



CHAPTER-5

CONCLUSION & SUGGESTIONS



School of Business Studies
Islamic University of Science and Technology

This chapter is drafted to summarize the findings of the present research study with a focus on main findings relevant to the problem in hand. Accordingly, the findings have a due place which is supplemented by casual, informal conversations with the respondents. Further, there is some policy related suggestions put forward to serve as a guide to the decision makers in the health sector. This is followed by highlighting the limitations which are attributed to any study due to constraints of time, resources, attitude of the respondents, research instrument, place and multiple numbers of other factors. Last but not least, a due place is secured for pointing the future contours of work-life balance.

5.1 Findings

- **Family and WLB:** In the present study, it was found that family as a whole was unable to predict WLB of working women (see table 2.7). The present findings are in contradiction of the earlier studies by (Frone et al., 1992; Aryee 1992; Frone et al., 1997; Aryee et al., 1999; Kim & Ling 2001). The apparent contradiction in findings, according to researcher can be attributed to the patriarchal orientation of families in Kashmir, where working women receive less support in household work from family members' especially support from their spouse. Working women have to do a bulk of household work with very less assistance from their spouses.

However, at a microscopic level, it was observed that family support does influence the dimensions of WLB. A better family support was seen to lead towards work personal life enhancement. But, since the working women share bulk of a load of family demands – child care and dependent care, it gets manifested as personal life interference work (PLIW) (see table 2.9).

- **Work environment and WLB:** For the present study, the work environment was seen to influence the work-life balance of working women (see table 3.0). The results are consistent with findings of prior research studies (Frye & Breaugh 2004; Nicklin & McNall 2013; Hammer et al., 2013). It goes well with the other research studies which state that more time at the job leaves less time with the family. This job overload manifests in physical, psychological health ailments and dissatisfaction with the job.

Further, as was seen from a descriptive analysis of the questionnaire items that mean score for work interference personal life (WIPL =3.5) was greater than personal life interference work (PLIW-Mean around 2.5) (see table 2.2). It indicates that working women (female Doctors and Nurses) have more interference of work in their daily life activities. This suggests that there is more job pressure in the health sector for working women, which can result in serious implications on health, family life and productivity.

- **Workplace supervisory support and WLB:** The present study found statistical significance of supervisor support on work-life enhancement (WLE) for working women in the health sector (see table 3.2). Working women have greater responsibilities of the family, which many a time require the support of an immediate supervisor. A cordial supervisory support as an emotional one produces work-life enrichment. Various supervisory behaviours such as word of appreciation, proper coaching, accepting personality of subordinate and understanding family issues of employees, etc. provides psychological support for working women for maintaining of WLB. Emotional support is very important for both genders but is highly desirable for working women, which have a unique set of challenges to face with. So, in the health sector, working women highly appreciate the courtesy and good nature of immediate supervisor, who can generate conducive conditions for WLB.
- **Religiosity and WLB:** The present study found an insignificant statistical relationship between religiosity and work-life balance (see table 3.4). The results are partially consistent with the findings of other research studies, where relationships between religiosity and other work-life dimensions were not fully related (Sav 2016). Further, religiosity has been seen to partially influence dimensions of WLB (Boyce, 2006; Sav, Harris, & Sebar 2015). Other researchers have seen the moderating role of religiosity (Achour, Boerhannoeddin & Khan 2011).

From the religiosity perspective, prayers were not seen statistically significant to reduce bi-directional work-life conflict. On one side, it was seen that

prayers do provide spiritual high as indicated by statistical significance for WLE (see table 3.5) which are consistent with findings of (Sav, Harris and Sebar 2013). However, on the other side, religious practices like charity, religious scriptures, religious programmes and visiting shrines was seen to cause interference in work as indicated with a high relationship with work interference in personal life (see table 3.5). Religious practices like visiting shrines, religious programs and reading religious scripture do take time, which makes less time available for work.

- **Social relationship and WLB:** In the present study, the relationship between social relationship and work-life balance was seen statistically insignificant (see table 3.6). However, the social relationship as in fulfilling social obligations was seen to significantly influence the WLB dimensions of working women (see table 3.8). There exist two distinguishable influences of being involved with social relationship, one as being socially oriented like attending marriages is seen to relieve working women from stress resulting from the nature of their job.

The other influence, which analysis revealed was of statistical significance between social relationship and bi-directional conflict (see table 3.8). The possible reasons can be in the shape of social expectations from friends and relatives to be fulfilled which has potential to eat up their time. Further, due to the nature of their job they are finding difficulty in fulfilling social commitments. In addition, in Kashmiri culture friends and relatives meet on particular occasions like marriages and encounter an individual with a lot of queries.

5.2 Findings of Unstructured Discussions

The present study conducted unstructured interviews with respondents to bring issues which were not fully covered by the questionnaire. With this aim, following findings were observed:

- **Working women in the health sector and family-friendly policies:** The present study involved respondents of both contract types –permanent and temporary. It was learnt that working women receiving maternity leaves on child birth are differentiated on the basis of contract type. Temporary employees don't get paid maternity leave, whereas permanent employees avail that benefit. This policy is

against the standards of human rights and more so, goes against the policy followed at the global level by progressive nations.

- **Distance up to the workplace:** Distance of workplace to home is a concern for working women, who are competing against time and involvement in domains of work and life. Longer distance up to workplace snatches precious time, which otherwise could have been spent on productive activity either in work/family. This issue is experienced by all employees without exception of gender, but is more important for working women. Particularly, working mothers with younger children are most affected of all as they have to prepare their child for school etc., they are highly choked of time.
- **Unpaid Gazetted holidays:** Some gazetted holidays like Eid in Muslim majority state (J&K) is not a paid holiday for contractual employees particularly for nursing staff working in the health sector. As job satisfaction can only be achieved when apart from financial motivation, employees' social aspirations are taken care of, this can pay way to quality medical services. So, there exists scope to include proper policy where by working women, especially the nursing staff enjoys special festivals with their families. In the long run, it will result in a motivated employee who delivers best for their organization.
- **Time Constraints:** The health sector is one of busiest and the stressful sector where working women rarely get time for other non-work activities. Accordingly, the working women feel shortage of time to attend activities like a marriage ceremony, fulfilling family obligations and other personal hobbies. In view of it, a proper duty roster has to be chalked out to ensure best time distribution between employees. Further, the immediate persons associated with framing duty roster have to monthly revisit rosters.
- **Clinical Field Stressful:** As present study involved working women from both clinical and non-clinical field, it was observed that its clinical working women that have high pressure of the job. As a result, working women in the clinical field are more prone to health and stress related problems. Therefore, it is for the betterment of things, that proper policy is designed for working women in the clinical field with related to working hours, work environment and other incentives.

5.3 Suggestions and Policy Implications

The health sector is one of the essential sectors where a highly motivated employee can play an important role in providing quality health services. Accordingly, the health sector has to frame policies which are supportive of motivating the employee to put his best efforts. One of the corner stones for that is by caring and providing facilities for employee's WLB. Many global level organizations like American Express, Cisco and Runnymede Healthcare Centre has reaped benefits with proper work-life policies in place which has resulted in quality staff and higher growth of organisation.

Therefore, it is high time that government and related agencies in the health sector device work-life-balance policies for their employees in general and working women in particular so that it achieves higher ladder of progress and growth. With this aim in mind, some of the suggestions are penned down as follows:

- **Lack of infrastructural/instrumental organizational support:** There is a dearth of instrumental workplace facilities as indicated by a low mean score for instrumental/infrastructure facilities available like crèche and insurance facilities for working mothers (see table 2.2 under WKFC2 and WKFC3). There is scope to provide better workplace organizational policies like child care, insurance plans and paid maternity leaves for all. As the human resource is considered as a most important resource by all organizational experts. Progressive firms nowadays are taking an inside-out approach, wherein they seek to build their strength in internal resources. The one way to achieve strength in internal resources is by devising policies related to infrastructural support that is required by all employees including working women.
- **Awareness on gender sensitization:** Moreover, it is suggested to devise policies with related to gender sensitization like facing issues of sexual harassment – physical, and psychological. A well chalked out rule and guidance have to be communicated to all the heads of respective departments regarding how to deal with issues of harassments when they arise. As health sector has the professional expertise for the growing number of working women, in skilled and unskilled jobs, it is ever so necessary to devise policy when such harassment issues arise.

- **Supervisory support:** The support from a supervisor is very important for working women as it acts as a workplace emotional support which goes a long way to balance their lives. So, it is thus suggested that organizations in the health sector should seek to enrich the work culture in such a way that employees are free to voice their concerns with their bosses.
- **Workplace distance:** One of the challenges that working women face is the distance up to workplace which drains them mentally and physically. A longer distance eats up time and energy which could otherwise be utilized in productive work. Distance up to the workplace is the bigger issue for working mothers, as they have a family and young children to look after. So, it is suggested a proper policy can be designed to minimize travel time up to the workplace. By this initiative, organizations can activate mental alertness in a job for working mothers who are feeling guilty of failing to perform their duties at home.
- **Stressful nature of the job:** As job in the health sector is stressful, this impacts the physical and psychological health of employees. There is higher pressure for working women as they have to perform household work too. Due to their dual nature of responsibilities, the organization has to step in to lessen their stress levels. One of the ways is to organize various events within their workplace as stress relieving exercises. As health sector is one of the essential sectors which works round the clock, it may not be possible for all employees to join together. However, there can be variants of stress relieving programmes like discussions with expert, health club within a workplace, a workshop on WLB etc. So, it is suggested to organize stress- relieving programmes.

5.4 Limitations of the Study

- **Geographical:** The study has been restricted to the smaller geographical area. The geographical stretch of the population was within the confines of Kashmir Valley. Further, only the public Hospitals were part of the study unit. The reason behind taking such geographical frame came from a review of studies, which hinted to study WLB in a narrower cultural population. With this in mind, the study was restricted to one division of J&K, which differs in its cultural outlook

from other two cultural frames- Jammu and Ladakh. So, the results of the study have to be confirmed in another geographically narrower cultural frame.

- **Research instrument:** The study used the questionnaire as research instrument along with few unstructured discussions/interviews with respondents to understand WLB. It was felt during research data collection that there are many more issues with working women that aren't discussed in the questionnaire. So, to study in-depth the issues of WLB, there can be a better research instrument like an interview, focus group and case study which can intensely study the concept in a better way.
- **Narrow Sample:** The study used only female nurses and doctors. A broader sample of designation can be included to understand the WLB of working women. A study can be done, including all working women in the health sector as a population to investigate the issue at a much wider level.
- **Personality dimension:** There is scope to include personal dimension - hobbies, interests, personality into WLB as its antecedents. While seeking to have informal discussions with the respondents, they revealed in their suggestions that WLB for them cover more than family, work, religion and social life only, they have a personal life too which present study has not considered. So, this personal life in the shape of hobbies, interests and career can be studied in future studies as women give more weightage to these aspects of life as well.

5.5 Scope for Future Research

- **Scope of including religiosity into future studies:** Although the study involved religiosity into its model, it has other constructs as well. Religiosity is important to frame of reference which gives directions to an individual how to face certain situations. Accordingly, issues at work and home, which take shape in the form of demands and resources provide challenge and opportunity for individuals. Further, religiosity gives shape to one's belief system, is a code of ethics and provides a mode of conduct regarding behaving with fellow humans. It is important to study the influence of religiosity on WLB, ever so now as a more diversified workforce are joining the workplace. Obviously, how they approach

the situation in the workplace will be shaped how religiosity plays a role in that individual's life. Very few studies have focused on this dimension while seeking to understand WLB. A more intensive qualitative research can be taken by studying the influence of religiosity on WLB.

- **Scope for including both genders:** The study has focused on one gender only; there is scope to include both genders to compare the WLB of each. This can be done through a comparative study on both genders so that a comparative picture of WLB for both genders is studied at much detailed and clear manner. This can provide an important frame of reference for policy makers to devise policies for both genders as each gender has a unique set of challenges while maintaining WLB.
- **Scope for including same professional couples:** Further, there is scope to include a study on couples in the same profession. As couples in health, especially doctors mostly are in the same profession, so couples in the same profession will have a unique set of challenges for maintenance of WLB.
- **Scope for including comparative study:** The present study was conducted in public hospitals only, a comparative study can be done including both private and public hospitals. There is scope to include private hospital as well. This will highlight on the comparative ground, issues of WLB for professionals in the public and private domain.
- **Scope for wider study:** Further, as present study selected only tertiary sector (public hospitals). There is scope to include primary and secondary sectors as well, in understanding WLB at different levels in the health sector.