

A COMPARATIVE STUDY ON WORK-LIFE BALANCE OF WORKING WOMEN IN GOVERNMENT AND PRIVATE HOSPITALS OF LUCKNOW DISTRICT

Thesis

**SUBMITTED TO
DEPARTMENT OF RURAL MANAGEMENT
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Supervisor

Dr. TARUNA

Assistant Professor

Research Scholar

SEEMA VERMA

Enrollment no-1204/15

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SCHOOL FOR MANAGEMENT STUDIES
BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY**

(A CENTRAL UNIVERSITY)


**VIDYA VIHAR, RAEBARELI ROAD, LUCKNOW-226 025
UTTAR PRADESH, INDIA**

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DECLARATION

I, **SEEMA VERMA**, Ph.D. Scholar and author of this thesis hereby declare that thesis titled “**A COMPARATIVE STUDY ON WORK-LIFE BALANCE OF WORKING WOMEN IN GOVERNMENT AND PRIVATE HOSPITALS OF LUCKNOW DISTRICT**” has been prepared and submitted by me for the award of the degree of Ph.D. from **Babasaheb Bhimrao Ambedkar University (A Central University), Lucknow**, is my original work and completed under the supervision of **Dr. TARUNA**, Assitant Professor, Department of Rural Management, School for Management Studies, Babasaheb Bhimrao Ambedkar University (A Central University), Lucknow. I hereby declare that this thesis is based on my original work except for quotations and citations which have been duly acknowledged. I also declare that this thesis has not been previously or concurrently submitted to either in whole or in part, for any other qualification to any University or other institutions, and also this thesis is free from any kind of plagiarism.

Date: 09/02/2021


SEEMA VERMA
Enrollment No.- 1204/15
Department of Rural Management
School for Management Studies
Babasaheb Bhimrao Ambedkar
University, Lucknow

CERTIFICATE

This is to certify that the thesis entitled “A COMPARATIVE STUDY ON WORK-LIFE BALANCE OF WORKING WOMEN IN GOVERNMENT AND PRIVATE HOSPITALS OF LUCKNOW DISTRICT” submitted by Ms. Seema Verma is an original work and has not been previously submitted in part or full for the award of any degree, Diploma, associateship to this or any University.

The thesis submitted to Babasaheb Bhimrao Ambedkar University (A Central University), Lucknow, fulfilled all the requirements as stipulated in the Doctor of Philosophy (Ph.D.) regulation- 1999 as amended in 2008/2010/2013 and it is fit for submission and evaluation for the award of the degree Doctor of Philosophy of the University.

Date: 09/02/2021

Taruna
Dr. Taruna
Assistant Professor
Department of Rural Management
Supervisor
B.B.A.U Lucknow-226025

[Signature]
Head of the Department



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Seema Verma
Seema Verma

EXECUTIVE SUMMARY

Work-life balance is an important concept in today's fast-moving and technologically advanced World. This concept becomes even more important when it comes to females working in different sectors and especially in hospitals which is a service-oriented job, requiring working women in hospitals to serve patients 24x7. While doing so an imbalance gets created due to work and household responsibilities.

The purpose of this study is to identify the challenges faced by the working women in hospitals in balancing work and life and to do a Comparative Study between the Government and Private Hospital, also to understand the cope up strategies that may help working women to attain work-life balance is very imperative.

Many previous researchers had studied the phenomenon of work-life balance for working people but very few of them focused on the work-life imbalance problem faced by the working women especially women working in hospitals. Therefore, this study attempts to identify challenges and suggest solutions to attain a better work-life balance. This thesis organized into six chapters:

Chapter 1 gives a summary of the entire research. It introduces the definition of work-life balance and other related terms. It also explains factors, outcomes, policies related to Work-life balance. It provides an overview of the entire thesis and the phenomenon of Work-life Balance.

Chapter 2 gives detailed knowledge about the related literature, also explains the conceptual framework. Review of literature these is important in order to identify the gap in the present study. Hence, this chapter covers a detailed and extensive review of related literature in order to gain insight into challenges faced by women working in government and private hospitals. The review of numerous research papers, articles in both national and international journals have been embarked on, and also several related and focused books which contribute a broad perspectives on the study was undertaken and supported to establish the research gap.

Chapter 3 explains in detail the research methodology that has been used for the study. This chapter includes information pertaining to population, sample size, choice of measuring instrument, the procedures, and statistical techniques used.

Chapter 4 contains the results of data collected, the detailed interpretation of collected data is given after analyzing the collected data through statistical techniques.

Chapter 5 contains a detailed explanation of the results of the study. Here the results & findings have been discussed in detail. This chapter gives an explanation of the entire research. In this chapter, discussions on the major findings of the study are related to the initial problem statement, objectives, hypotheses, and conclusions are drawn which are based on the empirical evidence.

Chapter 6 mainly consists of the suggestions and limitations. It also exhibits about the future scope for further research.

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ABBREVIATIONS

WLB	WORK- LIFE BALANCE
HR	HUMAN RESOURCE
HRM	HUMAN RESOURCE MANAGEMENT
WFC	WORK-FAMILY CONFLICT
QWL	QUALITY OF WORK –LIFE
SPSS	STATISTICAL PACKAGE FOR SOCIAL SCIENCE
EAP	EMPLOYEE ASSISTANCE PROGRAMMES
FFP	FAMILY FRIENDLY POLICIES
FIWL	FAMILY INTERFERENCE WITH WORK LIFE
FMLA	FAMILY AND MEDICAL LEAVE ACT
WLWP	WORKLOAD ON WORKPLACE
WPS	WORK PLACE SUPPORT
AL	ANXIETY LEVEL
JSL	JOB SATISFACTION LEVEL
WLBP	WORK –LIFE BANANCE PROGRAMMES
PLS	PERSONAL LIFE SATISFACTION
PWLB	POLICIES FOR WORK LIFE BALANCE
WLMP	WORK LIFE MANAGEMENT POLICIES
FI	FACILITIES INDEPENDENCE
WW	WORKING WOMEN
ANM	AUXILLARY NURSE MIDWIFE
GNM	GENERAL NURSING MIDWIFERY
MBBS	BACHELOR OF MEDICINE BACHELAR OF SURGERY
BHMS	BACHELOR OF HOMEOPATHIC MEDICINE

	BACHELAR OF SURGERY
BAMS	BACHELOR OF AYURVEDIC MEDICINE BACHELAR OF SURGERY
MD	DOCTOR OF MEDICINE
MS	MASTER OF SCIENCE
PPE	PERSONAL PROTECTIVE EQUIPMENT
ICMR	INDIAN COUNCIL OF MEDICAL RESEARCH
IMCA	INDIAN MEDICAL COUNCIL ACT
CDRI	CENTRAL DRUG RESEARCH INSTITUTE
AYUSH	AYURVEDA, YOGA , NATUROPATHY, UNANI, SIDDHA AND HOMEOPATHY
NRHM	NATIONAL RURAL HEALTH MISSION
IMA	INDIAN MEDICAL ASSOCIATION



Chapter 1

Introduction



Chapter 1

Introduction

1.1 Introduction

Work-life balance is a dynamic phenomenon. It is not a structure but a process. It is also individual-based by nature, although there are several common issues across different types of people. The life component of work-life balance includes family, friends, and self. A man does not live by work alone but also by himself, family and friends. Leisure and social interaction are as much important as work and career. People would like to emphasize both the family and life but they unevenly end up spending more time and energy in work-related activities. Work provides meaning to life. It also provides livelihood. However, life is not just a means for work alone. The relationship between work and life has acquired a salient place in modern society where people are ambivalent about their work and life values. Most people live their entire life with the belief that when they will achieve certain things, they will be happy and will be able to live their true selves. However, at every milestone, they look forward to the next milestone. In this process of reaching new and ambitious milestones, they somehow forget themselves.

Health Care Sector has become one of India's largest and important sectors in terms of employment. Hospitals are growing at a high pace because of their best service and increasing outflow by both public and private sectors. In this regard, Doctors and nurses play a pivotal role in government and private hospitals. So, it is essential to take care of their needs and create a healthy atmosphere, so that they can be stress-free to some extent and work with happiness and content.

1.2 Overview of the study

Work-life balance has now become an issue of concern among employees in the Healthcare Sector. The concern of the government also seems to be increased for the issue in the past few decades because imbalanced work-life causes a negative impact

on employee's health. Job stress has become a crucial problem in hospitals as most hospitals nowadays suffering from the problem of inadequate staff, more expectations by the side of hospitals from their employees, long and odd working hours. Exposure to hazardous substances and infectious diseases raises the level of work-stress among healthcare staff. While the threat of proceedings for mismanagements creates emotional and psychological stress among employees.

Previous research revealed that the level of stress and rates of psychological problems among healthcare workers is quite high than in any other sector. The repercussions of these undesirable outcomes not only affect the employees' health but also create an imbalance between work and life. There are many studies conducted in various countries on work-life balance but limited studies are conducted in Asian countries. Recent researches pointed out that additional pressure of work generates a negative impact on health among employees.

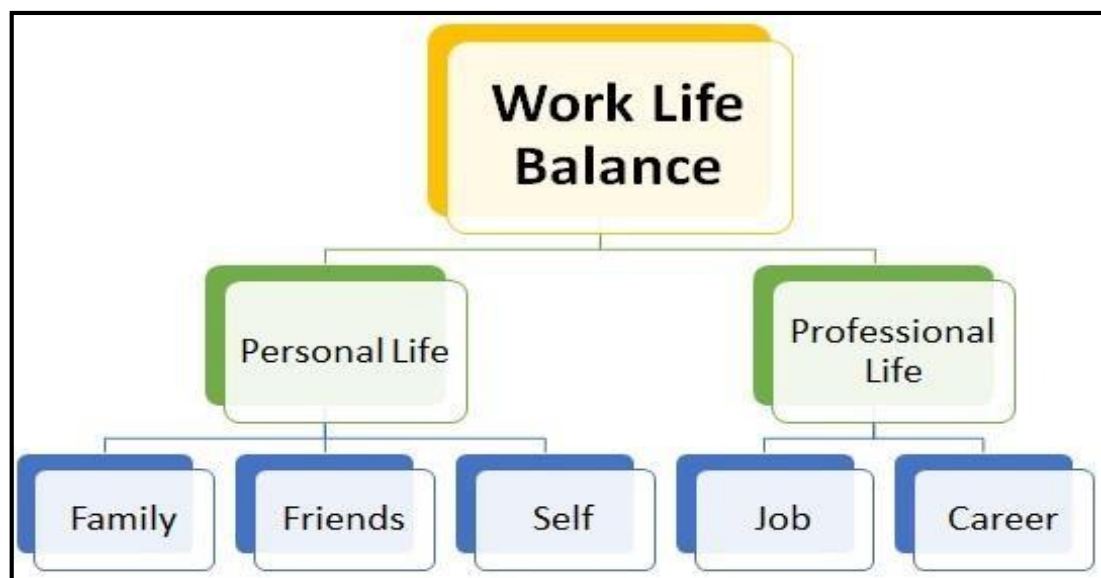
Greenhaus, Collins & Shaw (2003) have defined Work-life balance as “the scope to which an individual is equally-self promised and similarly satisfied with-his or her work role and family role.” This means one has to strike balance between work and family life by prioritizing both at professional and a personal level. Demand for nurses is ever increasing because of their attitude in taking care of the patients which cannot be seen so much in other professions. Because they bring back smiles on the faces of patients with their unselfish and dedicated service. They work as operation theatre assistants, health advisors, counselors, supervisors, etc., Hence, keeping them happy and content is also of utmost importance. The health care sector is an area where one has to work 24/7, always vigilant and on toes. This creates stress among women Doctors and nurses when they are working overtime and constantly under pressure. Striking balance between work and family is essential to have physical and mental health. Proper working conditions, working schedules, and support from family members will help in attaining good physical and mental health.

1.3 Work-life balance

Maintaining a balance between one's personal and professional life has become a prominent topic in today's world. The term Work-life Balance (WLB) was first used in the middle of the 1970s to describe the balance between one's work and personal life.

In the year 1977, Kanter opined about the “myth of separate world” and called attention to the reality that works and home are inescapably linked. In the past few years, there has been increasing interest in work-life balance in the press and scholarly journals well as government, management, and employee representative (Russel and bowman, 2000). This increase in interest is in part driven by concerns that unbalanced work-life relationships can result in reduced health and low-performance outcomes for individuals, families, and organizations. The term ‘**Work-life balance**’ was invented in 1986 in America (Lockwood, 2003) and it becomes popular in 1990. The work-life balance demonstrates how the varying shape of service has shaped so many demands on people that they have very little time left for leisure (Guest, 2002). It has been recognized that factors conducive to enlarged interest in Work-life balance topics are rising rivalry, the aging workforce, cultured technology, growing dual-income families along with the greater number of women entering the workforce.

According to Rantanen et al. (2011), it was the role stress theory that has directed the work-family research, and most of the attention was paid to the negative side of work life interaction. But newly the attention is shifting to the positive feature of work and family life interaction. Nowadays the term ‘Work-life balance’ is gaining widespread acceptance in research as it is more comprehensive involving a wider understanding of non-work aspects of life than the term ‘work-family’.



Source: mbaskool.com

Fig. 1.1 Work-Life Balance

1.4 Work-life balance: Definitions

Work-life balance is a broad concept involving proper prioritizing between “work” on one hand and “life” on another. The term Work-life balance is sometimes used interchanging with the term Work-Family Balance. However, the latter term is very limited in its scope including only the responses of work and family.

“**Work-life Balance** refers to the flexible working arrangements that allow the employees to avail of working arrangements that provide a **balance** between **work** responsibilities and personal responsibilities.”

“The division of one's time and focus between working and family or leisure activities”. “Work-life balance is a term used for the idea that you need time for both work and other aspects of life, whether those are family-related or personal interests”.

Examples of Work-Life Balance Initiatives

- Create flexible leave policies
- Engage with your community
- Foster a healthy work environment
- Train your managers to help
- Offer flexible scheduling
- Create a family-friendly work environment
- Apply change management techniques
- Consider offering creative incentives

1.5 Factors of Work-life balance

Various factors inducing work-life issues and have supposed some common scopes influencing Work-life balance namely, individual, organizational, and societal factors. Table 1.2 illustrates the aspects of Work-life balance.

Table 1.2: Factors of Work-life balance

Individual Factors	Organizational Factors	Societal Factors	Other Factors
<ul style="list-style-type: none"> • Personality • Well being • Emotional • Intelligence 	Work arrangements Work-Life Balance practices & policies Organization support Superior support Colleague support Job stress Role conflict Role ambiguity	Childcare arrangements Spouse support Family support Social support Personal & family demands Dependent care issues Family quarrel	Age Gender Marital status Experience Employee level Job type Income Type of family

Sources: Robbins et. al. (2011)

1) **Individual Factors:** Research revisions showed to recognize the individual factors persuading the Work-life balance of employees described in terms of:

- **Personality and Work-life balance:** Personality is the total of ways in which an individual reacts to and relates with others (Robbins, 2011) which in turn influences Work-life balance.
- **Well Being and Work-life balance:** Well-being comprises traits such as hope, optimism, and self-satisfaction (Singer, 1996). Psychological well-being results in enhanced Work-life balance.
- **Emotional Intelligence and Work-life balance:** Emotional Intelligence is defined as the “ability to adaptively identify the emotion, express emotion, control emotion, and harness emotion” (Schutte et al. 1998). Emotional intelligence is positively linked to Work-life balance.

2) **Organizational Factors:** Organizational Factors include:

- **Work Arrangements:** Elastic work arrangements help the employees to manage their Work-life balance properly and also enable organizations to motivate, attract and retain the employees (Kaur, 2004).
- **Work-life balance Practices:** Such practices like flexi-time, annual hour system, child care enhance Job Satisfaction of employees.
- **Work Support:** Support at the workplace from management, supervisor, colleagues are definitely correlated to work-life balance.
- **Job Stress:** Higher job stress leads to physical and mental strain among

employees. Due to job stress Work-life balance of employees is reduced.

- **Technology:** Technology can facilitate as well as hinder the Work-life balance of employees.

1) **Job-related factors:** Factors such as long working hours, work overload, work pressure, work management, and schedule shifting work also influence work-life balance.

2) **Societal Factors:** Which are part of the personal life of employees. They are:

- **Childcare Responsibilities:** Personal life-related factors such as the total number of children and their responsibilities influences Work-life balance.
- **Family Support:** The amount of support from family and spouse influences Work-life balance.

1.6 Outcomes of Work-life balance

Positive outcomes of the work-life balance of employees are becoming vital for the successful execution of business strategy. When a proper Work-life balance is found and sustained, it benefits both the employers and employees in terms of increased productivity, Job Satisfaction, fulfilling personal life, etc.

Table 1.3 illustrates outcomes associated with Work-life balance.

Table:1.3 Outcomes of Work-life balance

Work-related Outcomes	Non-Work-related Outcomes
<ul style="list-style-type: none"> • Job / Work satisfaction • Career satisfaction • Organizational commitment • Employee turnover • Absenteeism • Retention of employees • Job performance 	<ul style="list-style-type: none"> • Marital satisfaction • Family satisfaction • Life satisfaction • Leisure satisfaction • Burnout • Health outcomes • Family performance

Source: Poullose, S., et al. (2014)

Outcomes of Work-life balance for the Employees: According to Vlems (2005), the following are outcomes of Work-life balance for employees:

- Increased employee's wellbeing and happiness.
- Improved relations with management.
- Improved employee's self-esteem, health, concentration, and confidence.
- Increased marital satisfaction and life satisfaction.
- Tasks are managed better.
- Reduction in the level of stress and health-related illness.

1.7 Women and Work-Life Balance in India

1.7.1 Status of Women in India

Mahatma Gandhi referred to women as nobler gender. According to him "if she is powerless in striking, she is strong in suffering". He has depicted Woman as an epitome of sacrifice and Ahinsa". The part of the woman in the national development has been highlighted by the religious scholars; that nation and that country which does not regard women, have never turned out to be great, nor will ever be in future"(Swami Vivekananda).

The status of women in India has seen many changes over its long history (Pruthi et al., 2003). While in old India women delighted in numerous flexibilities, in its later history, they were entrusted to a lower status than males in all spheres of life. India's sex proportion is intensely skewed for men (943 females for 1,000 males; Ministry of Home Affairs, Government of India, 2011). There is additionally an enormous gender gap in education. Just 82 percent of men and 65 percent of women are proficient (Ministry of Home Affairs, Government of India, 2011). A majority (90 percent) of these women are utilized in chaotic areas. This expansion is probably going to help double wage families; in any case, there is likewise a tremendous dropout rate of women from the workforce as they approach mid- the 30s, halfway because of work-family conflict and social pressure. Attitudes toward work and family roles can differ expressively for women with varying stages of education and income in the country. The labor force participation rate for women in India is a U-shaped curve, with more women in the labor force at extremely low and high levels of income and education (Olsen and Mehta, 2006) and the majority of middle India exhibiting more conventional gender role norms.

1.7.2 Women and Job

The work-life balance for Women employees has become an important subject because the women are equally sharing the earning responsibility for the betterment of their family. Many of the working women, who control their income, do contribute towards the economic needs of the family as and when required. They often participate in discussions at their workplace and their views are given due weightage before any final decision. Working women do use and spend their income at their own pleasant will but sometimes permission of the husband becomes necessary for the purpose. Indian women had been homemakers but the substantial increase in the cost of living has made them go out and work for earning. They have to take care of family and household even if they are working. Working women refers to those in paid employment. They work as lawyers, nurses, doctors, teachers, and secretaries, etc. There is no profession today where women are not employed. Although Indian women have started working outside their homes they have a long way to go both culturally and socially before they are treated equally to their male counterparts in their workplaces.

1.7.3 Women Job and Empowerment

The Concept of empowerment flows from power. It is vesting where it does not exist or exist inadequately. Empowerment of women would mean equipping women to be economically independent, self-reliant, have positive esteem to enable them to face any difficult situation and they should be able to participate in development activities. The empowered women should be able to participate in the process of decision-making. In India, the Ministry of Human Resource Development (MHRD) and the National Commission for Women (NCW) is working to safeguard the rights and legal entitlements of women. The government of India has ratified various international conventions and human rights instruments committing to secure equal rights to women. At the central and state levels to women are progressively making a difference. Many of them have gone into the making and marketing of a range of cottage products- pickles, tailoring, embroidery, etc. The economic empowerment of women is being regarded these days as a sine-quo-none of progress for a country; hence, the issue of economic empowerment of women is of paramount importance to political thinkers, social thinkers, and reformers.

1.7.4 Working Women and Family Life

Many women today are facing choices that their mothers never had to face. One of these choices is whether or not to go back to work after having a child. This was practically unheard of in the 1950s. In the 1990's it is not whether the mother will or will not go back to work, rather a question of when. When did the choice become set in stone? Why do the mothers of today have to work outside the home versus working in the home, much as their mothers did? When one thinks of the subject of working mothers, many differing opinions come to mind. What will happen to the child, will the mother have sufficient time to bond with the baby, how will household chores be divided, and so on? When thinking of working women, two models come to mind. Employment protects women against certain negative aspects of being full-time homemakers and mothers, such as monotonous housework, dependence on the male partner for financial and emotional support, increases self-esteem because they are contributing to the world they live in. They are constantly feeling what everyone is thinking, and this, in turn, causes undue stress on these mothers.

“Family is defined as any combination of two or more persons who are bound together over time by ties of mutual consent, birth, and/or adoption/placement and who, together, assume responsibilities for variant combinations of some of the following:

- physical maintenance and care of group members;
- addition of new members through procreation or adoption;
- socialization of children;
- social control of members;
- production, consumption, and distribution of goods and materials;
- affective nurturance – love

The work-life balance of Women employees has become an important subject since the women are equally sharing the earning responsibility for the betterment of their family. Women are getting into jobs and they continue to work even after marriage. A married woman has more responsibility than a man in taking care of young children and family. The working women efficiently overcome difficult situations by their commitment and perseverance. The participation of women in income generation

activities lends them to satisfy their home needs to a greater extent. This paper aims to review the existing literature on the Work-life balance of Women employees with the identification of various characteristics towards the achievement of work-life balance.

1.7.5 Strains of Women while working

In the past, women have been subjected to exploitation and torture physically, sexually, and mentally. There are innumerable challenges and problems faced by them at the workplace or while working. Today's career women are continually challenged by the demands of full-time work and when the day is done at the office, they carry more of the responsibilities and commitments at home. The majority of women are working 40- 45 hours per week and report that they are struggling to achieve work/life balance. Women report that their lives are a juggling act that includes multiple responsibilities at work, heavy meeting schedules, business trips, on top of managing the daily routine responsibilities of life and home.

1.7.6. Women in the medical profession

Medicine is a profession in which dedication to the wellbeing of others is of paramount importance. Careers in medicine historically demanded a selfless emphasis on caring for one's patients, sometimes at the expense of one's marriage, children, and personal life. Such a skewed focus worked more easily in the past when the vast majority of Doctors were men. When male Doctors spent long hours at work or traveled to meetings, their wives were home to run the household and care for the children. As women entered the medical field in increasing numbers, however, the tensions between career and family became more prominent. Women as a Doctor or Nurse and single mother of four children it is well known that it can be done successfully, but there are many challenges that female Doctors and Nurses must confront in balancing their multiple roles as Doctor, Nurse, mother, and spouse.

1.7.7 Women as doctor and nurse

The changing landscape in health care, with more women entering medicine and female Doctors and Nurses feeling freer and more comfortable about asking questions or challenging their decisions, is a good thing. It has been suggested that an increasing number of women in medicine the so-called feminization of medicine - may improve

health care outcomes for patients. Evidence has revealed that women physicians in primary care spend more time in patient-centered conversation with patients than do their male colleagues. Female, primary care physicians have also demonstrated higher levels of emotionally focused talk, positive talk, psychosocial question asking, and psychosocial counseling than their male colleagues, all of which contribute to active partnering between clinician and patient. To the degree that evidence from these studies can be generalized, the feminization of medicine can be said to be promoting strategies that will improve patient outcomes.

1.7.8 Women and its Challenges of working in Hospitals

The Government of India, meeting a longstanding demand for gender parity in the workforce, has approved an amendment in The Factories Act 1948 to allow women employees to work in nightshifts. The amendment suggests that nightshift for women shall be allowed only if the employer ensures safety, adequate safeguards in the factory as regards occupational safety and health, equal opportunity for women workers, adequate protection of their dignity, honor, and transportation from the factory premises to the nearest point of their residence are met. The use of extended work shifts and overtime has escalated as hospitals cope with a shortage of registered nurses (RNs).

The risks of making an error were significantly increased when work shifts were longer than twelve hours, when nurses worked overtime, or when they worked more than forty hours per week. Both errors and near errors are more likely to occur when hospital staff nurses work twelve or more hours at a stretch. Several trends in hospital use and staffing patterns have converged to create potentially hazardous conditions for patient safety. High patient acuity levels, coupled with rapid admission and discharge cycles and a shortage of nurses, pose serious challenges for the delivery of safe and effective nursing care for hospitalized patients.

1. While systematic national data on trends in the number of hours worked per day by nurses are lacking, anecdotal reports suggest that hospital staff nurses are working longer hours with few breaks and often little time for recovery between shifts.
2. Scheduled shifts maybe eight, twelve, or even sixteen hours long and may not follow the traditional pattern of the day, evening, and night shifts. Although twelve-

hour shifts usually start at 7 p.m. and end at 7 a.m., some start at 3 a.m. and end at 3 p.m. Nurses working on specialized units such as surgery, dialysis, and intensive care are often required to be available to work extra hours (on-call), in addition to working their regularly scheduled shifts. Health care is one of the most complex activities in which human beings engage. Hospitals are service organizations.

The hospital, a major social organization, offers considerable advantages to both the patient and society. Certain health problems require intensive medical treatment and personal care which normally cannot be made available at home or in the clinic of a doctor, this is possible only in a hospital where a large number of professionally and technically skilled people apply their knowledge and skill with the help of world-class advanced and sophisticated equipment. The first and foremost function of a hospital is to give proper care to the sick and injured without any social, economic, or racial discrimination.

1.7.9 Women in the Indian workforce

Women's workforce now constitutes a significant percentage of the total workforce in any organization today. With major changes like work and work arrangements, including the increasing numbers of women participating in the paid workforce, changes in women's career expectations, the decline of the family wages, the disappearance of jobs for life, and changes in family formation, the relationship between families and labor market participation has come under considerable scrutiny.

1.7.10 Social roles of women

Social roles as defined and redefined by scientists, sociologists, and feminists have been discussed, but the fact remains that the reality of feminine social roles has largely remained unaltered. Not only in India but all over the world women have been playing their social roles as wives and mothers. The sex-based division of labor does not permit women to take up prescribed roles. The normative aspect of the division of labor looks more constricted towards women's social roles. Simultaneously, women also deem their primary responsibility as performing their social roles in the first place. The bearing of a role shapes the incumbent's life in a certain way and causes

incompatibility if the incumbent ventures outside that role. The same is true in the case of working women and professionals. Working women complain of stress and conflict in fulfilling their two roles. The factors which facilitate or obstruct the role performance of a wife/mother may be age, type of family, type of marriage, husband's profession, number and age of children, and supportive network. The roles of a wife/mother may vary according to the type of family; complex family and the nuclear family. The difference between a complex family and the nuclear family is mainly the difference in values between traditional and modern social structures. The former does not allow women to work outside the home, her husband is the sole breadwinner, protector, and carrier of the family, whereas the latter accepts the necessity of woman's working outside the home. Although woman's earnings are considered secondary and give a great deal of relief in meeting the household expenditures, it is often considered a "bonus" to the family income. The working couple may have the pleasure and enjoyment of their married life. Thus, the extent of performance of the role of wife/mother by a woman is closely related to the type of family. This also influences the quality of work done by working woman as a professional to satisfy the expectations of the members of her professional role set. The expectations arising out of these roles may not be fully met by the incumbent and may result in the loss of respect on both fronts.

i) **Self Role:** Type of marital alliance: arranged by parents or arranged by others has a direct bearing on the understanding between husband-wife relationships that may be a significant factor in reducing conflict in the role of a wife as the role of a professional. The role of a wife/mother was discussed, where, a classification of working women was done according to the 'career couples' (where both the partners were professionals), and the working couples (where at least one partner was not a professional) and it was noted that career couples make better arrangements for child care and household chores than the working couples.

ii) **Wife Role:** Here, issues such as marital happiness, the relationship between husband and wife, sexual aspect and opportunity for recreation, discussions on having children, household chores, wife's control over her salary as also women with traditional and modern values have been considered.

iii) **Mother Role:** Mother role, in this study, does not deal with motherhood, pregnancy delivery, and breastfeeding practices but with child care and socialization

of the child, raising question on rearing, caring, recreation, financial support. The working mother has to make necessary arrangements because child care, traditionally, is her responsibility and not of the husband. The working mother is often subject to criticism and cold views especially if the children are young. Thus, the number and age of children are important factors in aggravating role-conflict. This crisis is resolved by the supportive network. They may be parents-in-law, husbands, relatives, and maidservants. Crèches have been established to facilitate the mother's employment. But, considering the popularity of the crèches, some established ones may charge exorbitantly high fees which may not be affordable for many low-paid women workers. Therefore, the mothers may be forced to leave their children at home with some food and toys as soon as they cross the infancy period.

1.7.11 Work-life balance and women

The pressure of career and family which hits women at the mid-level is especially hard. Mid-level career women face more challenges when balancing work and life, leading to more difficulty in career growth. The difficulty stems from the fact that there is a double push on these career women as they are forced to compete between two conflicting ideals: mother and devoted worker. Attracting and retaining women in the workforce is important for a variety of reasons. Care, concern, and curiosity are the natural attributes of a woman which are further reinforced by additional characteristics like empathy, flexibility, and persistence. For many females, the work-life balance is one of life's greatest challenges. Women usually suffer from more than their fair share of the burden of balancing family and work life.

1.7.12 Women life conflict and women employees

Women have to perform several roles in their families and workplace. These roles include being a spouse, caretaker, and parent; managing daily household chores; and providing services to the community and society. Women also must take care of their health and other personal activities, which are often neglected because of role overload as well as time limitations. All of these situations lead to the absence of work-life balance and the manifestation of many work-life balance issues. The demands originating from the work and personal life of women are quite often mutually exclusive, rendering it very difficult to strike a balance between the role

demands.

1.7.13 Redefining work-life balance

The concept of “work-life balance” has been debated for decades. The problem is, everyone has a different concept of what this should look like. In today’s world, it is more challenging than ever to juggle the demands of one’s job, business, and the rest of one’s life. We are all being asked to do more and work harder even when we are not physically at work. As a result, the line between home and work is blurred and the feelings we are left with are stress and overwhelm. The problem as we see it then is that when we use the word “balance” we feel as if everything in our life should be equal. When we feel as if one side of our life is using up too much of our energy, we can become stressed, our productivity can fall, and our relationships can become strained. So, maybe “balance” is the wrong word. This study will look at providing a different insight about how we can achieve a balance we all desire.

1.7.14 Redefining Work-Life Balance: A New Approach

Finally, at the core of an effective work-life balance definition are two key everyday concepts that are relevant to everyone. They are daily Achievement and Enjoyment. Achievement and Enjoyment answer the big question “Why?” Why do you want a better income...a new house... kids through college...to do a good job today...to come to work at all? Most of us already have a good grasp of the meaning of Achievement but what about Enjoyment? Enjoyment does not just mean “Ha-Ha” happiness. It means Pride, Satisfaction, Happiness, Celebration, Love, and A Sense of Well Being ...all the Joys of Living. It is important to understand that one cannot get the full value from life without both Achievement and Enjoyment. Focusing on Achievement and Enjoyment every day in life helps you avoid the ‘As-Soon-As Trap’, the life-dulling habit of planning on getting around to the joys of life and accomplishment “as soon as...” If we strive to achieve and enjoy something every single day in all the important areas of our lives, life will deliver the balance and the value we desire.

1.8 Present Scenario of Work-life Balance Policies of Hospitals

To study the brashness of employers for the formation and execution of work-life balance policies in organizations, the present scenario of work-life balance policies in India is examined based on secondary data and comments. As a strategic response to the significant changes that have taken place in the work and family spheres. Apart from it, if five-day working and flexible working hours, it also provides certain benefits for employees and their families. Such assistances include the Hospitalization Insurance Policy, which covers reimbursement of hospital expenses, incurred due to illness/injury. There are numerous other establishments for managing work-life balance obtainable by various organizations working in India, the choices include flexible work schedules, beaten workweeks, and supernumerary work schedules, etc.

The study of secondary reports and the analysis of primary data collected through interviews and questionnaire surveys endorse that organizations in India have surely realized the need for the work-life balance of employees have trendy involvement policies and programs that are more employee growth-oriented and family-friendly than mere welfare and safety-oriented. While, these policies and programs differ across organizations, but have surely provided new instructions for organizations in parallel sectors to accept such progressive HR enterprises to identify and cottage the varied needs of the employees.

1.9 Work-life balance Policies

Work-life balance Policies (WLBP) are institutionalized and procedural arrangements, as well as formal and informal practices that make it easier for employees to manage the often-conflicting worlds of work and non-work. Work-life balance practices formulated to help employees balance their work and personal lives are not an option, but a necessity in today's working environment. There is a need for organizations to adopt human resource strategies and policies that accommodate the work-life needs of a diverse workforce in the current business environment. Vlems (2005) studied various types of work-life balance Practices that can be adopted by organizations to improve the Work-life balance of their employees. They are:

- **Flexi-time:** Flexi-time is a policy in which an organization provides flexible

working hour arrangements to the employees. This scheme allows workers to alter their starting and finishing times within the agreed limits as specified by the organization. Flexi-time is a family-friendly policy, the benefits of which include motivated and stress-free workers, improved productivity, lower sickness rates, and a good work-life balance for employees.

- **Compressed working hours:** Compressed working hours is an arrangement in which an employee works for an agreed number of hours in lesser than normal working days. For example, an employee scheduled for 40 working hours per week, can work four 10 hour days instead of five 8 hour days and thus, gains a day for himself. Hence, this practice allows employees to compress their workweek, which helps them in fulfilling their life responsibilities effectively.
- **Job-sharing:** Job-sharing is a working arrangement in which two part-time employees share the job, which is normally performed by one full-time employee. Apart from sharing the working hours, they also split the salary, holidays, and benefits. Job sharing is extremely beneficial to work females; expecting mothers and caretakers by providing them less demanding work schedule and ample time to take care of their dependents to achieve a good work-life balance.
- **Career breaks and sabbaticals:** The terms career breaks and sabbaticals are used interchangeably. A sabbatical is a formal system where an employee can take a break from work for an obvious amount of time to emphasis on their career growth and expansion. The employees have the safety of recurring to the job after an agreed period however, the salary and other motivations are deferred.
- **Self-rostering:** Self-rostering is a type of work repetition which permits employees to control their work agenda keeping in view the staffing needs of the organization. Thus, Employees can control their occupied hours suitably to perform their work and non-work doings effectively.
- **Child care:** The demand for child care options as a means of helping employees achieve work-life balance is becoming increasingly important (Vlems, 2005) due to increased entry of women into the workforce and increasing nuclear families. Daycare centers, Crèche, after school child care are some popular child care options adopted by administrations to permit the employees to reach their work-life issues.
- **Maternity leave:** **Maternity leave** is the provision of leave given to working females. Maternity Benefit Act 2016, increases maternity leave from the present 16 weeks to 26 weeks appropriate to all the establishments employing 10 or more persons.

- **Job's leave:** Carrier leave is the leave from work for the care of anyone at home

Obligatory.

- **Counseling Services:** aims at serving both the employer and employee with commerce with the problems at hand with a problem-solving approach that helps in improving the psychological health of the employee.

1.10 Scope of the Study

The study covers the various aspects of employee work-life balance and restrained increase in productivity accountability, commitment better teamwork and communication improved morale, less negative organizational stress. Work-Life balance has been measured as vital in many Government and Private hospitals for establishing and behind a work culture. Several enterprises have been taken up by the Government, many experts even employees in hospitals towards conserving work-life balance. Numerous roles are achieved by Female Doctors and Nurses for better integration between work and non-work issues. Hence, it has been creating that work-life balance is only the source of care and concern of working women in hospitals.

1.11 Problem formulation

One of the most difficult phases of a research project is the choice of a suitable problem. Then the problem to be solved is to be formulated in such a way that the problem is identified, defined, designed, and analyzed before the presentation of the study.

1.11.1 Problem definition

The main objective of this research is to provide insight into the experiences of female doctors and nurses in the select Government and Private Hospitals of Lucknow District, Uttar Pradesh of India regarding their work-life balance. This thesis hopes to present, explore, and understand women's work-life experiences in their organizational contexts. The empirical part presents the domains women are engaged in. The analytical part of this thesis explores their experiences and gives an understanding of the influence of organizational context. The conclusion and discussion clarify the theoretical contributions of the thesis. The findings are

practically translated into recommendations for (Present and future) employed (female Doctors and Nurses).

1.11.2 Identification of the research 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 relevant to work-life balance and imbalances are countless. It is noticeable from the basis of the health care sector, which is termed as the best recruiters of women employees for the respective jobs. Hospitals are service-oriented organizations that provide relentless service and support to patients. Because of age, gender, and family aspects, female Doctors and Nurses in health care are unable to cope with managing situations related to work-life balance. The female Doctors and Nurses working in the Health sector work under conditions of work pressure, inflexible working environment, and frequent patient interactions. In addition to that, they undergo the pressure of multi-task, multi-demand, and multi-command. The female Doctors and Nurses in the Health sector face the situation of carrying the work responsibilities to the home and at the home. These lead to an imbalance among them to manage work and family. The Health sector carries heavy responsibility and accountability which makes women encounter work-life imbalance-related issues. Attitude is the combination of cognitive, affective, and performance components and its stability can be re-modified based on situation and environment. In connection with work-life balance, the attitude of individuals also varies. Health care in Lucknow District is provided by many facilities supported by both government and private Hospitals. Lucknow is one of the top cities in the northern part of India providing excellent medical and health care facilities. The region of Lucknow is one of the medical hubs in India. It offers wide access to top medical care at reasonable prices and has a variety of charity hospitals that serve as a safety net for the destitute. It boasts major medical facilities (super-specialty hospitals) and related research institutions. The health sector offers employment to women in various working avenues. But in the working systems, the prevailing work culture, and the impetus of needy economic sources cause work-life imbalances among Doctors and Nurses in this sector. This particular study has been designed to study these aspects.

1.11.3 Statement of the Problem

The Indian scenario has been changing drastically due to globalization, the high degree of competition, and the work culture of the organization. Today working women in India are continually challenged by the demands of full-time work and when the day is done at the office, they carry more of the responsibilities and commitment to homes. Working women are juggling multiple responsibilities at work, heavy meeting schedules, business trips, in managing the daily routine responsibilities of life and home. The changing phenomenon increasing anxiety among working women where they have to manage their family and work, need to strike balance between their work life and the personal life. Many women are torn between these seemingly incompatible commitments to work and family. Life in the 21st century is becoming very complex due to changing workforce demographics, rising nuclear families, increased entry of women in the workforce, longer working hours, changing work practices, technological advancement along with rising competition. Employees, particularly women employees are experiencing workload, stress, anxiety, reduced health, and lack of personal time. As a result, job seekers are making employment decisions not just based on remuneration and promotional prospects but also on how well their work provides them a better balance between personal lives and professional lives.

1.11.4 Research problem

As there is a presence of an imbalance in the professional and personal lives of female doctors and nurses in the Government and Private Hospitals of Lucknow District, Uttar Pradesh, the researcher made an effort to study.

The major problem of research is the work-life balance challenges faced by women working in hospitals and the cope up strategies of working women to face the work-life problems and challenges. The major problems or challenges addressed in this study are Career Prospects, Stress, Time Scarcity, Tiredness or Depression, Abnormal Working Hours, Long Hours/Overtime, Shifts Suitability, Night Shift, and Maintaining Health. Studies in the literature discuss some of these problems however, literature is scarce when it comes to research regarding the extensive challenges faced by women. Next, this study deals with the cope up strategies required by women working in hospitals. The major cope up strategies considered in the study are work-

life balance Policy Establishment & Communication, Ease of Work-life balance Policies, Family Benefits work-life balance Policies, work-life balance Programmes, Organisation benefits through work-life balance Policy, Financial Independence, and Financial Support to Family. Many types of research in literature have taken either one or some of these factors. However, firstly the factors are understudied, secondly, the factors are not analyzed from the aspect of doctors, nurses, and other staff working in the hospital. This study tries to fill this aspect of the gap by analyzing the cope strategy factors from the different perspectives of doctors, nurses, and other staff working in the hospital. The other major gap in the literature is the lack of extensive researches showing the differences in work-life balance in government and private hospitals.

This study tries to address this problem through a comparison of work-life balance in government and private hospitals specifically through four aspects of Workplace Support, Anxiety Level, Personal Satisfaction, and Job Satisfaction level. To study these aspects in detail various parameters are considered in each aspect as shown in the following chapters. To address these problems the following objectives are derived.

1.12 Objectives of the study

- To study the work-life balance challenges faced by working women in hospitals.
- A comparative study on the work-life balance of working women in Government and Private Hospitals.
- To understand the cope up strategies for the work-life balance of working women in Government and Private Hospitals.

1.13 Need and Importance of the Study

Female Doctors and Nurses working in the health sector undergo insoluble work pressure due to the prevailing competition. In addition to that, they need to focus on their work to serve their patients through devoted work systems. Especially employees in healthcare are working in the modernized working systems and need to contribute timeless jobs for the organizational benefits.

The need for balance varies from person to person and depends on attention span.

Find out how much balance need. During the workday, experiment on small breaks at different times and find what works best for females. When employees discover the pattern of breaks and rest that allows remaining focused and productive women have reduced stress levels and will have more consistency in their daily routines. This self-management tip is key for female personal success and hope that will incorporate this into women's life.

Work-life balance is an important aspect of a healthy work environment. Maintaining a work-life balance helps reduce stress and helps prevent burnout in the workplace. Chronic stress can also negatively impact mental health because it's linked to a higher risk of depression, anxiety, and insomnia. As traditional women, female Doctors and Nurses need to take care of their families. These consequences lead to work life balance and imbalances among them. But the method of managing the work-life and imbalances by the women Doctors and Nurses in the selected study avenues differs based on their age, educational background, level of occupation, nature of family, family size, place, and types of work. In addition to that, the psychographic backgrounds of women like personality, individual values, and perception also make them possess differing attitudes about their work-life balance and imbalances. These aspects contribute to understanding the women employees' attitude about their work-life balance through this research.

1.14 Steps followed for research

- Identification of Research Problem
- Review of available Literature
- Formulation of the Objectives and Hypothesis
- Selection of Research Design
- Selection of Tool of Data Collection
- Selection of Sample
- Collection of Data
- Processing and Analysis of Data
- Presentation of Research Report

1.15 Review of available literature

A review of related literature is an important step in undertaking research. It helps in clarifying and defining the problem, stating objectives, formulating hypotheses, selecting appropriate design and methodology of research as well as interpreting the results in the light of the research work already undertaken. In the next chapter, an endeavor has been made to provide an overview of various aspects of the review of existing literature. The sources usually referred to include various journals, books, doctoral theses, working papers, reports, magazines related to human resources, internet sites, newspapers, etc.

1.16 Research Methodology

Research methods include research design, sampling procedure, measurement of variable, instrument design, questionnaire design, data collection method, Pilot test, and data analysis. A Pilot study on a sample of 30 government hospitals and 30 private hospitals was conducted to determine the reliability and validity of questionnaire. A questionnaire based on the 5-point Likert Scale. The research design adopted for this study is Descriptive. Primary data was collected through the survey method by using questionnaires. Sample of 300 female doctors and nurses who are working in government and private hospitals with different departments such as CHC, PHC (included in government hospitals) data are collected. The study was pointed to working women and hence purposive sampling method was adopted. Secondary data was collected from journals, Research articles, Research Papers, Books, and the Internet. Data analysis technique, using statistical Package for the Social Science, Chi-Square test, t-test and ANOVA using in research.

1.17 Findings of the study

Findings designate that consciousness of work-life balance policies is not better pragmatic among professionals, although females are aware of a few of the policies like medical benefits, leave facilities yet a majority of them have low awareness as the percentage of people. Though there are some provisions like paid leave, holidays, maternity leaves and healthcare facilities, medical facilities, insurance facilities, etc. which are reinforced by various laws of India but still there is no existence of a formal

policy of work-life balance in the government and private hospitals.

1.18 Limitation and suggestions of the study

This study was limited only to female Doctors and nurses who are working in government and private hospitals in Lucknow districts. The research was confined to working women and the sample size of 300 female Doctors and nurses was collected from different departments.

The study reveals that the majority of the respondents have a real problem in striking a balance between work and family and though many of them enjoy their work in serving people they are facing stress-related health issues. Most of the respondents feel if proper work scheduling and timely support are provided by both family and hospitals, they will be stress-free to some extent and will be able to strike balance between work and family. The findings of this study recommend to the hospital authorities to initiate making more work-family friendly policies which will help the female nurses in striking balance between work and family.

Chapter summary

The present study was conducted to know the work-life balance of female Doctors and nurses who are working in Government and private hospitals in Lucknow district. Through this study, the researcher was able to know the work-life balance issues, stress caused by the work-life conflict, and the role of family and hospitals in attaining the work-life balance of doctors and nurses.



Chapter 2
Review of Literature
and Conceptual
framework



Chapter 2

Review of Literature & Conceptual Framework

2.1 Introduction

In this chapter, the researcher studies the previous review of literature that aims to point-out the present knowledge as well as operational methods on work-life balance. It has brought the researcher up to date with the available literature on work-life balance and forms on the basis for research needed in the area of study. This structured literature review is characterized by a logical flow of ideas, present and appropriate references with consistent, appropriate referencing style, proper use of terminology, and comprehensive view of the previous researches on work-life balance. This chapter also provides a sketch of related studies arranged logically at international and national levels.

This chapter deliberates the Literature Review on work-life balance and assesses the impact of work & personal life dimensions on the work-life balance of women employed in hospitals. The literature study is meant to build a theoretical framework supporting the data gathering and results. For this chapter, the literature which was published during the years 1981 - 2018 is taken into consideration. The literature before 1981 is skipped by the researcher because of the validity of the data for today's ever-changing business environment. This chapter will review the literature regarding work-life balance and the way these interact. This review will establish the key factors needed for the framework within which the study on **“A COMPARATIVE STUDY ON WORK-LIFE BALANCE OF WORKING WOMEN IN GOVERNMENT AND PRIVATE HOSPITALS OF LUCKNOW DISTRICT”** will be conducted. The literature related is given relevant to the main topic of research.

Sayed O.B. and Sinha (1981) in their study on “Measuring Work-life balance relation to job satisfaction and performance in two organizations”, observed the relationship between Work-life balance, job stress, and performance. The results indicate that higher work-life leads to better job satisfaction.

Greenhaus and Beutell (1985) state that involvement in the family domain makes it more difficult to participate in the work domain, suggesting that any family-related activities that interfere with work activities create conflict between those two domains, which results in lower levels of satisfaction with work.

Haque ABMZ (1992) in his study on “Work-life balance and job satisfaction of industrial workers about the size of the organization” creates that Work-life balance is positively related to performance and negatively correlated to absenteeism. But found several relationships between perceived Work-life balance and worker's age, education, and job experience.

Marshall (1993) evaluated women managers and concluded that when a woman manager becomes a mother she tends to create a balance between the two roles to avoid leaving her senior management position. However, the study on role enhancement between work and family is suggested for further research.

Campbell et al.(1994) study results discovered that women with children were significantly lower in occupational commitment relative to women without children. Contrary to expectation, women with younger children outperformed women with older children.

Barnett & Rivers (1996) in disparity, enhancement perspective of the work-family interface states that participation in multiple roles can lead to better functioning in other life domains. This research focuses on interference between work and family.

Hossain M.D. Mosharraf and Tariqual Islam M.D. (1999) in their study on “Work-life balance and job satisfaction of nurses in Government hospitals in Bangladesh”, examined the correlation between Work-life balance and job satisfaction, Work-life balance, and job satisfaction and performance. A total number of 63 nurses were selected from three Government hospitals on a stratified random sampling method. The findings reveal that there was a significant positive correlation between Quality of Work-Life and job satisfaction. The Work-life balance is the highest contribution to performance. Perceptions of Work-life balance and job satisfaction were

significantly higher among the respondents in small organizations than in larger ones. Night nurses suffer from more security problems than the nurses in other shifts.

Allen and et al. (2000) also institute that as work-family conflict(WFC) increased, job satisfaction reduced among individuals of both genders in diverse professions, various career stages, and from different countries. And also work-family conflict (WFC) increased, organizational commitment decreased, and that work-family conflict (WFC) is associated very highly with turnover or the intention to leave. Both physical and psychological stress have been associated with work-family conflict (WFC) including Psychological strain, anxiety, general life stress, increased blood pressure, alcohol abuse, burnout, work-related stress, and depression.

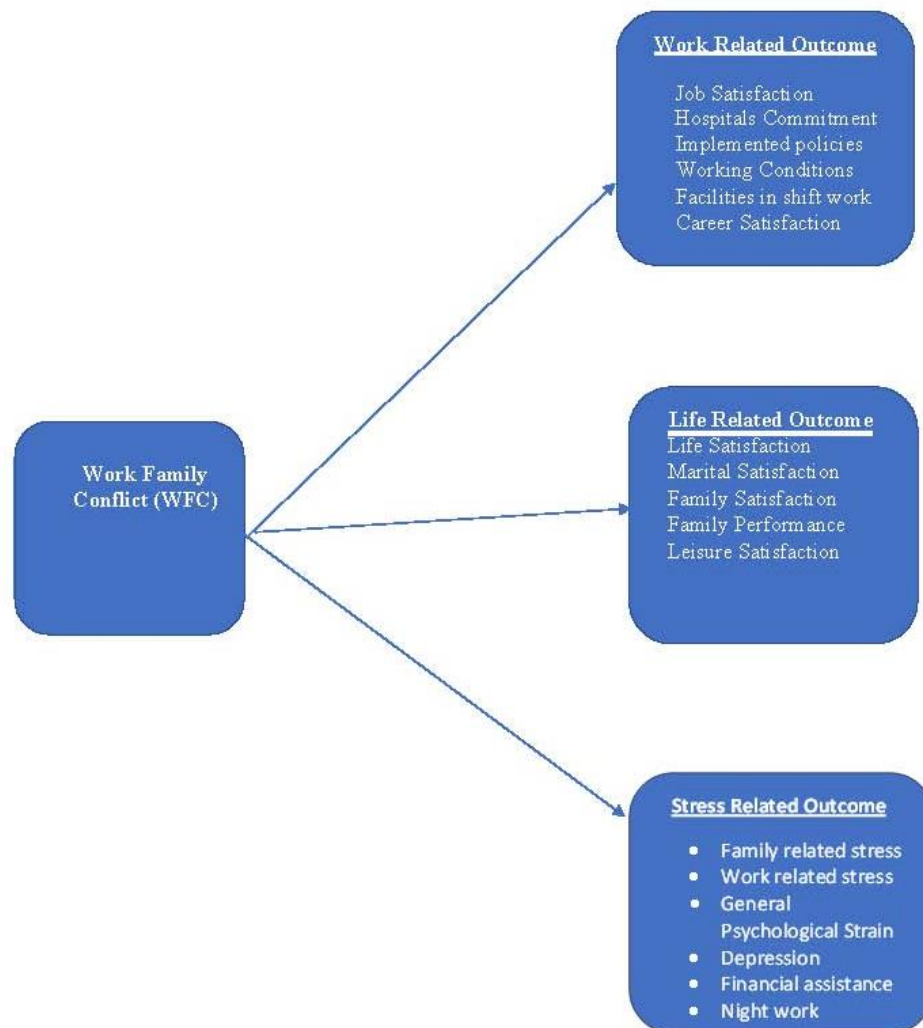


Figure 2.1 - Work-family conflict (WFC) and its outcomes (Allen et al., 2000)

Clark SC (2000) work-life balance is important for psychological well-being, high self-esteem, satisfaction, and harmony between work and life specifies the work-life balance.

Clark (2000) defines work-life balance as “satisfaction and good functioning at work and home, with a minimum of role conflict.”

Roy (2000) IT sector employees, to a large extent do not have the traditional work-life and family life distinction. Very often the employees' work intrudes into the family/ personal life and vice versa. Growth in dual-career households in India, coupled with the increased number of nuclear families has made work-life integration a major challenge in India.

Parasuraman and Simmers (2001) exposed that employment type and gender had noticeable effects on work-family conflict, job involvement, and job satisfaction. Employment type (organizational versus self-employment) was revealed to be linked to employee perception regarding levels of control. The influence of gender on work-life issues is reported throughout much of the literature about the nature of the workplace, normative and gender-based beliefs, and expectations. From a sample of 414 participants, they found that women's work and family role experiences were significantly different from those of men, with women being more involved and committed to home life than men. Surprisingly, men reported more work-family conflict.

Guest (2001) ideas out that different aspect of an individual's personality also add to the different perceptions of balance. Guest gives the example of workaholics who choose to work long hours even though they may not have to, and this is usually at the expense of other activities.

Burke (2002) has recognized that there is a gender difference regarding the work-life balance that is men feel more satisfied when they achieve more on the job even at the cost of ignoring the family. On the other hand, women stress that work and family are both equally important and both are the sources of their satisfaction. For them the former is more important: when work does not permit them to take care of their family, they feel unhappy, disappointed, and frustrated.

Duxbury et al. (2002) supposed on work-related stress consists of working conditions involving heavy workloads, lack of participation in decision making, health and safety hazards, job insecurity, and tight deadlines. Employees (with high levels of work-life conflict) are three times more likely to suffer from certain heart problems, back pain and mental health problems. They also indicated that workers are more likely to experience poor health, experience negative impacts on relationships with children, and their spouse is less committed to the organization, less satisfied with the job, and have a poor quality of relationship outside the workplace.

Rapoport's (2002) action research designates several work-life balance interventions which include surveys, interviews, and round table discussions with new Interventions relating to retention of senior women, equity, the participation of senior management, feedback, internal change agents, and overcoming resistance helps to maintain a work-life balance.

Nancy R. Lockwood (2003) Structure a strategic business case for work/life initiatives requires hard data documenting positive results on the balance sheet. There are several key factors to be considered in measuring the ROI of work/life programs: the audience, the culture, designing the data collection process, integrating findings and making projections, and identifying the company's primary goals. For many organizations, however, quantifying the data presents the greatest challenge.

Stephen P. Robbins (2003) Employees are increasingly identifying that work is squeezing out personal lives and they are not happy about it. Studies suggest that employees want jobs that give them flexibility in their work schedules so they can better manage work-life conflicts Organizations that don't help their people achieve work-life balance will find it increasingly hard to attract and retain the most capable and motivated employees. Research on work/life conflicts has provided new insights for managers into what works and when. Time pressures are not the primary problem underlying work/life conflicts.

Smita (2004) scrutinized work and family research in the Indian context from independence till mid-2000. According to them, work and family research in India looked to have surveyed two separated paths. Women study cores attentive on rural and deprived women while the other psychosocial researchers examined work and family relations within an urban setting and there has been a little cross pollination

between the two streams. Major conclusions are drawn involved: After independence, the government and/or organizational policies appeared to be in favor of working men rather than working women and were more in nature of welfare measures for the worker and his family. During the mid-1970s to mid-1980s, the plight of working women (especially underprivileged) was fading and the nature of the family organization was contributing to their deficiency, and at the same time, the picture of urban educated women was emerging. During the mid-1980s to mid-1990s, gender differences in work and family research were inspected. Working status was not a pledge of equitable relationships within the family. From the mid-1990s to 2000 liberalization impacted work-family research. Organizations in the new economy sectors (e.g. IT and ITES industry) ongoing family-friendly measures, more as a pretend of western organizational practices than as a felt need to help employees balance their work and life.

Masako SETO et al. (2004) have examined the impacts of business-related components and Work-Family Clash on depressive manifestations among working ladies living with youthful youngsters in a Japanese City.

Table 2: Definitions of Work- life balance

Year	Authors	Definitions
2000	Kirschmeyer	“Living a balanced life is achieving satisfying experiences in all life domains, and to do so requires personal resources such energy, time and commitment to be well distributed across domains”
2000	Clark	“Work-life balance is satisfaction and good functioning at work and at home with a minimum of role conflict”
2001	Pillinger	“Work-life Balance refers to the flexible working arrangements that allow the employees to avail of working arrangements that provide a balance between work responsibilities and personal responsibilities.”
2002	Repaport et al.	“Proposed work-personal life integration “instead of balance to encompass different parts of life and their

		integration depends on one's priorities, which not necessary need to demand equal amount of personal resources."
2002	Swift	"juggling a competing demand is tiring if not stressful and brings lower productivity, sickness and absenteeism. work-life balance is an issue for all employees and all organizations."
2003	Greenhaus, Collins & Shaw	"Work life balance is the extent to which an individual equally engaged in-an equally satisfied with – his or herwork role and family role.
2003	Lockwood	"Employees' viewpoint - It is the dilemma of managing work obligations and personal/family responsibilities. Employer's viewpoint-It is the challenge of creating a supportive company culture where employees can focus on their jobs while at work".
2006	Greenhaus & Allen	"Work life balance is the extent to which an individual's effectiveness and satisfaction in work and family roles are compatible with the individual's life-role priorities at a given point in time"
2007	Grzywacz & Carlson	"Work life balance is accomplishment of liferelated expectations that are negotiated and shared between an individual and his or herrole partners in the work and family domains."
2007	Fleetwood	"Work-life balance is about people having a measure of control over when, where and how the work."
2008	Kalliath & Brough	"Work-life balance is the individual perception that work and non-work activities are compatible and promote growth in accordance with an individual's current life priorities"
2008	Morgenstern	"Work-life initiatives are those strategies, policies, programs and practices initiated and maintained in workplace to address flexibility, quality of work and life and work-family conflict."
2008	Voyganoff	"Work-life balance is the global assessment that works and family resources are sufficient to meet work and family

		demands such that participation is effective in both domains.”
2010	Ioan Lazar et al.	“Work life balance, the quality relationship between paid work and unpaid responsibilities is critical for success in today’s competitive business world.”
2012	Igbinomwanhia et al.	“Work-life balance programs offer a win-win situation for employers and employees. While the employee may perceive work-life balance as the dilemma of managing work obligations and nonwork responsibilities, work-life balance from the employer’s point of view encompasses the challenge of creating a supportive company culture where employees can focus on their jobs while at work. In whichever way it is viewed, the existence of effective work-life balance programs in an organization will do both the employee and employer good.”
2014	Au and Ahmed	Work-life balance implicates the attitudes, behaviors and wellbeing of employees as well as the effectiveness of the organization

Source: adopted by Singh, Nivedita; (2003) *work life balance and job satisfaction: a comparative study of doctors in government and private hospitals.*

The summary of the definitions of work-life balance brings us to the conclusion that although the term is widely employed but till there is no universal definition in the existing literature. However, it is recognized that poor work-life balance can result in reduced health, performance, and productivity of employees, their families, and organizations as a whole. As a result, the interest in work-life balance research is increasing among researchers and media. A wide variety of work-life definitions and measures are being developed for “the theoretical advancement of the construct and for practical human resource interventions” (Kallianth and Brough, 2008).

Frye and Breugh (2004) create that the number of work hours, the use of family/friendly policies, and reporting to a supportive supervisor were predictive of

work-family conflict. Family-friendly policies and reporting to a supportive supervisor were found to have a negative correlation with work-family conflict whereas hours worked was positively related. About family-work conflict, reporting to a supportive supervisor was predictive of such conflict and was negatively related to such conflict.

Louise Heslop (2005) has surveyed that the work and family results, for example, part impedance, anxiety strain, and life fulfillment are identified with a few procedures and introduction.

Nathwani A (2007) investigated the absence of effective HR interventions to tackle Work-life Conflict problems; individuals assume a range of coping strategies: that is, some individuals join sports sticks to keep acceptable and to socialize with people who have analogous backgrounds. The study shows Chinese employees spend more time than their Indian counterparts to pursue their hobbies and would be ready to leave the company if work pressure is perceived to be too high. While younger and single employees may feel less WLC, working long hours and the anxiety of holding on to a career are harming their non-work-life.

Tanuja Agarwal (2007) Work life balance is the term used to define those practices at workplace that acknowledge and aim to support the needs of employees in achieving a balance between the demands of their family (life) and work lives. The work life balance is about people having a measure of control over when, where and how they work. It is achieved when an individual's right to a fulfilled life inside and outside paid work is accepted and respected as the norm, to the mutual benefit of the individual, business and society.

Chiang Hui-Yu (2008) Organizational response to work-life conflict of employees is an important issue that has received broad attention from governments, researchers, employers and employee representatives in recent years. Firms that adopt various work- life balance policies increase the job tenure and decrease turnover probability of women employees. Dependent-care services increased retention rates in the short term and in long-term increased attachment to the firm.

Dreher Dougherty (2008) An organization which is realizing "Family - friendly"

programs such as child care facilities, special parental leave provisions and home work arrangements, are seen as helping employees to balance their work with their personal lives.

Macky and Boxall (2008) testified that employees working longer hours are slightly more likely to report a greater imbalance in the work life relationship. The five high contribution variables (i.e. power to make decision and act autonomously, information provision, rewards, knowledge of the job and team working) were found to be negatively correlated to work life imbalance. It was also found that increasing the availability of work life balance policies for employees did not improve the relationships when pressure to work longer hours was higher, and employees felt greater work life imbalance.

Mardi Anne Webber (2008) Employees' perceptions of managerial support not only impacts on whether employees will use the WORK- LIFE BALANCE enterprises on offer but also affects employee's work attitudes and levels of work-life conflict being experienced.

Hema Subramaniam (2008) Rationally, “work-life balance” will remain a mere concept (useful for debates and workshops) unless there is a collective change in Corporate India. There has to be serious management buy-in and it has to be a wave that should ripple across all levels and all domains. Managers should be made accountable every time they request an employee to stay back. Clients should be embarrassed to consistently demand service at crazy hours. Employees should be less passive and question the need to work extra hours except in a crisis. Employers should create a culture across the company that puts all this in place and then shout from their rooftops if they have achieved this.

Kalliath and Brough (2008) “Work-life balance are the individual perceptions that work and non-work activities are compatible and promote growth by an individual’s current life priorities”.

Elizabeth Walker et al. (2008) deliberate with Four-way comparisons investigating the dynamics of home-based business ownership between male and female operators and operators with and without dependents were made to seek to explore self-

employment through home-based business ownership as a potential solution to the inter-role conflict experienced by women attempting to balance dual work and family roles. The Findings indicate that the attraction of home-based business owners is driven predominantly by the flexibility afforded to lifestyle and the ability to balance work and family. However, women without dependents had stronger growth intentions.

Pal and Saksvik (2008) in a crosscultural study of 27 doctors and 328 nurses from Norway and 111 doctors and 136 nurses from India, found that predictors of job stress were different for doctors and nurses in India and Norway. In the case of Norwegian nurses, work family conflict was one of the predictors of job stress while in the case of Indian nurses high family work conflict was one of the predictors of job stress..

Skinner and Pocock (2008) explored the relationship between work overload, work schedule control, work hours, and their fit with preferences and work-life conflict among full-time employees. It was found that the strongest association with work-life conflicts demonstrated by work overload, followed by work schedule control, work hours, and work hours fit. Time-based work-life policies, procedures, and interventions were found necessary, but not sufficient, for addressing work-life conflict. They called for effective management of work overload to support a healthy work-life relationship.

Stieber (2009) originate that time-based work demands were strongly linked with the experience of work-family conflict both among women and men. Long working hours, working non-day schedules or at weekends and having to work overtime at short notice ('unpredictable work hours') showed an aggravating effect on conflict with long and unsocial hours being more strongly related to time-based conflict than to strain based conflict. Strain-based work demands were also found to be instrumental in the creation of conflict. The more people felt that they have to work hard in their jobs (work pressure), the higher was their perceived level of conflict. It was also found that a high degree of control over how one's daily work is organized (job autonomy) helped people to better co-ordinate the time demands of their work and family roles, though such an effect was found only for women. Further, a higher level of job skill was found to increase women's and men's feeling that their job prohibited them from giving more time to their partners and families (time based conflict), and

was also related to strain based conflict, i.e., the feeling that one is often too tired after work to engage in non-work activities.

Boorman, (2009a, 2009b) Medicine is an integrally stressful profession that involves responsibility for life and death decisions connecting urgent clinical problems, ethical dilemmas, distressed patients and relatives, conflicting priorities, and habitual long hours. Concern has been expressed about the wellbeing of NHS employees across all grades of medical, nursing and managerial professionals.

Rai (2009) while some employees work in the standard time some others need to be available for work that normally starts early in the evening and continues well through the night. Sometimes they need to even work beyond the normal eight hours. This has further intensified the work demands on employees. Consequently, there are growing reports of stress and work imbalance.

Florian Pichler (2009) WLB scales hypothesize the work component more specifically than the life component, what „life“ means remains rather intangible apart from general references to the „home“, „housework“ and „family responsibilities.

Sanghamitra Buddhapriya (2009) Work-life imbalance regularly arises out of a lack of adequate time and/or support to manage the work commitments as well as personal and family responsibilities. Meeting the competing demands of work and family is not tiring but can be stressful and can lead to sickness and absenteeism. It inevitably affects productivity. Balancing both career and family is an arduous task for working women especially when they have small children and there are no well-equipped daycare / crèche facilities where they can leave their kids without any tension while they are at work.

Alam et al. (2009) discovered the correlation between working hours and work family imbalance for three focused groups, namely, teaching professionals and two groups from corporate houses. It was found that respondents working for 5-7 hours a day did not consider working hours as a factor to affect work and family balance. On the other hand, women managers in corporate sector, having long working hours (9- 10 hours a day) agreed that time was a crucial factor for work family imbalance. The study approved the association between working hour and work family conflict. 99

per cent of women managers reported to having work family conflict because of 9 -10 hours work every day while only 20 per cent involved in teaching reported.

Muhamad Khalil Omar (2010) Work-life balance is fast becoming one of the defining issues of the current employment scene. Presently there is a shift from “work-family balance” to “work-life balance” to reflect the fact that non-work demands in people’s lives are not necessarily limited to family only. A good work-life balance is when employees have the ability to fulfill both work and other commitments (family, hobbies, art, travelling, studies and so forth).

Rupashree and Shivganesh (2010) in their study informed that supervisor support and work-family culture are positively related to job satisfaction and affective commitment. No significant association was found between Work-life benefits and policies and job outcome measures. Job characteristics and supervisor support were positively related to work-to-family enrichment. work-to-family enrichment mediated the relationships between job characteristics and job outcomes and between supervisor support and affective commitment.

Niharika and Supriya (2010) have intentional the work-based factors and family-related factors that are considered to contribute to work-life balance. Work-based factors are Flexitime, an option to work part-time, and freedom to work from home, and the family-related factors are child care facility and flexibility to take care of emergencies at home.

Susi.S and Jawaharrani. K (2010) clarifies how work-life balance and employee engagement becomes a visible benchmark among high-performing organizations. The study indicated that many family-friendly organizations feel the need for work-life balance which includes recruitment and retention of the valuable workforce, reduced absenteeism, reduced employee stress, health benefits, job satisfaction, and better life balance. The study suggested that the effectiveness of work-life balance policies and practices must incorporate the effects of workplace culture and supervisor support of employee"s efforts to balance work and family responsibilities.

N. Krishna Reddy et al. (2010) resolved that married women employees indeed experience Work-Family Conflict (WFC) while attempting to balance their work and

family lives. Thus the Organization needs to formulate guidelines for the management of WFC's since they are related to job satisfaction and performance of the employees. **Krishna Reddy et al. (2010)** initiate that the number of hours worked per week, the amount and frequency of overtime, inflexible work schedule, unsupportive supervisor, and an inhospitable work culture increase the likelihood of women employees to experience conflict between their work and family roles.

Subash Nath, Soumendra Patra (2010) Work-life balance is a broad concept plus proper prioritizing between career and ambition, on one hand, pleasure, leisure, family and spiritual development on the other.

Chawla and Sondhi (2011) in their survey shown among teachers and BPO women professionals revealed that job autonomy and organizational commitment are in positive relation with work-life balance. The study indicated that the more proactive schools/BPO companies which value the contribution of a committed and contributing human resource will need to provide more autonomy to sustain their employee"s work-life balance, while workload and work-family conflict indicated negative relation with work-life balance.

Penny Walters (2011) Workplace Stress is the biggest occupational *health problem* in the UK after Musculoskeletal disorders. Work associated depression / anxiety is the highest cause of absence in the UK with 12.8 million days lost per year.

Baral, R, and Bharghava, S (2011) considered the scope and coverage of work-life balance practices in some leading organizations in India. As per the study, Indian organizations need to consider work-life balance as a strategic aspect of organizational performance.

Dr. Aravind S Kumar (2011) Work-life balance remains an issue that requires extensive attention from society. The changing nature of the global economy, where organizations expect the employees to operate on a 24/7 schedule and technological advances have made it possible for an employee to be connected at all times, has ushered the work-life balance issue into the forefront of the minds of many, including students.

Stephen, Rebecca, Shelley (2011) The significances related to work to the family conflict is predominantly negative. With work to family conflict, the employee's work interferes with the family and such interference is associated with some negative consequences, including negative association with employee's work attitudes and turnover intentions.

Kumar. Thriveni et al. (2012) have studied and evaluated the significant relationship between the demographic variables and WLB.

Shanti and Sundar (2012) in their study of the work-life balance of women employees in the IT industry analyzed that programs employed by IT firms of Chennai satisfy different categories of employees differently. Data were collected from 350 women employees working in various IT companies. The study measured the satisfaction levels of the respondents across various work-life balancing parameters. 55% of the employees were highly satisfied with the current work-life initiatives.

Kumari K.Thriveni et al. (2012) have measured and broke down the huge relationship between the demographic variables and Work- life balance.

Santhi and Sunder (2012) originate that supportive environment in the organization, provision of welfare measures play a primary role and alternative working time and recreation play the secondary role in balancing work and personal life.

Shalini and Bhawna (2012) informed in their study, "**Quality of work-life balance**" is being used by the organizations as a strategic tool to attract and retain the employees and more importantly to help them to maintain a work-life balance with equal attention on performance and commitment at work.

Madipelli et al. (2013) in their research on factors causing work-life imbalance among school teachers presented that most of the teachers feel stress with too many work demands, working conditions, and long working hours. The multiple roles played by women at the workplace and home reflecting boredom, frustration, and stress lead to work-life imbalance. Marital relationship, attitude, the co-operation of

husbands and family members are highly influencing factors which create an imbalance among working women.

Ajith. et al. (2013) their study on work-life balance for role prioritization of IT employees exposed that the employees were able to fulfill their professional and personal commitments at the same time, because of better work-life balance policies. The relationship between work-life balance policies and role prioritization was significant. The study was conducted on variables like traveling time, depression, temper, work, etc., to know the relation between work-life balance and stress management.

Mr. G. Shiva (2013) The problems are confronted not only by the lower level of the employees but also higher-level ones. This research provides an empirical justification for innovative policy development to include long work hours and work-life conflict. The overall conclusion is that long-term exposure of workers to excessive work hours and high levels of work-to-family interference increases the risk of mental and physical health problems. Moreover, it is clear from the research that solutions to these potential problems must address workload and job demands, employee choice and flexibility in work hours and arrangements, organizational cultures, and the behaviors of managers at all levels. From this, it is clear that women faced several challenges to balance work and family. Both private and public sectors have to reframe their policies to balance family and life.

Uma Warriar (2013) In the world of penetrating economic challenges, striking a healthy balance between work and life outside work offers potential for tremendous growth – both personal and professional. The article is aimed at examining the work-life balance of Bardoel, software professionals that are impacted by the demographic variables: gender, age, marital status, managerial/ non-managerial level, and salary level among employees of the company from the IT sector. The empirical study also tries to understand the weaker areas amongst the six components of the work-life balance (WLB) index that need improvement. Based on the respondent sample of 144 IT employees, it was found that gender has no impact on the work-life balance index. The marital status of an employee has an impact in lowering the work-life balance index while unmarried employees show a better work-life balance index.

Age and managerial levels were found to have a strong influence on the work-life balance index scores. Interestingly, salary levels were created to have no impact on the work-life balance of the employees.

K. Santhana Lakshmi et al. (March 2013) have originated that Educational institutions should report Work-life balance-related issues among their staff, specifically women, and take a holistic approach to design and implement the policies to support the teaching staff to manage their work-life balance.

Ms. T. Subha (2013) The work-life balance among women faculty members working in Arts and Science Colleges was studied with the support of a multivariate analysis. Factor analysis was chosen, from the multivariate analysis. For this purpose, sixteen factors were selected for analysis, Principal component analysis, rotated component matrix and component transformation matrix were used to derive the results. Factor analysis shows that out of twelve factors only two statements influence work-life balance among women faculty members working in Arts and Science colleges in Coimbatore District.

Singh S. (2013) declared Role stress theory in his paper Titled "Work- Life Balance : A Literature Review" wherein the negative side of the work- family interaction has been put under the spotlight. Recently, the emphasis has shifted towards the investigation of the positive interaction between work and family role as well as roles outside work and family lives, and scholars have started to deliberate on the essence of work- life balance.

Satuluri P., Reddy S. (2013) in the paper titled "Effects of Stress on Work-Life Balance- A Study on Female Police Personnel" decorated the imbalances in Female Police Constables of Andhra Pradesh and to find the impact of demographics of the respondents on their stress. The results revealed that there was a positive correlation between stress and work-life balance, and stress was the predictor of work-life balance.

Sinha D. (2013) in the paper titled "Study of Work-Life Balance @ CCIL (India), Noida" It is initiate that the work-life balance among the employees at CCIL is moderate to good. The organization believes that the work life balance will ensure higher levels of productivity from employees thereby reaping the benefits for the

organization in long run. CCIL is quite innovative in implementing employee centric policies and considers human resources to be its most valuable assets. From the study it is well identified that quality of work-life is good amongst the employees at CCIL.

Madipelli S., Sarma, Veluri V.S., Y. Chinnappaiah (2013) in the paper titled "Impact of Work Life Imbalance on Employee Personal Life- An Empirical study on select Insurance Employees" declares that it is believed that male employees have more level of balance than female employees. To test this opinion, analysis was conducted on the basis of opinions of the employees and it was found that working women are better in coping with her changing roles, than male employees. This is so because women are good in managing their domestic and career responsibilities. The young employees are successfully balancing their work and family, than the aged employees due to their different role conflicts.

Dr. C. N. Rawal, Ms. Shradha A. Pardeshi (2014) Nursing has been described as a stressful specialty. Nursing staff working at the bottom of the hierarchy in hospitals are the ones who are more stressed out. The current nursing shortage and high turnover is of great concern because of its impact upon the efficiency and effectiveness of any health- care delivery system. Further, recruitment and retention of nurses are persistent problems associated with job stress. The researcher intends to understand the nurses' experiences and perceptions of job-related stress and its effect on their work behavior. It aimed at addressing the issue of how stress at work can be effectively managed, reduced, or prevented by the government and hospital management boards in order to enhance the health of their nurses, as well as improving their work behavior. This paper presents the result of a research work of job stress on nurses. An extensive literature search was also performed aiming to identify and review research studies that investigate variables which influence job stress and work behavior of nurses working in health settings. The study established a fact that job stress has significant negative effect on work behavior of the nurses.

Sahana Maiya & Dr. M.M. Bagali (2014) The study exposures that in the age group of 25 to 30, employees of both Private and Public sectors enjoy their work and are happy working with/under their managers. This means they are influenced by the motivational factors. On the other side employees are not benefitted by the workshops on work-life balance, they do not get sufficient time to get updated with latest trends in their job. This means organizational support factors affects their work-life balance.

Public sector lags behind in terms of providing training or conducting workshops on work-life balance and career advancement programs when compared to Private sector. In the age group of 31 to 35, employees of both Private and Public sectors are affected by the balancing factors, psychological factors and personal factors. While taking up part-time job which is part of career advancement factor does influence their work-life balance. In the age group of 36 to 40, employees of both sectors are not much affected by the psychological factors and they enjoy their work. But they are affected by career advancement factors. Women above 40 years of age in both sectors are not much affected by personal, balancing and motivational factors but are greatly affected by career advancement and organizational support factors.

Viveka Marie. G and Dr. Umesh Maiya (2015) Working women are hampered with work and family commitments. Majority of working women are bogged down while trying to balance their work and family life. Health Care Sector is an area of interest because shift work, especially night work and overtime places lot of stress on the nurses both at professional and personal front. Research indicates that improper work scheduling and long working hours tend to cause adverse effect on the employee's health and well- being. Through this article an attempt has been made to bring out the issues connected to work life balance of female nurses working in multi-speciality hospitals in Mysore City. This study is aimed at benefitting the physical and mental health, job satisfaction and work life balance of female nurses.

Shobha Sundaresan (2014) The evaluates of work-life balance accessible in this study are an effort to understand factors affecting the work-life balance of working women and consequences of poor work-life balance. In the Indian context, women remain primarily responsible for their family, and career is rarely given top priority. This study has revealed that the burden of excessive work, the need to fulfill others' expectations, and not having time for themselves are the prime factors affecting the work-life balance of working women. As a consequence, women suffer from job burn- out, experience high levels of stress and anxiety, are unable to realize their full potential, and also do not enjoy harmonious family life. Informal discussions with working women revealed that those who had family support and flexible work schedule enjoyed better work-life balance. The above findings have implications for working women concerning gaining a deeper understanding of factors affecting work-

life balance and consequences of poor work-life balance. It also provides insights into finding solutions to maintain a healthy work-life balance.

Dr. Smita Singh (2014) Work and family research in India seems to have followed two separate and disconnected paths. One is the route charted out by women's studies centers that have looked at structures of patriarchy within the country and how these contribute to the subordination of women at work and home. Their focus has been on rural and underprivileged women. The other path of psychosocial research conducted from a role theory perspective has largely examined work and family relations within urban settings. There has been little cross-pollination between these two streams marked by a lack of cross-references in published research studies.

P. Varanasi and S. Ahmad (2014) This study results specify that managements of the Hospitals should have empathy with the medical professional and aid in enhancing work life balance in terms of providing time for meeting the aspirations of the employees. Good and adequate infrastructure should be provided. Facilities for drinking water and sanitation needs to be focused. Additional arrangements for counseling of patients/dependents to their satisfaction may be provided. Employees feel that their occupation demands time beyond working hours, expect comfort with duty timings and feel stressed at work. Further the job requires creativity. Hospitals can take policy decisions by sanctioning sufficient posts in the departments where employees feel hard-pressed for time and take steps to reduce stress and enhance creativity. An incentive plan may also be designed to satisfy the employees working overtime. The employees also have different demands on their time. They need time to spend with parents, elders and other family members. These subtle expectations may be fulfilled on humanitarian grounds. They are prepared to turn down another job with more pay in order to stay in the hospital they are currently working. This is a good sign of effectiveness of employee retention policies of the hospitals surveyed.

Rashida Banu and K. Duraipandian (2014) Work-life balance of an employee is as important for the engaging organizations as it is for individual employee. Work-life balance of an individual employee when viewed collectively for the total workforce of an organization results in a colossal impact on the qualitative and quantitative organizational performance. Those who had a satisfactory work-life balance with the assistance of the policies implemented by the employing organization, tend to be more effective at work. This five-dimensional scale developed with 46 statements can

be used to understand the employee perceptions of work and personal life balance and to evaluate the effectiveness of work-life balance programs provided by IT organizations, which in turn can impact the HR manager to understand the critical issues of work-life balance and champion work/life programs. The strength of this study is the use of multiple samples from different IT organizations which in itself may be a limitation in the sense that all the respondents may not have experience of juggling multiple life roles. Having confirmed the distinctiveness of these five factors as a construct to work-life balance, our next step will be to develop a conceptual model for their interaction.

Sussanna Shagvaliyeva, Rashad Yazdanifard (2014) inspected flexible working hours from its positive point of view. The investigation showed that the introduction of flexible working hours brought some benefits for both employee and employer. Also, flexibility in the workplace gives employees time to perform outside of the work roles and it helps balance employees' work and life. Trust between employer and employee is an important issue when it comes to flexible working hours. If not monitored by a manager, flexible working hours might create some difficulties in the workplace. Further study on flexible working hours needs to be undertaken to understand the drawbacks of such practices.

Ms. Nidhi Aggarwal (2015) she stated the fact that women working in almost all types of professions suggesting that there is no gender difference in work. Many organizations say that women are playing a crucial role in enriching the organization. This is a positive development that women are making their presence felt in different walks of life. On the other hand, for every woman, there is one more background to manage, which is home and personal life. Today with increasing demands at a job, the interface between work-life and personal life assumes significance which demands more attention. The pressures of work or personal life can lead to stress. According to various studies, it has been found that such a situation affects a person's health both physiologically and psychologically. Therefore, employees need to maintain a healthy balance between work and their private lives. For employers, the Work-life balance of employees will be an important input in designing appropriate policies for employees to address work-life balance issues. Work-life balance initiatives should be designed to help employees to balance their work and personal life.

Subodh Yusuf and Dr. Kr. Sajid Khan (2015) "Work-life balance "is a person's

control over the conditions in their workplace. The idea of work-family (life) balance has emerged from the acknowledgment that an individual's work-life and personal/family life may exert conflicting demands on each other. A balance between work and life is supposed to exist when there is proper functioning at work and home with a minimum of role conflict. "Well-being refers to how people evaluate their lives. Thus the purpose of the research was to explore the relation between work-life balance and well-being among employees. Samples were certain through random sampling. 40 employees of different sectors working in Qatar participated in the research. For statistical analysis, Pearson correlation was used. Results showed that the correlation between work-life balance and well-being among non-religious employees was found to be negative and there was a positive relationship between work-life balance and well-being among religious employees.

Dr. Alok Kr. Mishra and Mrs. Shilpi Dixit (2015) This article main emphasizes on the perspectives of Work-life balance in the present scenario. Work-life balance has emerged as a hot topic in recent years. Due to changes in the labor market and the changing nature of work, work-life balance is now at the top of the agenda for government and private bodies. This topic also gained importance due to the quality of life which is the prime need of the employees in today's working environment. So this article describes the concept, techniques, and factors which are responsible for the Work-life balance concept. Work-life balance is not a problem to be solved. It is an ongoing issue to be managed.

Mohanty A., Kesari L. (2016) in the paper titled "Work-life balance Challenges for Indian Employees: Socio-Cultural Implications and Strategies" - directed interviews with some of the Indian HR managers working in the manufacturing, IT, and Telecom sectors in India. They have said that the MNC's have come up with initiatives to offer provisions such as flexi-time, paid paternity leave, childcare facilities, and tools such as video conferencing to reduce commuting to the office. At the same time, no formal initiatives have been taken to improve Work-life balance.

Santosh R. S., Jain R. (2016) in their paper "Study of Effect of Commuting & Working Hours on Work-life balance of Working Fathers in Mumbai" verified that Long working hours and long commuting hours are seriously affecting the Work-life balance of working fathers in the metro cities. There is a need to research and investigate further on this subject to improve the lives and productivity of working

men in metro cities of India.

Kakkar, Jyoti, Bhandari, Anuradha (2016) in the paper titled "A Study on Work-Life Balance in the Indian Service Sector from a Gender perspective" emphasized numerous studies on work-life balance issues faced by women at the workplace, yet studies on this topic that focus on men are limited in number. Studies on gender differences are available in huge numbers, however, few studies talk of work-life balance about men, for either they have been ignored or have been taken for granted for being the stronger sex, be it at home or the work front. This stereotype that men face worldwide may be a reason for their not being able to capture the limelight that women have been able to when it comes to work-life balance issues.

Joo and Lee, Abualoush et al. (2017) It is yet to be declared when it comes to the association between the happiness of workers and productivity in the workplace. Still, the common consensus is that a happy employee will become a productive employee.

Pradhan and Hati (2017) they approved out to examine the impact of employee wellbeing on psychological empowerment (i.e., meaning, competence, self-determination and impact). Attempts have been made to explore the intervening role of happiness with relationship between employees' wellbeing and empowerment. Data were collected on 96 executives randomly selected from Indian service sector. The final outcome of the study unveiled that employee wellbeing was positively associated with employee empowerment. Happiness was established to be an important mediator between employee wellbeing and empowerment

Johari et al. (2018) lessons failure to attain the correct balance to effort and reward have significant linkage to the dearth of control over workload as well as lack of energy in fulfilling personal needs and obligation. When there is an imbalance between effort and reward, fatigue, poor performance, and declined life quality.

Khaled adnanBataineh (2019) he reviewed the relation of work-life balance, happiness, and employee performance, Accordingly, a questionnaire-based survey was intended to test the aforesaid model based on dataset of 289 employees' from the (Med Pharma), Pharmaceutical industries in Jordan. The end results show that work-life balance and happiness positively and pointedly affect employee performance. However, job satisfaction non-impact in employee performance.

Ashwini A Yarnal (2020) she faced Work life balance (WLB) is the modern distinctive issue of health care industry, since employees consistently need to succeed and advance at work place, simultaneously for family and recreation. Balancing these two boundaries is the reason for burn out of employees and thus the employers perceived this as a need of hour and want to introduce the work life balance strategies, plans and formulate polices to employee morale, motivation and productivity. This paper illuminates the wide options for employers and employees to interface work life balance practices for organizational and personal performance.

2.2 Research gap of the Study:

After a large review of literature, it has been found that the medical sector/health sector where the employees are juggling with the highest rate of work-life imbalances. As we all know and agree that Doctors are next to God. Especially women employees play a vital role in the health sector, as women Doctors and nurses are there to treat patients. Women in India have to take care of their family along with their professional life and to maintain a balance between job and life is very essential.

Hence, it is imperative to chose female health care workers i.e., Doctors and Nurses, and other categories as they form an integral part of the healthcare system. Also after a thorough review of the literature. The researcher came across the fact that Lucknow is one of the largest districts of Uttar Pradesh which is also a larger state population-wise of the country, and there is still a scope for further research hence, there is a large scope for comparative study among the government and private hospitals which makes the study significant.

Lucknow District of Uttar Pradesh is selected as a study area. Government hospitals namely Primary Hospitals (PHC's + CHC's) and Private Hospitals are selected for study purposes. Government hospitals and Private hospitals in Lucknow District of Uttar Pradesh were selected as sample units of the study from which data was collected. A total of 300 female Doctors and Nurses are selected as the sample size where 149 from Government Hospitals and 151 from Private Hospitals are considered as a sample unit for this study.

The literature gaps warranted an exhaustive study addressing these gaps apart from other aspects of Work-life balance. The major problems or challenges addressed in

this study are Career Prospects, Stress, Time Scarcity, Tiredness or Depression, Abnormal Working Hours, Long Hours/Overtime, Shifts Suitability, Night Shift, and Maintaining Health. Studies in the literature discuss some of these problems however literature is scarce when it comes to research regarding the extensive challenges faced by women working in government and private hospitals. Next, this study deals with the cope up strategies required by women working in hospitals. The major cope up strategies considered in the study are work-life balance Policy Establishment & Communication, Ease of work work-life balance Policies, Family Benefits work-life balance Policies, work-life balance Programs, hospitals Benefit through work-life balance Policy, Financial Independence and Financial Support to Family. Previous researches as indicated in literature has taken either one or some of these factors. However, firstly the factors are understudied, secondly, the factors are not analyzed from the aspect of doctors, nurses, and other staff working in the hospital. This study tries to fill this aspect of the gap by analyzing the cope strategy factors from the different perspectives of doctors, nurses, and other staff working in the hospitals. The other major gap in the literature is the lack of extensive researches showing the differences in work-life balance in government and private hospitals. This study tries to address this problem through a comparison of work-life balance in government and private hospitals specifically through four aspects of Workplace Support, Anxiety Level, Personal Satisfaction, and Job Satisfaction.

2.3 Conceptual Framework

2.3.1 Historical background/ Evolution of work-life balance

The work-leisure dichotomy was invented in the mid-1800s, as a result of industrial capitalism. In anthropology, a definition of happiness is to have as little separation as possible "between your work and your play." The expression "Work-life balance" was first used in the United Kingdom in the late 1970s to describe the balance between an individual's work and personal life. In the United States, this phrase was first used in 1986.

The history of work-life balance begins in the latter half of the 19th century when reformers successfully campaigned against long factory hours and were able to demonstrate that reduction in working hours had no impact upon levels of output. During the early part of the 20th century, the campaign to reduce working hours

continued through a series of pioneering studies that demonstrated the relationship between time spent at work and the level of output was a complex one. These studies also took account of the importance of motivation and morale, fatigue, concentration, and attention to reveal that there were conditions under which a reduction in working time led to increased production, and there were optimum arrangements for the length of working time and intervals for rest pauses, in particular circumstances.

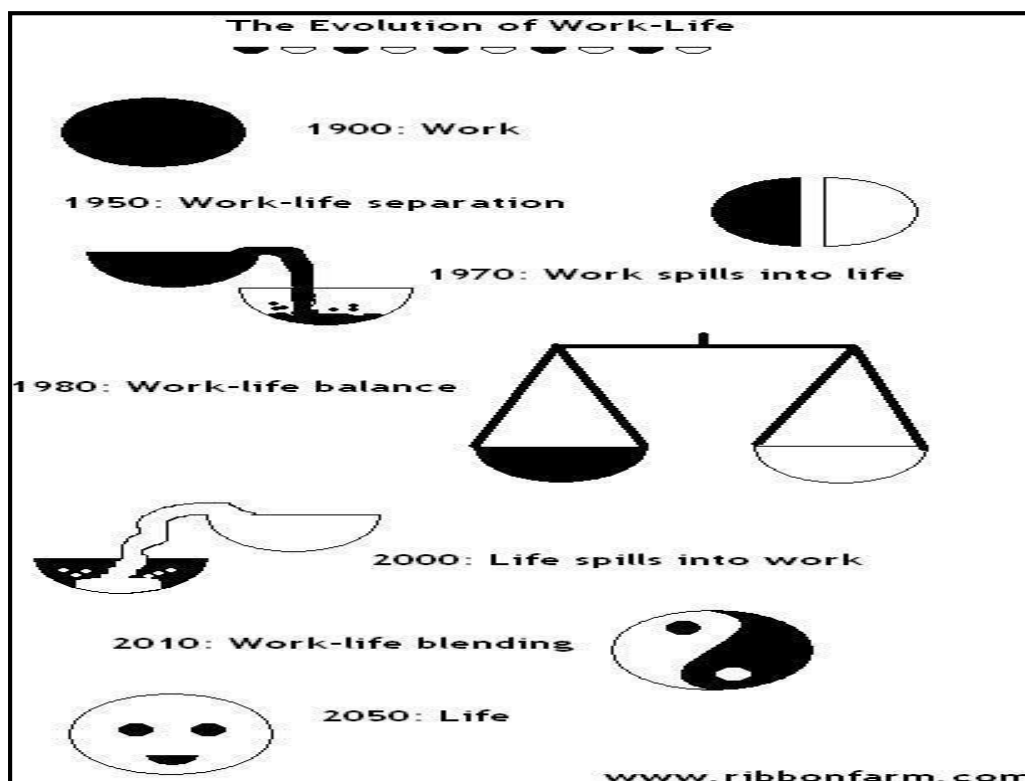
During the 1960s and 1970s, though the term work-life balance had yet to be coined, many factors can be identified that eventually gave rise to the current policy mix. These included:

- health and safety at work;
- international competitiveness;
- equality; and
- The flexible labor market.

During the 1960s the debate was very much about the extent to which paid overtime was “manufactured”, as explained below. The analysis focused upon informal workgroup organization and the joint regulation of working practices, within a framework of collective bargaining. The approach was at the heart of the report of the Royal Commission on Trade Unions and Employers’ Associations in the late 1960s. The analysis was built on the productivity bargaining experiences of the previous decade.

Productivity bargaining recognized that groups of manual workers often exercised unilateral informal control over many aspects of their working practices. Case after case revealed that the control included the regulation of working hours where overtime was paid at premium rates. Long overtime hours were often not necessary but “manufactured” to boost earnings. The consequence was a low productivity culture, associated with low hourly rates of pay and long hours of work. The answer was to negotiate new productivity packages, which included major changes in work organization and working practices – including flexible patterns of work organization – increasing basic rates of pay and curtailing overtime working. The 1970s proved to be a turning point brought about by a wide range of factors, such as increased international competition, changes in technology, new forms of organization, increased female participation, as well as changing and more diverse working-time

needs of individuals. It was during the 1970s that regulation also began to recognize the importance of equality with the introduction of the Equal Pay Act in 1970 and the Sex Discrimination Act in 1975. Since then issues relating to social equity and justice have multiplied and become more prominent and explicit. It is argued that long working hours among men in the child-rearing years have disadvantaged women in two ways: they have made it less possible for men to share in childcare and home building, leaving the onus upon women to carry those responsibilities; they have made it less possible for women to compete for more senior jobs if a major criterion for promotion is a commitment to the job, as demonstrated by long hours at work. The introduction of more flexible forms of work was an important strand in improving labor supply because it potentially allowed groups of individuals otherwise unable to enter the labor market the opportunity to do so. It was only during the 1990s, especially the latter half of the decade that Governments began to play a more interventionist role to give employees (and potential employees) certain rights for establishing a work-life balance that suited them. Most people think of only one notion relating to work and life: the work-life balance notion. Here's a picture of this evolution.



Source: www.ribbonfarm.com

Fig. 2.2: The Evolution of Work- Life

2.3.2 Work-life pyramid

2.3.2.1 Self: One cannot exist in harmony without the other and it all starts with the self. This is the foundation of any woman's legacy. 'Who am I?' 'Why do I do what I want to do?' are the guiding questions to the journey as a person, daughter, sister, wife, mother, and friend. It is not about the destination and all about the journey. The self is the whole package of spirituality, health, personal grooming, and education. The sense of wellbeing then reflects on every facet of life – family and work. The secret is to put one's oxygen mask on first to be empowered to support and nurture the people around. Happy, healthy women make great role models for their families and the resulting support drives them to be successful employees. It is like a stack of building blocks forming a pyramid.

2.3.2.2 Family: It is interesting to note that majority of women employees are married; pointing to a trend that financial and emotional support is required not only to ensure success but also to provide meaning to life. Strong family relationships are the foundation for most career women and they form great role models for their children and social network. All relationships need nurturing with time, love, and a constant effort to fulfill needs and expectations. Happy healthy individuals have happy and healthy relationships and this then spills over into their work.

2.3.2.3 Work: "When you are passionate about what you do, would rather give their business to you than to your competitor," explains Richard Nelson Bolles¹⁵, author of the bestselling book 'What Colour is Your Parachute?' The intrinsic feminine qualities of multi-tasking, networking, and communication result in a workplace which motivates and empowers. Their more worker-friendly policies boost morale and lead to less turnover, less absenteeism, and higher productivity. A supportive circle of family and friends is the platform available to seek advice and assistance and a major factor in the success of women employees.

2.3.2.4 Community: Once they move beyond the self and family, women employees find that their playing field encompasses the community and they have the power to make a difference and leave a legacy of positive change in the world. In following their passion and purpose in life they touch the lives around them through contribution and effective giving to become a social activist.

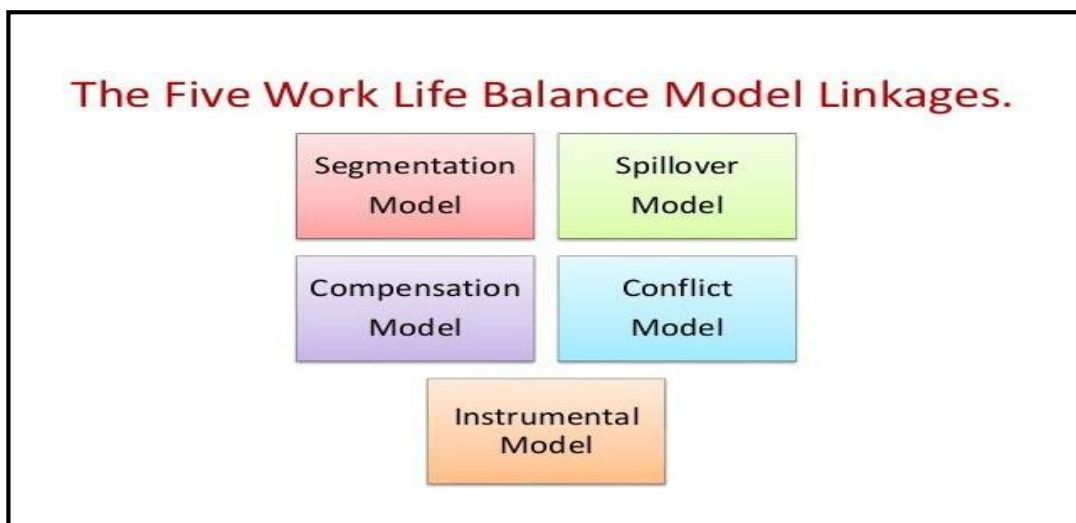


Source: <http://www.poonamsagar.com/people/its-a-juggling-act-work-life-balance-for-women>

Fig: 2.3: Work-Life Pyramid

2.3.3 Models of Work life balance

According to Zedek and Mosier (1990) and O'Driscoll (1996) there are typically five main models used to explain the relationship between work and life outside work. There are typically 5 models used to explain relationship between work and life outside work.



Sources: Zedek and Mosier (1990) and O'Driscoll (1996)

Fig: 2.4: Models of Work life balance

2.3.3.1 Segmentation Model: The segmentation model hypothesizes that work and non-work are two distinct domains of life that are lived quite separately and have no influence on each other. This appears to be offered as a theoretical possibility rather than a model with empirical support.

2.3.3.2 Spill-over Model: In the context of work-life balance, spill-over refers to positive or negative effects of an individual's working life on their personal life or family life and vice versa. The spill-over model hypothesizes that one world can influence the other in either a positive or negative way. There is, of course, ample research to support this but as a proposition it is specified in such a general way as to have little value.

2.3.3.3 Compensation Model: The compensation model which proposes that what may be lacking in one sphere, in terms of demands or satisfactions, can be made up in the other. For example work may be routine and undemanding but this is compensated for by a major role in local community activities outside work.

2.3.3.4 Instrumental Model: The instrumental model whereby activities in one sphere facilitate success in the other. The traditional example is the instrumental worker who will seek to maximize earnings, even at the price of undertaking a routine job and working long hours, to allow the purchase of a home or a car for a young family.

2.3.3.5 Conflict Model: The conflict model which proposes that with high levels of demand in all spheres of life, some difficult choices have to be made and some conflicts and possibly some significant overload on an individual occur.

2.4 Conceptual Framework: Work life balance of women working in government and private hospitals

A **conceptual framework** is an analytical tool with several variations and contexts. It can be applied in different categories of work where an overall picture is needed. It is used to make conceptual distinctions and organize ideas. The conceptual framework offers a strong foundation for examination and explores the study, will help in better understanding of work-life balance among women working in government and private hospitals.

Based on extensive review of related literature, the researcher has come across the need to conduct a study on a comparative study on work-life balance of working women in government and private hospitals of Lucknow district. For better understanding of this study, a conceptual framework has been developed in below figure.

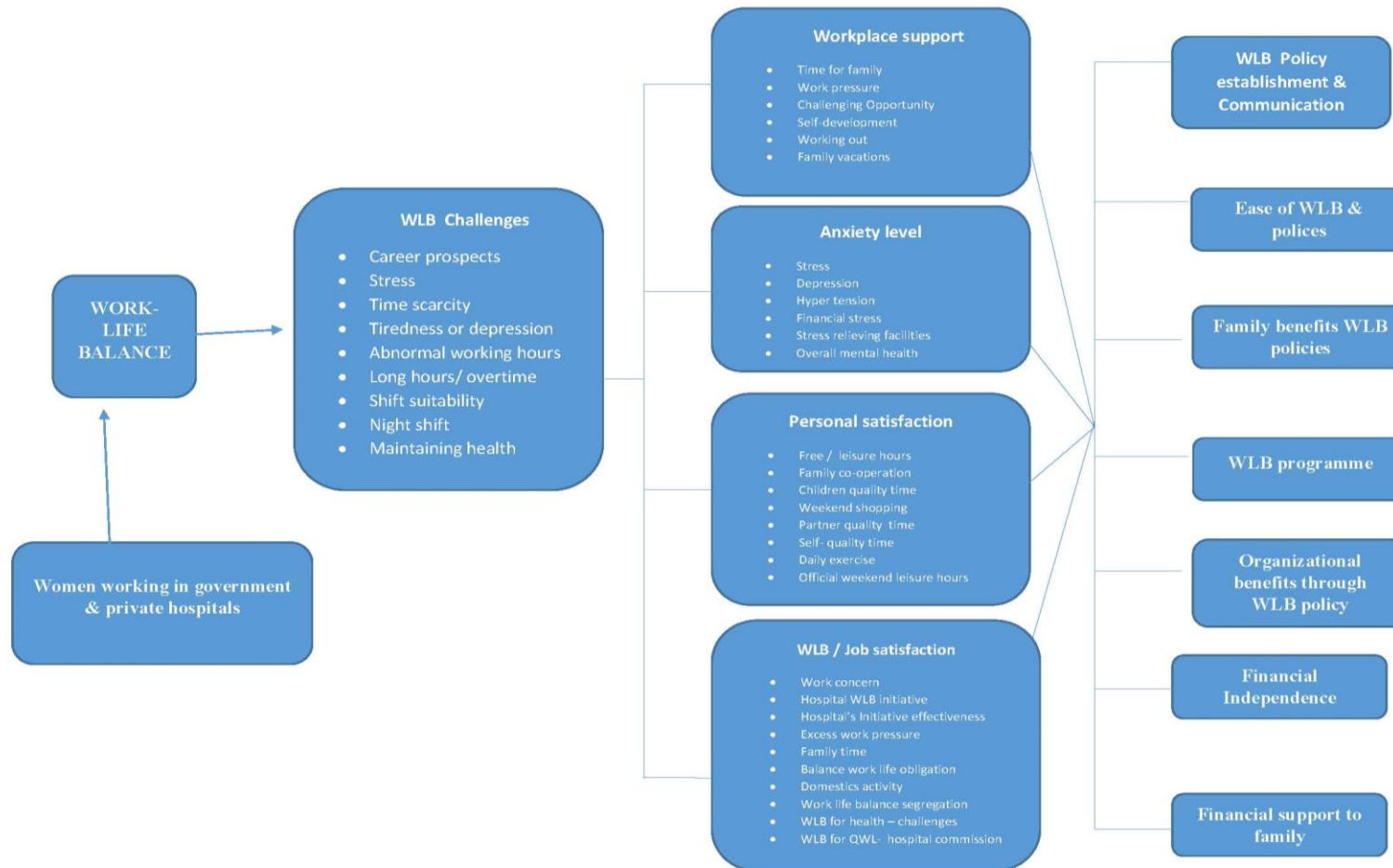


Fig:2.2 Conceptual Framework: Work- Life Balance

It is imperative to take a study on doctors, nurses, and other category employees of hospitals. The concept of Work-life Balance (WLB), backs the efforts of the employees to divide their time and energy between work, family, and the other aspects of their lives. In recent years, WLB has occupied a significant role in the hospitals to pay attention towards personal, societal, and professional aspects of their lives as well. Women employees have their challenges to deal with the 24/7 working hour as they have to balance between different roles in the personal domain and professional arena. Hospitals, in general, have realized that there is a need to plan and promote work-life balance policies for increasing the balance of the working women in both public and private hospitals. This has been done so as to bridge the gaps between the professional and personal life of Doctors, nurses, and Others category of employees of the hospitals. Strong conceptual frameworks capture something real and do this in a way that is easy to evoke and apply.

2.4.1 WLB Challenges: Work-Life Balance is a topic to be taken care of ever since the work of any kind came into existence, and especially when teamwork started in any organization, offices came into practices, work and life management had become a more serious subject to be studied and taken care of.

Work-life balance in simple terms is all about how the working-people in any field be able to manage their time spent, in and outside of their workplace. Time spent outside of their workplace may include anything from managing their relationships, taking care of the family responsibilities, which can be anything outside an employee's office related.

It is all and more about an employee having the flexibility in getting things done in their professional life, while they still have the time plus energy along with the motivation to also enjoy their personal life.

Work-life balance is an essential subject of concern in all fields, hence, to study the issue of work-life balance in the medical-health sector, of all those people associated with the health-related job, of all the medical practitioners, as the medical sector is the most significant sector. To stay healthy is very important and the doctors, nurses, etc make all efforts to keep us healthy, and in an emergency situation, they serve to the savior of life. So being healthy is of prime importance and also associated to health,

our health caretakers also need to be healthy not only physically but mentally and emotionally as well, only then their performance would be the best and which should be the best, as health could not be taken for granted, especially of women working in the health sector, be it doctors, nurses, and other health practitioners.

Work-life becomes imbalanced for women at their workplace when they face unrealistic demands with an unsupportive organization or organizational policies, which mount them up to incredible levels of anxiety, lack of control, mental disturbances, and ultimately high level of stress and anxiety which ultimately affects their performance somewhere or the other.

2.4.2 Workplace Support: workplace support is of ultimate importance, Workplace support refers to all kinds of arrangements and practices at the work-place that are designed to support/facilitate an Individual's effectiveness, and also well-being both in a social, emotional perspective. Workplace support renders the individual with a sense of affiliation and provides the individual all composite and conducive conditions for better performance.

2.4.3 Anxiety Level: Anxiety at the workplace needs to be resolved if better performance is required. Anxiety at the workplace refers to, stress and tension caused at the workplace that leads to mental and emotional disorders of employees. Anxiety always leads to negative effects both in personal and professional life hence it must be addressed to avert poor outcomes in an organization.

Worry and stress at the workplace lead employees to fail in meeting their deadlines, keep postponing things up and they start suffering from various health problems and disorders like headache, tensions, pressure, sensibleness, dizziness, etc., therefore work life should be satisfying for the employees.

2.4.4 Personal Satisfaction Level: Women can roster their hours the way they want to. The hospitals check every day the number of staff and skills required and let the employees then decide which of hours they would like to work. Employees are thus able to schedule their time conveniently between work and non-work activities.

2.4.5 WLB / Job Satisfaction Level: is an essential component as it keeps the employees' contented, satisfied and happy, and motivated. Job satisfaction basically comes from when the employees are satisfied with their job. Job, primarily should have the job stability, secondary they have growth in job and thirdly but not lastly they have balanced in their work and life.

2.4.6 WLB Policy Establishment & Communication: Policies need to be reviewed at the workplace because Workers/employees with higher levels of job satisfaction are more likely to have better performance. The employees Training and Development programs should be organized on a routine basis., where they get a chance to enhance their knowledge and skills, the workplace environment should be motivating and conducive which helps in reducing their workload stress, regular feedback and also appraisal helps to enhance their overall job/life satisfaction level. The mere creation of policies will not solve the purpose until and unless it is communicated to the employees.

2.4.7 Ease of WLB Policies: It is all about introducing the supple working-practices so that all the employees, irrespective of gender, age, race, and community can have practice appropriate arrangements that can permit them to combine their working life along with their social life and keep them balanced. Work-life balance policies ensure ease of work by balancing personal and professional life in the most efficient manner. WLB policies should focus on the benefits of balancing between work and life.

2.4.8 Family Benefits WLB Policies: Family benefits are to be administered at the organizations as it forms the basis towards a variety of goals, which includes and income maintenance and poverty reduction, support towards providing financial-cost in raising children, fostering secured employment, securing gender-equity, support for initial childhood growth and development. Family is the basic unit of an individual. Family plays a vital role in the development of an individual. The issues concerning an individual's family is always very close to heart. While examining the role of an individual, family concerns & benefits are always a matter of great concern. We carry family to workplace and workplace to family in the preoccupied mindset in light. Hence, WLB policies should be framed keeping in mind the issue of family benefits.

2.4.9 WLB Programmes: Any Work-life balance programs basically have two basic approaches. Policies that offer employees further flexibility and time management at working hours at the workplace which unswervingly reduce stress and it also increases work effectiveness as well as job satisfaction and further it also helps in organizational benefits.

There are a number of programs of work-life balance;

- Flexibility in leave policies
- Create a conducive work environment
- Offer flexible job scheduling

2.4.10 Organisational Benefits through WLB Policy: Organizational benefits would again be helpful for both the organisation upliftment and enhanced benefits to employees working in it. The proper Work-life balance has ample advantages to the employer and employees. Advantages to employees are that they have fewer occurrences of illness and malingering and on the whole a happier and less hassled workforce. The staff valued helps in improvements in employees both mental health/well-being.

2.4.11 Financial Independence:

Financial independence is an important aspect. If government and private hospitals are in a better situation to fulfill their Financial obligations (such as repayment of loan) or provide them good compensation for their work. When women working in hospitals do not get good compensation then they may have to seek help from their colleagues to solve their financial problem.

2.4.12 Financial Support to Family: Women working in hospitals and getting good compensation enables them to be financially independence. This in turn helps working women to support their family economically.

Chapter Summary: This chapter contained a detailed study of previous researches in the form of a review of related literature to identify the research gap. Based on identified research gap after literature review a conceptual framework has been developed to have a better understanding of the work-life balance of working women in government and private hospitals.



Chapter 3

Research Methodology



Chapter 3

Research Methodology

The Research methodology accepted for carrying out this study covers research techniques used for research design, sample procedure, questionnaire design, data collection, and data analysis. The important aspect of this chapter is to discuss the tools and techniques which have been used to discover the outcomes. The chapter contains the full journey of research, including defining and redefining problems, formulating a relevant hypothesis, and collecting, organizing, and evaluating data; and at last, prudently testing the prepositions. The chapter starts with the discussion of research design, founded by operating definitions and assigning a unit to variables and then discussions upon sample, measures, and methods to report the central research questions of the study.

3.1 Introduction

This chapter describes the research methodology and the process of data collection needed to empirically test the conceptual background advanced in the previous chapter. The research methodology included several components: the qualitative and quantitative; the method used for the collection of data; the sampling method; the techniques engaged for analysis of data; and the instrumentation used in the study. To the findings used the statistical tool such as the Chi-square test, t-Test, and ANOVA test have been used.

3.2 Scope of the study

Work-Life Balance (WLB) has become perceptible as a strategic concern for the management of human resources and a significant element for employees' retention strategy. Nowadays, a healthcare organizations in most developed and developing countries are facing a myriad of dramatic clinical, economic and organizational pressures. Most healthcare organizations are confronted with two crucial and often opposing challenges namely the urgent need to improve patient's quality of care while also containing escalating costs. Also, healthcare organizations have been struggling

with a drastic shortage of skilled healthcare professionals. To address these problems, this study examines the direct and indirect effects of Work-life balance practices in various hospitals in Lucknow. The study of Work-life balance practices provides employees with a greater level of work flexibility to accommodate family and other life responsibilities.

3.3 Research Problem

The major problem of research is associated with the work-life balance challenges faced by women working in hospitals and the cope up strategies of working women to face the work-life problems and challenges. The major problems or challenges addressed in this study are Career Prospects, Stress, Time Scarcity, Tiredness or Depression, Abnormal Working Hours, Long Hours/Overtime, Shifts Suitability, Night Shift, and Maintaining Health. Studies in the literature discuss some of these problems however, there is a scarcity of literature when it comes to research regarding the extensive challenges faced by women. Next, this study deals with the cope up strategies required by women working in hospitals. The major cope up strategies considered in the study are Work-life balance Policy Establishment & Communication, Ease of Work-life balance policies, Family Benefits Work-life balance Policies, Work-life balance programs, hospitals benefit through Work-life balance policy, Financial Independence and Financial Support to Family. Many researches in literature have taken either one or some of these factors. However, firstly the factors are understudied, secondly, the factors are not analyzed from the aspect of doctors, nurses, and other staff working in the hospital. This study tries to fill this aspect of the gap by analyzing the cope up strategy factors from the different perspectives of doctors, nurses, and other staff working in the hospital. The other major gap in the literature is the lack of extensive researches showing the differences in work-life balance in government and private hospitals. This study tries to address this problem through a comparison of work-life balance in government and private hospitals specifically through four aspects of Workplace Support, Anxiety Level, Personal Satisfaction, and Job Satisfaction. To study these aspects in detail various parameters are considered in each aspect as shown in the following chapters. To address these problems the following research questions are derived.

3.4 Research Questions:

1. Do the working women face work-life balance challenges?
2. Do working women differ in government and private hospitals for their work-life balance aspects?
3. What are the cope up strategies of working women on work-life balance?

3.5 Objectives of the study

1. To study the work-life balance challenges faced by working women in hospitals.
2. A comparative study on the work-life balance of working women in Government and private hospitals.
3. To understand the cope up strategies for the Work-life balance of working women in the government and private hospitals.

Objective 1 was to study the work-life balance challenges faced by working women in hospitals. To study and realize, this study has identified the important challenges faced by working women in hospitals. Since it is to be established statistically that whether or not the respective challenge is faced by the women working in hospitals, the inferential analysis was performed through the '*One-Sample Chi-Square Test*'. The inferential analysis done through this test will fundamentally establish whether a particular challenge is being faced by women working in hospitals or not. To measure the challenges originally the researcher had recorded the statements on the degree of agreement or disagreement, however, to perform this test only pure categories are required. The degree of agreement or disagreement wouldn't be required, pure categories of agreement or disagreement would be sufficient. Therefore, the scale responses of 'strongly disagree and disagree' were merged to form a single category of 'disagree'. Similarly scale responses of 'agree and strongly agree' were merged to form a single category of 'agree'. The 'neutral' category was considered as it is a pure separate category of 'neither agree nor disagree.'

As mentioned, the inferential analysis would establish whether a particular challenge is being faced by women working in hospitals or not. After merging the categories, the respondents may have three categories of responses i.e. they may agree with the statement, they may have a neutral opinion or they may disagree. There can be several

possibilities:

If a majority (significantly more number of respondents) of the respondents 'agree' with the statement then it may be concluded that the statement is 'true' and associated the challenge is being faced by the women working in hospitals.

- i. Similarly, If the majority (significantly more number of respondents) of the respondents 'disagree' with the statement then it may be concluded that statement is 'not true' and the associated challenge is not being faced by the women working in hospitals.
- ii. If the majority (significantly more number of respondents) of the respondents has a 'neutral' opinion of the statement then it may be concluded that the women working in hospitals have a neutral opinion about the associated challenge.
- iii. And if the occurrence of all the three categories of responses (agree, neutral & disagree) is equal, then it could not be concluded whether the statement is true or not and it may not be inferred with the observed data whether the challenge is faced or not faced by the women working in hospitals.

As per the requirement '*One-Sample Chi-Square Test of Equal Occurrences*' is applied to perform the inferential analysis. This test establishes whether all the considered categories occur equally or some particular category occurs significantly more. In this study, the three considered categories of response for each statement are 'agree, neutral or disagree'. The null and alternate hypotheses for this test are:

- H₀: All the categories occur with equal probability;
- H₁: All the categories do not occur with equal probability.

Objective 2 of the study was to compare the work- life balance of working women in government and private hospitals. A comparative study of work-life balance in government and private hospitals was done on the four considered aspects. In each aspect, several parameters were considered and a comparative study of work-life balance in government and private hospitals for each parameter was done. Since the comparison is done between two groups of Government & Private Sector Hospitals, therefore '*Independent Samples t-Test*' will be applied to determine the significance of the difference between the two groups. The generic hypothesis of the t-test is:

- * H_0 : population means of two groups are equal i.e. there is no significant difference between means of two groups.
- * H_1 : population means of two groups are not equal i.e. there is a significant difference between means of two groups.

Objective 3 of the study was to understand the cope up strategies for the work-life balance of working women in government and private hospitals. The cope up strategies were studied through seven factors viz. Work-life balance Policy Establishment & Communication, Ease of Work-life balance policies, Family Benefits Work-life balance Policies, Work-life balance programs, hospitals benefit through Work-life balance policy, Financial Independence and Financial Support to Family or Work-life balance policies. Women working in hospitals were classified into three categories of doctors, nurses, and others(ANM/GNM) as per their designations. The objective analysis the cope up strategies of working women from their designation perspective. Since the comparison is done among three groups '**One Way ANOVA**' was be applied to determine the significance among these groups. The generic hypothesis of 'One-Way ANOVA' is:

- * H_0 : population means of all the three groups are equal i.e. there is no significant difference among the means of three groups.
- * H_1 : population means of all the three groups are not equal i.e. there is a significant difference between means of at least one pair.

ANOVA only determines that there is a difference among the considered groups, however, to determine which particular pair of designations differ a **Post Hoc** analysis was be done employing the most acceptable **Post Hoc Scheffe's Test**.

Table 3.1 Descriptions of Research Dimensions

AREA	EXTENT
Theoretical /conceptual scope	Work-life balance of working women (Doctors and Nurses) in Government and Private hospitals of Lucknow district
Survey area	Lucknow (Uttar Pradesh)
Selected Sector	Government and Private hospitals (Women Doctors and Nurses and other category (ANM/GNM))
Type of Research	Exploratory cum conclusive descriptive research
Research approach	Quantitative: Hypothesis Experiment theory Qualitative: Empirical study- Description or theory
Sector	Government and Private Hospitals
Sample size	300
Sampling method	Probability sampling: Stratified Sampling
Source of Data	Primary Data: Data Gathering instrument i.e. Questionnaire
	Secondary Data: has been obtained from existing literature, published books, Research papers, and article from different journals
Measurement of Variable	Dependent Variable- WLB Challenges, Work place Support, Anxiety Level, Personal Satisfaction, WLB / Job Satisfaction Level, WLB Policy Establishment & Communication, Ease of WLB Policies, Family Benefits WLB Policies, WLB Programmes, Organisational Benefits through WLB Policy, Financial Independence, Financial Support to Family Independent Variable- Nature of hospitals- Government hospitals and Private hospitals Nature of employees- Doctors, Nurses and other category of working staff.
Data Collection Instruments	Questionnaire- I have used the same questionnaire in both government and private hospitals which is divided into 4 sections:

	<ol style="list-style-type: none"> 1. Personal Profile of the respondent 2. Challenges for balancing work and life- (1-5 Likert Scale) 3. Factors for Work-life balance- (1-5 Likert Scale) 4. Policies for the work-life balance of working women- (1-5 Likert Scale)
Tools and Techniques of analysis	SPSS 25 (Statistical Package for the social science) Software and MS Excel used for Data analysis- Chi-square test, Inferential Statistics – t-Test and Anova Reliability Testing- Cronbach’s Alpha
Scaling in questionnaire designing	Nominal Scale Ratio Scale

3.6 Research Design and Methodology

The study is descriptive, as well as analytical in nature. To make the study more meaningful and concrete, necessary data is collected from the relevant sources. Analysis of sample taken from the selected hospitals is used to draw the conclusion and reveal the importance, impact, and effectiveness of the Work-life balance practices along with the awareness of work-life balance practices among the medical professionals. To achieve research objectives, the study is based on primary and secondary data, which includes surveying through well-designed questionnaires. In addition to this, personal interviews, discussions, etc. are also conducted with several professionals in various hospitals.

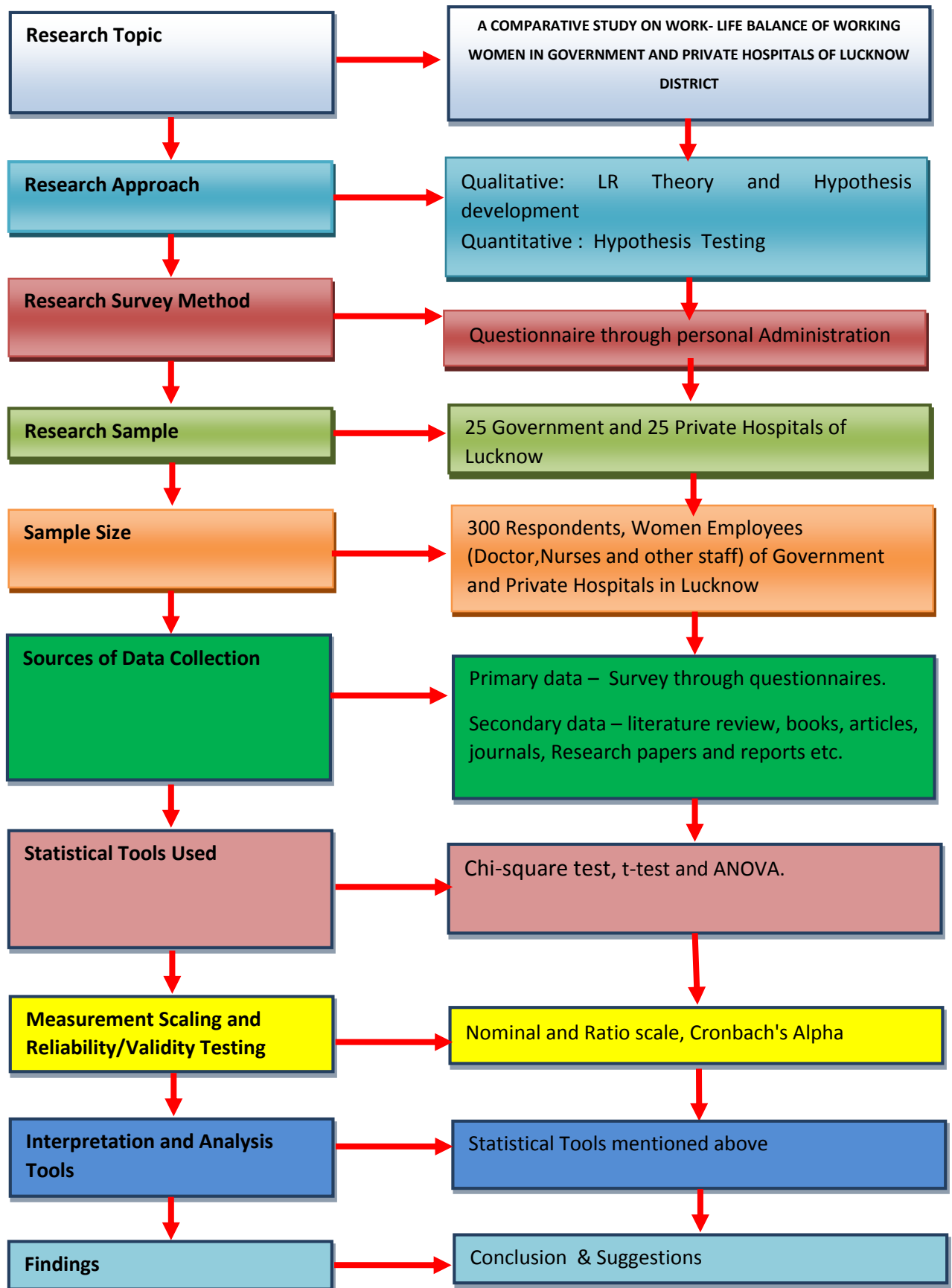


Figure 3.1 Flow chart of Research design and methodology

3.7 Pilot Study:

The review of the literature revealed that standardized tools for work-life balance were available. In a pilot study to validate the Work-life balance Scale was conducted and Cronbach's Alpha value is calculated.

3.8 Methodology and techniques to be used

3.8.1 Methodology:

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. Typically, it encompasses concepts such as paradigm, theoretical model, phases, and quantitative or qualitative techniques. A methodology does not set out to provide solutions - it is, therefore, not the same as a method. Instead, a methodology offers the theoretical underpinning for understanding which method, set of methods, or so-called "best practices" can be applied to the specific case, for example, to calculating a specific result. The researcher has selected Descriptive Research with Quantitative and Qualitative Methodology.

3.8.2 Descriptive Research

Descriptive studies have more guidelines. They describe people, products, and situations. Descriptive studies usually have one or more guiding research questions but generally are not driven by structured research hypotheses. Because this type of research frequently aims to describe characteristics of populations based on data collected from samples, it often requires the use of a probability sampling technique, such as simple random sampling. Data from descriptive research may be qualitative or quantitative, and quantitative data presentations are normally limited to frequency distributions and summary statistics, such as averages.

3.8.3 Quantitative Methodology –

Involves those methods such as closed surveys, structured interviews, and sociograms (diagrammatic representations of interactions between individuals) which enable data (concrete or conceptual) to be collected, measured, and compared with a

standard. Quantitative Research is used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics. It is used to quantify attitudes, opinions, behaviors, and other defined variables – and generalize results from a larger sample population. Quantitative Research uses measurable data to formulate facts and uncover patterns in research. Quantitative data collection methods are much more structured than Qualitative data collection methods. Quantitative data collection methods include various forms of surveys - online surveys, paper surveys, mobile surveys and kiosk surveys, face-to-face interviews, telephone interviews, longitudinal studies, website interceptors, online polls, and systematic observations.

3.8.4 Qualitative Methodology –

Qualitative Research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research. Qualitative Research is also used to uncover trends in thought and opinions, and dive deeper into the problem. Qualitative data collection methods vary using unstructured or semi-structured techniques. Some common methods include focus groups (group discussions), individual interviews, and participation/observations.

3.9 Research design:

The researcher has attempted to explain the research design from the following point of view.

- The plan specifies the sources and types of information relevant to the research study.
- A strategy specifying the approach which will be used for collecting and analyzing the data.

3.10 Design of the study

The purpose of this research was to study the influence of Demographic Variables, work-related Variables (working conditions, Compensation Packages, Job Stress, and Job Satisfaction), Family/Life-related variables (Family/Elders Support, Spouse

(Husband) Support and Friends/Relatives/Society Support) on Work-life balance and its dimensions, namely, Job interference with Family life, Family life interference with the performance of Job and finally Job and Family interference with individual/personal life enhancement. The study aimed at examining the differences in work-life balance of Women doctors and nurse and other working professionals at varying levels of individual, family, and work-related WLB variables. In addition, the purpose was to study the nature of work-life balance programmes provided in Government and Private Hospitals of Lucknow District, Uttar Pradesh. Thus, descriptive research (survey) design was used to undertake the study.

3.11 Selection of sample

3.12.1 Sample Design and Sampling Technique:

Sampling is a procedure for the selection of few items from the given population. Proper planning reduces the risk of conducting a study that will not produce useful results and determines the most sensitive design for the resources available. A representative sample mirrors the characteristics of the population and minimizes the errors associated with sampling.

3.12.2 The sampling Process followed for the research

- Define the Population
- Identify the Sample Frame
- Specify sampling unit
- Specify the sample Design
- Determine Sample Size
- Select Sample Units
- Collect the data from the designated sample units

3.12.3 Defining the population:

It is the aggregate of all the elements defined before the selection of the sample. It is necessary to define the population in the given below terms-

- a) **Elements:** Women Doctors, Nurses, and others
- b) **Sampling Unit:** Women Doctors, Nurses, and others in Government and Private Hospitals

- c) **Extent:** Lucknow District of Uttar Pradesh State, India
- d) **Time:** 3 Months for Collecting Data

3.12.4 Identifying Sampling Frame:

Sampling frame is a representation of the elements of the target population. It consists of a set of directions for identifying the target population.

3.12.5 Specifying Sampling Unit:

The sampling unit is the basic unit containing the elements of the target population.

- **Sampling Unit for research:** Women Doctors, Nurses and others of Selected Government and Private Hospitals of Lucknow District, Uttar Pradesh.

3.12.6 Specify the Sample Design:

Sample design indicates how the sample units are selected i.e. sampling technique used for the selection of sample.

- **Sampling Technique used for the research:** Stratified probability sampling.

3.12.7 Determine Sample Size:

An appropriate sample size is based on a number of accuracy factors that one must consider together. These factors comprise the following:

- Goals of research and Population Size
- Desired Precision (Sampling error tolerated) of results
- Confidence level
- Degree of Variability – How varied the population is with respect to the characteristics of interest.
- Response Rate

3.12 Data Collection

The researcher, in consonance with the present research work, has collected both primary data and secondary data. The primary data were directly collected by the researcher. From their original sources, the researcher has collected the requisite data

precisely in accordance with the research needs. In contrast to this, the secondary data was taken from readymade sources on which the researcher has no control over collection and classification. In other words, the secondary data are those which have already been collected by someone else and have been probably passed through many possible numbers of interpretations.

3.12.1 Primary data:

Primary data is collected in the following ways:

Questionnaire: Detailed and comprehensive questionnaire was prepared for Women Doctors and Nurses.

Collection of data through the questionnaire: The researcher has designed a questionnaire to collect the primary data. It has been already defined by somebody, by questionnaire the researcher refers to a device for securing answers to questions by using a form which the respondent fills up. There are two other related tools, viz- 'Schedule' and 'Interview guide' that a researcher can use. The schedule is the name usually applied to a set of questions that are asked and filled in by an interviewer in a face-to-face situation with another person. The two forms obviously have much in common, particularly in both the wording of the case of questions is the same for all respondents. An "Interview Guide" on the other hand, is a list of points or topics which an interviewer must cover during the interview. In this case, considerable flexibility may be allowed as to the manner, order, and language in which the interviewer asks the questions. Each of these three research tools contains a set of related items that is a set of questions all logically related to a central problem. Not all items obviously have the same form but in general, they can be classed by the degree to which they are structured. However, the questionnaires are distributed to the sample hospitals by the researcher and got filled in by the relevant Doctors and Nurses and other category (ANM/GNM). Then the researcher collected and analyzed them with the help of software like SPSS.

Discussion & Interviews: In order to have a better understanding of the issues pertaining to WLB in Government and Private hospitals a detailed discussion with the persons directly and indirectly related to Hospital Administration was conducted. These persons are in various capacities as Women Doctors and Nurses.

3.12.2 Secondary Data:

The secondary data was collected from the secondary sources, these sources which record an event or happening that was never actually witnessed by the researcher. The secondary data was available from the following sources:

- Records and documents written by actual participants or eyewitnesses of an event such types of documentary sources are official records or minutes, deeds, articles, press releases, newspaper items, surveys, and various reports, etc.
- Records on historical, rather chronological developments of the organization or event.
- Orally transmitted material.
- Handwritten material.
- Printed material like books, periodicals, papers, and literature.
- Audio-visual records.
- Records on personal observations

The first part of Secondary data has been gathered by the researcher from the following - i.) Reference books, Journals, Relative Thesis, and Reports.

ii.) Magazines, newspapers, and reference books.

iii.) Medical journals giving the theoretical background of HRM practices in the hospitals considered for research.

3.13 Respondents

Women Doctors and Nurses and other category (ANM/GNM) from select Government and Private Hospitals of Lucknow District, Uttar Pradesh.

3.13.1 Profile of Hospitals

The Medical sector is an economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. Health care service is the combination of tangible and intangible aspects with the intangible aspect dominating the tangible aspect. The tangible things could include the bed, the décor, etc.

3.13.2 Historical Background of Indian Medical Sector

Right from the time of Ramayana and Mahabharata, health care was there but with time, the Health care sector has changed substantially. With the improvement in Medical Science and technology, it has gone through considerable change and improved a lot. In between the 1950s and 1980's the Health care facilities and personnel increased substantially, but gradually due to the fast population growth, the number of licensed medical practitioners per 10,000 individuals had fallen in the 1980s to 3 per 10,000 from the 1981 level of 4 per 10,000. There were approximately ten hospital beds per 10,000 individuals in 1991. Primary health centers are majorly the cornerstone of the rural health care system.

3.13.3 Health Infrastructure of India

Health Infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. Human Resources for health services have been described as the 'heart of the health system in any country'. Availability of an adequate number of skilled healthcare professionals with their appropriate deployment at different levels of healthcare setup is essential for providing effective healthcare services to the population. The Medical Council of India was established in 1934 under the Indian Medical Council Act, 1933, now repealed, with the main function of establishing uniform standards of higher qualifications in medicine and recognition of medical qualifications in India and abroad. It was primarily formulated to meet the challenges posed by the very fast development and the progress of medical education in the country. National Health Profile, 2016 published by the Central Bureau of Health Intelligence provides a database of health information of India for improvement of quality of healthcare services of the country.

3.13.4 Factors Affecting Hospitals in India

The Healthcare Industry is witnessing a sudden paradigm shift in the last ten year. Though this change was inevitable and the health sector has been working towards it for a decade now, this has been visible only in the last few years. Various factors are responsible for the current pattern of hospitals.

3.13.5 Regulatory Framework

The Union Ministry of Health and Family Welfare is responsible for the implementation of national programs, sponsored schemes, and technical assistance relating to the Indian healthcare industry. The departments which work under the Ministry are the Department of Health, Department of Family & Welfare, Department of AYUSH. The autonomous institutions that research various specific areas under the Ministry of Health and Family Welfare are the Indian Council of Medical Research (ICMR), Indian Medical Association (IMA), Central Drug Research Institute (CDRI).

3.13.6 Profile of the Study Area

The city of Lucknow is in Uttar Pradesh, which is a state located in the north part of India.

3.13.7 Hospitals and Health Centre in Lucknow

Health services are provided in the Public sector by the Department of Medical, Health and Family Welfare, Government and Private sector (hospitals, CHC/ PHC, nursing homes, and clinics). Besides, there are few charitable hospitals, which provide subsidized health services to the poor. Furthermore, there are Central Government health facilities, which include railway hospitals, ESI and Cantonment hospitals, and dispensaries.

3.13.8 A Brief Overview of Study Sample

The present study is confined to Lucknow, the sample size is 300, and the area of the study is selected by the reputed hospitals based on stratified sampling in government and private hospitals of Lucknow district.

3.13.9 A Summary of Respondents

3.13.9.1 Role of female Doctor in hospitals

Doctors are mostly into full-time services and are working 8 hours per day and 5 days in a week minimum and are confronted by increasing workload every day. So, most of them carry work and responsibilities to home but balancing between these two

complex situations in the present-day fast life requires talent, tact, skill, and caution. Women have to cope up with high work targets, office commitments, tight meeting schedules, and the duties and responsibilities of life and home.

Female Doctors and their families are a disadvantaged group within society by their worse access to a doctor of choice, including medical families. They may have poorer health outcomes as patients in the health system due to under- and over-treatment and a failure to utilize their referral networks when in crisis. Doctors have both a personal and professional responsibility to ensure they are accessing and optimizing quality healthcare.

3.13.9.2 Role of female nurses in hospitals

Next to doctors, nurses play a significant role in the hospital. Their job is to implement, execute the course of action prescribed by the doctor, such as dispensing the medicine and monitoring the patient's condition. In the present context, they handle a lot of technologies, like critical life saving and patient monitoring equipment, in intensive care situations. They also provide bedside care, such as making beds, cleaning the sick person, etc. Apart from this, they also supervise the work of their subordinates as well as assist in certain kinds of administrative work. Nurses rank second in the hierarchy of professionals in the hospitals. Female Nurses are one of the most diverse and largest workforces in the health care system. The nurses are one of the strongest pillars of the health care delivery system in providing safe, affordable, and quality services to the people. Mortality, morbidity and disability reduction, health promotion through healthy lifestyles are positive health outcomes in which nurses have a pivotal role.

They play a major role in maintaining health status and also in achieving the health-related targets of the country. The various cadres in the health system make nurses an important health workforce from the community to higher levels in the health care delivery system. The auxiliary nurse midwives(ANM) and public health nurses are the major players in the community. Health promotion, prevention, institutional care, and rehabilitation services are the essential contribution of nurses to the health care system. Despite their vital role within the health care system, nurses remain as an invisible workforce of the health care delivery system. Today, the nursing profession

is facing numerous challenges. These challenges are causing major hurdles in the development of nursing. The shortage of trained nursing personnel in the health care system is one challenge that is a global concern.

3.14 Distribution and collection of questionnaires

Questionnaires were distributed to Women Doctors and Nurses other category (ANM/GNM) of select Government and Private Hospitals in Lucknow District, Uttar Pradesh personally. A total of 300 out of 330 questionnaires distributed were returned, yielding a response rate of 90.9 %. A Covering letter was attached to inform the participants about the purpose of this research. Participants responded voluntarily and respondents were assured of strict confidentiality of their information and responses.

3.15 Type and Nature of Questionnaire Design

The structured questionnaire used for the study is pre-determined in nature. Equal importance has been given to all forms of questions like demographic profile, career background, attitude about working conditions, level of satisfaction, personal satisfaction, and factors related to work-life balance, issues and consequences of work-life balance, attitude about the ways and means of obtaining work-life balance. The required data for the study has been obtained through attitude measurement scales comprised of graphical rating, itemized, and Likert backgrounds. In addition to that open, closed, and multi-item scales have been used.

3.16 Pre-testing of Questionnaire

The structured questionnaire for the study has been pre-tested for its validity and reliability. For this, a panel of experts comprising of academicians, top-level representatives, Women Doctors, and Nurses of Government and Private Hospitals of Lucknow District, Uttar Pradesh have been identified on a judgmental basis. The selected representative samples have been interviewed through informal interviews to obtain their opinion about the validity and reliability of the questionnaire, questions, and scaling. Through the discussions and suggestions, some modifications have been made in the questions related to an opinion about the impact of their family on work

and work on the family. The scaling related to the consequences of work-life balance and imbalances has been redesigned. The restructured questionnaire has been employed for further data collection.

3.17 Content Validity of Questionnaire

The validity of the questionnaire has been established by choosing the judgmental group comprising of academicians, scholars, authorities, and employees belonging to the selected study sectors. Based on the outcome of the personal interview, the validity of the questionnaire has been tested in terms of its content, criteria, and consistency.

3.18 Structure of the survey questionnaire

The survey is designed to produce quantitative information. All questions are ‘close-ended’ respondents had to pick one of the available answers. This makes it easier to process the information. The five-point rating scale is used for getting responses for different statements in the questionnaire.

Table 3.2- Structure of Questionnaire

Section	Particulars	No of Questions/ Statement
	Total no. of Questions: 74 in Total 4 Parts	
I	Demographic Details of The Respondents	10
II	Challenges for balancing work and life	9
III	Factors for Work-life balance	32
IV	Policies for Work-life balance	23
	TOTAL	74

3.19 Quantification and Measurement of Variables

- **Section I: Demographic Variables:** (1) Name of the Respondent (2) Name of the Hospital (3) Address (4) Designation (5) Types of hospitals (6) Age group (7) Qualification (8) Annual income (9) Experience (10) Distance of workplace from the place of residence
- **Section II: Challenges for balancing work:** to ascertain the real work-life

challenge nine questions were asked.

- **Section III: Factors for work-life balance** (1) Workplace support (2) Anxiety level (3) Personal satisfaction (4) WLB/Job Satisfaction level
- **Section IV: Policies for Work-Life Balance** (1) Work-life balance Policy Establishment & Communication (2) Ease of Work-life balance policies (3) Family Benefits Work-life balance Policies (4) Work-life balance programs (5) hospitals benefit through Work-life balance policy (6) Financial Independence (7) Financial Support to Family.

➤ **Section I – Demographic Variables**

1. **Name of the employee and Organization in which an employee is working:** This is also one of the deciding factors of work-life issues. The Women employees working in few organizations find more balance as compared to Women employees working in other organizations.
2. **The type of sector in which employees are working:** The researcher has got the respondents from the health sector. The main focus of the survey was only Government hospitals and Private hospitals were put under this category.
3. **Designation:** Whether the Designation is Doctor or Nurse, ANM/GNM matters while balancing issues of work and personal life. A Women Doctor finds a balance between her professional life and work-life.
4. **Age of an employee/Life Stage of Employee:** The age of an employee plays a very important role in work-life balance issues. The younger employees i.e. 18 to 35 years of age find their life in a little balance way. But after some age due to manifold responsibilities of the family, the employees find it difficult to find time for many things which they want to do.
5. **Educational Qualification:** The Women employees who are MBBS/MD find more balances as compared to Women nurse employees having B.Sc. Nursing/ANM/GNM. So attending classes, studies and examination and organizations with little or no support for such things affect the work-life issue of Women employees seeking further education.
6. **The present annual income of employees:** The Women employees having less annual income find more work-life imbalance as compared to Women having a good annual income. Such Women employees try to work additional hours to

gain higher income.

7. **Experience in the present organization:** The Women employees having worked for the organization for a longer time find more work-life balance as compared to Women with less tenure in the organization. The reason being the Women employees who joined newly were not having provisions of various leave facilities. At the same time, many were reluctant to avail the leave facilities provided with the fear that it will affect their performance.
8. **Time Spent in Hours per day during travel (between Home and Hospital):** The Women employees spending more hours during travel find more work-life imbalance as compared to Women spending fewer hours during travel. Such Women employees try to work fewer hours at the workplace to gain a work-life balance.

Section II: Challenges for balancing work and life

The workload at the workplace: The working conditions in the study refer to the Doctor's and Nursing staff's surroundings in and around the work that would facilitate and enhance their skills and abilities to achieve the tasks in the hospital. The environment affects the Doctors and Nursing job in the hospital. As expected, there was a strong correlation between working longer hours and a reported imbalance between work and the rest of life.

The working conditions support Doctors and Nurses to function at the highest potential of clinical practice, to work effectively in an interdisciplinary team of caregivers such as doctors, nurses, technicians, and housekeeping staff, and to mobilize resources quickly. The quality work environments have a comprehensive set of characteristics such as career prospects, work time utilization, absenteeism, level of autonomy and decision making, professional development opportunities, abnormal working conditions, night shifts, the scope of the Doctors and nursing leadership role, span of control of Doctors and nurses, team relationships (communication and coordination), hospitals climate, workload, productivity and work-life balance that permit "Doctors and Nurses to practice to their full potential".

Section III: Factors for Work-life Balance

1. **Workplace support and anxiety level:** There is a relationship between work-life balance and job stress. The pattern is clear: workers who have experienced difficulties balancing work and personal life and also are likely to report chronic job stress, compared with those experiencing no change or a reduction in work-life balance difficulties. High stress is equated with work-life balance difficulties. So, women facing more challenges at the workplace. The colleagues need to give the required support to the Women employee whenever she needs to perform the balancing act of personal life and work-life.

2. **Personal life Satisfaction and Job satisfaction level:** When satisfaction from the job and work-life balance is achieved, people feel that they have attained the best possible quality of life. Work-life balance is an issue of strategic importance to organizations and having significance to employees especially for women employees in terms of job satisfaction. It is the responsibility of the spouse/family to support the Women employee whenever she requires performing the balancing act of personal life and working life. The Women employee needs to get support from friends, relatives, and society whenever she requires to performing the balancing act of personal life and work-life. The work-life imbalance creates job dissatisfaction which in turn creates an imbalance in work and personal life.

- **Section IV: Policies for work-life balance**

Work-Life balance is an important aspect of gaining peace between the personal and professional life of an individual. To achieve work-life balance, organizations (hospitals) should adopt certain policies so that women working in hospitals are able to fulfill their work and personal obligations. Policies like Work-life balance Policy Establishment & Communication, Ease of Work-life balance policies, Family Benefits Work-life balance Policies, Work-life balance programs, hospitals benefit through Work-life balance policy, Financial Independence, Financial Support to Family should be adopted.

3.20 Variable-wise Opinion of Respondents:

The five-point rating scale is used by the researcher to measure the attitude of the

respondents without restricting their opinion. Based on the variables the opinion varies, the opinion and an assigned value of weight against the opinion variables are numbered as sequence 1, 2, 3, 4... The respondent's opinion is measured with the five-point rating scale and weights assigned against them as follows.

(Strongly Disagree= 1), (Disagree= 2), (Neutral= 3), (Agree= 4) and (Strongly agree= 5)

3.21 Framework of analysis

The personal and career profiles like age, educational qualification, hospital types, designation, income, experience, distance from home. The aspects related to reason to choose the present profession, the priority of available time with family activities, attitude about the attributes influencing towards individual benefits and organizational benefits, and Factors affecting work-life balance have been compared and analyzed through simple weighted average methods. The level of significance and association of attributes about their attitude towards work-life balance has been tested and verified with the help of t-test, One Sample Chi-Square ANOVA.

3.22 Data analysis and interpretation

Mostly to facilitate the data analysis, tools like percentages, averages were taken into account and to test the hypothesis and to measure the degree to which a series of observed frequencies deviate from their expected preferences. Each question was treated as a separate variable. For the demographic factors, the simple Univariate Analysis using percentages and means was done. Listing of dependent and independent variables along with the data type (measurement scale) was done. Codification of variable data was followed by preparation of Master Charts. SPSS (Statistical Package for the Social Sciences) 25 version was used to analyze the data after due entry of each -and every respondents' data. The analysis is done with the use of Tabulations. Factor analysis is used for reducing data complexities by reducing the number of variables being studied. The t-test for knowing the non-significant, significant, and highly significant variables of work-life balance initiatives was identified. The data gathered through the questionnaire and interview were classified and analyzed with the help of SPSS (Statistical package for social sciences). The

perceptions and opinions of the respondents were incorporated into the findings. Similarly, application-specific computer software was used for graphical presentation and to analyze various data statistical tests were used. The analysis would be presented with the help of Tables and Graphs.

Chapter Summary

The objective and research methodology chapter is a very important chapter in the thesis. It provides the various objective and research methodology framework of the study which very helpful to know the data analysis framework. In this chapter, the above theories explains the concept, various objectives, and research methodology which used in the study such as objective of the study, the hypothesis of the study, data collection, sample size, sampling techniques, demographic profile, the concept of one-sample t-test, one sample chi-square test, One-way ANOVA, the concept of reliability and various parameters of primary data collection.



Chapter 4
Data Analysis and
Interpretations



Chapter 4

Data Analysis and Interpretations

The purpose of the research was to interpret the women's work-life balance in selected government and private hospitals of Lucknow. The major focus of the study was to find out the daily work-life balance of working women of hospitals. Another related focus was on different factors that have affected the working women's work-life balance in government and private hospital women. The research also focused on the comparative study on women's work-life balance between government and private hospitals and focused on different government policies related to women's work-life balance. Finally, the research focused on the significance and its impact on women's work and life. The research focused on finding out the problems, prospects, measures, and suggestions for improving the hospital system for women's work-life balance. The survey was conducted using a structured questionnaire from the doctors working in selected Government and Private Hospitals in Lucknow district. The study justified the various earlier research studies on the matter concerned. The statistical analysis of the data for the existing study was done by using a Chi-square test, t-test, and ANOVA. The primary data of the study were analyzed using IBM SPSS 25 statistical tool.

Table 4.1 Sample Size of Study

District	Sector (No. of Respondents)		Total
Lucknow	Government Hospital	Private Hospital	300
	149	151	

Source: Primary Data

4.1 Reliability Test

Table 4.2 Reliability Statistics

Reliability analysis	No. of items	Cronbach's Alpha
WLB Challenges	9	0.809
Workplace Support	6	0.769

Anxiety Level	6	0.801
Personal Satisfaction	8	0.831
WLB / Job Satisfaction Level	12	0.840
WLB Policy Establishment & Communication	4	0.787
Ease of Work WLB Policies	4	0.812
Family Benefits WLB Policies	3	0.740
WLB Programmes	3	0.804
Organisation Benefit through WLB Policy	3	0.758
Financial Independence	3	0.766
Financial Support to Family	3	0.836

Source: SPSS 25 output

Internal reliability of scales used for the study was proved by performing Cronbach's Alpha test of reliability through IBM SPSS 25. Table 4.2 depicts the Cronbach's Alpha value constructwise.

4.2 Descriptive Analysis of Demographic Variables

The demographic variables considered in the study are hospital type, designation, age, income, experience, and distance from the hospital. The descriptive details of the collected sample are presented below:

Hospital Type

Table 4.3: Hospital Type Frequency & Percentage

Category	Frequency	Percent	Valid Percent	Cumulative Percent
GOVERNMENT	149	49.67	49.67	49.67
PRIVATE	151	50.33	50.33	100.00
Total	300	100	100	

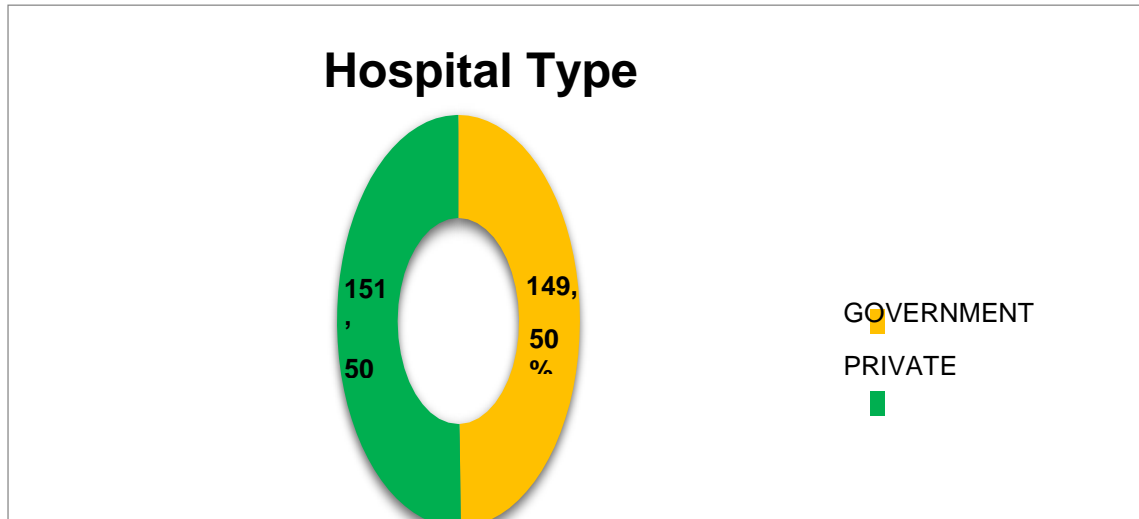


Figure 4.1: Hospital Type Frequency & Percentage

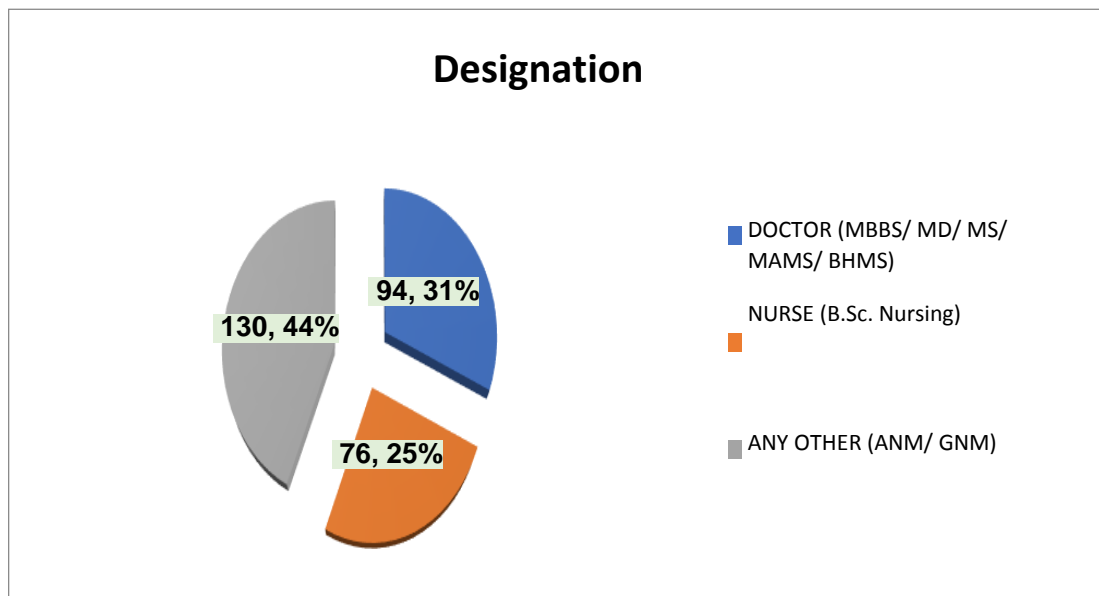
Interpretation

Sample analysis reveals that almost 50% of the respondents were from government hospitals while the equal number of respondents were from private sector hospitals. It was observed that the sample consists of an equal number of representatives from government and private hospitals.

Designation

Table 4.4: Designation Frequency & Percentage

Category	Frequency	Percent	Valid Percent	Cumulative Percent
DOCTOR (MBBS/ MD/ MS/ MAMS/ BHMS)	94	31.33	31.33	31.33
NURSE (B.Sc.Nursing)	76	25.33	25.33	56.67
ANY OTHER (ANM/ GNM)	130	43.33	43.33	100.00
Total	300	100	100	



Figur4.2: Designation Frequency & Percentage

Interpretation: It was observed that the sample consists of 31% of doctors, 25% of nurses, and 44% any other category. It is maybe asserted that the sample consists of adequate representatives from all the three considered categories of doctors, nurses, and any categories of women working in hospitals.

Age Group

Table 4.5: Age Group Frequency & Percentage

Age Group (in years)	Frequency	Percent	Valid Percent	Cumulative Percent
LESS THAN 20 YEARS	2	0.7	0.7	0.7
21-25 YEARS	53	17.7	17.7	18.3
26-30 YEARS	127	42.3	42.3	60.7
ABOVE 30 YEARS	118	39.3	39.3	100.0
Total	223	100.0	100	

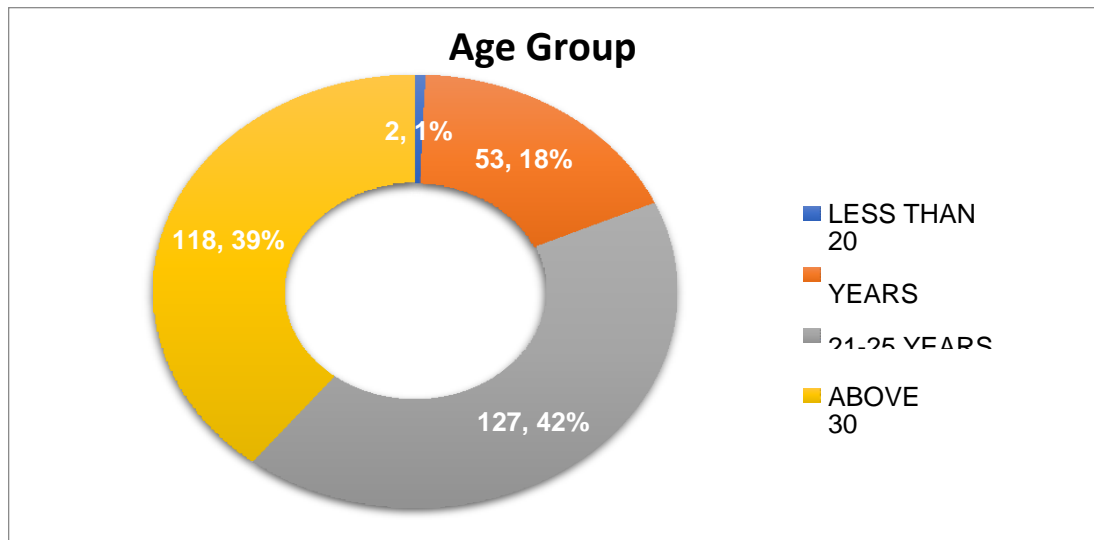


Figure 4.3: Age Group Frequency & Percentage

Interpretation: It was observed that about 1% of the respondents were in the age group < 20 years, 17.7% are in the 21-25 years group, 42.35 are in the 26-30 age group and about 40% are above 30 years of age. It may be asserted that almost all the respondents were above the age of 20 years, the majority were in the age group of 21-25 and 26-30 age groups. All in all, sample consists of good representation from three main age groups of women working in hospitals.

Income Group

Table 4.6: Income Group Frequency & Percentage

Income	Frequency	Percent	Valid Percent	Cumulative Percent
LESS THAN 2 LAKH	115	38.3	38.3	38.3
2-4 LAKH	25	8.3	8.3	46.7
4-6 LAKH	27	9.0	9.0	55.7
ABOVE 6 LAKH	133	44.3	44.3	100.0
Total	300	100.0	100	

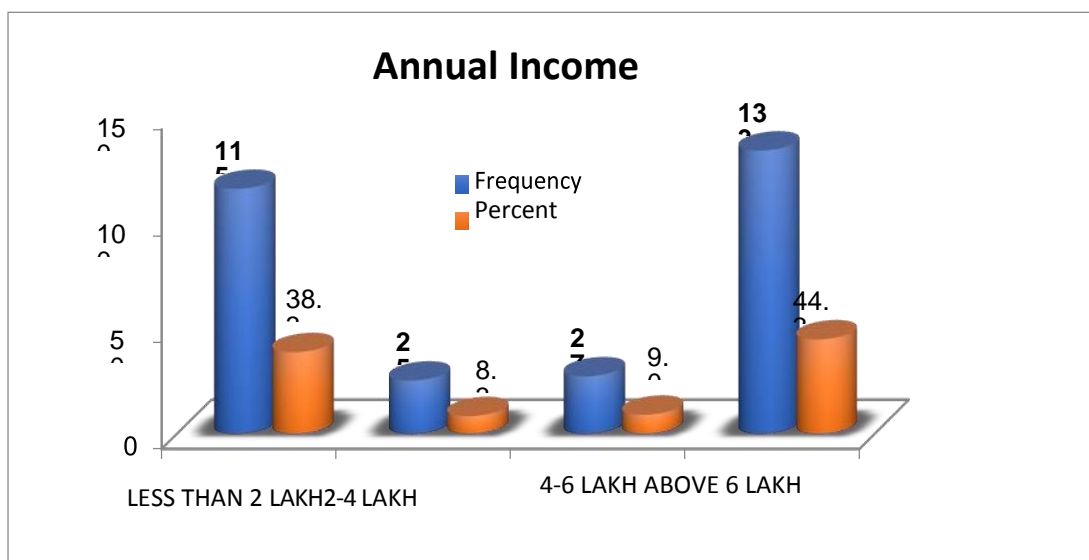


Figure 4.4: Income Group Frequency & Percentage

Interpretation: It was observed that about 38% of the respondents are in the < 2 lakh income bracket, 8.3% are in the 2-4 lakh income bracket, 9% in the 4-6 lakh income group, and 44% are in the income bracket of > 6 lakh per annum. It may be asserted that the sample consists of good representation from lower-income groups and women working in higher-income groups. The combined middle-income group represents about 17% of the sample. Hence sample has enough representation from all three categories of lower, middle- and higher-income women working in hospitals.

Experience

Table 4.7: Experience Frequency & Percentage

Income	Frequency	Percent	Valid Percent	Cumulative Percent
LESS THAN 5 YEARS	128	42.7	42.7	42.7
6-10 YEARS	73	24.3	24.3	67.0
11-15 YEARS	23	7.7	7.7	74.7
ABOVE 16 YEARS	76	25.3	25.3	100.0
Total	300	100.0	100	

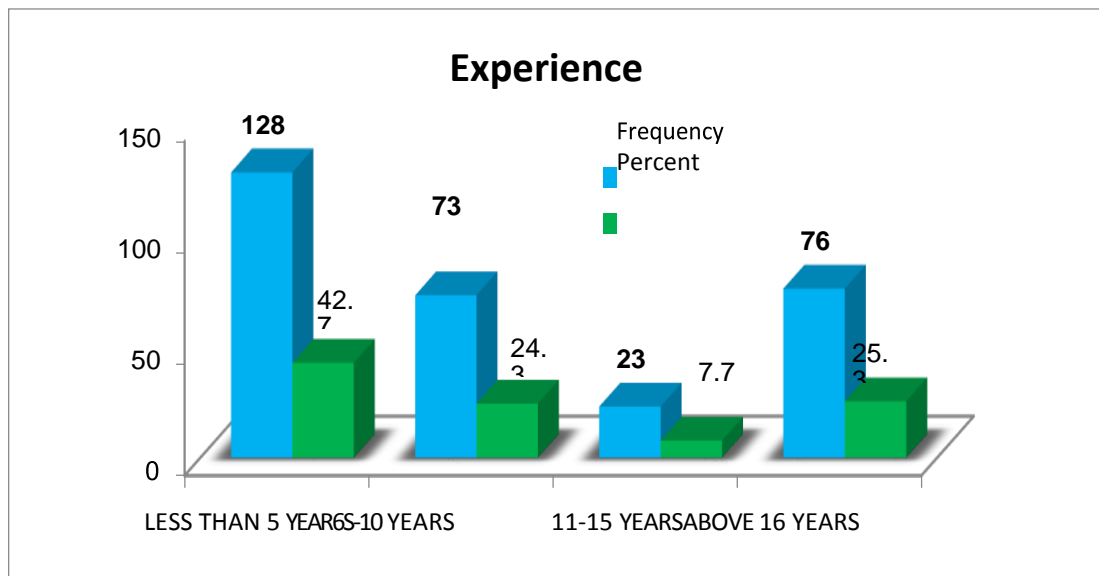


Figure 4.5: Experience Frequency & Percentage

Interpretation: It was observed that about 42% of the respondents are having < 2 years of experience, 24.3% are having 6-10 years of experience, about 8% have 11-15 years of experience and about 25% are having > 16 years of experience. It may be asserted that the majority of the respondents in the sample were having experience of either > 5 years or 6-10 years while one-third of the respondents are having experience of more than 10 years. Hence sample has a good mix of women having a varied length of working experience in hospitals.

Distance from Hospital

Table 4.8: Distance Frequency & Percentage

Income	Frequency	Percent	Valid Percent	Cumulative Percent
LESS THAN 5 KMS	81	27.0	27.0	27.0
5-10 KMS	113	37.7	37.7	64.7
10-20 KMS	88	29.3	29.3	94.0
ABOVE 20 KMS	18	5.7	5.7	99.7
Total	300	100.0	100	

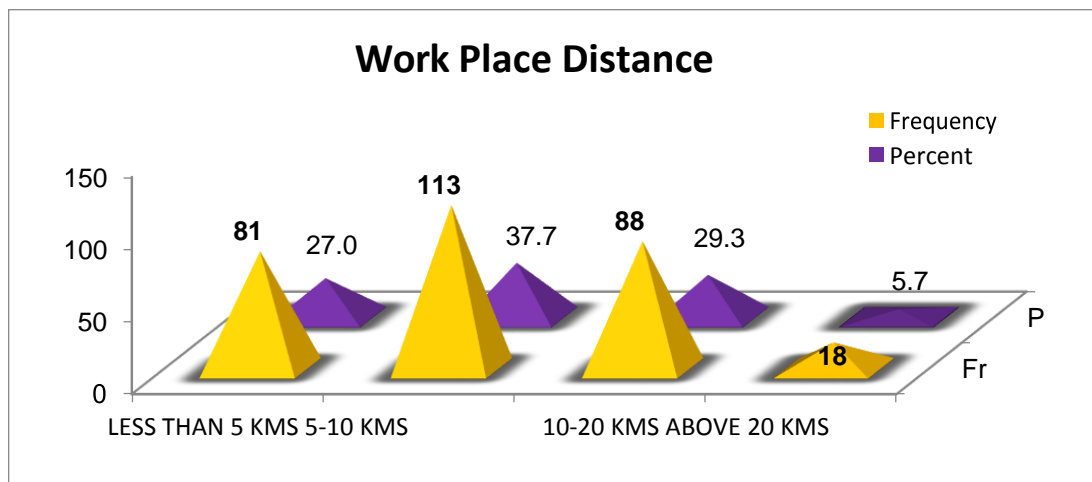


Figure 4.6: Distance Frequency & Percentage

Interpretation: It was observed that about 27% of the respondents live within 5 km of distance from the hospital, about 30% live within 5-10 km of distance from the hospital, approximately 30% are located within 10-20 km of distance from the hospital and around 6% are living at > 20 km of distance from the hospital. It may be asserted that more than half of respondents live within 10 km from the hospital, about one-third live within 20 km. Hence largely the sample represents the women living 20 km vicinity of the hospitals.

4.3 Objective 1: To study the work-life balance challenges faced by working women in hospitals.

To study and realise this objective, first of all the issues & challenges faced by working women in hospitals were explored through Literature Review and by visiting hospitals and talking to working women over there. This study has identified the below mentioned important challenges which were determined through asking the degree of agreement or disagreement with the associated statements:

SN	Challenges	Associated Statements
1	Career Prospects	I have good career prospects in the hospital.
2	Stress	I feel stress about balancing work and life.
3	Time Scarcity	I am unable to save time for myself.
4	Tiredness or Depression	I usually feel tired or depressed because of work.
5	Abnormal Working Hours	I am working under normal working hours.
		I am working for long hours or overtime and even on

6	Long Hours/Overtime	holiday.
7	Shifts Suitability	Working in shifts is suitable for me.
8	Night Shift	Working on the night shift is difficult as a woman.
9	Maintaining Health	Night shifts, long hours affect health negatively.

Statistical analysis was done on the statements associated with the challenges to draw some definite conclusions. All the associated statements were initially recorded on a five-point rating scale of 1 to 5 corresponding to strongly agree, agree, neutral, disagree, and strongly disagree respectively. Since it is to be established statistically that whether or not the respective challenge is faced by the women working in hospitals, the inferential analysis was performed through the ‘One-Sample Chi-Square Test.’

The inferential analysis done through this test will fundamentally establish whether a particular challenge is being faced by women working in hospitals or not. To measure the challenges originally, the researcher has recorded the statements on the degree of agreement or disagreement, however, to perform this test only pure categories are required. The degree of agreement or disagreement wouldn’t be required, pure categories of agreement or disagreement would be sufficient. Therefore, the scale responses of ‘strongly disagree and disagree’ were merged to form a single category of ‘disagree’. Similarly scale responses of ‘agree and strongly agree’ were merged to form a single category of ‘agree’. The ‘neutral’ category was left as it is since it is a pure separate category of ‘neither agree nor disagree.’

As mentioned, the inferential analysis will establish whether a particular challenge is being faced by women working in hospitals or not. After merging the categories, the respondents may have three categories of responses i.e., they may agree with the statement, they may have a neutral opinion or they may disagree. There can be several possibilities:

- iv. If the majority (significantly more number of respondents) of the respondents ‘agree’ with the statement then it may be concluded that statement is ‘true’ and the associated challenge is being faced by the women working in hospitals.
- v. Similarly, If the majority (significantly more number of respondents) of the respondents ‘disagree’ with the statement then it may be concluded that statement is

‘not true’ and the associated challenge is not being faced by the women working in hospitals.

- vi. If the majority (significantly more number of respondents) of the respondents has a ‘neutral’ opinion of the statement then it may be concluded that the women working in hospitals have a neutral opinion about the associated challenge.
- vii. And if the occurrence of all the three categories of responses (agree, neutral & disagree) is equal, then it could not be concluded whether the statement is true or not and it may not be inferred with the observed data whether the challenge is faced or not faced by the women working in hospitals.

As per the requirement ‘*One-Sample Chi-Square Test of Equal Occurrences*’ is applied to perform the inferential analysis. This test establishes whether all the considered categories occur equally or some particular category occurs significantly more. In this study, the three considered categories of response for each statement are ‘agree, neutral, or disagree’. The null and alternate hypotheses for this test are:

- H_0 : All the categories occur with equal probability;
- H_1 : All the categories do not occur with equal probability.

The working generic null and alternate hypothesis for this study is:

H_0 : All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ occur with equal probability (hence it could not be concluded whether the statement is true or not).

H_1 : All the three categories of ‘agree’, ‘neutral’, or ‘disagree’ do not occur with equal probability (hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category).

In the context of challenges faced by women working in the hospital the working null and alternate hypothesis for this study are stated as:

H_0 : All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to challenges faced by women working in hospital occur with equal probability (hence it could not be concluded whether the particular challenge is being faced or not).

H_1 : All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to challenges faced by women working in hospital occur with equal probability (hence it can be

concluded whether the particular challenge is being faced or not depending upon the frequency of occurrence of the specific category).

The above-stated hypotheses are generic for the particular challenge being faced or not. Since each statement associated with the particular challenge faced by women working in a hospital will be tested through a separate Chi-Square Test there will be a separate hypothesis for each statement or associated challenge. The analysis for each challenge is presented separately in sections.

4.3.1 Career Prospects Challenge

Null & Alternate Hypothesis:

H₀1.1: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Career Prospects challenge faced by women working in hospitals occur with equal probability.

H₁1.1: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Career

Prospects challenge faced by women working in hospitals does not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.9: Career Prospects Challenge Frequency

I have good career prospects in the hospital			
	Observed N	Expected N	Residual
Disagree	13	100	-87
Neutral	10	100	-90
Agree	277	100	177
Total	300		

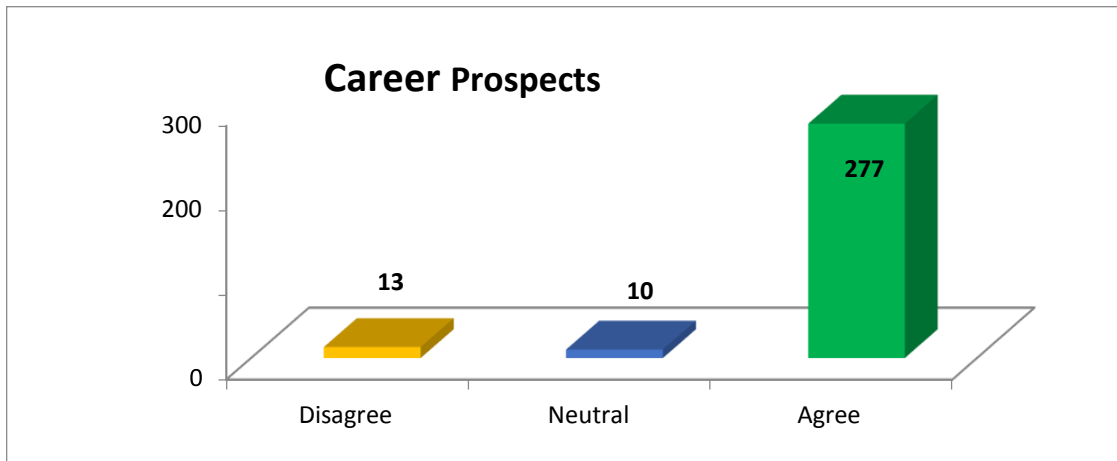


Figure 4.7: Career Prospects Challenge Frequency Graph

Interpretation: It is observed from the table that the majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This indicates that career prospect challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analysed in the below section.

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through one sample Chi-Square Test and the results are shown below:

Table 4.10: Career Prospects Challenge Test Statistics

Test Statistics	
Chi-Square	469.98*
Df	2
Asymp. Sig.	0.000

*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.

Interpretation: It is observed that p-value 0.000 which is $< .05$, therefore the above stated null hypothesis is rejected in favour of alternate that all the three categories of 'agree', 'neutral' or 'disagree' related to good career prospects in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of 'agree' is significantly more than other categories therefore, it is concluded that the statement is true and the challenge of good career prospects is

faced by women working in hospitals.

4.3.2 Stress Challenge

Null & Alternate Hypothesis:

H₀1.2: All the three categories of 'agree', 'neutral' or 'disagree' related to the Stress Challenge faced by women working in hospitals occur with equal probability.

H₁1.2: All the three categories of 'agree', 'neutral' or 'disagree' related to the Stress Challenge faced by women working in hospitals do not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.11.: Stress Challenge Frequency

	Observed N	Expected N	Residual
Disagree	37	100	-63
Neutral	35	100	-65
Agree	228	100	128
Total	300		

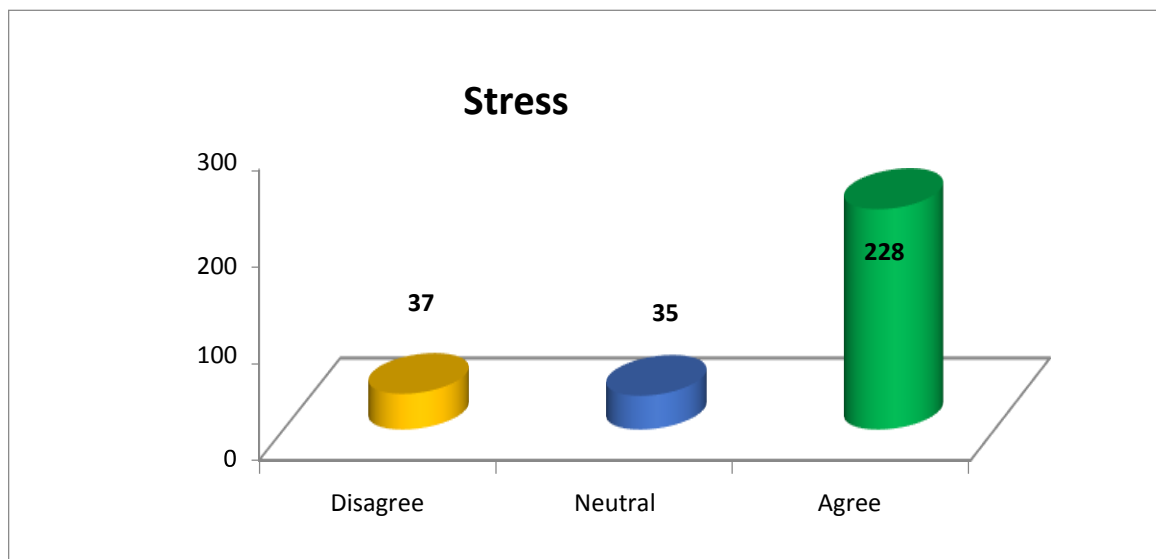


Figure 4.8: Stress Challenge Frequency Graph

Interpretation: It may be observed from the table that the majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This indicates that stress challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analyzed in the below section

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through one sample Chi-Square Test and the results are shown below:

Table 4.12: Stress Challenge Test Statistics

Test Statistics	
Chi-Square	245.78*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $< .05$, therefore the above-stated null hypothesis is rejected in favour of alternate that 'all the three categories of 'agree', 'neutral' or 'disagree' related to Stress in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Stress in hospitals is faced by women working in hospitals.

4.3.3 Time Scarcity Challenges Null & Alternate Hypothesis:

H₀1.3: All the three categories of 'agree', 'neutral' or 'disagree' related to the Time Scarcity challenge faced by women working in hospitals occur with equal probability.

H₁1.3: All the three categories of 'agree', 'neutral' or 'disagree' related to the Time Scarcity challenge faced by women working in hospitals do not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.13: Time Scarcity Challenge Frequency

I am unable to save time for myself			
	Observed N	Expected N	Residual
Disagree	29	100	-71
Neutral	28	100	-72
Agree	243	100	143
Total	300		

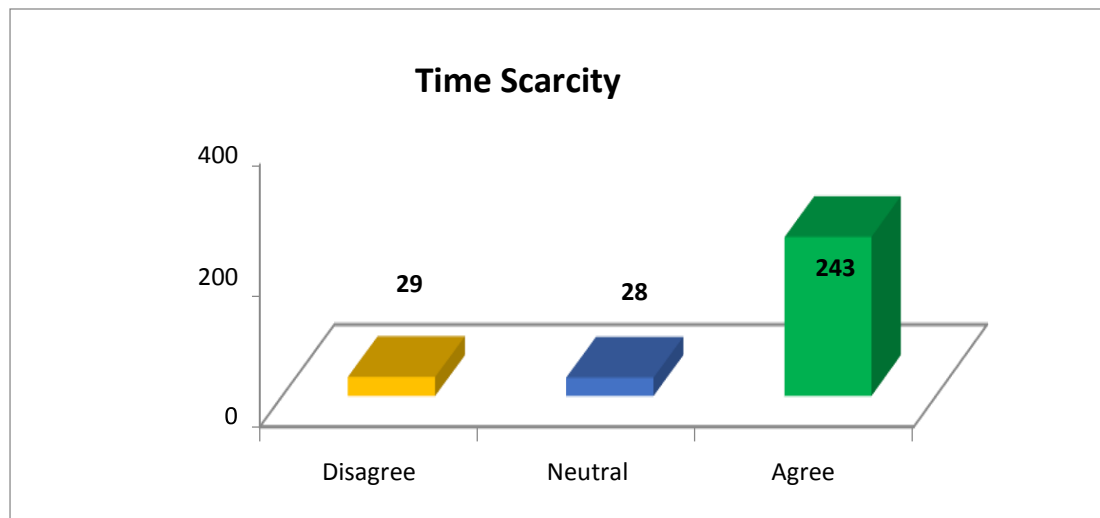


Figure 4.9: Time Scarcity Challenge Frequency Graph

Interpretation: It may be observed from the table that the majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This indicates that the Time Scarcity challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analysed in the below section.

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through one sample Chi-Square Test and the results are shown below:

Table 4.14: Time Scarcity Challenge Test Statistics

Test Statistics	
Chi-Square	306.74*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $< .05$, therefore the above-stated null hypothesis is rejected in favour of alternate that ‘all the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Time Scarcity in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of ‘agree’ is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Time Scarcity in hospitals is really faced by women working in hospitals.

4.3.4 Tiredness or Depression Challenge

Null & Alternate Hypothesis:

H₀1.4: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Tiredness or Depression challenge faced by women working in hospitals occur with equal probability.

H₁1.4: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Tiredness or Depression challenge faced by women working in hospitals does not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.15: Tiredness or Depression Challenge Frequency

I usually feel tired or depressed because of work			
	Observed N	Expected N	Residual
Disagree	54	100	-46
Neutral	71	100	-29
Agree	175	100	75
Total	300		

Interpretation: It is observed from the table that the majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This indicates that Tiredness or Depression challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analysed in the below section.

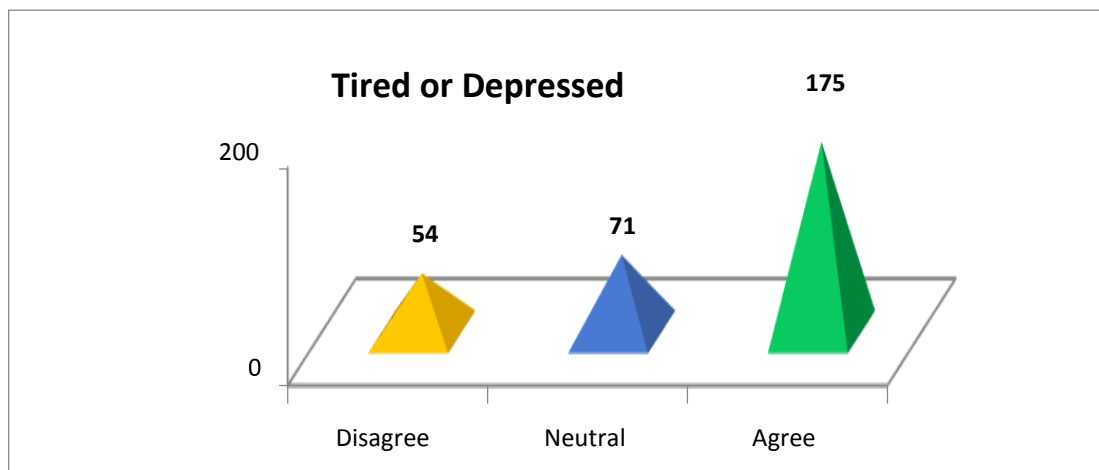


Figure 4.10: Tiredness or Depression Challenge Frequency Graph

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through One-Sample Chi-Square Test and the results are shown below:

Table 4.16: Tiredness or Depression Challenge Test Statistics

Test Statistics	
Chi-Square	85.82*
Df	2
Asymp. Sig.	0.000

*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.

Interpretation: It is observed that the p-value is $< .05$, therefore the above-stated null hypothesis is rejected in favour of alternate that ‘all the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Tiredness or Depression in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of ‘agree’ is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Tiredness or Depression in hospital is really faced by women working in hospitals.

4.3.5 Abnormal Working Hours Challenge

4.3.6 Null & Alternate Hypothesis:

H_0 1.5: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Abnormal Working Hours challenge faced by women working in hospitals occurs with equal probability.

H_1 1.5: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to the Abnormal Working Hours challenge faced by women working in hospitals does not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.17: Abnormal Working Hours Challenge Frequency

I am working under normal working hours			
	Observed N	Expected N	Residual
Disagree	120	100	20
Neutral	49	100	-51
Agree	131	100	31
Total	300		

Interpretation: It is observed from the table that more the respondents agree with the statement however number of respondents with disagreement is also comparable. The observed frequencies are shown graphically in the below figure. This slightly indicates

that the Abnormal Working Hours challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analysed in the below section.

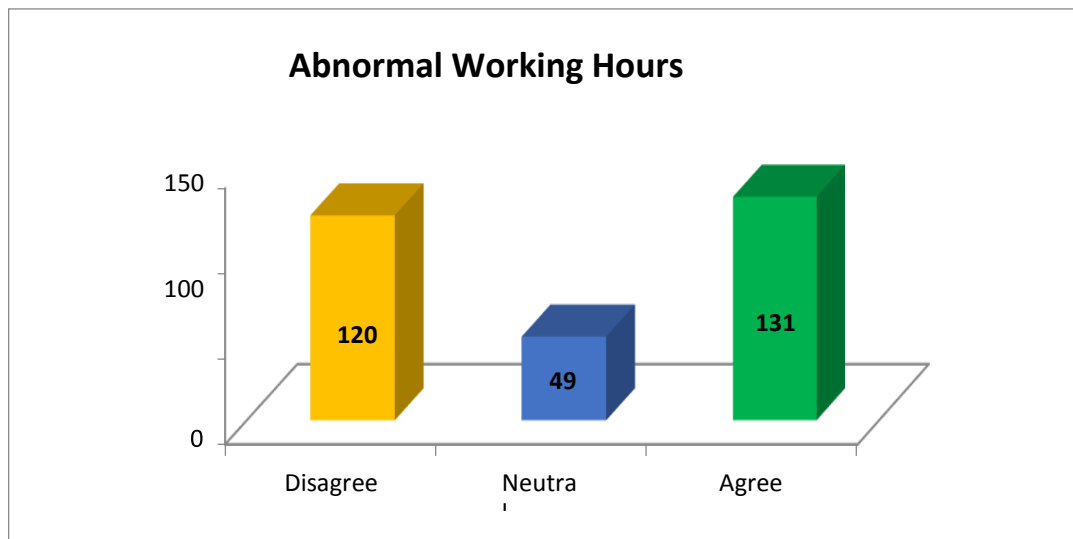


Figure 4.11: Abnormal Working Hours Challenge Frequency Graph

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through one sample Chi-Square Test and the results are shown below:

Table 4.18: Abnormal Working Hours Challenge Test Statistics

Test Statistics	
Chi-Square	39.62*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $< .05$, therefore the above-stated null hypothesis is rejected in favour of alternate that 'all the three categories of 'agree', 'neutral' or 'disagree' related to Abnormal Working Hours in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of 'agree' is significantly more than other categories therefore it is

concluded that the statement is true and the challenge of Abnormal Working Hours in hospital is really faced by women working in hospitals.

4.3.7 Long Hours/Overtime Challenge Null & Alternate Hypothesis:

H₀1.6: All the three categories of 'agree', 'neutral' or 'disagree' related to the Long Hours/Overtime challenge faced by women working in hospitals occur with equal probability.

H₁1.6: All the three categories of 'agree', 'neutral' or 'disagree' related to Long Hours/Overtime challenge faced by women working in hospitals does not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.19: Long Hours/Overtime Challenge Frequency

I am working for long hours or overtime and even on holiday			
	Observed N	Expected N	Residual
Disagree	40	100	-60
Neutral	19	100	-81
Agree	241	100	141
Total	300		

Interpretation: It is observed from the table that the strong majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This strongly indicates that the Long Hours/Overtime challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analyzed in the below section.

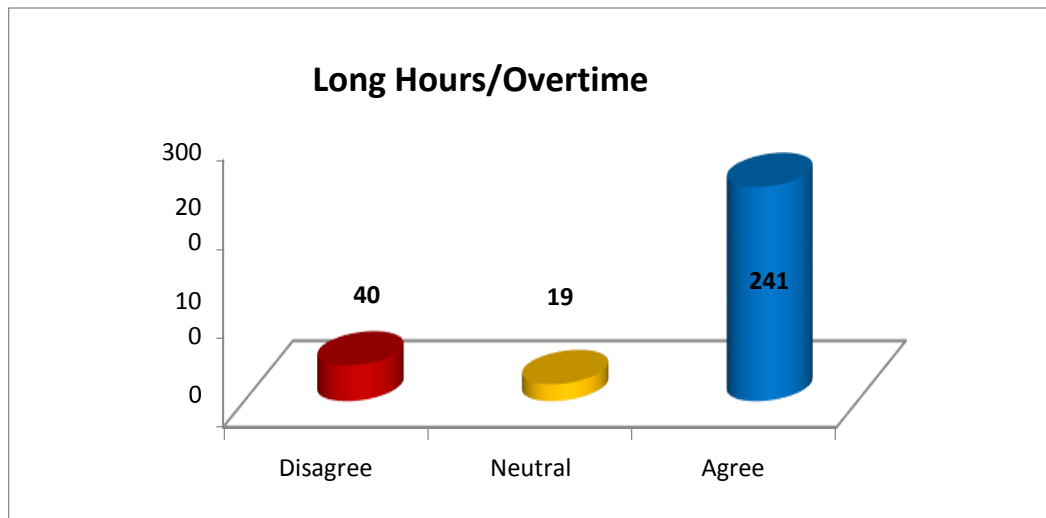


Figure 4.12: Long Hours/Overtime Challenge Frequency Graph

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through One-Sample Chi-Square Test and the results are shown below:

Table 4.20: Long Hours/Overtime Challenge Test Statistics

Test Statistics	
Chi-Square	300.42*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $< .05$, therefore the above-stated null hypothesis is rejected in favour of alternate that 'all the three categories of 'agree', 'neutral' or 'disagree' related to Long Hours/Overtime in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of 'agree' is significantly far more than other categories therefore it is concluded that the statement is true and the challenge of Long Hours/Overtime in hospital is really faced by women working in hospitals.

4.3.8 Shifts Suitability Challenge Null & Alternate Hypothesis:

H_0 1.7: All the three categories of 'agree', 'neutral' or 'disagree' related to Shifts Suitability challenge faced by women working in hospitals occur with equal probability.

H_1 1.7: All the three categories of 'agree', 'neutral' or 'disagree' related to Shift Suitability challenge faced by women working in hospitals does not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.21: Shifts Suitability Challenge Frequency

Working in shifts is suitable for me			
	Observed N	Expected N	Residual
Disagree	77	100	-23
Neutral	25	100	-75
Agree	198	100	98
Total	300		

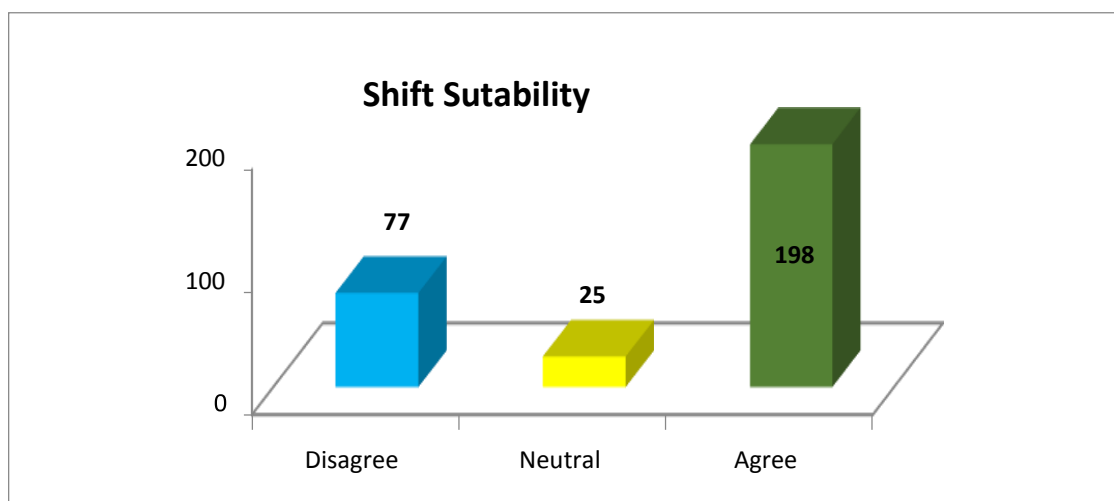


Figure 4.13: Shifts Suitability Challenge Frequency Graph

Interpretation: It is observed from the table that the majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This indicates that Working in Shifts is suitable for women working in hospitals and it is not a challenge faced by them. However, to draw a definite conclusion inferential statistics are analysed in the below section.

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through one sample Chi-Square Test and the results are shown below:

Table 4.22: Shifts Suitability Challenge Test Statistics

Test Statistics	
Chi-Square	157.58*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $<.05$, therefore the above-stated null hypothesis is rejected in favour of alternate that ‘all the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Shifts Suitability in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of ‘agree’ is significantly more than other categories, therefore, it is concluded that the statement is true and working in shifts is suitable for the women working in hospitals and it is not a challenge faced by them.

4.3.9 Night Shift Challenge Null & Alternate Hypothesis:

H_0 1.8: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to the Night Shift challenge faced by women working in hospitals occur with equal probability.

H_1 1.8: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to the Night Shift challenge faced by women working in hospitals does not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.23: Night Shift Challenge Frequency

Working in the night shift is difficult as a woman			
	Observed N	Expected N	Residual
Disagree	30	100	-70
Neutral	19	100	-81
Agree	251	100	151
Total	300		

It is observed from the table that a large majority of the respondents agree with the. The observed frequencies are shown graphically in the below figure. This strongly indicates that the Night Shift challenge is faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analysed in the below section.

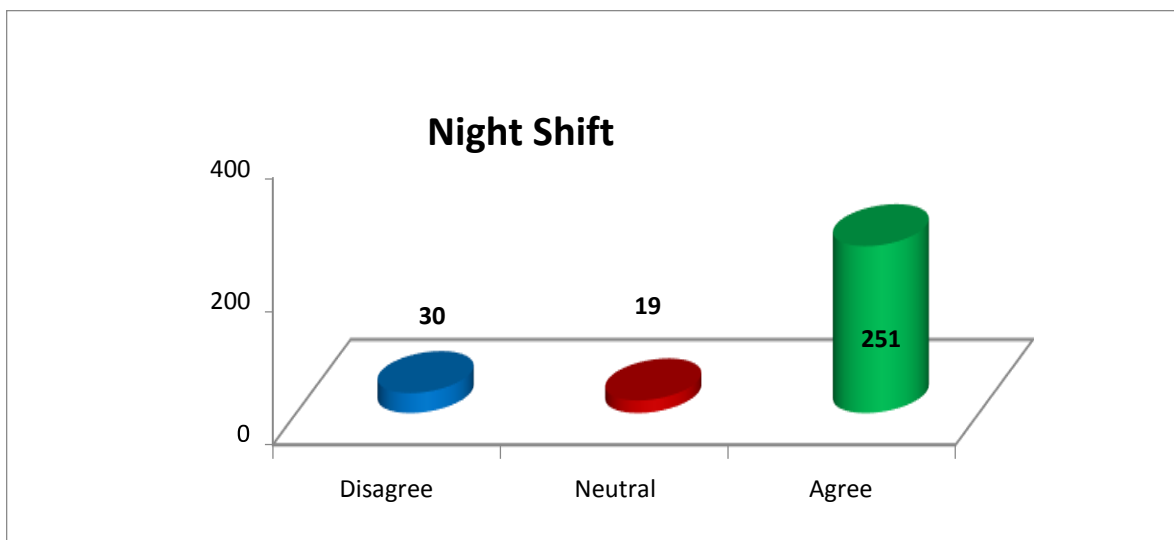


Figure 4.14: Night Shift Challenge Frequency Graph

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through One-Sample Chi-Square Test and the results are shown below:

Table 4.24: Night Shift Challenge Test Statistics

Test Statistics	
Chi-Square	342.62*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $< .05$, therefore, the above-stated null hypothesis is rejected in favour of alternate that ‘all the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Night Shift in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of ‘agree’ is significantly more than other categories therefore, it is concluded that the statement is true and the challenge of the night shift is really faced by women working in hospitals.

4.3.10 Maintaining Health Challenge

Null & Alternate Hypothesis:

H_0 1.9: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Maintaining Health challenges faced by women working in hospitals occur with equal probability.

H_1 1.9: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Maintaining Health challenges faced by women working in hospitals do not occur with equal probability.

The analysis is done by presenting descriptive statistics related to the hypothesis through table and graph followed by the inferential statistics and conclusion.

Table 4.25: Maintaining Health Challenge Frequency

Night shifts, long hours affect health negatively			
	Observed N	Expected N	Residual
Disagree	36	100	-64
Neutral	5	100	-95
Agree	259	100	159
Total	300		

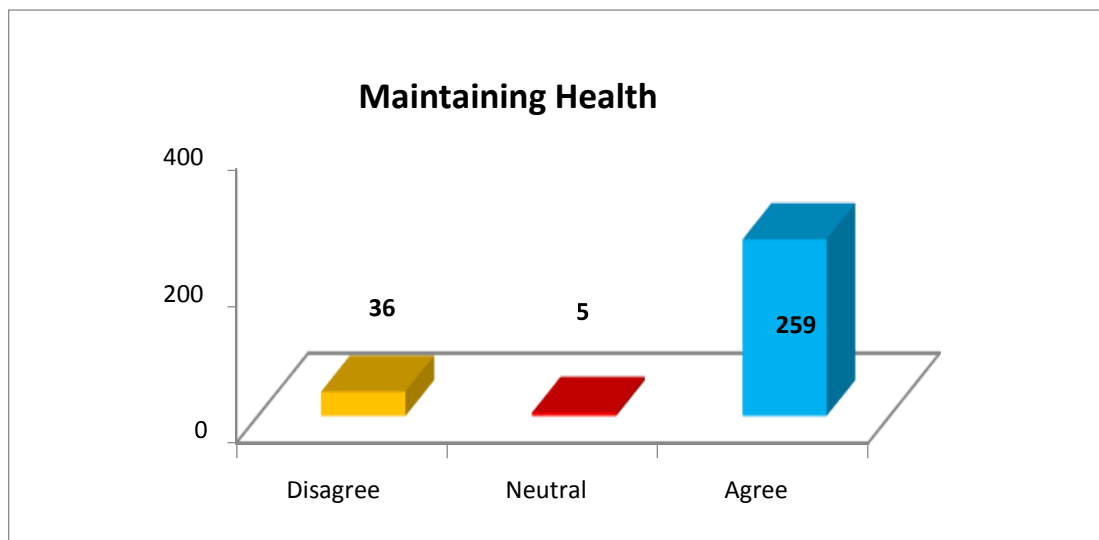


Figure 4.15: Maintaining Health Challenge Frequency Graph

Interpretation: It is observed from the table that a very large majority of the respondents agree with the statement. The observed frequencies are shown graphically in the below figure. This strongly indicates that night shifts, long hours affect health negatively, and Maintaining Health is a challenge faced by most of the women working in hospitals. However, to draw a definite conclusion inferential statistics are analyzed in the below section.

To confirm the above-stated notion and test above stated hypothesis inferential analysis is done through one sample Chi-Square Test and the results are shown below:

Table 4.26: Maintaining Health Challenge Test Statistics

Test Statistics	
Chi-Square	384.02*
Df	2
Asymp. Sig.	0.000
*. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 100.	

Interpretation: It is observed that the p-value is $< .05$, therefore the above-stated null hypothesis is rejected in favour of alternate that ‘all the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Maintaining Health in the hospital are not equally probable. Hence it could be concluded whether the statement is true or not depending upon the frequency of occurrence of the specific category. In this case, the occurrence of ‘agree’ is significantly more than other categories therefore, it is concluded that the statement is true indicating night shifts, long hours affect health negatively, and maintaining health is a challenge really faced by most women working in hospitals.

4.4 Objective 2: A comparative study on work-life balance of women working in the government and private hospitals.

Comparative study of work-life balance in government and private hospitals is done through the following aspects:

- 4.4.1 Workplace Support
- 4.4.2 Anxiety Level
- 4.4.3 Personal Satisfaction
- 4.4.4 Job Satisfaction

4.4.1 Workplace Support

Workplace Support in the hospital was studied through the following parameters associated with the considered statements.

Table 4.27: Workplace Support

S.No.	Statement	Parameter
1	I find myself able to spend enough time with my family.	Time for Family
2	I always miss out on the quality of time with my family or friends because of the pressure of work.	Work pressure
3	I am ready to take more challenging opportunities at the workplace.	Challenging Opportunities
4	I can spend the time I want on my self-development.	Self-Development
5	I am able to get time for working out in other hospitals or on call.	Working Out
6	I am satisfied with the family trips I enjoy during the vacation at least once a year.	Family Vacations

Interpretation: A comparative analysis of workplace support in government and private hospitals is being done on the above-mentioned workplace parameters. Since the comparison is done between two groups ‘Independent Samples t-test’ was applied to determine the significance of the difference between the two groups.

The generic hypothesis of the t-test is:

- * H_0 : population means of two groups are equal i.e., there is no significant difference between means of two groups.
- * H_1 : population means of two groups are not equal i.e. there is a significant difference between means of two groups.

In this section, we need to compare workplace support in government and private hospitals therefore the main hypothesis for this objective is:

- $H_{02.1}$: there is no significant difference between workplace support mean of government and private hospitals; i.e. workplace support in both types of hospitals is the same.
- $H_{12.1}$: there is a significant difference between workplace support mean of government and private hospitals; i.e., workplace support in both types of hospitals is different.

As mentioned above we have considered seven parameters in workplace support. Each of these workplace support issues is analyzed separately to get deep insights. A separate t-test is run for each issue and conclusions are drawn on the basis of results. Below sections present the analyses, in each analysis first of all related hypothesis is mentioned and then descriptives are presented followed by hypothesis testing through t-test and drawing conclusions based on the obtained result.

4.4.1.1 Time for Family

The hypothesis for this workplace support is

- $H_{02.1.1}$: there is no significant difference in the time available for the family to women working in government and private hospitals.
- $H_{12.1.1}$: there is a significant difference in the time available for the family to women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.28: Time for Family Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Time for Family	Government	149	1.87	.888	.073
	Private	151	2.21	1.099	.089

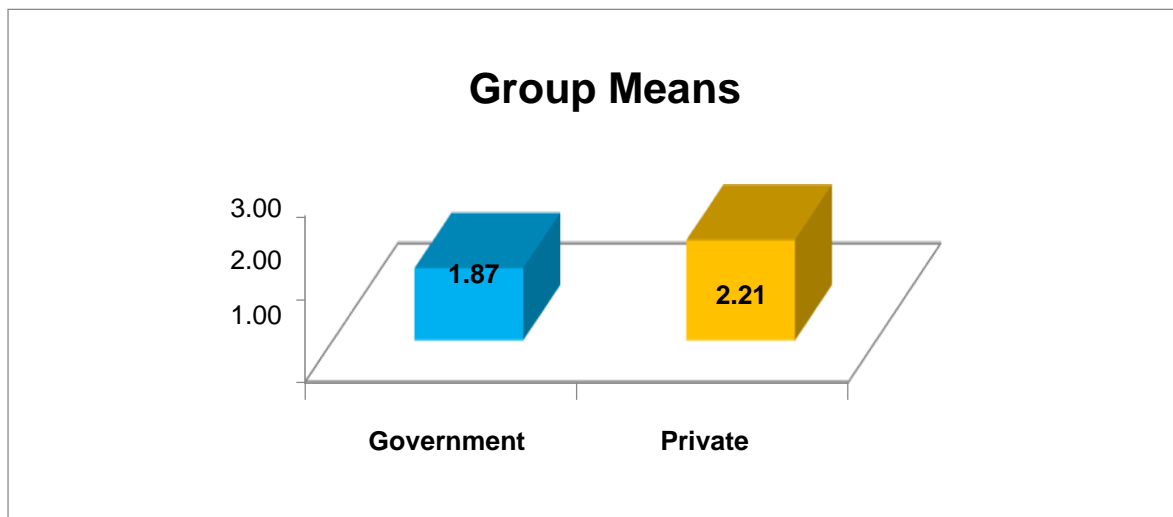


Figure 4.16: Time for Family Group Means

Interpretation: It is observed that mean of time available for the family to women in private hospitals is more than that in government hospitals. This indicates that women in private hospitals find more time for family, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.29: Time for Family t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Time for Family	Equal variances assumed	9.172	.003	-2.941	298	.004	-.339	.115
	Equal variances not assumed			-2.945	286.804	.003	-.339	.115

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with the p-value

0.003 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

In the below row, it is observed that the p-value 0.003 which is $< .05$, therefore the above stated null hypothesis H₀2.1.1 is rejected in favour of alternate that there is a significant difference in the time available for the family to women working in government and private hospitals. Since the mean of time available for the family to women in private hospitals is greater and the difference is significant it may be inferred that women working in private hospitals have more time for the family than women working in government hospitals.

Therefore, it may be concluded that women in private hospitals are able to spend more time with their families as compared to women working in government hospitals.

4.4.1.2 Work Pressure

The hypothesis for this workplace support is

- $H_{02.1.2}$: there is no significant difference in work pressure on women working in government and private hospitals.
- $H_{12.1.2}$: there is a significant difference in work pressure on women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.30: Work Pressure Group Statistics

Hospital Type	N	Mean	Std.Deviation	Std. Error Mean
Government	149	3.89	1.043	.085
Private	151	4.02	0.753	.061

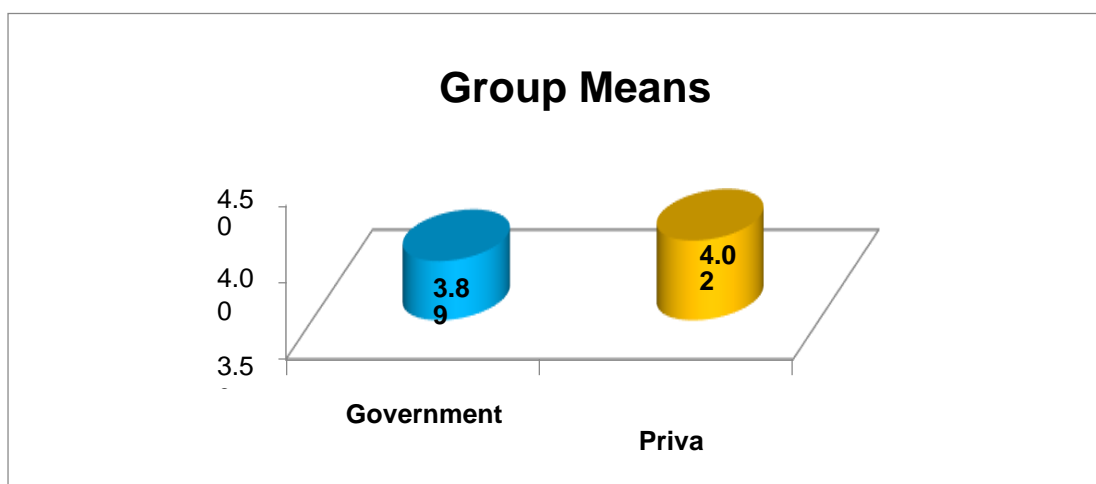


Figure 4.17: Work Pressure Group Means

Interpretation: It is observed that mean of work pressure on women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals have more work pressure, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.31: Work Pressure t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
	Equal variances assumed							
	Equal variances not assumed							
Work	Equal variances assumed	18.671	.000					
	Equal variances not assumed			-1.274	269.023	.204	-.134	.105
	assumed							

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with the p- value

0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

In the below row it is observed that p-value 0.204 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in work pressure on women working in government and private hospitals. Although the mean for work pressure on women in private hospitals is greater but the difference is not significant hence it is inferred that work pressure on women working in government and private hospitals is the same.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals their work pressure is the same and both groups always miss out on the quality of time with family or friends because of the pressure of work.

4.4.1.3 Challenging Opportunities

The hypothesis for this workplace support is

- $H_{02.1.3}$: there is no significant difference in seeking challenging opportunities by women working in government and private hospitals.
- $H_{12.1.3}$: there is a significant difference in seeking challenging opportunities by women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test.

Table 4.32: Challenging Opportunities Group Statistics

Hospital Type	N	Mean	Std. Deviation	Std. Error Mean	
Challenging Opportunities	Government	149	1.91	1.084	.089
	Private	151	2.15	0.905	.074

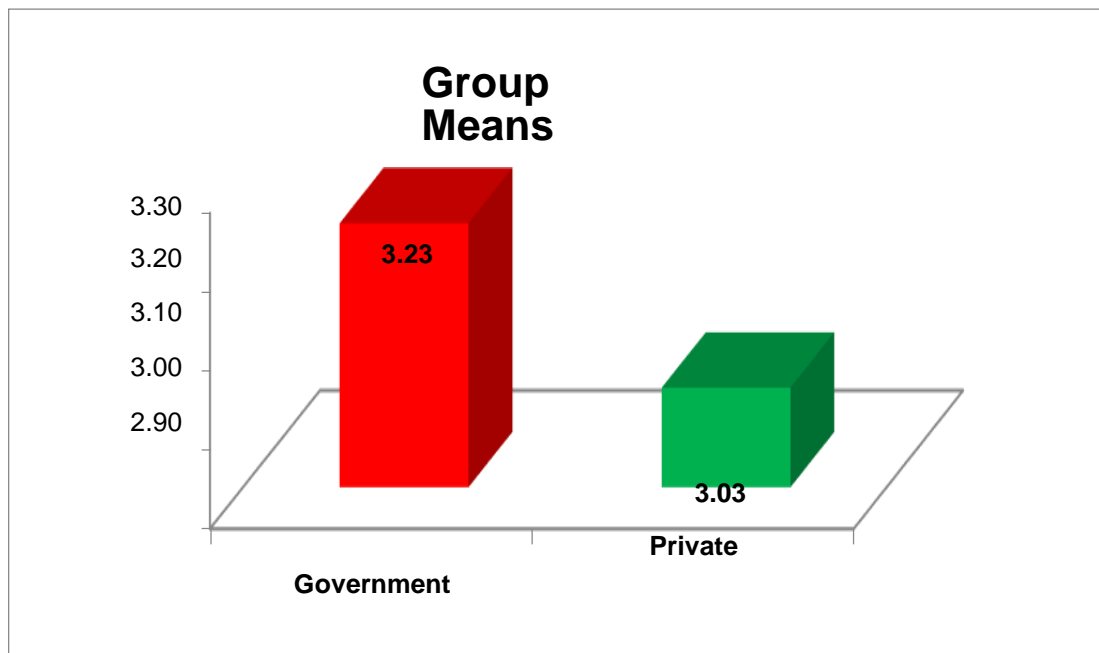


Figure 4.18: Challenging Opportunities Group Means

Interpretation: It is observed that mean of seeking challenging opportunities by women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals seek challenging opportunities more often.

However, to draw a definite conclusion inferential Independent Samples t-test statistics are presented and analyzed below.

Table 4.33: Challenging Opportunities t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Challenging Opportunities	Equal variances Assumed	2.373	.125	-2.022	298	.044	-.233	.115
	Equal variances not assumed			-2.019	287.424	.044	-.233	.115

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.125 therefore it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

In the above row of the table, it is observed that p-value 0.044 which is $< .05$, therefore the above stated null hypothesis $H_{02.1.3}$ can be rejected in favour of alternate that there is a significant difference in seeking challenging opportunities by women working in government and private hospitals. Since the mean of seeking challenging opportunities by women in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals seek challenging opportunities more often than women working in government hospitals.

Therefore, it may be concluded that that woman working in private hospitals are more ready to take challenging opportunities at workplace.

4.4.1.4 Self Development

The hypothesis for this workplace support is

- H_0 2.1.4: there is no significant difference in the time available for Self-Development to women working in government and private hospitals.
- H_1 2.1.4: there is a significant difference in the time available for Self-Development to women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.34: Time for Self-Development Group Statistics

Hospital Type		N	Mean	Std.Deviation	Std. Error Mean
Self- Development	Government	149	3.23	1.270	.104
	Private	151	3.03	1.058	.086

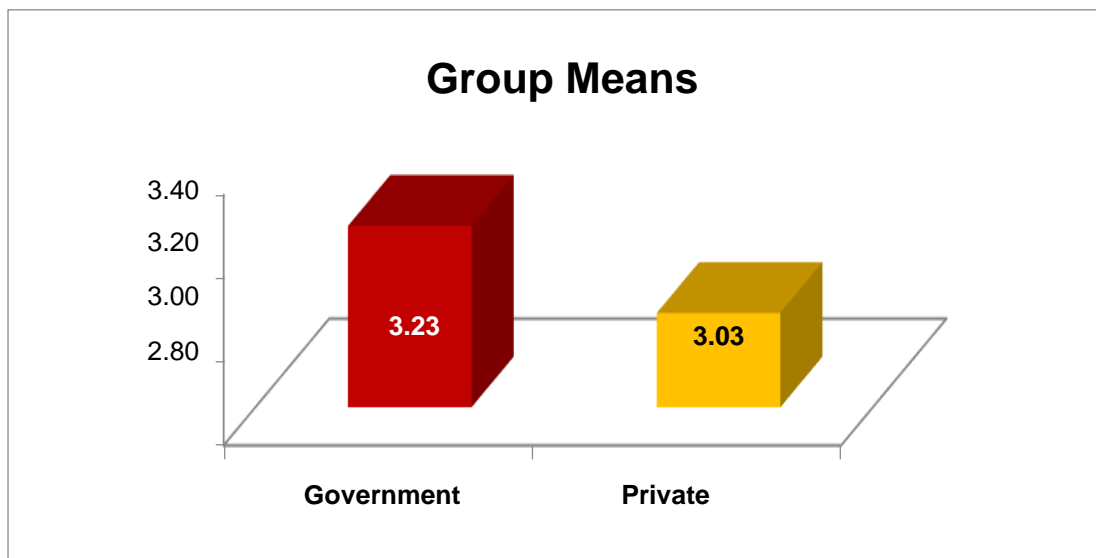


Figure 4.19: Time for Self-Development Group Means

Interpretation: It is observed that mean of time available for self-development to women in government hospitals is more than that in private hospitals. This indicates that women in government hospitals find more time for self-development, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-Test statistics are presented and analyzed below.

Table 4.35: Time for Self-Development t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Self-Development	Equal variances assumed	13.451	.000	1.545	298	.123	.208	.135
	Equal variances not assumed			1.543	287.196	.124	.208	.135

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with the p-value 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

In the below row it is observed that p-value 0.124 which is $> .05$, therefore the above stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the time available for self-development to women working in government and private hospitals. Although the mean for the time available for self-development to women working in government hospitals is greater but the difference is not significant hence it is inferred that for the time available for self-development to women working in government and private hospitals is the same.

Therefore, it may be concluded that irrespective of the women working in government

or private hospitals time available to them for self-development is the same and both groups.

4.4.1.5 Working Out

The hypothesis for this workplace support is

- $H_{02.1.5}$: there is no significant difference in the time available for Working Out to women working in government and private hospitals.
- $H_{12.1.5}$: there is a significant difference in the time available for Working Out to women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.36: Time for Working Out Group Statistics

Hospital Type	N	Mean	Std. Deviation	Std. Error Mean
Working Out	Government	149	3.44	1.080
	Private	151	3.17	1.285

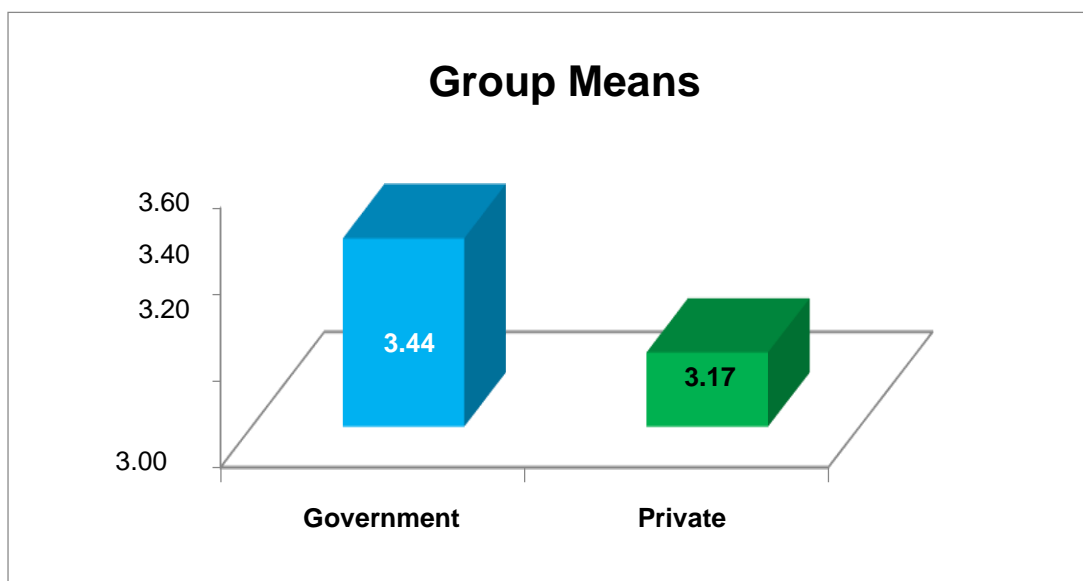


Figure 4.20: Time for Working Out Group Means

Interpretation: It is observed that mean of time available for working out to women in government hospitals is more than that in private hospitals. This indicates that women in government hospitals find more time for working out, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-Test statistics are presented and analyzed below.

Table 4.37: Time for Working Out t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Working Out	Equal variances assumed	10.090	.002	1.926	298	.055	.264	.137
	Equal variances not assumed			1.928	290.695	.055	.264	.137

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with p-value 0.002 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

In the below row it is observed that p-value 0.055 which is $> .05$, therefore the above stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the time available for working out to women working in government and private hospitals. Although the mean for the time available for working out to women working in government hospitals is greater but the difference is not significant hence it is inferred that for the time available for working out to women working in government and private hospitals are the same.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals time available to them for working out is the same and both groups.

4.4.1.6 Family Vacations

The hypothesis for this workplace support is

- H02.1.6: there is no significant difference in Family Vacations taken by women working in government and private hospitals.
- HA2.1.6: there is a significant difference in Family Vacations taken by women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.38: Family Vacations Group Statistics

Hospital Type		N	Mean	Std.Deviation	Std. Error Mean
Family Vacations	Government	149	3.11	1.106	.091
	Private	151	3.49	1.194	.097

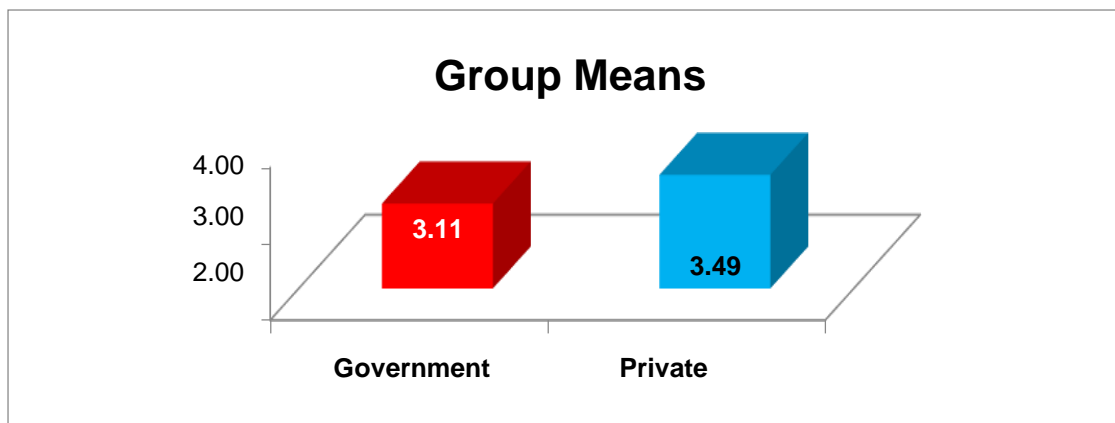


Figure 4.21: Family Vacations Group Means

Interpretation: It is observed that the mean for family vacations taken by women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals seek Family Vacations more often.

However, to draw a definite conclusion inferential Independent Samples t-test statistics are presented and analyzed below.

Table 4.39: Family Vacations t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Family Vacations	Equal variances assumed	2.838	.093	- 2.829	298	.005	-.376	.133
	Equal variances not assumed			- 2.830	296.831	.005	-.376	.133

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.093, therefore, it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

In the above row of the table, it is observed that p-value 0.005 which is $< .05$, therefore the above stated null hypothesis H_0 2.1.6 can be rejected in favour of alternate that there is a significant difference in family vacations taken by women working in government and private hospitals. Since the mean of family vacations taken by women in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals take Family Vacations more often than women working in government hospitals.

Therefore, it may be concluded that that woman working in private hospitals take family vacations more often and are satisfied with the family vacation they enjoy.

4.4.2 Anxiety Level

The anxiety level of women working in the hospital was studied through the following parameters associated with the considered statements:

Table 4.40: Anxiety

SN	Statement	Parameter
1	I feel stress for balancing work and life	Stress
2	I usually feel tired or depressed because of work	Depression
3	I suffer from stress-related diseases like hypertension and others	Hypertension
4	I get stressed often due to my income level	Financial Stress
5	The hospital provides facilities to engage in stress relieving program	Stress Relieving Facilities
6	Night shifts affect mental health negatively	Overall Mental Health

Interpretation: A comparative analysis of anxiety levels of women working in government and private hospitals is being done on the above-mentioned parameters. Since the comparison is done between two groups ‘Independent Samples t-test’ was applied to determine the significance of the difference between the two groups.

The generic hypothesis of the t-test is:

- * H_0 : population means of two groups are equal i.e., there is no significant difference between means of two groups.
- * H_1 : population means of two groups are not equal i.e., there is a significant difference between means of two groups.

In this section, we need to compare anxiety levels of women working in government and private hospitals therefore the main hypothesis for this objective is:

- $H_{0.2.2}$: there is no significant difference between anxiety levels of women working in government and private hospitals; i.e., anxiety levels of women working in both type of hospitals is same.

- $H_{12.2}$: there is a significant difference between anxiety levels of women working in government and private hospitals; i.e., anxiety levels of women working in both type of hospitals is different.

As mentioned above we have considered six parameters were considered to measure anxiety levels. Each of these anxiety parameters is analyzed separately to get deep insights. A separate t-test is run for each issue and conclusions are drawn on the basis of results. Below sections present the analyses, in each analysis first of all related hypothesis is mentioned and then descriptive are presented followed by hypothesis testing through t-test and drawing conclusions based on the obtained result.

4.4.2.1 Stress Level

The hypothesis for this anxiety parameter:

- $H_{02.2.1}$: there is no significant difference in the stress level of women working in government and private hospitals.
- $H_{12.2.1}$: there is a significant difference in the stress level of women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.41: Stress Level Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Stress Level	Government	149	2.15	1.111	.091
	Private	151	1.91	1.000	.081

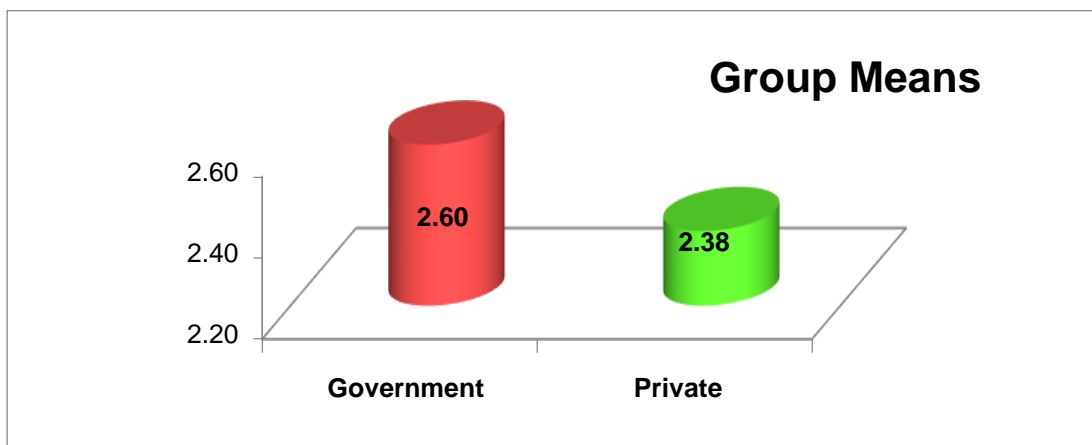


Figure 4.22: Stress Level Group Means

It is observed that the mean stress level of women working in government hospitals is more than that in private hospitals. This indicates that women in government hospitals feel more stressed, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.42: Stress Level t-test Statistics

		Levene's Test for		t-test for Equality of Means				
		Equality of Variances						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Stress Level	Equal variances assumed	5.539	.019	1.916	298	.056	.234	.122
	Equal variances not assumed			1.915	293.855	.057	.234	.122

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value 0.019 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.057 which is $> .05$, therefore the above-stated null hypothesis H_{02.2.1} cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the stress level of women working in government and private hospitals. Although the mean stress level of women in government hospitals is greater but the difference is not significant hence it is inferred that the stress level felt by women working in government and private hospitals are the same.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel the same level of stress for balancing work and life.

4.4.2.2 Depression Level

The hypothesis for this anxiety parameter:

- $H_{02.2.2}$: there is no significant difference in depression level among women working in government and private hospitals.
- $H_{12.2.2}$: there is a significant difference in depression level among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.43: Depression Level Group Statistics

Hospital Type		N	Mean	Std.Deviation	Std. Error Mean
Depression Level	Government	149	2.60	.958	.078
	Private	151	2.38	0.958	.078

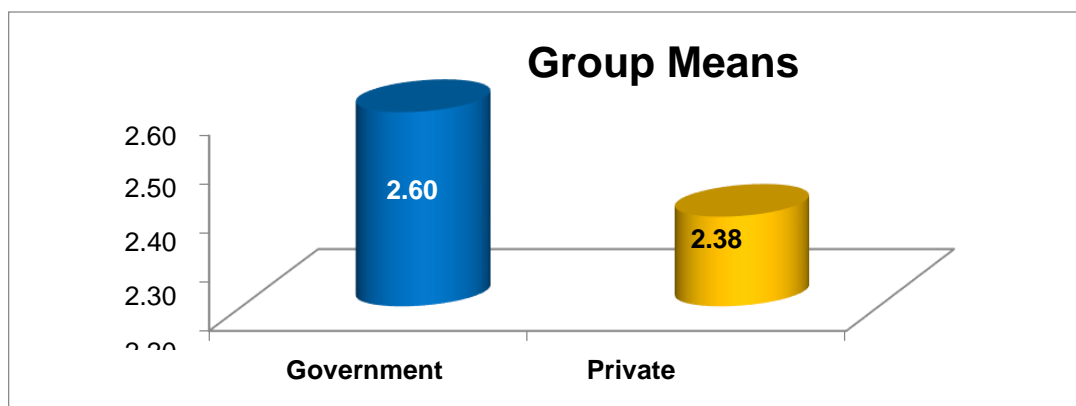


Figure 4.23: Depression Level Group Means

It is observed that the mean depression level among women working in government hospitals is more than that in private hospitals. This indicates that women in government hospitals feel more depressed, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.44: Depression Level t-test Statistics

		Levene's Test for		t-test for Equality of Means				
		Equality of Variances		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Depression Level	Equal variances assumed	.489	.485	1.927	298	.055	.213	.111
	Equal variances not assumed			1.927	297.948	.055	.213	.111

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is not significant with a p-value of 0.485 therefore, it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.055 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in depression levels among women working in government and private hospitals. Although the mean for depression level among women in government hospitals is greater but the difference is not significant hence it is inferred that the depression level felt by women working in government and private hospitals is the same.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel the same level of tiredness or depression because of work.

4.4.2.3 Hypertension

The hypothesis for this anxiety parameter:

- $H_{02.2.3}$: there is no significant difference in hypertension among women working in government and private hospitals.
- $H_{12.2.3}$: there is a significant difference in hypertension among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.45: Hypertension Group Statistics

Hospital Type	N	Mean	Std. Deviation	Std. Error Mean	
Hypertension	Government	149	3.08	1.233	.101
	Private	151	3.52	1.101	.090

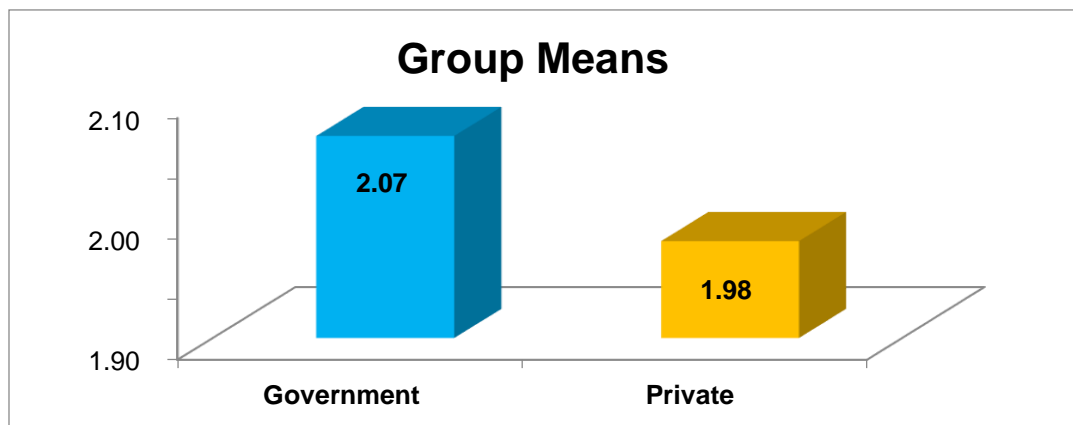


Figure 4.24: Hypertension Group Means

It is observed that mean of hypertension among women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals feel more hypertension, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.46: Hypertension t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Hypertension	Equal variances assumed	4.260	.040	- 3.232	298	.001	-.436	.135
	Equal variances not assumed			- 3.230	293.311	.001	-.436	.135

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with p-value 0.040 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.001 which is $< .05$, therefore the above-stated null hypothesis H_0 2.2.3 can be rejected in favour of alternate that there is a significant difference in hypertension among women working in government and private hospitals. Since the mean of hypertension among women working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals feel more hypertension than women working in government hospitals.

Therefore, it may be concluded that that the women working in private hospitals suffer more from stress-related diseases like hypertension and others as compared to their counterparts in government hospitals.

4.4.2.4 Financial Stress

The hypothesis for this anxiety parameter:

- H₀2.2.4: there is no significant difference in financial stress among women working in government and private hospitals.
- H₁2.2.4: there is a significant difference in financial stress among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.47: Financial Stress Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Financial Stress	Government	149	2.63	.841	.069
	Private	151	3.06	0.954	.078

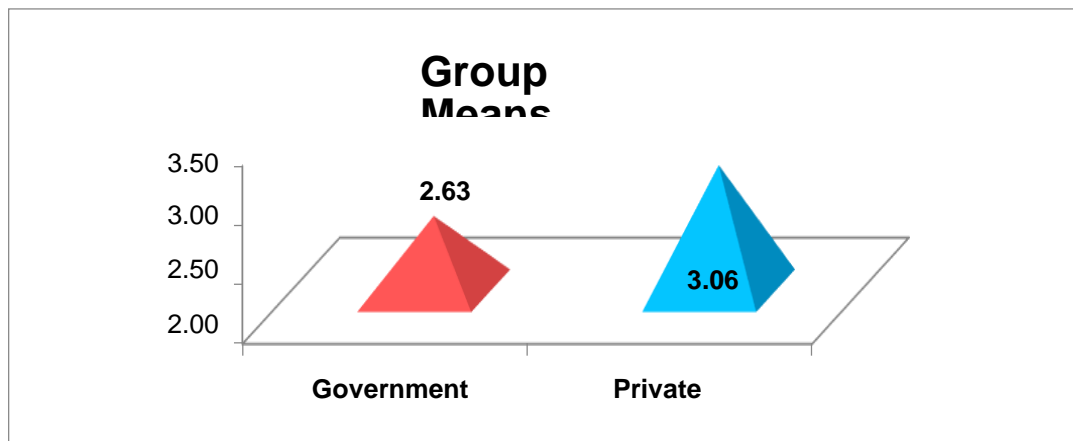


Figure 4.25: Financial Stress Group Means

It is observed that mean of financial stress among women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals feel more financial stress, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.48: Financial Stress t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Financial Stress	Equal variances assumed	.691	.406	- 4.127	298	.000	-.429	.104
	Equal variances not assumed			- 4.131	294.319	.000	-.429	.104

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.406 therefore it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.001 which is $< .05$, therefore the above-stated null hypothesis H_0 2.2.5 can be rejected in favour of alternate that there is a significant difference in hypertension among women working in government and private hospitals. Since the mean of hypertension among women working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals feel more financial stress than women working in government hospitals.

Therefore, it may be concluded that that the women working in private hospitals

suffer more from financial stress as compared to women working in government hospitals.

4.4.2.5 Stress Relieving Facilities

The hypothesis for this anxiety parameter:

- $H_{02.2.5}$: there is no significant difference in stress-relieving facilities provided to women working in government and private hospitals.
- $H_{12.2.5}$: there is a significant difference in stress-relieving facilities provided among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.49: Stress Relieving Facilities Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Stress Relieving Facilities	Government	149	2.39	1.038	.085
	Private	151	3.01	1.378	.112

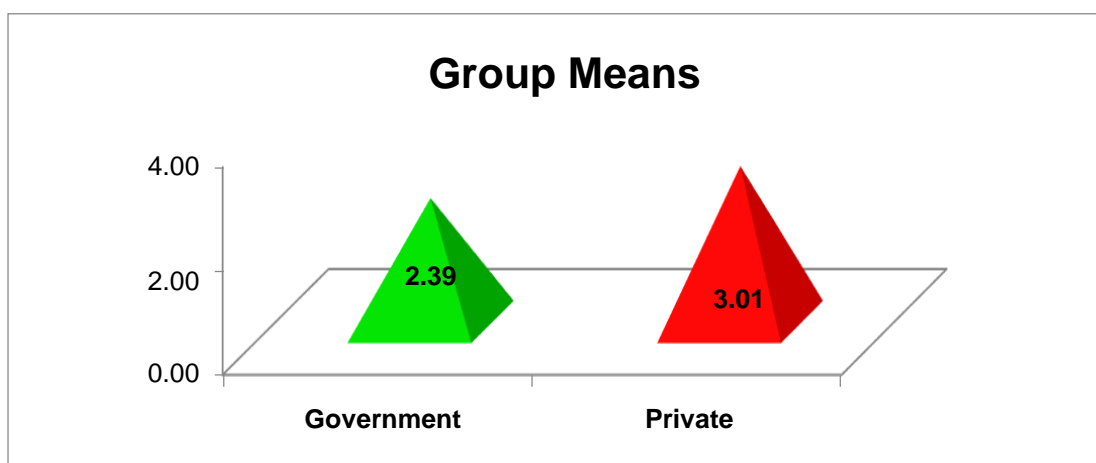


Figure 4.26: Stress Relieving Facilities Group Means

It is observed that mean of stress-relieving facilities provided to women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals are provided with more stress-relieving facilities, however, to

draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.50: Stress Relieving Facilities t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Stress Relieving Facilities	Equal variances assumed	34.288	.000	-4.378	298	.000	-.617	.141
	Equal variances not assumed			-4.386	278.654	.000	-.617	.141

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p- value of 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.000 which is $< .05$, therefore the above-stated null hypothesis H_0 2.2.5 can be rejected in favour of alternate that there is a significant difference in stress-relieving facilities provided to women working in government and private hospitals. Since the mean of this aspect is greater for women working in private hospitals and the difference is significant hence it is inferred that women working in private hospitals are provided with more stress-relieving facilities than women in government hospitals.

Therefore, it may be concluded that that the women working in private hospitals are provided with more stress-relieving facilities as compared to their counterparts in government hospitals.

4.4.2.6 Overall Mental Health

The hypothesis for this anxiety parameter is

- $H_{02.2.6}$: there is no significant difference in mental health among women working in government and private hospitals.
- $H_{12.2.6}$: there is a significant difference in mental health among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.51: Overall Mental Health Group Statistics

Hospital Type	N	Mean	Std. Deviation	Std. Error Mean
Government	149	2.07	.998	.082
Private	151	1.98	0.890	.072

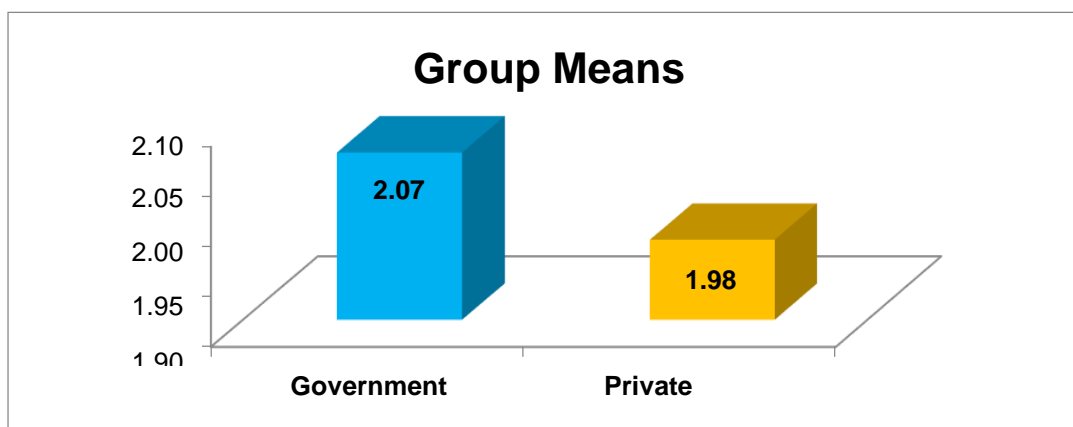


Figure 4.27: Overall Mental Health Group Means

It is observed that mean of mental health among women working in government hospitals is more than that in private hospitals. This indicates that women in government hospitals are more affected with negative mental health, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.52: Overall Mental Health t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Mental Health	Equal variances assumed	3.272	.071	.797	298	.426	.087	.109
	Equal variances not assumed			.796	293.304	.427	.087	.109

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is not significant with a p-value of 0.071, therefore, it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.427 which is $> .05$, therefore the above-stated null hypothesis H₀2.2.6 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in mental health among women working in government and private hospitals. Although the mean for mental health among women in government hospitals is greater, difference is not significant hence, it is inferred that work is negatively affecting mental health in equal measure to women working in government and private hospitals.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals work (especially night shifts) affects mental health negatively.

4.4.3 Personal Satisfaction Level

The personal Satisfaction level of women working in the hospitals was studied

through the following statements and associated parameters.

Table 4.53: Personal Satisfaction Parameters

SN	Statement	Parameter
1	I feel satisfied with my free/leisure hours	Free/Leisure Hours
2	I get more satisfaction for having good co-operation with my family members for cooking and serving a balanced, healthy diet.	Family Co-operation
3	I am satisfied with spending quality time with my children.	Children Quality Time
4	I am satisfied with my weekend shopping and outing with my family	Weekend Shopping
5	I feel satisfied with the time I am spending with my partner.	Partner Quality Time
6	I am satisfied with spending quality time for myself.	Self-Quality Time
7	I have satisfaction with the Exercise I undergo every day.	Daily Exercise
8	I have official work-free leisure hours on weekends.	Official Weekend Leisure Hours

A comparative analysis of the personal satisfaction of women working in government and private hospitals is being done on the above-mentioned parameters. Since the comparison is done between two groups 'Independent Samples t-test' was applied to determine the significance of the difference between the two groups.

The generic hypothesis of the t-test is:

- * H_0 : population means of two groups are equal i.e. there is no significant difference between means of two groups.
- * H_1 : population means of two groups are not equal i.e. there is a significant difference between means of two groups.

In this section, we need to compare the personal satisfaction of women working in government and private hospitals therefore the main hypothesis for this objective is:

- $H_{02.3}$: there is no significant difference between the personal satisfaction of women working in government and private hospitals; i.e. personal satisfaction of women working in both types of hospitals is the same.

- H₁2.3: there is a significant difference between the personal satisfaction of women working in government and private hospitals; i.e. personal satisfaction of women working in both types of hospitals is different.

As mentioned above we have considered eight parameters to measure satisfaction levels. Each of these satisfaction parameter is analyzed separately to get deep insights. A separate t-test is run for each issue and conclusions are drawn on the basis of results. Below sections present the analyses, in each analysis first of all related hypothesis is mentioned and then descriptives are presented followed by hypothesis testing through t-test and drawing conclusions based on the obtained result.

4.4.3.1 Free/Leisure Hours

The hypothesis for this personal satisfaction parameter:

- H₀2.3.1: there is no significant difference in the satisfaction level of free/leisure hours available to women working in government and private hospitals.
- H₁2.3.1: there is a significant difference in the satisfaction level of free/leisure hours available to women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.54: Free/Leisure Hours Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Free/Leisure Hours	Government	149	2.11	1.118	.092
	Private	151	2.51	0.886	.072

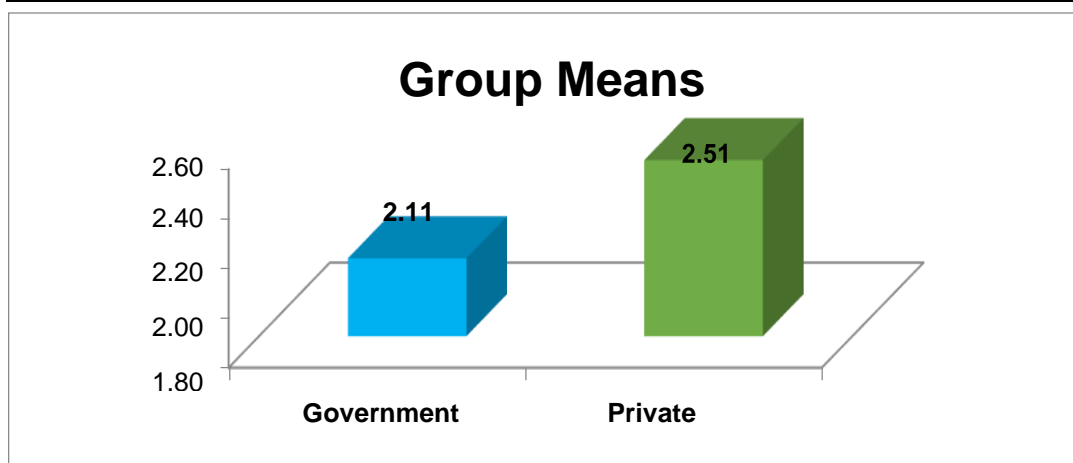


Figure 4.28: Free/Leisure Hours Group Means

Interpretation: It is observed that the mean satisfaction level of free/leisure hours available to women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals have more free/leisure hours as compared to government hospitals, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.55: Free/Leisure Hours t-test Statistics

		Levene's Test for		t-test for Equality of Means				
		Equality of Variances						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Free/Leisure Hours	Equal variances assumed	16.778	.000	-3.401	298	.001	-.396	.116
	Equal variances not assumed			-3.396	281.547	.001	-.396	.117

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with p-value 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.001 which is $< .05$, therefore the above-stated null hypothesis H_0 2.3.1 can be rejected in favour of alternate that there is a significant difference in satisfaction level of free/leisure hours available to women working in government and private hospitals. Since the mean satisfaction level of women

working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals have more free/leisure hours as compared to government hospitals.

Therefore, it may be concluded that that the women working in private hospitals are more satisfied with their free/leisure hours as compared to their counterparts in government hospitals.

4.4.3.2 Family Co-operation

The hypothesis for this personal satisfaction parameter:

- $H_{02.3.2}$: there is no significant difference in the satisfaction level of family co-operation among women working in government and private hospitals.
- $H_{12.3.2}$: there is a significant difference in the satisfaction level of family co-operation among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.56: Family Co-operation Hours Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Family Cooperation	Government	149	2.33	.692	.057
	Private	151	1.93	0.971	.079

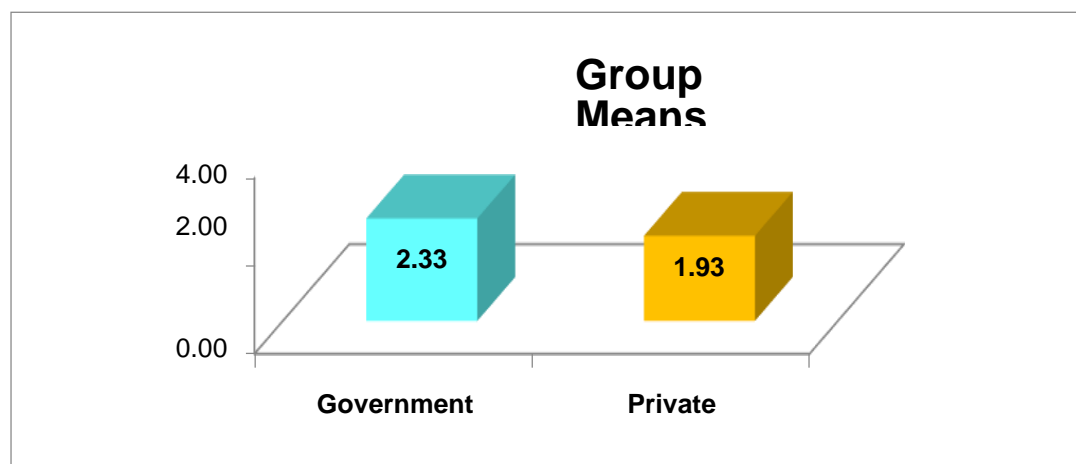


Figure 4.29: Family Co-operation Hours Group Means

Interpretation: It is observed that the mean satisfaction level of family co-operation among women working in government hospitals is more than that in private hospitals. This indicates that women in government hospitals are more satisfied with their family co-operation as compared to private hospitals, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-test statistics are presented and analyzed below.

Table 4.57: Family Co-operation Hours t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Family Co-operation	Equal Variances Assumed	.761	.384	4.054	298	.000	.395	.097
	Equal variances not Assumed			4.063	271.362	.000	.395	.097

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.384 therefore it may be assumed that variances of both groups are equal. Hence we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.000 which is $< .05$, therefore the above-stated null hypothesis H₀2.3.2 can be rejected in favour of alternate that there is a significant difference in satisfaction level of family co-operation among women working in government and private hospitals. Since the mean satisfaction level of women working in government, hospitals is greater and the difference is significant hence it is inferred that women working in government hospitals are more satisfied with their family co-operation hours as compared to government hospitals.

Therefore, it may be concluded that that the women working in government hospitals get more satisfaction for their good co-operation with their family members for cooking and serving a balanced and healthy diet as compared to their counterpart in private hospitals.

4.4.3.3 Children Quality Time

The hypothesis for this personal satisfaction parameter:

- H_0 2.3.3: there is no significant difference in satisfaction level of quality time with children among women working in government and private hospitals.
- H_1 2.3.3: there is a significant difference in satisfaction level of quality time with children among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.58: Children Quality Time Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Children Quality Time	Government	149	2.09	1.002	.082
	Private	151	2.47	1.019	.083

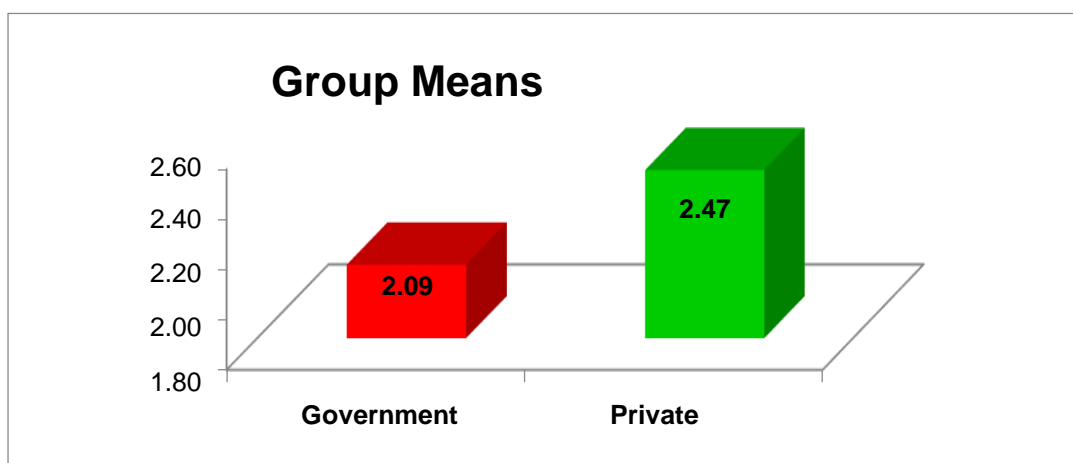


Figure 4.30: Children Quality Time Group Means

Interpretation: It is observed that the mean satisfaction level of quality time with children among women working in private hospitals is more than that in government

hospitals. This indicates that women in private hospitals are more satisfied with their quality time with children as compared to government hospitals, however, to draw a definite conclusion inferential statistics are analysed.

The Independent Samples t-Test statistics are presented and analyzed below.

Table 4.59: Children Quality Time t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Children Quality Time	Equal Variances Assumed	4.730	.030	- 3.224	298	.001	-.376	.117
	Equal variances not Assumed			- 3.225	297.998	.001	-.376	.117

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value 0.030 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.001 which is $< .05$, therefore the above-stated null hypothesis H_0 2.3.3 can be rejected in favour of alternate that there is a significant difference in satisfaction level of quality time with children among women working in government and private hospitals. Since the mean satisfaction level of women working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals are more satisfied with their quality

time with children as compared to government hospitals.

Therefore, it may be concluded that that the women working in private hospitals are more satisfied with spending quality time with my children as compared to their counterparts in private hospitals.

4.4.3.4 Children Quality Time Weekend Shopping/Outing

The hypothesis for this personal satisfaction parameter:

- $H_{02.3.4}$: there is no significant difference in satisfaction level of weekend shopping and outing among women working in government and private hospitals.
- $H_{12.3.4}$: there is a significant difference in the satisfaction level of weekend shopping and outing among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.60: Weekend Shopping/Outing Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Weekend Shopping/ Outing	Government	149	2.69	1.084	.089
	Private	151	2.53	1.316	.107

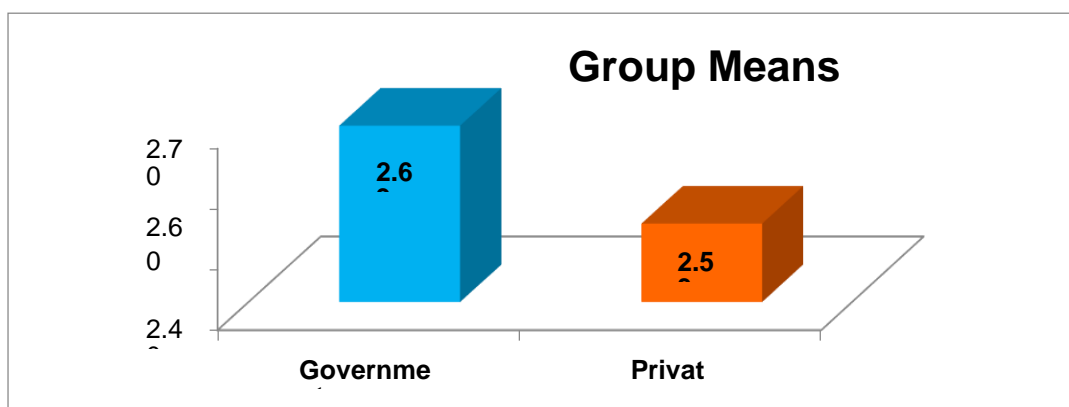


Figure 4.31: Weekend Shopping/Outing Group Means

Interpretation: It is observed that the mean satisfaction level of weekend shopping and outing among women working in government hospitals is more than that in

private hospitals. This indicates that women in government hospitals are more satisfied with their weekend shopping and outing as compared to private hospitals.

However, to draw a definite conclusion the Independent Samples t-test statistics are presented and analyzed below.

Table 4.61: Weekend Shopping/Outing t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Weekend Shopping/Outing	Equal variances assumed	8.131	.005	1.160	298	.247	.161	.139
	Equal variances not assumed			1.161	288.807	.247	.161	.139

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p- value of 0.005 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.247 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the satisfaction level of weekend shopping and outing among women working in government and private hospitals. Although the mean satisfaction level of women in government hospitals is greater but the difference

is not significant hence it is inferred that women working in government and private hospitals have an equal level of satisfaction with their weekend shopping and outing.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals they are equally satisfied with their weekend shopping and outing with their family.

4.4.3.5 Partner Quality Time

The hypothesis for this personal satisfaction parameter:

- $H_{02.3.5}$: there is no significant difference in satisfaction level of quality time with a partner among women working in government and private hospitals.
- $H_{12.3.5}$: there is a significant difference in satisfaction level of quality time with a partner among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.62: Partner Quality Time Group Statistics

	Hospital Type	N	Mean	Std. Deviation	Std. Error Mean
Partner Quality Time	Government	149	2.01	.941	.077
	Private	151	1.90	0.823	.067

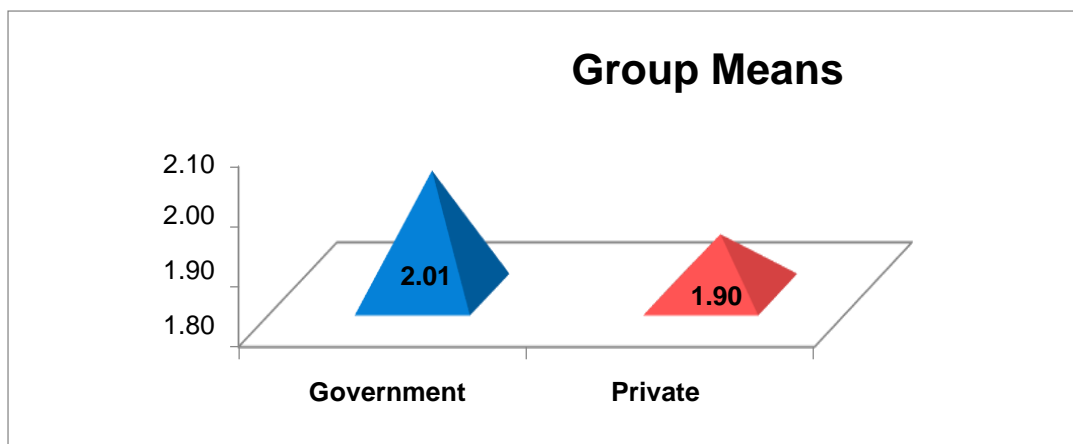


Figure 4.32: Partner Quality Time Group Means

Interpretation: It is observed that the mean satisfaction level of quality time with a

partner among women working in government hospitals is more than that in private hospitals. This indicates that women in government hospitals are more satisfied with quality time with the partner as compared to private hospitals.

However, to draw a definite conclusion the Independent Samples t-Test statistics are presented and analyzed below.

Table 4.63: Partner Quality Time t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Partner Quality Time	Equal variances assumed			1.040	298	.299	.106	.102
	Equal variances not assumed	.466	.496	1.039	291.725	.300	.106	.102

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.496 therefore it may be assumed that variances of both groups are equal. Hence we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.300 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in satisfaction level of quality time with a partner among women working in government and private hospitals. Although the mean satisfaction level of women in government hospitals is greater but the difference is not significant hence it is inferred that women working in government and private hospitals are equally satisfied with spending quality time with their partners.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel equal satisfaction with the time they are spending with their partner.

4.4.3.6 Self Quality Time

The hypothesis for this personal satisfaction parameter:

- H₀2.3.6: there is no significant difference in satisfaction level of self-quality time spent among women working in government and private hospitals.
- H₁2.3.6: there is a significant difference in the satisfaction level of self-quality time spent among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.64: Self-Quality Time Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Self-Quality Time	Government	149	3.32	1.342	.110
	Private	151	3.18	1.114	.091

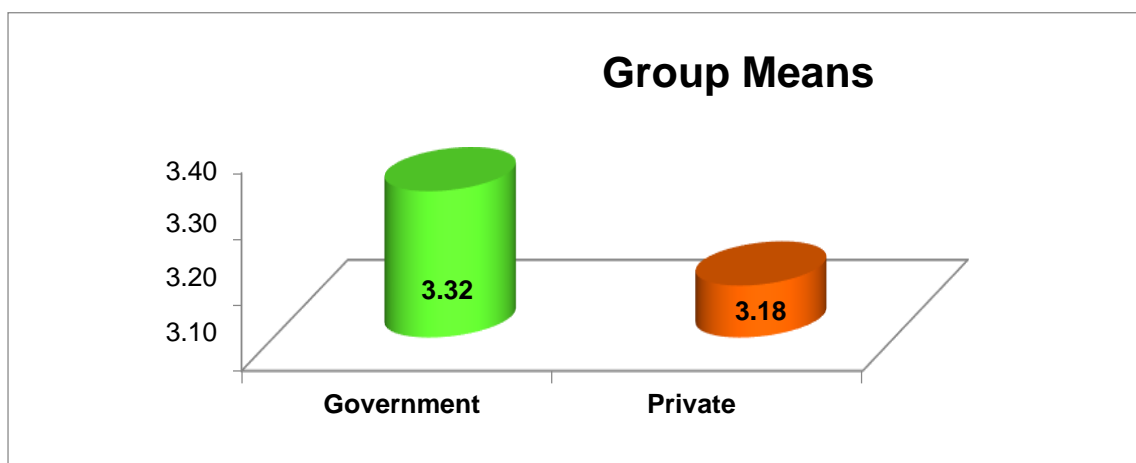


Figure 4.33: Self-Quality Time Group Means

It is observed that the mean satisfaction level of self-quality time spent among women working in government hospitals is more than that in private hospitals. This indicates that women in government hospitals are more satisfied with the self-quality time spent as compared to private hospitals.

The Independent Samples t-Test statistics are presented and analyzed below.

Table 4.65: Self-Quality Time t-Test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2 tailed)	Mean Difference	Std. Error Difference
Self- Quality Time	Equal variances assumed	24.206	.000	1.007	298	.315	.143	.142
	Equal variances not assumed			1.006	286.849	.315	.143	.143

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with p-value 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that t-test p-value is 0.315 which is $> .05$, therefore the above stated null hypothesis H02.3.6 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the satisfaction level of self-quality time spent among women working in government and private hospitals. Although the mean satisfaction level of women in government hospitals is greater but the difference is not significant hence it is inferred that women working in government and private hospitals are equally satisfied of the quality time they spend for themselves.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel equally satisfied about spending quality time for themselves.

4.4.3.7 Daily Exercise

The hypothesis for this personal satisfaction parameter:

- $H_{02.3.7}$: there is no significant difference in the satisfaction level of daily exercise among women working in government and private hospitals.
- $H_{12.3.7}$: there is a significant difference in the satisfaction level of daily exercise among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.66: Daily Exercise Time Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Daily Exercise	Government	149	3.55	1.112	.091
	Private	151	3.67	1.011	.082

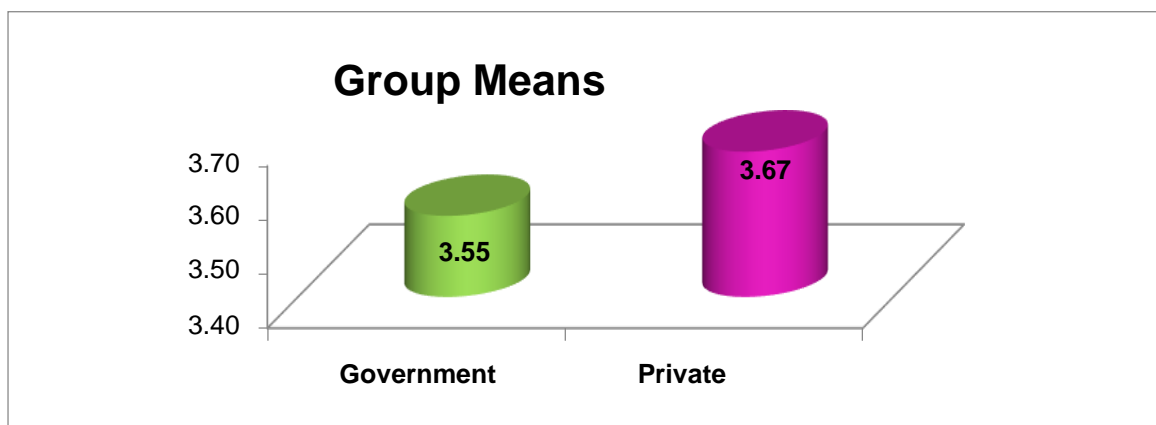


Figure 4.34: Daily Exercise Time Group Means

Interpretation: It is observed that the mean satisfaction level for daily exercise among women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals are more satisfied with the daily

exercise they undergo as compared to government hospitals.

However, to draw a definite conclusion the Independent Samples t-Test statistics are presented and analyzed below.

Table 4.67: Daily Exercise Time t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Daily Exercise	Equal variances assumed	1.735	.189	-.966	298	.335	-.119	.123
	Equal variances not assumed			-.966	294.597	.335	-.119	.123

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.189 therefore it may be assumed that variances of both groups are equal. Hence we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.335 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the satisfaction level of daily exercise among women working in government and private hospitals. Although the mean satisfaction level of women in private hospitals is greater but the difference is not significant hence it is inferred that women working in government and private hospitals are equally satisfied with the daily exercise they undergo every day.

Therefore, it may be concluded that irrespective of the women working in government or private hospitals they have equal satisfaction with the exercise they undergo every day.

4.4.3.8 Official Weekend Leisure Hours

The hypothesis for this personal satisfaction parameter:

- $H_{02.3.8}$: there is no significant difference in the satisfaction level of official weekend leisure time available to women working in government and private hospitals.
- $H_{12.3.8}$: there is a significant difference in the satisfaction level of official weekend leisure time available to women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.68: Official Weekend Leisure Hours' Time Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Official Leisure Hours	Government	149	3.81	1.023	.084
	Private	151	4.00	2.511	.204

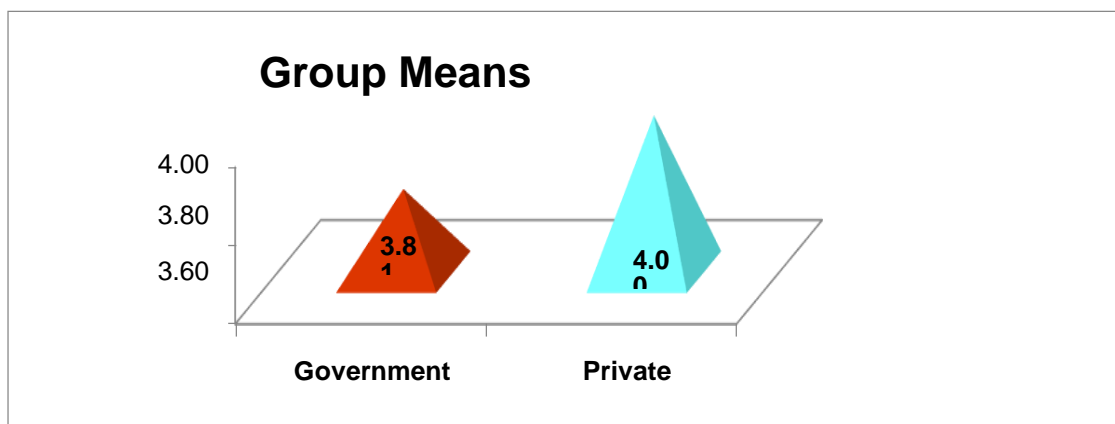


Figure 4.35: Official Weekend Leisure Hours Time Group Means

It is observed that the mean satisfaction level of official weekend leisure time

available to women working in private hospitals is more than that in government hospitals. This indicates that women in private hospitals have more official weekend leisure time available as compared to government hospitals.

However, to draw a definite conclusion the Independent Samples t-test statistics are presented and analyzed below.

Table 4.69: Official Weekend Leisure Hours Time t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Official Leisure Hours	Equal Variances Assumed	.064	.800	-.847	298	.398	-.188	.222
	Equal variances not Assumed			-.851	198.945	.396	-.188	.221

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.800, therefore, it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.396 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the satisfaction level of official weekend leisure time available to women working in government and private hospitals. Although the mean satisfaction level of women in private hospitals is greater but the difference is not significant hence it is inferred that women working in both government and private hospitals have equal official weekend leisure time on weekends

Therefore, it may be concluded that irrespective of the women working in government or private hospitals are equally satisfied with official work-free leisure hours on weekends.

4.4.4 Work-life balance/job Satisfaction Level

The job Satisfaction level of women working in the hospitals was studied through the following statements and associated parameters.

Table 4.70: Work-life balance/ Job Satisfaction Parameters

SN	Statement	Parameter
1	How often I am thinking or worrying about work (when I am not actually at work or traveling to work).	Work Concern
2	Does the Hospital take initiatives to manage the work-life of its women employees	Hospital's work-life balance Initiatives
3	If yes, are the initiatives your Hospital has taken for managing work-life helpful for women.	Hospital's work-life balance Initiatives Effectiveness
4	I have more pressure of work in the Hospital	Excess Work Pressure
5	After working hours I get enough time for my family.	Family Time
6	I am able to balance work and personal obligations.	Balanced Work-Life Obligations
7	I perform domestic activities by myself.	Domestic Activities
8	I want to segregate professional and personal life without any conflict.	Work-Life Segregation
9	I want an Effective Work-life balance to stay healthy.	Work-life balance for Health
10	I believe that quality of work increases with the right Work-life balance.	Work-life balance for Quality of Work
11	I feel satisfied with the challenging opportunities of the Hospital.	Challenging Opportunities
12	In my Hospital, communication of all rules, policies, and procedures is good.	Hospital Communication

A comparative analysis of Work-life balance/job satisfaction of women working in government and private hospitals are being done on the above-mentioned parameters. Since the comparison is done between two groups 'Independent Samples t-test' was applied to determine the significance of the difference between the two groups.

The generic hypothesis of the t-test is:

- * H_0 : population means of two groups are equal i.e. there is no significant difference between means of two groups.
- * H_1 : population means of two groups are not equal i.e. there is a significant difference between means of two groups.

In this section we need to compare the Work-life balance/job satisfaction of women working in government and private hospitals therefore the main hypothesis for this objective is:

- $H_{02.4}$: there is no significant difference between Work-life balance/job satisfaction of women working in government and private hospitals; i.e., Work-life balance/job satisfaction of women working in both types of hospitals is the same.
- $H_{12.4}$: there is a significant difference between Work-life balance/job satisfaction of women working in government and private hospitals; i.e., Work-life balance/job satisfaction of women working in both types of hospitals is different.

As mentioned above we have considered twelve parameters to measure satisfaction levels. Each of these satisfaction parameters is analyzed separately to get deep insights. A separate t-test is run for each issue and conclusions are drawn on the basis of results. Below sections present the analyses, in each analysis first of all related hypothesis is mentioned and then descriptive are presented followed by hypothesis testing through t-test and drawing conclusions based on the obtained result.

4.4.4.1 Work Concern

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.1}$: there is no significant difference in the work concern aspect of Work-

life balance/job satisfaction among women working in government and private hospitals.

- H₁2.4.1: there is a significant difference in the work concern aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.71: Work Concern Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Work Concern	Government	149	2.91	1.399	.115
	Private	151	1.93	0.884	.072

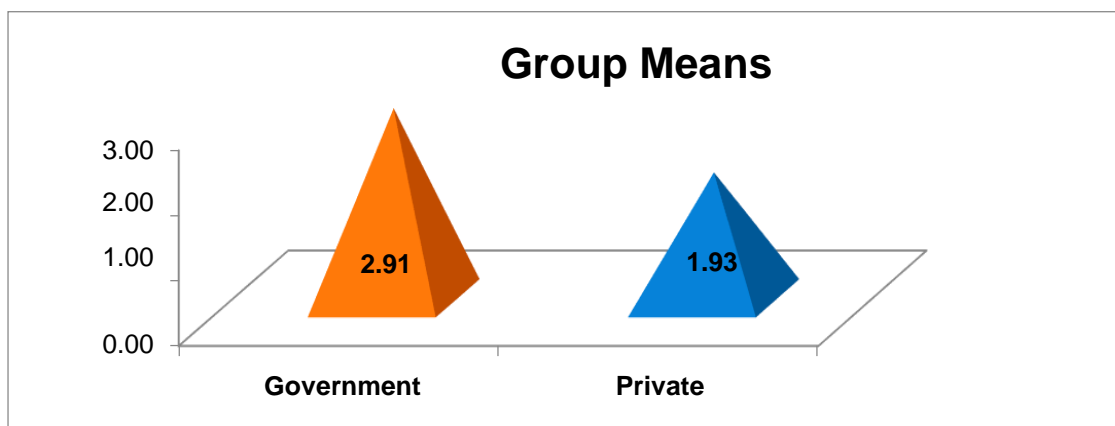


Figure 4.36: Work concern Group Means

It is observed that mean of work concern aspect of Work-life balance/job satisfaction is more for women working in government hospitals. This indicates that women in government hospitals have more work concerns as compared to women working in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.72: Work concern t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Work Concern	Equal variances assumed	63.700	.000	7.253	298	.000	.979	.135
	Equal variances not assumed			7.232	249.421	.000	.979	.135

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.000 which is $< .05$, therefore the above-stated null hypothesis H_0 2.4.1 can be rejected in favour of alternate that there is a significant difference in the work concern aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women working in government hospitals have more work concern as compared to government hospitals.

Therefore, it may be concluded that that woman working in government hospitals think or worry significantly more about work (when they are not actually at work or traveling to work) as compared to their counterparts in private hospitals.

4.4.4.2 Hospital's Work-life balance Initiatives

The hypothesis for this Work-life balance/job satisfaction parameter:

- H_0 2.4.2: there is no significant difference in the hospital's initiative aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- H_1 2.4.2: there is a significant difference in the hospital's initiative aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.73: Hospital's Work-life balance Initiative Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Hospital's Work-life balance Initiatives	Government	149	2.31	.979	.080
	Private	151	2.05	1.085	.088

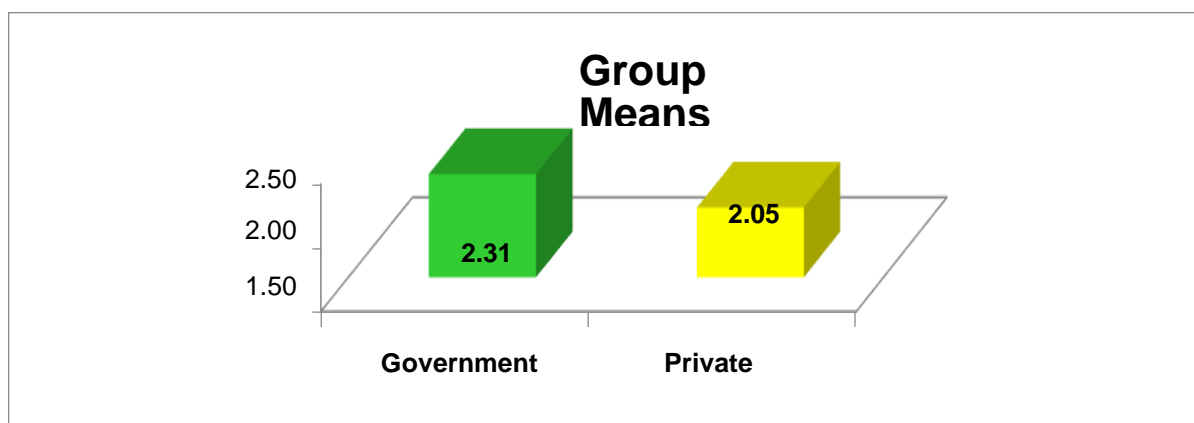


Figure 4.37: Hospital's work-life balance Initiative Group Means

It is observed that mean of hospital's initiative aspect of Work-life balance/job satisfaction is more for women working in government hospitals. This indicates that women in government hospitals get more of the hospital's initiative to manage work-life balance as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.74: Hospital's Work-life balance Initiative t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Hospital's Work-life balance Initiatives	Equal variances assumed	.570	.451	2.198	298	.029	.262	.119
	Equal variances not assumed			2.199	295.628	.029	.262	.119

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.451 therefore it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.029 which is $< .05$, therefore the above stated null hypothesis H_0 2.4.2 can be rejected in favour of alternate that there is a significant difference in hospital's initiative aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals get more of hospital's initiative to manage work-life balance as compared to women in private hospitals.

Therefore, it may be concluded that that the women working in government get more hospital initiatives to manage the work-life of its women employees as compared to their counterpart in private hospitals.

4.4.4.3 Hospital's Work-life balance Initiatives Effectiveness

The hypothesis for this Work-life balance/job satisfaction parameter:

- H_0 2.4.3: there is no significant difference in the hospital's initiative effectiveness aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- H_1 2.4.3: there is a significant difference in the hospital initiative effectiveness aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.75: Hospital's Work-life balance Initiative Effectiveness Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Hospital's Initiatives Effectiveness	Government	149	2.26	.831	.068
	Private	151	2.05	0.885	.072

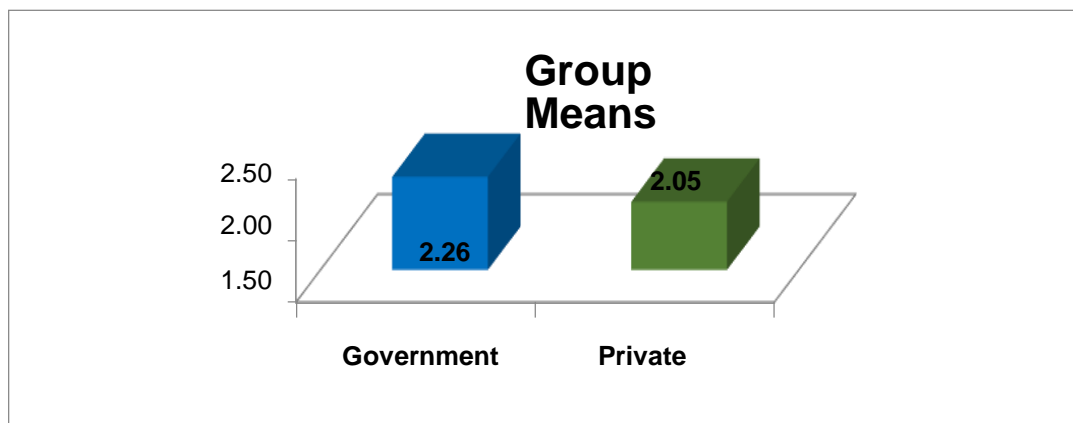


Figure 4.38: Hospital's Work-life balance Initiative Effectiveness Group Means

Interpretation: It is observed that mean of the hospital's initiative effectiveness aspect of work-life balance/job satisfaction is greater for women working in government hospitals. This indicates that women in government hospitals get more effective hospital's initiative to manage work-life balance as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.76: Hospital's Work-life balance Initiative Effectiveness t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Hospital's Initiatives Effectiveness	Equal variances assumed	.566	.453	2.037	298	.043	.202	.099
	Equal variances not assumed			2.038	297.275	.042	.202	.099

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is not significant with a p-value of 0.453, therefore, it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.042 which is $< .05$, therefore the above-stated null hypothesis H₀2.4.3 can be rejected in favour of alternate that there is a significant difference in hospital's initiative effectiveness aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals get more effective hospital's initiative to manage Work-life balance as compared to women in private hospitals.

Therefore, it may be concluded that that the women working in government get more effective hospital initiatives to manage the work-life of its women employees as compared to their counterparts in private hospitals.

4.4.4.4 Excess Work Pressure

The hypothesis for this Work-life balance/job satisfaction parameter:

H₀2.4.4: there is no significant difference in the excess work pressure aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

H₁2.4.4: there is a significant difference in the excess work pressure aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.77: Excess Work Pressure Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Excess Work Pressure	Government	149	2.20	1.380	.113
	Private	151	2.07	0.987	.080

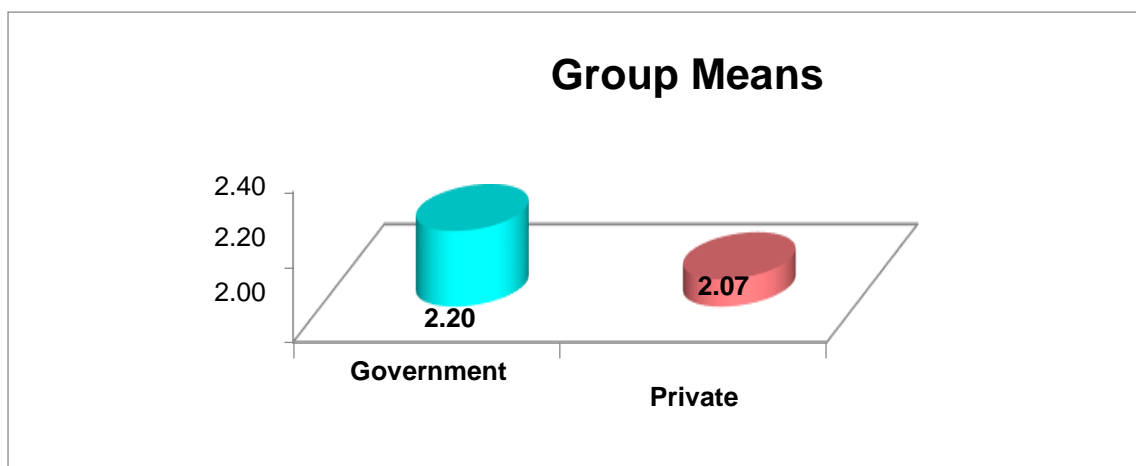


Figure 4.39: Excess Work Pressure Group Means

Interpretation: It is observed that mean of excess work pressure aspect of Work-life balance/job satisfaction is greater for women working in government hospitals. This

indicates that women in government hospitals have more work pressure as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.78: Excess Work Pressure t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Excess Work Pressure	Equal variances assumed			.928	298	.354	.128	.138
	Equal variances not assumed	34.582	.000	.926	267.805	.355	.128	.139

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value of 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.355 which is $> .05$, therefore the above-stated null hypothesis H₀2.4.4 cannot be rejected in favour of alternate. Hence it is maintained that there is no significant difference in excess work pressure aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Although the mean for this aspect of job satisfaction is greater for women in government hospitals and but the difference is not significant hence it is inferred that women working in both government and private sectors have equal work pressure in the hospitals.

Therefore, it may be concluded that irrespective of the women working in government or private they have equal pressure of work in the hospitals.

4.4.4.5 Family Time

The hypothesis for this Work-life balance/job satisfaction parameter:

H₀2.4.5: there is no significant difference in the family time aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

H₁2.4.5: there is a significant difference in the family time aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.79: Family Time Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Enough Family Time	Government	149	2.80	.993	.081
	Private	151	2.38	1.050	.085

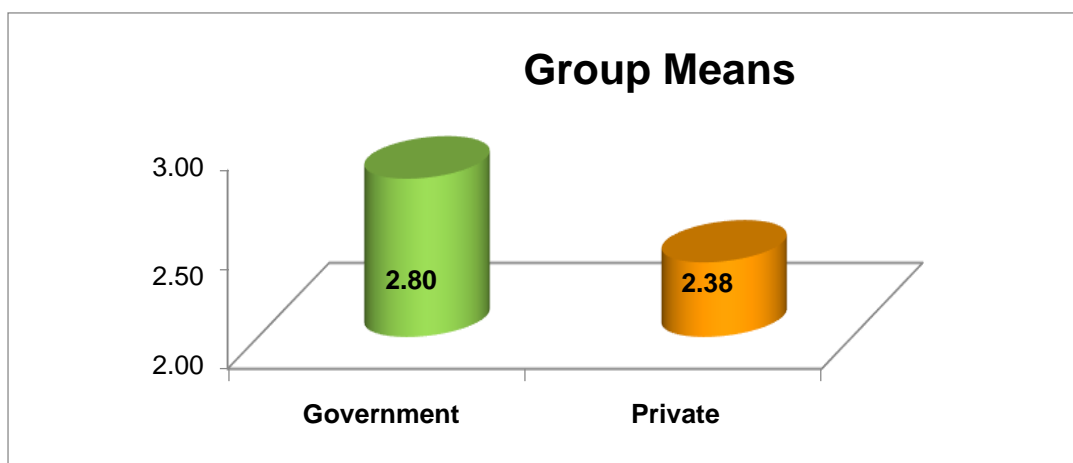


Figure 4.40: Family Time Group Means

It is observed that mean of family time aspect of Work-life balance/job satisfaction is greater for women working in government hospitals. This indicates that women in

government hospitals get more family time as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.80: Family Time t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Family Time	Equal variances assumed	2.375	.124	3.568	298	.000	.421	.118
	Equal variances not assumed			3.569	297.459	.000	.421	.118

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.453 therefore it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.000 which is $< .05$, therefore the above-stated null hypothesis $H_{02.4.5}$ can be rejected in favour of alternate that there is a significant difference in family time aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals get more family time as compared to women in private hospitals.

Therefore, it may be concluded that after working hours, women working in government get enough time for their family as compared to their counterparts in private hospitals.

4.4.4.6 Balanced Work-Life Obligations

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.6}$: there is no significant difference in balanced work and personal obligations aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{12.4.6}$: there is a significant difference in the balanced work and personal obligations aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.81: Balanced Work-life Obligations Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Balance Obligations	Government	149	2.58	.763	.063
	Private	151	2.08	0.829	.067

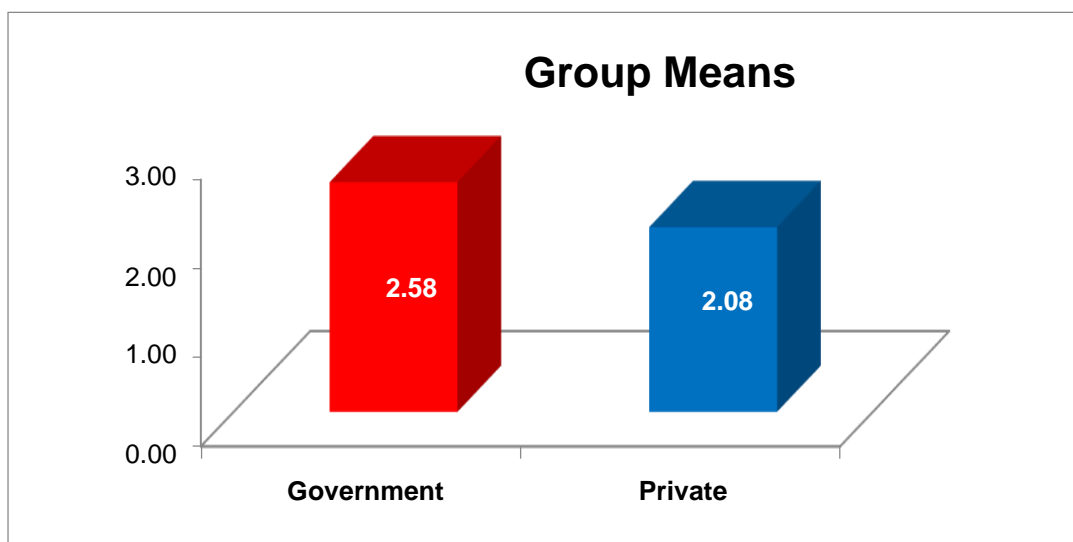


Figure 4.41: Balanced Obligations Group Means

Interpretation: It is observed that the mean for balanced work and personal obligations aspect of Work-life balance/job satisfaction is greater for women working in government hospitals. This indicates that women in government hospitals have more balanced work and personal obligations as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.82: Balanced Work-life Obligations t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Balanced Obligations	Equal variances assumed			5.482	298	.000	.504	.092
	Equal variances not assumed	4.482	.035	5.485	296.587	.000	.504	.092

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value 0.035 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.000 which is $< .05$, therefore the above stated null hypothesis H_0 2.4.6 can be rejected in favour of alternate that there is a significant difference in balanced work and personal obligations aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government

hospitals have more balanced work and personal obligations as compared to women in private hospitals.

Therefore, it may be concluded that women working in government are in a better position to balance work and personal obligations as compared to their counterparts in private hospitals.

4.4.4.7 Domestic Activities

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.7}$: there is no significant difference in the self-performed domestic activities aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{12.4.7}$: there is a significant difference in the self-performed domestic activities aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.83: Domestic Activities Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Domestic	Government	149	2.50	1.018	.083
Activities	Private	151	2.02	0.828	.067

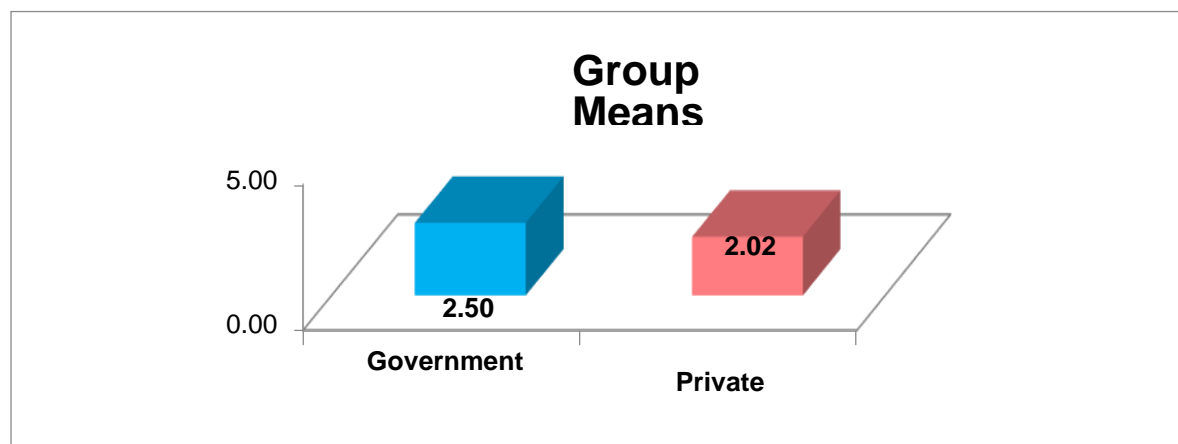


Figure 4.42: Domestic Activities Group Means

Interpretation: It is observed that the mean for self-performed domestic activities aspect of Work-life balance/job satisfaction is greater for women working in government hospitals. This indicates that women in government hospitals perform their domestic activities more as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.84: Domestic Activities t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Domestic Activities	Equal variances assumed	33.659	.000	4.453	298	.000	.477	.107
	Equal variances not assumed			4.447	284.726	.000	.477	.107

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value 0.000 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.000 which is $< .05$, therefore the above-stated null hypothesis H_0 2.4.7 can be rejected in favour of alternate that there is a significant difference in self-performed domestic activities aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals

and the difference is significant hence it is inferred that women in government hospitals perform their domestic activities more as compared to women in private hospitals.

Therefore, it may be concluded that women working in government have more time and are in a significantly better position to perform domestic activities by themselves.

4.4.4.8 Work-Life Segregation

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.8}$: there is no significant difference in the desire for amiable work-life segregation aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{12.4.8}$: there is a significant difference in desire of amiable work-life segregation aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.85: Work-Life Segregation Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Work-Life Segregation	Government	149	1.69	.861	.071
	Private	151	1.46	0.737	.060

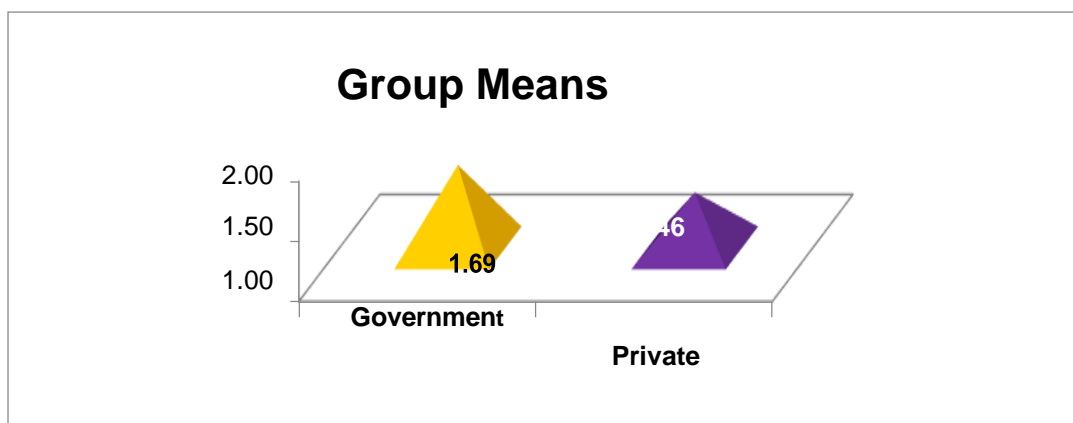


Figure 4.43: Work-Life Segregation Group Means

It is observed that the mean for the desire for amiable work-personal life segregation aspect of Work-life balance/job satisfaction is greater for women working in government hospitals. This indicates that women in government hospitals have more desire for amiable work-personal life segregation as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.86: Work-Life Segregation t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Work-Life Segregation	Equal Variances Assumed	.629	.428	2.461	298	.014	.228	.093
	Equal variances not Assumed			2.458	289.876	.015	.228	.093

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.428 therefore it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.015 which is $< .05$, therefore the above stated null hypothesis H₀2.4.8 can be rejected in favour of alternate that there is a significant difference in the desire for amiable work-personal life segregation aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in

government hospitals have more desire for amiable work-personal life segregation as compared to women in private hospitals.

Therefore, it may be concluded that women working in government have significantly more desire/want to segregate professional and personal life without any conflict as compared to their counterparts in private hospitals.

4.4.4.9 Work-life balance for Health

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.9}$: there is no significant difference in the desire for a balanced work-life for the health aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{12.4.9}$: there is a significant difference in the desire for balanced work-life for the health aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.87: Work-life balance for Health Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
WLB for Health	Government	149	1.63	.756	.062
	Private	151	1.66	0.566	.046

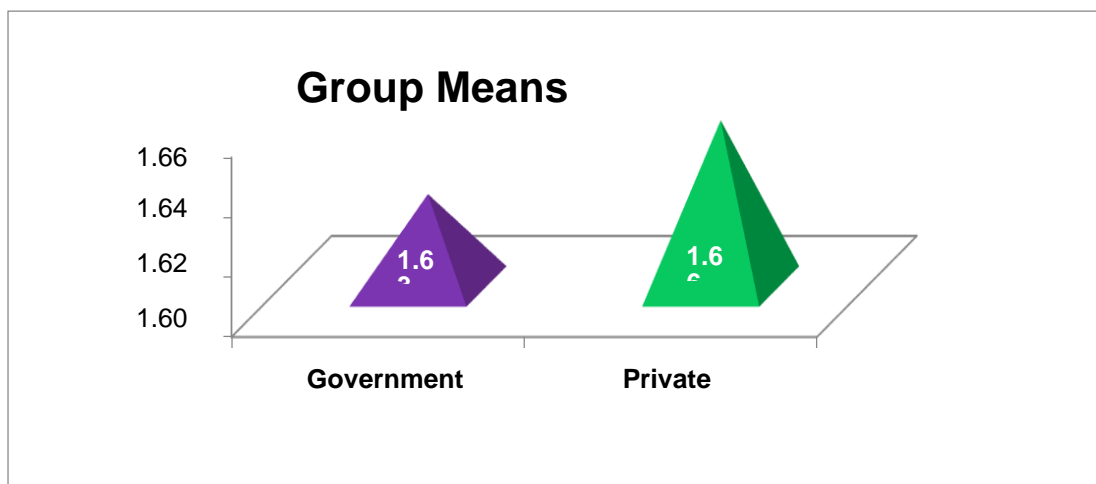


Figure 4.44: Work-life balance for Health Group Means

Interpretation: It is observed that the mean of desire for balanced work-life for the health aspect of work-life balance/job satisfaction is greater for women working in private hospitals. This indicates that women in private hospitals have more desire for a balanced work-life for health as compared to women in government hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.88: Work-life balance for Health t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Work-life balance For Health	Equal variances assumed	5.237	.023	-.321	298	.748	-.025	.077
	Equal variances not assumed			-.321	274.188	.749	-.025	.077

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p- value

0.023 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.749 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the desire for a balanced work-life for the health aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Although the mean for this aspect of job satisfaction is greater

for women in private hospitals but the difference is not significant hence it is inferred that women working in both government and private sectors have the equal desire for effective work-life balance for health.

Therefore, it may be concluded that irrespective of the women working in government or private they have equal desire/want of effective work-life balance to stay healthy.

4.4.4.10 Work-life balance for Quality of Work

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.10}$: there is no significant difference in belief of enhanced work quality with the Work-life balance aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{12.4.10}$: there is a significant difference in belief of enhanced work quality with the balanced work-life aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented though table and graph followed by t-test statistics.

Table 4.89: Work-life balance for Quality of Work Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Work-life balance for Work Quality	Government	149	1.60	.753	.062
	Private	151	1.48	0.631	.051

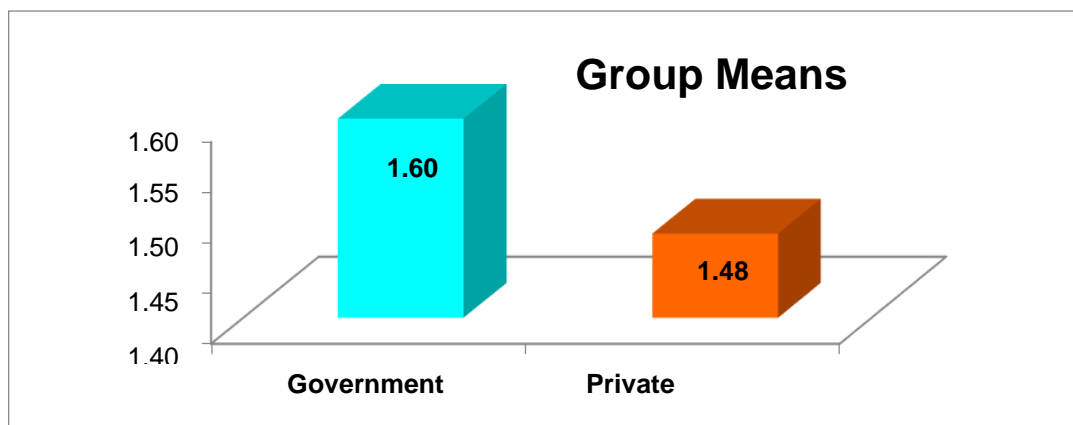


Figure 4.45: Work-life balance for Quality of Work Group Means

Interpretation: It is observed that the mean for belief in enhanced work quality with the balanced work-life aspect of Work-life balance/job satisfaction is greater for women working in government hospitals. This indicates that women in government hospitals have a stronger belief in enhanced work quality with a balanced work-life as compared to women in private hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.90: Work-life balance for Quality of Work t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Work-life balance for Work Quality	Equal variances assumed	.573	.450	1.421	298	.156	.114	.080
	Equal variances not assumed			1.419	287.849	.157	.114	.080

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.450 therefore it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.157 which is $> .05$, therefore the above-stated null hypothesis H_0 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in belief of enhanced work quality with the balanced work-life aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Although the mean for this aspect of job satisfaction is greater for women in government hospitals but the difference is not significant hence, it is inferred that women working in both government and private

sectors have an equal level of belief in enhanced work quality with balanced work-life.

Therefore, it may be concluded that irrespective of the women working in government or private they have an equal level of belief that quality of work increases with the right work-life balance.

4.4.4.11 Challenging Opportunities

The hypothesis for this Work-life balance/job satisfaction parameter:

- $H_{02.4.11}$: there is no significant difference in the challenging opportunities aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{12.4.11}$: there is a significant difference in the challenging opportunities aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.91: Challenging Opportunities Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Challenging Opportunities	Government	149	1.87	.633	.052
	Private	151	1.66	0.712	.058

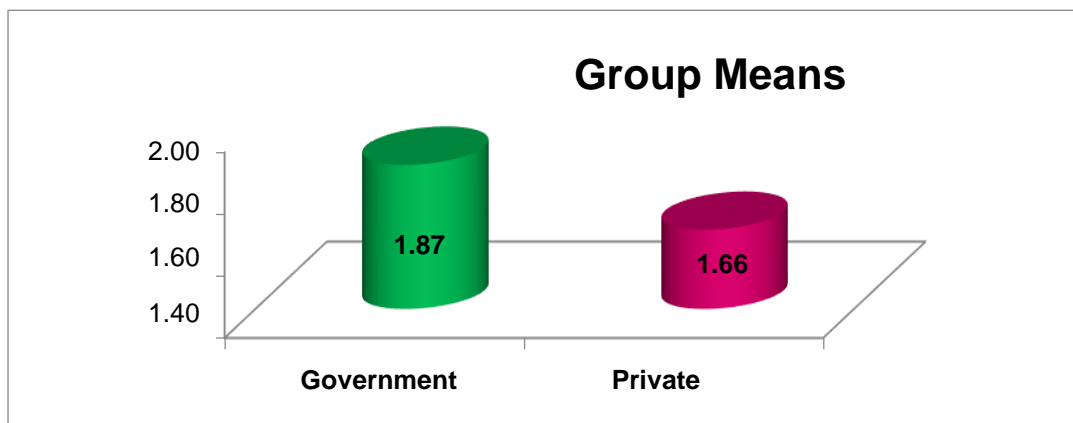


Figure 4.46: Challenging Opportunities Group Means

Interpretation: It is observed that the mean for challenging opportunities aspect of Work-life balance/job satisfaction is greater for government working in government hospitals. This indicates that women in government hospitals are more satisfied with challenging opportunities as compared to women in private hospitals.

However, to draw a definite conclusion the tt statistics are presented and analyzed below.

Table 4.92: Challenging Opportunities t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Challenging Opportunities	Equal variances assumed	9.080	.003	2.700	298	.007	.210	.078
	Equal variances not assumed			2.702	294.811	.007	.210	.078

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal since Levene's test is significant with a p-value of 0.003 therefore it may be assumed that variances of both groups are not equal. Hence, we need to read the test statistics from the row *Equal variances not assumed*.

It is observed that the t-test p-value is 0.007 which is $< .05$, therefore the above-stated null hypothesis H_0 2.4.11 can be rejected in favour of alternate that there is a significant difference in challenging opportunities aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Since the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals are more satisfied with challenging opportunities as compared to women in private hospitals.

Therefore, it may be concluded that women working in government are significantly more satisfied with challenging opportunities of the hospital as compared to their counterparts in private hospitals.

4.4.4.12 Hospital Communication

The hypothesis for this Work-life balance/job satisfaction parameter:

- H_0 2.4.12: there is no significant difference in the hospital communication aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- H_1 2.4.12: there is a significant difference in the hospital communication aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

First the descriptive are presented through table and graph followed by t-test statistics.

Table 4.93: Hospital Communication Group Statistics

Hospital Type		N	Mean	Std. Deviation	Std. Error Mean
Hospitals Communication	Government	149	1.44	.774	.063
	Private	151	1.58	0.604	.049

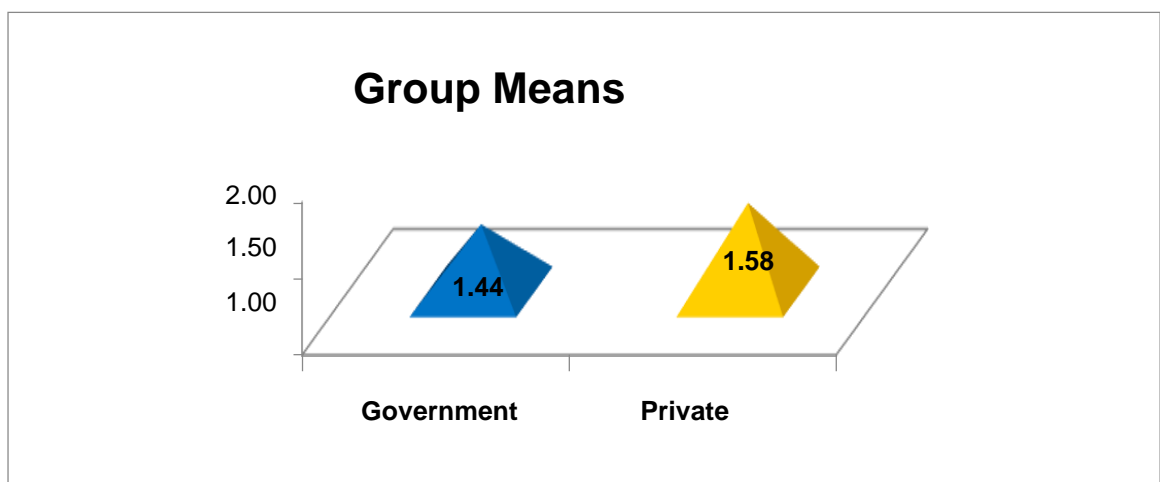


Figure4.47: Hospital communication Group Means

Interpretation: It is observed that the mean for hospital communication aspect of Work-life balance/job satisfaction is greater for government working in private hospitals. This indicates that women in private hospitals are more satisfied with their hospital communication as compared to women in government hospitals.

However, to draw a definite conclusion the t-test statistics are presented and analyzed below.

Table 4.94: Hospital Communication t-test Statistics

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference
Hospitals Communication	Equal variances assumed	9.080	.003	2.700	298	.007	.210	.078
	Equal variances not assumed			1.091	.297	-1.742	279.589	.083

Interpretation: First the Levene's test statistics are analysed which test the null hypothesis that variances of both the groups are equal, since Levene's test is not significant with a p-value of 0.297 therefore, it may be assumed that variances of both groups are equal. Hence, we need to read the test statistics from the row *Equal variances assumed*.

It is observed that the t-test p-value is 0.083 which is $> .05$, therefore the above-stated null hypothesis H02.4.12 cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the hospital communication aspect of Work-life balance/job satisfaction among women working in government and private hospitals. Although the mean for this aspect of job satisfaction is greater for women in

private hospitals but the difference is not significant hence it is inferred that hospital communication is equally good in both government and private sectors.

Therefore, it may be concluded that irrespective of the women working in government or private they feel that their hospital communication of all rules, policies, and procedures is equally good.

4.5 Objective 3: To understand the cope up strategies for the Work-life balance of working women in the government and private hospitals.

Women working in hospitals were classified into three categories of doctors, nurses, and others (include women working in administration or any other departments) as per their designations. This objective analyses the cope up strategies of working women from their designation perspective. The cope up strategies/policies were studied through the following seven factors identified from a combination of the following observed aspects of strategies or policies for Work-life balance.

Table 4.95: Work-life balance Policy Factors

SN	Work-life balance Policy Factor	Observed Work-life balance Policy/Strategy
1	Work-life balance Policy Establishment & Communication	<p>In my hospital-specific, a Work-life balance policy has been established and documented.</p> <p>All the employees are aware of the Work-life balance policies created in the hospital.</p> <p>The Employees are expected to adhere to and sign the work-life balance policy.</p> <p>Work-life balance policies are applied in the same way at all levels of management in your organization or it covers all levels in a hierarchy.</p>
2	Ease of Work-life balance Policies	<p>I can access a flexible work schedule in my hospital.</p> <p>Work-life balance policies implemented in the hospital make my job easier.</p> <p>The hospital provides a facility of work from home.</p> <p>I am satisfied with flexible working hours provided by the</p>

3	Family Benefits Work-life balance Policies	hospital due to the current Work-life Management Policy.
		The hospital provides family-friendly policies that help me to fulfil family commitments.
		The hospital provides a crèche facility for employees.
		The hospital provides maternity to the employees.
4	Work-life balance Programmes	Employees are expected to attend training programmes for Work-life balance conducted inside and outside the hospital.
		Various unique programmes are offered by the hospitals to the employees for maintaining Work-life balance.
		The Hospital organizes holiday camps and other programmes to manage work-life and personal life.
5	Organisation Benefit through Work-life balance Policy	I think the policy for work-life Management helps to increase the productivity of the Hospital.
		I generally feel able to balance my work-life due to the work-life management policy of the hospital.
		I think with the efficient work-life management policy Hospital is able to retain its employees.
6	Financial Independence	My organization provides me good compensation for my work.
		Repayment of loans is easier for me through my good package.
		Sometimes, I solve my financial problems by seeking help from my colleagues.
7	Financial Support to Family	I can assist my family to buy fixed assets.
		I can assist my family to buy household appliances.
		I can help my family to solve the problems that arise due to money.

An analysis was done by comparing the Work-life balance Policies/Strategies Factors based on the designations of the women working in hospitals. As mentioned above three categories of designation were considered viz. doctors, nurses, and others. Since the comparison is to be done across three groups 'One Way ANOVA' was applied to determine the significance of difference among the groups.

The generic hypothesis of One Way ANOVA' is:

- * H_0 : population means of all the three groups are equal i.e. there is no significant difference among the means of three groups.
- * H_1 : population means of all the three groups are not equal i.e. there is a significant difference between means of at least one pair among doctor, nurses, and other categories.

In this section we need to compare Work-life balance Policies of the hospital across three categories of designations therefore the main hypothesis for this objective is:

- H_{03} : there is no significant difference in Work-life balance Policies of the hospital across three designations of women working in hospitals; i.e. Work-life balance Policies are the same for doctors, nurses, and other categories of women working in hospitals.
- H_{13} : there is a significant difference in Work-life balance Policies of the hospital across three designations of women working in hospitals; i.e. Work-life balance Policies differ for at least one pair among doctors, nurses, and other categories of women working in hospitals.

As mentioned above we have considered seven Work-life balance Policy factors to study the cope up strategies mechanism of women working in hospitals, each of these factors is analyzed separately to get deeper insights. A separate one-way ANOVA analysis is run for each factor and conclusions are drawn based on results. Below sections present the analyses, in each analysis first of all related hypothesis is mentioned and tested through ANOVA. If needed post hoc tests are done and drawing conclusions based on the obtained results.

4.5.1 Work-life balance Policy Establishment & Communication

The null and alternate hypothesis related to this Work-life balance Policy Factor is:

- $H_{03.1}$: there is no significant difference in the establishment & communication aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- $H_{13.1}$: there is a significant difference in the establishment & communication aspect of the Work-life balance Policy across three designations of doctors, nurses

and other categories of women working in hospitals; i.e. there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA

Table 4.96: ANOVA for Work-life balance Policy Establishment & Communication

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	20.271	2	10.136	1.099	.335
Within Groups	2738.699	297	9.221		
Total	2758.970	299			

From the above table, it may be observed that F-test is significant with a p-value of 0.335, therefore the above-stated null hypothesis $H_{03.1}$ cannot be rejected in favour of alternate. It is therefore maintained that there is no significant difference in the establishment & communication aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals. Hence it may be inferred that the establishment & communication aspect of the Work-life balance policy is the same for all three designations of women working in the hospital.

Therefore, it may be concluded that the establishment & communication of Work-life balance Policies in hospitals is the same for all three designations of doctors, nurses, and other categories of women.

4.5.2 Ease of Work Work-life balance Policies

The null and alternate hypothesis related to this Work-life balance Policy Factor is

- $H_{03.2}$: there is no significant difference in the ease of work/flexibility aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- $H_{13.2}$: there is a significant difference in ease of work/flexibility aspect of Work-life balance Policy across three designations of doctors, nurses, and other

categories of women working in hospitals; i.e. there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA

Table 4.97: ANOVA for Ease of Work/Flexibility

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	42.183	2	21.092	2.319	.100
Within Groups	2701.347	297	9.095		
Total	2743.530	299			

From the above table, it may be observed that F-test with Df 2 is not significant with a p-value of 0.100, therefore the above-stated null hypothesis $H_{03.2}$ cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the ease of work/flexibility aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals. Hence it may be inferred that the ease of work/flexibility aspect of the Work-life balance policy is the same for all three designations of women working in the hospital. Therefore, it may be concluded that the creation of ease of work or flexibility through Work-life balance Policies in hospitals are the same for all three designations of doctors, nurses, and other categories of women.

4.5.3 Family Benefits Work-life balance Policies

The null and alternate hypothesis related to this Work-life balance Policy Factor is

$H_{03.3}$: there is no significant difference in the family benefits aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.

$H_{13.3}$: there is a significant difference in the family benefits aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA.

Table 4.98: ANOVA for Family Benefits

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8.016	2	4.008	0.823	.440
Within Groups	1446.931	297	4.872		
Total	1454.947	299			

From the above table, it may be observed that F-test with Df 2 is not significant with a p-value of 0.440, therefore, the above-stated null hypothesis $H_{03.3}$ cannot be rejected in favour of alternate. It is maintained that there is no significant difference in the family benefits aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals. Hence it may be inferred that the family benefits aspect of the Work-life balance policy is the same for all three designations of women working in hospitals.

Therefore, it may be concluded that the provision of any benefits to family members through Work-life balance Policies in hospitals is the same for all three designations of doctors, nurses, and other categories of women.

4.5.4 Work-life balance Programmes Policy

The null and alternate hypothesis related to this Work-life balance Policy Factor is

- $H_{03.4}$: there is no significant difference in programmes for the work-life balance aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- $H_{13.4}$: there is a significant difference in programmes for work-life balance aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA

Table 4.99: ANOVA for Work-life balance Programmes

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	20.829	2	10.414	2.202	.112
Within Groups	1404.958	297	4.730		
Total	1425.787	299			

From the above table, it may be observed that F-test with Df 2 is not significant with a p-value of 0.112, therefore the above-stated null hypothesis $H_{03.4}$ cannot be rejected in favour of alternate. It is maintained that there is no significant difference in programmes for the work-life balance aspect of policy across three designations of doctors, nurses, and other categories of women working in hospitals. Hence it may be inferred that in programmes for work-life balance aspect of the policy is the same for all three designations of women working in the hospital.

Therefore, it may be concluded that Work-life balance policies regarding various programmes creating a work-life balance are the same for all three designations of doctors, nurses, and other categories of women.

4.5.5 Organization's Benefits through Work-life balance Policy

The null and alternate hypothesis related to this Work-life balance Policy Factor is

- $H_{03.5}$: there is no significant difference in the organization's benefits aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- $H_{13.5}$: there is a significant difference in the organization's benefits aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA

Table 4.100: ANOVA for Organization's Benefits Work-life balance Policy

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	24.384	2	12.192	5.307	.005
Within Groups	682.283	297	2.297		
Total	706.667	299			

From the above table, it may be observed that F-test is significant with a p-value of 0.005, therefore, the above stated null hypothesis $H_{03.5}$ can be rejected in favour of alternate that there is a significant difference in the organization's benefits aspect of Work-life balance Policy across three designations of doctors, nurses and other categories of women working in hospitals; i.e, there is a difference in at least one-pair among doctors, nurses, and other categories.

Hence it may be inferred that organization's benefits aspect of Work-life balance Policy is different for at least one pair of designations. This test only determines that there is a difference however to determine which pair of designations differ a Post Hoc analysis is done employing the Scheffe test as presented below:

Table 4.101: Multiple Comparisons for Organization's Benefits Work-life balance Policy

Dependent Variable: Organisation Benefit through Work-life balance Policy				
(Scheffe test)				
(I) Designation		Mean Difference (I-J)	Std. Error	Sig.
Doctors	Nurses	.03667	.23381	.988
	Any Other	-.55827*	.20521	.026
Nurses	Doctors	-.03667	.23381	.988
	Any Other	-.59494*	.21886	.026
Any Other	Doctors	.55827*	.20521	.026
	Nurses	.59494*	.21886	.026

It may be observed from the above table that there is a significant difference between 'any other' category and 'doctors' with a p-value of 0.026 and also there is also a

significant difference between ‘any other’ category and ‘nurses’ with a p-value of 0.026. Since the mean of this aspect of Work-life balance policy for ‘any other’ category is greater than the mean of both ‘doctors’ and ‘nurses’ and difference is significant hence it is inferred that organization’s benefits aspect of Work-life balance Policy is more relevant for ‘any other’ category of women as compared to both doctors and nurses working in hospitals.

Therefore, it may be concluded that compared to both doctors and nurses, Work-life balance policies in hospitals make ‘any other’ categories of women to be more beneficial for hospitals in terms of efficiency, productivity, and retaining in hospitals.

4.5.6 Financial Independence

The null and alternate hypothesis related to this Work-life balance Policy Factor is

- H_0 3.6: there is no significant difference in the financial independence aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- H_1 3.6: there is a significant difference in the financial independence aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e, there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA

Table 102: ANOVA for Financial independence work-life balance Policy

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	43.934	2	21.967	5.944	.003
Within Groups	1097.652	297	3.696		
Total	1141.587	299			

From the above table, it may be observed that F-test is significant with a p-value of 0.003, therefore, the above stated null hypothesis H_0 3.6 can be rejected in favour of alternate that there is a significant difference in the financial independence aspect of Work-life balance Policy across three designations of doctors, nurses and other

categories of women working in hospitals; i.e. there is a difference in mean of at least one-pair among doctors, nurses and other categories.

Hence it may be inferred that the financial independence aspect of the Work-life balance Policy is different for at least one pair of designations. This test only determines that there is a difference, however, to determine which pair of designations differ a Post Hoc analysis is done employing Scheffe test as presented below:

Table 4.103: Multiple Comparisons for Financial independence Work-life balance Policy

Dependent Variable: Financial Independence (Scheffe test)				
(I) Designation		Mean Difference (I-J)	Std. Error	Sig.
Doctors	Nurses	-.40929	.29656	.387
	Any Other	-.89067*	.26028	.003
Nurses	Doctors	.40929	.29656	.387
	Any Other	-0.481377	.27759	.224
Any Other	Doctors	.89067*	.26028	.003
	Nurses	0.4813765	.27759	.224

It may be observed from the above table that there is a significant difference only between 'any other' category and 'doctors' with a p-value of 0.003. Since the mean of this aspect of Work-life balance policy for 'any other' category is greater than the mean of both 'doctors' and the difference is significant hence it is inferred that women working in hospitals in 'any other' category financially more independent as compared to the doctors.

Therefore, it may be concluded that as compared to doctors, Work-life balance policies in hospitals make 'any other' category of women to be financially more independent in terms of good compensation, repayment of loans, and solve their financial problems. However, the financial independence Work-life balance policies are the same for nurses and 'any other category of women.'

4.5.7 Financial Support to Family

The null and alternate hypothesis related to this Work-life balance Policy Factor is

- $H_{03.7}$: there is no significant difference in financial support to the family aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- $H_{A3.7}$: there is a significant difference in financial support to the family aspect of Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e, there is a difference for at least one pair among doctors, nurses, and other categories.

The hypothesis is tested through ANOVA

Table 4.104: ANOVA for Financial Support to Family

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	62.674	2	31.337	8.113	.000
Within Groups	1147.123	297	3.862		
Total	1209.797	299			

From the above table it may be observed that F-test is significant with a p-value of 0.000, therefore, the above stated null hypothesis H_0 3.7 can be rejected in favour of alternate that there is a significant difference in financial support to the family aspect of Work-life balance policy across three designations of doctors, nurses and other categories of women working in hospitals; i.e, there is a difference for at least one-pair among doctors, nurses and other categories.

Hence, it may be inferred that financial support to the family aspect of the Work-life balance Policy is different for at least one pair of designations in hospital. ANOVA only determines that there is a difference however to determine which pair of designations differ, a Post Hoc analysis is done employing the Scheffe test as presented below:

Table 4.105: Multiple Comparisons for Financial Support to Family

Dependent Variable: Financial Support to Family (Scheffe test)				
(I) Designation		Mean Difference (I-J)	Std. Error	Sig
Doctors	Nurses	.38046	.30317	.456
	Any Other	-.70638*	.26608	.031
Nurses	Doctors	-.38046	.30317	.456
	Any Other	-1.08684*	.28378	.001
Any Other	Doctors	.70638*	.26608	.031
	Nurses	1.08684*	.28378	.001

It may be observed from the above table that there is a significant difference between 'any other' category and 'nurses' with a p-value of 0.031 and also there is a significant difference between 'any other' category and 'nurses' with a p-value of 0.001. Since the mean of this aspect of Work-life balance policy for 'any other' category is greater than the mean for both 'doctors' and 'nurses' and difference is significant in both cases, hence it is inferred that women working in 'any other' category can financially support their family in a better way than both doctors and nurses working in hospitals.

Therefore, it may be concluded that as compared to both doctors and nurses, Work-life balance policies in hospitals for 'any other' categories makes them more capable to financially support their family in terms of assistance to the family for buying fixed assets, household appliances, and solving family problems that arise due to money.

Chapter Summary: This chapter presented the analysis and interpretation part of thesis accordingly findings and conclusions were made.



Chapter 5
Findings and
Conclusion



Chapter 5

Findings and Conclusion

The findings and conclusions are arranged objective-wise. First of all the findings from the sample analysis are presented then each objective findings and conclusions are given.

5.1 Sample Analysis – Sample Profile

The demographic variables considered in the study are hospital type, designation, age, income, experience, and distance from the hospital. A descriptive analysis was done and it was found that:

- Almost 50% of the respondents were from government hospitals while the equal number of respondents were from private sector hospitals. It is observed that the sample consists of an equal number of representatives from government and private hospitals.
- The sample consists of 31% of doctors, 25% of nurses, and 44% of any other category. It is maybe asserted that the sample consists of adequate representatives from all the three considered categories of doctors, nurses, and any categories of women working in hospitals.
- About 1% of the respondents are in the age group < 20 years, 17.7% are in the 21-25 years group, 42.35% are in the 26-30 age group and about 40% are above 30 years of age. It may be asserted that almost all the respondents were above the age of 20 years, the majority were in the age group of 21-25 and 26-30 age groups. All in all, the sample consists of good representation from three main age groups of women working in hospitals.
- About 38% of the respondents are in the < 2 lakh income bracket, 8.3% are in the 2-4 lakh income bracket, 9% in the 4-6 lakh income group, and 44% are income bracket of > 6 lakh per annum. It may be asserted that the sample consists of good representation from lower-income groups and women working in higher-income groups. The combined middle-income group represents about 17% of the sample.

Hence sample has enough representation from all three categories of lower, middle- and higher-income women working in hospitals.

- About 42% of the respondents are having < 2 years of experience, 24.3% are having 6-10 years of experience, about 8% have 11-15 years of experience, and about 25% are having > 16 years of experience. It may be asserted that majority of the respondents in the sample were having experience of either > 5 years or 6-10 years while one-third of the respondents are having experience of more than 10 years. Hence sample has a good mix of women having a varied length of working experience in hospitals.
- About 27% of the respondents live within 5 km of distance from the hospital, about 30% live within 5-10 km of distance from the hospital, approximately 30% are located within 10-20 km of distance from the hospital and around 6% are living at > 20 km of distance from the hospital. It may be asserted that more than half of respondents live within 10 km from the hospital, about one-third live within 20 km. Hence largely the sample represents the women living 20 km vicinity of the hospitals.

Final Comment: From the above findings & discussion it is clear that the sample collected was a good representation of the women working in hospitals. The main objective of the study was to compare various aspects related to women working in government and private sector hospitals, the equal representation of women from government and private sector hospitals prepared the base of study. The representation from other demographic profiles like designation, age, income, experience, and distance from the hospital is also very relevant as presented above. All in all, it may be considered that the sample collected was a quite good representation of the contemporary women working in hospitals.

5.2 Findings and Conclusions – Objective 1

Objective 1 was to study the work-life balance challenges faced by working women in hospitals. To study and realize this study has identified the below mentioned important challenges faced by working women in hospitals. Since it is to be established statistically that whether or not the respective challenge is faced by the women working in hospitals, the inferential analysis was performed through ‘One-Sample Chi-Square Test’ for each challenge and it was concluded regarding each

challenge that:

1. Career Prospects: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of good career prospects is really faced by women working in hospitals.

2. Stress: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Stress in hospitals is really faced by women working in hospitals.

3. Time Scarcity: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Time Scarcity in hospitals is really faced by women working in hospitals.

4. Tiredness or Depression: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Tiredness or Depression in hospital is really faced by women working in hospitals.

5. Abnormal Working Hours: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Tiredness or Depression in hospital is really faced by women working in hospitals.

6. Long Hours/Overtime: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of Long Hours/Overtime in hospital is really faced by women working in hospitals.

7. Shifts Suitability: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and working in shifts is suitable for the women working in hospitals and it is not a challenge faced by them.

8. Night Shift: It was found that the occurrence of 'agree' is significantly more than other categories therefore it is concluded that the statement is true and the challenge of night shift is really faced by women working in hospitals.

9. Maintaining Health: It was found that occurrence of ‘agree’ is significantly more than other categories therefore it is concluded that the statement is true indicating night shifts, long hours affect health negatively, and maintaining health is a challenge really faced by most of the women working in hospitals.

Final Comment: it was found that all the important identified challenges of Career Prospects, Stress, Time Scarcity, Tiredness or Depression, Abnormal Working Hours, Long Hours/Overtime, Shifts Suitability, Night Shift, Maintaining Health were studied, identified, and faced by women working in hospitals.

5.3 Findings and Conclusions – Objective 2

Objective 2 of the study was to compare the work-life balance of working women in government and private hospitals. A comparative study of work-life balance in government and private hospitals was done through the below mentioned four aspects. In each aspect, several parameters were considered and a comparative study of work-life balance in government and private hospitals for each parameter was done. Since the comparison was done between two groups ‘Independent Samples t-test’ was applied to determine the significance of the difference between the two groups. The findings and conclusions are presented aspect-wise.

I. Workplace Support

The main hypothesis for this objective was:

- $H_{02.1}$: there is no significant difference between workplace support mean of government and private hospitals; i.e. workplace support in both types of hospitals is the same.
- $H_{12.1}$: there is a significant difference between workplace support mean of government and private hospitals; i.e. workplace support in both types of hospitals is different.

This aspect consisted of six parameters as presented below. As mentioned, each parameter was analyzed separately, hence a separate hypothesis was formulated and tested through an independent t-test. The parameter wise results are as follows:

1. Time for Family: It was found that the mean of time available for the family of

women in private hospitals is greater and the difference is significant it may be inferred that women working in private hospitals have more time for the family than women working in government hospitals. Therefore, it may be concluded that women in private hospitals are able to spend more time with their families as compared to women working in government hospitals.

2. Work Load: Although, it was found that the mean for work pressure on women in private hospitals is greater but the difference is not significant hence it is inferred that work pressure on women working in government and private hospitals is same. Therefore, it may be concluded that irrespective of the women working in government or private hospitals, their work pressure is the same and both groups always miss out on the quality of time with family or friends because of the pressure of work.

3. Challenging Opportunities: It was found that the mean of seeking challenging opportunities by women in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals seek challenging opportunities more often than women working in government hospitals. Therefore, it may be concluded that the women working in private hospitals are more ready to take on challenging opportunities at the workplace.

4. Self-Development: Although, it was found that the mean for the time available for self-development to women working in government hospitals is greater but the difference is not significant hence it is inferred that the time available for self-development to women working in government and private hospitals is the same. Therefore, it may be concluded that irrespective of the women working in government or private hospitals time available to them for self-development is the same for both groups.

5. Working Out: Although, it was found that the mean for the time available for working out (other hospitals or on call) for women in government hospitals is greater but the difference is not significant hence,, it is inferred that for the time available for working out to women working in government and private hospitals is same. Therefore, it may be concluded that irrespective of the women working in government or private hospitals time available to them for working out is the same for both groups.

6. Family Vacations: It was found that the mean of family vacations taken by women in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals take Family Vacations more often than women working in government hospitals. Therefore, it may be concluded that women working in private hospitals take family vacations more often and are satisfied with the family vacation they enjoy.

Table 5.1: Workplace Support Parameters Comparison Results

The snapshot of the results is presented in the below table:

SN	Parameter	Result	Conclusion
1	Time for Family	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
2	Work Pressure	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
3	Challenging Opportunities	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
4	Self Development	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
5	Working Out	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
6	Family Vacations	Null hypothesis rejected	Significant difference in Government & Private hospital for this parameter

Final Comment: It may be observed from the above table that out of six parameters considered for the workplace support aspect only three parameters are different for

women working in government and private hospitals while three parameters are the same for both government and private hospitals. On the basis of these results, it may be concluded that the null hypothesis $H_{02.1}$ cannot be rejected in totality. It is concluded that there is a significant difference in three aspects of workplace support in government and private hospitals while the other three aspects of workplace support in government and private hospitals are same.

II. Anxiety Level

The main hypothesis for this objective was:

- $H_{02.2}$: there is no significant difference between anxiety levels of women working in government and private hospitals; i.e. anxiety levels of women working in both type of hospitals is same.
- $H_{12.2}$: there is a significant difference between anxiety levels of women working in government and private hospitals; i.e. anxiety levels of women working in both types of hospitals are different.

This aspect also consisted of six parameters as presented below. As mentioned each parameter was analyzed separately, hence a separate hypothesis was formulated and tested through an independent t-test. The parameter wise results are as follows:

1. **Stress:** Although, it was found the mean for stress level of women in government hospitals is greater but the difference is not significant hence it is inferred that the stress level felt by women working in government and private hospitals are same. Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel the same level of stress for balancing work and life.
2. **Depression:** Although, it was found the mean for depression level among women in government hospitals is greater but the difference is not significant hence it is inferred that the depression level felt by women working in government and private hospitals is same. Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel the same level of tiredness or depression because of work.
3. **Hypertension:** It was found the mean of hypertension among women working in

private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals feel more hypertension than women working in government hospitals. Therefore, it may be concluded that the women working private hospitals suffer more from stress-related diseases like hypertension and others as compared to their counterpart in government hospitals.

4. Financial Stress: It was found the mean of hypertension among women working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals feel more financial stress than women working in government hospitals. Therefore, it may be concluded that the women working in private hospitals suffer more from financial stress as compared to women working in government hospitals.

5. Stress Relieving Facilities: it was found the mean of this aspect is greater for women working in private hospitals and the difference is significant hence it is inferred that women working in private hospitals are provided with more stress-relieving facilities than women in government hospitals. Therefore, it may be concluded that women working in private hospitals are provided with more stress-relieving facilities as compared to their counterparts in government hospitals.

6. Overall Mental Health: Although, it was found the mean for mental health among women in government hospitals is greater but the difference is not significant hence it is inferred that work is negatively affecting mental health in equal measure to women working in government and private hospitals. Therefore it may be concluded that irrespective of the women working in government or private hospitals work (especially night shifts) affects mental health negatively.

Table 5.2: Anxiety Parameters Comparison Results

The snapshot of the results is presented in the below table:

SN	Parameter	Result	Conclusion
1	Stress	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
2	Depression	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter

		rejected	
3	Hypertension	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
4	Financial Stress	Null hypothesis rejected	Significant difference in Government & Private hospital for this parameter
5	Stress Relieving Facilities	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
6	Overall Mental Health	Null hypothesis cannot be Rejected	No difference in Government & Private hospital for this parameter

Final Comment: It may be observed from the above table that out of six parameters considered for anxiety aspects only three parameters are different for women working in government and private hospitals while three parameters are the same for both government and private hospitals. On the basis of these results, it may be concluded that the null hypothesis $H_{02.2}$ cannot be rejected in totality. It is concluded that there is a significant difference in the three parameters of anxiety in government and private hospitals while the other three aspects of anxiety in government and private hospitals are the same.

III. Personal Satisfaction

The main hypothesis for this objective was:

- $H_{02.3}$: there is no significant difference between the personal satisfaction of women working in government and private hospitals; i.e. personal satisfaction of women working in both types of hospitals is the same.
- $H_{12.3}$: there is a significant difference between the personal satisfaction of women working in government and private hospitals; i.e. personal satisfaction of women working in both types of hospitals is different.

This aspect consisted of eight parameters as presented below. As mentioned, each parameter was analyzed separately, hence a separate hypothesis was formulated and tested through an independent t-test. The parameter wise results are as follows:

1. Free/Leisure Hours: It was found that the mean for satisfaction level of women working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals have more free/leisure hours as compared to government hospitals. Therefore, it may be concluded that the women working in private hospitals are more satisfied with their free/leisure hours as compared to their counterparts in government hospitals.

2. Family Co-operation: It was found that the mean for satisfaction level of women working in government hospitals is greater and the difference is significant hence it is inferred that women working in government hospitals are more satisfied with their family co-operation hours as compared to government hospitals. Therefore, it may be concluded that women working in government hospitals get more satisfaction for their good co-operation with their family members for cooking and serving a balanced and healthy diet as compared to their counterparts in private hospitals.

3. Children Quality Time: It was found that the mean for satisfaction level of women working in private hospitals is greater and the difference is significant hence it is inferred that women working in private hospitals are more satisfied with their quality time with children as compared to government hospitals. Therefore, it may be concluded that women working in private hospitals are more satisfied with sparing quality time with their children as compared to their counterparts in private hospitals.

4. Weekend Shopping: Although, it was found that the mean for satisfaction level of women in government hospitals is greater but the difference is not significant hence it is inferred that women working in government and private hospitals have an equal level of satisfaction with their weekend shopping and outing. Therefore, it may be concluded that irrespective of the women working in government or private

hospitals they are equally satisfied with their weekend shopping and outing with their family.

5. Partner Quality Time: Although, it was found that the mean for satisfaction level of women in respect of quality time with partner in government hospitals is

greater but the difference is not significant hence it is inferred that women working in government and private hospitals are equally satisfied with spending quality time with their partners. Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel equal satisfaction with the time they are spending with their partner.

6. Self Quality Time: Although, it was found that the mean for satisfaction level of women in government hospitals is greater but the difference is not significant hence it is inferred that women working in government and private hospitals are equally satisfied with the quality time they spend for themselves. Therefore, it may be concluded that irrespective of the women working in government or private hospitals they feel equally satisfied with spending quality time for themselves.

7. Daily Exercise: Although, it was found that the mean for satisfaction level of women in private hospitals is greater but the difference is not significant hence it is inferred that women working in government and private hospitals are equally satisfied with the daily exercise they undergo every day. Therefore, it may be concluded that irrespective of the women working in government or private hospitals they have equal satisfaction with the exercise they undergo every day.

8. Official Weekend Leisure Hours: Although, it was found that the mean for satisfaction level of women in private hospitals is greater but the difference is not significant hence it is inferred that women working in both government and private hospitals have equal official weekend leisure time on weekends. Therefore, it may be concluded that irrespective of the women working in government or private hospitals are equally satisfied with official work-free leisure hours on weekends.

Table 5.3: Personal Satisfaction Parameters Comparison Results

The snapshot of the results is presented in the below table:

SN	Parameter	Result	Conclusion
1	Free/Leisure Hours	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
2	Family Co-operation	Null hypothesis Rejected	Significant difference in Government & Private hospital for

			this parameter
3	Children Quality Time	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
4	Weekend Shopping	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
5	Partner Quality Time	Null hypothesis Cannot be rejected	No difference in Government & Private hospital for this parameter
6	Self Quality Time	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
7	Daily Exercise	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
8	Official Weekend Leisure Hours	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter

Final Comment: It may be observed from the above table that out of eight parameters considered for personal satisfaction only three parameters are different for women working in government and private hospitals while three parameters are the same for both government and private hospitals. On the basis of these results, it may be concluded that the null hypothesis $H_{02.3}$ cannot be rejected in totality. It is concluded that there is a significant difference in three aspects of personal satisfaction in government and private hospitals while the other five aspects of personal satisfaction in government and private hospitals are same.

IV. Job Satisfaction

The main hypothesis for this objective was:

- $H_{02.4}$: there is no significant difference between Work-life Balance/job satisfaction of women working in government and private hospitals; i.e. Work-life Balance/job satisfaction of women working in both types of hospitals are the same.
- $H_{12.4}$: there is a significant difference between Work-life Balance/job satisfaction of women working in government and private hospitals; i.e. Work-life Balance/job

satisfaction of women working in both types of hospitals are different.

This aspect consisted of twelve parameters as presented below. Each parameter was analyzed separately, hence a separate hypothesis was formulated and tested through an independent t-test. The parameter wise results are as follows:

1. Work Concern: It was found that the mean for this aspect of job satisfaction is greater for women working in government hospitals and the difference is significant hence it is inferred that women working in government hospitals have more work concern as compared to private hospitals. Therefore, it may be concluded that women working in government hospitals think or worry significantly more about work when they are not actually at work or traveling to work) as compared to their counterparts in private hospitals

2. Hospital's Initiatives: It was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals get more of the hospital's initiative to manage Work-life Balance as compared to women in private hospitals. Therefore, it may be concluded that women working in government get more hospital initiatives to manage the work-life of its women employees as compared to their counterparts in private hospitals.

3. Hospital's Initiatives Effectiveness: It was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals get more effective hospital's initiative to manage Work-life Balance as compared to women in private hospitals. Therefore, it may be concluded that women working in government get more effective hospital initiatives to manage the work-life of its women employees as compared to their counterparts in private hospitals.

4. Excess Work Pressure: Although, it was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and but the difference is not significant hence it is inferred that women working in both government and private sectors have equal work pressure in the hospitals. Therefore, it may be concluded that irrespective of the women working in government or private they have equal pressure of work in the hospitals.

5. Family Time: It was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals get more family time as compared to women in private hospitals. Therefore it may be concluded that after working hours, women working in government get enough time for their family as compared to their counterparts in private hospitals.

6. Balanced Work-Life Obligations: It was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals have more balanced work and personal obligations as compared to women in private hospitals. Therefore, it may be concluded that women working in government are in better position to balance work and personal obligations as compared to their counterparts in private hospitals.

7. Domestic Activities: It was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals perform their domestic activities more as compared to women in private hospitals. Therefore, it may be concluded that women working in government have more time and are in a significantly better position to perform domestic activities by themselves.

8. Work-Life Balance Segregation: It was found that the mean for this aspect of job satisfaction is greater for women working in in government hospitals and the difference is significant hence it is inferred that women working in government hospitals have more desire for amicable work-personal life segregation as compared to women working in private hospitals. Therefore, it may be concluded that women working in government have significantly more desire/want to segregate professional and personal life without any conflict as compared to their counterparts in private hospitals.

9. Work-life Balance for Health: Although, it was found that the mean for this aspect of job satisfaction is greater for women in private hospitals but the difference is not significant hence it is inferred that women working in both government and private sectors have the equal desire of effective work-life balance for health. Therefore, it may be concluded that irrespective of the women working in government

or private they have equal desire/want of effective work-life balance to stay healthy.

10. Work-life Balance for Quality of Work: Although, it was found that the mean for this aspect of job satisfaction is greater for women in government hospitals but the difference is not significant hence it is inferred that women working in both government and private sectors have an equal level of belief in enhancing work quality with balanced work-life. Therefore, it may be concluded that irrespective of the women working in government or private they have an equal level of belief that quality of work increases with the right work-life balance.

11. Challenging Opportunities: It was found that the mean for this aspect of job satisfaction is greater for women in government hospitals and the difference is significant hence it is inferred that women in government hospitals are more satisfied with challenging opportunities as compared to women in private hospitals. Therefore, it may be concluded that women working in government are significantly more satisfied with challenging opportunities of the hospital as compared to their counterparts in private hospitals.

12. Hospital Communication: Although, it was found that the mean for this aspect of job satisfaction is greater for women working in private hospitals but the difference is not significant hence it is inferred that hospital communication is equally good in both government and private hospitals. Therefore, it may be concluded that irrespective of the women working in government or private hospital they feel that their hospital communication of all rules, policies, and procedures is equally good.

Table 5.4: Job Satisfaction Parameters Comparison Results

The snapshot of the results is presented in the below table:

SN	Parameter	Result	Conclusion
1	Work Concern	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
2	Hospital's Initiatives	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
	Hospital's	Null hypothesis	Significant difference in

3	Initiatives Effectiveness	rejected	Government & Private hospital for this parameter
4	Excess Work Pressure	Null hypothesis Cannot be rejected	No difference in Government & Private hospital for this parameter
5	Family Time	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
6	Balanced Work-Life Obligations	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
7	Domestic Activities	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
8	Work-Life Balance Segregation	Null hypothesis rejected	Significant difference in Government & Private hospital for this parameter
9	Work-life balance for Health	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
10	Work-life balance for Quality of Work	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter
11	Challenging Opportunities	Null hypothesis Rejected	Significant difference in Government & Private hospital for this parameter
12	Hospital Communication	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter

Final Comment: It may be observed from the above table that out of twelve parameters considered for job satisfaction eight parameters are different for women working in government and private hospitals while four parameters are the same for both government and private hospitals. On the basis of these results, it may be concluded that the null hypothesis $H_{02.4}$ cannot be rejected in totality. It is concluded that there is a significant difference in eight aspects of job satisfaction in government and private hospitals while the other four aspects of job satisfaction in government and private hospitals are the same.

5.4 Findings and Conclusions – Objective 3

Objective 3 of the study was to understand the cope up strategies for the Work-life balance of working women in the government and private hospitals. The cope up strategies were studied through the below mentioned seven factors for Work-life balance policies. Women working in hospitals were classified into three categories of doctors, nurses, and others as per their designations. This objective analyses the cope up strategies of working women from their designation perspective. Since the comparison is done among three groups. One Way ANOVA was applied to determine the significance among these groups.

The main hypothesis for this objective was:

- H_{03} : there is no significant difference in Work-life balance policies of the hospital across three designations of women working in hospitals; i.e. Work-life balance policies are the same for doctors, nurses, and other categories of women working in hospitals.
- H_{13} : there is a significant difference in Work-life balance policies of the hospital across three designations of women working in hospitals; i.e. Work-life balance policies differ for at least one pair among doctors, nurses, and other categories of women working in hospitals.

As mentioned above seven factors were considered for this objective. Each factor was analyzed separately, hence a separate hypothesis was formulated and tested through One way ANOVA. The factor wise results are as follows:

1. Work-life balance Policy Establishment & Communication: it was found that

there is a significant difference in the establishment & communication aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference in at least one-pair among doctors, nurses and other categories.

To determine where the difference actually exists a Post Hoc Analysis was done and it was found that there is a significant difference between ‘any other’ category and ‘nurses’. Since the observed mean of this aspect of Work-life balance policy for ‘any other’ category is greater and the difference is significant hence it is inferred that the establishment & communication aspect of the Work-life balance Policy is more relevant for ‘any other’ category of women as compared to both doctors and nurses working in hospitals.

Therefore, it may be concluded that as compared to both doctors and nurses, Work-life balance policies in hospitals for ‘any other’ categories of women are more strict in terms of the established documents, awareness of policies, signing and adhering the policies, and full coverage of hierarchy.

2 Ease of Work-life balance policies: it was found that there is no significant difference in the ease of work/flexibility aspect of Work-life balance policies across three designations of doctors, nurses, and other categories of women working in hospitals. Hence it may be inferred that the ease of work/flexibility aspect of Work-life balance policies is same for all three designations of women working in the hospital.

Therefore, it may be concluded that Work-life balance policies of hospitals creating ease of work or flexibility are the same for all three designations of doctors, nurses, and other categories of women.

3 Family Benefits Work-life balance policies: it was found that there is no significant difference in the family benefits aspect of Work-life balance policies across three designations of doctors, nurses, and other categories of women working in hospitals. Hence it may be inferred that the family benefits aspect of Work-life balance policies is the same for all three designations of women working in the hospital.

Therefore, it may be concluded that Work-life balance policies of hospitals providing

any benefits to family members are the same for all three designations of doctors, nurses, and other categories of women.

4 Work-life Balance Programmes: it was found that there is a significant difference in programmes for the work-life aspect of Work-life balance policies across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference for at least one-pair among doctors, nurses and other categories.

To determine where the difference actually exists a Post Hoc Analysis was done and it was found that that there is a significant difference only between ‘any other’ category and ‘nurses’. Since the observed mean of this aspect of Work-life balance policies for ‘any other’ category is greater and the difference is significant hence it is inferred that there are more work-life balance programmes under Work-life balance policies for ‘any other’ category of women as compared to nurses working in hospitals.

Therefore, it may be concluded that as compared to nurses, Work-life balance policies in hospitals for ‘any other’ categories have been more Work-life Balance programs in terms of training, unique programmes, and vacation/picnic programmes. Whereas, for the other two pairs of ‘any other and nurses’ and ‘doctors and nurses’ there is no difference in this aspect.

5 Organization Benefit through Work-life balance policies: it was found that there is a significant difference in organization’s benefits aspect of Work-life balance policies across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference in at least one-pair among doctors, nurses, and other categories.

To determine where the difference actually exists a Post Hoc Analysis was done and it was found that there is a significant difference between ‘any other’ category and ‘doctors’ and also there is also a significant difference between ‘any other’ category and ‘nurses’. Since the observed mean of this aspect of Work-life balance policies for ‘any other’ category is greater than the mean of both ‘doctors’ and ‘nurses’ and difference is significant hence it is inferred that organization’s benefits aspect of the Work-life balance Policy is more relevant for ‘any other’ category of women as compared to both doctors and nurses working in hospitals.

Therefore it may be concluded that compared to both doctors and nurses, Work-life balance policies in hospitals make ‘any other’ categories of women to be more beneficial for hospitals in terms of efficiency, productivity, and retaining in hospitals.

6. Financial Independence: it was found that there is a significant difference in the financial independence aspect of the Work-life Balance policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference in mean of at least one-pair among doctors, nurses and other categories.

To determine where the difference actually exists a Post Hoc Analysis was done and it was found that there is a significant difference between ‘any other’ category and ‘doctors’ and also there is also a significant difference between ‘any other’ category and ‘nurses’. Since the observed mean of this aspect of Work-life balance policy for ‘any other’ category is greater than the mean of both ‘doctors’ and ‘nurses’ and difference is significant hence it is inferred that women working in hospitals in ‘any other’ category are financially more independent as compared to both doctors and nurses working in hospitals.

Therefore, it may be concluded that as compared to both doctors and nurses, Work-life balance policies in hospitals makes ‘any other’ category of women to be financially more independent in terms of good compensation, repayment of loans, and solving their financial problems.

7. Financial Support to Family: it was found that there is a significant difference in financial support to the family aspect of Work-life balance policy across three designations of doctors, nurses, and other categories of women working in hospitals; i.e. there is a difference for at least one-pair among doctors, nurses and other categories.

To determine where the difference actually exists a Post Hoc Analysis was done and it was found that there is a significant difference only between ‘any other’ category and ‘nurses’. Since the observed mean of this aspect of Work-life balance policy for ‘any other’ category is greater and the difference is significant hence it is inferred that women working in ‘any other’ category are able to support their family financially in a better way than nurses working in hospitals.

Therefore, it may be concluded that as compared to nurses, Work-life balance policies in hospitals for ‘any other’ categories make them more capable to support their family financially in terms of assistance to the family for buying fixed assets, household appliances, and solving family problems that arise due to money.

Table 5.5: Work-life balance Policy/Factors Comparison Results

The snapshot of the results is presented in the below table:

SN	Factor	Result	Conclusion
1	Work-life Balance Policy Establishment & Communication	Null hypothesis rejected	Significant difference in Work-life balance policies for doctors, nurses, and other categories for this factor.
2	Ease of Work Work-life balance Policies	Null hypothesis cannot be Rejected	No difference in Work-life balance policies for doctors, nurses, and other categories for this factor.
3	Family Benefits Work-life Balance Policies	Null hypothesis cannot be rejected	No difference in Work-life balance policies for doctors, nurses, and other categories for this factor.
4	Work-life Balance Programmes	Null hypothesis rejected	Significant difference in Work-life Balance Policies for doctors, nurses, and other categories for this factor.
5	Benefit through Work-life Balance Policy	Null hypothesis rejected	Significant difference in Work-life Balance Policies for doctors, nurses, and other categories for this factor.
6	Financial Independence	Null hypothesis rejected	Significant difference in Work-life Balance Policies for

			doctors, nurses, and other categories for this factor.
7	Financial Support to Family	Null hypothesis rejected	Significant difference in Work-life Balance Policies for doctors, nurses, and other categories for this factor.

Final Comment: It may be observed from the above table that out of seven factors considered for Work-life balance policies five factors are different for doctors, nurses, and other designations of women working in hospitals while two factors are the same for all three designations. On the basis of these results, it may be concluded that the null hypothesis H_03 cannot be rejected in totality. It is concluded that there is a significant difference in five Work-life balance policy factors for doctors, nurses, and other designations of women working in hospitals while two Work-life balance policy factors are the same for all three designations.



Chapter 6

Limitations and Suggestions



Chapter 6

Limitations and Suggestions

This chapter provides the limitations and suggestions for future research of the study. Furthermore, this chapter also provides the applied significance, Recommendations, Suggestions, limitations, and Managerial implications.

6.1 Significance of the Study

The study's findings will help to identify the individual, family, and work-related variables related to work-life balance. Thus the study would help the medical practitioners to:

(a) understand the work-life balance and its various dimensions.

(b) understand the relationship between individual-related variables; family-related variables; and work-life balance and design interventions for enhancing emotional intelligence of working professionals and also design support systems to enable the working professionals to shoulder their family responsibilities, and thus, reduce interference of family life in work.

(c) Redesign work-related variables such as task variety, task autonomy, and work schedule flexibility so as to improve the work-life balance of working professionals. In addition, the study will help in taking stock of the existing programs for enhancing work-life balance and evolving strategies for strengthening those existing programs. The hospitals would be able to formulate policies for recruitment, development, and deployment of professionals, thus leading to better talent management and reduction in costs.

6.2 Suggestions:

Many of the researches are suggesting that doctors and Nurses have high rates of Work-Life Imbalance. However, most of these studies are cross-sectional studies using self-report data to focus on a particular group of practitioners, and there are conflicting figures about how Work-Life Imbalance in Doctors and Nurses compared to the rest of the population.

Better leave policies, more flexible hours, job sharing, on-site child care facilities, and the increased use of the home as a workplace are all ways to improve the relationship between family and work. Making life manageable is not about how many hours you work, experts say. It's about setting realistic goals and working toward them. Experts say a balanced life is a more satisfying life and can include both a rewarding career and time to take care of other things that matter to us. Hence work-life balance is an essential requirement of individual. Here are few suggestions for improving the condition of working in organization and attaining Quality Work-life. A perfect balance in life is only possible when individuals and organization work together as it is the responsibility of both that's why both parties have to make effort for achieving work-life balance. Keeping these views in mind suggestions for maintaining a good work-life balance are mentioned below:

- The challenges of good career prospects are really faced by working women in hospitals and one should not stress oneself in order to achieve a better career prospect which further creates a work-life imbalance.
- The level of stress is really high in the hospitals because of the twin objectives, one owing to the fact of catering to the life & death situation of the patient and secondly creating a balance between organisation & non- organisation roles. Hence, stressed situation to be curtailed and women working in hospital should strive to be not taking too much of stress which further create work-life imbalance and health issue.
- The hospital working is tough and demands round the clock vigilance and one's occupancy both mentally and physically which further results in scarcity of time for oneself hence, women working in the hospital need to prioritize & practice better time management one should strive to seek out Me-Time for oneself.
- Women working in the hospital feel a lot of challenges and the moral responsibility of handling patients is so high that it overrides their duties and responsibility at the time and in order to perform the original duties they compromise family time and get depressed tiredness. Women working in hospitals should try to overcome the depression and should indulge in meditation, yoga, and other activities.

- Women working in the hospital are working in abnormal working hours at a time, in night shift and long hours depending upon the case (patient). Night shift and daily schedule of long hours often create stress and affect mental & physical health. Hence, women working in the hospital need to cope up with odd working hours and maintaining balance and healthy life.
- Women working in government hospitals exhibits greater job satisfaction. Hence, it can be suggested that private hospitals needs to create more conducive policies and jobs for higher satisfaction amongst working women.
- Women working in the government hospitals have comparatively less time as compared to women working in private hospitals this variance because of fulfilling the government duties & campaign like pulse polio, vaccination, arogya mela, etc. working women both in government hospitals & private hospitals get less time to spend with family. Hence women in government hospitals should schedule & fire some specific time for the family out of the busy and over-demanding schedule.
- Overarching work demand and continuous vigilance of the patients and care of the patient create continuous workload and challenges for women working both in government & private hospital this create worries to be in pressure to perform. This owes to a great challenge as well they seek less time for their self-development. government & private hospitals need to carry out regular intervention for the self-development of the workforce. Training, orientation, and special intervention drive on need basic need to be conducted on regular basis.
- Working women both in government and private hospital faces the same challenges & sparing time for the family vacation. The comparative study identifies that women working in the private hospital are more satisfied when the family vacations. Hence, hospitals need to be realized in approach in granting leaves to the female employee to balance work life and family.
- Working women both in govt. & private hospitals are stress-ridden, in clutches of depression, tiredness, and diseases associated with stress like hypertension, etc. women working in private hospitals encounter more of stress-related diseases. Hence, it is suggested that the care taken of the society need to be rendered care,

love & respect. Regular stress-relieving campaigns and workshops need to be conducted government & private hospitals should regularly conduct stress audits and have regular counselling sessions.

- Working women need to be healthy, fit, and sound irrespective of working in govt. & private hospital. Hence both the hospital should conduct regular health checkups on continuous basis. Reporting session needs to be conducted, regular feedback reporting & solving session needs to be conducted by both the hospital.
- Working women in government & private hospitals are rendering their service for the health & care of society. This noble service is being able to be fulfilled because of hard work, sincerity, and passion for the service of humanity & society. To fulfill the objective of family support of working women is of utmost significance. Hence, family support is a must for achieving better work-life balance for both the group of women in govt. & private hospital. So, it is significant that family working women should be supportive and encouraging.
- Government & private hospitals need to look into the issue of work-life balance and devise better work-life balance policies in order to help women working both types of hospitals to attain a good work-life balance. For this purpose, following HR intervention can be taken by the hospitals.
 - Promoting breaks in the working days
 - Restricted working hours
 - Creating awareness about the work-life balance
 - Providing childcare benefit
 - Offering flexible hours
 - Regularly review workload
 - Refresher programme

6.3 Limitations of the Study

The research is limited to one specific sector (Health sector in the present study) so as to minimize the variables affecting data. In sociological research, data collection has

always been a breathtaking process due to its very subject matter, "human respondents" who cannot easily be controlled especially, if they are extra conscious of their social status as Doctors and Nurses. In the beginning, the researcher had to face many negative situations. Doctoral work as limited to its time and schedule does not permit the researcher to broaden the area of inquiry. A large number of female Doctors and Nurses were not ready to give time for filling the questionnaires.

However, after a few months of endurance and consistent persuasion, some of them turned out to be very considerate, helpful, and generous. They appreciated the purpose of the study, encouraged the researcher, demanded to look at the results, and requested airing their problems in the research. They introduced the researcher to other colleagues and friends and helped in all possible ways. Nonetheless, the researcher had to visit each doctor 4-5 times. Also, a majority did not appreciate the idea of sparing time. All the respondents filled in the questionnaires during duty hours.

Certain other limitations might be improved in future research. Such as:

- The study is restricted to a certain number of government and private hospitals, but its results can be generalized to other hospitals.
- The study is restricted to few selected hospitals of Lucknow district only. Future researches can be done by taking into consideration other districts of Uttar Pradesh for a better comparison of the work-life balance of working women in government and private hospitals.
- The sample size was small and does not represent the universe so the conclusion as drawn may be biased. So a large number of samples should be targeted for a better picture.

6.4 Implications

The conceptualization of work-life balance in the present study has various implications for research and practices. The results of the study have important implications for practitioners. The measure of work-life balance has substantial potential in providing hospitals with employee perception of work-life balance that can be incorporated into progressive human resource practices. The present study

illustrates that enhancement of work-life balance practices and policies have a positive influence on individuals and their productivity that promote Work-life balance and on the other hand, interference creates an imbalance in work-life and impacts negatively on individuals and their productivity. Thus, to ensure balance it is pertinent for hospitals not only to make efforts towards reducing interference but to also develop strategies for increasing enhancement. The results of work and life antecedents provide a framework for guiding hospitals for framing multi-level interventions. Perceived workplace support like (time for family, work pressure challenging opportunities, self-development, working out, family vacations) from superiors is related to enhancement. Hospitals need to be sensitive to the needs of working women performing multi-role both in government and private hospitals. Reward system is another factor in this study that is positively associated with enhancement. Devising reward systems that meet the aspirations of employees while being sensitive to gender differences may prove to be an important step in the direction of improving enhancement. Similarly, the antecedent of workload, work schedule, and role stress are found to be instrumental in augmenting work interference. Designing jobs that have role clarity and ensuring that working women were not overloaded with responsibilities would help in reducing ambiguity and work pressure. A sound leader-member relationship based on mutual trust would ensure that the working women would be in a position to communicate openly when they feel overburdened. Simply reducing working hours would not reduce workload and may not lead to work-life balance. Instead, flexible work options would increase working women's sense of control over their work time, thereby it may effectively reduce interference and stress. The antecedent of development has mixed results for men and women in the present study. In the case of men, career advancement enhanced work-life balance while for women it proved to augment interference. In order to reduce the negativity attached to career advancement, hospitals need to create a hospital culture which while accepting gender differences is more inclusive in meeting individual needs. In addition to making focused efforts in reducing interference and amplifying enhancement through these antecedents, the present conceptualization of work-life balance also has strategic implications for human resource development. Work-life balance programmes such as flexible work arrangements, leave options, and other wellness and support programs lead to better integration between work and life domains of the working women. Previous research has established that the adoption of a wide range of work-life

balance policies and practices has the potential to generate positive outcomes not just for the women employees but also for the hospitals. A strong linkage exists between work-life balance programmes and hospitals' performance. Availability of work-life programmes gives a positive indication to the employees that the hospital is concerned about their wellbeing. Perceived work-life balance support promotes job satisfaction, lowers work stress, reduces rates of absenteeism, and reduces turnover rate. Work-life balance support not only retains resources in the hospitals but also attracts resources with the purpose of building human capital. These programmes increase life satisfaction and well-being, which in turn leads to higher hospital performance and higher productivity. Thus, a judicious mix of various work-life balance interventions would lead to a win-win situation for both the women employees and the hospitals.

6.5 Future Scope of Research

The undertaken research is only related to work-life balance issues of female Doctors and Nurses and other categories employed in Government and Private Hospitals of the Health Sector. It excludes the female employees with other designations in the Hospitals. It excludes the male employed population. The survey excludes the self-employed, so the level of imbalance in the population as a whole may vary. The study is with reference to female Doctors and Nurses and other categories of working women in Lucknow District only. Therefore, there is future scope for doing research on a wider basis viz for the whole state of Uttar Pradesh or India or on an international basis. Future research must focus on a wider sample in order to get more generalized results. Moreover, it must be directed at understanding individual differences so that employee-specific initiatives to improve work-life balance could be initiated by organizations/hospitals.

- The study is regarding doctors working in selected Government and Private Hospitals of Lucknow district. Future research must focus on the **large and diverse sample** in order to attain more generalized results. It would be prudent to replicate the study **at the national level**.
- **Work-life enrichment** is an upcoming topic that has originated from Work-life balance. Future research can be undertaken in this area to determine how positive experiences in work and personal lives result in enhanced satisfaction and performance of employees.

- Future research must be conducted to explore the **scope of work-life balance initiatives from the perspectives of other stakeholders** i.e. by integrating patients and their relatives into the Work-life balance of doctors.
- Research can be undertaken to **evaluate the implementation and maintenance cost** of Work-life balance strategies in the organization. Furthermore, a comparative analysis can be done between the cost resulting due to work-life imbalance and benefits arising from Work-life balance strategies.



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- https://www.google.com/search?q=work+life+balance+diagram&rlz=1C1CHBF_
- www.nihfw.org, National Institute of Health and Family Welfare
- <http://uphealth.up.nic.in/>, Department of Medical Health and Family Welfare
- <http://www.mohfw.nic.in>, Ministry of Health and Family Welfare.
- http://www.pbnrh.m.org/docs/mission_doc.pdf
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- <http://www.rajswashya.nic.in/>, Department of Medical, Health and Family
- welfare, Government of Rajasthan
- <http://sdmh.in/>
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- <http://www.apollohospdelhi.com/>
- <http://www.saharahospitals.com/index.html>
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- <https://www.kgmu.org>
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- www.mccrindle.com.au
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Annexures



Annexure

QUESTIONNAIRE

TOPIC- A COMPARATIVE STUDY ON WORK - LIFE BALANCE OF WORKING WOMEN IN GOVERNMENT AND PRIVATE HOSPITALS OF LUCKNOW DISTRICT

Dear Respondent,

I, Seema Verma, a Research Scholar, in Department of Management in the BBA University, Lucknow. I am intended to collect data on the above topic of my PHD research from the (1) Female Doctors and (2) Nurses working in the Government and Private Hospitals in Lucknow. In this context I would like to request you to please spare some time to fill-up the responses by tick mark under given space. I assure you that the information provided by you will be strictly used only for academic purpose and kept confidential. I would be grateful to you.

Thank You

Section I: Personal Profile of respondents

1. Name of the respondent.....
2. Name of the Hospital.....
3. Address of the Hospital.....
4. Designation: Doctor Nurse Any other
5. Type of Hospital: Government Private
6. Age Group: Less than 20yrs. 21-25yrs. 26-30yrs. above 30yrs.
7. Qualification: ANM/GNM BSc. Nursing BBS/BHMS/BAMS/MI
8. Annual Income: <2 Lakh 2-4 Lakh 4- 6 Lakh Above6 Lakh
9. Years of Experience:<5 years 5-10 years
11-15 years Above16years
- 10.Approx. distance of work place from place of residence is < 5 Kms

5-10 Kms

10-20 Kms

 Above 20 Km**Section-II****CHALLENGES FOR BALANCING WORK AND LIFE**

Please respond to the following parameters of your degree of agreement of the scale provide below. The five-point scale ranging from **1. Strongly Agree (SA)**, **2. Agree (A)**, **3. Neutral (N)**, **4. Disagree (D)**, **5. Strongly Disagree (SD)**. Please tick most suitable option, as it applies to you for each perception.

Section II WLB Challenges

WLB Challenges		SA	A	N	D	SD
1	I have good career prospects in the hospital.					
2	I feel stress for balancing work and life.					
3	I am unable to save time for myself.					
4	I usually feel tired or depressed because of work.					
5	I am working under normal working hours.					
6	I am working for long hours or overtime and even on holiday.					
7	Working in shifts, is suitable to me.					
8	Working in night shift is difficult as a woman.					
9	Night shifts, long hours affect health negatively.					

Section III WLB Factors

Workplace Support		SA	A	N	D	SD
1	I find myself able to spend enough time with my family.					
2	I always miss out quality of time with my family or friends because of pressure of work.					
3	I am ready to take more challenging opportunities at workplace.					
4	I can spend the time I want on my own self development.					
5	I am able to get time for working out.					
6	I am satisfied with the family trips I enjoy during vacation at least once in a year.					
Anxiety Level						
1	I feel stress for balancing work and life					
2	I usually feel tired or depressed because of work					
3	I suffer from stress related diseases like hypertension and others					
4	I get stressed often due to my income level					
5	The hospital provides facilities to engage in stress relieving program					
6	Night shifts affect mental health negatively					

Personal Satisfaction		SA	A	N	D	SD
1	I feel satisfied with my free/leisure hours					
2	I get more satisfaction for good co-operation with my family members for cooking and serving a balanced, healthy diet.					
3	I am satisfied about sparing quality time with my children.					
4	I am satisfied with my weekend shopping and outing with my family					
5	I feel satisfactory with the time I am spending with my partner.					
6	I am satisfied about spending quality time for myself.					
7	I have satisfaction with the Exercise I undergo every day.					
8	I have official work-free leisure hours on weekends.					
WLB / Job Satisfaction Level						
1	How often I am think or worry about work (when I am not actually at work or traveling to work).					
2	Does the Hospital take initiatives to manage work life of its women employees					
3	If yes, are the initiative my Hospital has taken for managing work life helpful for women.					
4	I have more pressure of work in the Hospital					
5	After working hours get enough time for my family.					
6	I am able to balance work and personal obligations.					
7	I perform domestic activities by myself.					
8	I want to segregate professional and personal life without any conflict.					
9	I want Effective Work life balance to stay healthy.					
10	I believe that quality of work increases with right Work life balance.					
11	I feel satisfied with the challenging opportunities of the Hospital.					
12	In my Hospital, communication of all rules, policies and procedures is good.					

Section- IV Policies for WLB

WLB Policy Establishment & Communication		SA	A	N	D	SD
1	In my hospital specific WLB policy has been established documented.					
2	All the employees are aware of the WLB policies created in the hospital.					
3	The Employees are expected to adhere to and sign the wlb policy.					
4	Work life balance policies applied in same way at all levels of management in your organization or it covers all levels in hierarchy.					
Ease of WLB Policies		SA	A	N	D	SD
1	I can access flexible work schedule in my hospital.					
2	WLB policies implemented in the hospital make my job easier.					
3	The hospital provides facility of work from home.					

4	I am satisfied with the Flexible Working hours provided by the hospital due to current Work Life Management Policy.						
Family Benefits WLB Policies							
1	The hospital provides family - friendly policies that help me to fulfil family commitments.						
2	The hospital provides crèche facility for employees.						
3	The hospital provides maternity leave to the employees.						
WLB Programmes							
1	Employees are expected to attend training programmes for WLB conducted inside and outside the hospital.						
2	Various unique programmes are offered by the hospitals to the employees for maintaining WLB.						
3	The Hospital organize holiday camps and picnics programme to manage work life and personal life.						
Organisational Benefits through WLB Policy							
1	I think policy for work Life Management helps to increase productivity of the Hospital.						
2	I generally feel able to balance my work life due to work life management policy of the hospital.						
3	I think with the efficient work life management policy Hospital is able to retain its employees.						
Financial Independence							
1	My organization provides me good compensation for my work.						
2	Repayment of loans is easier for me through my good package.						
3	Sometimes, I solve my financial problems by my colleagues.						
Financial Support to Family							
1	I can assist my family to buy fixed assets.						
2	I can assist my family to buy household appliances.						
3	I can help my family to solve the problems that arise due to money.						

Thank you very much for spending your precious time. I sincerely appreciate your valuable input to the study.

Regards

Seema Verma,

Research Scholar, DRM, BBAU

Contact: 9721486408

Email: seemaverma01234@gmail.com

List of Government and Private hospitals:

Sr.no.	Government hospitals	Sr.no.	Private hospitals
1	UPHC Rajendra Nagar Lucknow	1	Get Well soon hospital Lucknow
2	UPHC Mawaiya Lucknow	2	Ajanta Hospital Lucknow
3	UPHC Aishbagh Lucknow	3	Chandan Hospital Lucknow
4	UPHC Sarojini nagar Lucknow	4	Krishna Medical Centre Lucknow
5	KGMU Lucknow	5	Chandra hospital Faizabad rd Lucknow
6	UPHC raja bazar Lucknow	6	Green Medical Centre Lucknow
7	Civil Hospital Lucknow Park Road, Lucknow	7	Sahara hospital Lucknow
8	Command hospital Lucknow	8	Devine hospital Lucknow
9	UPHC naka Lucknow	9	Era medical Lucknow
10	UPHC sadar Lucknow	10	Udyaan hospital Bangla bazar Lucknow
11	Dr. RML combind hospital Lucknow	11	Javitri nursing home telibagh Lucknow
12	Balrampur hospital Lucknow	12	Dr. OP Chaudhary hospital Lucknow
13	Queen marys hospital Lucknow	13	Rajdhani hospital teli bagh Lucknow
14	Dr RML institute Lucknow	14	Lucknow hospital Lucknow
15	Shyama PM civil hospital Lucknow	15	City hospital and trauma centre Lucknow
16	SGPGI Lucknow	16	Charak hospital and research centre Dubbaga Lucknow
17	Government hospital (Tuberculosis) Hospital Basant Vihar Colony, Lucknow	17	Balaji hospital Alambagh Lucknow

18	Government Mahila Hospital Aliganj, Lucknow	18	Devishiv Mahanagar Lucknow
19	Government Emergency And Trauma Centre Lucknow	19	Relief hospital Sitapur road Lucknow
20	Bhaurao Devas Sayukt Chikitsalay Mandir Marg, Lucknow	20	Shrusut hospital sitapur road Lucknow
21	Rani Lakshmi Bai Government hospital Rajajipuram, Lucknow	21	Buddhewaswer hospital mohaana rd. Lucknow
22	Virangana Jhalkari Bai Mahila Hospital Hazratganj, Lucknow	22	NOVA hospital Lucknow
23	Cghs hospital Gomti Nagar Lucknow	23	SKD hospital Lucknow
24	Railway Hospital Badshahnagar Lucknow	24	Neera hospital Lucknow
25.	Government Mahila Hospital Lucknow	25.	Asia pacific hospital Lucknow



Appendix



Appendix

CURRICULUM VITAE

SEEMA VERMA

C/O SUDAMA

P. no.-39 K.No.-49 A
VILL- CHAK
MALHOURI CHINHAT
LUCKNOW



Mob: 9452649174, 8005181796

Email Id: seemaverma01234@gmail.com

Career Objective:

To excel in the field of academia.

Educational Qualifications:

Exam passed	Board / University	Year of Passing	Percentage/Grade
Ph.D. (Management)	BBAU [Central University], Lucknow, U.P.	Pre-PhD Submission have done. Thesis is ready for Submission.	
UGC-NET (Management)	UGC	JUNE 2012	61.14%
Diploma In System Management(DSM)	VCC Faizabad	2012	B ⁺
MBA(HR and Finance)	Gautam Buddh Technical University (GBTU) Lucknow	2010	64.32%
B.Sc. (ZBC)	Dr. RML Avadh University Faizabad	2007	53.67%
Intermediate (10+2)	Board of High School and Intermediate Education UP	2004	72%
High school	Board of High School and Intermediate Education UP	2002	63.34%

Seminars :

- Presented paper entitled “Indian E- Banking: Challenges and Job Opportunities” in one day National Seminar on Digitalization of India:

Empowering Online Infrastructure on 13th February, 2016 at BIMS Lucknow.

- **Presented** paper entitled “**Impact of Globalization On Human Resource Management**” in two days **International Seminar** on Globalization, Environment and social justice: Perspectives, Issues and Concerns” on 15-16, February 2016 at BBA University Lucknow.
- **Two Day National Symposium** on the Contribution of Babasaheb Ambedkar for Development of Modern India. **Presented** paper entitled “**Dr. B.R. Ambedkar: A ray of hope in India**” on 13 April- 14 April 2016 at BBAU University Lucknow.
- **Presented** paper entitled “**Women Participation in Higher Education**” in two days **National Seminar** on “Higher Education need of changes and Challenges” on 05-06 October 2016 at Kalicharan PG College , Lucknow UP.
- **Presented** paper entitled “**Technology and its Impact on Work-Life Balance**” in two days **National Seminar** on ‘Cash to Cashless Economy: Challenges and Opportunities’ on 09-10 February, 2019 at Mahamaya Govt. Degree College, Mahona, Lucknow.
- **Presented** paper entitled ‘**Quality of work life of working women in higher Education in India**’ in two days **National Seminar** on “Policy Perspectives and Emerging Issues In Higher Education” on February 23-24, 2019 at BBA University Lucknow.
- **Presented** paper entitled ‘**Influence of Technological Advancement on Working women**’ in two days **National Seminar** on ‘Recent Advances in Management and Technology’ on April 04-05, 2019 at RSMT Varanasi.
- **Presented** Paper entitled “**Impact of Gender Stereotyping on women at workplace**” in one day **National seminar on** Gender Stereotyping in Occupational Choices: Impact on Women on 4th may 2019 at Mahatma Gandhi Kashi Vidyapith, Varanasi.

Conferences:

- **Presented** paper entitled “**Talent management: A Strategy to influence employee Performance of Organization in global era**” in two days **International Conference on** Post Globalization growth and Redistribution in Asia” on December 16-17, 2015 at BBA University Lucknow.

- **Presented** paper entitled “**Knowledge Management: A Route to sustainability**” in two days **International Conference** on Changing Paradigm of Management Practices for Sustainable Development” on March 5-6,2016 at BBA University Lucknow.
- **Presented** paper entitled “**Work-Life Balance of Women**” in two days **69th All India Commerce Conference on Women Empowerment: Realities and Challenges on November 11-13, 2016** at faculty of Commerce , University of Lucknow, Lucknow (U.P.) India.
- **Presented** paper entitled “**Challenges faced by working women for Work Life Balance**” in one day **International Conference** on MABET on 19 November, 2016 at JNU New Delhi, India.
- **Presented** paper entitled “**A Study on work life balance on women medical Practitioner in Government hospital in Lucknow**” in two days **National Conference** on “Ecological Degradation and its Impact on Socio-economic Development” on February 02-03,2018 at Netaji Subhash Chandra Bose Govt. Girls
 - P.G. College Aliganj Lucknow.
- **Presented** paper entitled ‘**Impact of Education on Working Women for Work- life Balance**” in two days **National Conference** on Achieving Business Synergy through Social, Spiritual and Technological Dimensions” on 24-25 February,2018 at SMS Lucknow.

Workshops Attended:

- **National Workshop** on Research Methodology 04-19 July, 2016 in BBAU (A Central University) Lucknow UP India.
- **Research Methodology Workshop** held during March 31 to April 09 2017, organized by the Giri Institute of Development Studies, Lucknow UP India.
- **Two Weeks Capacity Building Programme** for Social Science Faculty during **12-23 February, 2018** organized by Department of Economics, University of Lucknow.
- **Ten Day’s Research Methodology Workshop on Statistical Data Processing and use of Unit Level Data of NSSO** during **23-02 May 2018**

organized by Department of Economics, BBA University Lucknow.

- **One day Workshop on “How to Write A Research paper”** Organized by Giri Institute of Development Studies, Lucknow on 28th October 2018.
- **Seven Days National workshop on Research Methodology** during **8-14 March, 2019** organized by Department of Rural Management (SMS), BBA University Lucknow.

Extra Curricular Activities:

- **54th UP State Volly ball Championship 2006-07** team won the **2nd place** organized by Uttar Pradesh volley Ball Association affiliated to UP Olympic Association & Volleyball Federation of India. Participated in sports and cultural activities at school and college level. Industrial visit of Eveready Ltd. Lucknow. Industrial visit of **NTPC Ltd.** Tanda.
- Two Month Vocational Training Certificate on the trade **HRM** with **Excellent** grade at **NTPC Tanda** Limited.
- Qualified Banking written Exams and have awareness in Computer, Reasoning, GA .
- **International Day of Yoga 21 June-2016**, Participated in Yog-Asanas followed by lecture on “**Healthy Mind and Body**” organized by BBAU, Lucknow.
- **Yoga Fest 2016-** participated in yoga Workshop BBA University Lucknow Participated in the training Programme of Personality Development organized by **Centre for Personality Development** held on **07 February-21 March, 2017** at BBAU Lucknow.
- **Yoga Workshop** held on 7th to 21 June 2018 organized by sports Section BBA University Lucknow.
- **Yoga Quiz Competition 2018** held on **22 may** and stood 3rd organized by Sports Section BBA University Lucknow.
- **Self Defence Workshop** organized by NCC, Girls, Wing, BBAU Lucknow from 22 April 2019 to 1 may 2019

Paper Publications in Journals:

Title with page no.	Journal	ISSN No.	Volume/ Issue	Impact factor
1.Talent management: A strategy to improve employee performance Page No. 10-13	UGC Listed Journal no.- 48733 International Journal of Advanced Educational Research (IJAER)	ISSN: 2455-6157	1 (2)	5.12
2. Challenges Faced by Working Women for Work Life Balance Page No. 820-823	Advances in Economics and Business Management (AEBM)	p-ISSN:2394-1545, e-ISSN:2394-1553	3(8)	4.23
3. WORK LIFE BALANCE AND ITS IMPACT ON THE JOB SATISFACTION OF WOMEN DOCTORS	SHODH SARITA JOURNAL OF ARTS, HUMANITIES AND SOCIAL SCIENCES (APPROVED UGC CARE)	ISSN - 2348 - 2397	Volume 7, Issue 26 (IV), April to June 2020	

Technical Qualification:

- One year Diploma in System Management (DSM).
- Course on computer concept (CCC) conducted by NIELIT.

Summer Training:

- Two month Summer Training on the Topic “HRD (Training & Development)” in the NTPC, Tanda (U.P).

Experience:

- Work experience in Anispriyon IT services Pvt. Ltd. as a ZSO (zonal sales operator).
- Work experience in ISC pvt. Ltd. As a HR.
- Work experience in M.K.V.S.S. Lucknow.
- Work experience in MANTRA INSTITUTE as a counselor.
- Work experience in Decency Infrapromoters & Marketing Pvt. Ltd.
- Work experience in SAGAR INSTITUTE OF TECHNOLOGY AND MANAGEMENT (SITM) College Barabanki as a **ASSTT. PROFESSOR.**

Area of Interest:

1. Reading Books
2. Playing Batminton
3. Listening music

Personal Details:

Father's Name : Late. Ramesh Kumar Verma Date of Birth : 20/12/1986
Nationality: Indian Gender : Female
Languages: English , Hindi & Sanskrit Marital Status : Married
Permanent Address : 139 DA Balua Bhadurpur Post- Rukunuddenpurs
Dist.- Ambedkar Nagar, (UP),224186

Topic of Research - A Comparative Study on Work Life Balance of Working
Women in Government And Private Hospitals of Lucknow district

Institution- Babasaheb Bhimrao Ambedkar University (A Central University)
Vidya Vihar, Raebareli Road, Lucknow-226025

Reference:

Dr. Taruna (supervisor)

Assistant Professor, Department of Rural Management, School for Management
studies,

Babasaheb Bhimrao Ambedkar University [A Central University], Lucknow.

Prof. Kushendra Mishra

Head, Department of Rural Management, School for Management Studies,

Babasaheb Bhimrao Ambedkar University [A Central University], Lucknow.

Declaration:

I hered by declare that the above mentioned information is correct up
to my knowledge. I'm assuring you of sincerity & dedication to learn.

Place : Lucknow

Date : 01/02/2021

SEEMA VERMA