

## Examine the Effect of Work Life Balance and Burnout on Job Satisfaction among Women Doctor

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### Abstract

The aim of this study was to examine burnout in the relation between work-life balance and job satisfaction among women doctors of Punjab. Confirmatory factor analysis (CFA) was used to check the reliability and validity of the scales. SEM was applied to test the mediating effect of burnout between work-life balance and job satisfaction by taking the sample of 248 women doctors. Data collected from four groups of ages (25-29, 30-39, 40-49 and 50 above) whereas, 30-49 age group respondents had in majority and most of them had experienced more than seven years. Results of SEM analysis showed that the effect of burnout on job satisfaction was negative but significant as  $b = -0.202$ ,  $t = 2.40$  ( $p < .05$ ). The effect of work-life balance on the job-satisfaction was significant and positive as  $b = 0.512$ ,  $t = 6.25$  ( $p < .01$ ). In addition, the effect of work-life balance on the burnout was highly significant as ( $p < .01$ ) and effect of burnout on the job-satisfaction was also highly significant ( $p < .05$ ). Moreover, burnout partially mediates the relationship between work life balance and job satisfaction.

**Key words-** work-life balance, burnout, job satisfaction, women, Doctors

### INTRODUCTION:

Medical profession is one of the noble professions. No doubt, doctors recognize the second God in society. A doctor is more devoted to the well-being of others and dedicated his life to the service of patient and sometimes works day and night attending to serious patients. In the case of emergency, they have to do work continuously for several hours and their personal life get effected because they unable to spend sufficient time with their family. Indeed more working hours without breaks creates burnout among doctors and they feel imbalanced between work and personal life. Work life balance is one of the most difficult issues for both genders, who are in paid work, heedless of whether they have responsibilities or not in the twenty –first century (Fu and Shaffer, 2001, Rolondo *et.al*, 2003). Economic pressure over the last decade increased the need for dual –earner families. The majority of families require two breadwinners to face rise in the cost of living (Ford *et.al*, 2007; White and Rogers, 2000). Indian labor market has been transformed increase in the proportion of women in paid work. Women participation in the labor force increased is put a number of challenges. One of the vital challenge faces by women is balancing work and family responsibilities (Frone *et.al*, 1992; Noor, 2004; Welter, 2004).

Women are rapidly growing in medical profession over the half of the century (Bhadra, 2011). In 2010, 50% of women was registered at graduate level, 38% of the total women doctors were found to be more educated and medically qualified than male doctors. The percentage of women allopathic doctors 67% that had a medical qualification (www.hindu.com, July 18, 2016). The ratio of women is less at post-graduation level and specialization area. Women doctors face more difficulties in balancing work and family responsibilities like childcare and other domestic work which become a major barrier in the advancement of the career (Bird, 2006; Cross and Linehan, 2006). More women come in medical education, but only few have gone on practice because of the reason of family responsibilities and long working hours (www.times of India .com, Jan 11, 2016.). Women doctors are

very stressed with life because of long working hours, night shifts, emergency calls and less time spend with family is a very complex task to maintain a balance between career and family life. Women who are in paid work and have family obligations faces high level of stress and emotional exhaustion (Hardy and Adnett, 2002; Parasuraman and Simmers, 2001; Hyman et.al. 2003).

## **Theoretical background**

### **Work life balance**

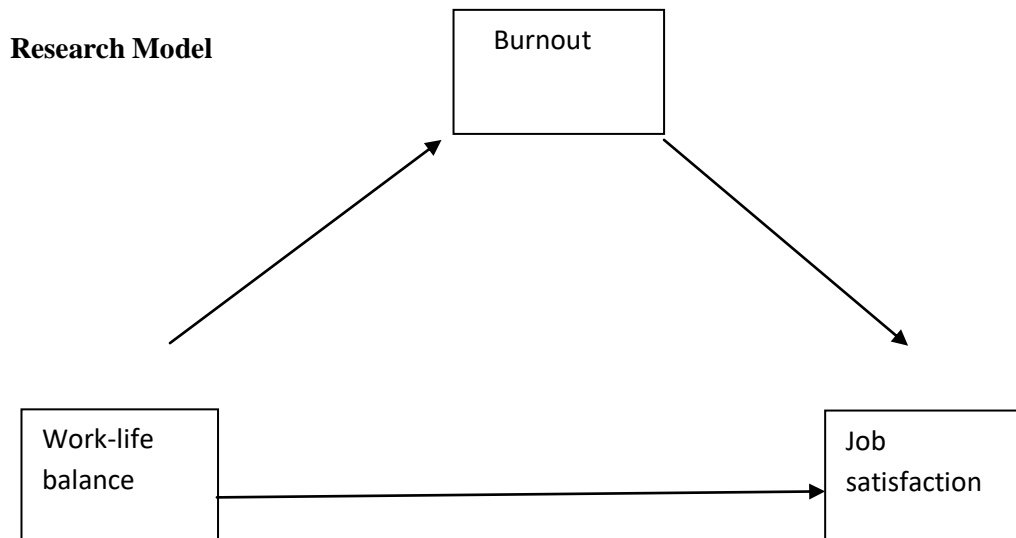
Work life balance defined “an individual orientation across different roles in life” (Marks &MacDermid, 1996). Previous studied describe work life balance: the extent to which an individual equally engaged and satisfied with both roles and about people having a measure of control over when, how and where they work. Kirchmeyer (2000) defined balanced life as achieve satisfied experiences in all domains of life and to do so requires personal resources such as time, commitment and energy to well distributed across domains. Play, love and work included in healthy, productive and satisfying life (Kofodimos, 1993). Work-life balance positively related to job and life satisfaction. It is quality association between unpaid facilitation (Russo, Sune&Ollier-Malaterre, 2014).Most organizations have adopted some work-life balance strategies, which include some fairly crafted policies covering the pliable working arrangements, dependent care facilities, parental leave (Purohit, 2013). The successful work-life balance strategy reduces stress levels and enhances job satisfaction among employees.

### **Burnout**

The term of burnout was first of all used by Hebert Freudenberger in 1974who stated that burnout is the results of long term and irresolvable job stress featured by the symptoms of emotions. Burnout defined as a syndrome of emotional exhaustion, depersonalization and diminished personal accomplishment that has been recognized as an occupational hazard for various professions such as healthcare, education, social services (Maslach, 1976; Maslach and Goldberg, 1998).As experienced by the medical practitioners; some early symbol of job burnout include loss of meaning, lack of focus, depleted inner resources, harsh attitude towards oneself and towards others as well as depleted inner resources (cooper, 2005;Deutsch, 1984;Leatz and Stolar, 1993;Pines and Aronson, 1988; Matin et.al., 2012;Allen and Mellor, 2002).Burnout have been categorized into three aspects.Emotional exhaustion defined as loss of energy, feeling of overloaded work and loss of emotional resources and diminished personal accomplishment refers to loss of feelings of being highly qualified and successful and thinking that the efforts made by them are totally waste (Cordes and Dougherty, 1993;Maslach, 1993)Depersonalization is also known as disengagement as well as cynicism. The individual’s self-distracted and behavioral disengagement leads to job stress, which encompasses the job ambiguity, role conflict and burnout.Burnout has aspecial significance in health care where staff experience psychological- emotional and physical stress (Wheeler and Riding, 1994; Shamian et.al., 2001;Greenglass et.al., 2001;Kalliath et.al., 2002.;Glisson et.al., 1988 ).

### **Job satisfaction**

Job satisfaction elaborated as the accomplishment of one’s needs, wishes and expectations regarding the work and pleasure, which is obtained from the fulfillment of the job (Newstorm, 2009).Job satisfaction first of all, introduced by Taylor in 1911 when he ascertained many factors like monetary rewards and opportunities that provide job satisfaction among the employees. Job satisfaction is an approach and ideology towards an employees’ work and its various attributes. It is the pleasurable emotional state, which is the result of appraisal with regard to one’s job experience (Locke and Lathan, 1976). Job satisfaction is a direct cognitive respond of the employee towards the difference between the expectations of employees as well as the benefits received by them while working for a particular job. It is associated with the needs of the employee and the total work environment. Job satisfaction may be positive or negative, depend on person’s mind (Davis & Locke and vroom).



## Research setting

The total number of study respondent was 248 women doctors. The respondents are working in well reputed and multi-specialty hospitals in different areas of Punjab. However, 52.4% respondents are working in government and as well as 47.6% in private hospitals. Data collected from four groups of ages (25-29, 30-39, 40-49 and 50 above) whereas, 30-49 age group respondents had in majority and most of them had experienced more than seven years. Nearly all female doctors' qualifications were post graduate.

## Measurement

### Reliability and Validity of the Scales

Confirmatory factor analysis (CFA) was used to check the reliability and validity of the scales. Standardized scales were used for collect the data. Table 1 exhibits the factors which were extracted using factor analysis and the variance explained by these factors. In the analysis initially 43 items were measuring 5 constructs. During the factor analysis few of the items were removed due to poor factor loadings and finally 38 were retained. In the following table can be seen that none of the factor loading is below .6.

**Table1: factor loadings of Confirmatory factor analysismodel**

	Burnout	Depersonalization	Emotional Exhaust	Personal Accomplishment	Work life balance	Job Satisfaction
DEP2	0.851	0.820				
DEP3	0.893	0.939				
DEP4	0.821	0.908				
DEP5	0.809	0.904				
EE1	0.835		0.954			
EE2	0.858		0.965			

EE3	0.845		0.972		
EE4	0.826		0.952		
EE5	0.848		0.971		
EE6	0.827		0.969		
PA1	-0.819			0.901	
PA2	-0.841			0.919	
PA3	-0.880			0.905	
PA4	-0.851			0.781	
PA5	-0.893			0.947	
PA6	-0.821			0.887	
PA7	-0.809			0.874	
PA8	-0.891			0.911	
wlb1					0.926
wlb2					0.953
wlb3					0.956
wlb4					0.957
wlb5					0.967
wlb6					0.953
wlb7					0.962
wlb8					0.964
wlb9					0.966
JS1					0.670
JS10					0.642
JS11					0.600
JS12					0.652
JS14					0.834
JS15					0.762
JS5					0.803
JS6					0.740
JS7					0.839
JS8					0.761
JS9					0.734

## Reliability and Validity of Constructs

The reliability of the constructs was examined using Composite reliability and Cronbach's alpha. The Cronbach reliability test measures the internal consistency of the statements. The desired level of CR and Cronbach alpha is minimum of 0.7. The composite reliability of all of the constructs was above 0.7. The Cronbach's alpha ranged between 0.988 and 0.909 which is very high suggesting that the constructs were highly reliable. AVE of all constructs was well above 0.5. The discriminant validity was examined using inter-construct correlations and AVE. The correlation between burnout is very high with emotional exhaust, depersonalization and personal accomplishment. AVE of all the construct is significantly higher than 0.5.

**Table 2 – Inter-constructs correlations**

	Burnout	Depersonalization	Emotional Exhaust	Satisfaction	Accomplishment	Life Balance
Burnout	1	0	0	0	0	0
Depersonalization	0.946	1	0	0	0	0
Emotional Exhaust	0.871	0.680	1	0	0	0
Job Satisfaction	<b>-0.644</b>	<b>-0.546</b>	<b>-0.680</b>	1	0	0
Personal Accomplishment	<b>-0.956</b>	<b>-0.977</b>	<b>-0.693</b>	0.540	1	0
Work Life Balance	<b>-0.863</b>	<b>-0.671</b>	<b>-0.996</b>	0.685	0.684	1

## Methodology

**H1: Burnout and work life balance has significant effect on the job satisfaction of the female doctors working in multi specialty hospitals.**

Figure 1 exhibits the relationship between burnout and job satisfaction, and work-life balance and job satisfaction. The effect of burnout on job satisfaction was negative but significant as  $b = -0.202$ ,  $t = 2.40$ ,  $p < .05$ . Results showed that if one unit increases in the burnout, the job-satisfaction of female doctors would decrease by .202 units. The effect of work-life balance on the job-satisfaction was significant and positive as  $b = 0.512$ ,  $t = 6.25$ ,  $p < .01$ , showed that with one unit increase in the work-life balance, the job-satisfaction of female doctors would increase by 0.512 units.

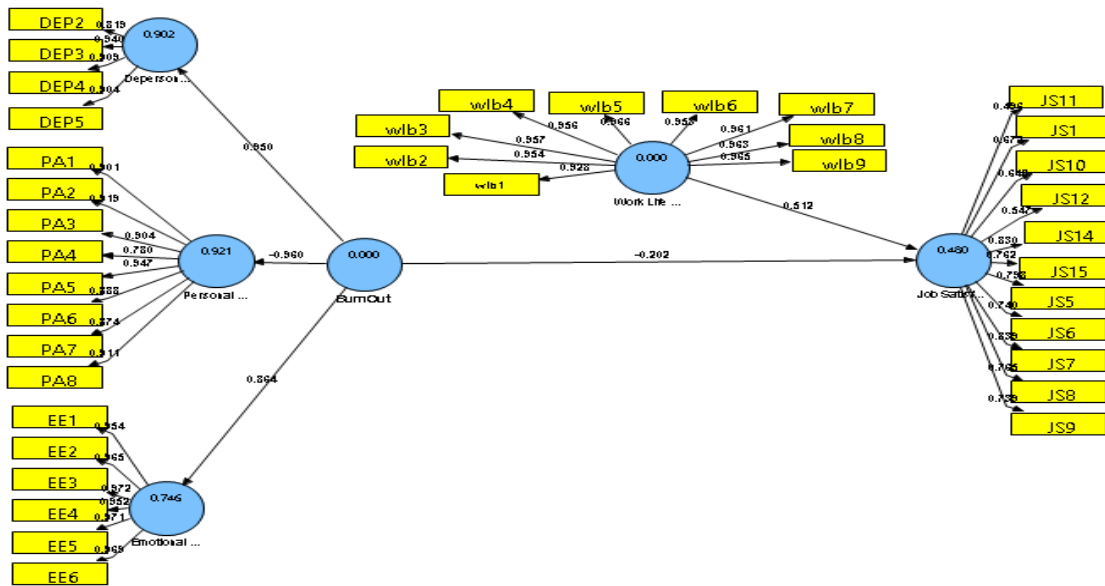


Figure 1: SEM model estimating the effect of burnout and work-life balance on the job satisfaction

**H2: Burnout mediate the relationship between work-life balance and job satisfaction**

Figure 2 showed the work-life balance is the independent variable, burnout is the mediator and job-satisfaction is the dependent variable. The results of the analysis showed that the effect of work-life balance on the mediator variable burnout was highly significant as  $b_1 = (-) 0.867$ ,  $t = 66.626$  ( $p < .01$ ) and suggested that as work-life balance increased, the burnout decreased significantly. The effect of mediator variable burnout on the dependent variable job-satisfaction was also highly significant  $b_2 = (-) 0.214$ ,  $t = 2.399$  ( $p < .05$ ). This means as the burnout increased, the job-satisfaction decreased significantly. As it can be seen in the following model indirect effects results showed that burnout partially mediated the relationship between work life balance and job satisfaction.

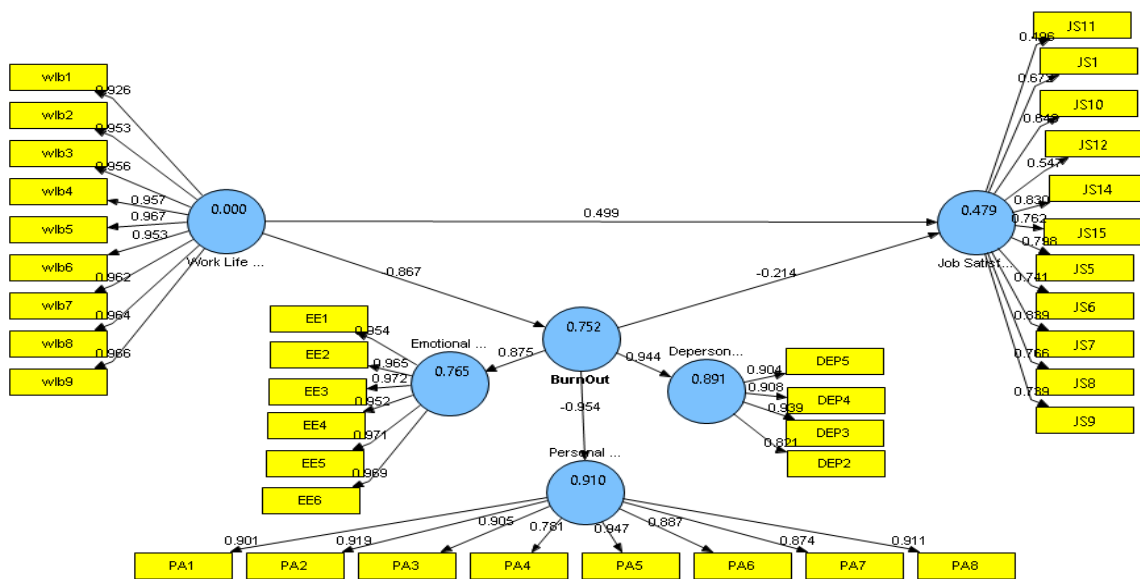


Figure 2: Structural model estimating the mediating role burnout balance between work-life balance and job-satisfaction.

## Discussion, limitations and future research

The present study examined the effect of work-life balance and burnout on job satisfaction. The findings of the study concluded that burnout was negatively related with job satisfaction and the relation of work-life balance with job satisfaction was significant and positive among women doctors. Furthermore burnout partially mediated the relationship between work life balance and job satisfaction. There are the possible reasons likewise irregular working hours, night shifts emergency etc. that makes the job of doctors difficult. The results of the study are somewhat consistent with the previous studies that work life balance had significantly effect on burnout and job satisfaction among women doctors (Grossi et.al., 2003; Sheena et.al., 2005; Jackson and Maslach, 1982; Leiter and Maslach, 1988; Shirom, 1989, Wright and Bonett, 1997)

The undertaken research is only related to women doctors working in selected public and private multi-specialty hospitals from some areas of Punjab only. It excludes the women's who are employees in other sector. Future research must focus on large sample and other hospitals in order to achieve more generalized results. There are many variables related to effect of work-life balance and burnout such as quality of life, patient care, child care, gender, marital status etc. which should be considered in future research.

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