

# WORK LIFE BALANCE AMONG WOMEN EMPLOYEES IN HEALTHCARE SECTOR AND IMPACT OF COVID-19 PANDEMIC

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**ABSTRACT:** Rapidly growing rate of infection among health work force during the current COVID-19 pandemic, is posing a serious challenge to global health systems. Health work force is facing severe challenges in providing health care services since the global outbreak of COVID-19. Health systems across nations are being put under tremendous pressure to limit the spread of the Coronavirus. The risk and responsibility have been shouldered on the female health workforce to prevent COVID-19. As the health system prepares itself to handle covid-19 pandemic, it is important to safeguard the health workforce for the betterment of the society. An attempt is made to highlight the challenges faced by the female health workforce and also to arrive at certain significant recommendations in order to ensure efficient health care services by the health workforce. The health work force who are responding to a global health crisis trying to protect individuals, families and communities against COVID-19 pandemic. Moreover, work-life balance among health-care providers particularly female health workforce has changed dramatically in this adverse situation. Thus, this study aimed to investigate the factors associated with work-life balance among female health workers during this public health crisis.

**KEYWORDS:** Female Health Workforce, Health Services, COVID-19, Work Life Balance.

## 1. INTRODUCTION

The novel corona virus disease (COVID-19) since its inception in December 2019 within the Hubei province of China is spreading rapidly both locally and internationally. The disease caused by the virus was considered a public health emergency by the World Health Organization and was declared a scourge by March 2020. Amidst the development of this communicable disease in 206 countries throughout the world, health care workers remain the main persons involved within the screening and treatment of this condition throughout the nation. Despite the crisis management, the health care workers don't seem to be themselves resistant to the psychological consequences due to COVID-19. Among the healthcare workers also, the front-line workers involved directly in handling these patients are at greater risk than others. The reasons for such adverse psychological outcomes in them range from excessive workload/work hours, inadequate personal protective equipment, over-enthusiastic media news, feeling inadequately supported. Another important reason for such psychological impact is that the infection rate among medical staff. The sudden reversal of role from Health Care Workers to a patient might cause frustration, helplessness, adjustment issues, stigma, fear of discrimination within the medical staff. The literature published during

the outbreak of SARS almost over a decade ago suggested that the health care workers are at higher risk of developing anxiety, depression, stress during these periods.

The COVID-19 outbreak with unprecedented consequences on global health, economy and people's lives. Approximately 70% of the worldwide health-care workforce is created of women, per an analysis of 104 countries conducted by the globe Health Organization, reaching 90% in Hubei province. Interestingly, the countries that performed better against COVID-19 were guided by women, whether or not only 24% of females were involved in national governments' task forces dedicated to pandemic. Notably, in Italy, the pandemic highlighted the dearth of female representation within the government scientific committee and hospital organization leadership; therefore, women were not involved within the decision-making of the pandemic response. This represents the "social paradox" considering that like nothing during this era, women involved in health work showed the best skills in management. Over the years, global organizations have made incredible efforts to boost gender-related policies, but COVID-19 has proved that it's still not enough. Today, man and woman have equal standing within the battle against COVID-19, but the virus has imposed an extra burden on female health-care workers, highlighting a silent gender difference.

### **CONCEPT OF WORK LIFE BALANCE**

Work Life Balance is a broad concept including proper prioritizing between „Work“ on one hand and „life“ on the other. In the broader sense, the term includes "life style balance". Globalization, downsizing and flexible work patterns have left many employees with a feeling of increasing work demands and pressure, and a daily struggle to manage their work and family responsibilities. Indian families are undergoing rapid changes due to the increased pace of urbanization & modernization. Indian women belonging to all classes have entered into paid occupation. Now, Indian women's exposure to educational opportunities is substantially increasing, especially in the urban setting. This has opened new vistas, increased awareness and raised aspirations of personal growth. Women are required to perform an accumulation of disparate roles simultaneously with its unique pressure. Multiple role-playing has been found to have both positive and negative effects on the mental health and physical health of professional women.

In certain instances, women with multiple role are reported to have better physical and psychological health than women with less role. A working woman has two roles to play namely professional and personal role. This has significance in shaping the performance of an individual especially in Indian context. A person who enjoys the work and derives satisfaction alone can perform well and produce more. The achievement of tasks and goals leads for job satisfaction. The job satisfaction, achievement of goals and objectives, fulfilment of personal needs leads to well-being and happiness, which is the basic meaning of personal life. Indian health care sector is growing with a wide range of needs and expectations.

Nurses occupy the largest employing group in health care industry. They are key players in meeting the patients' needs. In the traditional society, women role was naturally limited to the family. Indian culture predominantly considered women as a class whose prime responsibilities are home keeping, raising children etc. which was limited to the walls of their families. Ever increasing cost of living, urbanization and changes in the social environment. It has forced multiple incomers in families for meeting their needs for their well-being. For working women balancing career with life is a complex task. Working women have to maintain a balance between family, career, health and society. Throughout history, work and life were basically integrated. Because Life activities like public involvement, child

care, and elder care happened together with the work. Work-Life Balance is not a new concept it has evolved over time.

The nature job of a Nurse is basically that they have to work in shifts, work for longer shifts with a few breaks or without breaks. They have to work for varied people even for mentally retarded, criminals, stressed persons, etc. Besides nurses are facing problems from other health care workers like bullying, harassment, continuous unreasonable performance demands, improper or misleading communications, office politics and conflict among staff, etc., that creates a heavy pressure on a nursing professional and it may affect the family and work environment.

## LITERATURE REVIEW

According to Aiken (2002) stated that a rapidly changing working environment has an impact on the patient outcomes and the work-life balance of nursing employees. No one can underestimate the role of nurses on attainment of the current level of development increased cost-effectiveness, better healthcare experience, availability of services and reduced symptoms of chronic disease etc. In fact that Nurses are the backbone of the health care system since they are the largest and diversified workforce in the healthcare sector and they have a key role on providing safe, affordable and quality service towards the public. In the study of Ghany (2008), he reveals that unscientific shift of duties, inadequate salaries, overworkload, the absence of autonomy, and career development opportunities are the main components which are contributing to poor quality of work life and consequently it resulted in job dissatisfaction.

According to Nantsupawat (2011), with pertaining to lack of healthy work environment, he points out few aspects as factors such as shortage of nursing personnel, poor quality of nursing employees work and life, less satisfaction on the job and poor patient outcomes etc. The view of Lasey (2011) shared another opinion that understanding about the quality of worklife assessment will facilitate to study about reasons for poor work-life balance among nursing employees in relation to the work environment.

In the words of Vagharsayedin (2011), he elaborated about varieties of factors including lack of managerial support, workload, and role conflict, Lack of autonomy, lack of career advancement, low salary, Gender discrimination and insufficient welfare support which may lead to poor quality of work-life balance.

Several studies, such as Neenu (2013), Bjork (2007) had shared the same opinion that salary is contributing as significant on job satisfaction. Saroj (2011) and Park ;(2012) told that better working condition can increase work-life balance among employees.

## STATEMENT OF THE PROBLEM

Due to the pandemic, work-life has changed drastically among female health-care providers, with the high physical demand imposed by wearing the protective equipment for the tireless shift, fighting against the fear of contagion and bringing home the virus to relatives, dealing with the anxiety of masks or goggles not fitting properly or involuntary dirty gloves touching the face. Moreover, they feel discouraged by the extreme challenges of caring for COVID-19 patients, coping with the emotional task of difficulty in dealing with patients and their relatives in prioritizing care. On the other hand, life outside work has been incredibly demanding, especially for female workers, since women predominantly assume the role of family caregiver. The daily emotional and mental pressures have been documented, showing a higher prevalence rate of anxiety and depression in balancing work and life amongst female frontline health workers. In a way the paper designed to study the challenges of female health workforce in the outbreak of COVID-19 pandemic.

## SIGNIFICANCE OF THE STUDY

Healthcare professionals dealing with COVID-19 are under increased psychological pressure. Moreover, as a result of the pandemic female health workers are facing a double burden in which they have longer shifts at work and additional care work at home. Globally, women make up 70% of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers. Pandemic lockdowns and restrictions disproportionately impacted female workforces, especially those who also have domestic responsibilities and care giving duties that affects most of the services that helped them to find a work-life balance. This pandemic has exposed the poor health system worldwide and impacted healthcare workers badly in all aspects.

## OBJECTIVES OF THE STUDY

- To study about the attributes influencing the work life balance among female healthcare workers in the study area.
- To suggest recommendations to enhance work life balance among female healthcare workers in the study.

## 2. METHODOLOGY

Descriptive research design is proposed for the study. The research deals with quality of responses from the respondents' attitudes, emotions, experience, and soon. Pudukkottai Health Unit District is the study universe. There are 40 PHCs in Pudukkottai Health Unit District in which 4 PHCs have been selected for the study. Primary data was collected from 20 female staff nurse through survey method using questionnaire as the tool. Secondary data was collected from reputed journals and Research articles.

## ATTRIBUTES INFLUENCING WORK LIFE BALANCE IN HEALTH CARE SECTOR

In this section, the attributes influencing the work life balance of the healthcare workers are studied in detail and using appropriate statistical tools and in the section the overall attributes irrespective of the demographic profile are found out using descriptive statistics and ranking.

Table: Distribution of the respondents based on Attributes of work life balance

Attributes	Mean	Mode	Std.Dev	Rank
I am able to handle all the financial aspects	2.98	3	0.684	13
I can spend time in other leisure activities	1.37	1	0.849	25
I am able to spend time peacefully with my family members	2.04	2	0.62	19
My work provides me enthusiasm to pursue my family roles	2.74	3	0.81	14
My job is most significant factor of my happiness	4.46	5	1.07	3
My personal life helps me to be more dedicative and sincere at work	3.81	4	0.58	7
I feel discomfort when I take leave from job	3.71	4	0.783	8
When I have a tough day at work, family members try to cheer me up.	3.82	4	0.62	6
I usually discuss my work problems with family	3.66	4	0.896	9

members.				
My spouse supports in household activities	1.88	3	1.521	20
I depends on child care for my children	2.56	4	1.909	15
My family members have a positive attitude towards my work	3.86	4	0.552	5
My family Members helps me with routine household tasks.	3.37	3	0.71	11
My job makes personal life fruitful	3.42	3	0.679	10
I am inspiring others	3.93	4	0.482	4
I am efficient in doing my job	4.57	5	0.829	1
Happy workplace are more creative, productive and successful	4.5	5	0.985	2
I am able to give my full attention towards orderliness at home	3.27	3	0.729	12
I am satisfied with my salary	1.68	1	0.95	24
I prefer to go out on holidays	2.51	2	0.811	16
I like to go for shopping often	1.76	1	0.971	22
I spend time for my hobbies	1.83	1	1.055	21
I enjoy doing social activities	2.13	1	1.389	18
I spend time to read books/ magazines	2.38	1	1.857	17
I am able to attend family functions, social and religious gatherings	1.73	1	0.937	23

The above table present the overall descriptive statistics and rank analysis of the attributes influencing the work life balance of the health care workers. From the rank analysis performed using the overall mean score on variables following were found to be important attributes influencing the work life balance; efficiency (I am efficient in doing my job [ $\mu$ : 4.57; Rank: 1]), Optimistic Workplace and creativity (Happy workplace are more creative, productive and successful [ $\mu$ : 4.5; Rank: 2]), Work or the Job itself (My job is most significant factor of my happiness [ $\mu$ : 4.46; Rank: 3]), Inspiration by self (I am inspiring others [ $\mu$ : 3.93; Rank: 4]), and Family's optimism (My family members have a positive attitude towards my work [ $\mu$ : 3.86; Rank: 5]). The least influencing attributes are the following; personal hobbies (I spend time for my hobbies [ $\mu$ : 1.83; Rank: 21]), Shopping (I like to go for shopping often [ $\mu$ : 1.76; Rank: 22]), Socialising (I am able to attend family functions, social and religious gatherings [ $\mu$ : 1.73; Rank: 23]), Monetary benefits (I am satisfied with my salary [ $\mu$ : 1.68; Rank: 24]), and Personal leisure (I can spend time in other leisure activities [ $\mu$ : 1.37; Rank: 25]).

### 3. RESULTS AND DISCUSSION

According to the study, the respondents revealed that some of the common effects of poor work life balance led to conflict at home and workplace that result in physiological and psychological problems as well. Most of the staff agreed that there should be flexible working hours and compensatory holidays so as to maintain work life balance. Family-related issues, personal issues, the distrusted behavior of society and the level of workload among the employees are manageable to them in the study. Most of them believed that if they had a healthy work life balance they could perform still better. Though the concept of flexi-

working hours may be very difficult in health service organizations, it could be explored through short rejuvenating programs for mental and physical health to ease stress. To suggest Regular health check-ups could go a long way to keep them fit. A well-designed reward system helps to reward extra hours put in by employees in the health sectors.

#### 4. CONCLUSION

During the time of this pandemic, hospitals and medical professionals from doctors to supportive staff, who are the brave frontline soldiers fighting against COVID, are facing difficult times. It is understood that all women forces in the health sectors across the world face more obstacles in the workplace or at home in relation with their work. From the discussion, it is to conclude that the government should address the work life balance related issues in the pandemic and to support the female nurses to manage their work life balance in order to improve their quality of work life. It is noted that most of the employees are of the opinion that they are rarely able to balance their personal and professional life.

#### 5. REFERENCES

- [1] Al-Aameri, A. S. (2000). "Job satisfaction and organizational commitment for nurses." Saudi Medical Journal 21(6): 531-535.
- [2] Allen, T.D. (2001). Family-Supportive Work Environments: The Role of Organizational Perceptions, Journal of Vocational Behavior, 58(2), 414-435.
- [3] Bharathi, D. Radha, R. Murugan, K.R. (2020). Mental Health Issues Among Working Women During Covid-19 Pandemic: A Web-Based Psychological Survey. Sambodh Journal Volume 45, No.-2, ISSN: 2249-6661.
- [4] Baral, R., and Bhargava, S. (2010). Work-family enrichment as a mediator between organizational interventions for work-life balance and job outcomes. Journal of Managerial Psychology, 25(3), pp 274-300.
- [5] Brough, P., O'Driscoll, M. & Kalliath, T.J. (2005). The ability of 'family friendly' organizational resources to predict work-family conflict and job and family satisfaction. Stress and Health, 21(2), 223-234.
- [6] Chassin, L., Zeiss, A., Cooper, K., and Reaven, J. (1985). Role perceptions, self-role congruence and marital satisfaction in dual-worker couples with preschool children. Social Psychology Quarterly, pp 301-311.
- [7] Edlund, J. (2007). The Work-Family Time Squeeze: Conflicting Demands of Paid and Unpaid Working Couples in 29 Countries, International Journal of Comparative Sociology, 48(6), pp. 451-480.
- [8] Frone, M. R., Russell, M. & Cooper, M. L. (1992). Antecedents and outcomes of work-family conflict: Testing the work model of the work-family interface. Journal of Applied Psychology, 77(1), pp. 65-78.
- [9] Hamid, R. and S. Amin (2014). "Social support as a moderator to work-family conflict and work-family enrichment: a review." Advanced Review on Scientific Research 2(1): 1-18.
- [10] Kossek, E.E., Colquitt, J.A. & Noe, R.A. (2001) Caregiving decisions, well-being, and performance: The effects of place and provider as a function of dependent type and work-family climates. Academy of Management Journal, 44(1), 29-44.
- [11] Lakshmi, K. S., et al. (2012). "Analysis of work life balance of female nurses in hospitals comparative study between government and private hospital in Chennai, TN., India." International Journal of Trade, Economics and Finance 3(3): 213.

- [12] Maiya, U. (2015). "A study on work life balance of female nurses with reference to multispeciality hospitals, mysore city." Asia Pacific Journal of Research Vol: I. Issue XXVIII.
- [13] O'Driscoll, M.P., Poelmans, P., Spector, P.E., Kalliath, T., Allen, T.D., Cooper, C.L. & Sanchez, J.I. (2003). Family-Responsive Interventions, Perceived Organizational and Supervisor Support, Work-family Conflict, and Psychological Strain, International Journal of Stress Management, 10(4), 326-344.
- [14] Rehman, S., and Roomi, M. A. (2012). Gender and work-life balance: a phenomenological study of women entrepreneurs in Pakistan. Journal of Small Business and Enterprise Development, 19(2), pp 209-228.
- [15] Renee Arathi, R. Rajkumar (2015). Women and work life balance- rationale behind imbalance- an Empirical study. International Journal of Applied Research, 1(7): 625-627.
- [16] Shelton, L. M., Danes, S. M., and Eisenman, M. (2008). Role demands, difficulty in managing work-family conflict, and minority entrepreneurs. Journal of Developmental Entrepreneurship, 13(03), pp 315-342.
- [17] Thompson C. A. and Prottas, D. J. 2006. Relationships among organisational family support, job autonomy, perceived control, and employee well-being. Journal of Occupational Health Psychology, Vol. 11, pp.100-118.
- [18] Thornthwaite, L. (2004). Working time and work-family balance: A review of employees preferences. Asian Pacific Journal of Human Resources, 42(2), pp. 166-184.
- [19] Underhill, A.T., LoBello, S.G. & Fine, P.R. (2004). Reliability and validity of the family satisfaction scale with survivors with traumatic brain injury. Journal of Rehabilitation Research & Development, 41(4), 603-610.
- [20] Valk, R., and Srinivasan, V. (2011). Work-family balance of Indian women software professionals: A qualitative study. IIMB Management Review, 23(1), pp 39-50.
- [21] Van Gils, W. & Kraaykamp, G. (2008). The emergence of dual-earner couples: A longitudinal study of the Netherlands. International Sociology, 23(3), 345-366.