A Comparative Study On Work Life Balance Of Women Among It And Healthcare Sector Employees With Special Reference To Chennai

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ABSTRACT :*Women play variety of significant roles in our society from their birth till the end of life. The life of a women is multi-faceted. Unlike men, women have to handle different aspects of life. There are women issues that they need to attend to such as their spouse, family, career, business, education, health and fitness and also raising the kids. The study is to find out the issues faced by the women working in healthcare sector and IT sector in balancing her domestic and profession life and find solution to create a balanced approach. Primary data was collected from 120 respondents of healthcare sector and IT sector. The data were subject to descriptive statistic and found that the problem faced by the working women varies from one sector to another sector with respective to their marital status*
KEYWORDS:*Work-life balance, family demands, superior's support, quality of life, stress.*

I.   INTRODUCTION

The favorable and unfavorable working environment for the people in an organization refers to as quality of work life. The scientific management gave inadequate attention to human values. According to the American society of training and development, quality work life is a process of work organizations which enables its members at all levels to actively take part in shaping the organization environment. This value based process is aimed towards meeting the goals of organization and also improve quality of work life. Nadler and Lawler highlights that the quality of work life is a way of thinking above the people work and organizations.

The needs and aspirations of the employees are changing in the current scenario. Employers are redesigning jobs for better quality of work life. Quality QWL is based on general approach and organizational approach (Luthans). The general approach includes all those factors affecting the physical, social, economic, psychological and cultural well –being of workers, while the organizational approach refers to the redesign and operation of organizations in accordance with the value of democratic society.

II.   REVIEW OF LITERATURE

2.a. Workshift

Shift work may be defined as an employment practice designed to make use of, or provide service across, all 24*7 days of the week. Shift work is work that takes place on a schedule outside the traditional 9am to 5pm a day. It can involve shifts like evening or night shifts, early morning shifts and rotating shifts. According to bureau of labor statistics roughly fifteen percentage of full time wage and salary workers in US work on shifts outside the traditional day time schedule. The shift work also affect the health and well-being of an individual. Not all the shift workers suffer from health issues. But approximately 10% of night and rotating shift workers are thought to have a sleep disorder known as shift work disorder. Roughly 25- 30 % of shift workers experience symptoms of the disorders such as excessive sleepiness or insomnia. Shift work had additional problems like physical and mental health performance and safety. There must be a proper balance between the sleep and working schedule. Fugiwara (1992); Gold et al (1992) conducted studies to access the fatigue as a result of shift rotation among the nurses and found a strong relation between the sleep disturbances and fatigue. Mohren et al (2002) found that fatigue also enhances some common infections. Employees working in the work shift suffers from a state of chronic fatigue which results into irritability, depression, loss of drive, constipation and other disturbances (Pheasant, 1991). Analysis conducted Edkins and Pollock, 1997 revealed that continuous night shift results in lack of alertness which contribute more in accidents.

2.b. Work Life Balance

According to Everson et al (2008) says continuous sleep loss may result in disease and shorten the life span. Folkard in 1996 highlighted that working under rotating shift, especially night shift can affect individuals as well as their families. Excessive working hours may leads to overall physical and psychological health issues (Fried & Shirom, 1997). Work stress is increasingly identified as one of the most serious health hazard producing productivity, satisfaction and increasing absenteeism (N. Muthukrishnan, 2011). Jennings (2005), work stress in health care organization may increase the absenteeism and affect the quality of care. Reid et al conducted a study and compared 8 and 12 hour shift to investigate the patient safety. He found that patient's received less direct care during the latter part of the shift which was a result of unofficial work breaks taken by the nurses. The conventions, which were adopted by Ilo in 1990 stated that workers of both genders who perform a certain number hours of night shift are to be provided with sufficient rest periods, health assessments, medical advice and safety measures. Bond (2009), Hochschild (2007) and Okeke (2011) conducted a study a found that when too many hours were spent for work and less with their families leads to the exhaustion of health and work performances. Vlems (2008) affirms that improper work life balance results in enhanced levels of stress and stressinduced illness; lesser-life satisfaction; elevated rates of family strife, violence, and divorce; rising frequencies of substance abuse; rising challenges with parenting and control of children and adolescents and swelling rates of juvenile delinquency and violence. Apart from these Work-family imbalance has numerous negative consequences for both employees and employers (Byron, 2005; Jones, Burke & Westman, 2005; Haemmig & Bauer, 2009).

2.c. Reasons For Poor Work-Life Balance

The following are considered as the major reasons for poor work-life balances
1) Work overload (Yildirim & Aycan, 2008)
2) Long working hours (Lakshmi, 2007)
3) Unsupportive supervisors (Frone, 1996)
4) Inflexible work schedule and overtime (Bruke; Greenglass, 2001)
5) Family demand (Frone, 1992)
6) Marital status (Laxshmi & Gopinath, 2013)
7) Age of children (Reddy & Vranda, 2010)
8) Child and elder care responsibilities (Chen, 2012)
9) Unsupportive family members (Greenhaus, 2012)

III. OBJECTIVE

- To compare the work life balance of women among IT and Health care sector Employee.
- To identify the major influencing factor of work life imbalance.

IV. METHODOLOGY

To justify the hypothesis both Primary and Secondary data were collected. Stratified random sampling was adopted. The population was divided into two stratum as IT and Health sector and from each strata 60 respondent were preferred. To collect the respondents opinion instrument Questionnaire was used. The Questionnaire contains the major seven aspects of working for long hours, not able to spend time with family, couldn't support parents, stress, couldn't get support from family members and superiors and enjoy the vacations. The adequate statistical tools were utilized to justify the hypothesis.

V. DISCUSSIONS

5.a. Healthcare Sector

Statistics

Mean values	S1	S2	S3	S4	S5	S6	S7	MARITALSTATUS
Valid	60	60	60	60	60	60	60	60
Missing	0	0	0	0	0	0	0	0
Mean	4.0000	4.0000	3.3000	4.4000	3.1500	4.0500	4.2000	1.5500
Std. Deviation	.90198	1.27559	1.06246	.80675	1.43592	1.33309	1.21850	.50169

Interpretation:

From the above Table we can observe that the mean value is high for the statement "Inflexible work create stress" among healthcare employees which is followed by the statement "Couldn't enjoy the vacations or festivals with family due to work pressure" which stays that the Inflexible work is the major cause for the stress

among the women working in health care sector which can cause the greater amount of work life balances Issues.

5.b.IT Sector:

Statistics

Mean values	S1	S2	S3	S4	S5	S6	S7	MARITALSTATUS
Valid	60	60	60	60	60	60	60	60
Missing	0	0	0	0	0	0	0	0
Mean	2.9833	3.1000	2.9833	3.5833	2.4500	2.5333	3.4667	1.3500
Std. Deviation	1.14228	.96901	1.15702	1.07816	.98161	.67565	1.04908	.48099

Interpretation:

From the above table we can observe that the mean value is high for the statement "Inflexible work create stress" have to work for long hours which is followed by "Couldn't enjoy the vacations or festivals with family due to work pressure" which stays that working for long hours is the major cause for worklife imbalance of women employee in IT sector.

Hypothesis 1-

H0: There is no association between the marital status of the employee and opinion on working for long hours
H1: There is an association between the marital status of the employee and opinion on working for long hours

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	8.687[a]	3	.034
Likelihood Ratio	10.964	3	.012
Linear-by-Linear Association	2.980	1	.084
No of Valid Cases	60		

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	2.035[a]	4	.729
Likelihood Ratio	2.547	4	.636
Linear-by-Linear Association	.282	1	.596
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.34 is lesser than the table value. Hence H1 is accepted, which shows there is a relationship between marital status and opinion on working for long hours.

Interpretation:

Here the calculated value 0.729 is greater than the table value. Hence H0 is accepted, which shows there is a no relationship between marital status and opinion on working for long hours.

Hypothesis 2-

H0: There is no association between the marital status of the employee and opinion on not able to spend time with family
H1: There is an association between the marital status of the employee and opinion on not able to spend time with family

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	1.575[a]	4	.813
Likelihood Ratio	1.882	4	.757
Linear-by-Linear Association	.143	1	.705
No of Valid Cases	60		

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	12.948[a]	4	.012
Likelihood Ratio	15.396	4	.004
Linear-by-Linear Association	3.914	1	.048
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.813 is greater than the table value. Hence H0 is accepted, which shows there is no relationship between marital status and on not able to spend time with family

Interpretation:

Here the calculated value 0.012 is lesser than the table value. Hence H1 is accepted, which shows there is a a relationship between marital status and on not able to spend time with family

The above analysis says that in terms of influence on marital status on able to spend time with family, the IT sector women employer are not facing any issues , whereas people working in Healthcare sector feels that the work life imbalance is created due to not able to spent time family.

Hypothesis 3-

H0: *There is no association between the marital status of the employee and opinion on couldn't support parents*

H1: *There is an association between the marital status of the employee and opinion on couldn't support parents*

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	12.948 a	4	.012
Likelihood Ratio	15.396	4	.004
Linear-by-Linear Association	3.914	1	.048
No of Valid Cases	60		

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	2.128ª	4	.712
Likelihood Ratio	2.034	4	.729
Linear-by-Linear Association	1.211	1	.271
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.12 is lesser than the table value. Hence H1 is accepted, which shows there is a relationship between marital status and opinion on they couldn't support parents.

Interpretation:

Here the calculated value 0.712 is greater than the table value. Hence H0 is accepted, which shows there is a no relationship between marital status and opinion on they couldn't support parents.

their parents due to their marital status, whereas people from Health care sector are not possessing such opinion.

Hypothesis 4-

H1: *There is no association between the marital status of the employee and opinion on Inflexible work creates stress*

H2: *There is an association between the marital status of the employee and opinion on Inflexible work creates stress*

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	9.626ª	3	.022
Likelihood Ratio	11.975	3	.007
Linear-by-Linear Association	2.384	1	.123
No of Valid Cases	60		

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	3.547ª	3	.315
Likelihood Ratio	3.432	3	.330
Linear-by-Linear Association	2.012	1	.156
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.022 is lesser than the table value. Hence H1 is accepted, which shows there is a relationship between marital status and opinion on Inflexible work creates stress.

Interpretation:

Here the calculated value 0.315 is greater than the table value. Hence H0 is accepted, which shows there is a no relationship between marital status and opinion on Inflexible work creates stress.

inflexible working hours where as in health sector this is not as issue.

Hypothesis 5-

H0: *There is no association between the marital status of the employee and and opinion on not able to get adequate support from family members.*

H1: *There is an association between the marital status of the employee and and opinion on not able to get adequate support from family members.*

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	18.586ª	4	.001
Likelihood Ratio	22.421	4	.000

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	3.864ª	3	.276
Likelihood Ratio	4.184	3	.242

Linear-by-Linear Association	2.064	1	.151
No of Valid Cases	60		

Linear-by-Linear Association	.104	1	.747
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.001 is lesser than the table value. Hence H1 is accepted, which shows there is a relationship between marital status and opinion on not able to get adequate support from family members.

Interpretation:

Here the calculated value 0.276 is greater than the table value. Hence H0 is accepted, which shows there is a no relationship between marital status and opinion on not able to get adequate support from family members.

Hypothesis 6-
H0: There is no association between the marital status of the employee and opinion on not being provided adequate support from superiors.
H1: There is an association between the marital status of the employee and opinion on not being provided adequate support from superiors.

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	15.372[a]	4	.004
Likelihood Ratio	18.950	4	.001
Linear-by-Linear Association	14.188	1	.000
No of Valid Cases	60		

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	5.035[a]	2	.081
Likelihood Ratio	4.205	2	.122
Linear-by-Linear Association	4.166	1	.041
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.004 is lesser than the table value. Hence H1 is accepted, which shows there a relationship between marital status and opinion on not is being provided adequate support from superiors.

opinion on support from superiors in terms of IT sector.

Interpretation:

Here the calculated value 0.081 is greater than the table value. Hence H0 is accepted, which shows there a no relationship between marital status and opinion on not is being provided adequate support from superiors.

Hypothesis 7-
H0: There is no association between the marital status of the employee and opinion on couldn't enjoy the vacations or festivals with family due to work pressure.
H1: There is an association between the marital status of the employee and opinion on couldn't enjoy the vacations or festivals with family due to work pressure.

Chi-square Test (IT sector)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	16.841[a]	3	.001
Likelihood Ratio	20.882	3	.000
Linear-by-Linear Association	5.894	1	.015
No of Valid Cases	60		

Chi-square Test (HEALTHCARE SECTOR)

	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	2.207[a]	3	.531
Likelihood Ratio	2.263	3	.520
Linear-by-Linear Association	1.512	1	.219
No of Valid Cases	60		

Interpretation:

Here the calculated value 0.001 is lesser than the table value. Hence H1 is accepted, which shows there is a relationship between marital status and opinion on couldn't enjoy the vacations or festivals with family due to work pressure.

employees are not.

Interpretation:

Here the calculated value 0.531 is greater than the table value. Hence H0 is accepted, which shows there is a no relationship between marital status and opinion on couldn't enjoy the vacations or festivals with family due to work pressure.

MAJOR FINDINGS

1. *Working for long hours creates the work life imbalances among the IT sector women employee's, where as it is not creating any particular issues for the women employees of health care sector.*
2. *In terms of influence on marital status of spending time with family,the IT sector women employer are not facing any issues. But the women working in health care sector feels that they could not spent time with their family members.*
3. *In the Health care sector are not possessing such opinion, whereas IT sector felt that they could not support their parents.*
4. *The healthcare employees are able to adopt various working hours which doesn't create any stress to them.*
5. *The IT sector employees opined that their family members are supporting a lot for their spouse.*
6. *The married IT sector employees says that there is support from their superiors.*
7. *IT sectors employees felt that they are facing a huge work pressure, where Health sector employees are not.*

VI. CONCLUSION

Work life imbalances creates a lot of personal and social pressure to the women in these modern days.This study created a lot of insight on this issue for the researchers.The health care sector employees are able to cope up with the stress created by their profession than the IT sector employees. The women working in health care sector are very much conscious about the society and their patients. Our great salute to them and the IT sector has to organise certain counselling and training program for their employees.

REFERENCES

[1]. Fugiwara,S1992 Studies on fatigue and shift work in nurses. Sangyo-Igaku, 34:225-235
[2]. Mohren DCL, Swaen GMH, Kant IJ, Borm PJA, Galama JMD2002 Associations between common infections and fatigue in a Dutch working population: results of the Maastricht Cohort Study on Fatigue at work. Eur J Epidemiol.
[3]. Edkins, G and Pollock, C 1997 The influence of sustained attention on railway accidents. Accident Anal. Prevention, , 29: 533- 539
[4]. Pheasant, S.T. 1991Work and Health, Mac Millan Press, London, Ergonomics, pp.3-4, 156-157, 171-172, 185-188
[5]. Everson, C. A. (2005). Clinical assessment of blood leukocytes, serum cytokines, and serum immunoglobulins as responses to sleep deprivation in laboratory rats. Am J PhysiolRegulIntegr Comp Physiol, 289: R1054–R1063.
[6]. Jennings, Bonnie M. Work stress and burnout among nurses:Role of work environment and working conditions. 2005.
[7]. N.Muthukrishnan, Sajimon MR,Dr.D.S.Chaubey. "Factors driving occupational stress of employees working in hospital in Dehradun." International Journal of Research in IT & Management, 2011: 61-77.
[8]. Bond (2009) 'Time pressure as a stress factor', Society and leisure, Vol. 21, No. 2, Autumn 1998, Presses de l'Université du Québec. pp. 491-511.
[9]. Okeke (2011) The Role of Work Attitudes and Work-Life Conflict." Journal of Management 33.4 (2011): 592-608.
[10]. Vlems (2008) "Balance Matters: Turning Burnout Into Balance". R&B Publishing, TX: 2008.
[11]. Byron, K. (2005). A meta-analytic review of work-family conflict and its antecedents. Journal of Vocational Behavior, 67, 169–198.
[12]. Haemmig, O., & Bauer, G. (2009). Work-life imbalance and mental health among male and female employees in Switzerland. International Journal of Public Health, 88–95.
[13]. Yildirium, D., & Aycan, Z. (2008). Nurses's work demands and work-family conflict: A questionnaire survey. International Journal of Nursing Studies, 45, 1366-1378.
[14]. Lakshmi & Gopinath (2013).Work life balance of women employee with reference to teaching faculties. Abhinav International Monthly Referred Journal of Research in Management & Technology, 11, 53-62.
[15]. Frone (1992).Antecedents and outcomes of work-family conflict: Testing a model of the work-family interface. Journal of Applied Psychology, 77, 65-78.
[16]. Burke, R.J., & Greenglauss, E.R., 2001. Hospital restructuring stressors, work-family concerns and psychological wellbeing among nursing staff. Community Work Fam. 4, 49–62
[17]. Reddy, Vranda, Ahmed, Nirmala, Siddaramu (2010).Work-life balance among married women employee. Indian Journal of Psychological Medicine, 32 (2) 112-118.
[18]. Chen, Q. (2006). Research on work-family conflict of knowledge worker and its intervention strategies. Unpublished Master dissertation, Chongqing University, China.
[19]. Greenhaus, J.H. & Beutell, N.J. (1985).Sources of conflict between work and family roles. Academy of Management Review, 10, 76-88.