also wanted the organisation to provide them childcare facilities. Further, 94% of lady doctors and nurses also wanted that post-maternity leave should be given to them. The six factors extracted for studying the work life balance of nurses and doctors were namely women work efficiency, gender biasness, work-life balance, women empowerment, women executive retention and career-oriented women.

XIII. SUGGESTIONS

Based on the above results suggested that government hospital needs to closely monitor towards the level of all factors regarding their demographic, demand factors, stress, society and support factors and other benefits will improve their quality of work life and minimise the stress level which in turn will give contentment their personal and professional life.

XIV.CONCLUSION

From the above discussion, it is reasonable to conclude that government hospitals in Chennai, should address the stress and Work Life Balance related issues and to support the female health care providers to manage their work life balance which would add to the performance of these staff members. The results also indicated that government hospital health care providers the work life balance and a minimal stress is a challengeable one. Their need to be a periodical review in terms of their work and personal life satisfaction, otherwise, they would be subjected to severe stress.

XV. SCOPE FOR FUTURE RESEARCH

This type of study could be undertaken among both government and private hospital of different certain common departments like Medical, surgery, OP and ICU, so as to get a broader picture about work life balance among women in such departments of hospital.

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REFERENCES

- [1] Lua PL & Imilia I (2011), Work-Related Stress Among Healthcare Providers of Various Sectors in Peninsular Malaysia., MJP online Early
- [2] Keyur Parmar, Chintan Solanki, Minakshi Parikh, G K Vankar (2015); Gender Differences in Stress at Workplace among Doctors and Nurses; GCSMC J Med Sci Vol (IV) No (II) July-December 2015
- [3] Divinakumar K J et al(2014); Perceived stress, psychological well-being and burnout among female nurses working in government hospitals; International Journal of Research in Medical Sciences Divinakumar KJ et al. Int J Res Med Sci. 2014 Nov;2(4):1511-1515 www.msjonline.org
- [4] K. Suganthi et al (2017); A STUDY ON STRESS MANAGEMENT AMONG WOMEN EMPLOYEES IN HOSPITAL WITH REFERENCE TO THANJAVUR DISTRICT; Indian J.Sci.Res. 14 (1): 159-162, 2017
- [5] Irfana Baba (2012); WORKPLACE STRESS AMONG DOCTORS IN GOVERNMENT HOSPITALS: AN EMPIRICAL STUDY; ZENITH International Journal of Multidisciplinary Research Vol.2 Issue 5, May 2012, ISSN 2231 5780
- [6] Maritza Muzzi Cardozo Pawlina (2018); Prevalence of stress in health workers in the context hospital; Psychology and Behavioral Medicine Open Access Journal; Med Open Access J. (2018);0(0):15-21
- [7] Raga Sudha Addagabottu (2015); A Study on the Variables that Influence Work Life Balance of Women Doctors and Nurses with Special Reference to Government and Private Hospitals of Guntur District; International Journal of Research in Management & Business Studies (IJRMBS 2015)
- [8] Funmilola Adenike Faremi (2019); Assessment of occupational related stress among nurses in two selected hospitals in a city southwestern Nigeria; International Journal of Africa Nursing Sciences 10 (2019) 68–73
- [9] Mary Ann Yeboah (2014); Determinants of Workplace Stress among Healthcare Professionals in Ghana: An Empirical Analysis; International Journal of Business and Social Science;Vol. 5 No. 4 [Special Issue -March 2014]
- [10] G.Suguna (2017); A STUDY ON WORK-LIFE BALANCE OF NURSING STAFF WORKING IN PRIVATE HOSPITALS IN PALAYAMKOTTAI;Http://www.granthaalayah.com ©International Journal of Research – GRANTHAALAYAH; Vol.5 (Iss.8: SE): August, 2017] ISSN- 2350-0530(O), ISSN- 2394-3629(P) DOI: 10.5281/zenodo.894620