

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

**Abstract of
Thesis**

**SUBMITTED TO
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Abstract

Work-life balance has become an important term in today's world. With the development of modern advanced technologies, the boundary between work and life is fading away. People are in a race to get maximum monetary benefits out of their work without even caring about their families, friends, and most importantly their health. This becomes more prominent when it comes to women because from time immemorial women are supposed to be the prime caretaker of children, the elderly, and other household work.

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.

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. The present study aims to do a comparative study on the work-life balance of working women in government and private hospitals of Lucknow district. To start with, the researcher studied the concept, definition, and

importance of work-life balance for women working in government and private hospitals. With the help of an extensive literature review, it was found that the medical sector/health sector where the employees are juggling with the highest rate of work-life imbalances especially working women in hospitals who have twin responsibility of work and family. Hence, it is imperative to choose female health care workers i.e., Doctors and Nurses, and other categories as they form an integral part of the healthcare system. Hence, the following were the objectives of this 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

A conceptual framework was developed after an extensive review of related literature to have a better understanding of the work-life balance of women working in government and private hospitals.

The study adopted a qualitative and quantitative research approach. The researcher, in consonance with this research work, has collected both primary data and secondary data. The primary data were directly collected from women working in government and private hospitals through a self-administered questionnaire. The secondary data was collected from secondary sources such as existing literature, published books, Research papers, and article from different journals. The reliability of the study was checked through Cronbach's alpha reliability coefficient. The data analysis was done through statistical analysis and inferential statistics like t-test, one-sample chi-square test, and ANOVA. For analyzing the first objective, the study used the one-sample chi-square test. The findings stated 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. For the second objective, the data were analyzed through independent sample t-test. Since the objective number two had four aspects(workplace support, anxiety level, personal satisfaction and WJB/Job satisfaction) so, four findings come out i.e., for workplace

support it was found 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, for anxiety level it was found 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, for personal satisfaction it was found 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, and for Job Satisfaction level it was found 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. For the third objective, the data was analyzed through one way ANOVA. The third objective had seven factors (Work-life Balance Policy Establishment & Communication, Ease of Work Work-life balance Policies, Family Benefits Work-life Balance Policies, Work-life Balance Programmes, Benefit through Work-life Balance Policy, Financial Independence, Financial Support to Family) The findings stated that 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. Some of the suggestions by the researcher include that hospitals should adopt more inclusive work-life balance policies for women working in government and private hospitals. Also, 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 limitations of the research were small size of the sample and area coverage i.e., only Lucknow district was covered.

Keywords: Work-life balance, Working women, Work-life balance Policies, Personal Satisfaction, Cope up Strategies, Job Satisfaction.

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 unsystematically 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.

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.

OVERVIEW OF WORK-LIFE BALANCE

Work-life imbalance also comes with a different social perspective - How to address the work-life imbalance in the lives of the women workforce. Society over the years has recognized women's need for legal and financial independence. Women workforce now constitutes a significant percentage of the total workforce in any organization. The location also has an impact on a person's work-life balance. An individual working in a metropolitan city suffer from time constraints while another individual in a small city or town may not bear the same strain resulting in a different state of reconciliation. The work-life balance of an individual who is cash-rich but time-poor will also be different from the work-life balance of an individual who is cash-poor and time rich or time-poor.

OPERATIONAL DEFINITIONS

Work: Work is the physical or mental effort put by one to do/produce or accomplish something. It is generally referred to as a job or activity that one does regularly, especially in order to earn money.

Life: Life is broadly related to certain aspects like ambition, acquisition, achievements, etc., which may promote stress while part of life should be taken as a stress releasing agent also.

Work-Life Balance: Work-life balance is about the interaction between paid work and other activities, including unpaid work in families and the community, leisure, and personal development.

Woman: an adult female person attendant to a lady of rank as a wife, mother at home, and ranks as employee or employer at the workplace.

Conflict: Conflict is the process by which parties with differing wishes believe that the other will act or is acting against them, and engages in activities to damage the other party.

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 a 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.

LITERATURE REVIEW

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.

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.

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.

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.

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 observed the relation of work-life balance, happiness, and employee performance, Accordingly, a questionnaire-based survey was proposed 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, concurrently 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.

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.

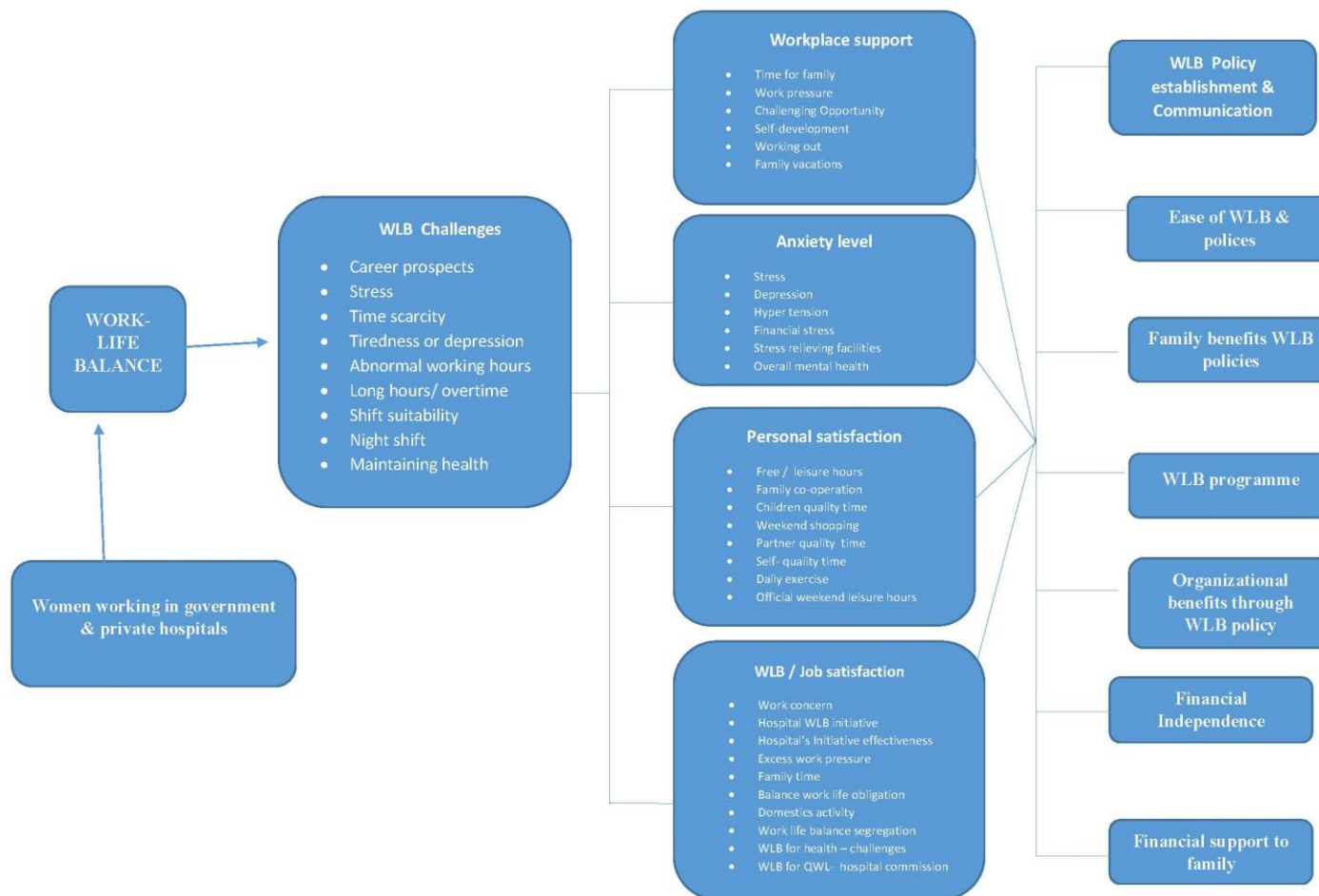


Fig:1 CONCEPTUAL FRAMEWORK: WORK- LIFE BALANCE

SIGNIFICANCE AND NEED 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 understand the women employees' attitude about their work-life balance through this research.

OBJECTIVES OF THE STUDY

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. Based on the above research problem, the following objectives were made:

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.

HYPOTHESIS

Following null hypothesis were formed for this study:

Hypothesis 1

- H₀1: 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).

Further, this hypothesis is divided into sub 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.
- 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.
- 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.

- 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.
- H₀1.5: 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.
- 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.
- H₀1.7: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Shifts Suitability challenge faced by women working in hospitals occur with equal probability.
- H₀1.8: 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.
- H₀1.9: All the three categories of ‘agree’, ‘neutral’ or ‘disagree’ related to Maintaining Health challenges faced by women working in hospitals occur with equal probability.

Hypothesis 2

1. Workplace support

- H₀2.1: 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.

Further, this hypothesis is divided into sub hypothesis:

- H₀2.1.1: there is no significant difference in the time available for the family to women working in government and private hospitals.
- H₀2.1.2: there is no significant difference in work pressure on women working in government and private hospitals.

- H₀2.1.3: there is no significant difference in seeking challenging opportunities by women working in government and private hospitals.
- H₀2.1.4: there is no significant difference in the time available for Self-Development to women working in government and private hospitals.
- H₀2.1.5: there is no significant difference in the time available for Working Out to women working in government and private hospitals.
- H₀2.1.6: there is no significant difference in Family Vacations taken by women working in government and private hospitals.

2. Anxiety Level

- H₀2.2: 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.

Further, this hypothesis is divided into sub hypothesis:

- H₀2.2.1: there is no significant difference in the stress level of women working in government and private hospitals.
- H₀2.2.2: there is no significant difference in depression level among women working in government and private hospitals.
- H₀2.2.3: there is no significant difference in hypertension among women working in government and private hospitals.
- H₀2.2.4: there is no significant difference in financial stress among women working in government and private hospitals.
- H₀2.2.5: there is no significant difference in stress-relieving facilities provided to women working in government and private hospitals.
- H₀2.2.6: there is no significant difference in mental health among women working in government and private hospitals.

3. Personal Satisfaction Level

- $H_02.3$: 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.

Further, this hypothesis is divided into sub hypothesis:

- $H_02.3.1$: there is no significant difference in the satisfaction level of free/leisure hours available to women working in government and private hospitals.
- $H_02.3.2$: there is no significant difference in the satisfaction level of family co-operation among women working in government and private hospitals.
- $H_02.3.3$: there is no significant difference in satisfaction level of quality time with children among women working in government and private hospitals.
- $H_02.3.4$: there is no significant difference in satisfaction level of weekend shopping and outing among women working in government and private hospitals.
- $H_02.3.5$: there is no significant difference in satisfaction level of quality time with a partner among women working in government and private hospitals.
- $H_02.3.6$: there is no significant difference in satisfaction level of self-quality time spent among women working in government and private hospitals.
- $H_02.3.7$: there is no significant difference in the satisfaction level of daily exercise among women working in government and private hospitals.
- $H_02.3.8$: there is no significant difference in the satisfaction level of official weekend leisure time available to women working in government and private hospitals.

4. Work-life balance/job Satisfaction Level

- $H_02.4$: 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.

Further, this hypothesis is divided into sub hypothesis:

- H₀2.4.1: there is no significant difference in the work concern aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- H₀2.4.2: 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.
- H₀2.4.3: 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.
- 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.
- 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.
- H₀2.4.6: 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.
- H₀2.4.7: 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.
- H₀2.4.8: 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.
- H₀2.4.9: 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.
- H₀2.4.10: 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.

- $H_{02.4.11}$: there is no significant difference in the challenging opportunities aspect of Work-life balance/job satisfaction among women working in government and private hospitals.
- $H_{02.4.12}$: there is no significant difference in the hospital communication aspect of Work-life balance/job satisfaction among women working in government and private hospitals.

Hypothesis 3

- 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.

Further, this hypothesis is divided into sub hypothesis:

- $H_{03.1}$: 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.
- $H_{03.2}$: 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.
- $H_{03.3}$: 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.
- $H_{03.4}$: there is no significant difference in programmes for the work-life balance aspect of the Work-life balance Policy across three designations of doctors, nurses, and other categories of women working in hospitals.
- $H_{03.5}$: 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.

- H₀3.6: 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.
- H₀3.7: 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.

RESEARCH DESIGN

The research design is described as “the blueprint or framework or plan for a study, used as a guide to collect and analyze data”.

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.

Primary data: Primary data is collected through :

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

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. Secondary sources such as existing literature, published books, Research papers, and article from different journals.

Sampling Method:

Probability sampling: Stratified Sampling

Sample size:

This study used pre-testing results to determine the final sample of the study. A sample of 300 respondents was taken into consideration for this study.

VARIABLES OF THE STUDY

Under the study, the researcher had used two types of variables such as dependent and independent variables.

1. Dependent Variable:

WLB Challenges, Workplace 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.

2. Independent Variable:

Nature of hospitals- Government and Private hospitals

Nature of employees-Doctors, Nurses and other categories of working staff.

FINDINGS OF THE STUDY

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.

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.

Workplace Support Parameters Comparison Results

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 $H_{0.2.1}$ 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.

Anxiety Parameters Comparison Results

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
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.

Personal Satisfaction Parameters Comparison Results

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 $H_{0.2.3}$ 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.

Job Satisfaction Parameters Comparison Results

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
3	Hospital's Initiatives Effectiveness	Null hypothesis rejected	Significant difference in 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	Null hypothesis cannot be rejected	No difference in Government & Private hospital for this parameter

	of Work	rejected	
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_0 2.4 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.

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.

Work-life balance Policy/Factors Comparison results

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.

SUGGESTIONS OF THE STUDY

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 programmes

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.

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.