

INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, IT & MANAGEMENT

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CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	PREPARING TEACHERS FOR THE AGE OF GLOBALIZATION: ROLE OF POLICY MAKERS & TEACHER EDUCATION INSTITUTIONS <i>DR. NEENA ANEJA</i>	1
2.	WORK LIFE BALANCE AND DEMOGRAPHIC INFLUENCE IN HEALTH CARE INDUSTRY. <i>RASHMI FARKIYA & DR. PAWAN PATNI</i>	3
3.	AN ASSESSMENT OF SATISFACTION LEVEL OF TOURISTS IN KANHA NATIONAL PARK <i>DR. ASHOK JHAWAR & SHUBHANGI JAIN</i>	6
4.	BRAND AWARENESS OF HINDUSTAN UNILIVER LTD. AT THIRUTHURAIPOONDI <i>M.KALAIVANI & B. KAYATHIRIBAI</i>	13
5.	SOME EXAMPLES IN USAGE OF PARAMETRIC TESTS <i>SAHANA PRASAD</i>	16
6.	STATUS OF QUALITY PRACTICES IN HIGHER LEARNING INSTITUTIONS IN PUDUCHERRY STATE <i>K. KANDASAMY & DR. D. ARAVAZHI IRISSAPPANE</i>	19
7.	A CROSS SECTIONAL STUDY ON IMPACT OF DEMOGRAPHIC VARIABLES IN CONSUMER PERCEPTION TOWARDS MOBILE VALUE ADDED SERVICES: A HOLISTIC PERCEPTIVE <i>BGK MURTHY, DR. A. SATISH BABU & DR. B. NAGARAJU</i>	24
8.	SCOPE OF MEDICAL SOCIAL WORK IN CURRENT CENTURY <i>DR. MARIYA T CHEERAN, GEORGE JOSEPH & RENJITH T A</i>	27
9.	LEGAL PROCEDURE AND STATUS OF ELECTRONIC SIGNATURE FOR SERVICE QUALITY IN NOTARY PUBLIC'S OFFICES: IRAN AND FRANCE <i>DR. GHASSEM KHADEM RAZAVI & FATEMEH SHAFIEI</i>	29
10.	PRADHAN MANTRI JAN DHAN YOJANA: PROGRESS IN SIKKIM STATE (INDIA) <i>SANJAYA KUMAR SUBBA</i>	33
11.	LAND ACQUISITION BILL: A LONG AWAITED REFORM TO SPEED UP 'MAKE IN INDIA' INITIATIVE <i>KAVITA KARAN INGALE</i>	36
12.	ONE PERSON COMPANY (OPCS): ANALYSIS OF COMPANIES ACT, 2013 WITH RESPECT TO FORMATION AND OPERATION OF OPCS IN INDIA <i>ANIL KUMAR</i>	38
13.	RURAL MARKETING: AN OVERVIEW <i>P. BHANUPRIYA & D.SUPULAKSHMI</i>	40
14.	A STUDY OF AWARENESS ABOUT LIFE INSURANCE SCHEME AMONG PEOPLE IN KANGRA DISTRICT OF HIMACHAL PRADESH <i>KEWAL SINGH & SARWAN KUMAR</i>	42
15.	A STUDY TO ANALYSE THE RELATIONSHIP BETWEEN THE PRODUCTION OF STEEL AND FERRO ALLOYS IN THE WORLD WITH SPECIAL REFERENCE TO INDIA <i>ASHISH V. DONGARE & DR. ANAND MULEY</i>	46
16.	EFFECTS OF JOB CHARACTERISTICS ON JOB SATISFACTION AMONG THE STAFFS OF INSURANCE COMPANIES IN JAFFNA <i>THASIKA YOGESWARAN</i>	49
17.	IMPACT OF ADVERTISEMENT ON CONSUMER BEHAVIOUR: A STUDY ON COSMETIC PRODUCTS <i>ASHA T K</i>	55
18.	POTENTIAL CUSTOMER FOR MARUTI SUZUKI SWIFT <i>RAMESHA.R & SANDHYA.P</i>	59
19.	PRIVATE SECTOR, THE ENGINE OF RWANDA'S ECONOMIC DEVELOPMENT <i>SYLVIE NIBEZA</i>	62
20.	JOB SATISFACTION AND PROBLEMS FACED BY ANGANWADI WORKERS <i>SHETAL R. BARODIA</i>	69
	REQUEST FOR FEEDBACK & DISCLAIMER	71

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WORK LIFE BALANCE AND DEMOGRAPHIC INFLUENCE IN HEALTH CARE INDUSTRY

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ABSTRACT

The present research study investigated the impact of demographic variables on work life balance of doctors working in Health Care Organizations in Indore City of Madhya Pradesh. Four hypotheses on demography were formulated and tested. For the purpose of study 200 questionnaires were distributed to allopathic doctors working in Public and Private Hospitals. Non Probability Convenience Sampling Method was used to distribute the questionnaire to the target sample respondents. The anova analysis and t-test at .05 level of significance indicated that there was a significant difference between the work life balance of doctors based on the demographic variables

KEYWORDS

work life balance, demography, doctors, age, gender, marital status, experience.

INTRODUCTION

Work-Life Balance was first coined in the late 1970s to describe the time devoted by an individual at work and in personal life. Thus work life balance is a broad concept including proper prioritizing between "work" on one hand and "life" on the other. In effect, Work includes inter-alia career and ambition whereas personal life emphasizes on pleasure, leisure, family and spiritual development.

Work-Life Balance is not necessarily a new concept and the terminology work/life balance has evolved over time. Throughout history, work and life were basically integrated. Life activities like community involvement, childcare, and elder care happened right alongside work.

"Health is Wealth", health is considered as the most important phenomenon in today's world which determines the wealth of the country at large. The health care industry in India is one of the largest economic and fastest growing professions. In order to create a balance between the provision and reception of health care, various strategies have been worked out which makes the industry effectively by health consciousness among people & welfare schemes. Doctors play the major role in health care industry and are the first ones who are thought about when we talk about health care and thus it is necessary that their needs have to be taken care and a congenial atmosphere is created for them to work with utmost job satisfaction and content, the result of which would be a high quality care.

DEMOGRAPHIC VARIABLES AND WORK LIFE BALANCE

Demographic variables taken for the purpose of study are age, gender, marital status and experience of doctors. Such variables also influence the doctors in balancing their personal and professional life. Various studies were conducted in this direction to determine the influence of demographic variables on work-life balance of Doctors. Changes in the workplace and in demographics in the past few decades have led to an increased concern for understanding the boundary and the interaction between work and non-work lives of doctors.

LITERATURE REVIEW

Thrivieniet.al (2012) studied the impact of demographic variables on work-life balance revealed that there is a significant relationship between all demographic variables - age, experience, marital status, income, type of family, number of dependents and perception of work- life balance of employees. This shows that there is a significant relationship between demographic variables and work life balance.

Doble et.al (2010) while studying the gender differences in the perception of work-life balance reveals that both men and women reported experiencing work life imbalance. Supportive work environment will help to reduce work life imbalances. Flex time, work from home, child care facilities and the part time work are facilities will help employees to balance their life.

Torrieri (2013) in an article posted that married or single, physicians often have a difficult time finding balance between work and life. Unlike married physicians single physicians don't have the added stress of family demands, but they have their own one-of-a-kind challenges, namely how to reign in career ambition to create space for a personal life and "enhancing soft skills" that will allow for them to make said meaningful connections. It is suggested that special connection" moments, such as mystery drives with the kids or surprise/spontaneous meetings with spouse, block off time for special family events, vacation, and downtime at the beginning of the year, and arrange for on-call and other coverage well in advance will help the doctors to find a better balance in their work and life.

Sutherland (2014) while conducting a survey on who's happier: employed or private practice physicians commented that both employed and self-employed doctors are almost equally satisfied. The study further reveals that doctors moved from employed to self-employed are happier than those who made opposite move. Typically, employed physicians work shorter, and more regular, hours thus more than half of the respondents reported that work-life balance improved after taking an employed position. Work-life balance is also an important indicator of career satisfaction, especially for young doctors. The results of the study further indicate that 64 percent of employed physicians would recommend it to other doctors. Nearly a third of self-employed doctors would also recommend employment. However, 37 percent of self-employed physicians would discourage employment.

Jain (2012) in his post on doctors in private practices are now joining hospital staffs said that doctors in private practice are paid fixed salaries based on productivity, which distances them from some of the unpredictable changes in health care. Due to this doctors are relieved from competing practice by others in the sector. Doctors in private practice if join the hospital will be giving them more job security and better work-life balance as well. He said that many younger colleagues, including those just completing their residencies are taking this route.

Berber et.al (2014) highlighted that neither being a mother nor the age of the youngest child significantly predicted career motivation. Those who had more traditional views on what a mother ought to be (e.g. spending most of their time with their children) were less motivated than those who had more modern views on this issue. Moreover, a supportive work environment – especially supervisor's support for one's career goals – was beneficial for career motivation of female doctors.

OBJECTIVES OF THE STUDY

The main objective of the study is to determine the impact of demographic variables on work life balance of allopathic doctors working at Indore City.

RESEARCH METHODOLOGY

The present study is mainly based on primary data collected from 200 allopathic doctors of different specialty working with public and private hospitals in Indore city of Madhya Pradesh. A self-designed questionnaire based on Likert's five point scale was administered among the respondents. Non Probability Convenience Sampling Method was used for choosing the sample respondents. Statistical tools such as Independent t-test and Anova was used to determine the relationship between demographic variables and work-life balance of allopathic doctors.

ANALYSIS AND DISCUSSION

DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Frequency table shows that 65.5 % of the respondents are male and 34.5% are female respondents. Majority of the respondents i.e. 40% are of the age group 21-30 years, 34% are of age group 31-40yrs and others are of age group 41& above years. Out of the total respondents 68% of the respondents are married and Majority of the respondents i.e. 53% are having an experience of 0-5 years, 17% having an experience of 6-10 years and others are having an experience of more than 11 years.

IMPACT OF DEMOGRAPHIC VARIABLES ON WORK-LIFE BALANCE

1) GENDER AND WORK LIFE BALANCE OF DOCTORS

TABLE 1: GROUP STATISTICS

		Gender	N	Mean	Std. Deviation	Std. Error Mean
WLB	Female		69	26.4058	9.98870	1.20250
	Male		131	26.5954	8.83592	.77200

TABLE 2: INDEPENDENT SAMPLE TEST

		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	95% Confidence Interval of the Difference		
										Lower	Upper
WLB	Equal variances assumed	1.783	.183	-.138	198	.891	-.18962	1.37564	-2.90241	2.52316	
	Equal variances not assumed			-.133	124.539	.895	-.18962	1.42898	-3.01785	2.63861	

H1: There is no significant difference between the work life balance of male and female doctors.

The result of the study show that p value is more than 0.05, it shows that stated null hypotheses H1 is accepted. This shows that there is no significant difference between the work life balance of male and female doctors. Thus it is said that gender of doctors do not affect their work life balance. Both male and female doctors facing the imbalances in their work and life and are not significantly different.

2) Marital Status and Work Life Balance of Doctors

TABLE 3: GROUP STATISTICS

		Status	N	Mean	Std. Deviation	Std. Error Mean
WLB	Married		137	25.0730	9.23121	.78868
	Unmarried		63	29.6984	8.44648	1.06416

TABLE 4: INDEPENDENT SAMPLE TEST

		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	95% Confidence Interval of the Difference		
										Lower	Upper
WLB	Equal variances assumed	1.055	.306	-3.379	198	.001	-4.62542	1.36893	-7.32498	-1.92586	
	Equal variances not assumed			-3.492	130.822	.001	-4.62542	1.32455	-7.24573	-2.00511	

H2: There is no significant difference between the work life balance of married and unmarried doctors.

The result of Independent t-test indicates that significance value is less than 0.05, which shows that null hypotheses H2 is rejected. This shows that there is a significant difference between the work life balance of married and unmarried doctors. Mean value of Work life balance of married doctors is 25.0730 and unmarried doctors is 29.6984 (High value of WLB indicates work life balance is low), it shows that work life balance amongst married doctors is better than unmarried doctors.

AGE AND WORK LIFE BALANCE OF DOCTORS

TABLE 5: DESCRIPTIVES

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
WLB	21-30	81	29.7407	8.16207	.90690	27.9360	31.5455	11.00	46.00
	31-40	68	25.7941	8.87989	1.07685	23.6447	27.9435	4.00	43.00
	41-50	30	24.7667	9.81443	1.79186	21.1019	28.4314	6.00	40.00
	51 & above	21	19.0476	8.33352	1.81852	15.2542	22.8410	4.00	35.00
	Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00

TABLE 6: ANOVA

		Sum of Squares	Df	Mean Square	F	Sig.
WLB	Between Groups	2140.828	3	713.609	9.454	.000
	Within Groups	14794.992	196	75.485		
	Total	16935.820	199			

H3: There is no significant relationship between the age and the work life balance of doctors.

F-Value for work life balance is 9.454 and p value is less than 0.05 which means that null hypotheses H3 is rejected. This shows that there is a significant relationship between the age and work life balance of the doctors. Table No. 5.3.14 indicates that mean value of Work Life Balance of doctors in age group 21-30 yrs (29.7407) and 31-40 yrs (25.7941) is comparatively higher than doctors in age group 41-50 yrs (24.7667) and 51 & above years (19.0476). Here higher mean value of WLB indicates the low balance in personal and professional life of doctors. Thus it may be said that work life balance of doctors increases with the increase in their age.

TABLE 7: DESCRIPTIVES

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	
					Lower Bound	Upper Bound			
WLB	0-5 yrs	107	28.9720	8.10015	.78307	27.4194	30.5245	10.00	46.00
	6-10 yrs	59	25.7288	9.76946	1.27188	23.1829	28.2747	4.00	43.00
	11-15 yrs	9	21.3333	10.44031	3.48010	13.3082	29.3585	4.00	35.00
	16-20 yrs	7	15.4286	8.84792	3.34420	7.2456	23.6115	6.00	31.00
	21-25 yrs	8	25.7500	5.52268	1.95256	21.1329	30.3671	18.00	35.00
	26 & above yrs	10	18.2000	6.74619	2.13333	13.3741	23.0259	9.00	27.00
Total	200	26.5300	9.22522	.65232	25.2437	27.8163	4.00	46.00	

TABLE 8: ANOVA

		Sum of Squares	Df	Mean Square	F	Sig.
WLB	Between Groups	2480.429	5	496.086	6.658	.000
	Within Groups	14455.391	194	74.512		
	Total	16935.820	199			

H4: There is no significant relationship between experience and work life balance of the doctors.

F-Value for work life balance is 6.658 and significance is 0.00 which means that null hypotheses H4 is rejected. This shows that there is a significant relationship between the experience and the work life balance of the doctors. Thus it is said that experience of doctors have significant impact on their work life balance.

Results indicates that mean value for Work Life Balance of doctors having an experience of 0-5 yrs is (28.9720), 6-10 yrs (25.7288), 11-15 yrs (21.3333), 16-20 yrs (15.4286), 21-25 yrs (25.7500), 26 & above years (18.2000). Here the higher mean value of work life balance indicates the low balance in personal and professional life of doctors on the basis of their experience. This indicates that work life balance amongst the doctors having an experience of 0-5 yrs, 6-10 yrs, 11-15 yrs and 21-25 yrs is low as compared to doctors having an experience of 16-20 yrs and 26 & above years. Thus it may be concluded that work life balance is more amongst the doctors in the age group 16-20 years whereas it is less amongst the doctors in the age group 0-5 years.

CONCLUSION

Work life balance practices are important for all including doctors. Based on the analysis it is concluded that significant relationship is found between demographic variables and work life balance of doctors. The researcher has found that there is a significant impact of age, marital status and experience on the work life balance of doctors but no significant impact of gender is found on the work life balance of Doctors. The relationship between demographic variables and work-life balance of doctors will be an important input in designing appropriate policies for doctors to address work-life balance issues. Work-life balance initiatives designed by health care organizations will help doctors to balance their work and personal lives are not only an option, but also a necessity for health care organizations today.

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