TOWARDS WORK LIFE BALANCE OF MEDICAL PROFESSIONALS

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ABSTRACT: *Work life balance is crucial to employee job satisfaction and retention. It is posing challenges to businesses to achieve sustainable work life balance, organizational performance and growth. Despite the fact that extensive data about US medical professional's work life balance and its associated factors is available; the researchers could not come across many studies on work life balance of medical professionals in the Arab region. The purpose of this research study is to understand the key factors affecting work life balance of medical professionals and organizational climate in Government and Private Hospitals in Riyadh, Saudi Arabia. Statistical analysis is conducted to study if there is any significant association between type of organization (Government/Private) and job satisfaction along with work life balance of its medical professionals. A structured survey questionnaire is framed and data are collected from medical professionals working in the Government and Private hospitals in Riyadh. Doctors and nurses of Government Hospital (32) and Private Hospital (46) are considered for the purpose of the study. Research methodology is designed to provide insights for policy makers to add value to the employees and hospitals in the Kingdom. The results of this study indicate that hospitals should have empathy with medical professionals and should support in providing work life balance. Suitable organizational climate, infrastructure, facilities and incentives for additional work can reduce work stress and enhance work life balance which in turn will add value to the health care of citizens and enhance their confidence in the health care system and satisfaction.*

Key-Words: - Job satisfaction, work life balance (WLB), infrastructure, medical professionals, work stress, family, and occupation

1. INTRODUCTION

Saudi healthcare authorities are spending billions of Saudi Riyals and is seriously interested in taking good care of the health of the citizens. Human capital is vital to timely treatment and level of satisfaction of the patients and their dependents. It is easy to buy technology, but not attitude to serve the needy and the nation. This study is aimed to understanding the interventions to enhance the work-life balance of medical professionals, so that policy decisions can be taken to add value to the quality of life of citizens of KSA.

Medical professionals are facing an ethical dilemma when it comes to work life balance and feel stressed at work. This will have an adverse effect on the level of satisfaction of the patients and their dependents. The doctors are also worried about gaining new knowledge and learning new techniques.

Further, there is increasing stress with reference to their future growth in their careers. There is an increasing trend of burnout (losing interest in the profession) among medical doctors due to various reasons. This study is focusing on factors influencing work life balance and job satisfaction of medical professionals in Riyadh, Saudi Arabia, to sustain interest in the profession.

2. Literature Review

The concept of work-life balance can better be understood as a process of creating and maintaining more or less "distinct territories of the self [1]. WLB has important consequences for employee attitudes towards their organizations- as well as for the lives of employees [2]. A research study recently conducted in Saudi Arabia [3] has indicated that the emotional exhaustion in Saudi Arabia (2.72) was higher than both US (2.69) and Romanian (2.21) studies. It may be noted that emotional exhaustion is considered the core manifestation of burnout. Depersonalization (impersonal response towards patients) score among Saudi Doctors (1.86) was higher than Romanian score (1.4) and less than US score (2.6). Further Saudi Arabia emergency doctors have comparatively lower personal accomplishment score meaning they deserve attention as there is a higher risk of changing specialty or employment by this group.

The work-life balance may be important in the management of the highly-skilled workers for instance technical professionals whose commitment may be a challenge to the employer ([4]; and [5]). While looking at the work and life aspect of doctors it is rightly be said that a professional is married to (usually) his/her work [6]. It's very hard to separate work from non-work activities in case of doctors. Piotrkowski [7] explained that work and life are 'integrated' rather than 'separated' for a typical software professional. In the discussion of work and life of employees working in some organization, it is not possible to ignore the other side of the picture that is employers, who are generally responsible for providing the employee with Work Life Balance opportunities/facilities. Employer strategies of 'respect', embodied, for example in family-friendly policies, have already been shown to have positive outcomes for the job satisfaction of technical workers [8], as well as for organizational commitment, turnover and absenteeism [9]. On the other hand, negative spill over from work to non-work life i.e., emotional exhaustion, has been shown to adversely affect organizations in the form of low commitment and high turnover [10]. Previous researchers have found job insecurity to be negatively related to marital and family functioning [11]. When work interferes with family life it also reduces the satisfaction from job and from life as a whole [12]. There are significant evidences that those working in construction industry are at risk of poor health and well-being due to long working hours, job insecurity, poor work life balance, low professional significance and temporary teams [13]. Work life balance defined by the New Zealand Department of Labor (2004) is creating a productive work culture where the potential for tensions between work and other parts of people's lives is minimized.

Job satisfaction can better be understood as the degree to which people like their jobs [14]. Employee turnover is an unavoidable factor in the organizations. Employee intention to leave is basically a signal to leave not the actual turnover [15]. Burnout is more common among physicians than among other US workers. Physicians in specialties at the front line of care access seem to be at greatest risk [16]. Six occupations are reporting worse than average scores on each of the factors – physical health, psychological well-being and job satisfaction (ambulance workers, teachers, social services,

customer services – call centers, prison officers and police). The high emotional labor associated with highest stress jobs is discussed as a potential causal factor [17]. Susan J. Lambert & Anna Haley-Lock demonstrated how an organizational stratification perspective can be useful for developing knowledge on the nature of inequality in the distribution of opportunities for work–life balance, and thus, for suggesting new avenues that enhance social justice in the workplace [18].

3. Research Gaps and Objectives

From the above review of literature it may be observed that there are not many studies reflecting the work life balance of medical professionals in Saudi Arabia in general and Riyadh in particular. Hence the following objectives are identified for the purpose of the study:

- To understand the factor influencing work life balance of medical professionals in Riyadh.
- To understand the organizational climate in Government and Private Hospitals in Riyadh.
- To study if the employees are able to spare time for family and other activities they intend to do in their professional and personal life.

Following hypotheses are framed to study the above objectives:

H_0 1: There is no significant association between type of organization and hospital providing sufficient facilities for relaxation.

H_0 2: There is no significant association between type of organization and job satisfaction.

H_0 3: There is no significant association between type of organization and feeling stressed at work.

H_0 4: There is no significant association between type of organization and ability to spend time with family.

H_0 5: There is no significant association between type of organization and professional work often disturbing personal works.

H_0 6: There is no significant association between type of organization and work life balance.

4. RESEARCH METHODOLOGY

The following methodology is being followed to achieve the objectives of the study. The conceptual scope of the study is limited to the human element in the health care sector directly dealing with the patient care. In particular the scope of the study is limited to the factors influencing work life balance of medical professional in Riyadh, KSA. A representative sample of medical professionals from Government hospitals (32) and Private Hospitals (46) in Riyadh, Saudi Arabia was considered for the purpose of the study. A total of 78 valid questionnaires were considered for the purpose of the study. The data are collected during May-July 2014.

Primary data are collected for the purpose of the study by administering a structured questionnaire with 42 questions to the medical professionals. For the purpose of review of literature and design of the questionnaire, secondary data are collected from sources like journals, books, official publications and websites of various hospitals in Riyadh, Ministry of Health and other relevant websites. A pilot survey was initially conducted. The responses are generalized with broad categorization and based on the data analysis of the pilot study the questionnaire was designed accordingly.

5. Data Analysis

One question with zero variance was deleted for the purpose of data analysis. Statistical Analysis of Critical Factors Affecting Health Care Sector in Saudi Arabia are carried out. Suitable statistical tools such as Cronbach's alpha, cross tabs, KMO Bartlett's test, Factor analysis - component analysis, scree plot, principal component analysis, crosstabs and tests hypotheses are conducted to draw meaningful inferences that would help policy makers and medical professionals to bring the desired change where necessary.

5.1 Reliability

Table 1 Reliability statistics

Organization	Cronbach's Alpha	N
Government	.940	41
Private	.896	41

Table 2 Scale statistics

Organization	Mean	Variance	Std. Deviation	N
Government	156.66	439.91	20.97	41
Private	141.26	304.06	17.44	41

Inference: Cronbach's alpha has been run for to check their reliability. The above table displays some of the results obtained. The overall alpha for the all items (Government and private group wise) are 0.940 and 0.896 respectively, these values are very high and indicates strong internal consistency among the given items.

5.2 Factor Analysis

Table 3 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.719
Bartlett's Test of Sphericity	Approx. Chi-Square	2277.81
	Degree of freedom	820
	Significance	.000

Before proceeding for factor analysis, the researcher first tested the eligibility of the data by checking KMO- Bartlett's test which is a measure of sampling adequacy. The KMO value is 0.719 >0.5 indicates multivariate normality among variables. Further significance value is less than .005 the researcher proceeded with factor analysis using SPSS 20.0. Pertinent tables like Total Variance, Component Matrix and Rotated Component Matrix are generated for the purpose of identifying factors influencing work life balance of medical professionals in Riyadh. The Principal Component Matrix gave the component matrix which is rotated using the Varimax rotation technique which gave the Rotated Component Matrix. Rotation of factors helped in the better interpretation of factors.

Using the factor analysis tables it is being observed that the first factor in the Rotated Component matrix is heavily loaded with ability to spare time for parents, elders in the family (factor loading 0.892). The second factor is heavily loaded with good and adequate infrastructure facilities at the work place (like water, sanitary facilities) and its factor loading value is 0.909 and thus the subsequent factors are interpreted based on their factor loading values. It may be mentioned that for the purpose of brevity, the factor analysis tables are not presented in the paper and the final list of 11 factors which collectively account for 76 % of the variance in the data is shown below.

Table 4 Factor Loading Value

No.	Factor name	Factor loading value
1	able to spare time for parents, elders in my family	0.892
2	good and adequate infrastructure facilities at my work place (like water, sanitary facilities)	0.909
3	proud to be working for this organization	0.766
4	counsel patient/ dependent to their satisfaction	0.883
5	occupation demands time beyond working hours	0.770
6	like to do social service	0.762
7	comfortable with my occupational duty timings	0.777
8	feel stressed at work	0.881
9	often have different demands on my time	0.751
10	job requires creativity	0.791
11	turn down another job for more pay in-order to stay with this hospital	0.622

H_0 1: *There is no significant association between type of organization and hospital providing sufficient facilities for relaxation.*

Table 5 Crosstab

			6.Hospital provides sufficient facilities for relaxation					T
			SD	D	N	A	SA	
O	G	Count	2	1	11	12	6	32
		% within O	6.2	3.1	34.4	37.5	18.8	100
	P	Count	3	16	10	13	4	46
		% within O	6.5	34.8	21.7	28.3	8.7	100
T		Count	5	17	21	25	10	78
		% within O	6.4	21.8	26.9	32.1	12.8	100

Abbreviations: G - Government, P – Private, O – Organization, SD – Strongly Disagree, D – Disagree, N- Neutral, A – Agree, SA – Strongly Agree, T – Total

Above abbreviations will be used in all the Crosstab tables of all hypothesis.

Table 6 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.790[a]	4	.019
Likelihood Ratio	14.126	4	.007
Linear-by-Linear Association	5.626	1	.018
N of Valid Cases	78		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 2.05.

From the above table chi square is significant (sig. value is less than 0.05) and hence the null Hypothesis $H_0$1 is rejected. It means that there is a significant association between organizations and their opinions on hospital provides sufficient facilities for relaxation.

Table 7 Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.389	.019
	Cramer's V	.389	.019
N of Valid Cases		78	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

The strength of association between organization and their opinions on hospital provides sufficient facilities for relaxation is 0.389.

H0 2: *There is no significant association between type of organization and job satisfaction.*

Table 8 Crosstab

			11.I am able to perform my job to my satisfaction					T
			SD	D	N	A	SA	
O	G	Count	1	1	10	9	11	32
		% within O	3.1	3.1	31.2	28.1	34.4	100
	P	Count	0	5	6	25	10	46
		% within O	0.0	10.9	13.0	54.3	21.7	100
T		Count	1	6	16	34	21	78
		% within O	1.3	7.7	20.5	43.6	26.9	100

Table 9 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.055[a]	4	.040
Likelihood Ratio	10.664	4	.031
Linear-by-Linear Association	.001	1	.980
N of Valid Cases	78		

a. 4 cells (40.0%) have expected count less than 5.

b. The minimum expected count is .41.

From the above table chi square is significant (sig. value is less than 0.05) and hence the null Hypothesis H0 2 is rejected. It means that there is a significant association between organization and their opinions on ablity to perform job satisfaction.

Table 10 Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.359	.040
	Cramer's V	.359	.040
N of Valid Cases		78	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

The strength of association between organizations and their opinions on ablity to perform job satisfaction is 0.359.

H_0 3: *There is no significant association between type of organization and feeling stressed at work.*

Table 11 Crosstab

Crosstab							
		13.I feel stressed at work					T
		SD	D	N	A	SA	
G	Count	1	1	13	10	7	32
	% within O	3.1	3.1	40.6	31.2	21.9	100
P	Count	2	11	17	13	3	46
	% within O	4.3	23.9	37.0	28.3	6.5	100
T	Count	3	12	30	23	10	78
	% within O	3.8	15.4	38.5	29.5	12.8	100

Table 12 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.967[a]	4	.062
Likelihood Ratio	10.138	4	.038
Linear-by-Linear Association	5.962	1	.015
N of Valid Cases	78		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 1.23.

From the above table chi square is not significant (sig. value is greater than 0.05) and hence no evidence to reject null hypothesis. It means that there is no significant association between organization and their opinions on fell stressed at work.

Table 13 Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.339	.062
	Cramer's V	.339	.062
N of Valid Cases		78	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

The strength of association between organization and their opinions on fell stressed at work is 0.339.

H_0 4: *There is no significant association between type of organization and ability to spend time with family.*

Table 14 Crosstab

			29.I am able to spend time with family					T
			SD	D	N	A	SA	
O	G	Count	0	1	7	13	11	32
		% within O	0.0	3.1	21.9	40.6	34.4	100
	P	Count	6	9	12	13	6	46
		% within O	13.0	19.6	26.1	28.3	13.0	100
T		Count	6	10	19	26	17	78
		% within O	7.7	12.8	24.4	33.3	21.8	100

Table 15 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.095[a]	4	.011
Likelihood Ratio	15.977	4	.003
Linear-by-Linear Association	12.631	1	.000
N of Valid Cases	78		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 2.46.

From the above table chi square is significant (sig. value is less than 0.05) and hence the null Hypothesis H_0 4 is rejected. It means that there is a significant association between organization and their opinions on able to spend time with family.

Table 16 Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.410	.011
	Cramer's V	.410	.011
N of Valid Cases		78	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

The strength of association between organization and their opinions on able to spend time with family is 0.410.

H_0 5: *There is no significant association between type of organization and professional work often disturbing personal works.*

Table 17 Crosstab

			37.My professional work often disturbs my personal life					T
			SD	D	N	A	SA	
O	G	Count	2	3	9	8	10	32
		% within O	6.2	9.4	28.1	25.0	31.2	100
	P	Count	0	13	19	11	3	46
		% within O	0.0	28.3	41.3	23.9	6.5	100
T		Count	2	16	28	19	13	78
		% within O	2.6	20.5	35.9	24.4	16.7	100

Table 18 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.003[a]	4	.007
Likelihood Ratio	15.088	4	.005
Linear-by-Linear Association	5.414	1	.020
N of Valid Cases	78		

a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is .82.

From the above table chi square is significant (sig. value is more than 0.05), hence accept the null hypothesis. It means that there is a significant association between organization and their opinions on professional work often disturbing personal works.

Table 19 Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.424	.007
	Cramer's V	.424	.007
N of Valid Cases		78	

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

The strength of association between organization and their opinions on professional work often disturbing personal works is 0.424.

H_0 6: *There is no significant association between type of organization and work life balance.*

Table 20 Crosstab

			42.I am able to balance work-life					T
			SD	D	N	A	SA	
O	G	Count	0	2	8	9	13	32
		% within O	0.0	6.2	25.0	28.1	40.6	100
	P	Count	2	3	19	17	5	46
		% within O	4.3	6.5	41.3	37.0	10.9	100
T		Count	2	5	27	26	18	78
		% within O	2.6	6.4	34.6	33.3	23.1	100

Table 21 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.525[a]	4	.032
Likelihood Ratio	11.247	4	.024
Linear-by-Linear Association	6.894	1	.009
N of Valid Cases	78		

a. 4 cells (40.0%) have expected count less than 5.
b. The minimum expected count is .82.

From the above table chi square is significant (sig. value is less than 0.05) and hence the null Hypothesis $H_0$6 is rejected. It means that there is a significant association between organization and their opinions on able to balance work-life.

Table 22 Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.367	.032
	Cramer's V	.367	.032
N of Valid Cases		78	

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

The strength of association between organization and their opinions on able to balance work-life is 0.367.

Table 23 Consolidated results of tests of hypotheses

Null Hypothesis	Sig. value	Result	Strength of Association
H_0 1: There is no significant association between type of organization and hospital providing sufficient facilities for relaxation.	.019	Rejected	0.389
H_0 2: There is no significant association between type of organization and job satisfaction.	.040	Rejected	0.359
H_0 3: There is no significant association between type of organization and feeling stressed at work.	0.062	Accepted	0.339
H_0 4: There is no significant association between type of organization and ability to spend time with family.	0.011	Rejected	0.410
H_0 5: There is no significant association between type of organization and professional work often disturbing personal works.	0.007	Rejected	0.424

Table 24 Consolidated responses (Figures indicate % within organizations)

Question	O	SD	D	N	A	SA	T
1. Hospital provides sufficient facilities for relaxation	G	6.2	3.1	34.4	37.5	18.8	100
	P	6.5	34.8	21.7	28.3	8.7	100
	T	6.4	21.8	26.9	32.1	12.8	100
2. I am able to perform my job to my satisfaction	G	3.1	3.1	31.2	28.1	34.4	100
	P	0.0	10.9	13.0	54.3	21.7	100
	T	1.3	7.7	20.5	43.6	26.9	100
3. I feel stressed at work	G	3.1	3.1	40.6	31.2	21.9	100
	P	4.3	23.9	37.0	28.3	6.5	100
	T	3.8	15.4	38.5	29.5	12.8	100
4. I am able to spend time with family	G	0.0	3.1	21.9	40.6	34.4	100
	P	13.0	19.6	26.1	28.3	13.0	100
	T	7.7	12.8	24.4	33.3	21.8	100
5. My professional	G	6.2	9.4	28.1	25.0	31.2	100

work often disturbs my personal life	P	0.0	28.3	41.3	23.9	6.5	100
	T	2.6	20.5	35.9	24.4	16.7	100
6. I am able to balance work-life	G	0.0	6.2	25.0	28.1	40.6	100
	P	4.3	6.5	41.3	37	10.9	100
	T	2.6	6.4	34.6	33.3	23	100

The conclusion and inferences are drawn based on the above data analysis.

6. CONCLUSION

The Government of Saudi Arabia is keen to provide the state of the art facilities for providing the health care to its citizens. From the review of literature it is being observed that there are not many studies reflecting the work life balance of medical professionals in Saudi Arabia in general and Riyadh in particular. This study is being carried out to understand the organizational climate and whether the employees are able to spare time for family and other activities they intend to do in their professional and personal life.

The results of factor analysis indicate that managements of the Hospitals should have empathy with the medical professional and aid in enhancing work life balance in terms of providing time for meeting aspiration of the employees. Good and adequate infrastructure should be provided. Facilities for drinking water and sanitation needs to be focused. Additional arrangements for counseling of patients / dependents to their satisfaction may be provided. Employees feel that their occupation demands time beyond working hours, expect comfort with duty timings and feel stressed at work. Further the job requires creativity. Hospitals can take policy decisions by sanctioning sufficient posts in departments where employees feel hard pressed for time and take steps to reduce stress and enhance creativity. An incentive plan may also be designed to satisfy the employees working overtime. The employees also have different demands on their time. They need time to spend with parents, elders and other family members. These subtle expectations may be fulfilled on humanitarian grounds. They are prepared to turn down another job with more pay in order to stay in the hospital they are currently working. This is a good sign of effectiveness of employee retention policies of the hospitals surveyed.

The results of tests of hypotheses with reference to sufficient facilities for relaxation, job satisfaction, ability to spend time with family, professional work often disturbing personal work, and work life balance, there is a significant association with Government hospitals and private hospitals. With regards to feeling stressed at work there is no significant association with Government hospitals and private hospitals. Compared to private hospitals, Government doctors opined that they have sufficient facilities for relaxation, able to spend time with family, work life balance. Government doctors feel that their professional work often disturbs their personal work and feel more stressed compared to private hospitals. In spite of the above results surprisingly, less percentage of private hospital doctors (in comparison with Government doctors) feel that professional work disturbs their personal work and a higher percentage of private hospital doctors have more job satisfaction compared to Government hospital doctors and less work life balance. Hence Government hospitals may focus on reducing stress and private hospitals may focus of enhancing work life balance of their respective doctors and nurses.

Further studies may focus on a larger sample of Government and private hospitals to get a better picture for taking policy decisions at the national level. Future studies may also focus of department wise analysis to understand various factors influencing work life balance in respective departments of Government and private hospitals.

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