

Work Life Conflict and its Impact on Work Life Balance and Subjective Well Being of Doctors in Healthcare Sector

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ABSTRACT

This paper gives an insight into the problems of Work life conflict, Work life balance and Subjective well being of Doctors in Healthcare sector. Work life conflict is a concern for Healthcare professionals too with the number of responsibilities that they manage. A sample of 100 doctors from both Public and Private Sector Hospitals was taken. The purpose of the research was to understand the impact of Work family conflict, Family work conflict on the Work life balance and Subjective well being of the respondents. Results indicate that Work family conflict and Family work conflict have a significant negative relationship with both Work life balance and Subjective well being and a significant positive relationship with Intentions to quit. Together with Work life balance they have a considerable influence on the Subjective well being of the respondents. Demographic descriptors like gender, age, marital status, number of children, family structure, and level of income do not impact the perceived Family to work conflict but number of children and family structure do influence the perceived Work to family conflict.

Keywords: Work Life Balance, Work Family Conflict, Family Work Conflict, Subjective Well Being.

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1. INTRODUCTION

Work Life Balance is increasingly becoming a highly important issue which is essential in promoting individual as well as organizational effectiveness. Work-life Balance means maintaining a proper balance between "work" on one side and "life" on the other. The issue has been gaining importance because of a huge increase in work owing to high rate of technological changes, increased use of ICT (Information and Communication Technologies), an immensely competitive work environment, need for being available at all times, time pressures and deadlines, and numerous other precipitating factors.

The main model which has been influencing the work and non-work interface research is the 'spill over' model. As per this model, there is a positive or negative relationship which exists between work and non-work roles in that, satisfaction in one role or dissatisfaction in other tends spills over on to the other (Bond et al., 1998). Thus *Work-to-family conflict* (WFC) and *Family-to-work conflict* (FWC) can negatively affect balance whereas positive spillover i.e. *Work life enrichment* (WLE) can actually enhance these perceptions of balance.

2. WORK FAMILY CONFLICT, FAMILY WORK CONFLICT AND OUTCOMES

Work/non-work conflict has been defined as occurring, when the affective demands of work and non-work roles are not compatible, in that participation in one role becomes difficult because of participation in the other role (Greenhaus and Beutell, 1985). Work life balance means reducing the conflict between work and family roles. Lower the conflict between the work and life interface, better will be the perceived balance. Being a result of tensions experienced owing to competing role demands, conflict is considered to be bi-directional wherein the work life can interfere with family life causing *work-to-family conflict* (WFC) and the family life can interfere with work life leading to *family-to-work conflict* (FWC) (Frone, 2003).

The evidence for outcomes of conflict is mixed as many studies have found work family and family work conflict to affect variables of interest to organizations. Lower work -family and family- work conflict might

contribute to some positive outcomes in the workplace and a higher degree of conflict might lead to certain undesirable ones. Studies have indicated that high levels of experienced work family conflict are associated with greater turnover intentions (Allen et al. 2000; Greenhaus et al., 2001; Kossek and Ozeki, 1998). On the positive side, employees who see their employers as facilitating the integration of work and family obligations show higher job satisfaction and increased organizational commitment. Netemeyer et al. (1996) also found that work–life conflict increased the intentions of the employees' to leave, creating more stress in the environment for those who are left. Madsen et al. (2005) in a study found that work-family conflict can lead to lower levels of organizational commitment among employees.

Life satisfaction is an overall assessment about one's life at a particular point in time which can range from negative to positive. Subjective life satisfaction is an indication of an individual's perceived level of wellbeing and happiness. The term Subjective Well Being (SWB) has been used by scholars in defining what happiness is for individuals (Diener, 1984). Life satisfaction according to them is an important indicator of SWB along with presence of indicators of positive affect and absence of indicators of negative affect. High degree of conflict between life and work lowers the level of subjective well being and vice versa.

Singh and Sachdeva (2013) found a negative relationship between work life balance and work life conflict among educationists in public sector educational institutions. They found that spirituality and work life balance to be the most significant factors influencing subjective well being of the respondents.

Satisfaction with life as a whole is an important goal and hence responsible for increased interest in research on the concept of individual satisfaction and hence defines the objectives of this study.

3. OBJECTIVES OF THE STUDY

This study had the following objectives:

1. To understand the relationship between Work Family Conflict (WFC), and Work Life Balance (WLB), Work Life Enrichment (WLE), Job Satisfaction (JS), Organizational Citizenship Behaviors (OCB),

Intentions to Quit (ITQ), and Subjective Well Being (SWB).

2. To understand the relationship between Family Work Conflict (FWC), and Work Life Balance (WLB), Work Life Enrichment (WLE), Job Satisfaction (JS), Organizational Citizenship Behaviors (OCB), Intentions to Quit (ITQ), and Subjective Well Being (SWB).
3. To study the influence of predictor variables WFC, FWC, and WLB on dependant variable SWB.
4. To study the influence of demographic variables on WFC and FWC.

4. HYPOTHESES

To achieve the objectives the following hypotheses were formulated.

HO1: There is no relationship between WFC and WLB (a), WLE (b), JS (c), OCB (d), ITQ (e), and SWB (f).

HA1: There is a significant relationship between WFC and WLB (a), WLE (b), JS (c), OCB (d), ITQ (e), and SWB (f).

HO2: There is no relationship between FWC and WLB (a), WLE (b), JS (c), OCB (d), ITQ (e), and SWB (f).

HA2: There is a significant relationship between FWC and WLB (a), WLE (b), JS (c), OCB (d), ITQ (e), and SWB (f).

HO3: WFC (a), FWC (b), and WLB (c) are not significant predictors of SWB.

HA3: WFC (a), FWC (b), and WLB (c) are significant predictors of SWB.

HO4: Demographic variables a) gender, b) age, c) marital status, d) number of children, e) family structure, and f) level of income do not impact the perceived WFC.

HA4: Demographic variables a) gender, b) age, c) marital status, d) number of children, e) family structure, and f) level of income significantly impact the perceived WFC.

HO5: Demographic variables a) gender, b) age, c) marital status, d) number of children, e) family structure, and f) level of income do not impact the perceived FWC.

Ha5: Demographic variables a) gender, b) age, c) marital status, d) number of children, e) family structure, and f) level of income significantly impact the perceived FWC.

5. RESEARCH DESIGN AND METHOD

The study is descriptive one whereby an attempt is made to highlight the relationship between Work family conflict, Family work conflict, Work life balance, and Subjective well being of doctors in the healthcare sector. A sample of hundred doctors in public and private hospitals was selected by stratified random sampling. A self reporting questionnaire was used to get the responses. Standardized instruments were used for measuring WLB, WFC, FWC, WLE, OCB, JS, ITQ, and SWB. Analysis of data was done using SPSS (Version 19). Reliability analysis on the instruments used was done through the Cronbach (1951) alpha scores. Mean scores on constructs under study were obtained. Correlations were seen to determine the relationship between Work life balance and other constructs. Regression analysis was used to determine the relationship between WFC, FWC, WLB, and SWB. One way ANOVA was used to see the influence of demographic variables on WFC and FWC.

6. MEASURES

Table no.1 shows the measures that were used in the study.

Table No. 1: Cronbach's alpha scores for the instruments used.

Construct	Instrument	Cronbach's alpha scores
WLB	Carlson, Grzywacz and Zivnuska (2007)	0.834
WFC	Carlson et al. (2000)	0.778
FWC	Carlson et al. (2000)	0.815
WLE	Carlson et al. (2006)	0.828
JS	Brayfield and Rothe (1951)	0.642
OCB	Lee and Allen (2002)	0.899
ITQ	Cammann et al. (1979)	0.585
SWB	PANAS Scale by Watson (1988) & SWLS by Diener	0.730

7. DATA ANALYSES AND INTERPRETATION

7.1 Mean scores on constructs

Table No. 2 shows that mean overall life balance is around 21.90 which reflect a fair work life balance. Work family conflict is more prevalent in this group of respondents with mean score of 27.58 compared to family work conflict which has a mean score of 23.71. The doctors in healthcare sector seem to be much satisfied with their life as is reflected from a mean subjective well being score of 37.36. Also the OCBs are high as is reflected from a mean score of 57.64.

Table No. 2: Mean scores on constructs

Construct	N	Mean	S.D.
WLB	100	21.90	4.17
WFC	100	27.58	5.97
FWC	100	23.71	5.92
WLE	100	21.21	4.20
JS	100	23.28	5.36
OCB	100	57.64	10.17
ITQ	100	10.71	3.99
SWB	100	37.36	15.00

7.2 Correlations

Correlations were seen amongst the various constructs to check the direction and significance of the relationship between them.

The Table No. 3 shows that there is a significant correlation between WFC and WLB ($r=-0.356$, $p=0.000$), WFC and ITQ ($r=0.307$, $p=0.002$), and WFC and SWB ($r=-0.338$, $p=0.001$). We reject the null Hypotheses H01a, H01e, and H01f that there is no correlation between WFC and WLB, ITQ, and SWB. The conflict between the Work and family interface does influence our perceived work life balance, the intentions to quit, and the level of subjective well being. Hypotheses H01b, H01c, and H01d were failed to be rejected.

Table No. 3: Correlation between Work Family Conflict and other constructs

WFC		
	R	Sig.
Work Life Balance (WLB)	-0.356	0.000
Work Life Enrichment (WLE)	-0.185	0.065
Job Satisfaction (JS)	-0.122	0.227
Intentions To Quit (ITQ)	0.307	0.002
Organizational Citizenship	0.009	0.928
Subjective Well Being (SWB)	-0.338	0.001

Table No. 4: Correlation between Family Work Conflict and other constructs

WFC		
	R	Sig.
Work Life Balance (WLB)	-0.230	0.021
Work Life Enrichment (WLE)	-	0.173
Job Satisfaction (JS)	-0.163	0.104
Intentions To Quit (ITQ)	0.269	0.007
Organizational Citizenship	0.035	0.728
Subjective Well Being (SWB)	-0.352	0.000

Table No. 4 shows that there is a significant correlation between FWC and WLB ($r=-0.230$, $p=0.000$), FWC and ITQ ($r=0.269$, $p=0.007$), and FWC and SWB ($r=-0.352$, $p=0.001$). We reject the null Hypotheses H01a, H01e, and H01f that there is no relationship between FWC and WLB, ITQ, and SWB. Family to work conflict also influences the perceived work life balance, intentions to quit, and the level of subjective well being. We failed to reject Hypotheses H02b, H02c, and H02d.

7.3 Regression analysis

Table No. 5: Regression model of dependent variable SWB

Model Summary

Type of org.	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Healthcare	1	0.498 ^a	0.248	0.225	13.21308

a. Predictors: (Constant), FWC, WLB, WFC

ANOVA^b

Type of org.	Model		F	Sig.
		Total		
Healthcare	1	Regression	10.579	0.000 ^a
		Residual		
		Total		

a. Predictors: (Constant), FWC, WLB, WFC

b. Dependent Variable: SWB

Coefficients^a

Type of org.	Model		Standardized Coefficients	T	Sig.
			Beta		
Healthcare	1	(Constant)		2.575	0.012
		WLB	0.335	3.533	0.001
		WFC	-0.089	-0.783	0.436
		FWC	-0.223	-2.047	0.043

The R Square coefficient of 0.24 in Table No. 5 shows that 24% percent of the variable Subjective Well Being (SWB) is explained by the three predictors. The value of beta coefficient shows that predictor variable Work

Life Balance (WLB) with $\beta = 0.335$ has the greatest influence on the Subjective well being followed by predictor Family Work Conflict (FWC) ($\beta = -0.223$). Our hypotheses H03 (a) and H03 (b) were rejected. WLB, WFC, and FWC are indeed good predictors of the dependent variable SWB. Thus a higher work life balance and lower level of family work conflict does influence the perceived well being of an individual.

7.4 One way ANOVA for influence of demographic descriptors on WLB, WFC, and FWC

One way ANOVA was carried out to see whether the demographic variables gender, marital status, age, number of children, family structure, and level of income have any influence on the WFC and FWC of the respondents.

Table No. 6: Influence of demographic variables on WFC and FWC

	WFC		FWC	
Variable	F value	Sig.	F value	Sig.
Gender	0.458	0.659	0.595	0.900
Age	1.883	0.120	1.010	0.406
Marital status	0.714	3.080	0.364	0.548
No. of Children	3.566	0.032	1.190	0.309
Family Structure	5.972	0.016	0.268	0.606
Income level	1.808	0.119	1.504	0.196

Table No. 6 shows that demographic variables, number of children and family structure do have a significant influence on the Work to family conflict, thus, we reject the null hypotheses HO4 d and HO4 e. Gender, age, marital status, and level of income do not influence the perceived Work to family conflict, thus, we fail to reject the null hypotheses HO4 a, HO4 b, HO4 c, and HO4 f. None of the demographic descriptors influence Family to work conflict, so we fail to reject the null hypotheses HO5 a, HO5 b, HO5 c, HO5d, HO5e, and HO5 f.

8. SUMMARY FINDINGS AND DISCUSSION

The Statistical analysis of the data collected shows the following results:

1. Amongst Doctors in Healthcare, Work life balance is influenced by the level of Conflict between the work and life interface. FWC (mean =23.71) is lower as compared to WFC (mean =27.58), reflecting a higher interference of work in family life than vice versa.
2. The correlation between WFC and constructs of WLB, ITQ, and SWB is significant which corroborates the earlier findings on the inverse relationship between Work life conflict and Work life balance and Well being. Macky and Boxall (2008) in a study have also reported that employees who work longer hours are likely to report a greater lack of balance in their work life relationship.
3. FWC also has a significant correlation with WLB, ITQ, and SWB which is also in line with earlier findings on the inverse relationship between Family work conflict and well being. Kinnunen and Mauno (2007) in a study found that family to work conflict had a negative effect on family well being and work to family conflict had negative effect on the well being at home as well as at work.
4. The regression analysis indicates that the predictors WLB and FWC significantly affect the SWB with work life balance being the most significant factor in influencing the feelings of well being.
5. The ANOVA results to gauge the influence of demographic variables on Work family conflict and Family work conflict found that number of children and family structure do influence the perceived Work family conflict. There is no influence of social and demographic descriptors like marital status, gender, age, number of children, family structure, income, etc., on the Family work conflict. Similar such studies conducted to see the influence of demographic descriptors have found mixed results. Erickson et al. (2010) a study investigated how individuals across six family life stages were different in their experience of the work–family interface. Work to family and Family to work conflict was usual for employees with school age children and also children who were preschool age while employees in later family life stages experienced the least Work family conflict. Many other

studies have found these variables to influence the Work life conflict while others have reported no impact.

9. CONCLUSION

Doctors in Healthcare seem to be having work life issues owing to greater job demands and work strain experienced by them. The results point to the need for aligning their personal needs, demands at work and those from family. The profession itself is intrinsically satisfying but due to lack of a supportive environment or role strain there is a manifest conflict both from the work to family direction and from family to work direction which affects the perceived work life balance, intentions to stay, and well being among the medical fraternity. Lowering conflict by removing the stressors can really help to enhance the loyalty, achieve a balance and consequently enhance the subjective well being as results show that balance is the most important predictor for well being.

10. DISCUSSION AND RECOMMENDATIONS

1. Work life balance is a vital issue in the employment relationship. Results show that Work life balance is indeed affected by the amount of conflict between the work and life interface. It is imperative that employers consider the aspects of work like overwork, unhelpful superiors, or other factors in the work environment which are causing the imbalance and affecting the employees' intentions to stay with the organization. Organizations should provide for some enabling family friendly practices like child care services, elder care services, short time off from work, work from home, different types of leaves, part time work, etc., so that their employees can balance their work and family obligations. Singh and Sachdeva (2014) in a study among professionals in Education, Banking, and Healthcare found that most of the work life practices were not available in the organizations and even if available they were sparingly used by the employees. Singh and Kapoor (2012) also recommended that organizations should have communication strategies to make sure that all the employees are aware about the availability of work-life balance programs so that they can attain the elusive balance in their lives.
2. Family and work responsibilities need to be balanced. FWC must be reduced and organizations must provide family friendly programs and

services like flexi timings, time off for running small errands, childcare services, and eldercare services, etc., so that the interests of the family in addition to work are also taken care of.

3. Demographic variables like number of children and family structure do influence the level of conflict. Organizations should ensure availability and optimal utilization of employee assistance programs and other onsite or off site facilities to people with children especially those staying in nuclear families that do not have a support system to take care of their children while at work. Singh, Shankar, and Sachdeva (2015) in a study on use of work life practices found that respondents with children indicated a higher use of work life practices to balance family and work.
4. The regression results show that balance and conflict both affect the well being of an individual, with having a lower level of conflict and good work life balance leading to positive perceptions of well being. A perceived conflict on the other hand, lowers the perceived well being of an individual. Aryee et al. (2005) have also reported that a lower work to family conflict and greater work to family enrichment are also some indicators of a better work and family balance. Healthy work practices which reduce conflict and enrich the work family domains can enhance the level of well being in a society by making the employees lives well balanced.

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