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IMPACT OF JOB RELATED ISSUES ON THE WORK-LIFE BALANCE OF WOMEN GAENACOLOGISTS

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Abstract: *The changing economic conditions and social demands have altered the nature of work as well as familial concepts throughout the world. The concept of Work- life balance (WLB) is becoming more and more relevant in this ever unfolding, dynamic and highly competitive working environment. When compared to the past, India is currently booming with employment opportunities mostly in the service sectors and consequently balancing work and life for these employees has become an important issue of societal significance. In fact there are complex and inter-twined factors arising from the job related issues (JRI) and contributing along with other factors to the WLB of Women gaenacologists Even though some scales are available for the measurement of WLB, they do not provide a fully dedicated psychometric tool for the measurement of JRI based on the societal and familial concepts existing in the Indian society. Therefore in the present work a 10 items, three factor scale is developed for measuring JRI in relation to WLB of the Women gaenacologists. The data needed for the development of the scale was collected from 150 Women gaenacologists. Kaiser-Meyer Olkin test and Bartlett's test were conducted to check the sampling adequacy and sphericity of the data and the dimensions (factors) were resolved through factor analysis. The JRI measurement scale was found to be having high reliability and validity with dependable Cronbach's alpha values. Attempts have also been made to test and discuss the influence of JRI on WLB of the Lady Doctors.*

Keywords: *Work life balance, work related issues scale, WLB scale, JRI scale, psychometric instrument, gaenacologists*

1. INTRODUCTION

Origin of the concept of balance between work and life may be traced back to the earliest view that they are segmented, independent and do not impact each other. Blood and Wolfe (1960), who were pioneers of this perspective, explained that for workers in unsatisfying or un-involving jobs, segmentation of work and home is a natural process and was designated as segmentation theory, in which work and family operate as separate entities and there is no interaction between the work life and the family life. Later Seiber (1974) has proposed the enrichment perspective in such a way that engagement in multiple roles, or role accumulation provides access to various resources that can be utilized by individuals across various role performances. Later several researchers suggested that workers carry the emotions, attitudes, skills and behaviors that they establish at work into their family life and *vice versa* (Piotrkowski, 1979; Crouter, 1984; Kelly and Voydanoff, 1985). Taking cues from this line of thinking, Staines (1980) defined spillover as a positive relationship between work and family, where positive work experiences would be associated with positive family experiences and negative work experiences would be associated with negative family experiences. Starting with these concepts and postulations, researchers have worked thoroughly on the various dimensions and issues of work and family domains resulting in the evolution of various new formulations and concepts during the next three decades. Even though all these formulations were intended to best explain the interactions of work and family and the manifestations of such interactions, most of them were mutually overlapping at least to some extent.

Even though the issue of WLB is a universal one, the contributing factors may be different in different geographical areas depending on the prevailing work culture, societal codes of behavior and familial concepts. Elaborate studies on the impacts of work issues on WLB in the western context are available (Greenhouse, 1987; Wallace, 1997). One of the major handicap is the non-availability of research tool detailing JRI specific to the Indian situation. In this context, the present study is an attempt in this direction primarily intended to develop a standardized research tool to measure the contribution of JRI in WLB of Women gaenacologists in Kerala.

2. REVIEW OF LITERATURE

There are also reports suggesting that high involvement and investment in work promotes WLB issues. Imbalance is higher among those who work more number of hours or longer days (Carlson and Perrewe, 1999; Grzywacz and Marks, 2000; Nielson *et al.,* 2001), having high job involvement (Carlson and Perrewe, 1999; Parasurman and Simmers, 2001), have greater work demands (Yang *et al.,* 2000), display greater time commitment to work (Parasurman and Simmers, 2001, especially the self-employed), are high in intrinsic motivation and organizational loyalty (Tenbrunsel *et al*., 1995), or have greater autonomy at work (Parasurman and Simmers, 2001).

Several studies have found that work support (Greenhaus *et al*., 1987b; Thompson *et al.,* 1999), availability of work–family benefits (Thompson *et al*., 1999), having a mentor, receiving more role modeling and overall mentor support from some one who is perceived as having similar work–family values (Nielson *et al*., 2001) are all related to less WLB issues. Collective socialization during employee orientation also appears to promote a sense of support and help in ameliorating WLB issues (Zahrly and Tosi, 1989) as does having a strong sense of community at work and greater perceived control at work (Clark, 2002). Clark (2002) also found that family sensitive supervision and work flexibility reduced WLB issues by increasing a sense of community and control on the job. Finally, perceiving social value to ones work and having access to promotional opportunities relates to lower WLB issues (Wallace, 1997).

Several studies explored the effects of compressed workweeks, flextime, and reduced-load work arrangements. Rau and Hyland (2002) found that organizations offering flextime were particularly attractive to those currently experiencing high levels of work interfering personal life and *vice versa* or work-to-school interferences. In contrast, while individuals with low role interferences were more attracted to telecommuting, those with high role interferences showed no preference for telecommuting over a normal work arrangement. Dunham *et al.* (1987) used a quasi-experimental pre-test/post-test control group design with two different samples to examine if pre-test family-related attitudes could reliably predict post-test reactions to the schedule change and whether changes to work schedules affected work interfering with family. The first sample involved the change from a 5 day/40 hrs workweek to a 4 day/40 hrs workweek among health department employees. The

second sample involved the change from a traditional work week to flextime among supervisory and non-supervisory utility employees. Results from the first sample indicated that pre-test family attitudes about the schedule change were predictive of the same post-test family attitudes. Further, in both studies the change in schedule was associated with decreases in reported work-to-family interferences.

Similar benefits of flextime were found by Ralston (1989) in a study of employees in two state government agencies. Specifically, individuals using flextime were better able to coordinate on- and off-the-job responsibilities than those not using flextime. Likewise, Pierce and Dunham (1992) provided additional support for the utility of compressed workweeks in a longitudinal study of police officers' reactions to a change from rotating 8-h shifts to a compressed workweek. Results revealed less schedule-related interference with family and friends and more positive attitudes about the effect of the work schedule on family and social life after the introduction of the compressed workweek.

Another study by Lee *et al.* (2002) explored factors related to the success of reduced-load work arrangements among managers and professionals. Individuals using these work arrangements reported being happier and more satisfied with their WLB, greater well-being, and perceived that it positively impacted their relationship with children. Generally speaking reduced workload arrangements were not viewed as having a negative effect on one's career, although professionals were more likely to mention stifled career opportunities and working more than they had contracted for. Senior managers, co-workers and direct reports who worked with individuals using reduced-load arrangements also held generally favorable attitudes toward such arrangements, although co-workers voiced concerns about covering for colleagues and worry that colleagues were doing the same amount of work but being paid less. Finally, several contextual factors related to the successful use of these work arrangements including senior management support, a supportive organizational culture, the presence of formal HR policies related to reduced work load arrangements, and assistance from HR staff in the implementation and use of such arrangements etc., are some of the work related issues which could impact the WLB of service sector employees. Given these facts, the present study is aimed to make a detailed investigation about the influence of various WRI on the WLB of service sector employees in the Indian context. In this study the term service sector employees comprises employees coming under education, health

care, finance and banking, information and communication technology enabled services (ITES), transport, law and order, civil administration and hospitality sectors.

3. RESEARCH GAP AND OBJECTIVES

A critical analysis of the work family research literatures has revealed several gaps in the existing literature. Majority of the investigations focused on the objective characteristics of work and/or family role of the employees and the conflicts arising from the incompatibility of the two domains. Research relating work and/or family related issues specifically focused on WLB are relatively less in comparison to studies on work life conflict.

Another important gap in the literature is regarding the concept of work as well as family in various societies. It varies from region to region. This trend is more specific and important in the Indian context due to its patriarchal nature and traditionally male dominated etiquettes, which add more teeth to JRI. Similarly, the recent trend of increased female enrolment in paid employment outside home has created particularly peculiar situations in the work places with its wide ranging ramifications on WLB issues. Gaenacology is one such area witnessing opportunities for women. However, studies pertaining to the specific contributions of JRI on the WLB of Women gaenacologists in the Indian context are very limited. Therefore, the present study attempts to fill this gap to the extent to which it is possible.

Even though various tools are now available for measuring the overall WLB of employees, no psychometric tool is available for specifically measuring the contribution of WRI in determining the WLB of service sector employees. Therefore, there exists a lacuna in the field of integrated approach to the estimation of WLB where JRI is an important contributor.

The major objectives of the present study are:

1. To develop a psychometric instrument for JRI in determining the WLB of Women Gaenacologists.
2. To test the nature of relationship between JRI and WLB among Women Gaenacologists in Kerala.

4. METHODOLOGY

Development of the instrument

The preliminary data needed for the development of the psychometric instrument for measuring the contribution of JRI in the WLB of Women Gaenacologists in Kerala were

collected from 150 lady doctors. 11 statements (Table 1) concerning JRI of Women gaenacologists in Kerala were developed based on both extensive literature review and quantitative methods.

To ensure the appropriateness of the instrument and to increase its validity and reliability, the 11 statements were subjected to two phases of pilot testing conducted 50 with Women gaenacologists. The first section of the questionnaire covered the socio-demographic details of respondents such as age, marital status, level of education and income profile of the respondents. Second section represented the JRI instrument specifically developed for this study which consisted of 10 statements related to JRI resulting from the factor analysis (Table 2) of the statements originated in the pilot study (Table 1). The third section consisted of the work life balance scale of Fisher (2001). Fisher's scale was used to measure the impact of JRI on WLB.

Work life balance scale

Fisher's (2001) questionnaire was used to tap the respondent's opinion about their WLB. It consisted of three dimensions *viz.*, work interference with personal life (WIPL), personal life interference with work (PLIW) and work enhancement/personal enhancement (WE/PE). The instrument consisted of 16 statements concerning their experience in work and family domains. The items were rated on a 5-point scale (5 = Never to 1 = very often) to determine the extent to which it was true for their experience. Twelve items were negatively worded and scores for these items were reversed prior to analysis. Fisher (2001) has reported internal consistency reliability values of 0.89 for WIPL, 0.82 for PLIW and 0.75 for WE/PE respectively and the scale reliability for work life balance was 0.78.

Sample population

The sample population comprised of the omen gaenacologists working in government and private hospitals in kerala.

Sampling method

Stratified random sampling method was used to identify women gaenacologists for data collection

Sample size determination

Based on the results of the pilot study, the sample size was fixed statistically by using a formula. The modified data after Reliability Analysis, collected from the 50 respondents,

were studied in detail to identify the extent of variations in the responses. It may be stated that the sample size was proportional to the level of variation and the assumed level of the error of the estimate of the population parameter of the study variable. The seventy-five statements relating to the measurement of relevant variables were used to determine the sample size. For an assumed level of 10 per cent error in the estimate of means of these 75 responses using the information on variance from the pilot study, sample size was obtained based on each response. The formula used is $n \geq (1.96s/d)^2$. Where 'n' is the sample size, 's' is the estimate of standard deviation, 'd'is the standard error of the estimation of population parameter and the value 1.96 is the critical value from normal test at 5 per cent level of significance. The sample size of 127 calculated was the maximum among the sample sizes obtained from responses for all the statements. Hence, the sample size was fixed statistically as 150.

Data collection and analyses

Primary Data for the study were collected through the standardized psychometric instruments and data sheet for socio-demographic factors. The envelop containing the questionnaires for collecting the primary data were either handed over directly or sent by post or E-mail to the prospective respondents (women gaenacologists). The collected primary data were subjected to Chi-square, Pearson's correlation and multiple regression analyses to test the nature of relationship between JRI and WLB among service sector employees

5. FINDINGS

Testing and validation of job related issues scale

Eleven items pertaining to work related issues of women gaenacologists (Table 1) were factor analysed using principle component analysis with varimax rotation to determine the underlying factors and appropriateness. The result of the Kaiser Meyer Olkins (K.M.O) measure was .859 and Bartlett test of sphericity was 2057.01 at .000 significance level. These findings suggest the appropriateness of the data for factor analysis.

Principal component factor analysis with varimax rotation (Table 2) yielded three factors with Eigen values > 1.0 explaining 91.98% of total variance. All ten statements were loaded on the corresponding factors. The first, three statements were loaded in to factor 1 with a reliability alpha of 0.91 Cronbach's alpha. The overall mean of the first factor was 4.30

(Table 2) and it was named as work place support issues WPSI. Four statements were loaded into factor 2 with a reliability alpha of .90 and overall factor mean of 4.04 and it was named as self-esteem issues (SEI). The remaining three statements were loaded into factor 3, with a Cronbach's alpha of .89. Overall mean of this factor was 3.93. This factor was named as working situations issues (WSI). Therefore, it is clear from the table 2 that WPS, SEI and WSI are the major job related issues (JRI) of women gaenacologists.

Table 1. Mean ratings of the statements of job related issues (JRI) scale

S. No.	Work related variables	Mean	S.D
1.	My superior is neither helpful nor considers the welfare of others	4.32[a]	.82
2.	Patients I looked with are not friendly and helpful	4.30	.83
3.	Hospital policies really cares about our well-being	4.30	.94
4.	My job is a stressful issue for me	4.09	.96
5.	My work is an issue for me to take care of my needs	4.05	1.01
6.	My experience help me to do all my duties perfectly	4.03	1.11
7.	My qualification enables me to work efficiently	4.00	.99
8.	Because of my long hours of work I am suffering a lot in my personal life	3.98	.86
9.	My hospital is not providing proper transport facility	3.93	.89
10.	As I am coming from too far from the hospital, the working schedule is not convenient for me	3.91	1.13
11.	I am so lucky because I am working in this Hospital	1.21[b]	1.10

***Note:** Five point Likert scale was used for rating the job related issues ranging from 5 – strongly agree to 1 – strongly disagree; three items are reversely scored; a = the highest mean among all items; b = lowest mean among all items.*

Table 2. Factor analysis and Cronbach's alpha of job related issues (JRI) scale

S. No.	Factor loadings	Factor name (Factor mean)	Eigen values	Variance %	Cumulative variance	Cronbach's alpha
1 2 3	.91 .89 .87	Work place support issues – WPSI (4.30)	4.83	85.54	85.54	.915
4 5 6 7	.86 .85 .83 .82	Self-esteem issues – SEI (4.04)	2.14	3.61	89.15	.901
8 9 10	.81 .80 .79	Work situations issues – WSI (3.93)	1.03	2.83	91.98	.899

Tests of significance of association between JRI and WLB

Factor analysis by principle component method identified three factors (work place support, self esteem and working situations issues) comprising the various JRI of the women gaenacologists. At this juncture it is important to ascertain the existence of heterogeneity in the sample population. In order to test the heterogeneity, K-Means cluster analysis was performed and the result showed the presence of three clusters of women gaenacologists having different characteristic features of job related issues as presented in table 3.

Tables 3. Cluster status of WRI among the respondents

Job related issues	Cluster 1 High JRI (74.5%)		Cluster 2 Medium JRI (18%)		Cluster 3 Low JRI (7.5%)	
	Mean	Level	Mean	Level	Mean	Level
Job related issues (JRI)	47.10	High	28.21	Medium	17.14	Low
Work place support issues (WPSI)	12.22	High	10.12	Medium	6.81	Low
Self esteem issues (SEI)	20.87	High	9.43	Medium	6.22	Low
Working situation issues (WSI)	14.01	High	8.66	Medium	5.11	Low

The first group (cluster) of respondents had high JRI with higher levels of WPSI, SEI and WSI. They were designated as “high WRI group”. The second cluster comprised of respondents who had medium level of JRI due to medium levels of WPSI, SEI and WSI. Therefore this cluster was named as “medium JRI group”. The third cluster comprised of women gaenacologists who had the lowest levels of JRI due to very low levels of WPSI, SEI and WSI. The third group was suitably named as “low JRI group”.

Table 4. Overall level of WLB issues and its dimensions among the respondents

WLB and its dimensions	Cluster 1 1. High WLB issues		Cluster 2 2. Medium WLB issues		Cluster 3 3. Low WLB issues	
	Mean	Level	Mean	Level	Mean	Level
WLB	60.11	Low	45.35	Medium	82.35	High
WIPL	27.84	High	18.79	Medium	6.92	Low
PLIW	28.26	High	16.87	Medium	8.10	Low
WE/PE	4.01	Low	9.69	Medium	17.33	High

Note: WLB = work life balance; WIPL = work interference with personal life; PLIW = personal life interference with work; WE/PE = work/personal life enhancements.

Data given are frequencies and corresponding percentages (Table 4). It was observed that the women gaenacologists experienced different levels of WLB, which may be categorized into high, medium, and low levels as shown in the table. While 75.25% experienced low level of WLB (high WLB issues), 15.5% of them were facing medium level of WLB (medium

WLB issues). Only 9.25% enjoyed high level of WLB (low WLB issues). In the case of WIPL, vast majority of them (80.75%) were experiencing high levels of interference of work in personal life. While 12.5% were having medium levels of interference, only 6.75% were free from such interference. In the case of PLIW, 78.25% were facing high levels of interferences from personal life and 12.5% were having medium levels of interferences. Only 9.25% were free from such issues. In the cases of WE/PE, majority of the respondents (76.25%) were having only low levels of work to personal life/ personal life to work enhancements. While 17% of them experienced medium level of such enhancements, only 6.75% were really experiencing high levels of WE/PE .

Table 5. Correlation matrix of JRI along with its dimensions and WLB along with its dimensions

Sl. No.	Variables	Mean	S.D	1	2	3	4	5	6	7	8
1.	WLB	51.45	11.32	1							
2.	WIPL	20.26	6.42	-.93**	1						
3.	PLIW	20.13	6.38	-.92**	.21**	1					
4.	WE/PE	11.72	4.32	.94**	-.62**	-.56**	1				
5.	JRI	41.83	5.32	-.79**	.74**	.71**	-.76**	1			
6.	Work place support issues (WPSI)	13.66	2.66	-.82**	.63**	.64**	-.71**	.81**	1		
7.	Self esteem issues (SEI)	15.35	3.02	-.83**	.60**	.61**	-.70**	.89**	.76**	1	
8.	Work situation issues (WSI)	12.82	2.45	-.76**	.61**	.78**	-.58**	.88**	.89**	.86**	1

Note: ** = P<.001;WLB = work life balance; WIPL = work interference with personal life; PLIW = personal life interference with work; WE/PE = work/personal life enhancements; JRI = job related issues.

Table 6. Regression analysis of JRI along with WLB and its dimensions

Predictors	WLB		WIPL		PLIW		WE/PE	
	β	SEB	β	SEB	β	SEB	β	SEB
Job related issues (JRI)	-.794**	.018	.779**	.081	.774**	.080	-.718**	.034
Work place support issues (WPSI)	-.583**	.013	.811**	.011	.823**	.091	-.831**	.033
Self esteem issues (SEI)	-.691**	.012	.764**	.082	.711**	.013	-.761**	.026
Work situation issues (WSI)	-.588**	.038	.582**	.042	.699**	.082	-.491**	.081
F	726.00**		539.87*		486.12**		423.66**	
R^2	.891		.840		.821		.866	
$\bar{R}^2$	.875		.814		.806		.847	

Note: ** = P<.001;WLB = work life balance; WIPL = work interference with personal life; PLIW = personal life interference with work; WE/PE = work/personal life enhancements.

In order to find out the significance, direction and association between work related issues (JRI) along with its various dimensions (Tables 5, 6) and WLB along with its dimensions (WIPL, PLIW, WE/PE), Pearson's correlation analysis was conducted on the basis of the following proposed hypotheses.

H1: JRI and its dimensions are negatively associated with WLB

H2: JRI and its dimensions are positively associated with WIPL

H3: JRI and its dimensions are positively associated with PLIW

H4: JRI and its dimensions are negatively associated with WE/PE

Correlation matrix (Table 5) showed means, standard deviation, direction and significance of association between JRI along with its various dimensions (various work related issues) and WLB along with its dimensions. The result showed that JRI (r=-.79, p<.001); WPSI (r=-.82, p<.001); SEI (r=-.83, p<.001) and WSI (r=-.75, p<.001) exhibited significant negative correlation with WLB. It means that as the JRI and its various dimensions namely work place support issues, self esteem issues and work situation issues increased the WLB of service sector employees decreased considerably. Similarly, the absence or lower level of JRI and the various dimensions could increase the level of WLB among the service sector employees.

Regression analysis was used to find out the strength of association between JRI along with its dimensions (predictor variables) on WLB and its dimensions (Table 6). JRI and its various dimensions are significant (P<.001) negative predictors of WLB (Table 6). Regression coefficients of JRI and its dimension are JRI (β=-.79); WPSI (β=-.58); SEI (β=-.69) and WSI (β=-.58). It may be observed that JRI and its various dimensions have explained 87.5% of variance (F=726.00, P< .001, $\overline{R}^2$=.875) with WLB. Hence H1, which states that JRI and its dimensions are negatively associated with WLB received full support from the data.

Correlation matrix (Table 8) showed a significant (P<.001) positive relationship of JRI and its dimensions with WIPL. Correlation coefficients for this relationships were JRI (r=.74, p<.001); WPSI (r=.63, p<.001); SEI (r=.60, p<.001) and WSI (r=.69, p<.001). From this result it is very clear that the presence of higher levels of JRI and its various dimensions (work place support issues, self esteem issues and work situation issues) resulted in higher levels of

WIPL. In other words, as the JRI and its various dimensions decrease, WIPL also decrease in the case of service sector employees.

It is also evident from the results (Table 6) that JRI and its dimensions are significant (P<.001) positive predictors of WIPL. The regression coefficients of JRI and its dimensions were JRI (β= .77); WPSI (β=.81); SEI (β=.76) and WSI (β=.58). The study (Table 9) showed 81.4% of variance explained by the relationship of JRI and its various dimensions on WIPL (F=539.87, P<.001, $\overline{R}^2$=.814). Therefore H2, which states that JRI and it dimensions are positively associated with WIPL, received full support from this study.

In the case of PLIW, the correlation matrix (Table 6) showed a significant (P<.001) positive relationship between the predictors (JRI and its dimension) and PLIW. The correlation coefficients of the relationships were JRI (r=.71, p<.001); WPSI (r =.64, p<.001); WEI (r=.61, p<.001) and WSI (r=.78, p<.001). It is understood from the result that when JRI and its dimensions (work place support issues, self esteem issues and work support issues) increase, there will be a concomitant increase in the PLIW also.

JRI and its dimensions also acted as significant (P<.001) positive predictors of PLIW (Table 6). The regression coefficients of JRI and its dimension with PLIW were JRI (β=.77); WPSI (β=.82); SEI (β=.71) and WSI (β=.69). JRI and its dimensions have explained 80.6% of variance in its relationships with PLIW (F=486.12, P<.001, $\overline{R}^2$=.806). Therefore H3, which state that JRI and its dimensions are positively associated with PLIW received full support from the study.

In contrast to the association of JRI and its dimensions with WIPL and PLIW, with WE/PE they exhibited a significant (P<.001) negative correlation (Table 8). The correlation coefficient for this relationships were JRI (r=-.76, p<.001); WPSI (r=-.71, p<.001); SEI (r=-.70, p<.001) and WSI (r=-.58, p<.001). Findings clearly indicated that higher the influence of JRI and its dimensions (work place support issues, self esteem issues and work situation issues) in the life of doctors, lower the WE/PE will be. In other words lesser the presence of JRI and its dimensions in the life of the doctors, higher will be the resulting WE/PE.

JRI and its dimensions were found to be significant (P<.001) negative predictors of WE/PE (Table 9). Regression co-efficients of JRI and its dimensions with WE/PE were JRI (β=-.71); WPSI (β=-.83); SEI (β=-.76) and WSI (β=-.49). The study showed 84.7% variance (F=423.66,

P<.001, $\overline{R}^2$=.847) in the relationship between JRI along with its dimensions and WE/PE. Therefore, H4, which states that JRI and its dimensions are negatively associated with WE/PE received full support from the study.

6. DISCUSSION

Globalization, technological advancements, nature of work assignments, organizational flexibility, changing work culture along with changes in the concepts of family structure and competition for quality talents are some of the factors that have forced hospitals to view women gaenacologists as "whole persons" integrating work and personal life into a single entity. Even though hospitals are booming and offering jobs equally to men and women, it often comes with a fair share of problems, such as work pressure, extended working hours, over arching, non supportive work environments etc. (Upadhya and Vasavi 2006). So issues in the work domain may originate from a number of sources that could create a non-conducive work environment which ultimately leads to stress that could inversely affect work as well as personal life.

The present study clearly indicated that JRI originate from WPSI, SEI and WSI. Eisenberger *et al.* (2002) define supervisor support as a form of work place support to focus on improving doctors' perception, particularly in their positive assessment of the hospitals. This is important because interpersonal relationship in the society may not help individuals to reconcile their JRI.

Further, long hours of work and the absence of any flexibility in existing structures pose high challenges for balancing work and family responsibilities Work situation issues, where doctors working longer hours have more workloads. This would lead to physical and mental stress among women gaenacologists, especially to those who would like to be a fully active parent, partner or spouse willing to perform her role in the life domain leading to JRI causing work life imbalance. Under such stress situations, the possibility of doctors quitting the employment is higher. Increased working hours for the entire week is always associated with increased stress and prolonged working hours during the weekend has been correlated with more strain in the family life of women gaenacologists leading to JRI and WLB issues. Therefore, long hours of work, job stress and health risks cause JRI that act as significant negative predictor of WLB.

In response to changes in the needs and wants of doctors, many hospitals have adopted alternative work arrangement as a means of assisting them in managing both their personal lives and work careers. Such provisions could improve WPSI, SEI and WSI that could reduce JRI. In general, alternative work arrangements are designed to allow gaenacologists to reduce JRI and achieve greater WLB and may be considered as a common initiative to attain WLB. Juggling work and family responsibilities is a common experience for many lady doctors and if they are unable to balance the responsibilities associated with both roles, the potential for conflict between roles increases. The results of the present study also provide empirical support for a negative relationship between SEI and WLB as well as WE/PE along with positive relationship with WIPL and PLIW.

7. CONCLUSION

The present study has identified three factors *viz*., work place support issues, self esteem issues and working situation issues as the major contributors of the job related issues leading to work-life balance problems of the women gaenacologists in kerala. The study revealed the presence of three clusters of such lady doctors with high, medium and low level of job related issues. It was also evident that job related issues and work-life balance maintain closeness among the women gaenacologists. Job related issues and its dimensions were found to be negatively associated with work-life balance as well as work enhancement and personal enhancement. However it maintained positive associations with work interference with personal life and personal life interference with work. As job related issues is a major parameter influencing work-life balance issues faced by the women gaenacologists; hospitals should take special care to ameliorate these issues by implementing a family-supportive work environment that could reasonably reduce the job related issues so that the women gaenacologists could attain a reasonable balance between work and life domains.

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