

An Empirical Study on the Work Life Balance Practiced by the Married Women Nurses in the Private Hospitals at Erode District

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Abstract

Woman is the axis of every family. It is inevitable for every woman to have work life balance in order to maintain peace in the family. Women are in a condition to make a lot of compromises to march a step forward towards success in their professional career. Earlier studies have revealed that mid-career professionals are the most affected people with regard to work life balance. Hence, the study has been undertaken to analyze the practice of work life balance by married women nurses. The survey was conducted among 500 married women nurses of Erode District, Tamil Nadu, India. The researcher has adopted descriptive research study. Structural Equation Modeling (SEM) has been used to assess work life balance among married women nurses. It was found that increase in work related factor and life related factor increases the work life balance of the respondents.

Keywords: Hospitals, Life Factor and Women Nurses

1. Introduction

Nurses are the dynamic human resources in the health care sector as they are the mightiest pillar offering protective and hygienic services to the public. Nurses play a pivotal role in mortality, disability reduction and health promotion through healthy lifestyles¹. Their contribution to the society is admirable. The dedicated nurses will treat the patients as their own relatives and render remarkable services. They remain as the invisible workforce in the health care sector. At the same time, the hurdles faced by them are numerous. It is very much difficult for them to balance their work life with domestic life, particularly for married women nurses. Moreover, the availability of trained and devoted nurses is declining day by day in the hospitals. The shortage of nurses is because of non-availability of qualified nurses and the minimum

compensation provided to them. In this scenario, the present study analyses how far the life balance is practiced by the married women nurses in the private hospitals in Erode District.

2. Review of Literature

Morgan² evinced that more number of employees were working hard than before but found it difficult to achieve work life balance. The study showed that a perfect balance between work and day-to-day life was a major challenge faced by all the workers. Kossek et al.³ analyzed employer work-life policies and practices and found that work-life policies improved organizational structure and offered cultural support for domestic and work life. The study suggested reframing of job, reduction in absenteeism, idle time and work burden would help in building structural

support. Renuka Devi and Hajamohideen⁴ classified the quality of work life among nurses working in selected private hospitals at Thanjavur. It was found that a major proportion of the nurses were not satisfied with the quality of their work life.

3. Objective of the Study

- To ascertain the relationship among the work related factors, life related factors and work-life balance factors of married women nurses in the private hospitals at Erode District.

4. Research Methodology

The researcher has adopted descriptive research study with both the primary and secondary data. The primary data has been collected by conducting survey in the study area and the data are collected from 500 respondents of Erode district, Tamil Nadu, India. The samples have been selected from 9 taluks in Erode district by using Multi-

stage sampling technique. The reliability of the interview schedule and all the aspects in it have been tested with Cronbach's alpha and presented in Table 1.

From the Table 1, it is clear that the study has good reliability as the Cronbach Alpha value for all the factors considered in the present study is more than 0.7 and hence the factors can be taken for further research.

5. Results and Discussion

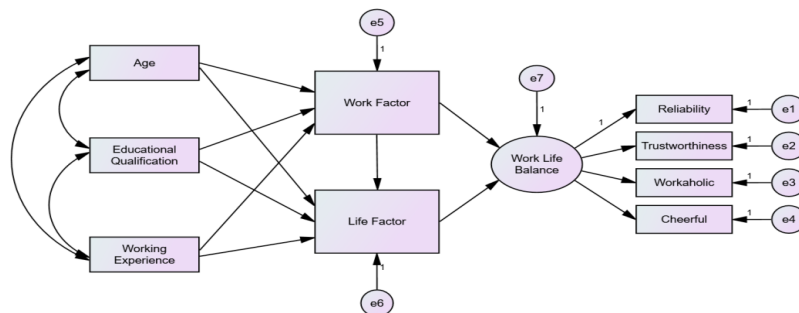
5.1 Structural Equation Modeling (SEM) for Work Life Balance Practiced by the Women Nurses

The study has considered demographic variables, work factor, life factor and work life balance with its four dimensions for constructing the model in order to ascertain the work life balance. The demographic variables considered are age, educational qualification

Table 1. Reliability test

No.	Title	No. of Items	Cronbach Alpha Value
1	Work related Factors	15	0.780
2	Life related Factors	15	0.792
3	Work-Life Balance Factors	19	0.820

Source: Computed



Source: Computed

Figure 1. Constructed Model.

Table 2. Model fit summary

Test Factor	Value	Criteria	Result
Chi-Square	79.86	p>0.05	1% level
Chi-Square/df (20)	3.993	2.0–5.0	Good Fit
Goodness-of-fit index	0.981	>0.90	
Adjusted goodness-of-fit index	0.934		
Comparative fit index	0.925		
Normal fit index	0.938		
Tucker-Lewis index	0.919		
Root mean square error of approximation	0.039	<0.07	

Source: Computed Method: Maximum Likelihood Method.

and working experience and four dimensions of work life balance are reliability, trustworthiness, workaholic and cheerful. Figure 1 represents the constructed model.

The structured model has to be tested if the fit of the measurable model is accepted. The constructed validity is assessed with SEM. The good fit is revealed by confirmatory test and the model fit summary is presented in Table 2.

Table 2 reveals that the model fulfills the criteria of goodness of fit. The calculated value for the model (3.993) satisfies the required basic condition as it is significant at 1% level. Further, the values of Goodness-of-fit index (0.981), Adjusted Goodness-of-fit index (0.934) and Comparative fit index (0.925), Normal fit index (0.938)

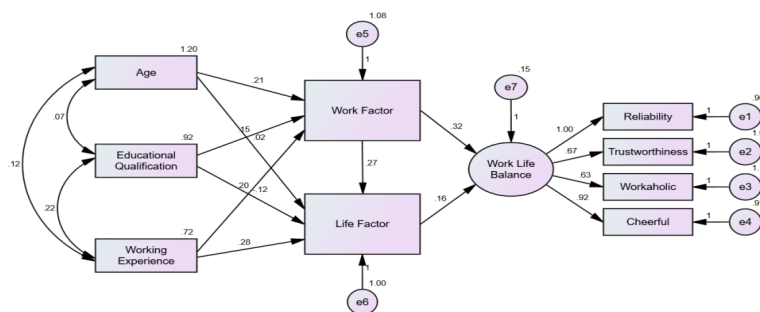
and Tucker-Lewis index (0.919) shows that the model fits well with the validation of the result by the value of root mean square error of approximation (0.039). So, this good model fit discusses the hypotheses formulation.

5.2 Research Hypotheses

The following null hypotheses are framed based on the model.

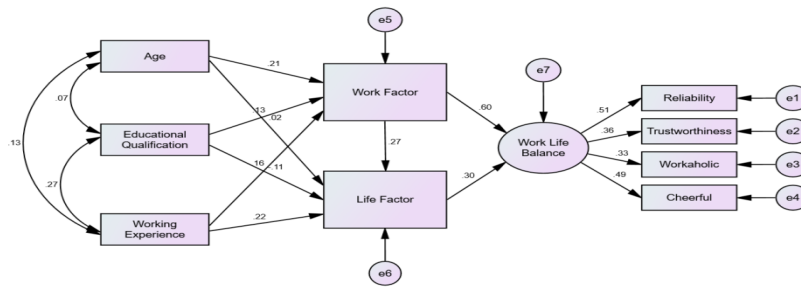
H_1-H_3 : Age, educational qualification, working experience have no significant association with work factor.

H_4-H_6 : Age, educational qualification, working experience have no significant association with life factor.



Source: Computed

Figure 2. Resulted hypotheses model for work life balance of women nurses (unstandardized result).



Source: Computed

Figure 3. Resulted hypotheses model for work life balance of women nurses (standardized result).

Table 3. Regression weight co-efficient

Hypothesis No.	Measured Variable		Latent Variable	Standardized Estimate	Unstandardized Estimate	S.E.	C.R.	'p' value
H ₁	Age	→	Work Factor	0.214	0.215	0.043	5.010	0.000*
H ₂	Educational Qualification	→	Work Factor	0.157	0.204	0.057	3.560	0.000*
H ₃	Working Experience	→	Work Factor	0.127	0.146	0.050	2.903	0.004*
H ₄	Age	→	Life Factor	-0.108	-0.121	0.049	-2.488	0.013**
H ₅	Educational Qualification	→	Life Factor	0.223	0.283	0.056	5.080	0.000*
H ₆	Working Experience	→	Life Factor	0.019	0.018	0.042	0.434	0.665 ^{NS}
H ₇	Work Factor	→	Work Life Balance	0.273	0.267	0.043	6.220	0.000*
H ₈	Life Factor	→	Work Life Balance	0.603	0.319	0.039	8.216	0.000*
H ₉	Work Factor	→	Life Factor	0.297	0.161	0.033	4.804	0.000*
H ₁₀	Work Life Balance	→	Reliability	0.513	1.000			0.000*
H ₁₁	Work Life Balance	→	Trustworthiness	0.358	0.670	0.116	5.764	0.000*
H ₁₂	Work Life Balance	→	Workaholic	0.330	0.628	0.116	5.418	0.000*
H ₁₃	Work Life Balance	→	Cheerful	0.491	0.921	0.129	7.138	0.000*

Note: * - Significant at 1% level; ** - Significant at 5% level; NS – Not Significant

Source: Computed.

- H₇ : Work factor has no significant association with work life balance.
- H₈ : Life factor has no significant association with work life balance.
- H₉ : There is no significant association between work factor and life factor.
- H₁₀-H₁₃ : There is no influence of four variables namely, reliability, trustworthiness, workaholic and cheerful of the women nurses towards work life balance.

Figure 2 and 3 represents the path diagram denoting the regression weight co-efficient between exogenous and endogenous variables.

Table 3 shows the regression weight co-efficient of the measured variables.

It is seen from Table 3 that in case of relationship between three demographic variables and work factors, all the related framed null hypotheses are rejected because of its significant result. So, the demographic variables have a significant association with work factor of the women nurses working in private hospitals in Erode district.

In case of relationship between selected demographic variables and life factor, the hypotheses 4 and 5 are rejected due to significant result. So, there is a close significant association between age and educational qualification and life factor of the women nurses. The hypothesis 6 is accepted because of insignificant result and so the variable working experience is not having any association with life factor of the women nurses working in the private hospitals in Erode district.

The hypothesis 7 is rejected as work factor is significantly associated with work life balance factor. The significant association found between life factor and work life balance factor results in the rejection of the hypothesis 8. So, there is a close significant association between life factor and work life balance factor.

The hypothesis 9 is rejected with the influence of positive significant association between work factor and life factor. It shows that there exist a positive significant association between work factor and life factor.

Among the four dimensions of the work life balance factors, all the factors are having positive significant association with work life balance factors. So, the hypotheses from H₁₀ to H₁₃ are rejected.

Thus, it can be concluded from the analysis that among the three demographic factors, age has high association

with work factor which indicates that when age of the women nurses increase then they have high influence on the work related factors. Life related factors are highly affected by the influence of educational qualification of the women nurses which implies that an increase in educational qualification of the women nurses reflected their ability to handle their life related factors. When the work related factor and life related factor increases then their work life balance factor also increases. Life related factors are also influenced by the work related factors of the women nurses. Among the four dimensions, the women nurses are highly influenced by the cheerful character.

6. Suggestions

The following suggestions are recommended based on the findings:

- Work life balance factors are highly influenced by the work and life related factors. So, it is suggested to the management of private hospitals to provide worker friendly environment and stress management techniques. The stress of the employees can be reduced by organizing rejuvenating classes.
- The study reveals that cheerful character supports to balance the work life balance of the women nurses. In this regard, the management of the private hospitals should pay attention while framing the policies and procedures to be adhered by the employees in order to enable to utilize the employees' potential at the maximum level as married nurses with children need more support from the hospitals.
- The study indicates that the work related factors influence life factors of the married women nurses. So, the hospital management must concentrate in providing required counseling and guidance to the married nurses.

7. Conclusion

Indian women take part and succeed in various areas of disciplines such as education, healthcare, sports, policy framing, administration, law and others. Women's participation is very important for their own personal

advancement and the status improvement in the society. This study highlights that work life balance policies like parental leaves, job sharing arrangements and provision of child care facilities etc. provided in the organization will encourage the married women nurses to prove their competence. In addition, work flexibility, compensation and autonomy should also be given to nurses to balance their life. The more number of married working women nurses expect that post maternity leave and child care facilities at workplace should be offered by the private hospitals so as to avoid the problems in maintaining their dual roles of household and professional. Moreover, the private hospital management should also make efforts for making friendly environment. In this aspect, this study stipulates the HR practitioners in redesigning their policies in relation to work life balance of nurses and also to maintain a cordial and healthier work environment in the hospitals.

8. References

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