

A Study of Gender Differences in the Perception of Work Life Balance

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Abstract

Work life balance has been the subject of much discussion all over the world among people of all ages. With increased work challenges, the stress levels are beginning to rise for almost everyone. It has become an emerging issue in health care industry as it is affecting the efficiency of men and women employees. This paper addresses work-life balance across genders. The main focus of the study was men and women employees working in hospitals. A sample of 115 nurses and doctors and other staff was taken. The purpose of this study is to find out the gender differences in the perception of work life balance and to find out the factors that will help employees in maintaining work-life balance. In the study, work and family related variables were identified and analysed with the help of Chi square test. The study concludes that men and women genders have strong belief that flexible working hours will enhance the work life balance. Work has an adverse effect on both men and women, as it affected their health and even their sleep. The analysis of spill over of work into family life showed that both men and women did not have enough time to spend with their families and moreover work pressures affected quality the of family life. Both genders opinion that a positive work environment is needed to work life balance.

Keywords— work life balance, gender difference, perception, work family spill over, work environment.

I. INTRODUCTION

Work-life balance initiatives and practices are organisational changes in culture, designed to reduce work life conflict and enable employees to be more effective at work and in other roles. It is considered as strategic human resource management decision to improve individual and organizational performance. Indian organisations in the post liberalisation context, are taking initiatives for work life balance through providing flex times, part time work, and provision of child care facilities.

The current study attempts to ascertain gender differences, if any, on the work life balance issues and is directed at narrowing the existing research gap in this context. Results of the study may be useful to health care industry designing gender specific measures to address work life imbalance.

II. REVIEW OF LITERATURE

Number of studies has addressed the issue of work life balance in different perspectives. Some of the papers related to this subject are reviewed.

Kahn et al. Defined ⁽¹⁾ as “a form of inter role conflict in which the role pressures from work and family domains are mutually incompatible in some respect. That is, participation in the work (family) role being made more difficult by virtue of participation in the family (work) role”. Kirchmeyer ⁽²⁾ defined a balanced life as achieving satisfying experiences in all life domains. He stated that to achieve satisfying experiences in all life domains requires personal resources like energy, time and commitment to be well distributed across domains. Rangreji ⁽³⁾ found that IT employees in Bangalore city, India exhibited higher regulation of emotion in the self, followed by appraisal and recognition of emotion in others, use of emotion to facilitate performance & appraisal and expression of emotion in the self. The influence of emotional intelligence on work life balance dimensions was observed to be weakly related but significant, while Appraisal & expression of emotions in self and use of emotions to facilitate performance displayed larger influence. Among the work life dimensions the usage of work life balance programs was maximally influenced by emotional intelligence. Kaur⁽⁴⁾ assessed the relationships between work life balance, big five personality dimensions and life satisfaction among government college teachers of Chandigarh, India. The results revealed that there exists significant positive correlation between work life balance, life satisfaction and Extroversion dimension of personality owing to the ability to build strong networks of social support which help them to maintain better work life balance. Results showed that there is no gender differences reported on all the variables except one, conscientiousness where females scored significantly higher than males. Keeton 2007 ⁽⁵⁾, “Predictors of Physician Career Satisfaction, Work-Life Balance, and Burnout”. This national survey on physician, suggest that “physicians can struggle with work-life balance yet remain highly satisfied with their career. Burnout is an important predictor of career satisfaction, and control over schedule and work hours are the most important predictors of work-life balance and burnout.”

Gregory and Milner, 2009⁽⁶⁾ in his paper "comparing work-life conflict in Europe: evidence from the European social survey". "Early WLB bundles were primarily designed to accommodate the needs of working parents, but have more recently evolved to also focus on more general flexibility and stress-reduction for all employees. Thus, in addition to reducing work family conflict, these organizational practices are also designed to reduce stress, turnover and burnout, increase employee satisfaction, and lead to improved organizational performance." Boorman, 2009⁽⁷⁾ in his report on health and well-being in NHS staff find that "women physicians tend to choose specialties and working hours that allow them to take on some domestic responsibilities. Much less attention has been given to the effects of WLB practices on other healthcare professional groups, especially other frontline staff. Healthcare settings are notorious for fatigue, stress, burnout and high turnover. A recent report, commissioned by the UK government, examined the extremely high levels of absence due to sickness in the National Health Service. Indeed, absence rates in the NHS are significantly higher than at workplaces in the rest of the public or private sectors." Yasbek, 2004; Batt and Valcour, 2003⁽⁸⁾ WLB research outside the healthcare arena has established a link between practices promoting work-life balance and certain employer and employee outcomes. More specifically, research has provided empirical support for a positive relationship between the adoption of WLB practices and both employee level outcomes and organizational performance. With regards to individual level outcomes, a large body of research has supported the relationship between WLB practices and variables such as job satisfaction, turnover intentions, and stress levels. With regards to organizational outcomes, existing research has supported a relationship between the existence of WLB practices and improved recruitment and retention capabilities (Yasbek, 2004; Batt and Valcour, 2003; Greenhaus and Beutell⁽⁹⁾ had identified family domain factors that have a vital role in developing work family conflict and these factors comprised of the number of children, spouse employment, family quarrel, low spouse support and expectations for affection and openness. Nathani and Jha⁽¹⁰⁾ explored some of the factors influencing WLB namely, ageing population, emergence of service sector industries, technological advancement of work, skill shortages, and loss of social support network, globalisation and demographic shift of workforce. Lakshmi, Ramachandran and Boohene⁽¹¹⁾ identified the issues connected with work life balance of female nurses in government and private hospitals in Tamil Nadu, India and the results also indicated that both government and private hospital nurse's work life balance is a challengeable one. The study suggested that government and private hospital management need to be conscious of the status of female nurses and

periodically review their work and personal life satisfaction.

These reviews highlight the research work on work life balance issues. The work-life balance problem is fairly similar across countries. Most countries have put in place some measures to address the work-life balance. However, there are differences in policies and practices to address it. Reviews also indicate that the perception of work life balance is observed to be different across genders.

III. OBJECTIVES

The present study is carried out with the following objectives,

1. To assess the gender differences in perception of work life balance in the health care industry.
2. To know the extent of formalization of work-life balance practices in health care industry.

IV. METHODS

A questionnaire was designed to collect data needed to study gender differences in the perception of work life balance in health care industry. Variables in the questionnaire were selected based on the studies published by Shobitha Poulose, Sudarsan N⁽¹²⁾. The questionnaire was distributed at hospitals of Kolhapur district and the responses of men and women employees were collected. A total of one hundred and fifteen employees from the health care industry responded and selected for the study. Percentage and Chi square test are the statistical tools applied in the present study.

V. RESULTS AND DISCUSSION

Demographic profile of the men and women employees working in the health care industry is shown in the table 1 given below. The analysis shows that 53% of the respondents were between age group of 26-35 years, and 24 % of them were above 36 years. The respondents were predominantly females. The respondents married were 88%, and 84% were parents. The majority of the respondents had 5–15 years of experience (46%), followed by those with 5 years experience (31%). Majority of the respondents (45 %) income range is Rs. 10000 to 20000 followed by those were more than Rs. 20000 income (36 %).

Table 1: Demographic profile of the respondents

Variable		Men	Women	Percentage		χ ²	Sig.
				Men	Women		
Flexible time	Yes	22	88	92	97	0.02	NS
	No	02	03	8	3		
Option to work part time	Yes	05	63	21	69	18.40	* P < .05
	No	19	28	79	31		
Availability of child care facility	Yes	07	36	29	40	0.87	NS
	No	17	55	71	60		
Flexibility to meet emergencies at home	Yes	16	76	67	84	3.37	NS
	No	08	15	33	16		

A. Perceived Improvements in work life Balance

In the table 2 variables contributing to the work life balance were assessed with a view to find out the differences in perceived improvement in work life balance across genders. Both work related and family related variables were considered. Flexible time and option to work part time are work related variables. The family related variables are availability of child care facility and flexibility to meet emergencies at home. The analysis of the table shows that, both men (92%) and women (97%) perceived that flexible working time enhances the work life balance. About 69 % women believe that option to work part time help to work life balance, but men strongly (79 %) oppose this opinion of women. Majority of the men (71%) and women (60%) felt that child care facility in the working place do not contribute to work life balance but the same facility should be available near to home, so that the parents can concentrate on their work. More women (84%) and men (67%) perceive that there should be option to take care of emergencies at home. Women more than men see options such as flexible time, part time work and flexibility to meet emergencies at home will improve work life balance. The Chi square test indicates that there is no significant association between these variables and gender.

B. Perceived Adverse Impact of Work

Table 3 shows the variables analysed to understand the adverse impact of work on men and women. Health, sleep and exhaustion are the variables identified to fulfil the purpose. About 83% men and 93 % of women felt that the work in the hospitals affected health, while 100 % men and women admitted that work affected their sleep. About 67% of men and 87% of women reported exhaustion due to work.

Table 3 shows the results pertaining to the analysis across genders. From the table it is observed

that there is significant association between the genders and the perceived adverse impact of work. Female gender perceived that their health and their physical well being is affected because of their work. The Chi square results indicate that these perceptions are dependent of gender.

Table 2: Perceived improvements in work life balance

Sr. No.	Variable	Number	Percentage
1	Age		
	Less than 25 years	26	22.60
	26 to 35 years	61	53.05
	Above 36 years	28	24.35
	Total	115	100
2	Gender		
	Male	24	20.87
	Female	91	79.13
	Total	115	100
3	Marital Status		
	Married	102	88.70
	Unmarried	13	11.30
	Total	115	100
4	Parental status		
	Yes	97	84.35
	No	18	15.65
	Total	115	100
5	Experience		
	Less than 5 years	36	31.30
	5-15 years	53	46.10
	Above 15 years	26	22.60
	Total	115	100
6	Income		
	Less than Rs 10000	21	18.26
	10000 to 20000	52	45.22
	Above 20000	42	36.52
	Total	115	100

Notes *Significant at 95%, confidence level, degrees of freedom = .05, NS – not significant.

Table 3: Perceived adverse impact of work

Variables		Men	Women	Percentage		χ ²	Sig.
				Men	Women		
Health	Yes	20	85	83	93	2.42	NS
	No	04	06	17	7		
Sleep	Yes	20	88	100	100	5.93	P < .05
	No	04	03	00	00		
Exhaustion	Yes	16	80	67	87	6.21	P < .05
	No	08	11	33	13		

Notes *Significant at 95%, confidence level, degrees of freedom = .05, NS – not significant.

C. Spill Over Of Work Into Family Life

Variables concerned with family life were analysed to understand the spill over of work into family life. Table 4 shows that about 71% of men and 96 % of women admit that they are not able to spend enough time with their families due to work .About 83% of men and 100 % of women believe that they have no clear leisure time since work overlaps into this period. Surprisingly, 58% of men and 97% of women felt that work has affected the quality of family life.

Table 4 shows the results pertaining to the analysis across genders. The majority of men and women (without any gender differences) admit that they are not able to spend enough time with their family. Also both the genders observe that the boundary between work and leisure is blurred. There is an increased pressure due to recurring thoughts of work. Women admit more than men that the quality of their home life is affected.

The Chi square results indicate that there is significant association between these variables and gender, implying that both genders believe that there is a positive spill over from work on to family life.

Table 4: Spill over of work into family life

Variable		Men	Women	Percentage		x ²	Sign
				Men	Women		
Reduced time with the family	Yes	17	88	71	96	16.00	P < .05
	No	07	03	29	4		
No clear leisure time	Yes	20	90	83	100	11.07	P < .05
	No	04	01	17	00		
Decrease in quality of family life	Yes	14	89	58	97	31.65	P < .05
	No	10	02	42	3		

Notes *Significant at 95%, confidence level, degrees of freedom = .05, NS – not significant

D. Supportive Work Environment

Two variables ‘Support from colleagues’ and ‘support form boss’ are identified and analysed by the researcher to find out the work environment. Many of the respondents admit that they do not get support from their colleagues (58% male and 71% women) at the work place. 71% of the men and 76% of women do not support their boss.

The Chi square test shows that the impact of a supportive work environment is independent of

gender, thereby indicating that a work environment reduces work life balance across genders.

Table 5: Supportive work environment

Variable		Men	Women	Percentage		x ²	Sign
				Men	Women		
Support from colleagues	Yes	10	26	42	29	1.51	NS
	No	14	65	58	71		
Support from boss	Yes	07	22	29	24	0.25	NS
	No	17	69	71	76		

VI. CONTRIBUTION

The present study finds out that both men and women employees working in health care industry have strong belief that flexible working hours will enhance the work life balance. Women felt that child care facilities are not necessary in the work place but it should be available near home so that, either the father or mother parents can take the child home when they get free. Work has an adverse effect on both men and women, as it affects their health and even their sleep. The analysis of spill over of work into family life showed that both men and women did not have enough time to spend with their families and moreover work pressures affected quality the of family life. Both genders opinion that a positive work environment is needed to work life balance.

VII. CONCLUSION

The study shows that there is gender differences in perception of work life balance practices in the Indian health care industry context. While the study brings out some of the issues need to be addressed in the work life balance context. With the increase in number of dual career couples, it is important that work life balance practices must be adopted here too, as they contribute towards productivity and enhancing quality of work and family life. Flexible time, child care facilities and the option to work part time are facilities that need to be introduced in the work place. Building a supportive work culture is yet another important initiative to be addressed in the health care industry.

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