Abstract
Career women are challenged by work and family commitment at the end of each day in Government and private hospital. Majority of women are working throughout week and 53% are struggling to achieve work-life balance. Women reported that their life has become a juggling act as they have to shoulder multiple responsibilities at work and home. Both government and private hospital management need to be conscious of this status of female nurses and periodically review their status. They can create supportive environment to help these women achieve work life balance. This article highlights the issues connected with work life balance of female nurses in government and private hospital and the factors that determine work life balance.

1. INTRODUCTION
Quality of work life refers to the relationship between employees and their total working environment. It considers people as an asset to the organization rather than cost. This approach believes that people can perform to their best if they are given enough autonomy in managing their work and make decision. And, so quality of work life is viewed as an
alternative to the control approach of managing people. Warretal. (1979) defined quality of working life as indicative of variety of apparently relevant factors, including work involvement, intrinsic job motivation, higher order need strength, perceived intrinsic job characteristics, job satisfaction, life satisfaction, happiness, and self-rated anxiety. Direct participation of employees in problem solving and decision making particularly in areas related to their work is considered to be necessary condition for providing greater autonomy and opportunity for self direction and self control. This will result in upgrading the QWL. In today’s work environment, organizations need to be flexible, and adopt a strategy to improve the employees 'Quality of Work Life' to satisfy both the organizational objectives and employee needs. Effective quality of work life practices in organizations makes its impact on employee performance and the overall organizations performance.

1.1 Health Care Industry – An Overview
As the saying goes – “Health is Wealth”, health is considered as the most important phenomenon in today's world which determines the wealth of the country at large. The health care industry in India is one of the largest economic and fastest growing professions. In order to create a balance between the provision and reception of health care, various strategies have been worked out which makes the industry effectively by health consciousness among people & welfare schemes. Nurses play the major role in health care industry and are the first ones who are thought about when we talk about health care and thus it is necessary that their needs have to be taken care and a congenial atmosphere is created for them to work with utmost job satisfaction and content, the result of which would be a high quality nursing care.

1.2 Work Life Enhancement
Its concept revolves around three main categories – the work and family, life satisfaction and job satisfaction. This triangle has to be entangled by high level of positive waves which is of great importance in achieving the personal and professional objectives effectively and efficiently Head, D. (2010), April 30. Studies have proven that factors like improper work-life balance, work pressure, improper working environment, growth pressure, and salary and job security have greater impact on job satisfaction. The job satisfaction of a nurse is absolutely important for the smooth functioning and successful upcoming of the health care industry.

1.3 Nurses in Demand & Retention Strategies
The demand for nurses is also increasing not only because of the attractive salary and job security but also because of the care they provide thus making a difference in others lives which is generally not found in many other careers. The role of nurses has expanded from a health care provider to health educator, diagnostic assistant, post care supporter, Health advisor, Physicians Assistant, Operation Theatre Assistant, Health Counselor, Follow up, Health promoter, Administrator, Health researcher, Provide appropriate reassurance to patients and family members, Health Supervisor, Maintenance of Health Reports, Records & Documents. Other reasons for slowing down of the nurses population is mental stress and work pressure which leads to dissatisfaction. Factors that lead to mental stress and work
pressure are improper work life balance, physical health or fitness, improper working conditions, discrimination, distrust and unlimited work load. Emigration is also considered as a contributing factor to the increasing demand for nurses.

1.4 Historical Background of Indian Healthcare Industry
Right from the time of Ramayana and Mahabharata, health care was there but with time, Health care sector has changed substantially. With improvement in Medical Science and technology it has gone through considerable change and improved a lot.

In between the 1950's and 1980's the Health care facilities and personnel increased substantially, but gradually due to the fast population growth, the number of licensed medical practitioners per 10,000 individuals had fallen in the 1980's to 3 per 10,000 from the 1981 level of 4 per 10,000. There were approximately ten hospital beds per 10,000 individuals in 1991. Primary health centers are majorly the cornerstone of the rural health care system.

1.5 Factors Affecting Healthcare Industry in India
The Healthcare Industry is witnessing a sudden paradigm shift in last ten year. Though this change was inevitable and the Industry has been working towards it for a decade now, this has been visible only in last few years. There are various factors which are responsible for the current pattern of healthcare industry. We can divide it into two parts i.e. Micro Variables and Macro Variables.

1.6 Regulatory Framework
The union Ministry of Health and Family Welfare (MHFW) is responsible for the implementation of national programmes, sponsored schemes and technical assistance relating to the Indian healthcare industry. The departments which work under the Ministry are Department of Health, Department of Family & Welfare, Department of AYUSH. The autonomous institutions conduct research in various specific areas under the Ministry of Health and Family Welfare are Indian Council of Medical Research (ICMR), Indian Medical Association (IMA), Central Drug Research Institute (CDRI).

1.7 Present Status of Work-Life Balance Practices in Healthcare Industry
The present status of work-life balance practices is discussed in this chapter along with the development of WLB practices in India, challenges in the deployment of work-life balance policies is also discussed in the chapter. Internationally and locally, work-life balance has become an issue of great concern over the last decade. It represents an important concern among healthcare workers due to its crucial contribution in attaining maximum job output and optimal quality of working life.

Work - life balance has become an increasingly pervasive concern for employers as well as employees in healthcare industry. The increasing number of women in the workplace and dual career families has generated an increasingly diverse workforce and a greater need of employees to balance their work and non-work lives (Bharat, 2003; Komarraj, 1997; Rajadhayaksha & Bhatnagar, 2000; Ramu, 1989; Sekharan, 1992).

1.8 Historical Developments of Work-life balance practices
In view of the changes that have occurred over the decade, employers have introduced innovative practices that allow employees to find greater Work-life Balance (Friedman, Christensen, & DeGroot, 1998). Increasing attrition rates and increasing demand for Work-life Balance have forced healthcare organizations to look beyond run of the mill HR interventions. As a result, initiatives such as flexible working hours, alternative work arrangements, leave policies and benefits in lieu of family care responsibilities and employee assistance programmes have become a significant part of most of the organizational benefit programmes and compensation packages.

1.9 Challenges to valuable deployment of Work-life Balance Policies

Although the benefits of Work-life Balance Policies (WLBPs) have been widely cited in literature, it is seen that all employees do not avail these benefits. The main challenges in the valuable deployment of work-life balance policies are existence of Family-supportive culture in the organization and resemblance between individual requirements and organization’s solutions. Inspite of all these challenges, one most important challenge is the proper implementation of the policies and laws in the organizations.

II. COMPARATIVE STUDY-NURSES IN GOVERNMENT HOSPITAL VS PRIVATE HOSPITALS

2.1 Government Nurses
The major benefits of a government nurse are monetary benefits, Job Security, Job Satisfaction More exposure and more experience. Disadvantages of working in government hospitals are Long working hours and Shortages of resources.

2.2 Private Nurses
The major benefits of a nurse in private hospital are better technology and Multi tasking. The disadvantages are that their salary is comparatively lesser than that of the government nurses. Moreover, their exposure to cases is limited due to limited strength of patients.

2.3 Best practices yield best results:
The management needs to assess the causes for improper work-life balance and lay down strategies to overcome those hurdles and make the nurse productive Ross, C. (2010). Issues related to work pressure, longer working hours, harassment etc can be addressed by introducing flexi-timing, job rotation, career growth, family get-together, children school funds, child care centers etc, which will motivate the employees to work at place and give their 100% to their job.

2.4 Good Work Life Balance through Management Support
When the management provides healthy practices on work-life balance, the outcome of health care provided is also healthy. The management support is also an indicator for favorable treatment, patient satisfaction, employee’s satisfaction and long term success of the hospital. Availability of good work life balance leads to increased intake of skilled nurses, reduces turnover, increases job satisfaction level, commitment, dedication and positive health care provisions at large. WLB related wellness activities are Training & development programs, health awareness programs, soft skill programs like stress...
management, conflict mgmt., leadership skills, workshops on talent technologies in medicine, work-life balance workshops can be introduced.

### III. REVIEW OF LITERATURE

**Ariel C. Avgar**1, **Rebecca Kolins Givan**2, **Mingwei Liu**3, **28 JAN 2010** “A Balancing Act: Work–Life Balance and Multiple Stakeholder Outcomes in Hospitals” This article examines the direct and indirect effects of work–life balance (WLB) practices on multiple stakeholder outcomes in hospitals. The authors examine the direct and indirect effects of WLB practices in 173 hospitals in the United Kingdom on organizational, patient care and employee outcomes. The article proposes a model in which the effects of WLB practices on patient care outcomes and financial performance are mediated by employee turnover intentions. The authors provide strong support for the potential vested in WLB practices in the healthcare setting. Results indicate that greater use of WLB practices enhances outcomes for hospitals, their employees and the patients they care for.

**Priya Chetty**, 2012, in an article “Importance of work-life balance” define the conceptual framework of the term work-life balance in a manner that it is mostly interpreted as the compatibility and harmony of private life and the working life (Tucholka and Weese, 2007). Writing about stress in correctional officers, **Griffin, Hogan, Lambert, Tucker-Gail & Baker** (2010) defined job stress "as a worker's feelings of job-related tension, anxiety, frustration, worry, emotional exhaustion, and distress". According to Day (2010), "approximately 50 percent of Nova Scotians reported some work-family conflict, and 25 percent of Canadians experienced high levels of work-family conflict".

**S.Pattu Meenakshi, Dr. K. Ravichandran** (2012) in an article “A Study on Work-Life Balance among Women Teachers Working in Self-Financing Engineering Institutions”, emphasizes on teacher’s role in student’s development. Being an essential part of society they assist in creating a prosperous future. In this study the women teachers working in self-financing engineering institutions are taken as samples. Their role in work and family, factors hindering them to achieve WLB, impact of poor WLB etc., were considered as objectives of this study.

Griffin, Hogan, Lambert, Tucker-Gail and Baker (2010) defined job stress "as a worker’s feelings of job-related tension, anxiety, frustration, worry, emotional exhaustion, and distress". Lambert, Hogan, and Altheimer (2010) defined burnout as a "syndrome where the worker experiences emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.

**Valerie J. Morganson, Debra A. Major, Kurt L. Oborn, Jennifer M. Verive, Michelle P. Heelan**, (2010) "Comparing telework locations and traditional work arrangements: Differences in work-life balance support, job satisfaction, and inclusion". The purpose of this paper is to examine differences in work-life balance (WLB) support, job satisfaction, and inclusion as a function of work location. The paper provides brief overview of the traditional work arrangements and their impact on work-life balance.

Robroek et al. (2009), Research shows that women are generally more likely to participate in worksite wellness programs than men and, overall, married employees have much higher
participation rates than their single co-workers. Other determinants of higher participation rates include: white-collar or secured contract employees, full-time employees, older age, and small company employees; shift workers, lower income, and less education displayed much lower participation rates. (p. 150)

Neates (2010) writes that the survey revealed that the main obstacles to officer wellness were; (a) structural barriers (e.g., dilapidated office space, below-standard gymnasiums and poor quality exercise equipment), (b) managerial barriers, including shift work, a poor work-life balance, a high volume of work, irregular breaks, and staff shortages, and; (c) cultural barriers (e.g., officers mocking healthy behaviours and seeing employees who sought help as "weak").

Previously, the female workforce in India was mainly employed in non-managerial, subordinate or low-profile positions. Now, they occupy almost all categories of positions in the workplace. (Mathew & Panchanatham 2009a; 2009b). According to Peeters, Montgomery, Bakker and Schaufeli (2005), pressures from the job and family domains are often incompatible, giving rise to imbalance.

IV. RESEARCH METHODOLOGY

4.1 Objectives of the study
- To measure the work life balance of female employees working in Hospitals
- To identify the most important factor that contributes to the work life balance.
- To examine the factors that determines the satisfaction of female Nurses
- To study the association of professional life on personal/ family life, social life and physical life.

4.2 Data and sources of Data
A sample of 150 respondents was selected by simple random sampling method. All the opinions expressed herein are the contribution by the respondents only.

4.3 Secondary Data
These are the data that already exists. The relevant information for the study has been collected from secondary source such as journals and reports.

4.4 Sampling technique
Since, the study covers the entire population of female employees in various hospitals, so the technique used is census survey method.

4.5 Limitations of the study
The study is limited only to the female employees various hospitals. The study does not take in to consideration of employees working in different departments available. The time period of the study is limited to 2 months. So the in-depth of the study could not be processed.

4.6 Dimensions / Statements (variables)
- Work life/ Home life
- Home life
- Work Design
Management and Supervision
Co–workers relationship
Development opportunities
Work environment
Social Image
Compensation and rewards
Job satisfaction
Autonomy of work
Organization culture
Support of family
Personal life
Overall satisfaction

V. DATA ANALYSIS AND INTERPRETATION

Table 1: Age wise Classification of Respondents

<table>
<thead>
<tr>
<th>S.No</th>
<th>Age</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 20 years</td>
<td>33</td>
<td>22</td>
</tr>
<tr>
<td>2</td>
<td>21-30 years</td>
<td>54</td>
<td>36</td>
</tr>
<tr>
<td>3</td>
<td>31-40 years</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>4</td>
<td>Above 40 years</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>150</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: (Primary Data)

From the above table it was inferred that 22% of the respondents are less than 20 years. 36% of the respondents belong to the age group of 21-30, 28% of the respondents belong to the age group of 31-40, and the remaining 14% of the respondents belong to the age group of above 40 years.

Table 2: Distribution of Respondents by their Marital Status

<table>
<thead>
<tr>
<th>S.No</th>
<th>Marital Status</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single</td>
<td>78</td>
<td>52</td>
</tr>
<tr>
<td>2</td>
<td>Married</td>
<td>54</td>
<td>36</td>
</tr>
<tr>
<td>3</td>
<td>Divorced</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Widower</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>150</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: (Primary Data)

The study further reveals the marital status of the female nurses. Out of 150 respondents selected for the study, as many as 78 (45%) are single employees.

Table 3: Distribution of Respondents by their Educational Qualification

<table>
<thead>
<tr>
<th>S.No</th>
<th>Qualification</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diploma</td>
<td>84</td>
<td>56</td>
</tr>
<tr>
<td>2</td>
<td>Bachelor degree</td>
<td>47</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>Master degree</td>
<td>19</td>
<td>13</td>
</tr>
</tbody>
</table>
The study reveals that 84 (56%) respondents out of 150 Diploma level qualified. The remaining employees are Bachelor degree, and Master degree level educated persons.

**Table 4: Distribution of Respondents by their Experience**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Experience</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 4 Years</td>
<td>52</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>4 - 8 years</td>
<td>64</td>
<td>43</td>
</tr>
<tr>
<td>3</td>
<td>Above 8 years</td>
<td>34</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>150</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source: (Primary Data)**

From the above table it was inferred that 35% of the respondents are below 4 years experience. 43% of the respondents belong to the 4-8 years experience and the remaining 22% of the respondents belong to the Above 8 year’s experience.

**Table 5: Distribution of Respondents by their Position**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Position</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head nurse</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>2</td>
<td>OPD nurse</td>
<td>84</td>
<td>56</td>
</tr>
<tr>
<td>3</td>
<td>ICU nurse</td>
<td>40</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>150</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source: (Primary Data)**

From the above table it was inferred that 17% of the respondents are in the position of Head nurse. 56% of the respondents belong to the OPD nurse category and the remaining 27% of the respondents belong to the ICU nurse level.

**Table 6: Distribution of Respondents by their Professional Rank**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Professional Rank</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff nurse</td>
<td>62</td>
<td>41</td>
</tr>
<tr>
<td>2</td>
<td>Junior nurse</td>
<td>41</td>
<td>27</td>
</tr>
<tr>
<td>3</td>
<td>Senior nurse</td>
<td>34</td>
<td>23</td>
</tr>
<tr>
<td>4</td>
<td>Expert nurse</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>150</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source: (Primary Data)**

From the above table it is found that there is 41% of the respondents are in the Staff nurse cadre. 27% of the respondents belong to the Junior nurse cadre. 23% of the respondents belong to the senior nurse cadre and remaining of 9% of the respondents in the professional rank in Expert nurse group.

**Table 7: Distribution of Respondents by their Annual Income**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Monthly Income</th>
<th>No. of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 10,000</td>
<td>88</td>
<td>58</td>
</tr>
<tr>
<td>2</td>
<td>10,001- 20,000</td>
<td>28</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>20,001- 30,000</td>
<td>16</td>
<td>11</td>
</tr>
</tbody>
</table>
Nearly 58% of the respondents are having a monthly income Below 10,000.

**Chi – Square Test**

**Income and Professional Rank problems**

**Hypothesis:**

Null Hypothesis (H0): There is no significance difference between Income and Professional Rank problems.

Alternative Hypothesis (H1): There is significant difference between Income and Professional Rank problems.

**Table 8: Income and Professional Rank problems**

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Professional Rank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Nurse</td>
<td>Junior Nurse</td>
</tr>
<tr>
<td>Below 10000</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>10001 - 20000</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>20001 - 30000</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Above 30000</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>41</td>
</tr>
</tbody>
</table>

Degree of freedom = (R-1) x (C-1)

= (4-1) x (4-1)

= 3 x 3 = 9

Level of significance = 5%

Calculated Value = 121.42%

Tabulated Value $x^2 0.05 – (9) = 16.9$

**Interpretation:**

The tabulated value is less than the calculated value. So we reject null hypothesis. From the Chi-square test it is proven that there is significant difference between Income and Professional Rank.

**VI. FINDINGS**

- When the respondents are asked about balancing work and family respondents say they are never able to balance and also it links with the dependents at home.
- Nurses working in the Hospitals say their work life sometimes interferes with their family life but their family life never interferes with the work life.
- The respondents are satisfied with their job because their boss always assigns works equally.
- The respondents are satisfied with the working hours.
Respondents say sometimes they work overtime by getting unexpected task always and also their role at work cause stress.

- It is found that support from family members is the major factor contributing to work life balance.
- It is found that association of professional life is highly correlated towards personal life.

VII. SUGGESTION

- The organization has to provide job share option during emergency situation.
- The organization has to include work life balance policies which are very helpful for the employees and also for the organization.
- It is reality that now a days because of work pressure and other family responsibilities it is very difficult to give time for self. However, it is not impossible to manage. Now in this regard the nursing staff should plan their daily routine in such a way that, they can manage sometime for themselves.
- If possible weekend outings should be planned with family or friends whenever possible.
- The organization should allow a flextime program where employees can work extra hours during the week to receive a day off every other week, or a half day every week.
- This gives employees an opportunity to have a day off to accomplish personal tasks, spend time with family, or go on vacation for a long weekend.

VIII. CONCLUSION

Hospitals in both the public and private sector are nowadays struggling for the reduction of medical errors. In addition, financial viability has been an aspiration, many healthcare organizations have struggled to attain. Finally, much has been written about the dramatic shortage of high skilled professionals and retention challenges in healthcare. Our findings indicate that WLB practices can, to some extent, alleviate each of these pressures. In other words, increasing the ability of healthcare frontline staff to balance the intense demands of hospital work with family and life responsibilities can be beneficial to the entire system.

IX. REFERENCES


To Cite This Paper