

Understanding the Dynamism of Determinants of Work Life Balance of Health Workers in Assam, India with Special Reference to COVID-19 Pandemic

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Abstract:

As the focus of development of human society has shifted from economic development to human development, work-life balance (WLB) becomes the centre of its discussion. WLB is important for any individual to enhance the overall well-being of workers in professional and personal lives. In 21st-century, the life of health workers is full of stress which results from emotional demands of their roles. To prevent burnout, reduce stress, and enhance overall well-being from the intensive nature of healthcare jobs, adequate measures need to be taken to improve job satisfaction, boost performance, and lead to better patient care. Developing a culture with healthy work-life balance for health workers may fosters resilience and longevity in their careers. Healthy WLB will ensure that the health workers remain effective and compassionate in their roles while maintaining their own physical and mental health. The recent COVID-19 pandemic also imposed huge pressure on the life of health workers and force them to render services even without safety gadget. This study has been conducted to understand the nature of WLB of health workers in Assam in general during COVID-19 pandemic and also tried to investigate the determinants of WLB of the health-workers. Causal research has been conducted with 510 samples with 353 doctors and 157 nurses from 66 hospitals across the state which includes both government and private hospitals. Most of the earlier researches on WLB focused on constant determinants of WLB and suggested recommendation on the constant parameters. But in this study, the objective was to investigate the dynamic nature of WLB and whether the determinants of WLB remain same during pandemic and non-pandemic period and for health-workers of government and private hospitals. The result of the study identifies that WLB is very dynamic in nature for health workers and determinants get changed with situational demand and also along with the work-culture or controlling mechanism. So, the policy makers should use the contingency approach for providing solutions to overcome poor WLB.

Keywords: *Work Life balance, Determinants, Health workers, Hospitals, COVID-19.*

Introduction:

Among the many burning issues related to the Indian healthcare industry, the concerns of the healthcare professionals have long been unnoticed. In order to counter this, the hospitals should take a variety of steps to make the health workers job more satisfying and fulfilling in order to contribute positively to their personal development. In order to cater to this situation, the present study sought to address the burning issues related to the Indian health care industry settings by devoting on doctors and other workers who are attached to their professions and their work life balance issues both in adverse as well as in normal situations.

The current study is based on the fundamental issues that the working life of the healthcare professionals has non deniably penetrated their personal lives, which has led to an enormous burden from both the situations. It is important to identify and understand the factors related to the healthcare professionals work life balance problems which forms the basic purpose of the study. The study also examined the expectations of the healthcare workers expectations on different work life balance systems provided by the hospitals. It was found that individuals in most professions are struggling to blend work and non-work obligations as a result of rapid technological changes and the effects of globalization which leads to a certain degree of imbalance in working lives. It is evident that although the healthcare workers are expected to devote their lives to their profession, like every other person, they have their personal and family life too. It is evident as the nature of their duties, the doctors and the other healthcare professionals lead extremely hectic lifestyle, making it extremely difficult to balance the medical and professional obligations along with the family, personal and social obligations. Varied problems and severe lack of time to deal with the patients results of loss of control over one's own life. Previous studies indicate that there has been a difficulty in balancing the needs of the healthcare workers resulting to the depression and anxiety of the medical professionals. They have neglected their own lives in their quest to save millions of lives. It is therefore imperative that they expect recommendations, assistance and collaborations not only from their near and dear ones but also from the hospitals in order to counter with the competing issues and maintain a fair degree of balance. Curing the patients infected with the deadly viruses is a challenging job for the health care professionals who are under immense stress from protecting themselves both from being infected with the virus as well as still working strenuous hours in hot

and humid conditions with poor ventilations which contributed to the fear of spreading the virus. On the contrary, the health workers need to be compassionate about the surge in the number of deaths of the patients, even though they are physically and mentally drained out due to a lack of balance in their professional life, long working hours and lack of job satisfaction.

There are several factors which are important for healthy WLB of health workers and have an impact on the WLB of health-workers in Assam which are as follows:

Autonomy & Work Environment at hospitals:

Demerouti et al. (2012) examined that in the literature review, an attempt has been made to link between life and career stage, work-family interference and also work and family conditions in hospitals. A study done by **Fein and Skinner (2015)** examines the various relationships between health and work hours in hospitals a national sample from Australia which constitutes both men and women. It was found that the people suffering from poor work life balance have to face serious effects like disharmony, unwillingness to work, poor diet, stress, lack of exercise, insomnia, exhaustion, depression and health problems (**Welford 2008**). Another study done by **Fanny Y F Young (2012)**, which concluded that the private doctor has on an average slightly longer working hours as compared with the other professionals.

Financial and Non-Financial Benefits from hospitals:

Every healthcare business deals with how best to use people to accomplish the goals (**Yamen, 2021**). In this way special attention is paid to how people can be most effectively motivated by things like initiative, rewards, leadership, the work they do, and the organizational setting in which they do it (**Miljkovic, 2007**). Because of the fact that each individual has unique demands that are subject to change, motivation can be extremely difficult to achieve (**Samardzic et al., 2016, p. 691**). To ensure success, it is advised that organizations seek the best possible mix of financial and non-financial incentives for their staff. This is because, as noted by **Pravdic&Kucinar (2015, p.16)**, every business is different and needs to create a unique approach to managing intellectual capital using the models that already exist as a guide only.

Training & Development:

Health professional in all disciplines faced substantial obstacles due to a lack of learning and training opportunities, which made the creation of creative teaching strategies necessary to guarantee lifelong learning and skill development (**Bloom, D.A.; et al (2020)**). Since the pandemics start, a small number of studies have found that medical and nursing students' motivation has dropped (**Bachir, B.; Naji, A.; Tfayli, A (2021)**). It was found according to one study that the detrimental effects on clinical education on a daily basis had caused some medical trainees to lose faith in their clinical skills which has made them consider changing their jobs (**Laloo, R.; et al (2021)**).

Workplace facilities/Infrastructure:

Saraih, et.al., (2019), had conducted a study to identify the relationships between work life balance, job performance and organizational justice in the process of achieving employee's career satisfaction. **Pathak, Dubey and Singh (2019)**, had surveyed quite a number of quality literature on work life balance and job satisfaction and from these studies it was found that if an organization wants to have better efficiency and greater duty from the representatives then their issues should be adhered to. **Lockwood (2008)**, further in his study pointed out that work life balance eventually helps to manage work and personal responsibilities.

Employee Friendly Benefits:

Bodjrenou et.al (2016), basically laid emphasis on the previous studies being done by various researchers with a definite plan in identifying the determining factors which will lead to employee maintenance. Various factors like opportunities, development, work-life-balance, compensation, work environment, management/leadership, self sufficiency, work environment and training and development were considered the factors in favor of retention of the employees. **Christeen (2015)**, has identified some of the main factors which are imperative in maintaining work life balance and it includes conducive environment, good management, autonomy, social support and development opportunities, compensation, crafted work load and work-life balance.

Job Specific Variables:

A study was conducted by **Rania et al. (2011)** basically to analyze the relationship between work life balance and employee satisfaction. The various parameters used for the study in the research include recognition, career opportunity, payments, work tasks, benefits, employee satisfaction and eventually work life balance. **McAllister et al. (2012)** in his study investigated the impact of couple emotional intimacy on the job perception (job rewards and job concerns) and work-family conflict (both work-to-family conflict and family to work conflict). **Buelens and Broeck (2007)** in his study examined the differences in work motivation levels between the private and the public sectors.

Family Support:

Syed et al. (2015) conducted studies in 486 banking employees in Pakistan and Netherlands to find out the effects of work family conflict on the work family balance obligations and also on the psychological contract breach. **Qiu and Fan (2014)** studied the work family border and also the boundary theory which gives insights to influence their work-family relationship and it is not known to all that how boundary flexibility and how permeability together influences the work family conflict and subsequent outcome of the employee. Research by **Russell, O'Connell and McGinnity (2009)** suggested that there has been a significant increase in the proportion of dual-earning families. These transformations have led to reconciliation between work and care commitments to the forefront. It has been found the flexible working facilities in the workplace has been identified as one of the important tasks of balancing work and other family commitments.

Organization Related Variables:

Clark (2000); Hill et al, (1996) have found that when the integrating provisions that are made available, it leads to blurring of work-family boundaries and can adversely affect the WLB which eventually leads to higher dissatisfaction in work, higher work family conflict, and also higher levels of stress. Also as per **Scherer (2009)**, the welfare of the workers who continue with their job and responsibilities can be negatively affected by the uncertainty of the job. **Wayman (2010)** pointed out that people feel under pressure to perform during long working hours in order to keep up with their job.

Professional Commitment:

Coping with professional and personal stress is not an easy task and is a major challenge faced by the medical practitioners. A proper focus on the study of the leading Oncologists, **Shanefelt (2005)** feels that burnout, depression, suicide, broken marriages and drug abuse are some of the tragic consequents that are being faced by committed, intelligent and young physicians. Recent researches shows that the doctors often adopt avoidance and denial as coping behaviors which are not usually effective responses to the relevant stressful situations (**Baldisseri, 2007, Firth-cozen 2001**). Moreover, it was also found that physicians are renowned for their hesitation in providing mutual support to one another (**Edwards, Kornacki and Silversin 2002**) and the conspiracy of silence which often tends to dissuade the doctors from sharing their concerns and issues with someone about their troubles with a concerning colleague. (**Arnetz 2001**). It is also to be noted that seeking help from others will be viewed as an indicator about their inability to perform and cope better in the job. (**Harrison 2006, Thompson et al 2001**). Recently it has been found that the culture of medicine has been more widely accepted as an important norm that may try to explain why the doctors experience difficulty in taking care of themselves. As for example, a study done by **Uallachain 2008** found that quite a majority of the doctors have still worked even when they were suffering from sickness and those doctors who took sick day leave felt guilty about it.

Personal Financial Condition:

An article by **Grawitch, Barber and Justice (2010)** reinitiates the framework surrounding the concept of work life balance. Although previous researches have shown that main focus was primarily on the ways in which non-work life and work-life influence each other (mostly negatively) yet they present an alternate perspective that primarily focuses on attaining personal pursuits and the management of the personal resources. **Promislo (2010)** tries on to build in the studies done by Carlson and Kacmar's which calls for more extensive research on the personal values in the very context of work-family interface. **Reynolds (2005)** in his study holds the view that the study would facilitate the work-life and work hour's literature by reviewing the competing predictions about the relationship between the desire for paid work and work-life conflict. In a study done by **Nomaguchi (2009)** it uses data from two national surveys and examines the fact on what accounts for increase in the sense of work family conflicts among the parents employed between 1977 and 1997.

Dependents in Family:

Grzywacz and Marks (2000), ably recognized the fact that often work family studies have been prevalent by role strain and perspectives related to role improvement. During work family interface, the role strain outlook interferes factors such as work and family struggle with each other having limited time, physical energy and psychological resources which often lead to a negative result in both areas (**Greenhaus and Beutell, 1985**). **Judge, Ilies and Scott (2006)** examined the effect and result of work-family conflict on the emotions of hostility and guilt, and the various implications of the work family conflict and the various attachments associated with marital satisfaction and also job satisfaction. **Lu et al. (2012)** conducted researches which include an episodes approach and uses the theory of competition and cooperation to understand the interaction that increases situations of resolving work-family conflict instances. This has been studied and examined in detailed by **Tuckera P et al. (2015)** who examined about the impact of work time control on the doctors sleep and wellbeing. The work schedule of the doctors is an important determinant of their own wellbeing as well as those of their patients.

Domestic Responsibilities:

Delecta (2011) has revealed that individuals who fancy that the primary objective in one's life is to work, then it leads their profession becoming their centre of life **Ozbilgin , Beauregard, Tatli and Bell (2011)** have found that work life issues have an important bearing on both the individual as well as the domestic responsibilities.

The objective of this research is to investigate whether the determinants of WLB of health workers are constant and do not change with situation and different controlling system of work. To study this, generally the determinants of WLB of health workers during COVID-19 pandemic and non-pandemic situation were compared and along with this the determinants for WLB of health workers of government and private hospitals were also compared. The study also investigated the impact of COVID-19 pandemic on the WLB of health workers.

Table No.1: Determining factors of Work Life Balance:

Sr No.	Determining Factors	No. of Items	Mean	Variance	Std. Deviation	Cronbach's Alpha
1	Autonomy and Work Environment	12	4.6579	0.550	0.74149	0.863
2	Job Specific Variables	15	4.6414	0.71725	0.514	0.878
3	Financial & Non-Financial Benefits	11	4.6244	0.75875	0.576	0.844
4	Training & Development	5	4.6063	0.80546	0.649	0.776
5	Work Place Facilities/ Infrastructure	5	4.5655	0.81184	0.659	0.737
6	Dependents in Family	3	4.5039	0.84006	0.706	0.755
7	Organization Related Variables	7	4.4696	0.78269	0.613	0.743
8	Personal Financial Conditions	6	4.4273	0.77380	0.599	0.769
9	Employee Friendly Benefits	10	4.3908	0.69405	0.482	0.83
10	Professional Commitments	8	4.3656	0.73505	0.540	0.691
11	Family Support	8	4.3391	0.72893	0.531	0.779
12	Domestic Responsibilities	6	3.8765	0.97278	0.946	0.817

Health workers reported their agreement on the above determining factors as per - Autonomy and Work Environment, Job Specific Variables, Financial & Non-Financial Benefits, Training & Development, Work Place Facilities/ Infrastructure and Dependents in Family are having mean above 4.50 on a scale 1-7 where 1 denotes Strongly Disagree and 7 denotes Strongly Agree.

Similarly, Organization Related Variables, Personal Financial Conditions, Employee Friendly Benefits, Professional Commitments and Family Support were having mean values 4 to 4.5 while Domestic Responsibilities was rated as 3.87. It means that Autonomy and Work Environment, Job Specific Variables, Financial & Non-Financial Benefits, Training & Development, Work Place Facilities/ Infrastructure and Family Factors are more prominent in the work place as compared to the other factors.

Methodology:

Health workers job is a challenging job as they have to be ready all the time for rendering services to the society. Often this leads to imbalance in work and life. This study was conducted to identify various factors which are responsible for work life balance (WLB) of health workers. Whether these determinants of WLB is constant for individuals across all situations and in different controlling environment, exploratory research has been conducted in Assam. Around 230 research papers on work life balance were reviewed to identify the factors responsible for WLB of health workers. A pilot study with 15 health workers were conducted to validated with the findings of literatures and also to explore more variables of WLB. A structured questionnaire has been prepared with 26 questions, 25 with close ended and 1 open ended question. 14 questions were relating to demographic profile of the respondents, 8 questions relating to pandemic and 102 statements using Likert's scale relating to WLB and antecedents of WLB. Face-to-face in-depth interviews with 30 doctors and 20 nurses from both government and private hospitals were conducted to identify factors which have an effect on work life balance of health workers.

There were 96 statements on antecedents of WLB of health workers incorporated in the study. Factor analysis has been conducted using Principal Component Analysis to reduce the factors and identify the major (principal) factors of work life balance. A total of 12 factors were identified through factor loading having Eigen value of more than 1. The KMO measure of sample adequacy was also calculated and found to be adequate. The KMO value was 0.812 and the significance level

of Bartlett's Test of Sphericity was 0.000 (significant). The following are the principal factors for determining work life balance of health workers:

1. Autonomy & Work Environment at hospitals.
2. Financial & Non-Financial Benefits from Hospitals.
3. Training and Development.
4. Work Place Facilities/ Infrastructure.
5. Employee Friendly Benefits.
6. Job Specific Variables.
7. Family Support.
8. Organization Related Variables.
9. Professional Commitments.
10. Personal Financial Conditions.
11. Dependents in family.
12. Domestic Responsibilities.

A total of 510 samples out of which 270 health workers from private hospitals and 240 from government hospitals were selected using Judgement sampling technique from 66 hospitals from Assam, India. The data were collected specifically from 353 doctors and 157 nurses and from both government and private hospitals. It was a cross-sectional study and data were collected from all age groups and both male and female health workers. The period of data collection was from 2019 to 2023. The multiple regression analysis was used to check whether the all 12 determinants of work life balance have an impact on the work life balance of the health workers. So, four different models were created using the common 12 determinants of work life balance as independent variable and the WLB as dependent variable. The 4 models were – 1. WLB of health workers of government hospitals during COVID-19 pandemic, 2. WLB of health workers of government hospitals during non-pandemic, 3. WLB of health workers of private hospitals during COVID-19 pandemic and 4. WLB of health workers of private hospitals during non-pandemic.

The theoretical model:

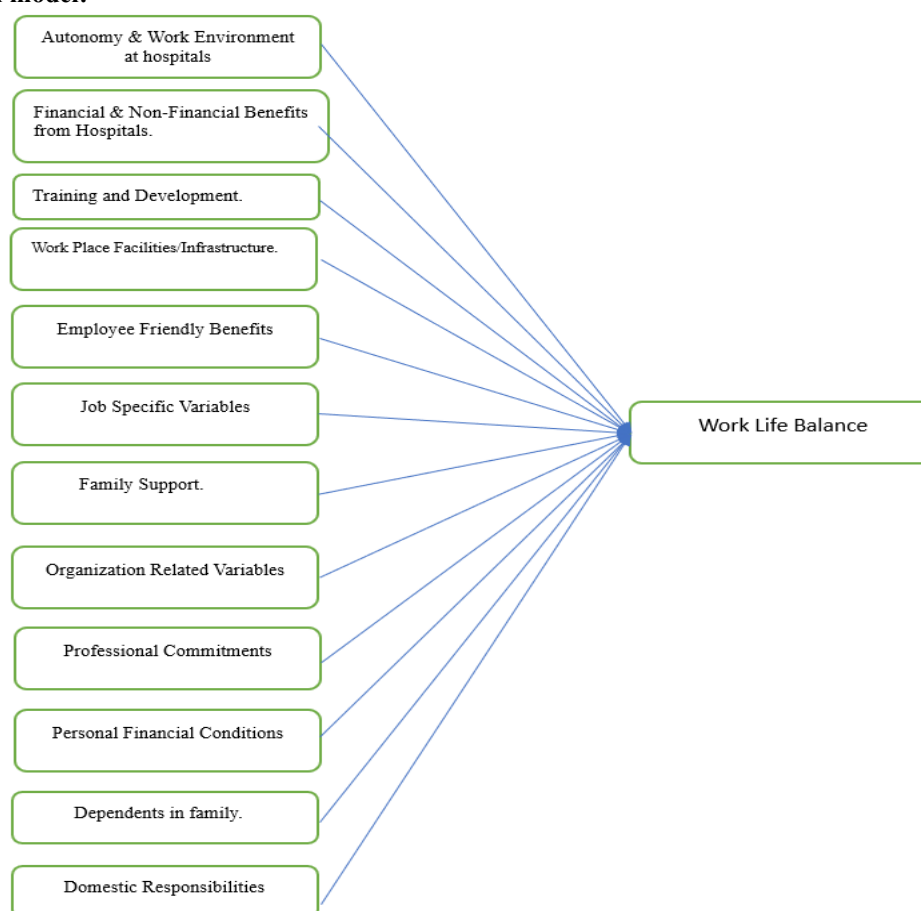


Fig No.1: The theoretical model of antecedents of WLB

As the objective of this paper is to investigate whether the determinants of work life balance of health workers remained same in different situations (like pandemic and non-pandemic) and in different controlling system of the hospitals (like government and private hospital), three hypotheses were constructed.

H1: There is a significant impact of COVID-19 pandemic on the WLB of health workers.

H2: Antecedents of Work Life Balance of health workers of Government and Private Hospitals remained same during Pandemic and Non-Pandemic situation.

H3: Antecedents of Work Life Balance of health workers of Government Hospitals remained same with private hospitals.

Results and Discussion:

Characteristics of Respondents: The gender distribution of the doctors includes 217 male and 136 female doctors out of total of 353 doctors. The remaining 157 nurses are all female. As per the age of the doctors are concerned, 42% of the doctors are below the Age of 30, followed by 39% of the doctors are between the age of 30-45 and 18% of the doctors age lies between 45-60 years. Similarly in the case of nurses, 48% of the nurses below 30 years of age, followed by 34% of the nurses are between 30-45 years of age followed by 17% of the nurses are between the age of 45-60 years.

As per the experience is concerned, in the case of doctors, 48% of the doctors are having experience less than 10 years, followed by 33% of the doctors are having experience of 10-20 years followed by 17% of the doctors are having experience of 20-30 years. Similarly in the case of nurses, 54% of the nurses are having experience below 10 years, followed by 31% of the nurses are having experience between 10-20 years followed by 13% of the nurses are having experience between 20-30 years.

Work Life Balance of Health Workers:

To measure the work life balance of the health workers, 7-point Likert scale (where 1 means Strongly Disagree and 7 means Strongly Agree) was used. In our study, we tried to measure the work life balance of the health workers (Non-Pandemic) and also the Work Life Balance of health workers during the COVID-19 pandemic. The following statements were used to measure the work life balance:

Table No.2: Work Life Balance of Health Workers in non-pandemic:

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted	Cronbach's Alpha	Mean	Variance
Balance quality time between work and personal life	9.5275	2.635	0.620	0.384	0.669	0.768	4.787	0.028
Balance work demands without compromises	9.7608	2.780	0.596	0.355	0.695			
Fulfilling personal life and work responsibilities	9.4333	3.055	0.594	0.354	0.700			

From the table above we find that the mean of work life balance in non-pandemic was 4.8 out of 7 which means that health workers work life is somewhat balanced which is not highly balanced nor highly poor.

Table No.3: Work Life Balance of Health Workers during COVID-19 pandemic:

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted	Cronbach's Alpha	Mean	Variance

Balance quality time between work and personal life	7.1451	2.505	0.581	0.349	0.641	0.742	3.578	0.085
Balance work demands without compromises	7.4529	2.759	0.601	0.365	0.623			
Fulfilling personal life and work responsibilities	6.8686	2.704	0.525	0.277	0.706			

From the table above we find that the mean of work life balance during COVID-19 pandemic was 3.6 out of 7 which means that health workers work life is somewhat not balanced. It shows that during pandemic the health workers find it difficult to balance between work and life.

Impact of pandemic on Work Life Balance:

Hypothesis 1: The COVID-19 pandemic has significantly deteriorated the work life balance of the health workers.

Table No.4: Paired T-Test:

WLB	Mean	N	Std. Deviation	Std. Error Mean
WLB during Pandemic	3.5778	510	0.76659	0.03395
WLB during non-Pandemic	4.7871	510	0.79564	0.03523

Table No.5: Paired Sample Correlation:

	N	Correlation	Sig.
WLB during Pandemic & WLB during Non-Pandemic	510	0.124	0.005

Table No.6: Paired Samples T-Test:

Paired Samples Test								
	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
AVG_WLBD - AVG_WLBG	-1.20929	1.03437	0.04580	-1.29928	-1.11931	-26.402	509	0.000

From the Paired T-Test table we can state that there is a significant difference of work life balance of health workers during pandemic and non-pandemic period. The p-value is less than 0.05 of Paired t-test which indicates that we accept the null hypothesis that there is a significant difference of work life balance of health workers. The work life balance has been hampered by the pandemic of the health workers and is represented by lower mean value of work life balance during pandemic compared to WLB in non-pandemic. In general, the mean WLB of health workers was 4.8, but during the COVID-19 pandemic it came down to 3.6. As the Paired T-Test value was significant, it indicates that COVID-19 pandemic deteriorated the work life balance of health workers.

Antecedents of Work Life Balance of health workers of Government Hospitals during Pandemic and Non-Pandemic situation: Government Hospital workers during non-pandemic situation:

Table No 7: Model Summary with ANOVA:

R	R Square	Adjusted R Square	Std. Error of the Estimate	Sum of Squares	df	Mean Square	F	Sig.
.948 ^b	0.899	0.893	0.28166	159.821	12	13.318	167.876	.000 ^c

Table No.8: Regression Analysis

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.308	0.225		5.817	0.000
Autonomy and Work Environment	0.189	0.045	0.178	4.161	0.000
Job Specific Variables	0.158	0.045	0.150	3.527	0.001
Financial & Non-Financial Benefits	0.013	0.031	0.013	0.406	0.685
Training & Development	0.047	0.025	0.051	1.891	0.060
Work Place Facilities/ Infrastructure	0.057	0.039	0.049	1.482	0.140
Dependents in Family	-0.066	0.039	-0.060	-1.695	0.091
Organization Related Variables	0.084	0.043	0.077	1.979	0.049
Personal Financial Conditions	0.049	0.038	0.049	1.271	0.205
Employee Friendly Benefits	0.102	0.043	0.093	2.401	0.017
Professional Commitments	0.138	0.036	0.130	3.882	0.000
Family Support	0.164	0.034	0.172	4.787	0.000
Domestic Responsibilities	-0.183	0.022	-0.243	-8.402	0.000

From Table No 7, we can see that the P-Value is 0.000 which is less than 0.01 and the R-Square value is 0.9. It indicates the regression model is significant at 99% confidence level and the model is explained by 90% of its predictors. From the table no 8, we can see that Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Professional Commitments, Family Support and Domestic Responsibilities are significantly impacting the WLB of health workers of government hospitals because the P-Value is less than 0.05.

The factors like Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Professional Commitments and Family Support have positive impact on WLB means higher the value of Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Professional Commitments and Family Support, the higher is the WLB of health workers of government hospitals.

On the other hand, Dependents in Family which includes having dependent parents, relatives, working spouse, etc. at home and Domestic Responsibilities which includes having responsibilities at home for cooking, shopping, cleaning, washing, ironing etc. have negative impact on WLB. It means higher the family factor and domestic responsibility, lower is the WLB for health workers of government hospitals.

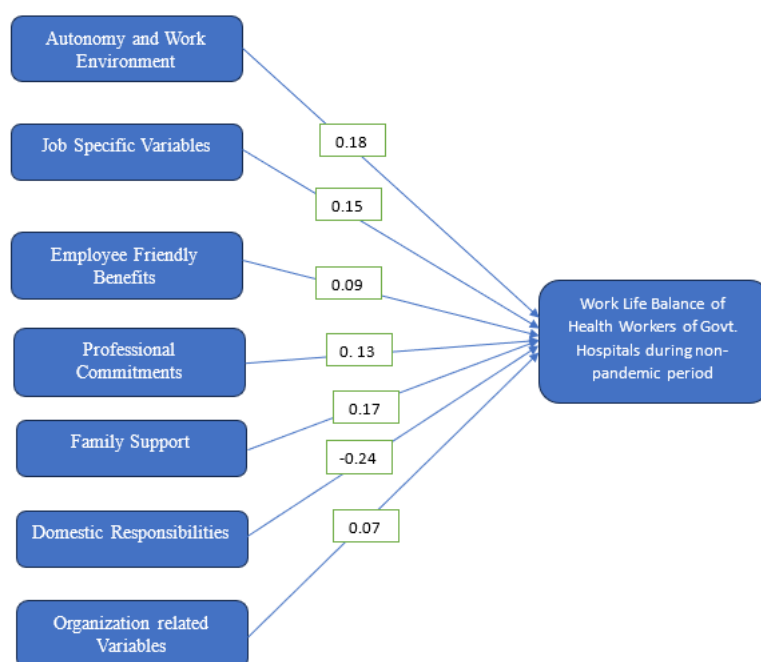


Fig no.2: Determinants of WLB of health workers of Government Hospitals during Non-Pandemic situation.

Government Hospital workers in COVID-19 Pandemic situation:

Table No.9: Model Summary with ANOVA:

R	R Square	Adjusted R Square	Std. Error of the Estimate	Sum of Squares	df	Mean Square	F	Sig.
.389 ^b	0.151	0.107	0.78841	25.182	12	2.098	3.376	.000 ^c

Table No.10: Regression Analysis:

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.231	0.630		8.308	0.000
Autonomy and Work Environment	0.020	0.127	0.020	0.160	0.873
Job Specific Variables	-0.089	0.126	-0.087	-0.705	0.482
Financial & Non-Financial Benefits	0.057	0.086	0.061	0.663	0.508
Training & Development	0.096	0.070	0.106	1.365	0.174
Work Place Facilities/ Infrastructure	-0.283	0.108	0.248	2.607	0.010
Dependents in Family	-0.315	0.108	-0.297	-2.903	0.004
Organization Related Variables	-0.034	0.119	-0.032	-0.282	0.778
Personal Financial Conditions	-0.175	0.107	-0.183	-1.641	0.102

Employee Friendly Benefits	0.062	0.119	0.058	0.521	0.603
Professional Commitments	0.127	0.100	0.124	1.276	0.203
Family Support	0.193	0.096	0.210	2.016	0.045
Domestic Responsibilities	-0.092	0.061	-0.125	-1.498	0.136
a. Govt. Hospital; b. Dependent Variable: WLB during Pandemic					

From Table No 9, we can see that the P-Value is 0.000 which is less than 0.01 and the R-Square value is 0.15. It indicates the regression model is significant at 99% confidence level and the model is explained by 15% of its predictors. From the table no 10, we can see that Work Place Facilities/Infrastructure, Dependents in Family and Family Support are significantly impacting the WLB of health workers of government hospitals during pandemic because the P-Value is less than 0.05.

During the pandemic, the most important thing that health workers want is the support from their family members. As COVID-19 pandemic was a contagious disease and there is a risk of carrying the virus to the family. So, it was highly important for the health workers to get the family support to work in the hospital fighting against the virus. That is why family support is found significant and 21% of WLB has been impacted by the family support of the health worker. Similarly, Work Place Facilities/Infrastructure was also an important factor for WLB of health workers of government hospitals. Most of the government hospitals had very high volume of COVID-19 patients during the pandemic and there were inadequate facilities and infrastructures to cope with this volume of patients. Health workers work life was highly depend on these facilities to fight against the disease. The Work Place Facilities/Infrastructure of government hospitals are responsible for 25% of WLB of health workers.

On the other hand more dependent in the family member of health workers, the Dependents in Family is inversely related with the WLB of health workers. It means more dependent member in the family like living with dependent parents, having responsibility of taking care of elderly parents or having working spouse make the work life more difficult. Higher the dependency in the family, the lower is the WLB of health workers. The Beta value which is (-0.3) indicates 1% increase of dependency, 0.3% decrease of WLB of health workers.

So during pandemic only these three factors had impacted the WLB of the health workers. \

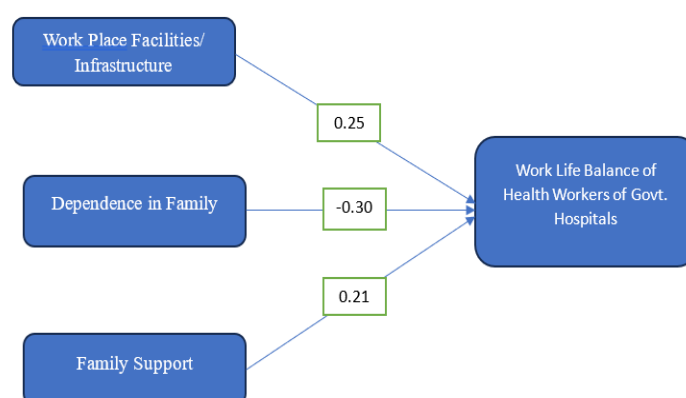


Fig no.3: Determinants of WLB of health workers of Government Hospitals during COVID-19 Pandemic situation.

Discussion:

From the table 8 and 10 and figure 2 and 3, we can see that the determinants of WLB of health workers of government hospitals during pandemic and non-pandemic are not the same.

The factors like Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Professional Commitments, Family Support have positive impact on WLB and Domestic Responsibilities have a negative impact on the WLB of health workers during non-pandemic situation. On the other hand, during the COVID-19 pandemic, we find that only 3 factors like Work Place Facilities/Infrastructure, Dependents in Family and Family Support have an impact of the WLB of health workers of government hospitals.

Antecedents of Work Life Balance of health workers of Private Hospitals remained same during Pandemic and Non-Pandemic situation.

Private Hospital workers in non-pandemic situation:

Table No.11: Model Summary with ANOVA:

R	R Square	Adjusted R Square	Std. Error of the Estimate	Sum of Squares	df	Mean Square	F	Sig.
.917 ^b	0.842	0.834	0.29508	118.91	12	9.909	113.8	.000 ^c

Table No.12: Regression Analysis:

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.934	0.303		6.381	0.000
Autonomy and Work Environment	0.230	0.045	0.209	5.057	0.000
Job Specific Variables	0.272	0.044	0.261	6.249	0.000
Financial & Non-Financial Benefits	-0.055	0.031	-0.055	-1.743	0.083
Training & Development	0.019	0.036	0.019	0.538	0.591
Work Place Facilities/ Infrastructure	-0.027	0.043	-0.024	-0.620	0.536
Dependents in Family	-0.127	0.043	-0.114	-2.968	0.003
Organization Related Variables	0.110	0.043	0.103	2.572	0.011
Personal Financial Conditions	0.104	0.039	0.100	2.688	0.008
Employee Friendly Benefits	0.096	0.040	0.091	2.387	0.018
Professional Commitments	0.089	0.037	0.090	2.412	0.017
Family Support	0.139	0.032	0.145	4.329	0.000
Domestic Responsibilities	-0.262	0.032	-0.280	-8.078	0.000
a. Private Hospital; b. Dependent Variable: WLB in General					

From Table No 11, we can see that the P-Value is 0.000 which is less than 0.01 and the R-Square value is 0.84. It indicates the regression model is significant at 99% confidence level and the model is explained by 84% of its predictors. From the table no 12, we can see that Autonomy and Work Environment, Job Specific Variables, Dependence in Family, Organization related Variables, Employee Friendly Benefits, Personal Financial Condition, Professional Commitments, Family Support and Domestic Responsibilities are significantly impacting the WLB of health workers of government hospitals because the P-Value is less than 0.05.

The factors like Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Personal Financial Condition, Professional Commitments and Family Support have positive impact on WLB means higher the value of Autonomy and Work Environment, Job Specific Variables, , Organization related Variables, Employee Friendly Benefits, Personal Financial Condition, Professional Commitments and Family Support, the higher is the WLB of health workers of government hospitals.

On the other hand, Dependents in Family which includes having dependent parents, relatives, working spouse, etc. at home and Domestic Responsibilities which includes having responsibilities at home for cooking, shopping, cleaning, washing, ironing etc. have negative impact on WLB. It means higher the family factor and domestic responsibility, lower is the WLB for health workers of government hospitals.



Fig No: 4 Determinants of WLB of health workers of Private Hospitals during Non-Pandemic situation.

Private Hospital workers in COVID-19 pandemic situation:

Table No.13: Model Summary with ANOVA:

R	R Square	Adjusted R Square	Std. Error of the Estimate	Sum of Squares	df	Mean Square	F	Sig.
.377 ^b	0.142	0.102	0.58318	14.525	12	1.21	3.559	.000 ^c

Table No.14: Regression Analysis:

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.841	0.599		6.413	0.000
Autonomy and Work Environment	0.290	0.090	0.311	3.233	0.001
Job Specific Variables	0.007	0.086	0.008	0.083	0.934
Financial & Non-Financial Benefits	-0.086	0.062	-0.102	-1.380	0.169
Training & Development	0.091	0.071	0.104	1.285	0.200
Work Place Facilities/ Infrastructure	0.004	0.085	0.005	0.051	0.959
Dependents in Family	-0.060	0.085	-0.063	-0.706	0.481
Organization Related Variables	-0.082	0.085	-0.089	-0.964	0.336
Personal Financial Conditions	0.015	0.077	0.017	0.196	0.845
Employee Friendly Benefits	0.034	0.079	0.038	0.431	0.667
Professional Commitments	-0.036	0.073	-0.043	-0.495	0.621
Family Support	-0.068	0.063	-0.083	-1.068	0.287
Domestic Responsibilities	-0.157	0.064	-0.197	-2.452	0.015
a. Private Hospital; b. Dependent Variable: WLB during Pandemic					

From Table No 13, we can see that the P-Value is 0.000 which is less than 0.01 and the R-Square value is 0.14. It indicates the regression model is significant at 99% confidence level and the model is explained by 14% of its predictors. It means

there were 86% of other factors which had an impact on WLB of health workers of private hospitals during pandemic which were not included in our model. From the table no 14, we can see that Autonomy and Work Environment and Domestic Responsibilities are significantly impacting the WLB of health workers of private hospitals because the P-Value is less than 0.05.

The health workers in private hospitals mostly suffers from lack of Autonomy in the work culture. During the COVID-19 pandemic, the health workers were in need of more autonomy and better work culture to have a balance in their life. Better the work culture, the higher was the WLB for health workers. Autonomy and Work Environment of the health workers in private hospitals is responsible for 31% of WLB of health workers.

On the other hand, Domestic Responsibilities which includes cooking, shopping, cleaning, washing/ironing, looking after small children and looking after elderly parents have a negative impact on WLB specifically during pandemic. The health workers in the private hospitals need to spend more time in hospitals during pandemic which make them difficult to carry out domestic responsibilities and render services to the family. That is why domestic responsibilities are negatively impacting the WLB of health workers during the pandemic. About 20% of WLB of health workers are explained by domestic responsibilities.

From table no 7,8 and figure 4,5 we can clearly see the difference between determinants of WLB of health workers during pandemic and non-pandemic situation. It signifies that the determinants of WLB get changed with time and situation. It means the determinants of WLB during pandemic and non-pandemic situations of health workers of government and private hospitals were not same. It changes as per the situation demands to balance between work and life of the health workers. It represents the dynamic character of determinants of WLB of health workers which are not constant and changes as per the situation. Hence, we reject the alternate hypothesis that there is no significant difference of determinants of WLB of health workers of government and private hospitals.

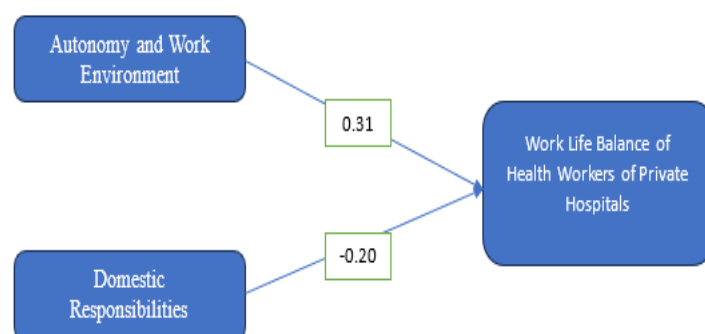


Fig No: 5 Determinants of WLB of health workers of Private Hospitals during COVID-19 Pandemic situation.

Conclusion:

Similarly in case of health workers of private hospital also, the determinants of WLB were not same as we can see this in the table 12 and 14 and figure 4 and 5. We found that during COVID-19 pandemic, the determinant of WLB of health workers were only Autonomy and Work Environment and Domestic Responsibilities but during non-pandemic situation, the determinants were Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Personal Financial Condition, Professional Commitments and Family Support have positive impact on WLB means higher the value of Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Personal Financial Condition, Professional Commitments and Family Support, Dependents in family and Domestic Responsibilities.

Similarly, from table 7,8 and table 11,12 and figure 2 and 4, shows the determinants of WLB of health worker of government and private hospitals in non-pandemic situation. It was found that the factors like Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Professional Commitments and Family Support have positive impact on WLB means higher the value of Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Professional Commitments, Family Support, Dependents in Family and Domestic Responsibilities have significant impact on WLB of health worker of government hospitals. On the other hand, factors like Autonomy and Work Environment, Job Specific Variables, Organization related Variables, Employee Friendly Benefits, Personal Financial Condition, Professional Commitments, Family Support, Domestic Responsibilities and Dependents in Family have significant impact on WLB of health workers of private hospitals.

It signifies the differences in the determinants of WLB of health workers of government and private hospitals during non-pandemic situation.

Similarly, from table 9,10 and 13,14 and from figure 3 and 5, it can be seen that the determinants of WLB of health workers of government and private hospitals during COVID-19 pandemic differ significantly. In private hospital, the factors like Autonomy and Work Environment, and Domestic Responsibilities have significant impact on WBL but in case of government hospitals, the factors like Work Place Facilities/Infrastructure, Dependents in Family and Family Support were found significant for WLB. It signifies that with changing controlling environment of health worker, the determinants of WLB get changed. Hence we reject the hypothesis that the determinants of WLB of health workers remain same of government and private hospitals.

So, in conclusion, we can say that determinants of WLB of health workers is highly dynamic and not constant and changes with situation and controlling environment. Different factors may be attributed to WLB of health workers at different time and situation. On the other hand, it is the situation and environment which determines certain factors to be more significant for any individuals to have a better WLB as compared to other factors. For example, during COVID-19 pandemic, the balance between work and life was highly dependent on Autonomy and Domestic Responsibilities were important for private hospitals while Work Place Facilities, Dependents in Family and Family Support were quite important for the health workers of government hospitals. So WLB is a dynamic concept and the determinants of it changes with situation and hence the constant approach to identify the determining factors is highly not suitable for policy formation. Policy makers should change their approach with changing time and situation.

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