

FACTORS RESPONSIBLE FOR THE WORK-LIFE CONFLICT OF WOMEN DOCTORS: AN EMPIRICAL STUDY

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ABSTRACT

Women play active role in the economic development of the country. Earlier their role is only limited to household activities. The present educational and infrastructural facilities have encouraged women to occupy prominent positions in the corporate world. To lead a comfortable living and self-satisfaction, women are working hard to get a balance between their personal and work life. The reconciliation of work and family life has received a lot of attention in the recent years. Expanding work hours coupled with the influx of married women with young children, the rise of the dual earner family and the growing number of diverse family structures brings to the forefront the complex realities of work-life conflict. Hence, it has become very difficult to meet the family demands. So, women are playing a dual role, that of a breadwinner as also a homemaker. All this puts an extra pressure on women employees. Besides, people today are more likely to express a strong desire to have a harmonious balance between career, family life, and leisure activities. Finally, the globalization of the workforce is one of the most significant trends that will affect workers in the next century. In this context, the present study is undertaken to address the following question i.e. what factors are responsible for work-life conflict of women doctors in Salem city? This study is confined to the women doctors in Salem city. The researchers have adopted convenience sampling. The sample consists of 50 women doctors in Salem city. As an essential part of the study, the primary data were collected from 50 women doctors with the help of questionnaire. In order to analyze the work-life conflict of women doctors, student t test, analysis of variance, co-efficient of variation, multiple regression analysis, and percentage analysis were employed. The findings of this study bring to light that there exists work-life conflict among the women doctors. Lack of personal counseling, absence of relaxation exercises, self-defeating behaviors, poor family support, lack of flexible work schedule, lack of career counseling and training, lack of interpersonal relationship, more work load and lack of supportive work environment are the reasons for the work-life conflict of women doctors in doctors. Ensure a positive outcome; attention to the factors identified in the suggested framework is important for reducing the work-life conflict of women doctors.

KEYWORDS: *Work-Life Conflict, Work-Life Balance, Work-Family Interface, Career Counseling.*

Introduction

Women play active role in the economic development of the country. Earlier their role is only limited to household activities. The present educational and infrastructural facilities have encouraged women to occupy prominent positions in the corporate world. To lead a comfortable living and self-satisfaction, women are working hard to get a balance between their personal and work life. The reconciliation of work and family life has received a lot of attention in the recent years. However, there are differences between countries regarding the reconciliation of these domains and the level of work-life conflict. Women struggle with balancing work and personal life demands to a greater extent than their male counterparts. In the current economic environment, work-life conflict ranks as one of the most important workplace attributes among the employees. More percentage of the women are leaving the workforce to stay at home with their children and some had stopped working at some point in their career for numerous reasons of which the basic reason is finding difficult to balance their lives, barriers that make difficult to move across organizations.

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Concept of Work-Life Conflict

Work and family represent the most important aspects of adult life. Referred to generally as “work-life conflict”, employees who experience high levels of conflict between work and non-work roles tend to have lower levels of job satisfaction and job performance, withdraw from work, and experience greater sickness, absence and intentions to leave the organization. The term work-life conflict used contradictory with work-life balance. Work-life balance is defined as a state of equilibrium in which the demands of both a person’s job and personal life are equal. However, when the demand of job or personal life increases it creates an unbalanced situation and resulted in work-life conflict. Work-life conflict can be categorized as time-based, strain-based, and behaviour-based. Time-based conflict occurs when multiple roles simultaneously compete for a person’s time, and the time spent on one activity precludes proper completion of other activities. Time-based conflict is also linked to role overload and role conflict, which the overload may produce. Organizational sources of time-based conflict are working an excessive number of hours, having an inflexible work schedule, or having to work shift work. Family sources of time-based conflict include having young children or other dependants, large families, or both spouses working full-time. Strain-based conflict may be the product of work or home stressors, which can lead to stress symptoms of tension, anxiety, fatigue, depression and irritability. When the strain produced by one domain affects performance in another, strain-based conflict results. Sources of strain-based conflict tend to centre on the work rather than on the organizational environment, and are linked to role ambiguity, low levels of social support from organizational sources and career development problems. Behavioural expectations of one source that are incompatible with the expectations of another source can create behaviour-based conflict. Thus, work-life conflict is a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect versa.

Statement of the Problem

In recent decades, significant changes have occurred in both the work and family lives of individuals throughout the world. There are many men and the women facing the work-life conflict in their lives. In this category females are facing greater trouble than the male because male have less responsibility than the female. Work-life conflict, work overload and stress are the major life quality outcomes and these are affected by the working hours of the both spouses. The integration of work and family continues to be a challenge for women and men. Work and family are the most dominant domains in the lives of employed men and women and maintaining both domains presents challenges. The work-family conflict occurs when the time demands of one role make it difficult to meet the time demands of another role or when one schedule directly interferes with another.

The increased numbers of women, dual earner couples, and single parents in the workforce coupled with significant changes in gender and family roles have begun to highlight issues surrounding work and family balance. Expanding work hours coupled with the influx of married women with young children, the rise of the dual earner family and the growing number of diverse family structures brings to the forefront the complex realities of work-life conflict. Hence, it has become very difficult to meet the family demands. So, women are playing a dual role, that of a breadwinner as also a homemaker. All this puts an extra pressure on women employees. Besides, people today are more likely to express a strong desire to have a harmonious balance between career, family life, and leisure activities. Finally, the globalization of the workforce is one of the most significant trends that will affect workers in the next century.

The work-life conflict associated with a variety of negative consequences for both individuals and organizations which include increased levels of stress and somatic complains, depression and lower mental health, less life satisfaction, well-being and overall decrease in the quality of life, decrease in the quality of family life, higher rates of family conflicts, marriage breakup, etc. The consequences for the organizations include decreased job satisfaction and reduced productivity, greater likelihood of leaving the company, turnover intentions and increased absenteeism, rising healthcare costs, etc. In the organizational context, a growing number of progressive firms have recognized the critical significance of work-life balance and designed corporate policies and programmes to empower and assist employees in fulfilling their major life responsibilities. In this context, the present study is undertaken to address the following question i.e. what factors are responsible for work-life conflict of women doctors? With this background, the researchers have made an attempt to study the work-life conflict of women doctors in Salem city.

Objectives of the Study

- To identify the factors responsible for work-life conflict of women doctors in Salem city.

- To analyze the level of work-life conflict of women doctors in Salem city.
- To find out the ways and means to overcome the work-life conflict of women doctors in Salem city.

Testing of Hypothesis

In order to examine the perception of the women doctors towards work-life conflict, the following null hypothesis were formulated and tested.

H₀₁: There is no significant relationship among the acceptance levels of the women doctors belonging to different demographic profiles towards factors responsible for work-life conflict.

Sampling Design

This study is confined to the women doctors in Salem city. The researchers have adopted convenience sampling. The sample consists of 50 women doctors in Salem city.

Tools for Data Collection

As an essential part of the study, the primary data were collected from 50 women doctors with the help of questionnaire. A pilot study was conducted with 5 women doctors. In the light of the experience gained from the pilot study, few changes were incorporated in the revised questionnaire. Each question was improved of its relevance and meaning by constant interaction with experts in the areas. The secondary data were collected mainly from journals, reports, books, etc. The data so collected have been entered into a master table and tabulated to arrive at useful conclusions. In order to analyze the work-life conflict of women doctors, student t test, analysis of variance, co-efficient of variation, multiple regression analysis, and percentage analysis were employed.

Findings

- No significant relationship is found among the acceptance levels of the respondents belonging to different age groups, educational status groups, monthly income groups, varied professional experience, and employment status towards factors contributing to work-life conflict of women doctors.
- Respondents in the age group 36-45 years, respondents with M.B.B.S qualification, women doctors having monthly income upto Rs.25000, respondents having upto 5 years of professional experience, and self-employed doctors have higher acceptance level towards factors contributing to work-life conflict.
- There is consistency in the acceptance level of respondents belonging to 36-45 years, respondents who have postgraduation and above qualifications, respondents having monthly income Rs. 25001–35000, respondents having upto 5 years of professional experience, and self-employed doctors towards factors contributing to work-life conflict.
- There has been a low correlation (0.054) between the overall score of the factors contributing to work-life conflict of women doctors and the selected personal variables. The R square indicates 0.30 per cent of variation in the factors contributing to work-life conflict of women doctors as explained by all personal variables taken together. The F value indicates that the multiple correlation coefficients are not significant. Further, respondents' age, educational qualification, monthly income, professional service, employment status, family pattern, marital status and number of dependants have no significant effect on the factors contributing to work-life conflict.
- In regards to factors contributing to work-life conflict of women doctors, family satisfaction, work, job satisfaction & family-work conflict, neuroticism and life satisfaction stand at the first, second, third, fourth and fifth places with a mean rank of 1.80, 1.78, 1.77, 1.73 and 1.70 respectively. Core self-evaluation, self-efficacy, locus of control and self-esteem are the other important factors contributing to work-life conflict of women doctors in Salem city.
- Respondents ranging from 45.63 per cent to 53.78 per cent state that lack of personal counseling, absence of relaxation exercises, self-defeating behaviours, poor family support and lack of flexible work schedule are the reasons for their work-life conflict. Lack of career counseling and training, lack of interpersonal relationship, more work load and lack of supportive work environment are the reasons for the work-life conflict of women doctors ranging from 35.69 per cent to 49.38 per cent in Salem city.

Suggestions

- Both work flexibility and autonomy has been found to be significantly positively related to work-life balance, and professionals with higher levels of flexibility and autonomy showed higher

levels of work-life balance. Thus there is a need to provide greater work flexibility and autonomy to women doctors to enhance the work-life balance and minimize the work interference in personal life as perceived by women doctors.

- A flexible work schedule allows women doctors to manage their work and personal life more effectively. A flexible work schedule also enables hospitals to attract and retain talented people who are not able to work full time, especially married women doctors. Therefore, hospitals should consider implementing flexible work schedules. Hence, hospital policies should be focused to spread flexible work arrangements more towards those who value it and back it.
- Work-life conflict has a great influence on the job, marital and life satisfaction of the women doctors. Hence, it is important for women doctors not to let their job affect their relationship with their spouses. Hence, women doctors have less time for their families and the time they spend with their children reduces the time they spend with their husbands. The setting up of a job can affect the marital relationship if the husband feels uneasy over the wife's newly gained independence-financially and emotionally. It is therefore important that women doctors allocate time to spend alone with their husbands in order to enhance their relationship.
- Work-life conflict is an important barrier in the working organization. Work-life conflict audit can be undertaken to identify conflict area and improve conditions of job to alleviate work-life conflict. The work-life conflict audit should include data gathering on the organizational climate, frustrations and stresses of women doctors. Moreover, the hospitals wherein women doctors are working, can conduct regular health check up, health screening camps, yoga classes and meditation to make them physically and mentally fit. To effectively combat work-life conflict, women doctors need to activate the body's natural relaxation response.

Conclusion

Work-life conflict is dynamic phenomena; an employee does not live for work alone but also for self, family and friends. The relationship between work and leading a life has acquired a prominent place in the modern society where people are ought to work and live a life with values. High levels of work-conflict have repercussions for housework and caring work as men and women attempt to reconcile to the two sets of demands. The ability to successfully balance the role expectations of work and home life is an ongoing matter affecting working individuals. Work-life conflict of women doctors affects their health that report more stress, headaches, muscle tension, weight gain and depress than their male counterparts. Besides, work-life conflict can have adverse affects on both families and workplaces, impacting the well-being of society as a whole. Thus, there is a need to focus on those factors that effects work-life conflict of women doctors. The present study was conducted with a sample size of 50 women doctors in Salem city. The findings of this study bring to light that there exists work-life conflict among the women doctors. Lack of personal counseling, absence of relaxation exercises, self-defeating behaviours, poor family support, lack of flexible work schedule, lack of career counseling and training, lack of interpersonal relationship, more work load and lack of supportive work environment are the reasons for the work-life conflict of women doctors in doctors. Ensure a positive outcome; attention to the factors identified in the suggested framework is important for reducing the work-life conflict of women doctors.

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