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RESEARCH ARTICLE

WORK LIFE BALANCE AND JOB SATISFACTION AMONG HEALTHCARE PROFESSIONALS IN PAKISTAN

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ABSTRACT

Constant incapability of workforce to balance work and family responsibilities may contribute negatively towards institutional performance in terms of increased absenteeism, turnover, reduced productivity, decreased organizational dedication and decreased job satisfaction. The objective of this research was to evaluate the healthcare professional's perceptions towards the importance of different factors responsible for work-life balance and job satisfaction in Pakistan. A descriptive cross sectional study design was used. A pre validated tool, impact of work life balance factors on job satisfaction questionnaire was distributed to conveniently selected sample of 283 prescribers, 214 nurses and 215 pharmacists. After data collection, data was cleaned, coded and entered in SPSS version 21 and was statistically analyzed. Significant difference ($p \geq 0.05$) in work-life balance was observed among different gender, age groups, profession, salary, experience, sector of practice and marital status. On the other hand, significant difference ($p \geq 0.05$) in job satisfaction was observed among different age groups, salary, experience and sector of practice. The results of the current research concluded that healthcare professionals in Pakistan were able to manage their work-life balance and were moderately satisfied with their job. Male healthcare professionals had relatively better work life balance. Physicians were better in managing work life balance. Experienced healthcare professionals with high salary were relatively managing better work life balance and were more satisfied with their job.

INTRODUCTION

Work-life balance tends to focus at interface between work and private life (Abendroth and Den Dulk, 2011). Organizations have developed work-life balance guidelines as part of their efforts to increase employee commitment and reduce turnover (Chiang *et al.*, 2010). Job stress can be conceptualized as one's reaction to work environment characteristics that appear hostile to the individual. Job stress was considerably related to overall burnout. It was also notably correlated to job satisfaction, organizational pledge and emotional health problems (Jamal and Baba, 2000). Job satisfaction is inversely associated with work family interference. Job satisfaction is found to be inversely related with stress. Job satisfaction among female nurses was reported to be inversely related to work family conflict in Pakistan. Time and behavior are the two traits of work family conflict which have a considerable but negative impact on job satisfaction. Balancing in unlike manner at work and home have negative impacts upon nurses satisfaction with their job (Zulfiqar *et al.*, 2013). The Job Stress and Burnout and low level of motivation of employee slows down the performance. Stress and Burnout is an independent factor, which makes the employee demoralized, depressed and consequently the overall performance of employee would be vulnerable. In result, the performance of the organization also deteriorate (Ahmed *et al.*, 2015). The increasing prevalence of work-life imbalance and job burn-out among healthcare professionals is a major concern needs to be addressed at present in Pakistan. There is a lack of unambiguous, enduring vision for human resource development in healthcare in Pakistan. Shortage of qualified physicians, nurses and pharmacists has led to excessive workload for the previously employed healthcare professionals.

Constant incapability of workforce to balance work and family responsibilities may contribute negatively towards institutional performance in terms of increased absenteeism, turnover, reduced productivity, decreased organizational dedication and decreased job satisfaction. Work life conflicts and job dissatisfaction among healthcare professionals may have deleterious effect on the quality and safety of patient care. Therefore, the present study was designed to evaluate the healthcare professional's perceptions towards the importance of different factors responsible for work-life balance and job satisfaction in twin cities i.e. Islamabad (Capital) and Rawalpindi (twin city) Pakistan.

MATERIALS AND METHODS

A descriptive cross sectional study design was used. Study approval was obtained from ethical committee of Hamdard University (ref no 167). Approval was also taken from respective authorities of different healthcare facilities from where data was collected. Besides this, informed and verbal approval for participation was also taken from the respondents. Respondents were ensured for the confidentiality of information verbally as well as confidentiality under taking was signed by the principal researcher. Study site for this research included pharmaceutical institutions, health care facilities, retail pharmacy outlets, sale and marketing offices and hospitals located in Rawalpindi and Islamabad. Physicians, nurses and pharmacists working in regulatory, academia, industry, hospitals, retail pharmacies, public and private health care facilities located in twin cities were included as study respondents. Rao Soft sample size calculator was used to determine the sample size. The calculated sample size was 382 for each group of respondents to achieve 95% confidence

interval with 5% margin of error. The total sample came to be 1146. But due to unavailability of respondents at community pharmacies and unwillingness to participate, the total sample achieved for each group of healthcare professionals was: prescribers (n= 283), nurse (n=241) and pharmacists (n=215). The response rate among the healthcare professionals was: prescribers (74.0%), nurses (63.0%) and pharmacists (56.2%). Convenient sampling technique was used to select the respondents available at the time of data collection were included. A pre validated tool, impact of work life balance factors on job satisfaction questionnaire was used for collecting data regarding work life balance and job satisfaction among healthcare professionals. After data collection, data was cleaned, coded and entered in SPSS version 21 and was statistically analyzed.

RESULTS

Out of 739 respondents, 40.9% (n= 302) were males while 59.1% (n= 437) were females. Of the total respondents, physicians were 38.3% (n= 283), 32.6% (n= 241) were nurses and 29.1% (n= 215) were pharmacists. Out of the total respondents, 45.5% (n= 336) were working in public sector while 54.5% (n= 403) were working in private sector. Regarding the experience of respondents, 23.7% (n= 175) had working experience of less than one year, 36.0% (n= 266) had working experience of 1-5 years, 23.3% (n= 172) had an experience of 6-10 years while 17.1% (n= 126) had working experience of greater than 10 years (Table 1). The result highlighted that most of the respondents (73.6%, n=544) agreed that their office environment was comfortable from working point of view. More than half of the respondents were of the view that they were involved in decision making (58.3%, n=431) and were treated fairly in their organizations (60%, n=443). Nearly half of the respondents (46.7%, n=345) disagreed that they were unable to meet work demands on time. On the other hand, more than half of the pharmacists (50.2%, n=371) reported that they had to work late or on weekends (Table 2). Out of 739 respondents, 54.9% (n=406) agreed that work demands interfered with their family life. While 63.3% (n=468) of the respondents had to make change in their plans for leisure activities.

Table 1. Demographic Characteristics

Indicators	Total n (%)	
Age	20-30 Y	378 (51.2)
	31-40 Y	155 (21.0)
	41-50Y	152 (20.6)
	>50 Y	54 (7.3)
Gender	Male	302 (40.9)
	Female	437 (59.1)
Marital Status	Married	424 (57.4)
	Unmarried	315 (42.6)
Profession	Physicians	283 (38.3)
	Nurses	241 (32.6)
Sector of Practice	Pharmacists	215 (29.1)
	Public	335 (45.3)
Level of Experience	Private	404 (54.7)
	<1 Year	175 (23.7)
	1-5 Years	266 (36.0)
	6-10 Years	172 (23.3)
Current Salary	>10 Years	126 (17.1)
	Rs 10,000-20,000	113 (15.3)
	Rs 21,000-30,000	122 (16.5)
	Rs 31,000-50,000	175 (23.7)
	Rs >50,000	329 (44.5)

Moreover, 49.7% (n=367) of the respondents, family demands interfered with their work related activities. While 28.0% (n=207) disagreed that family demands lead to family-work conflict. Furthermore, more than half of the respondents were satisfied with working hours (65.2%, n=482), type of work (67.0%, n=495), relationship with supervisor (65.8%, n=487) and co-workers (68.0%, n=502). A detail description is given (Table 3). The results highlighted that Fifty four percent (n=398) were satisfied with their current salary while 25.5% (n=188) were dissatisfied with their salary. A detailed description is given (Table 4). Significant difference (p ≥ 0.05) in work-life balance was observed among different gender, age groups, profession, salary, experience, sector of practice and marital status. Male healthcare professionals were better in managing work life balance. Married and professionals with better salary status relatively had better work life balance. Physicians had better work life balance. On the other hand, significant difference (p ≥ 0.05) in job satisfaction was observed among different age groups, salary, experience and sector of practice (Table.5).

Table 2. Perceptions of Healthcare Professionals regarding Workplace Culture and Work Load

Indicators	Total Healthcare Professionals		
	Agree n (%)	Neutral n (%)	Disagree n (%)
The office environment is very comfortable from working point of view.	544 (73.6)	111 (15.0)	84 (11.3)
I feel I am involved in the decisions made at my department	431 (58.3)	147 (19.9)	161 (21.8)
Individuals are treated fairly in this organization.	443 (60)	178 (24.1)	118 (15.9)
Workload			
I am unable to meet all the conflicting work demands on my time.	345 (46.7)	174 (23.5)	220 (29.8)
I often work late or at weekends to deal with work-load.	371 (50.2)	132 (17.8)	236 (32.0)

Table 3. Perceptions of Healthcare Professionals regarding Work-Family Conflict, Family Work Conflict & Social Support

Indicators	Total Healthcare Professionals		
	Agree n (%)	Neutral n (%)	Disagree n (%)
The demands of my work interfere with my home and family life.	406 (54.9)	163 (22.1)	170 (23)
Due to work-related duties, I have to make changes to my plans for leisure activities.	468 (63.3)	138 (18.7)	133 (17.9)
Family Work Conflict			
The demands of my family or spouse/partner interfere with work-related activities.	367 (49.7)	165 (22.3)	207 (28.0)
Social Support			
Support from my manager/supervisor helps me to balance my work and family commitments	452 (61.2)	162 (21.9)	125 (16.9)
Support from my colleagues helps me to balance my work and family commitments.	467 (63.2)	167 (22.6)	105 (14.2)
The company helps me to balance my work and family commitments by providing childcare facilities and services like day care center.	378 (51.1)	150 (20.3)	211 (28.6)
My family understands my work commitments.	518 (70.1)	124 (16.8)	97 (13.1)

Table 4. Job Satisfaction among Healthcare Professionals in Pakistan

Indicators	Total Healthcare Professionals		
	Agree n (%)	Neutral n (%)	Disagree n (%)
I am satisfied with working hours each week.	482 (65.2)	115 (15.6)	142 (19.2)
I am generally satisfied with the kind of work I do at my job.	495 (67.0)	137 (18.5)	107 (14.5)
I am satisfied with salary.	398 (53.9)	153 (20.7)	188 (25.5)
I am satisfied with relationship with my co-workers.	502 (68)	162 (21.8)	75 (10.2)
I am satisfied with relationship with my supervisor/manager.	487 (65.8)	163 (22.1)	89 (12.1)
I am satisfied with amount of benefits provided by the company like annual or sick leave, life or health insurance etc	349 (47.2)	160 (21.7)	230 (31.1)
I am satisfied with the amount of rewards such as bonuses provided by the company according to quality of my performance.	314 (42.5)	153 (20.7)	272 (36.8)
I am satisfied with opportunity for promotion.	273 (37.0)	195 (26.4)	271 (36.6)

Table 5. Relationship between Emotional intelligence, Work-life balance and Job satisfaction according to different demographic

Demographics	Work-life Balance				Job Satisfaction				
	n	Mean rank	Test Stats.	P value	n	Mean rank	Test Stats.	P value	
Gender	Male	302	338.38	56439.0 ^a	0.001	302	375.10	64447.0 ^a	0.586
	Female	437	391.85			437	366.48		
Marital Status	Married	424	352.09	59184.5 ^a	0.012	424	357.45	61460.0 ^a	0.08
	Unmarried	313	391.91			313	384.64		
Profession	Physician	283	342.08	7.871 ^b	0.018	283	385.11	2.373 ^b	00.3
	Nurse	241	386.83			241	358.12		
	Pharmacist	215	387.88			215	363.43		
Age of Respondents	20-30y	378	406.39			378	376.78		
	31-40y	155	402.33	52.881 ^b	0.001	155	405.19	11.745 ^b	0.009
	41-50y	152	271.67			152	326.39		
	>50y	54	299.22			54	344.31		
Level of Experience	<1y	175	381.37			175	342.43		
	1-5y	266	408.18	21.409 ^b	0.001	266	396.49	11.198 ^b	0.011
	6-10y	172	316.38			172	383.16		
Current Salary	>10y	126	346.80			126	334.40		
	10k-20k	113	360.41			113	386.57		
	21k-30k	122	445.05	18.536 ^b	0.001	122	426.19	12.887 ^b	0.005
	31k-50k	175	346.41			175	361.03		
Sector	>50k	329	358.01			329	348.24		
	Public	335	359.40	64117.5 ^a	0.24	335	346.34	59743.0 ^a	0.008
	Private	404	377.90			404	388.75		

DISCUSSION

Health profession has developed notably in the last few years but shortage of qualified personnel has amplified pressure on previously employed healthcare professionals. Amplified workload, unfavorable working atmosphere, low job security and family responsibilities all have a tendency to lower work life balance which decreases job satisfaction. Work life balance is not simply vital for the health and well-being of individuals, but is also cost-effective way of improving work environments of organizations. The significance of maintaining work-life balance should also not be underestimated among healthcare professionals. Work-life conflicts among physicians, nurses and pharmacists may have harmful impact on the quality and safety of pharmaceutical care provided to the patients. The results of the present study showed that among all healthcare professionals, physicians were better in managing their work life balance. Moreover, male healthcare professionals were relatively better in managing their work-life balance. It might be due to social and cultural norms in Pakistan which give more support and less family responsibilities to men. Similar results were found in the research conducted in 36 different countries (Lyness *et al.*, 2014). The findings of the current study further revealed that married healthcare professionals were found comparatively more satisfied with their job, workplace culture and workload. This might be due to the fact that married healthcare professionals get a better family support to maintain their work-life balance.

Same results were found in a study conducted in Pakistan. Whereas compared to unmarried employees, married employees face less conflict in their work and family domains (Chaudhry and Ahmad, 2011). Constant incapability of workforce to balance work and family responsibilities may contribute negatively towards organizational performance in terms of turnover, increased absenteeism, decreased organizational commitment, reduced productivity and job satisfaction. The results of the present study reported better job satisfaction and work life balance in healthcare professionals above forty years of age. Similar results from were reported from another study conducted in Pakistan which showed that job satisfaction was improved not only with increase in age rise but also with increased rewards (Khan and Lashari, 2010). The current study showed that healthcare professionals having experience more than ten years and salary more than fifty thousand were comparatively more satisfied with their workplace culture, workload, social support and job. This might be due to the fact young people with fewer experience are more career oriented and frequently change their jobs for better salary and promotion. While elder people with more job experience are more focused and have a better salary structure which makes them more satisfied with their job. Similar results were reported from other studies conducted in Pakistan which concluded that participants who were satisfied with their salaries were also satisfied with their job. Thus, better reward packages make a person more committed and honest towards work and organization (Kamal and Hanif, 2009; Islam *et al.*, 2012). The study further revealed that job satisfaction was

better among healthcare professionals working in public healthcare facilities. Similar findings were reported in a study conducted in United Arab Emirates in which professionals working in public sector had better job satisfaction than those of private sector (Zeffane and Bani Melhem, 2017).

Conclusion

The results of the current research concluded that healthcare professionals in Pakistan were able to manage their work-life balance and were moderately satisfied with their job. Male healthcare professionals had relatively better work life balance. Physicians were better in managing work life balance. Experienced healthcare professionals with high salary were relatively managing better work life balance and were more satisfied with their job. Effective strategies must be designed for reinforcing the relevant human resources policies and improving working conditions for healthcare professionals in Pakistan. There is a need to sensitize policy makers on subject of satisfaction of healthcare workforce as it has a positive effect on individual, organization and quality of services in today's evolving healthcare system of Pakistan.

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