

WORK-FAMILY BALANCE AND ASSOCIATED PSYCHOSOCIAL PROBLEMS AMONG FEMALE HEALTHCARE PROFESSIONALS – A QUALITATIVE STUDY IN THIRUVALLUR DISTRICT, TAMIL NADU

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Abstract

Background – Women in Tamil Nadu contribute to 35.1% of the workforce yet they face ample psychosocial issues that don't get enough attention. The purpose of this qualitative study is to explore the experiences of work-life balance with an emphasis on the causes of the imbalances, perceived stress, and coping techniques experienced by female healthcare professionals. **Methods** - A descriptive qualitative type study in which a narrative approach was utilised to tap through the psychosocial effects of work-life balance among 20 female healthcare working professionals who also played multiple social roles were chosen for this study ailing from Thiruvallur district, Chennai, Tamil Nadu. In-depth semi-structured interviews were conducted among them in order to completely comprehend the position of the women who took part in the study. **Results:** In this study, it was clearly evident that the harder situations women face due to the extreme expectations that burden them; which almost makes them to look and feel selfish for choosing career and passion. Family support, compliance from their partners and children, their income, availability of help all played a major role in affecting the psychosocial state of these women. **Conclusion:** Women often tend to be subjected to grave psychological issues due to a lack of knowledge on how to juggle between social roles. It came to be evident how the lack of work-life balance negatively impacted their careers and was crucial to their professional futures.

Keywords: Work-Life Balance, Career, Family, Women.

INTRODUCTION

Women take up various roles in society and are thrown into these roles expecting to ace these roles without any window time. When a woman aims to contribute to break the glass ceiling, she is often tied down by the burden of the responsibilities of her family. Many women of the 21st century have broken these shackles and made their way into the working sector that inevitably demands more from them. Women make up the majority of the students pool around the world and they undoubtedly succeed in their fields. With increasing numbers of women pursuing higher education, more and more women are stepping foot into the working economy. ⁽¹⁾ Since World War 2, women are seeking career opportunities this has led to tensions at home and in women's lives as they try to balance the roles of family with a career, a "backlash of the post-feminist era" ⁽²⁾ and about "four in five families with children no longer fit the archetypical structure of a single male breadwinner and female home-helper".⁽³⁾ With India skyrocketing in terms of industrialization women have contributed enormously to the economy, but whether at the cost of their roles played in their families is a question that still baffles researchers and economists women contribute to about 19.9 % of the total workforce in India; in Tamil Nadu, it is 35.1% according to the periodic labor force

survey (2018- 2019). Although contributing enormously working women often find themselves in a crossroads having to constantly prioritise.

The concept of married women not just being a unit of the family organisation but also possessing an individual identity and seeking to create social reforms is yet to be considered a norm in our society, where they often face major issues having to juggle with being both a housewife and a professional, more often than not having to trade one for the other because of the unruly pressure laid on them. The world cannot grow at a good pace unless women come forward and take initiative for the development works. ⁽⁴⁾ The medical sector, is one of the most influential and taxing sectors in our society. It is a harmonious integration of goods and services to provide patients with curative, preventative, rehabilitative, vocational, and palliative care; healthcare workers who are responsible for the reach of these services are often thrown into extreme work conditions that take a significant toll on their physical social, and mental health. Not only are these women pressured into giving up on their careers, aspirations, and dreams for the sake of building a family and keeping it together, but they're also expected to support their partners through and through, especially being a front-line worker in India, a country with cosmic population; doctors and paramedics face an array of obstacles on their own such as explosive workload, unsatisfactory pay, long work hours and often having to choose between family and work. Female healthcare professionals are constantly torn in between allotting time for both family and patient. This dilemma often causes great distraught and leads to psychosocial incompetencies. Alongside personal discrepancies, these women also face familial issues. Family-work conflict and work-family conflict is more likely to exert negative influences in the family domain, resulting in lower life satisfaction and greater internal conflict within the family. Variables such as the size of the family, the age of children, the work hours, and the level of social support impact the experience of Work-family conflict and Family work conflict. ⁽⁵⁾

Qualitative studies are yet to be explored in India about the psychosocial effects of struggles of work-life balance in female healthcare professionals and although quantitative studies quantify the problems due to the career and family life of these women; their first-hand experiences and personal insights are yet to be tapped into. Therefore, qualitative studies are warranted, with this background in this study we analyse the psychological burden of health care female workers in Chennai trying to balance both work life and family life to get an insight about the experiences of women working in the health Care sector and the hurdles they face in order to maintain a work life balance. The results of this study can be used to bring about services to aid working women, and to explore the issue in depth.

METHODOLOGY

The present study was a descriptive qualitative type, in which a narrative approach was used to ascertain the psychosocial effects of having to maintain a work-life balance in women working in the healthcare sector. The narrative approach provides a perspective on the struggles of the women. Qualitative study tools such as in-depth interviews were employed to achieve the study objectives.

Study setting

The study was conducted in Thiruvallur, Chennai, Tamil Nadu. Female healthcare workers in Chennai face a variety of issues due to Chennai being a metropolitan city

constantly bustling and, on the move, making it hard for female healthcare professionals to take a moment for themselves. Often these women are a part of migrant family backgrounds, working endlessly to meet ends. Chennai being an expensive city to live in, and families are often requiring double economy, to keep running in such a city.

Sampling method

Study sampling method used is purposive sampling with maximum variation. According to Human Resources for Health Observer Series No.16 (WHO), 38% of total health care professionals including Ayurvedic doctors, Homeopathy doctors, nurses and midwives are women, in which about 16.8 % are female Allopathy doctors. The purposive sampling method was used to conduct the following study, with maximum variation. The sampling frame was derived through a stratified sampling technique. Twenty women working in the health care sector participated, only women who consented to participate, working full-time jobs, and taking up various life roles such as medical professionals, wives, and mothers were considered for the study.

Data collection

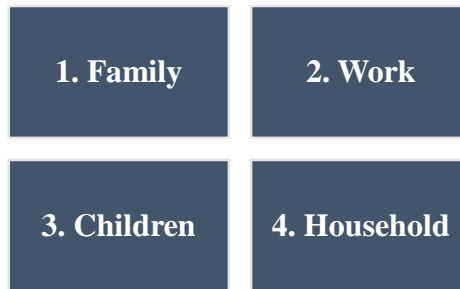
A series of 20 in-depth, semi-structured open-ended interviews were conducted to comprehend the obstacles female professionals in the medical field had to face. In-depth Interview guide – An expert panel consisting of knowledgeable, highly skilled interviewers, health care professionals, an experienced moderator, and a resident who took part in drafting an interview guide. This interview guide was based on topics revolving around work-life balance. Data was collected using a modulated expert panel WHO questionnaire.

In-depth interviews (IDIs)

They were undertaken in the local language and recorded with the verbal consent of the participants. Before conducting the interviews, the researcher's objectives were clearly explained to the participants. The interviews were conducted in a suitable place such as the participant's residence, where they felt the most comfortable.

The interview began by asking the participants to recall significant moments that described their family life, career, and their thoughts and experiences trying to balance both including how marriage, children, and other factors played a major role when they tried to achieve an equilibrium. They were asked a series of questions on topics such as family influence on their work life, effects on interpersonal relationships due to work stress, the role of the working environment, psychosocial factors that were detrimental or uplifting, stress inducers, manifestations, and consequences of eventual anxiety and depression. As the interview progressed, investigative questions were asked to shed light on the topics.

4 themes were selected and questions aiding in understanding these themes were presented. The themes picked out were:



1. **Family:** interviewed regarding the support received from their family members, the importance of the family's economic status for their motive to work and whether striving for a career made them miss out on being an integral part of the family was mainly asked.
2. **Work:** questions about their work environment, their income, and the colleagues they work with and how it affects their outlook on pursuing their career further was interrogated.
3. **Children:** the working mothers were questioned about how their dynamics with their husbands and their children transfigured after taking up the title of being a working mother. They were also asked if they put in effort to try and compensate for the time they lost.
4. **Household:** the female health professionals were interrogated with questions asking about how the household chores were handled, if help was needed now that the women were working,

Data analysis

In the in-depth interviews conducted the data collected were digitally recorded and then transcribed verbatim data documents were obtained from field notes. An experienced qualitative researcher independently reviewed all transcripts. After listening to the recorded voices, the qualitative researchers compared the voices with the transcripts. A word processor (Microsoft Word) was used for entering the qualitative narrative data in English and then imported into NVIVO11. Data was analysed using thematic analysis. Data reduction, data display, and data conclusion – drawing/verifying over the processes involved in thematic analysis. The various transcripts were coded line by line either as free nodes or pre-nodes. In order to compare the coding against nodes and attributes, queries (analysis in NVIVO) were performed to compare and contrast within the group and between group responses and themes.

RESULTS

A total of 20 women from the medical field participated in the research and all of them were married among them 15 had children. 20 IDIs were conducted until the point of data saturation was achieved.

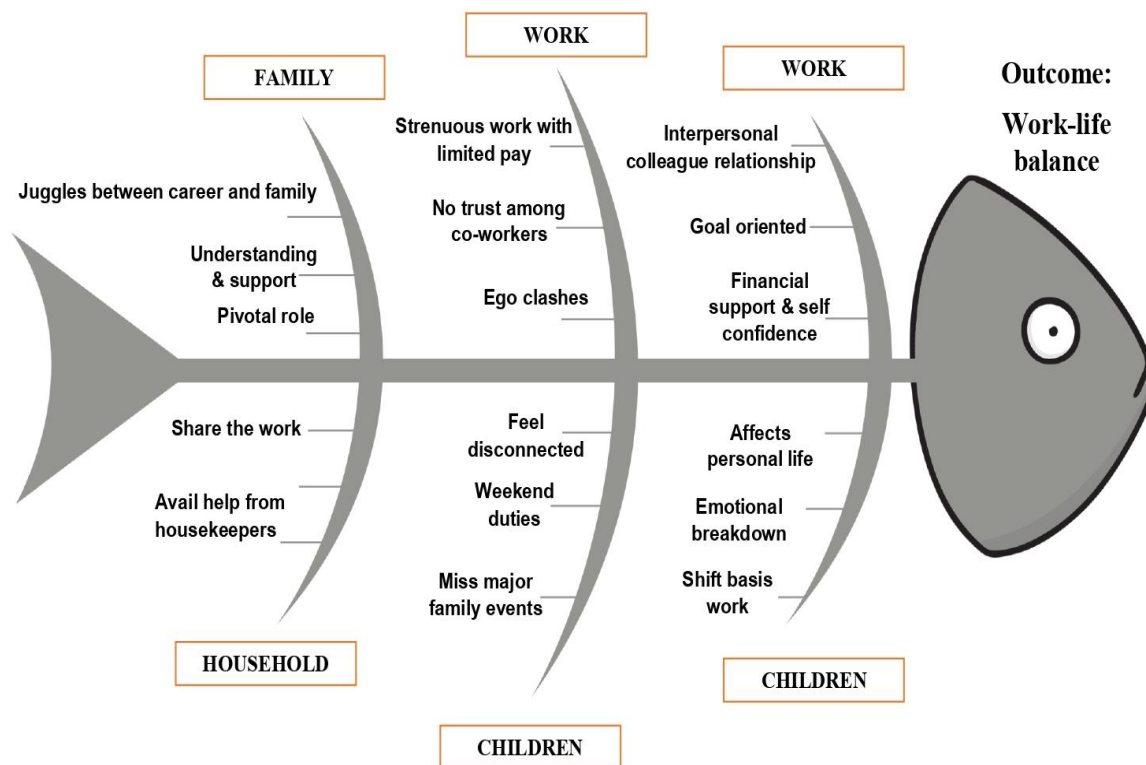


Figure 1: Fishbone diagram of the four thematic influences on work-life balance among the participants

Family environment: (Fig.1)

When the interviews were conducted majority of the women stated how family played a pivotal role in influencing their careers.

As one participant recalls *‘My husband is my pillar of strength. He makes sure to extend his support in every way he can, because of this my children also now understand the demands of this career and have grown to become extremely understanding. I don’t know what I’d be without the strength of my family (with tears in her eyes).’*

Many other women were motivated to work due to major financial commitments burdening the family. Regarding which one participant said *‘we have to consider my children’s education and our post-retirement future, which is also a major reason why I continue to work, regardless of my 2-year-old’*

All the women substantiate how they owe their career milestones to the aid of their family members. Women who do not get adequate assistance and compassion often find themselves stuck juggling between family and career as recollected by few.

Working environment: (Fig.1)

A lot of women had discrepancies with their working environment on the basis of the size of the hospital, area of their work, feasibility for transportation, time taken for travel to their workplace.

As one working female healthcare professional mentioned, *‘I wish my hospital was closer, that way I could come home sooner. I’ll get more time with my children after*

school that way, and give them lunch instead of asking them to reheat already prepped lunch'.

Many of them stress on how maintaining diplomatic interpersonal relationships with colleagues at their workplace is crucial.

A participant informs with regret *'I genuinely loved working at the previous clinic, but my senior never trusted me to take independent decisions even after 5 years of service. Had to quit solely due to ego clashes.'*

Another participant beams as she explains *'I owe a lot of my career milestones to my co-workers. In the healthcare line, it's team work, so grateful I've worked with people who push towards a single goal in mind that is to save lives.'*

Financial satisfaction also played a vital role at workplace satisfaction and was often linked with working hours as stated by these women.

As mentioned by one person *'I had to stop working at xyz hospital because of the strenuous work hours and limited pay, it was closer to home but I had to resign.'*

Some mention how they feel they're still strongly marginalised and stereotyped at their practice regardless of years of experience in their fields of expertise, leading to reduced salaries and overall dissatisfaction with their job. Albeit, many also assure, in the field of medicine only quality of work speaks, and stands out nevertheless. As expected, handful of women also bemoan the loss of opportunities they had to swallow for the sake of their families. Participants mention how taking up these chances would've skyrocketed their career but posed a great challenge to family life and how they would gladly take it up if situations had been in their favour.

Interpersonal relationship with family members: (Fig.1)

Participants were on either extreme of the spectrum when it came to how work affected their personal lives.

One participant mentions *'I barely get time to spend with my husband (sighs, takes a deep breath and struggles to not cry). I miss him a lot, because of all the shifts I have to cover, I feel as though we're living in two different houses.'*

Another participant said *'My children often complain that they miss my presence. I find myself in a deep dilemma fighting to choose between profession and spending time with my children during their formative years.'*

Some mothers don't feel the need to stay around their children 24/7 and are okay with the requirements of their career whereas others find themselves stuck in quick sand trying to make a decision.

One mother mention *'My mother takes care of my children. Sometimes I feel like they're closer to her than they are to me and it hurts, but I guess as a working woman we have to make some sacrifices. Hopefully they understand the decisions I had to make as they grow older.'*

Another working mother with an adolescent mention *'My teenage daughter would require my guidance now; I want to be her friend and make her feel like she could tell me anything but because of work I don't find time to sit down and ask her what's going on in her life. Often find myself missing out major details.'*

When interrogated about the ways they tried to make family time worthwhile; many mentioned settings aside all duty calls, at-least during weekends.

Household: (Fig.1)

When the mothers were investigated regarding household responsibilities, and the shift of the burden. Many stated how they are still solely responsible and how they wished they had more help.

Some of the women had help from their extended family as mentioned by one female *'My mother-in-law has been my anchor to keep things working smoothly at home. I cannot imagine what I'd do without her.'*

Some women also state how they chose to avail help from housekeepers.

DISCUSSION

Among the 20 women interviewed; familial influence continuously proved to play a crucial role. Familial influence refers to the extent to which the family plays a role in creating the values and meaning around work and life for the women. ⁽⁴⁾

The extent of familial impact stems from receiving education during childhood for a medical education to making decisions that propel the growth of a woman in her career. Studies have identified variables such as the size of family, the age of children, the work hours and the level of social support impact the experience of work family dynamic. Women find themselves stuck in an endless cycle of wanting to spend more quality time with their family and progressing career wise. According to Sharma S et al. ⁽⁷⁾ the support of the husband relates to lower levels of role conflicts in married working women.

Carlson KA et al. ⁽¹⁰⁾ found that experience of work demands negatively influenced family responsibilities in more instances than family demands that influenced work responsibilities

Aside from having an impact on decision making, support extended by their families play a key role in leading a successful professional journey. Having to take up roles of extreme significance both in career and family, makes working women feel like they're constantly running out of time. Interpersonal relationships are more often than not found hanging on a thin rope. Comparing with a qualitative study conducted to investigate the work life balance of doctors training in the UK , where also the trainees felt like they were expected to prioritise work over home life , which led to them finding it hard to find time for activities outside work. Having to spend time apart from family and friends due to work could put a huge strain on relationships; as one trainee put it, 'it destroys families' (White International Medical Graduate, Male ST4+ Surgery). ⁽⁸⁾ The findings of the above study align with the findings of this study, where the working women often found themselves scrounging for quality time with their family.

A working environment is the setting, social features and physical conditions in which you perform your job. These elements can impact feelings of wellbeing, workplace relationships, collaboration, efficiency and employee health. It influences job satisfaction. Women tend to have the majority of responsibility for caring and domestic work, the greater likelihood of discussing working hours may have been linked, in part, to caring responsibilities; women with caring responsibilities needed higher levels of

temporal flexibility (flexible working hours) due to their roles as primary carers within the family domain.”⁽⁹⁾

Thus, aside from having an impact on mental health, work setting proved to also determine career advancements and outlook on being a working woman for female health care profession. Managing household responsibilities still rests on the working women regardless of their lack of time, strenuous shifts and stressful work demands. Women often find themselves leaning on extended family members and household workers to maintain harmony between their duties, pertaining to their family and their profession. Due to industrialisation and increased job opportunities household workers are often not available therefore causing more trouble to the female health care professionals who need a helping hand.

Strengths

As this is a qualitative study, the female health professionals accounted for their experiences first hand giving a clear insight about the psychosocial effects of inadequate work life balance.

This study gives us a perspective about the hardships faced by working women in a 21st century society but the findings of this study cannot be generalised for the whole population as not all specialties or cultural backgrounds were explored, leading to probable differences.

CONCLUSION

This study shows how adequate familial support, motivating co-workers, suitable working environment, flexible work schedules and sufficient income are all paramount for women in healthcare. Although, quantitative studies are still warranted, qualitative studies provide us with an outline to obtain conclusions. Derived results from the themes of such qualitative studies can be taken into account, for creating standard quantitative questionnaires to elicit the importance of work-life balance in female front-line professionals.

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