



A COMPARATIVE STUDY OF WORK LIFE BALANCE OF URBAN FEMALE AND  
RURAL FEMALE DOCTORS ENGAGED IN PRIVATE PRACTICE

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*Abstract*

*The Health Industry in India is one of the fastest growing and largest economical professions. With the increasing competition the presence of working women has become increasingly visible and increased economical demands have necessitate both husband and wife to do job for having a normal family life. As woman has achieved a great success in this field and career but still as a female a lady doctor has more responsibilities as compare to male doctors.*

*So the main focus of the study is to analyze the working of urban female doctors and Rural female doctors engaged in private practice with the sample of 80 female private doctors.*

**I. INTRODUCTION**

A country may be endowed with abundant natural and physical resources and the necessary capital and technology but only human being is that resource who can mobilize, organize and harness the other resources for producing the goods and services. Without human resource a organization cannot get the achievement as strengths and weakness of an organization are determined by the quality of its human resource, which play an important role in using all the resources and developing process of modern economics. It also becomes important that human resource must be satisfied from his work and motivated towards his or her work. For the satisfaction of human resource there must be balance between his or her work life and personal life because human being wants to earn for himself and his family members. If his and family requirement are not going to be fulfill by his work then there will be concentration towards the work also. So here Balance between Wok Life and Personal Life is very important.

Work life balance has always been a concern of those interested in the quality of working life and its relation to broader quality of life (Guest<sup>1</sup>, 2002). The concept of work life has been conceptualized from the job satisfaction level of working individuals, which is an extrinsic factor of job satisfaction. The aim of it is to provide quality of life to an individual at the same time retaining the productivity and maintaining the quality levels at the work place.

The balance work life scores provide productive and innovative employee and employers to an organization (Greenhaus<sup>2</sup>, 2003), whereas obsolete of the balance in the work life tends to develop depressed and dissatisfied staff (Kofodimos<sup>3</sup>, 1993). Hammig<sup>4</sup> and Bauer (2009) explained in a



research that imbalance in work-life develop the mental health issues in males as well as females also, These developed issues are like negative emotions, depression, low energy, pessimism, fatigue and sleep disorders. **August<sup>5</sup> and Waltman (2004)** identified that the satisfaction of working women job is related to the environmental condition, departmental climate, staff cooperation and demographics factors of the organization where they used to work.

#### CONCEPTUAL FRAMEWORK OF THE VARIABLES INFLUENCING WORK-LIFE BALANCE OF WORKING INDIVIDUAL

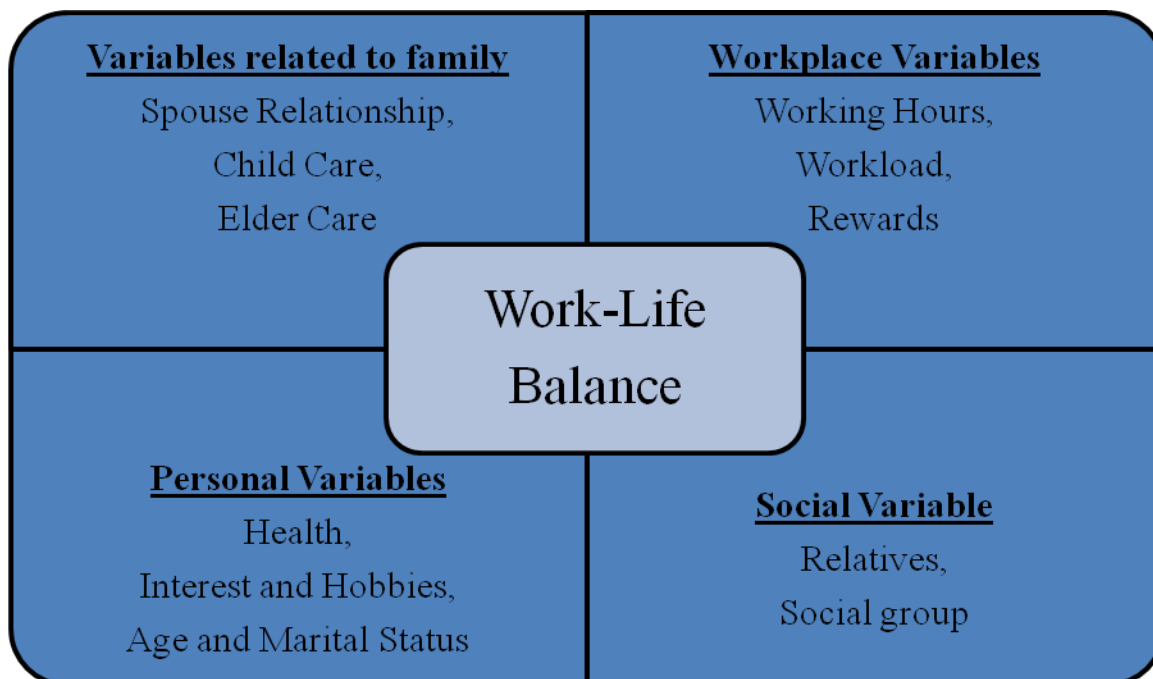


Figure no.1 pattern is little bit differ from actual and taken from **Neelni<sup>6</sup> Giri Goswami, Work-Life Balance Among Women In India With Special Reference To Agra And National Capital Region (NCR), (Synopsis).**

**This model has 4 variables which affect the Work-Life Balance.**

- 1) Variable related to Family
- 2) Workplace variables
- 3) Personal variables
- 4) Social Variables



In this way all these four variables together influence the Work-Life Balance among working individuals.

### 1) Variable related to Family

All professionals have the family responsibilities either they belong to nuclear family or joint family. They have to take care of their kids, elder and spouse relationships. One Past studies have revealed that even though Indian husbands are supportive of their wives if both husband and wife are working “ participation in the workforce, they are yet to assume responsibility for sharing chores **Ramu<sup>7</sup> (1989)**. Spouse’s support plays a vital role in the career decision in present scenario now days. Hypothesis can be here as:

H1:- Lack of spouse support to each other negatively affects the Work-Life Balance for each other negatively.

Males responsibilities are less than female toward the family like male typically engage in more paid work and females are engage in more household work, childcare and elder’s care. Child care and Elder’s care can resist female’s carrier growth mainly. That’s why female choose part time work due to presence of elders and child in the house. Here hypothesis can be as:

H2:- Elder’s care and child care responsibilities affects Work-Life Balance negatively.

### 2) Work place Variables

**Doherty<sup>8</sup> (2004)** examined Work-Life Balance for women in the hospitality industry and discovered that the principal deterrents to these women from exploring career advancement opportunities are the very long hours and the lack of flexibility. Other result studies shows that there is a tough relationship between working long hours and balancing work and personal life (**Moen<sup>9</sup> and Yu 2000**). **Eastmen<sup>10</sup> 1998** study revealed that time management in the western countries especially those that involve working long hours and its effects on individuals, family as well as organization. Here hypothesis can be as:

H3:- Long working hours affects the Work-Life Balance negatively.

**Bergman<sup>11</sup> et al. (2008)** explained in the study of gender differences in workload among professionals shown that male can spent more time in professional work and female has to spend more time in childcare and female perceived themselves as responsible for child care activities at home. This explains that apart from paid work, female physician are more responsible for unpaid work at home and thus carried a double workload. With the double workload of home and work for female physician are more likely to experience conflict between work and personal life. Here hypothesis can be as:

H4:- workload of working female affects their Work-Life Balance negatively.

A number of studies have revealed the relation of fairness of rewards with job satisfaction organizational commitment (**Griffeth<sup>12</sup> et al. 2000**) and turnover intentions (**De<sup>13</sup> Coninck & Bachman 2005**). In today’s environment professional receive the immediate rewards benefits



and compensation according to his work experience, specialization, efforts. Compensation is the best motivator for completing any work and fringe benefits and extra perks also add on the satisfaction in the work. Here hypothesis can be as:

H5:- Rewards effects the Work-Life Balance Positively.

### 3) Personal Variables

Personal variables are put impact on the work-life balance of the individual. Personal problems, Health issues, Age can put effect positively and negative both. If health of any individual is perfect then his work and personal life both can be balanced easily. The Vulnerability Model used framework to explain stressors that affect health problem such as depression and to consider personal dispositions and social situational variables (**Dohrenwend<sup>14</sup> & Dohrenwend 1981; Phelan<sup>15</sup> et al. 1991**). So here hypothesis can be as:

H6:- Health Problems affect the Work-Life Balance negatively.

Personal Interest and Hobbies sometime get affected with the profession and family life which impacts the mind. **Dubey<sup>16</sup> et al. (2010)** suggest that set aside time each day for an activity that you enjoy, such as walking, working out or listening to music, relaxing after a hectic workday by reading, practicing yoga, or taking a bath or shower and doing things that you would like to do. Here hypothesis can be as:

H7:- Interest & Hobbies affects the Work-Life Balance positively.

**Kumari<sup>17</sup> K Thriveni et al. (2012)** concluded that there is a significant relationship between the demographic variables like age, gender, marital status, etc. and perception of Work-Life Balance of working Females. **Whelan<sup>18</sup> (1998)** in his study found that mid aged women have different requirements from young age women employees which organization should consider retaining working females. Demographic factors also effects male professional life and personal life. So here hypothesis can be as:

H8:- Demographical Factors has significant affect on Work-Life Balance.

### 4) Social Variable

Interpersonal relationship at workplace may help the individual in achieving the sense of belongings. With the cooperative working team, supportive seniors and motivational culture in the organization individual feel more motivated. So here hypothesis can be as:

H9:- Healthy relationships with office colleagues affect the Work-Life Balance positively.

According to **Cheek<sup>19</sup> & Burch (1976)** strengthening and expressing the bond of family and friendship are a central aim of much leisure engagement. Leisure, in its companionate and friendship forms through social activities, has been found to provide feelings of social support and decrease sense of loneliness and isolation of individuals **Coleman<sup>20</sup> & Iso-Ahola (1993)**. Here hypothesis can be as:



H10:- Social groups and relationships affect the Work-Life Balance positively.

## II. REVIEW OF LITERATURE

Dr. Bindia Goyal (Department of Management, GNIMT, Ludhiana, Punjab, INDIA) **Lakshmi<sup>21</sup> and Gopinath (2013)** conducted a study to analyze the effect of work life balance on women's performance and to find out those factors which affect the work life balance among women. Questionnaires were the source of collecting data from faculty of SRM University in Kattankulathur, Tamil Nadu. The sample size was 50 and descriptive research design was used for this study. From the study it was revealed that mainly there were married women whose work life balance was severely distorted and reason was number of dependents are to be inversely related to work life balance problem of married women.

Work life balance is the phenomenon of striking an ideal balance between the Professional life of an individual and their personal life with all of their respective associations (**Clark<sup>22</sup>, 2000**). The level of importance being given to this phenomenon these days is because of the harmful results brought about because of the severe lack of this phenomenon.

**According to Fanny<sup>23</sup> Y. F. Young, 2012** the work-life balance condition in private doctors in a metropolitan city of Hong Kong. On average private doctor had slightly poorer but comparable work-life balance with the other professions. 40% of the doctors reported a disturbed work-life balance, dramatically reduced productivity and/or work quality, and prolonged fatigue level, sleepiness and extreme tiredness. Flexible working time; 5-day work week and career break were considered useful to alleviate the situation.

**According to McGinnis<sup>24</sup> (1997)**, there are various benefits of maintaining a healthy balance between one's work and life. When all aspects are given attention they receive their due importance, and this exchange provides us with a feeling of fulfillment, which culminates in overall satisfaction.

**Campbell<sup>25</sup> et al. (1994)** study revealed that women with children were significantly lower in occupational commitment relative to women without children. Contrary to expectation, women with younger children outperformed women with older children. **Samuel<sup>26</sup> and Vivienne (1996)** studies revealed that women balance their work and family identity by trading-off one role for the other. In contrast, men are able to simultaneously identify with work and family roles. **Carmen<sup>27</sup> K. Fu and Margaret A. Shaffer (2001)** have examined the influence of family and work specific determinants of multiple forms of family interference with work and work interference with family conflict and found that parental demands and hours spent on household work were important determinants of FIW conflict and that role conflict, role overload and hours spent on paid work influenced WIF conflicts.

## III. OBJECTIVES

- To assess the work and lifestyle of urban and rural female Doctors who are engaged in Private Practice.





- To study the issues effecting work life pattern of urban and rural Female Medical Practitioners engaged in private practice.
- To suggest measures for balancing between work and life of Female Doctors who are engaged in Private Practice.

#### **IV. RESEARCH METHODOLOGY**

Adopted tools for fulfillment the research objective explained in this section which simplifies or clarifies the uncertainty level. So following is the research methodology of present research.

#### **V. DATA COLLECTION**

**a. Primary data** – Primary Data collected from the respondents with the help of self-structured questionnaire and face to face interview.

**b. Secondary data** – Secondary Data collected from different sources:

- Magazines
- Journals
- Websites
- Books
- Newspapers
- Online resources
- Blogs
- Published and Unpublished source

#### **VI. UNIVERSE AND SAMPLE OF THE STUDY**

The present research's sample was Private Medical Practitioners from the different areas of Gurgaon where the Doctors could reach the patient day and night.

For primary data collection, 80 female doctors considered from the total 160 male and female doctors who were approached.

#### **VII. SCHEME OF DATA ANALYSIS AND STATISTICAL METHOD PROPOSED**

Data collected through the survey was quantitatively analyzed by using descriptive and inferential statistics. After completion of data collection, an Excel formatting done on the data to make it more informative and for easily analysis. This process involved allocating a numerical code to each response before analysis and excel tools used. The data collected under the study was both parametric and nonparametric in nature. Therefore such statistical method involving for data analysis correlation, chi-square, mean and percentile method used. Data is



illustrated in the tables.

### ANALYSIS

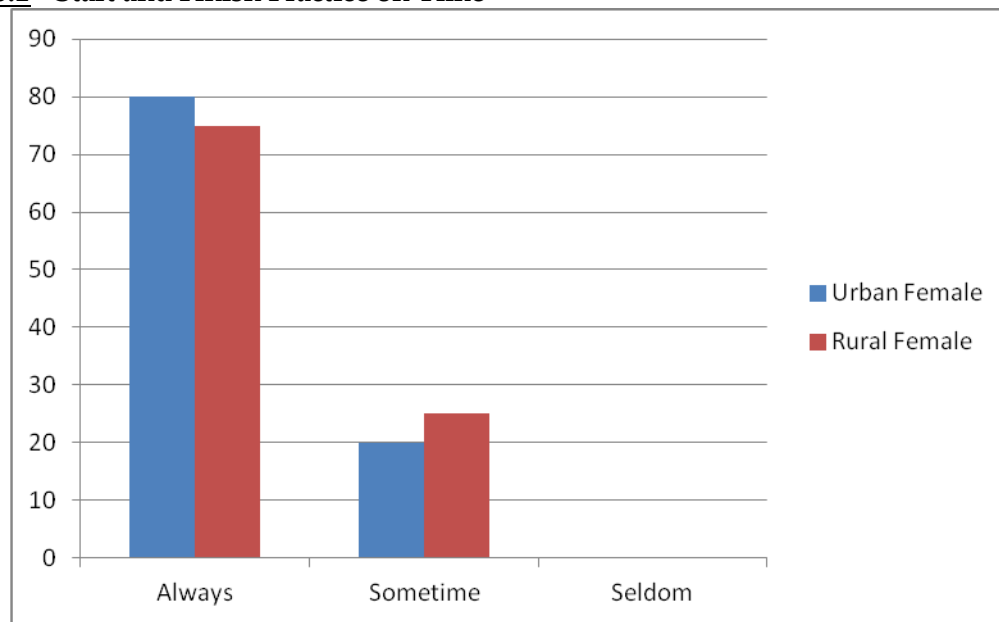
#### COMPARISON BETWEEN URBAN FEMALE DOCTORS AND RURAL FEMALE DOCTORS

Q1. Do you start and finish your practice on time?

Table No. 1

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	80%	20%	0%
RURAL FEMALE	75%	25%	0%

Chart No.1 - Start and Finish Practice on Time



Here both urban and rural area 80% and 75% female doctors who are engaged in private practice use to finish their practice on time. 20% in urban are and 25% in the rural area said sometime they start and finish their practice on time. As being a female they have to play a vital role in both life in work life and family life so sometime it becomes delay in starting and finish practice.

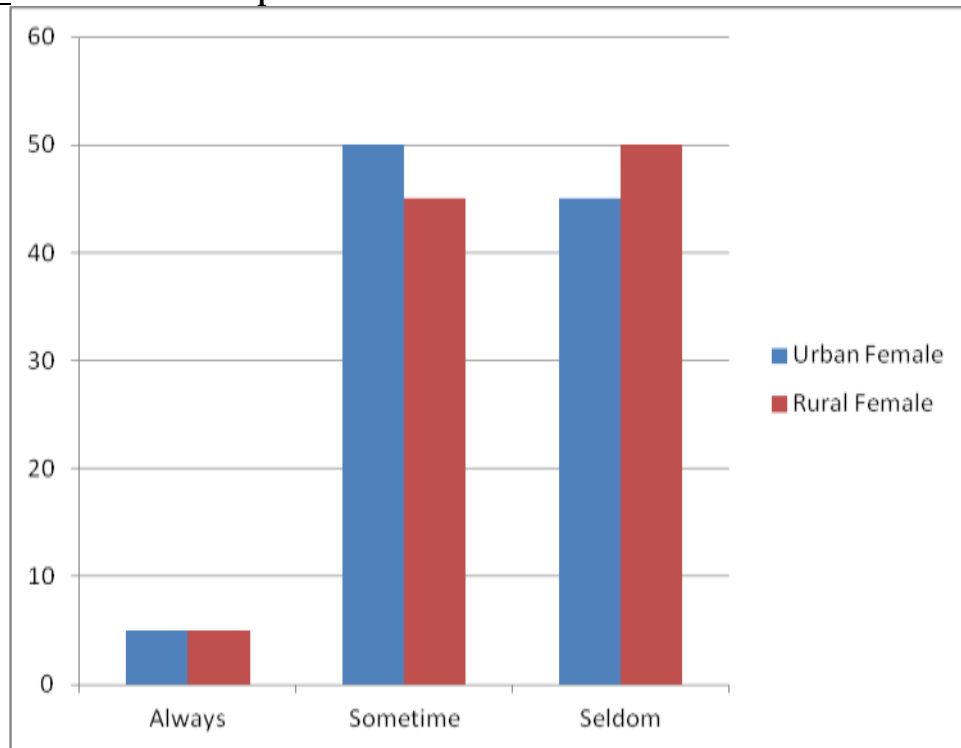


Q2. Do you accept to visit clinic after practice hours?

Table No. 2

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	5%	50%	45%
RURAL FEMALE	5%	45%	50%

Chart No.2 - Visit Clinic after practice hours



Here is only 5% urban and rural female doctors always visit after practice hour means in lunch time, night time, holidays also. 50% urban female doctors, 45% rural female doctors respond sometime. Here the reason was for taking care of the patient's emergency situations. 45% urban and 50% rural female doctor said seldom means they don't prefer to go after practice hour. The reason behind is that they don't want to take extra work stress and they need to fulfill other home responsibilities also.



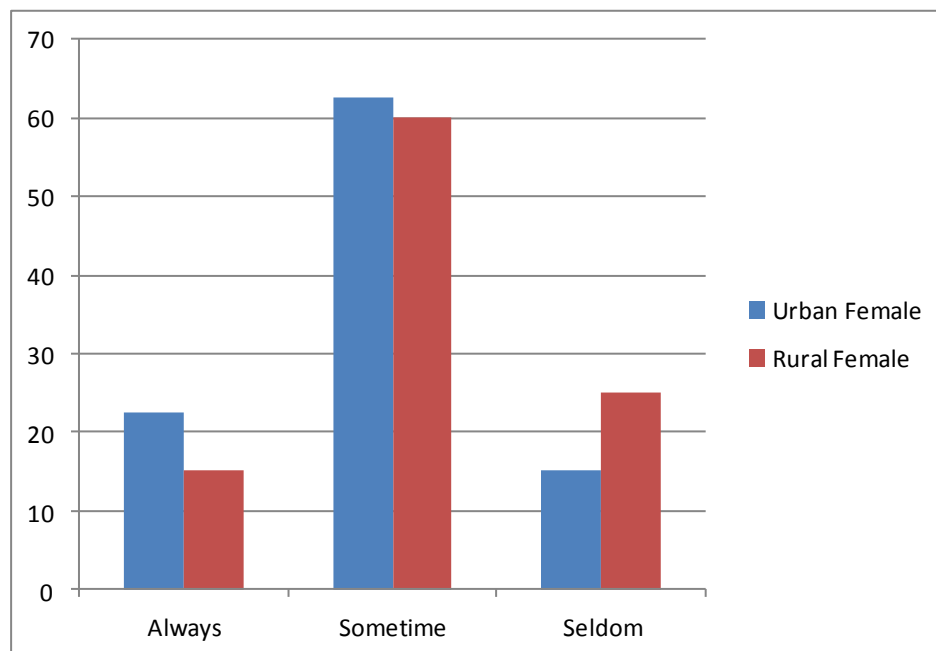


Q3. Do you observe full day holiday from work in case it is a social engagement?

Table No. 3

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	22.5%	62.5%	15%
RURAL FEMALE	15%	60%	25%

Chart No.3 - Observe full day holiday incase social engagement



Here the information is that 22.5% urban female doctor and 15% rural female doctors said always they observe holiday from their work. In rural area percentage is less because less availability or the female doctors. So female doctors of rural area have to give more time to their practice and clinic. That's why 60% rural area female said some time which is less than 2.5% from urban area and 25% rural female and 15% urban female doctors said seldom. In urban area availability of private doctors is much better than rural area it affects on the workload of them.

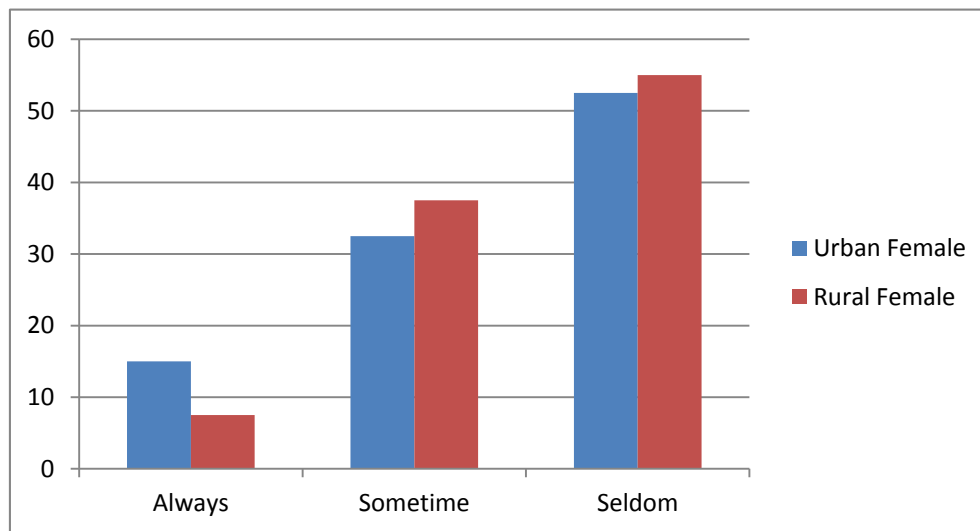


Q4. Can you refuse to attend patients if there are personal problem at home?

Table No.4

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	15%	32.5%	52.5%
RURAL FEMALE	7.5%	37.5%	55%

Chart No.4 - Refuse to attend the Patient in personal problem



Here 15% female doctors of urban areas said that they always refuse to attend patients if there are personal problems at home and half of these percentage rural areas' female doctors also said always. 32.5% urban female doctors replied sometime and 32.5% rural doctors said sometime because in urban area other doctors are available but in rural areas because of less no. doctors they can't refuse to attend the patient. That's why 37.5% female doctors in urban area and 37.5% in rural area said sometime. 52.5% from urban and 55% from rural area said seldom. Somewhere it is right to refuse to attend the patients if there are personal problems at home because personal problems create stress in the mind which can affect the work of the doctors and it the duty of the doctor to attend the patient with care not with stress.

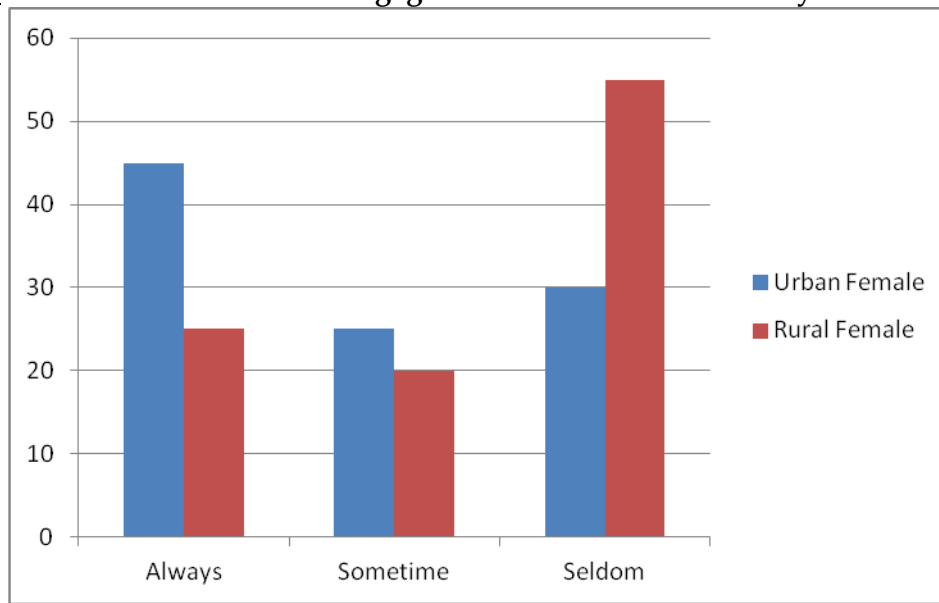


Q5. Do you feel satisfied if there is any engagement as leisure time activity that you're family or relative requires you to participate?

Table No.5

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	25%	40%	35%
RURAL FEMALE	20%	32.5%	47.5%

Chart No.5 - Feel satisfied if there is engagement as leisure time activity



In case of urban female doctors 25% urban female doctors always feel satisfied if there is any engagement as leisure time activity when their family or relative requires them to participate, 40% urban female doctors say that sometime they feel satisfied if there is any engagement as leisure time activity when their family or relative requires them to participate and there were 35% female doctors who seldom feel satisfied if there is any engagement as leisure time activity when their family or relative requires them to participate.

20% rural female doctors always feel satisfied if there is any engagement as leisure time activity when their family or relative requires them to participate, 32.5% rural female doctors sometime feel satisfied if there is any engagement as leisure time activity when their family or relative requires them to participate and there were 47.5% rural female doctor who seldom feel satisfied if there is any engagement as leisure time activity when their family or relative requires them to participate.

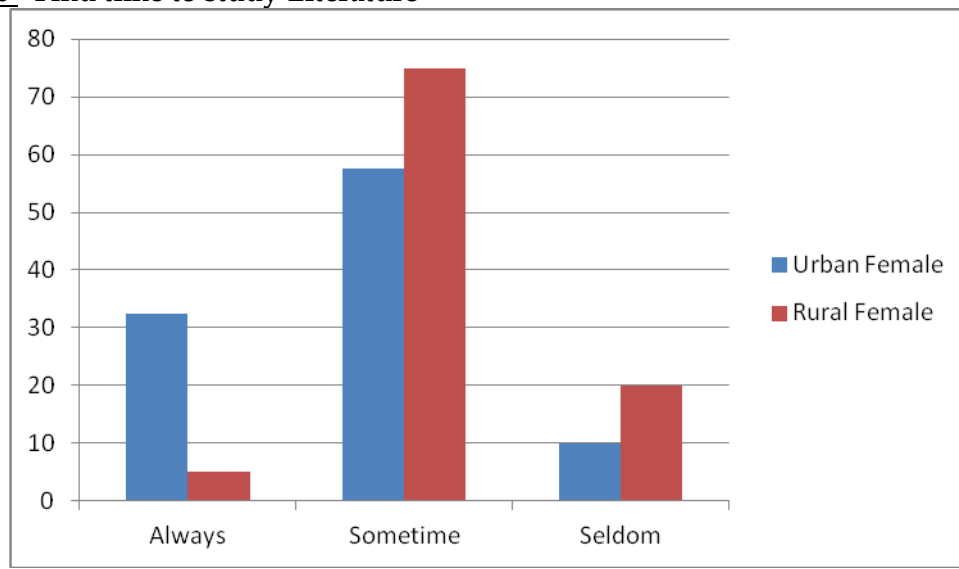


Q6. Do you find time to study Medical Literature on the diseases treatment or alternative medicines?

Table No.6

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	32.5%	57.5%	10%
RURAL FEMALE	5%	75%	20%

Chart No.6 - Find time to study Literature



Here 32.5% urban female doctors always find time to study Medical Literature on the diseases treatment or alternative medicines, 57.5% urban female doctors sometime find time to study Medical Literature on the diseases treatment or alternative medicines. There were only 10% urban female who said seldom they find time to study Medical Literature on the diseases treatment or alternative medicines.

5% rural female doctor always find time to study Medical Literature on the diseases treatment or alternative medicines, 75% rural female doctors sometime find time to study Medical Literature on the diseases treatment or alternative medicines and 20% rural female doctors seldom find time to study Medical Literature on the diseases treatment or alternative medicines.

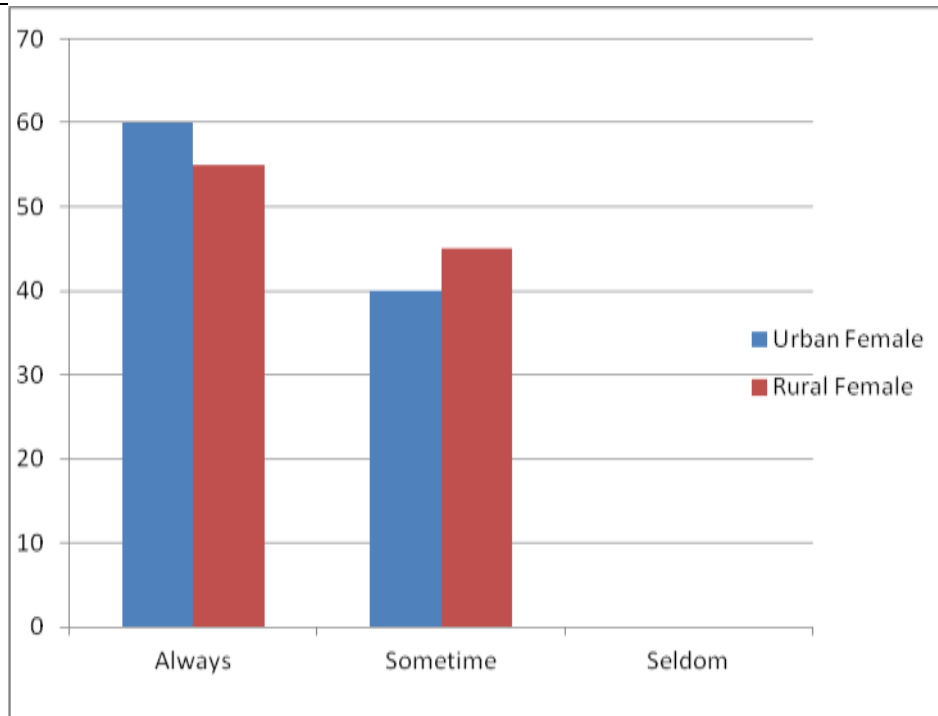


Q7. Do you provide free consultation or medicines to the needy and relatives?

Table No.7

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	60%	40%	0%
RURAL FEMALE	80%	20%	0%

Chart No.7 - Provide free consultation or medicine



How many female doctors provide free consultation or medicines to the needy and relatives? The response was 60% urban female doctors and 80% rural female doctors said always they provide free consultation or medicines to the needy and relatives. 40% urban female and 20% rural female doctors sometime provide free consultation or medicines to the needy and relatives.

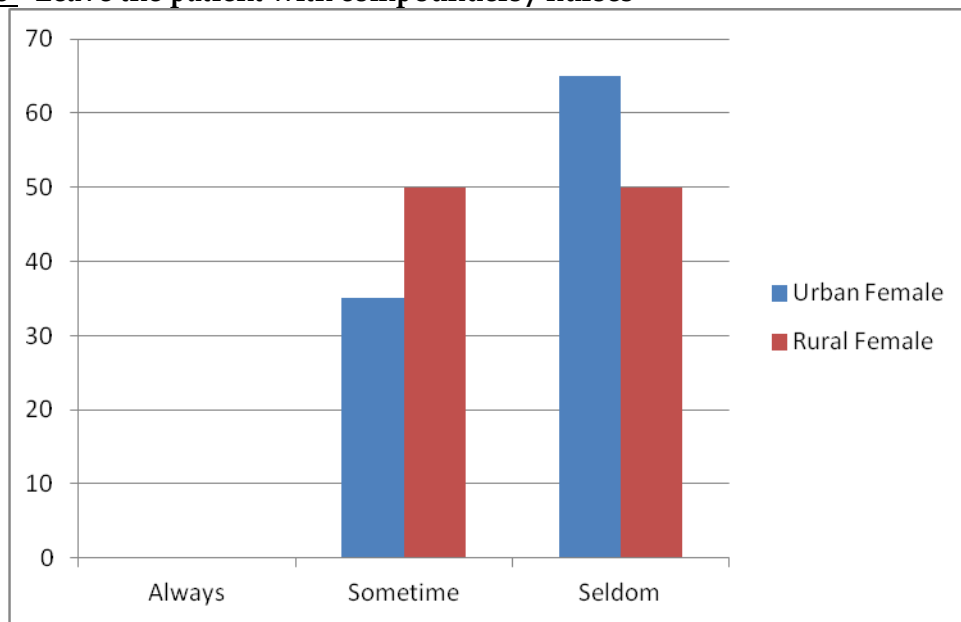


Q8. Do you leave patient with compounder / nurses if your partner or children desire you to come out of your clinic?

Table No.8

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	0	35%	65%
RURAL FEMALE	0	50%	50%

Chart No.8 - Leave the patient with compounders / nurses



There was nobody from the urban female doctors who said we leave the patient with compounder / nurses if their partner or children desire them to come out of their clinic, 35% urban female doctors said sometime they leave the patient with compounder / nurses if their partner or children desire them to come out of their clinic and 65% female doctors said seldom. In rural are again there was not any female doctor who said always we leave the patient with compounder / nurses if their partner or children desire them to come out of their clinic. There were 50% female doctors who sometime leave the patient with compounder / nurses if their partner or children desire them to come out of their clinic and 50% rural female doctors seldom leave the patient with compounder / nurses if their partner or children desire them to come out of their clinic.



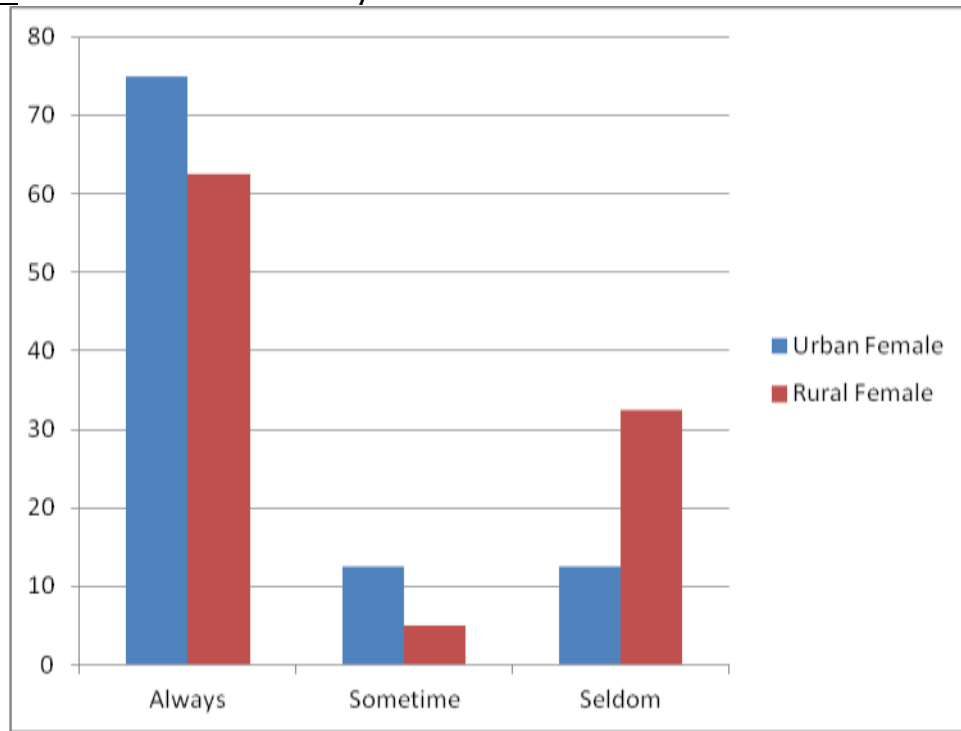


Q9. Are you able to strike balance b/w work and life needs?

Table No. 9

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	75%	12.5%	12.5%
RURAL FEMALE	62.5%	5%	32.5%

Chart No. 9 - Able to strike Balance B/W Work and Life



Here 75% urban female doctors said they are able to strike balance between work and life needs and 12.5% said sometime they are able and sometime not. There were 12.5% female doctors said seldom they are able to strike balance between work and life needs.

In rural area 62.5% female doctors said yes they are always able to strike balance between work and life needs and 5% female doctors said sometime and in rural area there were 32.5% who said seldom they are able to strike balance between work and life needs.

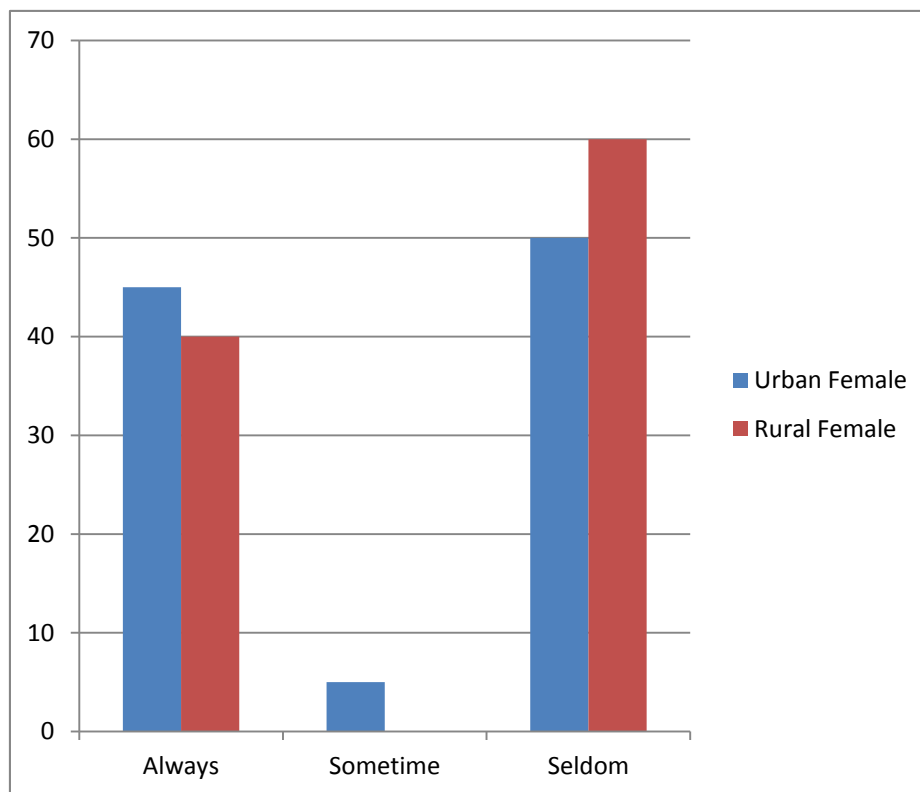


Q10. Do you plan to change place of practice in case higher or better opportunity to meet basic life needs?

Table No.10

	ALWAYS	SOMETIME	SELDOM
URBAN FEMALE	45%	5%	50%
RURAL FEMALE	40%	0%	60%

Chart No. 10 - Plan to change place of Practice



There was urban female and rural female both plan to change place of practice in case higher or better opportunity to meet basic life needs. As 45% urban female and 40% rural female said always they plan to change place of practice in case higher or better opportunity to meet basic life needs. Life needs are like children education in rural areas, living standards, more facilities at other place. That's why female doctors also plan to change place of practice.

In urban area 5% female doctors said sometime they plan to change place of practice in case higher or better opportunity to meet basic life needs but in rural area no one said sometime. 50% urban female doctors and 60% rural female doctors plan to change place of practice in case higher or better opportunity to meet basic life needs.



## VIII. CONCLUSION

- This study identified that from the urban and rural female doctors rural female doctors are facing more work life imbalance than urban female doctors.
- Urban female doctors can take the help of paid servants, maids, cook, home tutors for children, experienced compounders and nurses etc. But female doctors are less able to get all facilities at nearby their place.
- There is a difference between urban and rural areas lifestyle it also effect on the work-life balance.
- Patients have less choice in ruler areas because of less availability of the doctors. That's why Female Doctors of Rural areas are busier in their profession than Urban Female Doctors.
- Doctors in rural area give less time to their study of new medicine, researches and literature. Less no. of Female doctors of rural area go for seminars, workshops etc.

## IX. RECOMMENDATIONS AND SUGGESTIONS

To maintain the balance between work and life female doctors should avoid permanent night shifts, must Take breaks and take a proper rest time which is necessary for their health.

- Doctors should follow the balance between work and home on the priority basis.
- Doctors can take help from the servants, co practitioners, compounders, but they should be well experienced and responsible.
- Doctors especially females must take 1 or 2 days off in a week and spend their time with the family.
- Doctors should take healthy food proper diet and exercise every day.
- Some meditation techniques, self management, leisure management, stress management, time management should also be followed by the male and female doctors both.
- Female doctors must proactive on the concern of Work Life Balance rather than reactive.

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