



Original Article

Work Life Balance of Health Care Workers during COVID-19 in India

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ABSTRACT

The term work-life balance is a blend of two words, work and life. In the context of the extant research, the focus is on the health care workers, who are the front-line warriors during the Covid-19 pandemic. They include amongst others doctors, nurses and health care administrators. The contributions of these front-line workers during this pandemic are invaluable. However, they have to face the brunt of the pandemic which affected work life balance enormously. In this background, the present paper is an initiative to understand the various dynamics related to the work life balance of health care workers, particularly during the pandemic, and for this purpose four leading hospitals in the study area were selected for collection of data. The entire data were analyzed under four parameters, work pressure related issues, infrastructure and family issues, organizational policy, and work related cash and non-cash benefits. Overall, twenty two hypotheses were developed and out of these seven null hypotheses and fifteen alternative hypotheses were accepted. As regards to the work pressure related issues three null and three alternative hypotheses were developed, whereas basing on infrastructure and family issues one null and three alternate hypotheses were accepted. On the basis of organization policies, seven hypotheses were developed and all of them were accepted as all alternative hypotheses and similarly, out of five hypotheses related to cash and non-cash benefits, three null and two alternative hypotheses were accepted. Concerns and difficulties in the workplace and personal problems in life affect each other. The equilibrium of work-life is conceived as a dual system that gives fair weightage to the demands of both the employees and employers. There cannot be an equal balance between work and life, rather, it is a matter of prioritizing and managing the burden of each field in order to align time, energy, and resources so that work and life are satisfied. The present paper is an endeavor to decode the various issues related to work life balance of health care workers in the new normal. The paper is hoped to be an additional contribution to the existing literature.

GRAPHICAL ABSTRACT



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Introduction

Among the many issues confronting the Indian healthcare industry, the concerns of healthcare professionals have long gone unnoticed [1]. Hospitals must take a variety of steps to make health-workers' jobs more satisfying and fulfilling in order to contribute to their personal development [2]. To this end, the current study sought to fill a research void in Indian healthcare settings by concentrating on doctors and other workers who are related to these professions, their work-life balance and issues in new normal situation [2]. The study was based on the fundamental premise that the working life of healthcare workers has undeniably penetrated their personal lives, which leads to an enormous burden from both realms' demands. Identifying and understanding factors related to health care workers' work-life balance problems in India were the primary objectives of this study. The study also explored their expectations for different work-life balance systems in hospitals. People in most professions are struggling to combine work and non-work obligations as a result of globalization and rapid technological changes; this leads to an imbalance in working life [3]. In the practice of medicine, there are no exceptions. Although health care workers are supposed to devote their lives to their profession, they, like every other individual, have a personal and family life. Doctors in hospitals lead extremely hectic lives, making it difficult to balance medical and professional obligations with personal, family, and social obligations. Multiple problems and a lack of time to deal with them result in a loss of control over one's own life. Research indicates that the difficulty of balancing these needs has become a significant contributor to the depression of a health care workers. They have lost sight of their own lives in the constant attempt to save millions of lives. They expect advice, collaboration, and assistance not only from their families, but also from hospitals, in order to deal with competing issues and maintain a sense of balance [4]. Treating patients infected with the deadly pandemic is a difficult job for health care staff who are under tremendous stress from protecting themselves

from being infected while still working long hours in hot and humid conditions with no air conditioners turned on for fear of spreading the virus [5]. Nevertheless, they need to be compassionate about the high number of deaths of patients, even though they are emotionally and physically drained out due to a lack of balance in their work life, long work hours, lack of job satisfaction [6].

Objectives of the study

The general objectives of the study were to understand the factors affecting work life balance of health care workers in India in the new normal, to learn about the perception and awareness of work life balance of the health care workers in the new normal among the stakeholders, and to provide suggestions based on the findings of the study.

Literature Review

A study was conducted in UK to understand the effect of reassignment on doctors' well-being and to suggest methods for improvements [7]. It was a two-week survey on three National Health Services trusts seeking redeployed physicians to assess their self-esteem, work-life equilibrium and the support and protection they perceived. The questionnaire was answered by 172 redeployed physicians. While 66.3% of the respondents felt assured in their current jobs, 65.7% were content or neutral, and only 31.4% felt frazzled at work. 66.3 percent and 79 percent experienced a sense of being appreciated and respected by their co-workers and general public, respectively. 64.5% observed an improvement in break duration and 89% thought that their rosters of duties offered adequate breathers. These results indicated that the morale of doctors who felt respected, secured, and well-remained in their new positions were greater than predicted. However, the recommendation was to address the issues relating to training opportunities, career development, provision for personal protection equipment and protection of families. The study offered significant understanding about the well-being of redeployed physicians during the pandemic. The findings might guide how to abate the adverse impact on the wellbeing

of physicians while redeploying them in similar situation in future.

The healthcare professionals, particularly doctors, experience higher levels of stress than others even in normal situations, let alone the extraordinary circumstances like the Covid-19 pandemic during which the stress levels of doctors are heightened affecting their physical and mental health [8]. Medical professionals more often than other occupational classes are prone to commit suicide, and work-related stress is a common cause for such extreme step. Studies reveal that generally doctors show reluctance to confide in their colleagues or employers about the issues and problems concerning their work-related stresses and mental wellbeing. The primary reasons for such behavioral characteristics of doctors are the concerns of stigma and possible impact on their professional progression. The study has shown that the Covid-19 pandemic has compounded the problem because of higher degree of mental stress on doctors and also greater pressure on the healthcare system. The authors while arriving at their inference have put forward a strong argument for good leadership from the establishments and the top management to help the doctors and their families and to take necessary steps to eliminate the stigma in the minds of doctors as well as in the establishments. Towards this end, the top managers of establishments need to devise and implement continuous planned processes for safeguarding the mental health of health care workers.

Mental sickness such as anxiety, stress, depression, and sleeplessness due to occupational hazards have become increasingly prevalent among the medical professionals [9]. Emotional fatigue is found to be linked to lack of appreciation and administration of health and wellness. The study analyzed different aspects of job-related stress of Indian physicians during Covid-19. An online survey was performed to collate and assess the emotional responses and related features from Indian medical professionals during the Covid-19 pandemic. It comprised of three parts dealing with topics related to the main areas of socio-demographical

statistics, stress at work during Covid-19 and data on the working conditions of individuals. The research findings identified the primary causes of higher level of work-related stress. Lack of adequate infrastructure, higher numbers of patients during the pandemic, inadequate peer assistance resulting in longer working hours were some of these factors identified in the study. The study also found nearly two third of the respondents to have experienced low to moderate levels of psychological tensions.

A study on the working conditions of the work force across industries during the corona virus pandemic exposed serious limitations in the USA in the context of fair access to employment benefits as compared to other developed nations [10]. The study revealed that the frontline workers such as healthcare workers and public safety personnel were unable to avail reasonable entitlements like paid sick leave, flexible working hours etc., which could support their work life balance and help in managing their mental and physical health during the crisis. Based on their findings, the authors recommended three proposals to augment the country's work-life framework: Ensuring that workers' entitlement to be paid sick leave and family vacation, employers to make backup staffing arrangement to meet emergency requirements, and provision for employees seeking for fair and flexible work hours. The research inferred that policies on work-life balance based on the premise that fairness and flexibility can achieve the desired equilibrium for the benefits of the employers, workers and society as well.

A survey was conducted on doctors and nurses to make a burnout frequency comparison between those working on frontline wards (FLWs) wards and those in usual wards (UWs) [11]. A questionnaire with 49 questions was distributed among 220 representatives from FLWs and UWs in equal proportion. Individual profiles with information about age, gender and the medical staff MBI (Maslach Burnouts Inventory, a leading measure of burnout) were collected and compared. It was observed from the study that the rate of burnout and concerns about being infected among the health workers employed on

the FLWs were lower than that among the UWs personnel. The study concluded that while preparing policy framework for the wellbeing of the health care workers, perspectives of both the FLW and UW staff should be taken account.

A study summarized the prevailing organizational approaches to augment resilience in healthcare workers during and beyond the Covid-19 pandemic [12]. While highlighting the need to develop resilience among the healthcare workers as a preventive strategy to reduce potential burnouts, the study emphasized on individual's self-care as well as organizational reasonableness manifested through sound workplace culture. The study concluded with the observation that since the current crisis was not a one-off event, such psychological distress would bound to occur during similar health crises in future too. In order to reduce adverse impact of Covid-19 or any such crisis on healthcare workers the authors suggested that organizations should be proactive in formulating and implementing strategies such as adequate staffing, proper reallocation of support staff, fair revenue distribution among the stakeholders in the organization, ensuring the healthcare workers feel valued and appreciated.

A study was conducted in two North Indian hospitals through personal interviews with 97 resident doctors from different specialization fields and interns, who were assigned Covid-19 duties in these hospitals [13]. The extended and tiresome working hours with the added burden of maintaining records of Covid-19 patients made the matter worse for these medical practitioners. The mandatory requirements of two-week quarantine in exclusive accommodations after 15-day continuous duties in the hospital were quite stressful. To stay away from family and friends was emotionally draining which severely affected their morale. Eventually, their work-life balance got impacted, particularly for women doctors having small children were worst hit. The study concluded that a disturbed work-life balance had a negative impact on the doctors' well-being.

Research Gap

The review of literature was made in four parameters: Work pressure related issues, infrastructure and family support, organizational policy, and work-related cash and non-cash benefits. It was found that significant amount of research has been conducted on the general subject of work life balance, including work life conflicts and work life balance practices; however, very little research has been conducted on health care profession's work environment. Health care professionals are accountable to their patients, hospitals, families, and communities. The pressure to perform well in each domain may have an adverse impact. They are finding it increasingly difficult to strike a balance between their professional and personal lives. While all employees face common obstacles, repeated exposure to these is a source of concern for healthcare workers. Dissatisfaction among doctors with their profession and the hospital work climate is reflected in the quality of patient care. Given the potential for serious consequences, there is a growing interest in this field for study. Work-life balance research in India has so far been limited to unique industrial sectors and employee categories. Given the mounting evidence that work-life problems for healthcare professionals are becoming a growing concern, there is a pressing need to investigate and comprehend the India specific aspects of this concept for the healthcare sector. After reviewing numerous literatures, it was discovered that, while various authors attempted to touch upon the work-life balance of employees, no substantial research was performed on health care staff from the perspective of the new normal in Odisha. In recent years, several sacrifices have been made by these front-line health care staff, and very little research has been conducted on the topic.

Research Methodology

This study was descriptive and Exploratory. Both primary and secondary data were used. To garner the data, we relied on field survey and personal interview. The instrument was a structured questionnaire using 5-point Likert type scale, whose reliability and validity was

checked by exploratory factor analysis and t-test. The sample units were health care workers who were chosen based on cluster and random

sampling. The target respondents included doctors, nurses, and healthcare administrators.

Table 1: Hospital wise Response Percentage

Name of the Hospital	Place	Questionnaire Sent	Response Received	Percentage
Apollo Hospital	Bhubaneswar	200	117	58.5
AMRI Hospital	Bhubaneswar	200	93	46.5
Aswini Hospital	Cuttack	200	94	47.0
Sun Hospital	Cuttack	200	83	41.5
Total		800	387	48.3

Source: Survey Responses

Sample Size Determination

In case of sample size selection, we can use the experience of the researcher or use a specific formula. The most common and widely used formula for continuous and an interval scale variable is as follows (Marketing Research, Rajendra Nargundkar (3rd Edition) Tata McGraw Hill, pp 92):

$$n = \{Zs/e\}^2$$

Where,

n = Sample size

Z = 'Z' score from the standard normal distribution for the confidence level as desired by the researcher (e.g. 95% CI for which typical Z score is 1.96; 100% CI is not possible as it indicates we have to go for population survey).

s = Population standard deviation for the variable which we are trying to measure from the study. This variable is unknown as we have not taken any sample for the study. But we can get a fair approximation if minimum and maximum values of the variables can be estimated, then the range of the variable's value is known.

Range = Maximum value - Minimum value. Assuming that 99.7% of the values of the variables would lie within ± 3 standard deviations of the mean, we could get an approximate value of the standard deviation by dividing the range by 6. Now, for calculation of range, we can take Likert Scale value which ranges from 1 to 5 in this research, where 1 indicates strongly disagree and 5 indicates strongly agree.

e = Tolerable error in estimating the variable in question. This can be decided only by the

researcher. From the formula, it is visible that lower the tolerance, the higher the sample size and vice versa will be.

In the present study, a 5-point Likert Scale has been introduced to rate the variables, so, the range in this case will be 4 (Maximum value - Minimum value = 5 - 1 = 4). So, for calculation of 's' we use the following formula:

$$s = \text{Range}/6 = 4/6 = 0.67$$

With e = 6% and Z = 1.96 (95% CI) total sample sizes identified for the research by using the above-mentioned formula is:

$$n = \{Zs/e\}^2 = \{1.96 \times 0.67/0.06\}^2 = 478.66 \approx 479$$

To collect information from 479 respondents, 700 questionnaires were distributed; however, only 387 questionnaires were returned in proper form and the same was included for final study.

Development of Hypotheses

Work pressure related issues

H1a: No difference of opinion exists among the respondents on the statement that duration of work in a week is a factor affecting work life balance during new normal.

H1b: Difference of opinion exists among the respondents with the statement that duration of work in a week is a factor affecting work life balance during new normal.

H2a: No difference of opinion exists among the respondents on the statement that shifting of work is a factor affecting work life balance during new normal.

H2b: Difference of opinion exists among the respondents on the statement that shifting of

work is a factor affecting work life balance during new normal.

H3a: No difference of opinion exists among the respondents on the statement that workload is a factor affecting work life balance during new normal.

H3b: Difference of opinion exists among the respondents on the statement that workload is a factor affecting work life balance during new normal.

H4a: No difference of opinion exists among the respondents on the statement that excessive work pace is a factor affecting work life balance during new normal.

H4b: Difference of opinion exists among the respondents on the statement that excessive work pace is a factor affecting work life balance during new normal.

H5a: No difference of opinion exists among the respondents on the statement that lack of control over work method is a factor affecting work life balance during new normal.

H5b: Difference of opinion exists among the respondents on the statement that lack of control over work method is a factor affecting work life balance during new normal.

H6a: No difference of opinion exists among the respondents on the statement that increasing mistrust among patients and their family members is a factor affecting work life balance during new normal.

H6b: Difference of opinion exists among the respondents on the statement that increasing mistrust among patients and their family members is a factor affecting work life balance during new normal.

Infrastructure and family issues

H7a: No difference of opinion exists among the respondents on the statement that shortage of manpower is a factor affecting work life balance during new normal.

H7b: Difference of opinion exists among the respondents on the statement that shortage of manpower is a factor affecting work life balance during new normal.

H8a: No difference of opinion exists among the respondents on the statement that increased patient pressure during COVID 19 peak time is a

factor affecting work life balance during new normal.

H8b: Difference of opinion exists among the respondents on the statement that increased patient pressure during COVID 19 peak time is a factor affecting work life balance during new normal.

H9a: No difference of opinion exists among the respondents on the statement that working spouse is a factor affecting work life balance during new normal.

H9b: Difference of opinion exists among the respondents on the statement that working spouse is a factor affecting work life balance during new normal.

H10a: No difference of opinion exists among the respondents on the statement that lack of support from family is a factor affecting work life balance during new normal.

H10b: Difference of opinion exists among the respondents on the statement that lack of support from family is a factor affecting work life balance during new normal.

Organizational Policy

H11a: No difference of opinion exists among the target respondents regarding work life balance training adopted by the hospitals under new normal working conditions.

H11b: Difference of opinion exists among the target respondents regarding work life balance training adopted by the hospitals under new normal working conditions.

H12a: No difference of opinion exists among the target respondents regarding skill ability related training adopted by the hospitals under new normal working conditions.

H12b: Difference of opinion exists among the target respondents regarding skill ability related training adopted by the hospitals under new normal working conditions.

H13a: No difference of opinion exists among the target respondents regarding changing job role adopted by the hospitals under new normal working conditions.

H13b: Difference of opinion exists among the target respondents regarding changing job role adopted by the hospitals under new normal working conditions.

H14a: No difference of opinion exists among the target respondents regarding social support acknowledged by the hospitals under new normal working conditions.

H14b: Difference of opinion exists among the target respondents regarding social support acknowledged by the hospitals under new normal working conditions.

H15a: No difference of opinion exists among the target respondents regarding organizational support acknowledged by the hospitals under new normal working conditions.

H15b: Difference of opinion exists among the target respondents regarding organizational support acknowledged by the hospitals under new normal working conditions.

H16a: No difference of opinion exists among the target respondents regarding participation in decision making adopted by the hospitals under new normal working conditions.

H16b: Difference of opinion exists among the target respondents regarding participation in decision making adopted by the hospitals under new normal working conditions.

H17a: No difference of opinion exists among the target respondents regarding timely communication adopted by the hospitals under new normal working conditions.

H17b: Difference of opinion exists among the target respondents regarding timely communication adopted by the hospitals under new normal working conditions.

Work Related Cash and Non-Cash Benefits

H18a: No difference of opinion exists among the target respondents regarding feedback of the superior getting more importance for hospital administration under new normal working conditions.

H18b: Difference of opinion exists among the target respondents regarding feedback of the superior getting more importance for hospital

administration under new normal working conditions.

H19a: No difference of opinion exists among the target respondents regarding temporary reduction of working hours creates positive vibe among hospital staffs under new normal working conditions.

H19b: Difference of opinion exists among the target respondents regarding temporary reduction of working hours creates positive vibe among hospital staffs under new normal working conditions.

H20a: No difference of opinion exists among the target respondents regarding paid holiday that creates positive vibe among hospital staffs under new normal working conditions.

H20b: Difference of opinion exists among the target respondents regarding paid holiday that creates positive vibe among hospital staffs under new normal working conditions.

H21a: No difference of opinion exists among the target respondents regarding career break that creates positive vibe among hospital staffs under new normal working conditions.

H21b: Difference of opinion exists among the target respondents regarding career break that creates positive vibe among hospital staffs under new normal working conditions.

H22a: No difference of opinion exists among the target respondents regarding financial and investment planning assistance creates positive vibe among hospital staffs under new normal working conditions.

H22b: Difference of opinion exists among the target respondents regarding financial and investment planning assistance creates positive vibe among hospital staffs under new normal working conditions.

Table 2: Summary of Hypothesis Result

Hypothesis	Result
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Work Pressure Related Issues	
H1a: No difference of opinion exists among the respondents on the statement that duration of work in a week is a factor affecting work life balance during new normal.	H1a Accepted
H1b: Difference of opinion exists among the respondents on the statement that duration of work in a week is a factor affecting work life balance during new normal.	
H2a: No difference of opinion exists among the respondents on the statement that shifting of work is a factor affecting work life balance during new normal.	H2a Accepted
H2b: Difference of opinion exists among the respondents on the statement that shifting of work is a factor affecting work life balance during new normal.	
H3a: No difference of opinion exists among the respondents on the statement that workload is a factor affecting work life balance during new normal.	H3a Accepted
H3b: Difference of opinion exists among the respondents on the statement that workload is a factor affecting work life balance during new normal.	
H4a: No difference of opinion exists among the respondents on the statement that excessive work pace is a factor affecting work life balance during new normal.	H4b Accepted
H4b: Difference of opinion exists among the respondents on the statement that excessive work pace is a factor affecting work life balance during new normal.	
H5a: No difference of opinion exists among the respondents on the statement that lack of control over work method is a factor affecting work life balance during new normal.	H5b Accepted
H5b: Difference of opinion exists among the respondents on the statement that lack of control over work method is a factor affecting work life balance during new normal.	
H6a: No difference of opinion exists among the respondents on the statement that increasing mistrust among patient and their family members is a factor affecting work life balance during new normal.	H6b Accepted
H6b: Difference of opinion exists among the respondents with the statement that increasing mistrust among patient and their family members is a factor affecting work life balance during new normal.	
Infrastructure and Family Support	
H7a: No difference of opinion exists among the respondents with the statement that shortage of manpower is a factor affecting work life balance during new normal	H7b Accepted
H7b: Difference of opinion exists among the respondents with the statement that shortage of manpower is a factor affecting work life balance during new normal.	
H8a: No difference of opinion exists among the respondents with the statement that increased patient pressure during COVID 19 peak time is a factor affecting work life balance during new normal.	H8b Accepted
H8b: Difference of opinion exists among the respondents with the statement that increased patient pressure during COVID 19 peak time is a factor affecting work life balance during new normal	
H9a: No difference of opinion exists among the respondents with the statement that working spouse is a factor affecting work life balance during new normal	H9b Accepted
H9b: Difference of opinion exists among the respondents with the statement that working spouse is a factor affecting work life balance during new normal.	
H10a: No difference of opinion exists among the respondents with the statement that lack of support from family is a factor affecting work life balance during new normal.	H10a Accepted
H10b: Difference of opinion exists among the respondents with the statement that lack of support from family is a factor affecting work life balance during new normal	
Organizational Policy	
H11a: No difference of opinion exists among the target respondents regarding work life balance training adopted by the hospitals under new normal working conditions.	H11b accepted
H11b: Difference of opinion exists among the target respondents regarding work life balance training adopted by the hospitals under new normal working conditions.	
H12a: No difference of opinion exists among the target respondents regarding skill ability related training adopted by the hospitals under new normal working conditions.	H12b Accepted
H12b: Difference of opinion exists among the target respondents regarding skill ability related training adopted by the hospitals under new normal working conditions.	

H13a: No difference of opinion exists among the target respondents regarding changing job role adopted by the hospitals under new normal working conditions.	H13b Accepted
H13b: Difference of opinion exists among the target respondents regarding changing job role adopted by the hospitals under new normal working conditions.	
H14a: No difference of opinion exists among the target respondents regarding social support acknowledged by the hospitals under new normal working conditions.	H14b Accepted
H14b: Difference of opinion exists among the target respondents regarding social support acknowledged by the hospitals under new normal working conditions.	
H15a: No difference of opinion exists among the target respondents regarding organizational support acknowledged by the hospitals under new normal working conditions.	H15b Accepted
H15b: Difference of opinion exists among the target respondents regarding organizational support acknowledged by the hospitals under new normal working conditions.	
H16a: No difference of opinion exists among the target respondents regarding participation in decision making adopted by the hospitals under new normal working conditions.	H16b Accepted
H16b: Difference of opinion exists among the target respondents regarding participation in decision making adopted by the hospitals under new normal working conditions.	
H17a: No difference of opinion exists among the target respondents regarding timely communication adopted by the hospitals under new normal working conditions.	H17b Accepted
H17b: Difference of opinion exists among the target respondents regarding timely communication adopted by the hospitals under new normal working conditions	
Work Related Cash and Non-Cash Benefits	
H18a: No difference of opinion exists among the target respondents regarding feedback of the superior getting more importance for hospital administration under new normal working conditions.	H18a Accepted
H18b: Difference of opinion exists among the target respondents regarding feedback of the superior getting more importance for hospital administration under new normal working conditions.	
H19a: No difference of opinion exists among the target respondents regarding temporary reduction of working hours creates positive vibe among hospital staffs under new normal working conditions	H19b Accepted
H19b: Difference of opinion exists among the target respondents regarding temporary reduction of working hours creates positive vibe among hospital staffs under new normal working conditions.	
H20a: No difference of opinion exists among the target respondents regarding paid holiday that creates positive vibe among hospital staffs under new normal working conditions.	H20a Accepted
H20b: Difference of opinion exists among the target respondents regarding paid holiday that creates positive vibe among hospital staffs under new normal working conditions.	
H21a: No difference of opinion exists among the target respondents regarding career break that creates positive vibe among hospital staffs under new normal working conditions	H21a Accepted
H21b: Difference of opinion exists among the target respondents regarding career break that creates positive vibe among hospital staffs under new normal working conditions.	
H22a: No difference of opinion exists among the target respondents regarding financial and investment planning assistance creates positive vibe among hospital staffs under new normal working conditions	H22b Accepted
H22b: Difference of opinion exists among the target respondents regarding financial and investment planning assistance creates positive vibe among hospital staffs under new normal working conditions.	

The present study was restricted to private sector hospitals located in major metro cities of Odisha only. So, a generalization of outcome based on this result is not recommended as the result may be affected due to change in geographical location. The study may not be the same in case of government sector as the working environment is totally different from the private sector hospitals. Apart from this, a few problems were associated with primary data collection method due to the existence of a few errors.

Suggestions

Based on the findings, the researcher has provided the following suggestions:

- The study revealed that work duration is an important parameter which is affecting the work life balance problem. It is obvious that as the situation is not normal during the pandemic, the working time of the workforce has increased significantly. Therefore, adequate provision should be made so that the employees are not drained out while they are at work. Excess manpower may be taken in the non-skilled sector, such as healthcare administrator. Trainee interns having exposure in hospital management courses are in high demand. Various nursing institutes are also able to provide manpower as they also need proper exposure while the situation is not normal. So, these trainee workforces may be of great help to the private sector hospitals when the demand is high.
- It is obvious that due to essential service categorization of the job, there is a possibility of adopting a shifting roster for the workforce. There is no problem in that practice, but this study revealed that adequate transparency is not maintained in this regard. The hospital should maintain a duty roster in such a manner that it will not create unnecessary pressure to an employee who is new to the system. If this is the case, then it will affect the moral of the employee and consequently the employee's motivation.
- The job role should be defined in the work place so that the supervisors are able to objectively implement the same. Lack of control on the nature of work that the employees are supposed to do will affect productivity. A well written job role is highly desirable for every group of employees. This will help the employees to self-assess whether an assigned task is completed or not.
- People coming to the private super-specialty hospitals to get specialized healthcare service for each and every aspect of their ailment judge the service quality with the help of various factors, viz. time taken to deliver the service, employees' empathy towards the patients as well as patients' relatives and various other factors, which are intangible in nature. The hospitals may adopt a service quality model in this present situation to handle excessive pressure. However, to implement this, the staffs should be well trained. So, adequate and timely training should be provided to each and every group of employees. Employees should learn to identify the patients with their names as this makes them feel good. These practices need to be adopted by the employees in a sustainable basis to win the trust and confidence of the patients.
- It is coming out from the study that the respondents with working spouses are having more difficulties in maintaining work life balance. Due to high cost of living and other social responsibilities, it has become quite normal for both husband and wife to take up jobs. So, the hospitals should acknowledge the importance of family time of employees and give them opportunity in the form of vacation and other non-monetary incentives to increase their performances. This will also help them to work without much pressure which is very essential for the people working in hospitals.
- Skill enhancement training should be an integral part of the workforce. This policy should be adopted for the nurses as well as healthcare administrators. These are the people who are taking all the troubles as frontline workers. If they do not have the requisite training on how to handle patients and accompanying attendants, then it will be tough and stressful when any unforeseen event occurs. So, necessary training needs to be imparted to different segments of the employees specific to them.
- It is as an acceptable fact that along with social support, there is a need for organizational support. If the hospital stands by its employees

and supports them in difficult times, then it will give positivity and create sense of belongingness in the minds of the employees towards their organization. This should be made as an HR practice in the organization. Celebrating the success of the employees is one of the many things that the organization may implement.

- This study showed that timely communication, temporary reduction of working hours, and flexible work schedule are often some of the non-monetary incentives that hospitals may adopt to increase staff motivation. Healthcare systems must take effective steps to make patients and health workers more satisfied and to improve the level of health services and care [14-19].

Future study and direction

Work life balance topic is very relevant in every one's life. So, future study can be undertaken in various sectors. The following are the potential areas where research can be undertaken in future: Work life balance of police personnel during Covid-19, work life balance of teaching fraternity during covid-19, work life balance of senior citizens during covid-19, and work life balance of paramedical staff during Covid-19.

Conclusions

Flexible work methods are needed for health organizations in today's complicated and continuously changing environment. Not just for employees, but also for businesses, ensuring work-life balance is critical in order to retain employees, as they are the primary caregivers in the health-care system. The commitment and presence of health care personnel work acts as a measure of the ability of health care systems to satisfy the requirements of the population. Furthermore, in the health-care industry, becoming an employer of choice means that a hospital offers favorable employment terms and conditions to its employees, resulting in higher employee satisfaction, motivation, and dedication. As a result, employers should regard their employees as customers and make the required efforts to create suitable WLB policies to increase employee engagement. If these concerns are not addressed, staff turnover will grow, service quality will decrease, patient satisfaction will suffer, and businesses will face the prospect

of leavening their services in the long run. Workers' requirements should be met through an effective organizational support system, as well as cooperation between organizations and various facilities and support systems that assist employees in meeting their non-work obligations. With working hours that are convenient for you, employees should have access to help for employees who have children or elderly relatives at home, as well as sufficient vacations and employee support networks. Employers should give job incentives such as improved working conditions, promotion possibilities, secure career progression, greater salaries, retirement provisions, and other fringe benefits. This would encourage employees to arrange time with family errands more easily, guaranteeing successful WLB management while also improving employee commitment, with matching benefits on corporate goal attainment.

To guarantee justice and uniformity in the execution of WLB policies, diverse stakeholders in each health-care facility should join together to create common WLB initiatives. The government, trade unions, and other stakeholders should ideally support these procedures. Health-care personnel do not have a set work schedule because their workload is determined by the quantity and type of cases/emergencies they receive. Organizations should provide lunch, takeaway meals, and transportation for such employees who are obliged to remain longer for overtime. Benefits like this assist to protect the safety of women workers, decrease work-family conflict, and prepare the path for WLB to be achieved. While more organizational assistance is needed for young and new employees, who are less pleased than more experienced employees, senior employees demand a greater sense of recognition and respect. It should be an inclusive process in which employees, unions, the government, and the employing organization share joint responsibility for developing well-planned, realistic, and agreed-upon programs that can be implemented collaboratively to share the benefits of WLB and achieve positive organizational changes.

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Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to responsible for all the aspects of this work.

Conflict of Interest

We have no conflicts of interest to disclose.

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