

WORK LIFE BALANCE OF MEDICAL PRACTITIONERS: A FOCUS ON PROFESSIONAL, FAMILY AND CLIENT SATISFACTION

M.Sudha Madhavi

I/C Principal & Associate Professor

Saanvi P.G. College for Women

Hyderabad-500058

Email : smakella@gmail.com

ABSTRACT

The present study intends to evaluate the Work Life Balance for Medical professionals through a simple random sample by using questionnaires following 5 Point Likert Scale, on 216 Medical Professionals in Hyderabad and Secunderabad. The study focuses upon analysing the work life balance through variables viz self satisfaction, professional satisfaction and family satisfaction. The study intends to identify the impact of the three different variables upon the overall work life balance achievement through application of statistical technique i.e. Structural Equation Model (SEM). The results reflected the strength of assessing the work life balance from the chosen variable data. The analysis has clearly shown that the overall satisfaction level of medical professionals comprises of the personal satisfaction, satisfaction from the family and satisfaction levels from the patients to a large extent. Professional satisfaction seems to be second in the priority

KEY WORDS

Medical Professionals, Self-evaluation, satisfaction, work life balance.

DESCRIPTION:

The present study chooses medical professionals who take the responsibility of health of human lives every day and play a very vital role in maintaining healthy society. Indeed they too need to be healthy not only physically but socially in the context of family, friends and also relatives. The growing stress due to job has been the significant phenomenon observed in working professionals which leads to imbalance of work life and personal life (**Tait D Shanafelt et al, (2012).**

As stated by Lawrence et al (1985), "Patients who are suffering every day observing and solving several kinds of sickness would definitely add additional stress and pressure upon the medical professionals". For gaining expertise knowledge in their domain, medical professionals work excessively often lead to professional life taking a priority upon personal life. Increase in number of patients would impact the medical professionals by increasing stress and prompt them not to spend time with family. It has been already identified that severe work pressure leading to less time for personal life would further affect work life balance. **Kristie Keeton et al, (2007).** With this background the present study focuses on work life balance of medical professionals especially doctors, because their physical, psychological and social health is also important.

Understanding work life balance

Work life balance could be defined as achieving *equilibrium between work and personal life*. The term work life balance was coined in 1986, although its usage in everyday language was sporadic for a number of years. **Rosabeth Moss kanter's seminal book (1977),** titled "work and family in united states" was one of the first initiatives towards bringing work life balance to the forefront of research in organizational setting. The consequence was evident when few companies in 1980's and 1990's started work life programs initially for women with children and slowly became applicable to all.

It is felt relevant to state at this juncture that burnout is more common among physicians than among other professions. **Tait D Shanafelt et al (2012)**. Physicians were more likely to have symptoms of burnout and to be dissatisfied with work life balance. The average private doctor had slightly longer but comparable work hour with that of other professionals (**Fanny Y F Young 2012**). Forty percent of the doctors reported a disturbed work life balance, dramatically reduced productivity or work quality and prolonged fatigue level, sleepiness and extreme tiredness. Flexible working time, five day work week and frequent vacations were considered useful to alleviate the situation. **Kristie Keeton et al (2007)** tried to explain the factors associated with the physician career satisfaction, work life balance, and burnout focussing on differences across age, gender and speciality.

The critical issues of work life balance found are decrease in productivity, absenteeism etc and the author focussed on the significance of applying or implementing work life programs such as flexible working hours, options to work from home, frequent vacation programs etc would yield better results in achieving work life balance (**Nancy R Lockwood 2003**).

Hyderabad and Secunderabad are the fast growing cities in India with large number of corporate and government hospitals catering not only this state clientele but also to different parts of Southeast Asia. Some of such hospitals with international clientele are LV Prasad eye hospital; Yashoda hospital, Kamineni hospital etc are super speciality hospitals which also have their own medical and nursing schools. Hence, it was felt worthwhile studying work life balance of the critical health work force of these cities.

Amanda S Bell (2012), study though not related to physicians helps us to understand influence of work life balance on other jobs such as academics and other professionals, the Authors and co authors in their article titled "Job stress, well being, work life balance and work conflict among Australian academics" investigated relationship between job related stress, health, and work life conflict among academicians. The study found the impact of academicians on lives of students and associated staff and stressed upon the importance of work life balance to be achieved for the academicians.

Paula Brough and Thomas Kalliath (2009) in their article titled "Work Family Balance: Theoretical and empirical advancements" clearly demonstrated that employees who has high facilitation between work and family roles are objectively healthier, less absent and better performing in their lives. The study provides adequate insights into theoretical perception of work family balance research.

The researcher would like to point out at this juncture that, practices such as working from home or flexible timings are as not so viable in medical profession as their task depends on physical presence in dealing with clients/patients and often in an emergency situation. Given this background it was felt worthwhile to explore the factors which could contribute to work life balance of doctors in medical field.

METHOD

SAMPLE

A list of corporate hospitals was selected, and investigator interacted with HR managers of each hospital for administering the questionnaire to the doctors. The sample was selected through a simple random sample method for 300 Medical doctors working in corporate hospitals located at Hyderabad and Secunderabad having a working experience of 7-10 years. The age group of the selected doctors has been with the range of 30-50 years who belong to various medical specialties. The sample of 300 doctors included several disciplines in medical field such as general physicians, orthopaedics, surgeons, paediatricians, dentists, psychiatrists, etc. Some of the hospitals where the doctors are working are Apollo, Yashoda, KIMS, Kamineni, SVSS medical and dental hospital.

TOOL USED

The tool used for the study was the questionnaire. The questionnaire comprised of 47 questions related to evaluation of sense of professional satisfaction, personal satisfaction and patient satisfaction. A set of 20 questions were constructed with a Likert 5 point scale, ranging from strongly agree (5) to strongly disagree (1), and few questions were in yes or no format. The questions were related to self evaluation of each medical doctor on his/her professional satisfaction, family satisfaction, patient satisfaction and overall achievement of work life balance. The variables chosen would also reflect the perception of work life balance in medical professionals as per their respective understanding.

PROCEDURE

Investigator visited each hospital and has taken consent from senior medical administrator to administer the questionnaire. Later the investigator visited each member of the sample (Doctor) in his/her chamber, taken consent and administered the questionnaire individually providing them the necessary feedback for filling the questionnaire. Some of the doctors' have filled in the presence of the author and many have asked for more time to submit back to the author. The number of duly filled questionnaires collected was 216. The time period conceded for entire process of data collection was 4 months. Although author has administered 300 questionnaires, only 216

were duly and completely filled whereas others have either partially filled or have not submitted back.

RESULTS AND DISCUSSION

The questionnaires were collected and a database was prepared in MS Excel/SPSS. The data was processed for analysis, Bar Diagram, Pie Charts and a specific regression model using SPSS called "Structural Equation Model" (SEM) was used to analyse the data statistically.

The analysis was related to three variables viz, satisfaction with profession, satisfaction with family and satisfaction with client/patient and overall achievement of work life balance

Table 1: The following table 1 showing satisfaction levels experienced by doctors with regard to their medical profession

Satisfaction level with Medical Profession								
Satisfied	%	Not satisfied	%	Not at all satisfied	%	Do not think of satisfaction	%	Total
137	63	24	11	13	6	42	20	216

It is observed from table 1 that 63% of doctors were completely satisfied with their medical profession, 11% and 6% i.e 17% seem to be dissatisfied about their profession. Dissatisfaction could have been due to various reasons. Since, investigator is also from the medical background, her observations of these corporate doctor dissatisfaction could be because of pressure exerted by the management with regard to clearing patient load in a short period and this in turn making them feel dissatisfied that he/she is not able to give adequate time to patient to understand the ailment completely. It may be seen from the sample, the age of the doctors is between 35-50 years and they belong to middle and senior level positions in their respective departments and quite often they will have to deal with the cases which are complex with chronic illness at times with patients who are with terminal illness. This situation may contribute to doctors to burnout syndrome. This is also evidenced from Kristie Keeton study on burnout, age, experience and speciality of the doctors.

Table 2: The following table 2 showing doctors' satisfaction with family.

Satisfaction with family								
Excellent	%	Good	%	Satisfactory	%	Poor	%	Total
48	22	80	37	73	34	15	7	216

Table 2 shows doctors being satisfied with family. The percentages of doctors who are satisfied are around 59% and 7% claimed poor level of satisfaction. Indians by and large are family oriented. Satisfaction at family front has a strong bearing on the balance of their life. Even though Indian society is moving towards nuclear family structure the educated (medical professionals) participate in family gatherings, during festivals, ceremonies such as marriages, engagements etc.

Even though they are migrants from villages and towns they still have strong roots with their families. By and large the relationships with the large family and joint family are still maintained to strike a balance in life. Relationship with family, relatives, community (larger family) are maintained not only for entertainment and religious purposes but for also for psychological and moral support.

Table 3: The following table 3 showing perception of doctors regarding their patient satisfaction .

Satisfaction with clients										
Highly satisfied	%	satisfied	%	Moderately satisfied	%	Not satisfied	%	Not at all satisfied	%	Total
121	56	12	6	16	7	46	21	21	10	216

56% of the doctors claimed that their clients are satisfied with the services offered by the doctors. It was interesting to note that 21% and 10% of the doctors claimed that as per their perception clients are not satisfied. On further questioning and interaction with doctors by the investigator has shown that the reasons for dissatisfaction are as follows.

- 1) Due to the unrealistic expectations by the clients, that the doctors should give enormous amount of time to listen all the complaints and miracles should happen with the treatment.
- 2) Clients could be dissatisfied because of the cost and the treatment being disproportionate.
- 3) Patients who avail the services from corporate hospitals are from well to do background and are indulging in doctor shopping and such an indulgence could lead to dissatisfaction with every doctor they visit.
- 4) Doctors not only spot these patients but understand their needs and demands but they cannot help them completely with their treatment as they perhaps require psychological counselling.

The researcher felt that several factors contribute to work life balance and reviewing three important variables as a combination could impact and tilt the balance. It was felt relevant to apply SEM statistic to understand with lot more clarity.

STRUCTURAL EQUATION MODEL

The selection of the model was based on an intention to find relationships between multiple variables and their impact on lead independent variable which is overall work life balance. SEM describes relationship between variables, which is of two kinds. SEM model is similar to combination of multiple regression and factor analysis (Lynd D Bacon, in a SPSS Publication). Since SEM Model is similar to combination of multiple regression and factor analysis this has been applied to the data of this study.

The Model depicts whether the relationship is positive or negative by loading the impact values ranging from 0-1, where 1 being high impact and 0 being low impact.

The scores -0.3 of variable 1 i.e satisfaction from profession which shows negative impact on work life balance which is definitely undesirable. A person may be high on professional satisfaction, and may be devoting time, energy, resources completely to his/her profession but when it comes to balancing his/her work and life he/she is not satisfied and unhappy as a consequence may become "burnout" which has also been observed in the study of "Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population" by **Tait D Shanafelt et al (2012)**.

It may be noted that variable 2 (satisfaction with family) score being 0.82 and variable 3 (satisfaction with clients) score being 0.65 seem to have a high and positive impact on work life balance of the doctors. Their effort in spending productive time with family and being effective healer perhaps has a great impact on keeping the **balance without tilting towards negative side**.

FINDINGS

The analysis has clearly shown that the overall satisfaction level of medical profession comprises of the personal satisfaction (63%), satisfaction from the family (59%) and satisfaction levels from the clients (62%).

37% of the professionals who had professional satisfaction were having negative impact on overall achievement of work life balance.

As per SEM Model, the professionals who were having satisfaction with their family life and with their patients were found to have positive impact on work life balance, where as professionals having satisfaction with their profession only were having negative impact on work life balance.

LIMITATIONS OF THE STUDY

The study has been limited to the regions of Hyderabad and Secunderabad of Telangana State.

The sample has been selected who were having an experience ranging from 7-10 years only

The study was limited to selecting professionals who are working in corporate hospitals only

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