

Institutional Initiatives for managing Work-Life Balance among Healthcare Workers

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Abstract-Work life balance refers to the effective management and synchronization between remunerative work on the other roles and responsibilities that are important to people as 'individualized' human beings and as a part of the society. With increasing levels of stress, competition and insecurities in life, work life balance issues have become extremely important. Employees are looking for ways that will help them balance between work and personal life effectively. Working within the health care centre are exposed to several stressors which can have impact on well-being, namely; long working hours, high workload, poor work life balance, low sense of professional worth and lack of job security. And some evidence may also be vulnerable to an erosion of professional status, low pay and limited scope to use their creative skills. So, it is important to healthcare organisations to increase patient and employee satisfaction and produce quality healthcare services and providing work life balance facility, allows employers to appear employee friendly. Currently job satisfaction and work life balance go hand in hand. The aim of the current research paper is to study institutional initiatives for managing work-life balance among healthcare workers in the state of Himachal Pradesh, with the sample size of 300 respondents. The analysis of the study has been done with the help of Principal Component Analysis (PCA). The Findings revealed that healthcare workers give more preference to the “team building culture of institutional initiative followed by health benefits, Ethical working environment, Training and Development, Organisational culture maintains” Therefore, it is concluded that healthcare workers give more importance to the above institutional initiatives for managing work life balance.

Keywords: Healthcare Workers, Institutional initiatives, Managing Work-Life Balance.

Good work life balance is defined as a situation in which workers feel that they can balance their work and non-work commitments (Malik *et al*, 2010). Work life balance refers to the effective management and synchronization between remunerative work on the other roles and responsibilities that are important to people as 'individualized' human beings and as a part of the society (Chawla *et al*, 2011). With increasing levels of stress, competition and insecurities in life, work life balance issues have become extremely important. Employees are looking for ways that will help them balance between work and personal life effectively (Agha *et al*, 2017). In today's economic setting, work life balance is an important workplace trait and is growing progressively significant to maintain a healthy and inspired work force. For doctors who work around the clock in deed of saving human lives compromises their personal obligations (Kaliannan *et al*, 2016).

Challenging working conditions and poor work life balance, particularly in the hospital sector, are often cited as a driver. At all levels of seniority, were struggling to achieve balance between work and life, with work life imbalance and work overload being the key issues arising. Work life imbalance has become normalized within hospital medicine. If health workforce planning is about getting the right staff with the right skills in the right place at the right time to deliver care, work life balance is about maintaining doctor wellbeing and encouraging their retention (Humphries *et al*, 2020). What seems to matter in this regard is the importance workers place on balance in their lives and the effectiveness of work place policies and practices in supporting them to achieve this goal (Ross *et al*, 2014).

INTRODUCTION

Work life balance considers attitude of employees towards their work and life affairs, so, good work life balance is the need of the current era. Providing work life balance facility, allows employers to appear employee friendly. Currently job satisfaction and work life balance go hand in hand. Good work life balance is defined as a situation in which workers feel that they can balance their work and non-work commitments (Malik *et al.*, 2010). The physician of workforce group identified high workload resulting in long working hours and poor work life balance, in addition to the responsibility of care for complex patient populations, distress can contribute to job dissatisfaction, burnout and job attrition (Neumann *et al.*, 2018). Regardless of the policies of a given healthcare workers to promote healthy work life balance for workers, those health workers commonly feel the pressure to continually prioritise work. This pressure is intensified by increasing patient complexity and volume, a lack of effective role models who demonstrate appropriate work life balance and the enabling technology of mobile devices that do not allow health workers to fully separate themselves from the work environment (Sexton *et al.*, 2017).

Review of literature

Yunus *et al.* (2020) identified that the unprecedented Movement Control order (Lockdown) and factors Associated with the Negative Emotional symptoms, Happiness and work life balance during Coronavirus Disease (COVID-19) Pandemic which was carried out in Malaysia with 1005 as a sample size. As main focus was to assess the link, state, and differences of negative emotional symptoms, happiness, and work life balance among healthcare workers during the COVID-19 pandemic. And the findings indicated that healthcare workers scored moderate to extremely severe levels of stress, anxiety, and depression symptoms, respectively. Half scored rather happy or very happy (50%) for happiness levels. Lockdown implementation during the COVID-19 pandemic appears to have a significant impact on healthcare workers' negative emotional symptoms, happiness, and work life balance. Happiness was found to be a protective factor while the state of work life balance is a risk factor that can predict healthcare workers' negative emotional symptoms.

Putranti *et al.* (2020) noted that Work life balance Complexity and Performance of Employees during Covid-19 Pandemic in Indonesia with sample of 200

employees and aims to create a work life balance and flexible work model of employees in the 19th era. So, it is concluded that results can provide input to companies in making decisions to welcome new normal, in the field of Human Resources management policies.

Bansal *et al.* (2020) observed that Clinician Wellness During the COVID-19 Pandemic: Extraordinary Times and Unusual Challenges for the Allergist/Immunologist which was carried in United States and United Kingdom with the 500 respondents and with the focus of Understanding the stressors that COVID-19 is placing on clinicians can assist in recognizing what is needed to return to a point of wellness.

Osita *et al.* (2020) examined that Work Life Balance and Employee Performance: A COVID-19 Experience of Hospitals in Anambra State, Nigeria with sample size of 342 healthcare workers with focus to determine the effect of work life balance on healthcare workers employee performance in government-owned hospitals in Anambra State. So, it was concluded that the state needs to employ more healthcare workers to reduce the workload of the existing ones in public hospitals in Anambra State.

ANALYSIS AND FINDINGS

Statements related to institutional initiatives undertaken for managing work life Balance.

Since it was difficult to visualize twenty-two variables, principal component analysis was used for the data reduction. The kaiser rule is used to drop components which say that drop all values with eigen values under 1.0. For this data, four out of twenty-two components have eigen values greater than one and these will play the main role in the analysis.

Table 1 below presents the descriptive statistics of variables influencing institutional initiatives taken for managing work life balance. Analysis of the table revealed that healthcare workers give more preference to the “team building culture of institutional initiative (3.72), followed by health benefits (3.71), paid maternity leave (3.66), job rotation and enrichments (3.63), participative work environment (3.58) and grievance redressal mechanism (3.49)”. Therefore, it is concluded that healthcare workers give more importance to the above institutional initiatives. Whereas, healthcare workers get less fascinated with

“job-sharing (3.37), child care facilities (3.35), flexible leave (3.34), financial benefits (3.30) and location and time flexibility (3.27).

Table:1 Descriptive statistics of institutional initiatives undertaken for managing work life among healthcare workers in the study area.

Variables	Mean	Std. Deviation
Location and Time Flexibility	3.27	1.02
Flexible Leave	3.34	1.06
Child care Facilities (Day-care)	3.35	1.06
Conducive work environment (Helpful)	3.54	0.97
Training and Development	3.64	0.95
Paid maternity leave	3.66	1.00
Organisational culture maintains	3.64	0.96
Ethical working environment	3.71	0.89
Equity and Fairness	3.64	0.99
Fastening work encouragements	3.62	0.99
Job rotation and enrichments	3.63	1.01
Health Benefits	3.71	1.03
Team building Culture	3.72	1.03
Financial Benefits	3.30	1.15
Social recognitions	3.47	0.99
Psychological counselling	3.37	1.09
Community engagements	3.57	1.02
Participative work environment	3.58	1.03
Grievance Redressal mechanism	3.49	2.59
Fringe Benefits	3.34	1.03
Contingency leave policy (upto 4 days leave without written permission)	3.27	1.15
Job-sharing	3.37	1.02

Kaiser-Meyer-Olkin and Bartlett’s test of Sphericity for institutional initiatives undertaken for managing work life balance.

Below Table 2 depicted the results of the kaiser-Meyer-Olkin (KMO=0.941) which is higher than the recommended minimum of 0.50 and Bartlett’s test of Sphericity with a highly significant value indicates the appropriateness of the use of factor analysis. The study under concern significantly satisfies both the tests.

Table 2: Kaiser-Meyer-Olkin and Bartlett’s test of Sphericity for institutional initiatives in the study area

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.941
Bartlett's Test of Sphericity	Approx. Chi-Square	4430.525
	df	231
	Sig.	0.000

COMMUNALITIES

Communalities measure the proportion of the variance in a given variable explained by all factors and are interpreted as the reliability of the indicators. Communalities is the extent to which an item correlates with all other items, as higher

communalities indicate a larger amount of variance in the variable and the variables with high extraction values are suitable whereas low extraction values are not suitable for factor analysis. In Table 3 Variable “psychological counselling has the highest extraction value (0.802) and grievance redressal mechanism had the lowest extraction value (0.414)”.

Table 3: Communalities of the variables influencing institutional initiatives undertaken for managing work life balance in the study area.

Communalities		
Variables	Initial	Extraction
Location and Time Flexibility	1.000	0.701
Flexible Leave	1.000	0.623
Child care Facilities	1.000	0.551
Conducive work environment	1.000	0.686
Training and Development	1.000	0.577
Paid maternity leave	1.000	0.543
Organisational culture maintains	1.000	0.677
Ethical working environment	1.000	0.532
Equity and Fairness	1.000	0.577
Fastening work encouragements	1.000	0.665
Job rotation and enrichments	1.000	0.646
Health Benefits	1.000	0.686
Team building Culture	1.000	0.647
Financial Benefits	1.000	0.741
Social recognitions	1.000	0.759
Psychological counselling	1.000	0.802
Community engagements	1.000	0.790
Participative work environment	1.000	0.749
Grievance Redressal mechanism	1.000	0.414
Fringe Benefits	1.000	0.637
Contingency leave policy (upto 4 days leave without written permission)	1.000	0.664
Job-sharing	1.000	0.746

Extraction Method: Principal Component Analysis.

Table 4 below depicted the eigen value and corresponding variance extracted by each component from the data. An eigen value represents the amount of variance associated with the institutional initiatives undertaken for managing work life balance. Only variables with eigen values greater than 1.0 are retained and other variables are not included. Eigen value or characteristics root of the first component was 11.05 which explains 50.24 per cent of variation out of the total variance towards the institutional initiatives undertaken for managing work life balance. This variable account for maximum variability. It means that institutional initiatives is associated with the “social recognitions, community engagements, psychological counselling, financial benefits, participative work environment and fringe benefits”

for managing work life balance since their correlation with PC1 is higher than 0.50. In the second component, the eigen value or characteristics root of the second component is 1.26 which explains 5.76 per cent of the total variance and the second variable is highly correlated with “team building culture, fastening work encouragements, equity and fairness and ethical working environment”. Likewise, third component, the eigen value or characteristics root is 1.07 which explains 4.87 per cent of the total variance. This variable mainly comprises “location and time flexibility, conducive work environment, training and development, flexible leave, paid maternity leave, child care facilities and organisational culture maintains”.

Table 4: Eigen value, variance (%) and cumulative variance (%) by the principal components (PCs) for institutional initiatives.

Variables	Components			
	PC1	PC2	PC3	PC4
Social recognitions (X ₁)	0.784	0.262	0.262	0.082
Community engagements (X ₂)	0.771	0.196	0.297	0.261
Psychological counselling (X ₃)	0.755	0.268	0.318	0.243
Financial Benefits (X ₄)	0.674	0.448	0.268	0.118
Participative work environment (X ₅)	0.667	0.315	0.316	0.325
Fringe Benefits (X ₆)	0.565	0.349	0.291	0.334
Team building Culture (X ₇)	0.264	0.739	0.143	0.102
Fastening work encouragements (X ₈)	0.207	0.715	0.323	0.076
Health Benefits (X ₉)	0.396	0.686	0.202	0.134
Job rotation and enrichments (X ₁₀)	0.248	0.648	0.194	0.355
Equity and Fairness (X ₁₁)	0.126	0.639	0.346	0.183
Ethical working environment (X ₁₂)	0.231	0.569	0.356	0.168
Location and Time Flexibility (X ₁₃)	0.306	0.137	0.765	0.062
Conducive work environment (X ₁₄)	0.321	0.305	0.683	0.158
Training and Development (X ₁₅)	0.194	0.248	0.682	0.110
Flexible Leave (X ₁₆)	0.415	0.252	0.593	0.190
Paid maternity leave (X ₁₇)	0.062	0.272	0.579	0.361
Child care Facilities (X ₁₈)	0.312	0.344	0.577	0.045
Organisational culture maintains (X ₁₉)	0.291	0.461	0.546	0.285
Job-sharing (X ₂₀)	0.046	0.245	0.271	0.781
Contingency leave policy (upto 4 days leave without written permission) (X ₂₁)	0.407	0.201	0.280	0.616
Grievance Redressal mechanism (X ₂₂)	0.311	0.065	-0.021	0.558
Eigen value	11.054	1.268	1.073	1.016
Variance (%)	50.245	5.766	4.878	4.620
Cumulative variance (%)	50.245	56.010	60.888	65.508

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

The last and the fourth component, eigen value or characteristics root of the fourth component is 1.01 which explains 4.62 per cent of the total variance and includes “job-sharing, contingency leave policy (up to 4 days leave without written permission) and grievance redressal mechanism”. The fourth components together account for 65.50 per cent

cumulative variation in the total variance which means that 65.50 per cent of variations in healthcare workers influencing institutional initiatives undertaken for managing work life balance was explained by these variables endowed in the present study. However, ignoring the non-significant correlation i.e., less than 0.50, the extracted variables are expressed in the form of following equations.

$$PC_1 = 0.784X_1 + 0.771X_2 + 0.755X_3 + 0.674X_4 + 0.667X_5 + 0.565X_6$$

$$PC_2 = 0.739X_7 + 0.715X_8 + 0.686X_9 + 0.648X_{10} + 0.639X_{11} + 0.569X_{12}$$

$$PC_3 = 0.765X_{13} + 0.683X_{14} + 0.682X_{15} + 0.593X_{16} + 0.579X_{17} + 0.577X_{18} + 0.546X_{19}$$

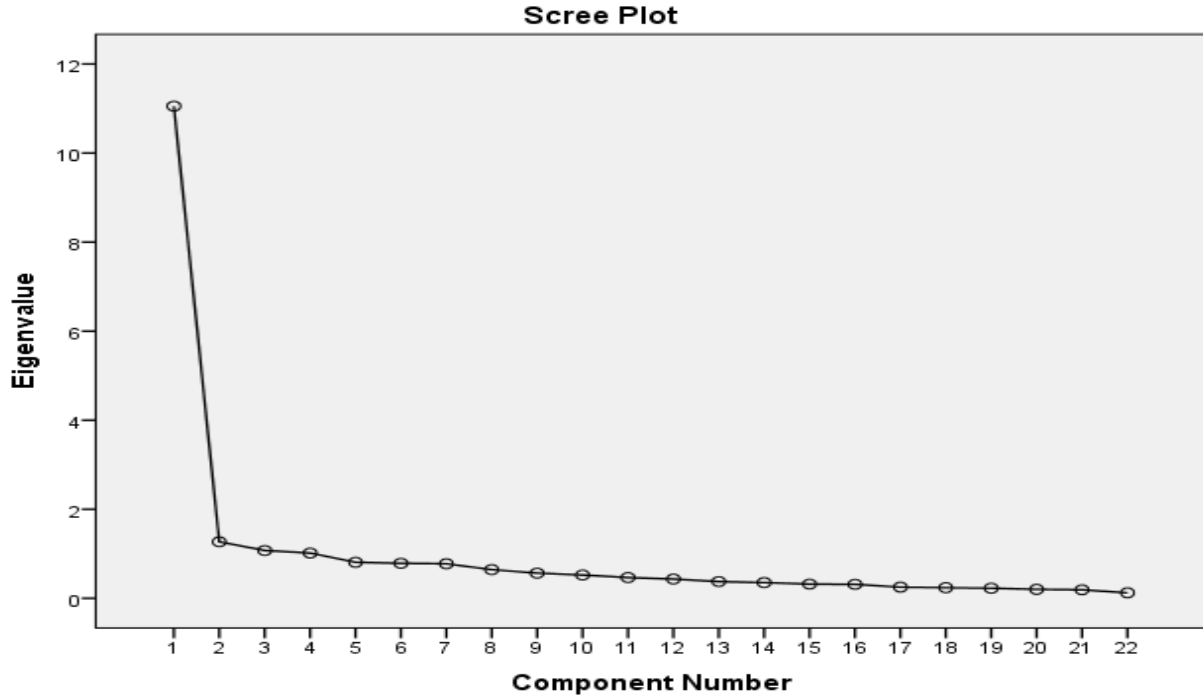
$$PC_4 = 0.781X_{20} + 0.616X_{21} + 0.558X_{22}$$

SCREE PLOT

The scree plot was used to determine retained variables. The scree plot is a graph of the eigen values against all the variables and is explained in Fig. 5. The numbers of components are determined by all the shape of the plot. Typically, the plot has a distinct

break between the steep slopes of variables, with large eigen values and a gradual trailing associated with the rest of the components. This gradual trailing off is referred to as the scree. The graph depicts that the curve beings to flatten after the fourth variable; therefore, only four variables have been retained for the analysis in the study.

Fig 5: Scree Plot diagram of components in PCA for institutional initiatives.



CONCLUSION AND SUGGESTIONS

The present study incorporates the results of an empirical analysis of the institutional initiatives undertaken for managing work life among healthcare workers in the study area. Since it was difficult to visualize twenty-two variables, principal component analysis was used for the data reduction. The kaiser rule is used to drop components which say that drop all values with eigen values under 1.0. For this data, four out of twenty-two components have eigen values greater than one and these will play the main role in the analysis. Analysis of the tables revealed that healthcare workers give more preference to the “Ethical working environment (0.89) as an lowest Standard Deviation and with mean value (3.71), followed by Training and Development (0.95),

Organisational culture maintains (0.96), Team building culture (3.72) as an highest mean value, followed by health benefits (3.71), paid maternity leave (3.66), job rotation and enrichments (3.63), participative work environment (3.58) and grievance redressal mechanism (3.49)”. Therefore, it is concluded that healthcare workers give more importance to the above institutional initiatives for managing work life balance. Whereas, healthcare workers get less fascinated with “job-sharing (3.37), child care facilities (3.35), flexible leave (3.34), financial benefits (3.30) and location and time flexibility (3.27). So, further it can be suggested that there is specific needs of the dwellers and formulating policies and administrating schemes as per their specific requirements for managing work-life balance and by means of factor analysis the dimensionality of

the scale was well established and the correlations between different dimensions of work-life balance and negative and positive work-life balance were all in the expected directions, suggesting that the scale was a valid and reliable scale for measuring work-life balance.

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