Jnana Prabodhini's
Institute of Psychology (JPIP)

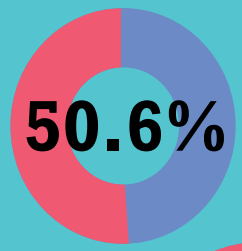
Jnana Prabodhini
Samshodhan Sanstha

Jnana Prabodhini Medical Trust

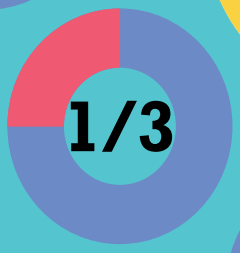
Psychological Wellbeing and Work-Life Balance of the Women Gynecologists and Nurses (Gynec & Obst.)

Indian scenario of lady doctors

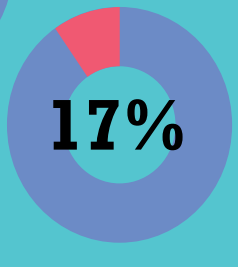
Women comprised 50.6% of medical college admissions



However, this figure reduces to one-third at PG

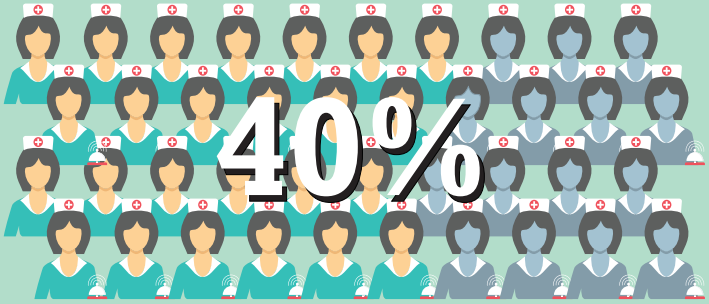


Only 17% of all allopathic doctors in India are women.



2014-15

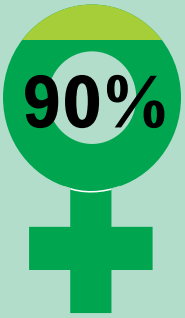
Nurses



It is estimated that only about 40% of nearly

1.4 million

registered nurses are currently active in the country because of low recruitment.



India, more than

90%

of the nurses are women

India had more than

16 lakh nurses,

according to a survey in December 2008. Nursing numbers in India N-13

per 10,000 populations.

Psychological wellbeing and work-life balance of the women gynecologists and nurses (Gynec & obst.)

By

Dr.Anagha Lavalekar
(Principal Investigator)

Dr.Pratibha Kulkarni
(Co-Investigator)

Kanchan Pande
(Research Assistant)

Submitted to

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And

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  510, Sadashiv Peth, Pune

  Contact : +91 20 2420 7140

  e-mail : ananagha.lavalekar@jnanaprabodhini.org

  Website : www.jpip.org

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Dedicated to .....

My mother
Dr. Jyotsna Kukade, (MBBS, DGO),
and
All those women who have been balancing
on the work- life trapeze since they got a chance
to cross their pre-set boundaries....

TABLE OF CONTENTS

Foreword

Work-life balance is a complex issue to be studied and I am happy that Dr. Lavalekar undertook it for a big study with her total insight in emotional intelligence, life satisfaction and quality of life.

Quality of life is studied worldwide by eminent researchers. Work life balance is one of the main factors determining quality of life of a person. Most of the men do work as breadwinner for earning and supporting their families. They look their profession as career as well as earning source. These days' women are focusing on their career in academic and professional life but they are simultaneously taking responsibility of household also. This is self-taken as well as expected by the society. Woman's earning is looked as secondary source of earning and primary duty of household. Woman is expected to maintain the balance between job and house-hold responsibilities. Women can keep balance on all fronts, whether this is inherited trait or learned because of societal pressures is a debatebale issue. Even in case of medical practice, women have better understanding of human nature and can work very efficiently; the fact brings more responsibility on women. It is difficult to keep this balance in ever demanding medical practice.

This has been a concern of the investigator to study how the medical practitioners, especially gynecologists look at their medical practice and work- household responsibilities, their own heath, hobbies, entertainment, relations with others, etc. She also thinks of other medical fraternity, such as nurses.

The study takes into account many variables related to the medical practice, household work and other matters, in the view of age, status of marriage, etc. how they look their life in terms of purpose of life, growth orientation, keeping good relations, self-acceptance. How do they manage stress about work-spillover in life? What are their ways of coping with the situations? Do both professions have similar stressors or do they differ a lot and how do they manage all these factors and keep their work-life balance?

It is really important to see how the professionals deal with all these life-factors and how do they keep balance between profession and own lives?

JPIP is very proud of this contribution to a valuable research..

-Dr. Sujala Watve
Secretary
Jnana Prabodhini Samshodhan Sanstha
Pune

Acknowledgements

Research is always a team work if it has to reach its set objectives. Specially, research in humanitarian/ social sciences involves the efforts and active role of many people. As a principal investigator, I consider it important to acknowledge their due share in the work.

In the current research, 'Psychological wellbeing and work life balance of the women gynecologists and nurses (Gynec & obst.) , many friends have made important contributions.

First and foremost I would like to express my gratitude towards my institute – JPIP (Jnana Prabodhini's Institute of Psychology) for providing me all kind of help – which can't be listed in words. It made me available the required infrastructure, library and other technical support as well as the warm, encouraging environment highly important for good quality research. The topic of present research is very sensitive and demands lot of confidence to be entrusted on the research team on behalf of the institute. I am grateful that my seniors expressed complete trust in myself and my team in this respect.

Secondly, I would like to thank my own team members –– Dr. Pratibha Kulkarni, the co-investigator, who contributed in the concept refinement and tool development at the beginning with concern and guided us in making the content of the questionnaire technically accurate. I am also thankful to Ms. Kanchan Pande – the research assistant, who contributed in the process right from conceptualization up till this last word. She undertook the tedious administrative work and arrangements which accelerated the progress of the project. She treated this as her own project just as much as it was mine.

The execution of the data collection was the heart of this the project which was borne by the able team of field workers. I have no words to acknowledge their contribution in the success of the mission. Irrespective of the time consumption, hurdles in getting appointments, all of them did their best to make this study rich and content driven. I express my deep and earnest gratitude towards all of them- Vaishali, Ashwini, Samata, Chaitali, Namrata, Neha, Swati, Parnika, Rajashree, Shubhangi and off course Kanchan too. (Details in Appendix II).

I must acknowledge the trust and openness with which the Hospital managements, their associated consultant and nursing staff as well as the private consultants we approached at all places, participated in the study. Without their cooperation the project would not have been completed. (Appendix III)

Last but of course most important help has come from the Jnana Prabodhini Medical Trust and Jnana Prabodhini Samshodhan Sanstha, Pune, specially Dr. Sujala Watve,(Secretary, JPSS) as the project has been totally funded by these agencies, which could make it so comprehensive, representative and presentable.

Gender issues have always been of my concern while framing research topics and assumptions. My mother, Dr. Jyotsna Kukade, a practicing gynecologist since 1965 in the so called deprived region of Marathwada , has always been an idol figure in front of me for showing me how gender stereotypes can be wiped out by one's strong belief in egalitarian virtues and consistent efforts to actualize them in real life. This topic is my tribute to her relentless service in her field. My family members – specially my husband Laxmiprasad, my in-laws Rajabhau (unfortunately we lost him in 2016) and Kusum Lavalekar and my children- Aneesh and Eesha, have always backed me in balancing my work- life in everything I do, which has kept me going consistently in my research endeavors..

At the end, I once again express my gratitude towards all those who have been of direct or indirect help.

- Dr. Anagha Lavalekar
Principal Investigator
Jnana Prabodhini's Institute of Psychology
510, Sadashiv Peth, Pune – 411 030

List of Tables

List Of Figures

Project Summary

The term work/life Balance coined in 1986 in USA has evolved around the idea of balancing work, life (i.e. personal needs and family responsibilities). These words have gained importance in the last few decades as society overall has undergone tremendous change in all these respects. The stereotype of the male breadwinner is no longer relevant as more and more women are venturing out to work and support the family. Thus both men and women' are experiencing Work/life conflicts and trying hard to gain Work/life Balance. Research on work/life conflict has reported its influence on job satisfaction, turnover, organizational commitment and absenteeism as well as on quality of intimate relationships and consequently on a person's mental health thus making it a much investigated and relevant topic for behavioral research. The term has three vital components – 'work', 'life' and 'balance'. In simple terms, "work" is normally conceived of in this context as including paid employment while "life" includes activities outside work like family, friends and community, The term 'balance' too, lends itself to a variety of meanings. Clark (2000) defines balance as "satisfaction and good functioning at work and at home with a minimum of role conflict". A simplistic definition of balance may be "sufficient time to meet commitments at both home and work".

Psychological well- being is a multifold concept which refers to important aspects of quality of human life. WHO underlines the importance of fulfillment of mental, spiritual and environmental needs as important for one's overall health? It is a product of socialization and acculturation both. The process of attainment of psychological well- being is highly influenced by the 'significant others' or intimate relationships, family being the most fundamental of all. Family has a special place in a woman's emotional life. Her involvement in her family influences her own well- being to a large extent and the family dynamics contributes to it equally. Role of a woman in a family is becoming complex and it is challenging the traditional systems all over the world and especially in the urban areas in India. Working women many times experience this imbalance and report their discomfort about it. Last few years back (around 20 years) with few exceptions most women used to work in sectors which had comparatively structured work hours and environments. However in the last 20 years, as the technological advancement and opportunity growth has boomed had in hand, more and more women are entering in professional domains which have indefinite work hours and work load. As it is true for the IT sector, a similar scenario is observed in the health services sector. Demands on the health sector are increasing day by day. Private practice is getting converted into super specialty hospitals where all services are offered under one roof thus leaving the professionals to a status of 'consultant employees'. Private and practitioners also are facing tremendous competition. Thus their work hours and complexity is increasing day by day. Doctors are facing stress related disorders with a rising rate. As a result of increased awareness and opportunities, women are entering in this sector in an increasing number. The demands of this work environment are also same for them irrespective of their traditional feminine roles.

This research tries to find out the state of art regarding this issue of work life balance and psychological well-being of women professionals from medical and paramedical streams so as to throw light it.

The sample for the study consisted of 385 Gynecology professionals (187-consultants, 198 nurses) majority from Pune, and from Aurangabad, Latur and Nasik cities. Their age range was 28-60. The tools used were as follows:

- **Work Life Balance Research Instrument:** Developed by Dr. Smita Singh, Lucknow, which comprises of four dimensions operationalized as Work Spillover in Personal Life (WSPL), Personal Life Spillover in Work (PLSW), Work/Life Behavioral Enhancers (WLBE) and Work/Life Behavioral Constrainers (WLBC). The construct validity of the scale is provided by means of content, convergent and discriminant validity.

- **That is how I feel (Carol Ryffs Scale of Psychological Wellbeing) (Ryff, 1989):**

  The mid-length version was used for the present study which consists of 54 items,9 items each on six dimensions of psychological well-being namely environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance and autonomy.

- **Internal- External Scale:** Developed by Rotter, 1966, standardized, forced choice scale, 29 pairs of items. Assesses the locus of control. The questionnaire measures general QOL which corresponds to achievements and subjective evaluations and reactions of Dijker Model.

- **Work life balance Questionnaire:** An open ended Questionnaire developed by Jnana Prabodhini's Institute of Psychology for this specific purpose. Contains 11 questions covering six aspects of work and family life.

- **Interviews of Lady Gynecologists:** funnel type interview schedules were used to get insightful information from 16 respondents.

The data was analyzed by employing: Descriptive Statistics, One Way ANOVA, Multiple correlations, Multivariate Regression to obtain the results.

The main findings of the study are:

- For the total group, the work life balance regarding Work Spillover in Personal Life (WSPL) is highest which means that as compared to other areas the group is better off in managing their personal life without much interference of the work demands. While comparing the doctors and nurses on WLB, the doctors clearly show an upper hand in the total WLB score and in the balance regarding WSPL. This means that in spite of having similar pattern within the groups, they have different starting points for these two parameters.

- Results show that for the total group the Personal Growth(PG) scores are highest followed by, Positive Relation with others(PR),Environmental Mastery (EM),and Purpose in Life (PIL) and Autonomy(AU). Self-Acceptance (SA) is lowest among all. Comparative analysis indicates that except for the domain of personal growth there is no significant difference between the doctors and nurses with respect to their psychological well-being. This is quite interesting as the socio economic strata and proficiency levels for the two groups definitely have a considerable gap. In spite of that we see no observable difference in their perception of their own state of harmony with themselves on all the parameters except personal growth.

- It is observed that the sample has a high internal locus of control. They seem to be relying on their own perceptions and evaluations rather than being dependent on the circumstances/ people around or luck.

- An age wise comparison on WLB indicates that senior groups (i.e. 51-60 years) of Gynecologists and nurses have significantly higher scores on total work life balance, WSPL and WLBE respectively. The younger age group (22-30 years) seems quite vulnerable with lowest scores for all WLB areas. The comparison of Work life Balance separately had done across age groups in doctors and nurses shows a similar pattern.
- In spite of having differences in WLB, no significant difference was seen across age groups on all areas of PWB. This indicates that different age groups try to maintain their PWB levels appropriate to their age needs by employing certain coping mechanisms. Only for doctors however, when it comes to PWB, the elder-most age group shows significantly lower scores on autonomy as compared to the earlier two age groups. But for nurses, no significant difference across age groups is observed. It means that the nurses' perception regarding different areas of PWB is quite similar irrespective of the age they belong to.

- The homogeneity of the sample with respect to LOC seems to replicate in the age group comparisons. No significant differences were observed across age groups with respect to locus of control.
- Both WLB and PWB indicate a significant positive correlation with internal locus of control (ILOC) and a significant negative correlation with external locus of control (ELOC)
- This analysis indicates that for sample population, a rise in the balance with respect to PLSW and increasing use of WLBE is predictive of a rise in overall PWB.

The qualitative analysis of open ended questionnaire points out that both aspects (work and personal life) are considered equally important by majority of respondents. With this drive many of them are striving to be super woman, leading to a serious time crunch leaving a feeling of injustice to either or both. They expect cooperation from family members (often get it too!) as well as feel the need to use better planning and time management skills to overcome daily hassles. Emotional stressors are the worst ones and those specially related to children and family matters take away most of their energies. They do appreciate the societies' respectful view towards their profession (the nobility of it) and wish to make active efforts to make justice to their roles by better prioritization and self-management.

Thus it is evident that the work life balance of both doctors and nurses depends on how firm, open-minded, spiritually oriented and ready to change they are.

We are Greatful to ...

Dr. Anandi Gopal Joshi

Dr.Anandi Gopal Joshi: The first Indian women doctor who struggled her way out, challenging and breaking various hard boundaries. She completed her education in medicines from US in 1886. Her letters and other biographical literature show how resiliently she fought with the odds and actualized the dream shared by her husband Gopal Joshi and herself. Unfortunately she could not stretch the battle of life very long. But her name symbolizes the courage and determination of all Indian women who have been striving to reach their dreams.

01 INTRODUCTION AND CONCEPTUAL FRAMEWORK

1.1: Overview

Modern world has posed number of challenges in front of work force. Prolonged and intensive working hours are the main characteristics of today's work pattern. Huge distances, tedious transit periods are common for most person's in the urban settings. The time available for personal and family accomplishments is being compressed. The cut throat competitions are compelling individuals to put their individual priorities at stake. All these changes are resulting into a disturbed work life balance across the globe.

There have been efforts to raise the human development index on parameters like per capita income, infrastructure facilities, opportunities for education, physical health (longevity), etc. On one side people are getting a better physical quality of life and are aspiring to attend higher and higher career goals but on the other side they are paying the cost of their psychological and emotional serenity. This is popularly known as "paradox of affluence". Medical field is no exception to this.

1.2: Doctors

Medical field is a field full of challenges. It tests a person's ability to manage personal and professional resources to the fullest. Also due to its noble image one has to be very careful regarding the patient- doctor relationship. It is one of the highest paid professions; however it also keeps a person extremely occupied and constantly on toes. There are different specializations in medicine addressing the different needs of people with respect to their ailments.

Gynecology as a branch of medicine is even more challenging. It generally addresses to a normal condition of women (pregnancy) instead of treating "disease" as in other branches. As per the definition in Wikipedia: '**Gynecologists are doctors who specialize in women's health in general, especially in relation to the female reproductive system.** So the gynecologist is supposed to take care of these normal conditions and help the 'would be' mother for coping with the experience of delivery by providing a medically safe environment. Apart from this a gynecologist also has to cover the general reproductive health of a woman which can help her prevent or cure diseases related to it. These specialists have also been trained in obstetrics (pregnancy and childbirth) but their main concerns are issues ranging from menstruation and fertility to sexually transmitted diseases and hormone disorders.'

The medical care of pregnant women (obstetrics) and of female genital diseases (gynecology) developed along different historical paths. Obstetrics had for a long time been the province of female midwives (see midwifery), but in the 17th century, European physicians began to attend on normal deliveries of royal and aristocratic families; from that beginning, the practice grew and spread to the middle classes. The invention of the forceps used in delivery, the introduction of anesthesia, and Ignaz Semmelweis's discovery of the cause of puerperal ("childbed") fever and his introduction of antiseptic methods in the delivery room were all major advances in obstetrical practice. Asepsis in turn made cesarean section, in which the infant is delivered through an incision in the mother's uterus and abdominal wall, a feasible surgical alternative to natural childbirth.

By the early 19th century, obstetrics had become established as a recognized medical discipline in Europe and the States. In the 20th century, obstetrics developed chiefly in the areas of fertility control and the

promotion of healthy births. The prenatal care and instruction of pregnant mothers to reduce birth defects and problem deliveries was introduced about 1900 and was thereafter rapidly adopted throughout the world. Beginning with the development of hormonal contraceptive pills in the 1950s, obstetrician-gynecologists have also become increasingly responsible for regulating women's fertility and fecundity. With the development of amniocentesis, ultrasound, and other methods for the prenatal diagnosis of birth defects, obstetrician-gynecologists have been able to abort defective fetuses and unwanted pregnancies. At the same time, new methods for artificially implanting fertilized embryos within the uterus have enabled obstetrician-gynecologists to help previously infertile couples to have children.

The obstetrician's main tasks are to diagnose and bring a woman through pregnancy, help deliver her child, and give the new mother adequate postnatal care. The most-important surgical operation performed by obstetricians is cesarean section. Episiotomy, a surgical procedure in which an incision is used to enlarge the vaginal opening to facilitate childbirth, is also common.

Gynecologists make routine examinations of cervical and vaginal secretions to detect cancer of the uterus and cervix. They perform two main types of surgical operations: repairing any significant injuries caused to the vagina, uterus, and bladder in the course of childbirth; and removing cysts and benign or malignant tumors from the uterus, cervix, and ovaries. The modern practice of gynecology requires skill in pelvic surgery, knowledge of female urologic conditions, because the symptoms of diseases of the urinary tract and the genital tract are often similar, and skills in dealing with the minor psychiatric problems that often arise among gynecologic patients. (https://www.britannica.com/topic/obstetrics)

1.3: Lady Doctors in Indian scenario

The first Indian woman physician, Anandibai Joshi, graduated in 1886.however due to ill health and ignorant society she died at a very young age without putting her knowledge into practice. Rukhmabai Raut, was the first Indian woman who studied gynecology abroad and actually practiced it in colonial India (princely state of Baroda).

In spite of this, the women in India worked hard to overcome these limitations and choose for medical education. In the later part of 20th century, Indian women started to outnumber men in admissions to medical colleges and the trend continues to grow stronger by the year: over the last five years, India has produced over 4,500 more female doctors than male ones.

In India, women constituted 51% of the students joining medical colleges, cornering 23,522 seats in 2014-15 compared to 22,934 men. Considering gynecology as a very gender special branch of medicine, in the early years only women choose gynecology as their specialty. It was very natural and obvious that they would fully empathize and understand the intricacies of gynecological issues from a first person perspective. Though due to the egalitarian educational system and right to choose, few men do establish their careers in this specialty, however even till today a majority of gynecologist are found to be women.

However, in India there is a serious shortage of female doctors considering the population –doctor ratio. According to a paper published in Lancet, only 17% of all allopathic doctors and 6% of those in rural areas are women. This is less than one female allopathic doctor per 10,000 populations in rural areas (0.5), whereas the ratio is 6.5 in urban areas. The number of female doctors per 10,000 population ranges from 7.5 in Chandigarh to 0.26 in Bihar. According to Dr Mita Bhadra , the gender 51.1 gap persists at the post-graduation and doctoral levels-the percentage of female doctors here is around one-third of male doctors. She also observed that positions of leadership in academics and 50.8 administrations are still mostly occupied by men.

A paper on women in medicine published by Dr Rakesh Chadda and Dr Mamta Sood of the psychiatry department of AIIMS in the Indian Journal of Gender Studies noted that medicine has been a male-dominated profession because it demands long working hours that are disadvantageous to women who, even today, struggle to juggle career and family responsibilities.

Data shows that women comprised 50.6% of medical college admissions in 2014-15. However, this figure reduces to one-third at PG and doctoral levels. Only 17% of all allopathic doctors in India are women. Experts say this could be because women even today have to struggle to balance work and family responsibilities.

(http://timesofindia.indiatimes.com/india/More-women-study-medicine-but-few-practise/articleshow/50525799.cms). Gynecology is no exception to it.

1.4 : Nurses

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people (WHO).

Nursing is a noble profession. It is demanding in not only physical but psychological aspects as well. As this profession deals directly with human being and with those who are ill and their family members, immense care has to be taken. In Indian society women have multiple responsibilities and challenges which are professional and personal. Though women are working, they have to give priority to family and also need to look after financial burden of family. Thus female nurses may have many challenges while balancing work and personal life.

Nursing profession is one of the main pillars in medical profession in long run.

Nurses play the major role in health care industry and are the first ones who are thought about when we talk about health care. Nursing is a female dominated profession. It is a profession which focuses on protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses, and advocacy which caring for individuals, families, communities, and populations, assuming responsibility for the continuous care of the sick 24X7,the injured, the disable and the dying. It is a genuine natural healing practice, concerned with preventative medicines. (http://nursingandmidwifery.gov.in/nursinghistory.html#.WCJ3Ly0rLIU)

Nurses and midwives play a critical role in health promotion, prevention, therapeutics and rehabilitation. There are 0.9 million general nursing midwives and 0.5 auxiliary nursing midwives in the different state (2007). It is estimated that only about 40% of nearly 1.4 million registered nurses are currently active in the country because of low recruitment, migration, attrition and drop outs due to poor working condition (GOI, CBHI, and Health Statistics in India-Health Workforce In India - SlideShare)

Nurses work nine- to 14-hour days, often doing double shifts. Many retire as staff nurses due to a lack of the higher positions and few opportunities for continuing education. Daily duties are also difficult with most hospitals not providing proper spaces for nurses to change or rest. In India, more than 90% of the nurses are women.

1.5 : Nursing in Indian Scenario:

In ancient India, the medical care was provided only by doctors and physicians. Though Sushruta, the father of medicine had mentioned about nursing while describing few essential qualities of nurses, there

has been no mention about female nurses in India till the Mughal period. Nursing in India started and developed only after invasion by the British. The first nursing training school was sanctioned by the British government during 1854 in Madras in the lying-in hospitals.

Trained Nurses of India (TNAI) was formed in the year 1908 and the Indian Nursing Council (INC) was established in the year 1947, which thereafter upgraded the basic educational qualification requirement for candidates desiring to undergo nursing education. In the past, nursing profession was considered to be an occupation for Hindu widows and/or deserted women as a self-supporting measure (Expressbd.com,Health Care Cover Story,5 May 2015)

India had more than 16 lakh nurses, according to a survey in December 2008. Nursing numbers in India N-13 per 10,000 populations. Total number of nurses 1,431,000 (+4.3%). (Female Emigration from India: Case Study of Nurses - JStor)

1.6 : Work - life balance:

Work life balance is about people having a measure of control over when, where and how they work. It is achieved when an individual's right to a fulfilled life inside and outside paid work is accepted and respected as the norm to the mutual benefit of the individual .business and society. We all want a good balance between our work life and our home life. We know what a difference it makes to our quality of life when we feel our job is interfering with our family activities or our family life is creating problems at work.

Work life balance is about the interaction between paid work and other activities, including unpaid work in families and the community, leisure, and personal development. (Prataysha Jain, 2013)

Work–life balance is proper prioritizing between "**Professional**" (career and ambition) and "Personal" (health, pleasure, leisure, **family** and spiritual development/meditation). A simplistic definition of balance may be "sufficient time to meet commitments at both home and work". But this may not always happen due to pressing needs on both fronts, thus WLB concept comprises of:

1. **Work Spillover in Personal Life-job interference** in personal life, neglect of personal life/duties due to work related duties, personal/family time being infringed upon by work responsibilities

2. **Personal-Life Spillover in Work-demands** of personal life interfering with work-related activities, having to postpone things at work because of demands on time at home, inability to do things at work because of the demands of one's personal life and family related strain precluding proper discharge of work responsibilities.

3. **Work-Life Behavioral Enhancers**-the problem solving approach used at job also being effective in resolving problems at home, things proving effective at work also helping one be a better parent and spouse.

4. **Work-Life Behavioral Constrainers-behavioral** response to interpersonal problems, behavioral effectiveness and inability to behave in the same manner at home as well as workplace. (Dr.Smita Singh, 2014)

Work Life Enhancement concept revolves around three main categories – work and family, life satisfaction and job satisfaction. All these three aspects need to be considered which is of importance in achieving the personal and professional objectives effectively and efficiently (Head, D. 2010). Studies have proven that factors like improper work-life balance, work pressure, improper working environment, growth pressure, and salary and job security have greater impact on job satisfaction.

1.7: Work life challenges faced by women:

Abraham (2002) observed that working women had to perform variety of roles acting as super moms and striking a balance between their modernity and tradition. Flexible work arrangements helped the working women to comply with their household requirements without compromising their career (Tolhurst et al, 2004). Eaton(2003) found that work/family policies were considered as the most important variable by the employees in those organizations where supervisors gave more flexibility rather than the formal policies like annual leave, sick leave etc. provided by the employer.

When women go for employment either in government or private organizations, they add a dimension to their challenge. When they are married they have to take care of the dependents children and adults [in-laws]. When they go for employment, they have to also balance their role between institution and the family. Often the work environment –working hours, career opportunities, stress in job & Family, reward factors at the work place, etc. affect their efforts to balance their work life. Employed married women therefore undertake multiple roles and work life balance becomes a challenge. (K. Santhana Lakshmi, T. Ramachandran, and David Boohene,June 2012)

Work life balance helps in describing a balance between person's personal and working life. The term work life balance is given preference as it includes the experiences of working mothers and helps in exploring new ways of working and living for them. Managing a balance between family and work life is the biggest challenge for both working women. Due to intense competition in the world business, the presence of working women has become increasingly visible. The fast changing financial requirements have compelled both husband and wife to earn for having a normal life. Though woman has achieved tremendous success in her career but still her responsibility towards home has not decreased. She has to manage her household chores, look after her kids and so on.

For women, both personal and office roles are demanding. At home, she has to deal with the demands of her kids, husband and in-laws whereas in office she has to bear the brunt of office demands.

Granrose et al (2005) also observed the same finding when they conducted a study on Chinese women's employment working in various government contexts. It is further argued that culture at senior management level is mostly suited to men as there is a tendency to ignore women's responsibility towards their family (Drew and Murtagh, 2005).

As stated earlier women from medical field also have to face similar challenges to balance their work and life. Career women in government and private hospitals. are challenged by work and family commitments at the end of each day. Majority of these women are working throughout week and 53% are struggling to achieve work life balance. Women reported that their life has become a juggling act as they have to shoulder multiple responsibilities at work and home. (Santhana et al, 2012)

1.8: Psychological well-being:

Psychological well-being is contentment, satisfaction with all elements of life, self-actualization (a feeling of having achieved something with one's life). It is a multifold concept which refers to important aspects of quality of human life.

The Ryff Scales of **Psychological Well-Being** is a theoretically grounded instrument that specifically focuses on measuring multiple facets of **psychological well-being.**

It is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. It is a multifaceted concept .The Ryff Scales of Psychological Well-Being is a theoretically

grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. These facets include the following: self-acceptance, the establishment of quality ties to other, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of purpose in life, continued growth and development as a person.

1. Self-acceptance-Positive Attitude towards Oneself

2. Purpose in life –Having goals and a sense of direction in life

3. Positive relations with others-Satisfying and trusting relationship with others

4. Personal growth-Being open to new experiences

5. Environmental mastery – A sense of control over the external world

6. Autonomy-Regulating behavior from within

1.9 : The WLB of doctors and nurses across world:

Researchers are interested in studying work life balance of married doctors and nurses in Indian settings as they face number of problems while maintaining balance between their work and family.

It was observed in a study that the Self-perceived work life balance of doctors was 5.31 out of 10. This work life balance condition was slightly worse than the other profession, which was 5.7 out of 10 .For the problems due to disturbed work life balance 40% of the doctors reported a disturbed work life balance dramatically reduced productivity and/or work quality, and prolonged fatigue level, sleepiness and extreme tiredness. (Chung et.al., 2009).

As per information received from 61 doctors who were having difficulty continuing with medical careers. Despite of special arrangements made for women doctors,it is difficult to obtain post graduate training. Though completed post graduate training but cannot return to full time work and are unable to obtain posts at an appropriate level. Both of these problem stem primarily from the need for part time work by the mothers of young children. So it seems important that large numbers are not unnecessarily lost from professional work.(Rita Henryk-Gutt and Rosalie Silverstone,1976)

It is obvious that there will always be some women who will seek, and attain, the highest professional achievements alongside male colleagues. There will also be some women whose circumstances will cause them to relinquish professional responsibilities and devote all their energies to children and husband. (Rita Henryk-Gutt and Rosalie Silverstone,1976). Same is true for the nursing profession.

The demand for the nurses is also increasing because of the care they provide thus making difference in others' lives which is generally not found in any other careers. The role of nurses has expanded from a health care provider to health educator, diagnostic assistant, post care supporter, Health advisor, Physician's assistant, Operating theatre assistant ,Health Counselor, Follow-up, Health Promoter, Administrator, Health researcher, Provide appropriate assurance to patients and family members. (K.Santhana Lakshmi, et.al,2012)

It is observed that most of the nurses are forced to work beyond the mandatory 8 hrs working day, to more than 10 to 11 hrs. Apart from low wages, none of the nurses are given employment benefits like Provident Fund (PF) and gratuity. The nurses are not even given health coverage despite facing higher risk of infections.

Another aspect that does not find much of a mention anywhere is the human rights violation in the form of sexual harassment to female nurses. There is also the lack of work place ethics and respect for the nurse profession, with harassment by either doctors or the management by constantly accusing them of dereliction of duty. With the labour department and government neglecting the problems faced by the nurses and lack of unions fighting for the nurse's cause, many are forced to silently bare these injustices. (Manjunath Naganur,2012)

Another important observation mentioned is that nursing profession lacks clear career pathways and mechanisms for promotion; in-service training is rare (except in the best corporate hospitals);pay is low (especially in small private hospitals); and working conditions are often inadequate, lacking sufficient staff, equipment and infra-structure leading to heightened stress levels. (http://www.dypatil.edu/nursing-in-india-aprofession-in -transition/)

So the present study focuses on the Work Life Balance and Psychological Well-being of lady gynecologist and female nurses in Indian scenario. It emphasizes on the comparison of these two groups on WL balance and PWB, including their age groups. It also tries to explore how they manage to overcome the WL issues through effective scheduling of time at work, fruitfully planning of the weekends, activities with friends and family, staying focused during office work without much distraction or interruption.

We are Greatful to ...

Dr. Rukhmabai Raut

Dr. Rukhmabai Raut: was the first Indian women doctor to practice medicine in colonial India as Physician. She had to fight against unjust practice of early marriage thrust upon then Indian girls to pave her way out for reaching her goal of becoming a doctor. She studied advanced medicine in England but returned back to serve her countrymen. She made her mark by working as full-fledged gynaecologist in the princely state of Baroda for a long tenure. Her story is indeed a strong inspiration to all those who wish to open the doors to their career dreams.

02 REVIEW OF LITERATURE

2.1: Work-Life Balance for Women in India

In great numbers, women are beginning to take on non-traditional roles in the workforce in India. This trend is occurring in almost all sectors, and at all levels. This does not mean, however, that they are leaving their traditional roles in the home. Instead, women are trying to manage both, leading to increasing problems finding a healthy work-life balance (WLB).

Because women were viewed as stepping outside of the domestic sphere and into the professional one, for a long time, researchers saw the issue as purely unidirectional: that work responsibilities would interfere with family responsibilities. This is known as work interfering with family (WIF); however, the opposite direction, family interfering with work (FIW), exists for women as well (Rajadhyaksha & Velgach, 2009). WLB can also be divided into three components: time balance, or equal time devoted to both work and family; involvement balance, or equal involvement in work and family; and satisfaction balance, equal satisfaction with work and family (Greenhaus, Collins, & Shaw, 2002).

The topic of WLB was also be broken down further into conflict versus facilitation, or related by categories such as spillover, compensation, resource drain, congruence, and conflict (Edwards & Rothbard, 2000, as cited in Rajadhyaksha & Velgach, 2009); however, research has shown in varying contexts, that for women, their work and personal lives generally tend to be in conflict. This is because of women's traditional role in the domestic sphere that many individuals either feel stuck in or want to remain in, in addition to their new responsibilities outside the home. Women are commonly either held back from pursuing full-time careers or tasked with essentially juggling two jobs. Mathew and Panchanatham (2011) explored the countless roles female entrepreneurs in South India take on when they decide to enter the workforce while maintaining their position in the home:

In addition to their challenging entrepreneurial work, many of these women must also perform several roles in their families (see Figure 1). These roles include being a spouse, caretaker and parent; managing daily household chores; and providing services to the community and society. Women also must take care of their own health and other personal activities, which are often neglected because of role overload, as well as time limitations. All of these situations lead to the absence of WLB and manifestation of many WLB issues. (pg. 80)

They found that "role overload" was a major cause of work-life imbalance. Around the world, women's primary role in society is in the home, and rarely is this responsibility of running the home shared with men. Though within the family, divisions of paid labor have changed, a division of unpaid labor in the home has not (Rajadhyaksha & Velgach, 2009). Because joint families are so common in India, Indian women may have even greater burdens than women elsewhere because of their additional responsibilities as daughter-in-laws.

Because of the sheer number of responsibilities working women have and their perceived priorities, there is an expectation from both society and the women themselves that they cannot do it all. Managing both roles, of that in the home and in the office, is seen as impossible for women, as people believe that one of the roles must be being at least somewhat neglected. Women in Mathew and Panchanatham's study (2011) reported that issues with time management has a large impact on their WLB. This is because the roles of being a caretaker, housekeeper, etc. and being in the workforce tend to be mutually exclusive,

incompatible roles. It is then difficult to find a balance between the two because the demands of each role are so different. This becomes a zero-sum game, as each of these roles requires the women's time, energy, and attention, which are exhaustible commodities (Mathew & Panchanatham, 2011). Working women then face a dilemma when wanting to excel in both realms because there is a scarcity in the resources they have to offer each.

Since Indian women may prioritize the family more due to cultural pressure to conform to traditional gender roles, one theory believes they will have more FIW conflict simply because they will tend to overinvest in their family. Furthermore, Indian families, because they are such an important unit within Indian society, also demand more from women because of traditions of giving special attention to children and elders, as well as the traditional view that women hold the role of child barer first and foremost (Rajadhyaksha & Velgach, 2009). Urban and rural women may experience this obstacle differently however, as this traditional culture is much stronger in rural parts of India.

It is important to note though, that there may be more variation within women than between women and men in how they perceive their own WLB. Women with 'traditional' gender role ideology were found to have experienced more WIF and FIW than those with 'egalitarian' ideologies. This may mean that those with 'egalitarian' gender role ideologies feel less guilt when they cannot perfectly manage both roles (Rajadhyaksha & Velgach 2009). If this is true, as more women enter the workforce and adopt more progressive views, women might experience less work-life balance conflict, simply because their mindsets will have changed. Alternatively, the gender role theory states that 'traditional'-thinking women will have less work-life conflict because the extra hours they spend on their family may not be perceived as an issue to them, and vice versa (Rajadhyaksha & Velgach, 2009).

Support for women, or a worker in general, with managing WLB is low. Though there are a variety of factors that influence whether a women's family and/or community will support her, because she is taking time away from her traditional role, women in India generally lack social support networks necessary for finding a healthy balance (Mathew & Panchanatham, 2011). Not only do working women sometimes need assistance from husbands and relatives in fulfilling their caretaker role in the home, but even a positive attitude about the woman working from their husband and children has helped women reduce their work-life conflict (Rajadhyaksha & Smita, 2004). Unfortunately, little institutional or organizational support is available to women either. Many employers feel it is the role of individuals to reduce their own stress regarding WLB; however, research has shown that both the workers and companies as a whole will benefit if initiatives come from the top (Lakshmi, Ramachandran & Boohene, 2012; Mathew & Panchanatham, 2011).

Mathew and Panchanatham (2011) found that women entrepreneurs in South India struggled with role overload, quality of health, dependent care issues, time management, and lack of support network, in that order. Again though, between urban and rural women, there may be a large difference in how they perceive their WLB or the exact obstacles they face. Rural women are more likely to be self-employed and/or work in the informal sector. They may also have responsibilities, such as agricultural work, that is neither seen as a paid job or their familial responsibilities. Urban women may have more structured work hours and a more definable divide between work and family duties, which can be seen as negatively or positively impacting their WLB. Age may also be a large factor, as women have different pressures during different periods in their life and career. This not only means that their sources of dilemmas may be different, but coping strategies may differ between generations as well. Other studies have looked at women's experience with WLB issues in comparison to men, which have had a large variety of results. According to Rajadhyaksha and Velgach (2009), a meta-analysis of 61 studies surprisingly found that there are actually no overall mean gender differences in either WIF or FIW.

Issues of WLB and acceptability of moving outside the traditional role also impact women's ambitions. Having to balance family and work often comes at the expense of career advancement, as work goals are not able to take priority. According to Sandberg (2013), without being able to dedicate extra time and energy to their job, learning new skills, earning salary raises, and rising to higher positions becomes near impossible. Especially if a higher position requires more hours, women will often times hold themselves back and not even aim for that opportunity because they know that it would negatively impact their WLB. Studying WLB then becomes critical if various fields are ever to have female leaders.

2.2 : Work-Life Balance for Women in Medical Professions

Medical professions can require intensely demanding work. They are often overburdened with patients and must be available for long hours. Thus, women in medical professions take on a particularly large responsibility in addition to their commitments at home. It is also especially important that those in medical professions are able to achieve WLB and wellbeing in order for them to be able to perform to their highest potential, thus providing the highest quality healthcare possible, at all times.

In addition to the numerous roles women take on at home, medical professionals take on countless others. For example, nurses have the many roles of educator, patient and family supporter and advisor, physician's assistant, reports and records keeper, and, of course, healthcare provider, just to name a few (Lakshmi, et al., 2012).

Working in government versus private hospitals can also contribute to work-life conflict or facilitation. Government workers tend to work longer hours and have greater shortages of resources, while private workers tend to earn less (Lakshmi, et al., 2012). The different stresses these issues can create can impact a women's WLB, likely through WIF. The Lakshmi, et al. (2012) study found however, that both medical professionals in government and private hospitals in India find achieving WLB difficult, with 53% of all the medical professionals they surveyed struggling to find WLB.

Similarly, in another study, done by Keeton, Fenner, Johnson, and Hayward (2007), it was found that 48% of women physicians in the US are satisfied with their WLB. To determine this, women were given five survey items: feeling torn between demands from work and personal life, missing social obligations because of work, worrying about work issues when home, having home activities interrupted by work-related telephone calls or pages, and experiencing household tension regarding time devoted to work-related activities (Keeton, et al., 2007). Another study, in which 24% of respondents came from the healthcare sector, found that men and women experience WIF almost equally, but that FIW was significantly higher for women (Rajadhyaksha & Velgach, 2009).

2.3 : Work-Life Balance and Wellbeing

Work-life balance, or the lack of, can positively or negatively impact a women's wellbeing. Similarly, positive or negative wellbeing can help or hurt a woman's effort to achieve work-life balance, or at least impact her perception of it. When women take on multiple roles, they may become physically, mentally, and emotionally exhausted, leading to issues such as poor health and life or career dissatisfaction (Mathew and Panchanatham, 2011). Furthermore, work-life balance or imbalance can drastically impact a women's quality of relationships, especially with her children, spouse, and extended family. This would influence her wellbeing greatly either positively or negatively. Balance is important because with less conflict and stress, a woman can achieve better wellbeing.

A study conducted by Greenhaus, Collins, and Shaw (2002) actually found that, professionals who spent more time on family than work experienced a higher quality of life than balanced individuals, and balanced individuals experienced a higher quality of life than those who spend more time on work than family. Quality of life is considered a prominent indicator of wellbeing.

2.4 : Gaps in the Literature

Though a great deal of research has been done regarding women and WLB, little has been done outside of developed nations. Studies that have been conducted outside the West have overlooked the influence of history, culture, and demographic shifts (Rajadhyaksha & Smita, 2004). This study hopes to be a part of correcting that, studying only Indian women, and even within that, a certain type of Indian woman: urban, highly educated, and likely empowered – what many would call the 'new Indian woman'. Because of the ongoing women's movement currently taking place in India, the gradual transformation of gender role ideology, and fast-changing workforce participation demographics, India in particular is an interesting context to study.

More research also needs to be done on women in India in medical professions. Many studies that focus on women in India look at general workforce participation or specifically women who are self-employed (Mathew and Panchanatham, 2011). A few studies referring to medical professional women try to throw light on few of the current issues.

2.5 : Work Life Balance of Nurses and Lady Doctors:

Research has indicated that nurses and doctors having experience of less than two years are of the view that doing job helps in raising their status and leads to the achievement of economic independence. Further nurses and doctors having experience of more than 10 years considered the support of husband in household activities as the most important variable for their career advancement. Increase in the experience of nurses and doctors in hospitals and clinics, their acceptability as an executive also increases in the society. A significant relationship between the husband's education and career oriented women was observed. The more the education of husband the better support the lady doctor/ nurse enjoyed in her profession. (Dr.Bindiya Goyal,2014)

Studies of work place stress among doctors in government hospitals (Irfana Baba,2012, Pestonjee,1999) show that job satisfaction correlated negatively with all the dimensions of role stress. In another study done by Hussain and Singh (2002) the role stress among 150 doctors,(with specialties in Gynaecologists, Ophthalmologist, and surgeons from private hospitals and nursing homes) the gynecologists and surgeons scored significantly higher than the Ophthalmologists on perceived stress effects. They also found that the stress effects associated with stressful situations do not influence psychological well-being among these groups of doctors.

Some studies indicate that health care professionals are suffering from organizational role stress (ORS). The mean values of total ORS for male doctor was observed to be 8.32 while as for female doctors, it is 7.86,indicating the fact that male doctors are more stressed that female doctors in the hospital. In female doctors four stressors that have means score of more than 7 are Role Erosion (7.71),Role Stagnation (7.29),Role Overload (7.21) and Role Isolation (7.14). Personal Inadequacy (PI) is one of the major stressors causing stress in male doctors and in case of female doctors; it is Role Stagnation (RS) that contributes to a great extent towards total Organization Role Stress scores.(Irfana Baba,2012)

In a comparative study between Government and Private Hospital in Chennai referring to WLB of female nurses, it was seen that female nurses in private hospitals undergo more stress than their counterpart in government hospitals. (K.Santhana Lakshmi,et.al, 2012)

As this study will focus on women in medical and paramedical professions within gynecology, which is particularly important, as it is both a very demanding and female dominated field. It was found that 23% of obstetrician-gynecologists aged less than 40 years reduced their hours or stopped working for an extended period of time to fulfill their familial duties, compared with only 5% of males in that same profession (Lakshmi, et al., 2012). This may mean that WLB may be particularly difficult to achieve for women in gynecology. In contrast though, studies have also shown that women with higher education levels and incomes have less work-life conflict. Greater education gives women more advanced problem solving skills and access to information, and higher salaries means their families may be more supportive of their work and that they can afford to hire house help (Mathew and Panchanatham, 2011). This may actually mean that the gynecologists we study may actually faceless FIW and WIF than women in other professions. It is a key that we understand if and how they manage to strike a satisfactory work-life balance, so the support they need can be better accessed.

Lastly, this study aims to tie WLB to wellbeing, which most previous research has failed to concretely do. Instead, there has been a great emphasis on job satisfaction and stress-levels, which though are related to wellbeing, do not give a completely comprehensive picture.

We are Greatful to ...

Dr. Ida Sophia Scudder

Dr. Ida Sophia Scudder was the third generation American medical missionary in India. Inspired by her father's missionary spirit she decided to dedicate her life to improve the conditions of women in India. Based in Vellore, Tamil Nadu, she served the poorest of the poor with utmost empathy and compassion. The credit of starting the first nursing college in India is on her name-"Christian medical college and hospital". She inspired young Indian women to become self-reliant and skilled through the nursing medical college. She did not help them as a foreign sophisticated upper class person but became one with those whom she belonged as a teacher and doctor. She lived a long life and saw her dream being transferred to thousands in the next generation.

03 METHODOLOGY

3.1 Research design: Survey type

3.2 Objectives

1. To study Psychological wellbeing of the women professionals in medical and paramedical profession (gynecology).
2. To study work life balance of the women professionals in medical and paramedical profession (gynecology).
3. To study the relationship between these two.

Research questions

- What is the state of art regarding the Psychological Well Being (PWB) in women gynecologists and paramedical professionals working in gynecology wards?
- How do they experience Work life balance (WLB)?
- What are the different factors affecting their Psychological well-being (PWB) and Work Life Balance (WLB)?
- What is the role of LOC (locus of control) in their subjective wellbeing and work life balance?
- What are their needs for enhancing their PWB and WLB?

3.3 Tools & Methods for data collection

- Work Life Balance Research Instrument: Developed by Dr. Smita Singh, Lakhnow. This test is based on the data collected from a sample of 114 service sector professionals, which on analysis, resulted in a 24-item scale with Cronbach alpha value 0.908 and the reliability of subscales ranging from 0.968 to 0.798. The validated instrument comprises of four dimensions operationalized as Work Spillover in Personal Life(WSPL), Personal Life Spillover in Work(PLSW), Work/Life Behavioral Enhancers(WLBE) and Work/Life Behavioral Constrainers(WLBC). The construct validity of the scale is provided by means of content, convergent and discriminant validity.
- Carol Ryffs Scale of Psychological Wellbeing: That is how I feel (Ryff, 1989):

  Three versions of PWB scale were constructed by Carol Ryff(1989),the longest version consists of 84 items(14 items for each factor).The mid-length version was used for the present study which consists of 54 items,9 items each on six dimensions of psychological well-being namely environmental mastery (EM), personal growth(PG), positive relations with others(PR), purpose in life(PIL), self-acceptance (SA) and autonomy(AU). The scale used in the present study demonstrate high internal consistency reliability

(alpha range = .70 to .84) and temporal reliability (test-retest coefficients range from 0.81 to 0.88)

- **Internal- External Scale:** Developed by Rotter, 1966, standardized, forced choice scale, 29 pairs of items. Assesses the locus of control. The questionnaire measures general QOL which corresponds to achievements and subjective evaluations and reactions of Dijker Model.

  Reliability & Validity –Split half reliabilities of 0.65 for male and 0.79 for females and Kuder Richardson co efficient for various samples in the 0.69 to 0.76 range. Test retest reliability in various samples with 1 and 2 months intervals ranged from 0.49 to 0.83.

  Correlation with a measure of social desirability ranged from -0.17 to -0.35 with a median of -0.22 and correlations with various measures of intelligence. Rotter (1966) also reported briefly 2 factor analyses both of which suggested one general factor. A number of other studies are presented, addressing the construct validity of the scale, such as correlation with story completion and semi structured interview measures of Locus of Control, analyses of social class differences and controlled laboratory task.

Tools for qualitative analysis

As mentioned above, a combination of qualitative and quantitative techniques was considered useful and required for such a detailed study.

The Qualitative Analysis for the project has been done in two parts.

1. Work life balance Questionnaire:

An open ended Questionnaire developed by Jnana Prabodhini's Institute of Psychology for this specific purpose. It contains 11 questions on various aspects of work and family life.

It covers Six areas- General impressions on WLB, Family and work life balance(Priority and problems), Family life challenges(Time management, role rigidity), Work life challenges(Legal complication, target), Specific task-(Complexity of job, work profile, money comparison with others and IT people)and Coping Mechanisms. Specific themes were assigned to individual responses and the themes were entered into excel – For Thematic analysis.

2. Interviews of Lady Gynecologists.

In all 16 representative interviews were conducted following the ethics of secrecy and consent. They were later transcripted and themes were drawn for the discussion purpose.

3.4 Sampling

Table I: Total Sample

Total Data	Gynecologists	Nurses
385	187	198

Fig I: Total Sample

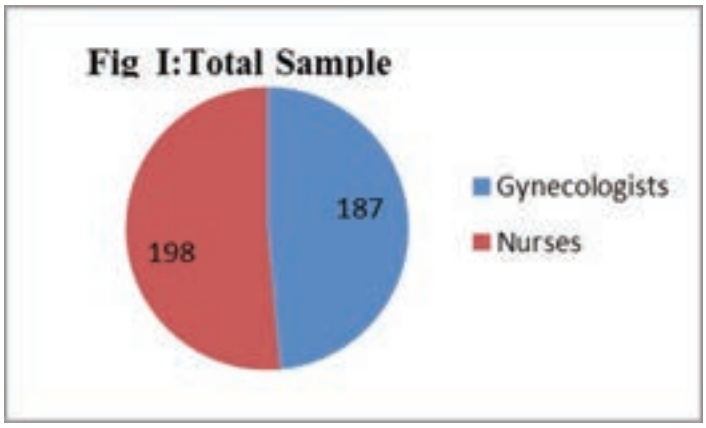


Table II: Age wise group distribution (Gynecologists)

Sr No	Age Group	N
1	28-40 Years	75
2	41-50 Years	75
3	51-60 Years	37

Fig II: Age wise group distribution (Gynecologists)

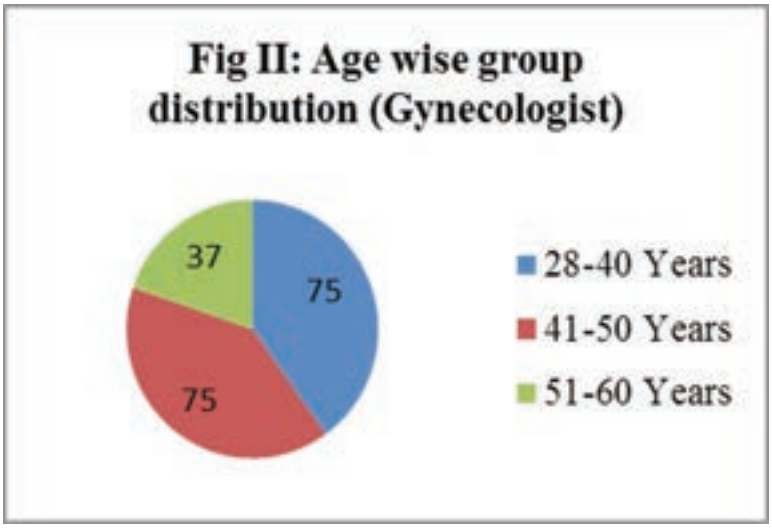
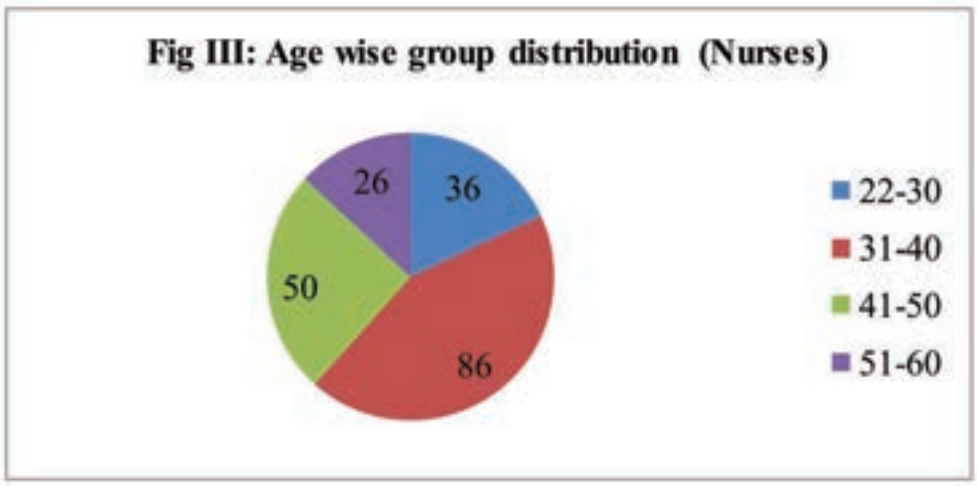


Table III: Age wise group distribution (Nurses)

Sr No	Age Group	N
1	22-30	36
2	31-40	86
3	41-50	50
4	51-60	26

Fig III: Age wise group distribution (Nurses)



3. 5 Data collection-

The tools were administered after taking permissions from the concerned authorities and by organizing specific sessions for group persons and many times individually. Participants were explained in details about the purpose of the testing. They were also given standardized instructions about psychological testing. Various doubts were also clarified at the time of filling up the responses in order to avoid any confusion in understanding and thereby in responses. Strict adherence to the testing norms was maintained maximally.

The data collection procedure started with establishing rapport with the participant explaining the project in brief, filling up a detailed personal datasheet. This followed with administration of psychological tests. The tests were administered in a controlled and comfortable environment. One trained administrator and one observer were present throughout when it was a group. In case of individual data collection single administrator was involved. They gave instructions and helped the participant whenever regardless doubts they had. This procedure was kept uniform to ensure that the collected data was valid and authentic.

3. 6 Data Management:

Responses given to each test were entered in a program made in excel. The responses were rechecked to avoid mistakes in entering the data. Data was analyzed by using SPSS version 20. The following statistical analyses were performed on the data.

- Descriptive Statistics
- One Way ANOVA
- Multiple correlation
- Multivariate Regression

Women & Men career in **Surgery**

High percentage of women considered but rejected a career in surgery
29% of rejected choices, made by women, compared with 12% of current choices

For men, the percentage who rejected surgery was in line with their distribution of actual choices.
For men, the surgical specialties represented 37% of rejected choices, 32% of actual choices, a non-significant difference,

Comparing the cohorts who qualified in 2002, 2005 and 2008 there was a significant decline in the percentage of doctors who rejected surgery.

There was a significant rise in the percentage of doctors who chose obstetrics and gynaecology, and also a significant rise in the percentage who rejected obstetrics and gynaecology

We are Greatful to ...

Florence Nightingale

Florence Nightingale was a English social reformer and statistician and the founder of modern nursing. She is widely known as " the lady with the lamp" as her service in the Crimean war became a legend where she lead a group of nurses trained by her, taking rounds of wounded soldier in night. She also established the first secular nursing school in the world in London in 1860. Her pioneering work is credited by the nightingale pledge taken by new nurses and the Florence nightingale medal as the highest distinction a nurse can achieve. Her social reforms include advocating over harsh prostitution law as well as expanding female participation in workplace.

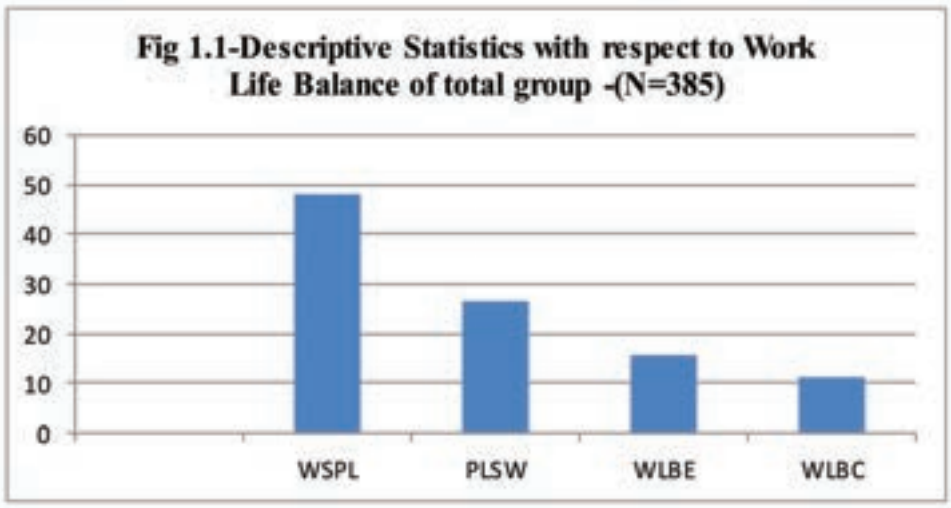
04 Data analysis, Interpretation and Discussion

4.1 : To get an idea of the **total group** on all the instruments, a **descriptive statistics** was obtained. Table 1.1 shows the overall picture of the group on Work- Life balance scale.

Table 1.1-Descriptive Statistics -Work Life Balance (total group)

Table 1.1-Descriptive Statistics with respect to Work Life Balance of total group -(N=385)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
							SE		SE
WSPL	13	91	**47.88**	16.15	260.73	0.15	0.12	-0.55	0.25
PLSW	7	35	26.77	7.08	50.08	-0.78	0.12	-0.16	0.25
WLBE	3	21	15.72	3.98	15.88	-0.81	0.12	0.24	0.25
WLBC	3	21	**10.99**	4.51	20.36	0.16	0.12	-0.51	0.25

Fig 1.1-Descriptive Statistics -Work Life Balance (total group)



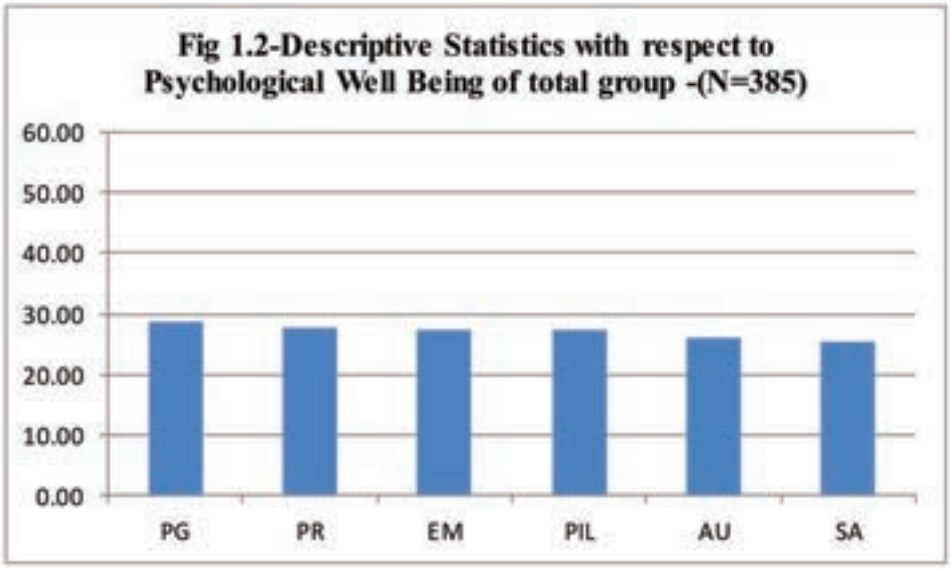
The values in the table indicate that the work life balance regarding Work Spillover in Personal Life (WSPL) is highest followed by Personal Life Spillover in Work(PLSW) (which means that there is less spillover of work in life as compared to reverse) followed by Work Life Behavioral Enhancers(WLBE) and Work life behavioral constrainers (WLBC) on the last step in the hierarchy (denoting that the constrainers are having major negative impact on work life balance than the enhancers having positive impact). Studies have shown that due to disturbed work life balance, doctors reported dramatically reduced productivity and work quality, and prolonged fatigue level, sleepiness and extreme tiredness. (Chung.et.al., 2009). Here also, personal life seems to be disturbing the total balance for the group.

Table 1.2 shows the overall picture of the group on Psychological well-being scale.

Table 1.2- Descriptive Statistics - Psychological well-being (total group)

Table 1.2-Descriptive Statistics with respect to Psychological Well Being of total group -(N=385)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
PG	14	36	**28.70**	4.53	20.54	-0.48	0.12	-0.12	0.25
PR	12	36	27.56	4.40	19.33	-0.29	0.12	0.14	0.25
EM	12	36	27.48	4.17	17.38	-0.28	0.12	0.27	0.25
PIL	16	36	27.28	4.04	16.29	0.02	0.12	-0.32	0.25
AU	14	36	25.91	3.74	13.98	-0.17	0.12	-0.18	0.25
SA	13	32	**25.46**	3.66	13.38	-0.37	0.12	0.11	0.25

Fig 1.2- Descriptive Statistics - Psychological well-being (total group)



Results show that considering the different areas of PWB for this sample, their Personal Growth(PG) scores are highest followed by, Positive Relation with others(PR),Environmental Mastery (EM),and Purpose in Life (PIL) and Autonomy(AU). Self-Acceptance (SA) being lowest among all.

Table 1.3 shows the overall picture of the group on Locus of Control scale.

Table 1.3- Descriptive Statistics - Locus of Control (total group)

Table 1.3-Descriptive Statistics with respect to Locus of Control of total group -(N=385)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
ILOC	7	26	17.14	3.75	14.04	-0.17	0.12	-0.36	0.25
ELOC	2	21	10.84	3.74	14.02	0.20	0.12	-0.32	0.25

Fig 1.3- Descriptive Statistics with respect to Locus of Control of total group

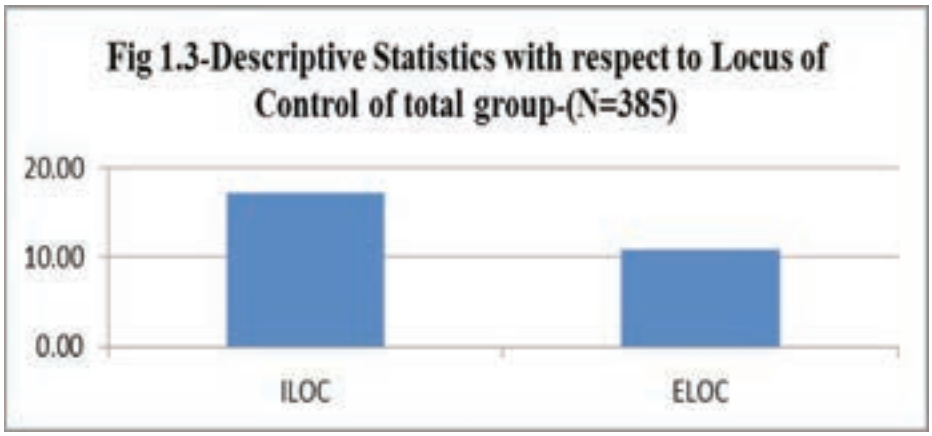


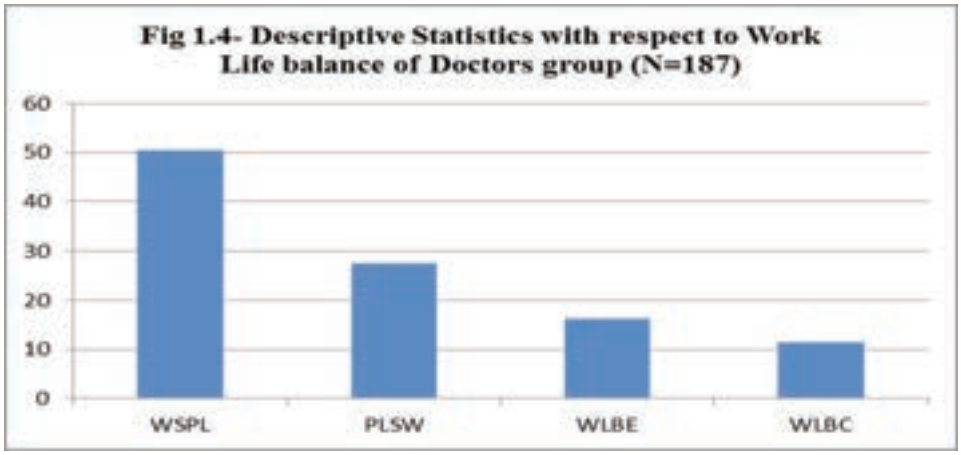
Table 1.3, Shows that the sample has a high internal locus of control. They seem to be relying on their own perceptions and evaluations rather than being dependent on the circumstances/ people around or luck. They seem to have high need for achievement and plan long term goals, and can sustain delayed gratification and are comfortable with pre-planned situation.

The next tables represent the group wise analysis

Table 1.4- Descriptive Statistics with respect to Work Life balance of Doctors group

Table 1.4- Descriptive Statistics with respect to Work Life balance of Doctors group (N=187)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
WSPL	16	91	**50.37**	16.34	266.98	0.11	0.18	-0.68	0.35
PLSW	7	35	27.55	6.57	43.21	-0.90	0.18	0.21	0.35
WLBE	4	21	16.26	3.74	14.01	-1.01	0.18	0.84	0.35
WLBC	3	21	**11.44**	4.43	19.66	0.01	0.18	-0.55	0.35

Fig 1.4- Descriptive Statistics with respect to Work Life balance of Doctors group



The profile of the doctors group regarding work life balance resembles/mirrors the profile for the total group. Where in the work life balance regarding Work Spillover in Personal Life (WSPL) is highest

followed by Personal Life Spillover in Work(PLSW) followed by Work Life Behavioral Enhancers(WLBE) and Work life behavioral constrainers (WLBC) on the last step in the hierarchy. It can be said that more or less their work life is as challenged as the male counterparts. One study indicates that female physicians often described their work situation similar to male physicians, although important differences regarding total work time, overtime work and appreciation by supervisors were reported. Work life affected private life of women and men in a similar way. (Hancke K.et.al., 2017)

Table 1.5- Descriptive Statistics with respect to Psychological well-being of Doctors group

Table 1.5-Descriptive Statistics with respect to Psychological well-being of Doctors group (N=187)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
PG	16	36	**29.25**	4.29	18.38	-0.51	0.18	0.01	0.35
PR	19	36	27.90	4.14	17.15	-0.01	0.18	-0.47	0.35
EM	12	36	27.50	4.21	17.74	-0.47	0.18	0.86	0.35
PIL	19	36	27.49	3.93	15.46	0.10	0.18	-0.42	0.35
AU	14	34	25.90	3.92	15.38	-0.23	0.18	-0.33	0.35
SA	13	32	**25.26**	3.79	14.38	-0.52	0.18	0.62	0.35

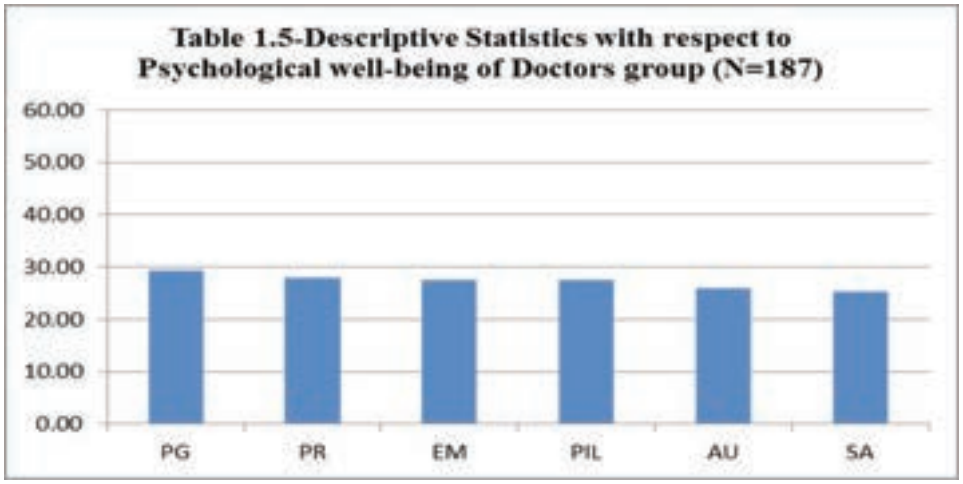


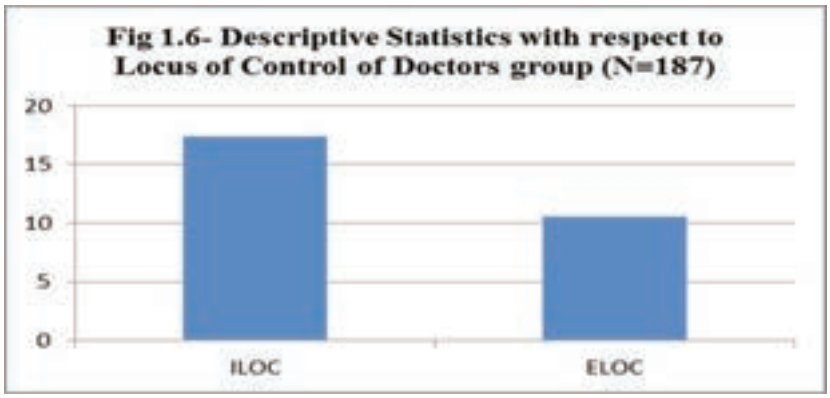
Fig 1.5- Descriptive Statistics with respect to Psychological well-being of Doctors group

Results show that while comparing the different areas of PWB for this sample, their Personal Growth(PG) scores are highest followed by, Positive Relation with others(PR),Environmental Mastery (EM),and Purpose in Life (PIL) and Autonomy(AU). Self-Acceptance (SA) is lowest among all. This picture again resembles the total group's performance.

Table 1.6- Descriptive Statistics with respect to Locus of Control of Doctors group

Table 1.6- Descriptive Statistics with respect to Locus of Control of Doctors group (N=187)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
ILOC	7	26	**17.41**	4.00	15.96	-0.21	0.18	-0.46	0.35
ELOC	2	21	10.57	3.99	15.91	0.22	0.18	-0.45	0.35

Fig 1.6- Descriptive Statistics with respect to Locus of Control of Doctors group

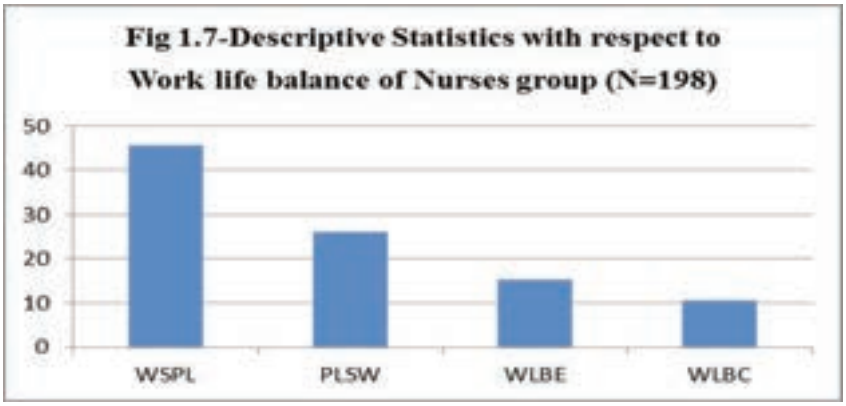


Mean of Internal Locus of Control (ILOC) is highest and External Locus of Control (ELOC) is lowest.

Table 1.7- Descriptive Statistics with respect to Work life balance of Nurses group

Table 1.7-Descriptive Statistics with respect to Work life balance of Nurses group (N=198)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
WSPL	13	85	**45.53**	15.64	244.71	0.16	0.17	-0.44	0.34
PLSW	7	35	26.04	7.46	55.71	-0.66	0.17	-0.45	0.34
WLBE	3	21	15.20	4.14	17.17	-0.63	0.17	-0.08	0.34
WLBC	3	21	**10.56**	4.56	20.75	0.32	0.17	-0.36	0.34

Fig 1.7- Descriptive Statistics with respect to Work life balance of Nurses group

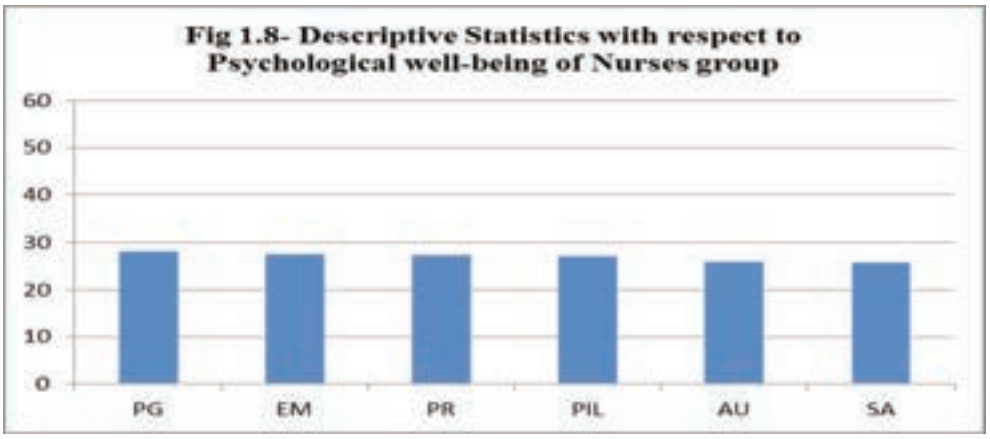


The work life balance for nurses group regarding Work Spillover in Personal Life (WSPL) is highest followed by Personal Life Spillover in Work(PLSW) followed by Work Life Behavioral Enhancers(WLBE) and Work life behavioral constrainers (WLBC).

Table 1.8- Descriptive Statistics with respect to Psychological well-being of Nurses group

Table 1.8- Descriptive Statistics with respect to Psychological well-being of Nurses group									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
PG	14	36	28.18	4.70	22.12	-0.42	0.17	-0.25	0.34
EM	17	36	27.46	4.14	17.12	-0.09	0.17	-0.30	0.34
PR	12	36	27.24	4.61	21.27	-0.44	0.17	0.36	0.34
PIL	16	36	27.09	4.13	17.08	-0.03	0.17	-0.25	0.34
AU	15	36	25.91	3.57	12.72	-0.10	0.17	0.01	0.34
SA	17	32	25.65	3.53	12.43	-0.17	0.17	-0.64	0.34

Fig 1.8- Descriptive Statistics with respect to Psychological well-being of Nurses group

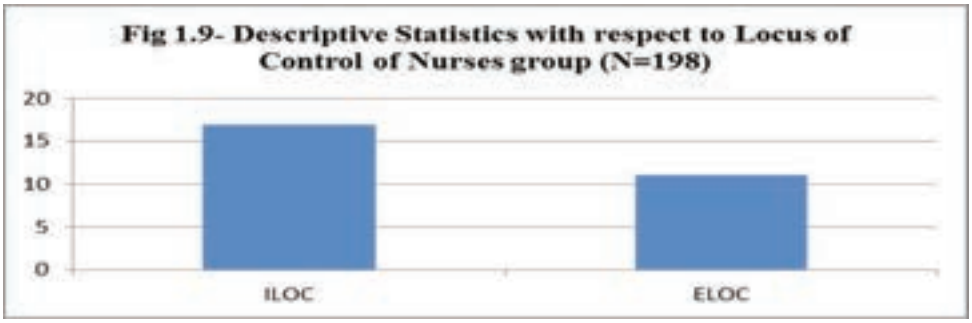


Mean of Self-Acceptance(SA) is highest followed by), Personal Growth(PG), Environmental Mastery (EM), Psychological well-being total(PWBTOT), Positive Relation with others(PR)and Purpose in Life (PIL). Autonomy(AU) is lowest among all. It' s an important finding as looking at the social educational status a nurse enjoys, high self-acceptance is quite surprising. It seems that the group is very objective and reality oriented. In the absence of such reality orientation, mere exposure to their tedious and thankless job, most would have developed stress related issues as Rathore.et.al. (2012) found it out. He claims that female nurse in India worked on roaster pattern of change in shift every seven days. They did not have a say in the change of duties, it could only be done on mutual grounds Gastrointestinal and digestive problems such as indigestion. Heartburn, stomachache and loss of appetite were more common among rotating shift workers and night workers than the day workers. However table 1.9 clarifies why it did not happen with the present group.

Table 1.9- Descriptive Statistics with respect to Locus of Control of Nurses group

Table 1.9- Descriptive Statistics with respect to Locus of Control of Nurses group (N=198)									
	Minimum	Maximum	Mean	SD	Variance	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	SE	Statistic	SE
ILOC	7	25	16.88	3.49	12.17	-0.18	0.17	-0.27	0.34
ELOC	3	21	11.09	3.49	12.17	0.25	0.17	-0.19	0.34

Fig 1.9- Descriptive Statistics with respect to Locus of Control of Nurses group



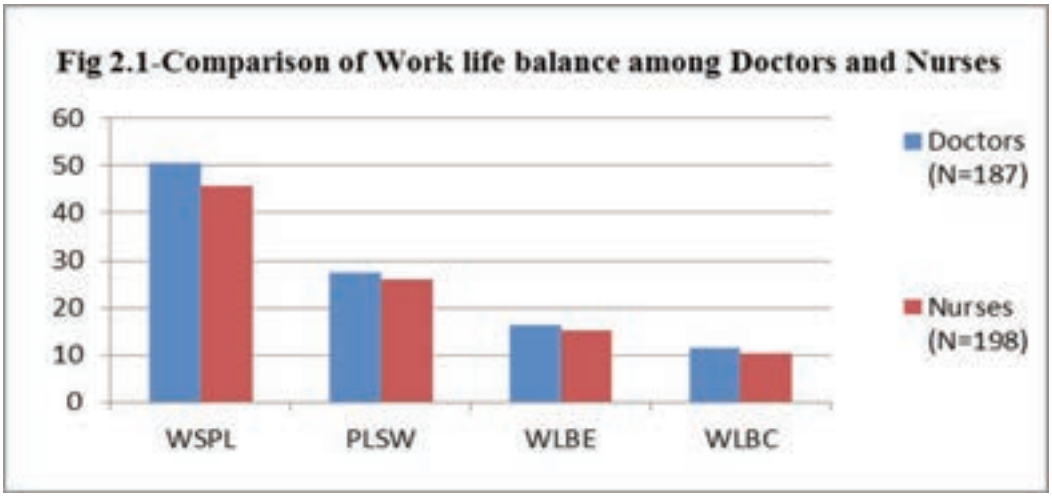
Mean of Internal Locus of Control (ILOC) is highest and External Locus of Control (ELOC) is lowest.

4.2: Comparison among Doctors and Nurses

Table 2.1- Comparison of Work life balance among Doctors and Nurses

Table 2.1-Comparison of Work life balance among Doctors and Nurses					
	Group	**Mean**	**SD**	**t**	**Sig**
WLBTOT	Doctors(N=187)	105.63	21.96	3.72	**0.00**
	Nurses (N=198)	97.35	21.65	3.72	
WSPL	Doctors(N=187)	50.37	16.34	2.97	**0.00**
	Nurses (N=198)	45.53	15.64	2.97	
PLSW	Doctors(N=187)	27.55	6.57	2.10	0.04
	Nurses (N=198)	26.04	7.46	2.11	
WLBE	Doctors(N=187)	16.26	3.74	2.63	0.01
	Nurses (N=198)	15.20	4.14	2.64	
WLBC	Doctors(N=187)	11.44	4.43	1.94	0.05
	Nurses (N=198)	10.56	4.56	1.94	

Fig 2.1- Comparison of Work life balance among Doctors and Nurses

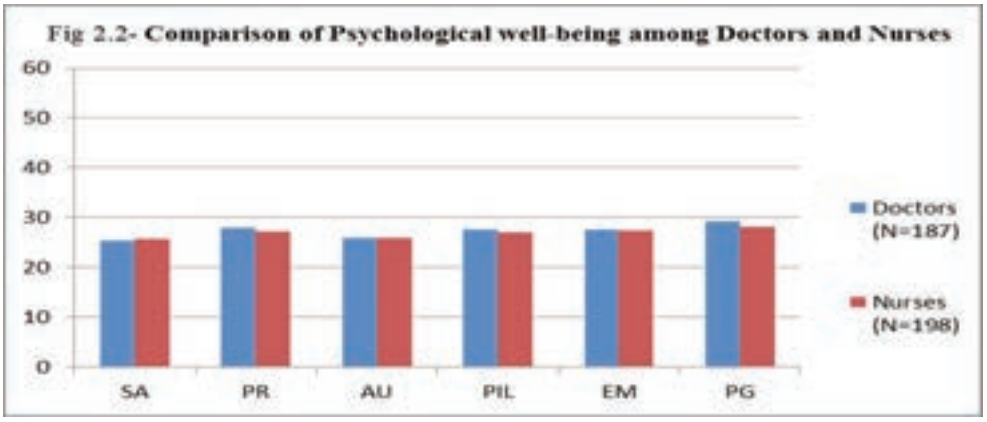


An interesting finding emerges in this comparison. Though the descriptive statistics shows similar pattern for the different areas of WLB for both the groups, when they are kept in front of each other the doctors clearly show an upper hand in the total WLB score and in the balance regarding WSPL. This means that in spite of having similar pattern within the groups, they have different starting points for these two parameters.

Table 2.2- Comparison of Psychological well-being among Doctors and Nurses

Table.2.2-Comparison of Psychological well-being among Doctors and Nurses					
	Group	**Mean**	**SD**	**t**	**Sig**
PWBTOT	Doctors(N=187)	163.30	17.72	0.95	0.34
	Nurses (N=198)	161.53	18.70	0.95	
SA	Doctors(N=187)	25.26	3.79	-1.03	0.30
	Nurses (N=198)	25.65	3.53	-1.03	
PR	Doctors(N=187)	27.90	4.14	1.48	0.14
	Nurses (N=198)	27.24	4.61	1.48	
AU	Doctors(N=187)	25.90	3.92	-0.04	0.97
	Nurses (N=198)	25.91	3.57	-0.04	
PIL	Doctors(N=187)	27.49	3.93	0.99	0.32
	Nurses (N=198)	27.09	4.13	0.99	
EM	Doctors(N=187)	27.50	4.21	0.08	0.94
	Nurses (N=198)	27.46	4.14	0.08	
PG	Doctors(N=187)	29.25	4.29	2.33	0.02
	Nurses (N=198)	28.18	4.70	2.33	

Fig 2.2- Comparison of Psychological well-being among Doctors and Nurses

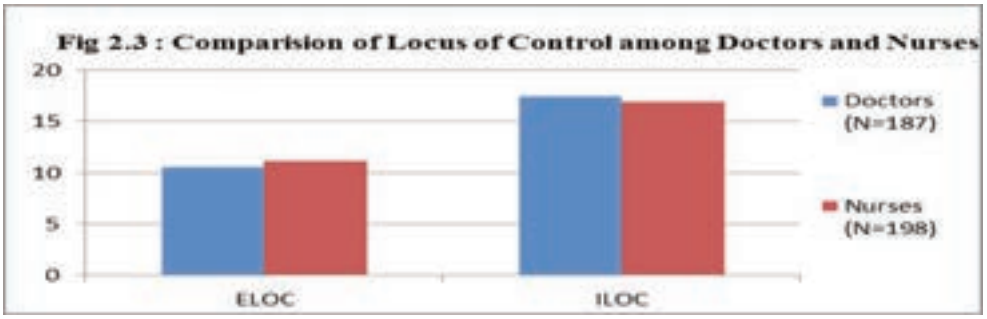


This table illustrates that except for the domain of personal growth there is no significant difference between the doctors and nurses with respect to their psychological well-being. This is quite interesting as the socio economic strata and proficiency levels for the two groups definitely have a considerable gap. In spite of that we see no observable difference in their perception of their own state of harmony with themselves on all the parameters except personal growth.

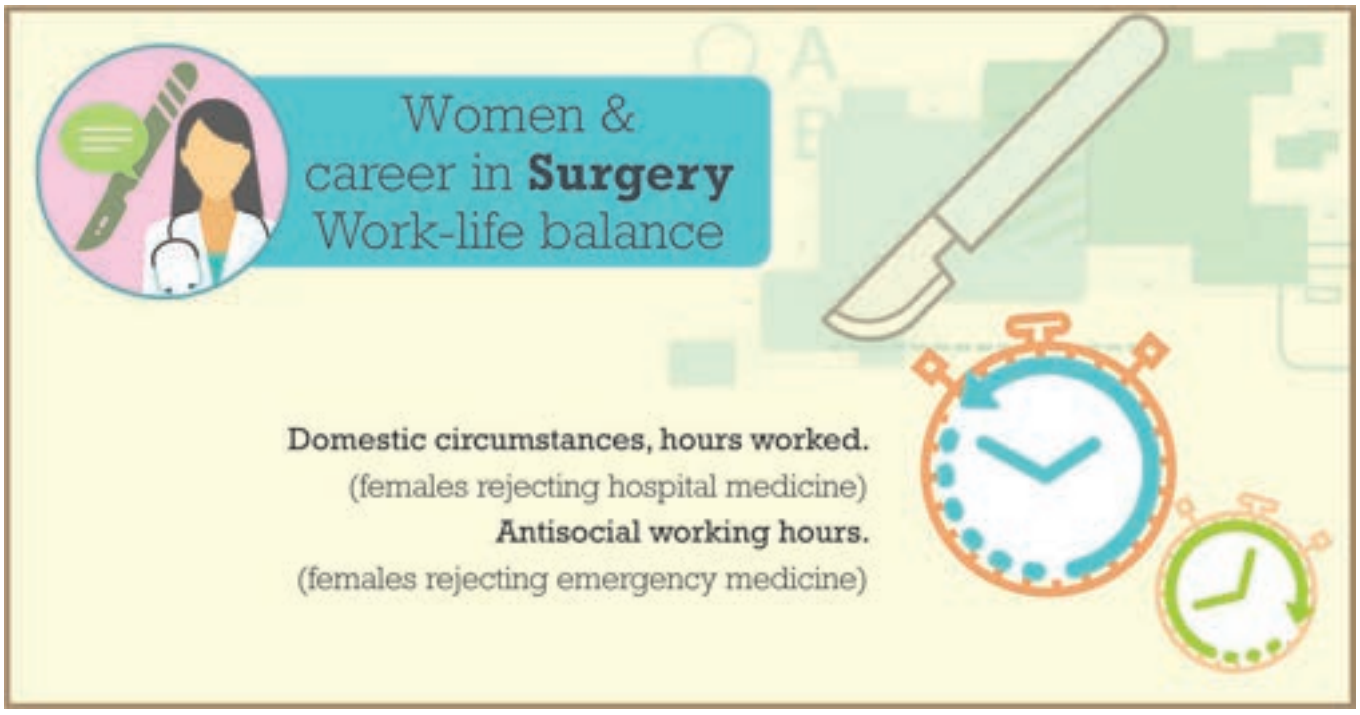
Table 2.3- Comparison of Locus of Control among Doctors and Nurses

Table 2.3- Comparison of Locus of Control among Doctors and Nurses					
	Group	**Mean**	**SD**	**t**	**Sig**
ELOC	Doctors(N=187)	10.57	3.99	-1.36	0.18
	Nurses (N=198)	11.09	3.49	-1.36	
ILOC	Doctors(N=187)	17.41	4.00	1.38	0.17
	Nurses (N=198)	16.88	3.49	1.38	

Fig 2.3- Comparison of Locus of Control among Doctors and Nurses



No significant difference seen in Locus of control. This means that both groups are relying more on their internal reference points while considering various life events. It is possible that the very nature of their profession dealing with the very facts and figures of human biology has contributed in making them more comfortable with pre-planned situation and focus on one's own efforts to solve problems rather than relying on chance or luck.

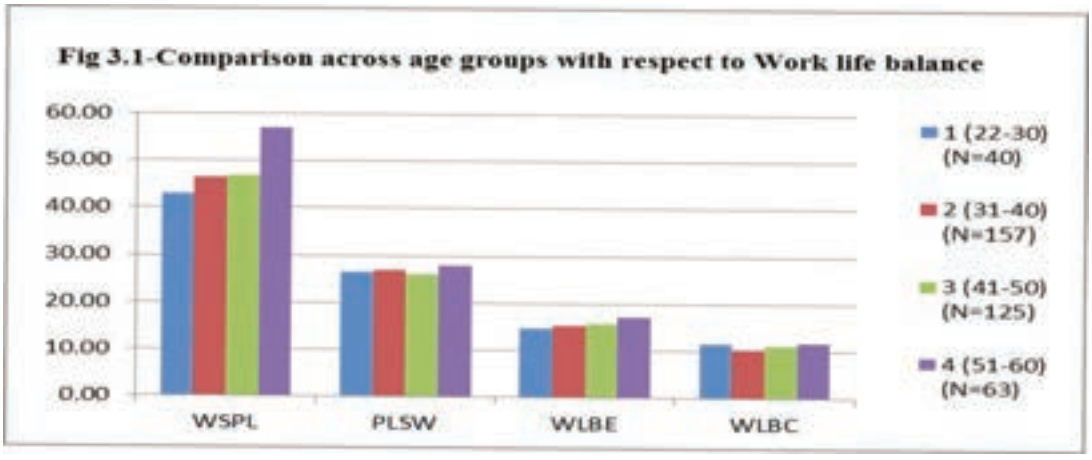


4.3: Comparison across age group among Doctors and Nurses

Table 3.1- Comparison across age groups with respect to Work life balance

Table 3.1-Comparison across age groups with respect to Work life balance					
	Age Group	**N**	**Mean**	**SD**	**Sig.**
WLBTOT	1 (22-30)	40	95.58	20.66	**0.00**
	2 (31-40)	157	98.96	20.38	
	3 (41-50)	125	99.82	24.59	
	4 (51-60)	**63**	**114.13**	**17.67**	
WSPL	1 (22-30)	40	42.90	14.83	**0.00**
	2 (31-40)	157	46.32	14.70	
	3 (41-50)	125	46.80	17.80	
	4 (51-60)	**63**	**57.05**	**13.75**	
PLSW	1 (22-30)	40	26.50	7.10	0.40
	2 (31-40)	157	26.84	7.34	
	3 (41-50)	125	26.15	7.20	
	4 (51-60)	63	28.02	6.06	
WLBE	1 (22-30)	40	14.60	3.94	**0.00**
	2 (31-40)	157	15.39	4.19	
	3 (41-50)	125	15.72	4.14	
	4 (51-60)	**63**	**17.22**	**2.58**	
WLBC	1 (22-30)	40	11.58	4.72	0.11
	2 (31-40)	157	10.36	4.47	
	3 (41-50)	125	11.15	4.74	
	4 (51-60)	63	11.84	3.87	

Fig 3.1- Comparison across age groups with respect to Work life balance

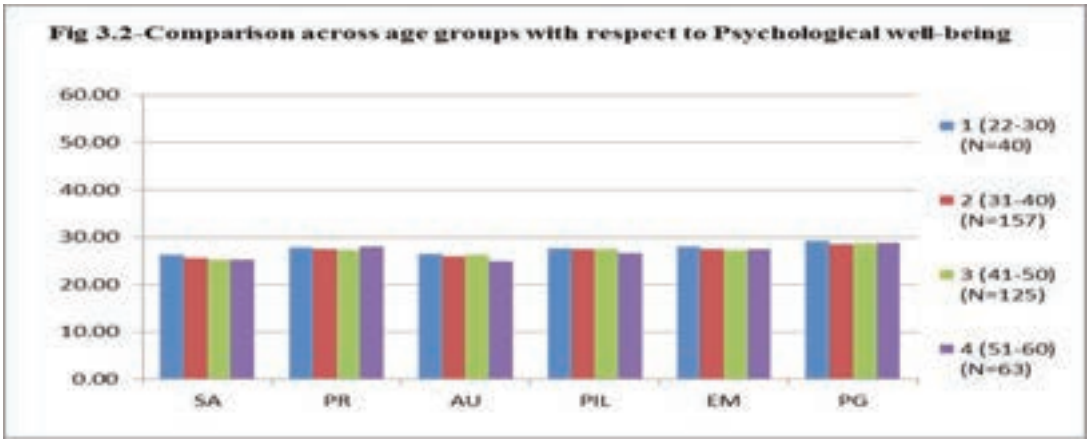


An effort was made to see if age groups differ in their extent of work life balance. It was observed that the senior groups (i.e. 51-60 years) of Gynecologists and nurses displayed significantly higher scores on work life balance total, WSPL and WLBE respectively. This may be because of the fact that most of the responsibilities like marriage; career, child rearing and their education are generally over by this period. However no significant differences were seen in PLSW and WLBC. The younger age group (22-30 years) seems quite vulnerable with lowest scores for all WLB areas and needs to be attended more.

Table 3.2- Comparison across age groups with respect to Psychological well-being

Table 3.2-Comparison across age groups with respect to Psychological well-being					
	Age Group	**N**	**Mean**	**SD**	**Sig**
PWBTOT	1 (22-30)	40	165.35	21.50	0.71
	2 (31-40)	157	162.20	17.63	
	3 (41-50)	125	162.31	18.64	
	4 (51-60)	63	161.13	16.82	
SA	1 (22-30)	40	26.25	3.75	0.48
	2 (31-40)	157	25.50	3.36	
	3 (41-50)	125	25.29	4.11	
	4 (51-60)	63	25.21	3.37	
PR	1 (22-30)	40	27.83	5.01	0.77
	2 (31-40)	157	27.48	4.39	
	3 (41-50)	125	27.34	4.48	
	4 (51-60)	63	28.00	3.87	
AU	1 (22-30)	40	26.48	3.56	0.11
	2 (31-40)	157	25.87	3.86	
	3 (41-50)	125	26.25	3.52	
	4 (51-60)	63	24.95	3.86	
PIL	1 (22-30)	40	27.58	4.21	0.49
	2 (31-40)	157	27.36	4.06	
	3 (41-50)	125	27.46	4.19	
	4 (51-60)	63	26.57	3.54	
EM	1 (22-30)	40	28.00	5.11	0.86
	2 (31-40)	157	27.45	4.11	
	3 (41-50)	125	27.34	4.26	
	4 (51-60)	63	27.51	3.47	
PG	1 (22-30)	40	29.23	4.70	0.84
	2 (31-40)	157	28.55	4.74	
	3 (41-50)	125	28.63	4.53	
	4 (51-60)	63	28.89	3.92	

Fig 3.2- Comparison across age groups with respect to Psychological well-being



An interesting finding points towards use of unique coping skills in all age groups. In spite of having differences in WLB, no significant difference was seen across age groups on all areas of PWB. This indicates that different age groups try to maintain their PWB levels appropriate to their age needs by employing certain coping mechanisms. This can be probed further through the qualitative analysis.

Table 3.3- Comparison across age groups with respect to Locus of Control

Table 3.3-Comparison across age groups with respect to Locus of Control					
	Age Group	**N**	**Mean**	**SD**	**Sig.**
ELOC	1 (22-30)	40	11.30	3.45	0.73
	2 (31-40)	157	10.89	3.56	
	3 (41-50)	125	10.82	3.59	
	4 (51-60)	63	10.46	4.62	
ILOC	1 (22-30)	40	16.58	3.50	0.65
	2 (31-40)	157	17.08	3.55	
	3 (41-50)	125	17.18	3.60	
	4 (51-60)	63	17.54	4.62	

Fig 3.3- Comparison across age groups with respect to Locus of Control

The homogeneity of the sample with respect to LOC seems to replicate in the age group comparisons. No significant differences were observed across age groups with respect to locus of control.

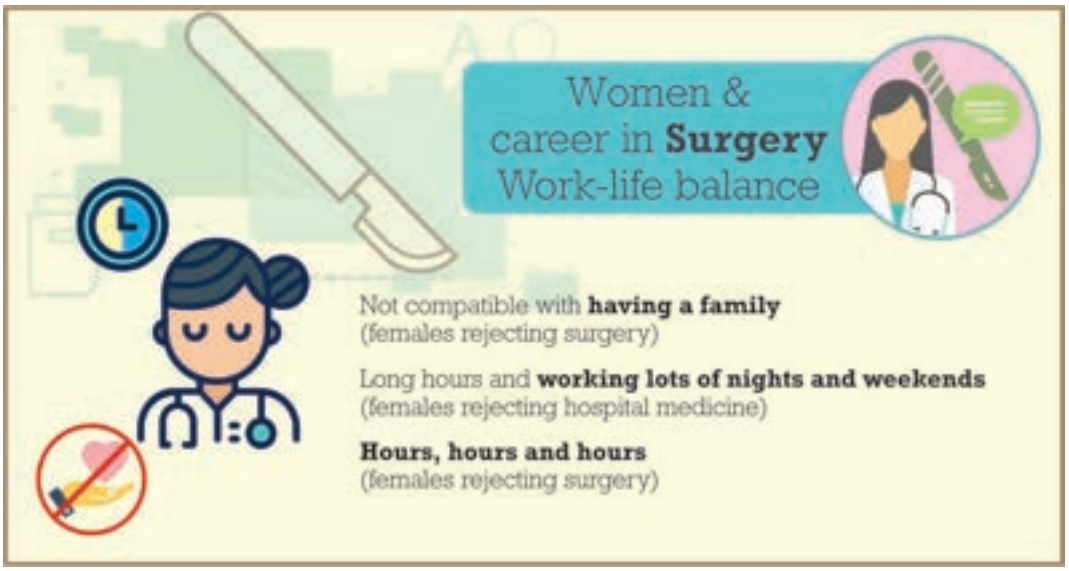
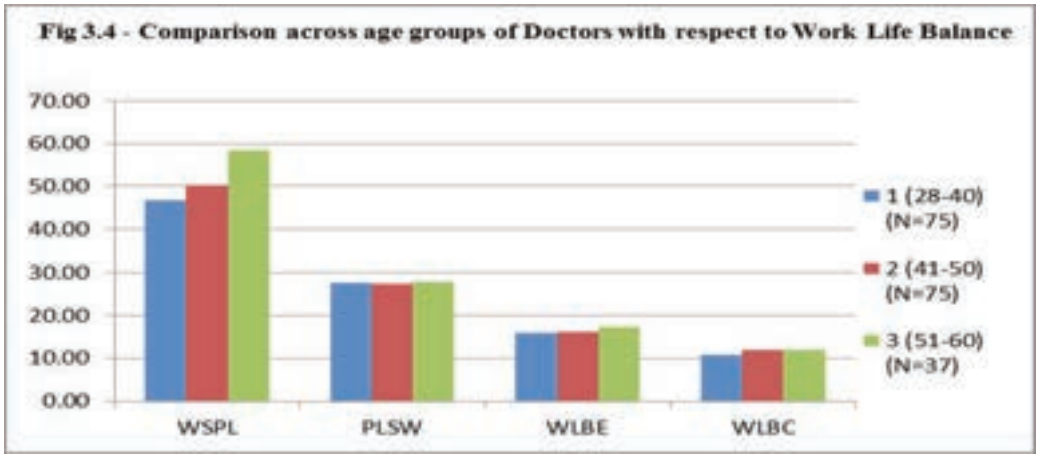


Table 3.4- Comparison across age groups of Doctors with respect to Work Life Balance

Table 3.4 - Comparison across age groups of Doctors with respect to Work Life Balance					
	Age Group	**N**	**Mean**	**SD**	**Sig**
WLBTOT	1 (28-40)	75	100.91	21.48	**0.01**
	2 (41-50)	75	105.60	23.37	
	3 (51-60)	**37**	**115.24**	**16.73**	
WSPL	1 (28-40)	75	46.67	14.84	**0.00**
	2 (41-50)	75	50.12	18.29	
	3 (51-60)	**37**	**58.38**	**12.02**	
PLSW	1 (28-40)	75	27.59	7.17	0.97
	2 (41-50)	75	27.41	6.27	
	3 (51-60)	37	27.76	6.05	
WLBE	1 (28-40)	75	16.01	3.85	0.24
	2 (41-50)	75	16.05	4.10	
	3 (51-60)	37	17.19	2.52	
WLBC	1 (28-40)	75	10.64	4.45	0.13
	2 (41-50)	75	12.01	4.65	
	3 (51-60)	37	11.92	3.77	

Fig 3.4- Comparison across age groups of Doctors with respect to Work Life Balance

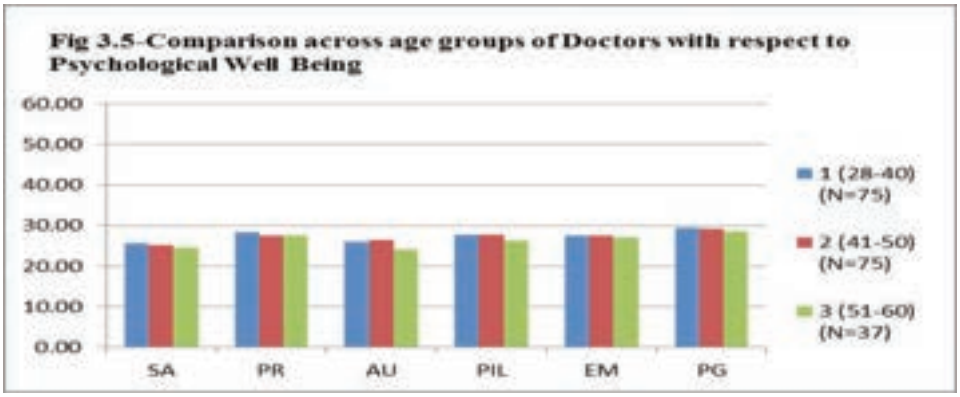


The comparison of Work life Balance across age groups in doctor's shows that overall Work Life Balance and that related to Work Spillover in Personal Life (WSPL) is significantly higher in the senior most age groups (i.e. 51-60). For all the other areas no significant difference across age groups is observed.

Table 3.5- Comparison across age groups of Doctors with respect to Psychological Well Being

Table 3.5-Comparison across age groups of Doctors with respect to Psychological Well Being					
	Age Group	**N**	**Mean**	**SD**	**Sig**
PWBTOT	1 (28-40)	75	165.05	16.81	0.14
	2 (41-50)	75	164.05	18.39	
	3 (51-60)	37	158.22	17.69	
SA	1 (28-40)	75	25.60	3.05	0.46
	2 (41-50)	75	25.23	4.52	
	3 (51-60)	37	24.65	3.55	
PR	1 (28-40)	75	28.40	3.71	0.40
	2 (41-50)	75	27.57	4.42	
	3 (51-60)	37	27.54	4.40	
AU	1 (28-40)	75	26.11	3.99	**0.01**
	2 (41-50)	75	26.55	3.71	
	3 (51-60)	**37**	**24.16**	**3.80**	
PIL	1 (28-40)	75	27.83	3.97	0.07
	2 (41-50)	75	27.81	3.97	
	3 (51-60)	37	26.16	3.58	
EM	1 (28-40)	75	27.59	4.22	0.80
	2 (41-50)	75	27.61	4.58	
	3 (51-60)	37	27.08	3.43	
PG	1 (28-40)	75	29.53	4.45	0.57
	2 (41-50)	75	29.28	4.18	
	3 (51-60)	37	28.62	4.23	

Fig 3.5- Comparison across age groups of Doctors with respect to Psychological Well Being

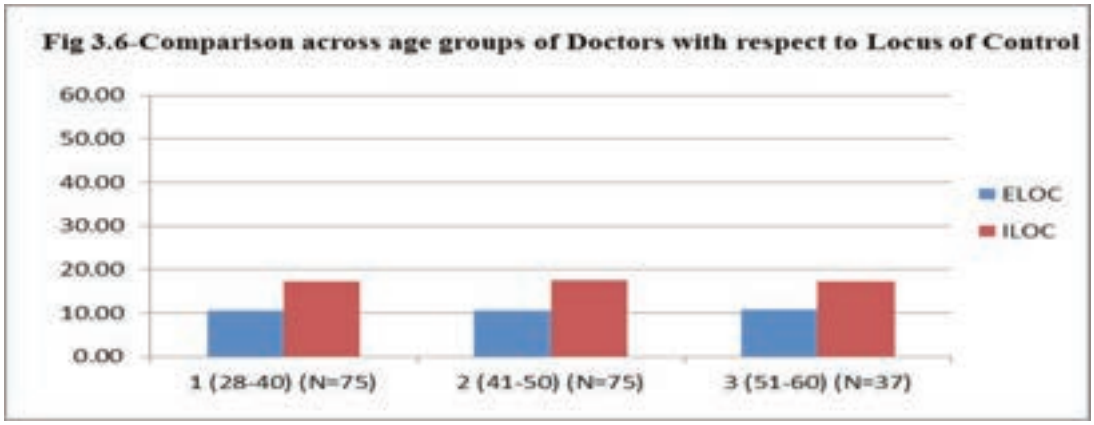


When it comes to PWB, however the elder most age group shows significantly lower scores on autonomy as compared to the earlier two age groups. This indicates that as age increases beyond 50, even professional women start perceiving lesser autonomy than the younger ones. However no such difference is observed on any of the other dimensions including PWB in general.

Table 3.6- Comparison across age groups of Doctors with respect to Locus of Control

Table 3.6 -Comparison across age groups of Doctors with respect to Locus of Control					
	Age Group	N	Mean	SD	Sig
ELOC	1 (28-40)	75	10.59	3.59	0.94
	2 (41-50)	75	10.47	3.80	
	3 (51-60)	37	10.76	5.10	
ILOC	1 (28-40)	75	17.37	3.61	0.94
	2 (41-50)	75	17.52	3.79	
	3 (51-60)	37	17.24	5.10	

Fig 3.6- Comparison across age groups of Doctors with respect to Locus of Control



No significant difference is observed in Locus of control across the age groups for the women gynecologists.

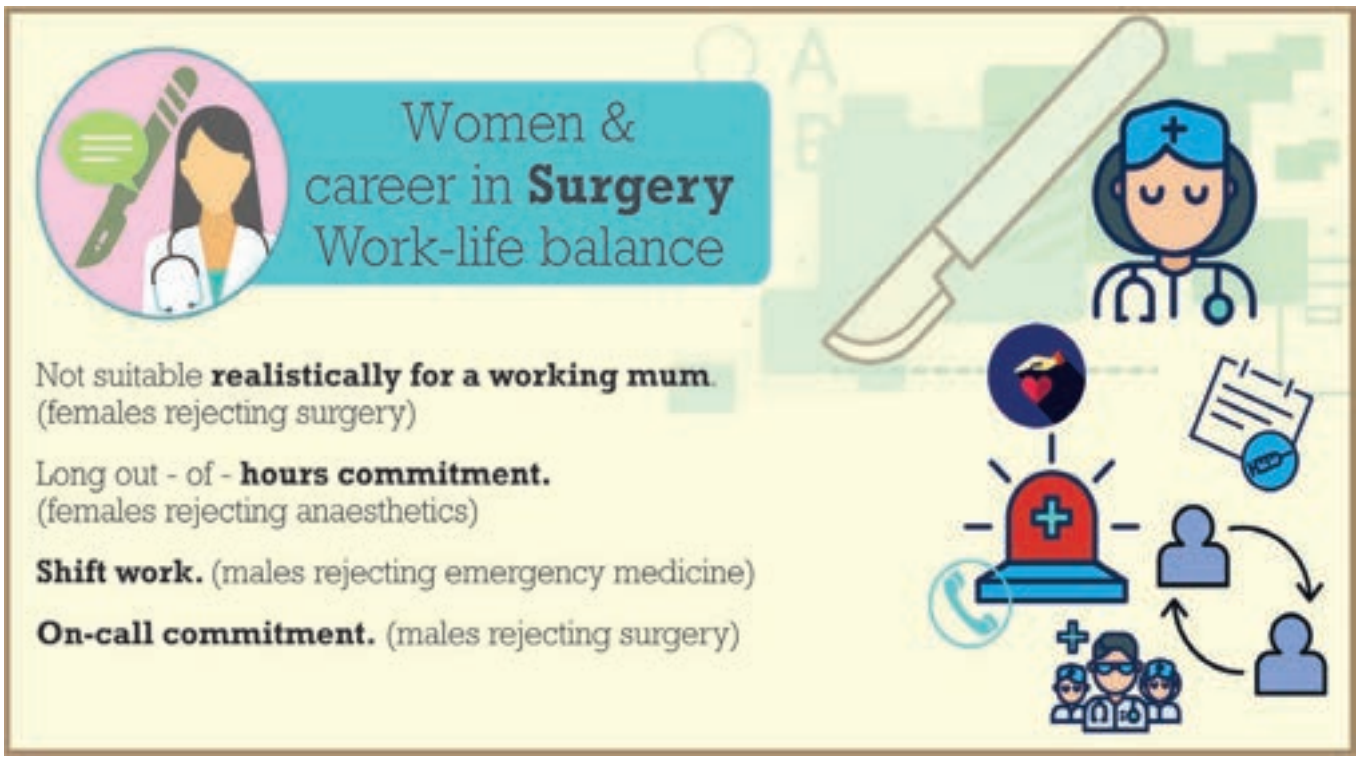
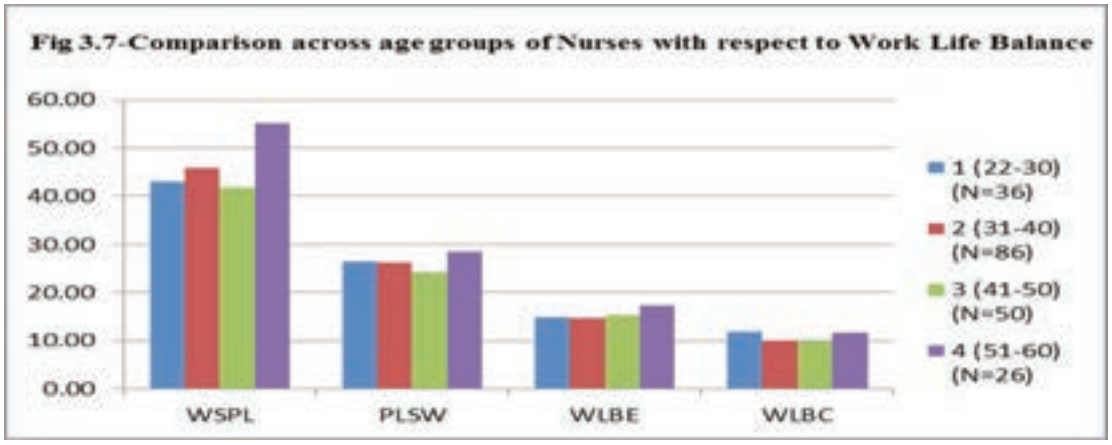


Table 3.7- Comparison across age groups of Nurses with respect to Work Life Balance

Table 3.7-Comparison across age groups of Nurses with respect to Work Life Balance					
	Age Group	**N**	**Mean**	**SD**	**Sig**
WLBTOT	1 (22-30)	36	96.08	20.59	0.00
	2 (31-40)	86	96.88	19.40	
	3 (41-50)	50	91.16	24.04	
	4 (51-60)	26	112.54	19.16	
WSPL	1 (22-30)	36	42.94	14.86	0.00
	2 (31-40)	86	45.85	14.68	
	3 (41-50)	50	41.82	15.94	
	4 (51-60)	26	55.15	15.97	
PLSW	1 (22-30)	36	26.36	7.26	0.14
	2 (31-40)	86	26.23	7.39	
	3 (41-50)	50	24.26	8.12	
	4 (51-60)	26	28.38	6.16	
WLBE	1 (22-30)	36	14.86	3.89	0.05
	2 (31-40)	86	14.71	4.43	
	3 (41-50)	50	15.22	4.20	
	4 (51-60)	26	17.27	2.72	
WLBC	1 (22-30)	36	11.92	4.67	0.06
	2 (31-40)	86	10.03	4.49	
	3 (41-50)	50	9.86	4.61	
	4 (51-60)	26	11.73	4.09	

Fig 3.7- Comparison across age groups of Nurses with respect to Work Life Balance

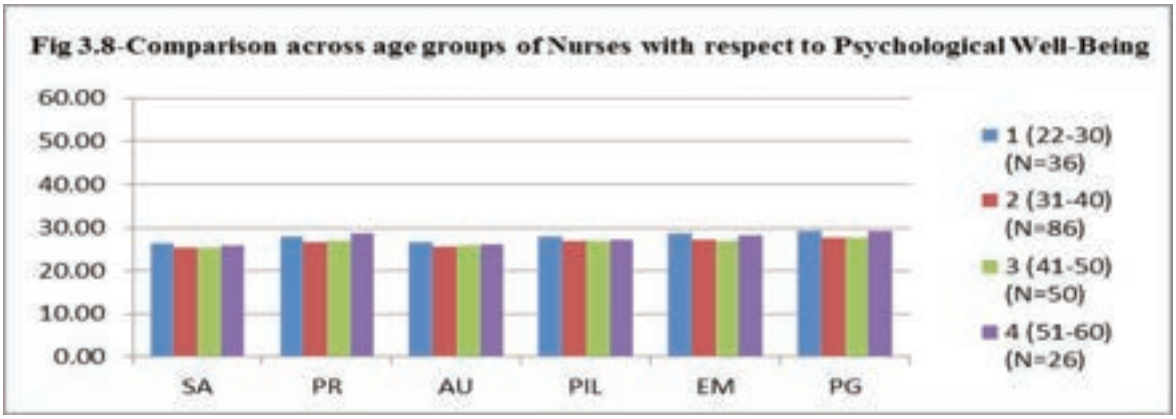


The comparison of Work life Balance across age groups in nurses shows a similar pattern as that of the doctors. Here also the overall Work Life Balance and that related to Work Spillover in Personal Life (WSPL) is significantly higher in the senior most age groups (i.e. 51-60). For all the other areas no significant difference across age groups is observed.

Table 3.8- Comparison across age groups of Nurses with respect to Psychological Well Being

Table 3.8-Comparison across age groups of Nurses with respect to Psychological Well-Being					
	Age Group	**N**	**Mean**	**SD**	**Sig**
PWBTOT	1 (22-30)	36	166.72	21.26	0.14
	2 (31-40)	86	159.29	18.18	
	3 (41-50)	50	159.70	18.90	
	4 (51-60)	26	165.27	14.85	
SA	1 (22-30)	36	26.36	3.92	0.49
	2 (31-40)	86	25.40	3.56	
	3 (41-50)	50	25.38	3.44	
	4 (51-60)	26	26.00	2.98	
PR	1 (22-30)	36	27.92	4.93	0.20
	2 (31-40)	86	26.66	4.84	
	3 (41-50)	50	27.00	4.59	
	4 (51-60)	26	28.65	2.91	
AU	1 (22-30)	36	26.56	3.45	0.64
	2 (31-40)	86	25.66	3.78	
	3 (41-50)	50	25.80	3.19	
	4 (51-60)	26	26.08	3.74	
PIL	1 (22-30)	36	28.00	4.18	0.51
	2 (31-40)	86	26.78	4.10	
	3 (41-50)	50	26.92	4.49	
	4 (51-60)	26	27.15	3.47	
EM	1 (22-30)	36	28.61	4.57	0.18
	2 (31-40)	86	27.09	4.29	
	3 (41-50)	50	26.94	3.75	
	4 (51-60)	26	28.12	3.51	
PG	1 (22-30)	36	29.28	4.89	0.18
	2 (31-40)	86	27.70	4.77	
	3 (41-50)	50	27.66	4.90	
	4 (51-60)	26	29.27	3.46	

Fig 3.8- Comparison across age groups of Nurses with respect to Psychological Well Being



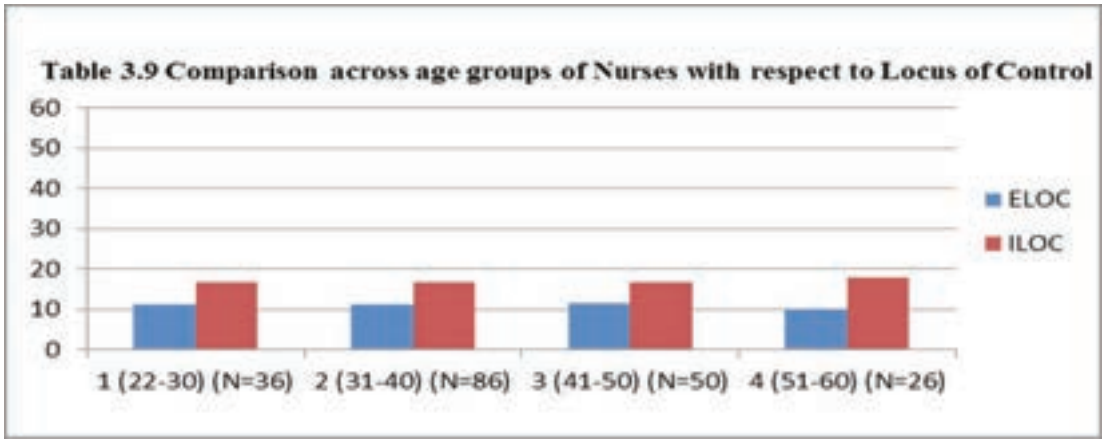
The scores here indicate no significant difference across age groups amongst the nursing population. It

means that the nurses' perception regarding different areas of PWB is quite similar irrespective of the age they belong to.

Table 3.9- Comparison across age groups of Nurses with respect to Locus of Control

Table 3.9 Comparison across age groups of Nurses with respect to Locus of Control					
	Age Group	**N**	**Mean**	**SD**	**Sig**
ELOC	1 (22-30)	36	11.33	3.554	0.421
	2 (31-40)	86	11.16	3.491	
	3 (41-50)	50	11.34	3.217	
	4 (51-60)	26	10.04	3.893	
ILOC	1 (22-30)	36	16.56	3.597	0.388
	2 (31-40)	86	16.81	3.449	
	3 (41-50)	50	16.66	3.249	
	4 (51-60)	26	17.96	3.893	

Fig-3.9 Comparison across age groups of Nurses with respect to Locus of Control



No significant difference is observed in Locus of control across the age groups for the nursing population.

4.4: Relationship between work life balance and psychological balance of total group

Table 4- Relationship between Work life balance, Psychological well-being and Locus of Control (N=385)

Table 4- Relationship between Work life balance, Psychological well-being and Locus of Control (N=385)															
		WLB TOT	WS PL	PL SW	WL BE	WL BC	EL OC	IL OC	PWB TOT	SA	PR	AU	PIL	EM	PG
WLB TOT	R	1.00													
	Sig														
WSPL	R	0.91**	1.00												
	Sig	0.00													
PLSW	R	0.65**	0.36**	1.00											
	Sig	0.00	0.00												
WLBE	R	0.25**	0.06	0.10*	1.00										
	Sig	0.00	0.23	0.05											
WLBC	R	0.43**	0.24**	0.21**	-0.04	1.00									
	Sig	0.00	0.00	0.00	0.44										
ELOC	R	-.23**	-.17**	-.14**	-.17**	-.10*	1.00								
	Sig	0.00	0.00	0.01	0.00	0.05									
ILOC	R	0.23**	0.17**	0.14**	0.18**	0.11*	1.00	1**							
	Sig	0.00	0.00	0.01	0.00	0.04	0.00								
PWB TOT	R	0.28**	0.15**	0.34**	0.27**	0.07	-.39**	0.39**	1**						
	Sig	0.00	0.00	0.00	0.00	0.20	0.00	0.00							
SA	R	0.16**	0.04	0.25**	0.20**	0.08	-.29**	0.29**	0.74	1**					
	Sig	0.00	0.39	0.00	0.00	0.13	0.00	0.00	0.00						
PR	R	0.27**	0.16**	0.29**	0.27**	0.06	-.38**	0.37**	0.76**	0.45**	1**				
	Sig	0.00	0.00	0.00	0.00	0.21	0.00	0.00	0.00	0.00					
AU	R	0.05	0.02	0.07	0.03	0.05	-.16**	0.16	0.56	0.34	0.28	1.00			
	Sig	0.31	0.68	0.19	0.55	0.37	0.00	0.00	0.00	0.00	0.00				
PIL	R	0.19	.071**	0.29**	0.22**	.013**	-.25**	0.25	0.77**	0.48**	0.48**	0.30**	1**		
	Sig	0.00	0.16	0.00	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.00			
EM	R	0.34**	0.24	0.33**	0.23	0.11**	-.30**	0.30**	0.80	0.58**	0.54	0.34**	0.57**	1**	
	Sig	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
PG	R	0.21**	0.12**	0.26	0.22*	-.01**	-.32**	0.31**	0.80**	0.50	0.57*	0.29**	0.60**	0.53**	1**
	Sig	0.00	0.02	0.00	0.00	0.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

An effort was done to find out the relationship between the main two variables under study (WLB and PWB). It is clearly seen that overall WLB has a significant positive relationship with overall PWB and also with its sub-areas except for autonomy. Both WLB and PWB indicate a significant positive correlation with internal locus of control (ILOC) and a significant negative correlation with external locus of control (ELOC).A similar positive relationship are observed between the work life balance areas namely: WSPL, PLSW, WLBE with overall PWB and its sub-areas again except for autonomy. This means that when a person perceives the control of his/her life as having in one's own hands, he/she has a better probability of

experiencing higher levels of WLB as well as PWB. One more interesting observation is that the efforts to overcome constrainers (WLBC) do not matter much as compared to the efforts taken to enhance (WLBE) PWB. This means that the behaviors that enhance PWB have a more crucial role in maintenance or rise of PWB rather than overcoming the constrainers in work life conflicts.

4.5: Regression analysis to identify factors contributing to work life balance and psychological well-being

Table 5.1 Univariate Regression Backward Method for Psychological well-being and Work life balance total group

Table 5.1 Univariate Regression Backward Method for Psychological well-being and Work life balance total group						
Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	122.88	4.93		24.92	0.00
	WSPL	0.03	0.06	0.02	0.45	0.65
	PLSW	0.78	0.13	0.30	5.96	0.00
	WLBE	1.08	0.22	0.24	5.02	0.00
	WLBC	0.03	0.20	0.01	0.16	0.88
2	(Constant)	123.10	4.72		26.10	0.00
	WSPL	0.03	0.06	0.03	0.49	0.62
	PLSW	0.78	0.13	0.30	6.05	0.00
	WLBE	1.08	0.22	0.24	5.03	0.00
3	**(Constant)**	**123.77**	**4.51**		**27.45**	**0.00**
	PLSW	**0.81**	**0.12**	**0.31**	**6.68**	**0.00**
	WLBE	**1.08**	**0.21**	**0.24**	**5.05**	**0.00**
a. Dependent Variable: PWBTOT						

Table 5.2 Stepwise Regression for Psychological well-being and Work life balance total group

Table 5.2 Stepwise Regression for Psychological well-being and Work life balance total group						
Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	139.15	3.43		40.55	0.00
	PLSW	0.87	0.12	0.34	7.01	0.00
2	(Constant)	123.77	4.51		27.45	0.00
	PLSW	0.81	0.12	0.31	6.68	0.00
	WLBE	1.08	0.21	0.24	5.05	0.00
a. Dependent Variable: PWBTOT						

Table 5.3 Univariate Regression Backward Method for Psychological well-being and Work life balance Doctors group

Table 5.3 Univariate Regression Backward Method for Psychological well-being and Work life balance Doctors group						
Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	115.63	7.57		15.28	0.00
	WSPL	0.09	0.08	0.08	1.07	0.29
	PLSW	0.68	0.20	0.25	3.46	0.00
	WLBE	1.61	0.32	0.34	5.10	0.00
	WLBC	-0.13	0.27	-0.03	-0.47	0.64
2	(Constant)	114.53	7.18		15.96	0.00
	WSPL	0.08	0.08	0.07	1.01	0.31
	PLSW	0.67	0.20	0.25	3.43	0.00
	WLBE	1.62	0.31	0.34	5.16	0.00
3	(Constant)	115.79	7.07		16.38	0.00
	PLSW	**0.75**	**0.18**	**0.28**	**4.24**	**0.00**
	WLBE	**1.65**	**0.31**	**0.35**	**5.29**	**0.00**
a. Dependent Variable: PWBTOT						

Table 5.4 Stepwise Regression for Psychological well-being and Work life balance Doctors group

Table 5.4 Stepwise Regression for Psychological well-being and Work life balance Doctors group						
Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	136.07	5.43		25.05	0.00
	WLBE	1.68	0.33	0.35	5.14	0.00
2	(Constant)	115.79	7.07		16.38	0.00
	WLBE	1.65	0.31	0.35	5.29	0.00
	PLSW	0.75	0.18	0.28	4.24	0.00
a. Dependent Variable: PWBTOT						

Table 5.5 Univariate Regression Backward Method for Psychological well-being and Work life balance Nurses group

Table 5.5 Univariate Regression Backward Method for Psychological well-being and Work life balance Nurses group						
Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	128.35	6.77		18.96	0.00
	WSPL	-0.04	0.08	-0.04	-0.49	0.62
	PLSW	0.88	0.18	0.35	4.97	0.00
	WLBE	0.66	0.30	0.15	2.18	0.03
	WLBC	0.20	0.28	0.05	0.69	0.49
2	(Constant)	127.27	6.39		19.91	0.00
	PLSW	0.86	0.17	0.34	5.03	0.00
	WLBE	0.66	0.30	0.15	2.21	0.03
	WLBC	0.17	0.28	0.04	0.61	0.54
3	(Constant)	128.68	5.95		21.62	0.00
	PLSW	**0.88**	**0.17**	**0.35**	**5.32**	**0.00**
	WLBE	0.65	0.30	0.14	2.17	0.03
a. Dependent Variable: PWBTOT						

Table 5.6 Stepwise Regression for Psychological well-being and Work life balance Nurses group

Table 5.6 Stepwise Regression for Psychological well-being and Work life balance Nurses group						
Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	137.23	4.50		30.52	0.00
	PLSW	0.93	0.17	0.37	5.62	0.00
2	(Constant)	128.68	5.95		21.62	0.00
	PLSW	**0.88**	**0.17**	**0.35**	**5.32**	**0.00**
	WLBE	0.65	0.30	0.14	2.17	0.03
a. Dependent Variable: PWBTOT						

An effort was made to find out the cause effect relationship between aspects of WLB and its impact on PWB for the total group as well as separately for doctors and nurses. It is observed that amongst all sub areas of WLB, the balance reflected in two areas namely PLSW (FM) and WLBE have significant contribution in the PWB for the total group as well for the doctors separately. In case of nurses balance in PLSW contributes significantly but the impact of WLBE is not observed significant. This analysis indicates that for sample population, a rise in the balance with respect to PLSW and increasing use of WLBE is predictive of a rise in overall PWB. Earlier research points out that there is no difference between the stress levels among

male and female doctors except in case of the factors- Inter-role distance and Role inadequacy. In these factors the stress level among female doctors is much more than male doctors. (Irfana Baba,2012). As the main role demands from a woman are in the family/ personal life, issues pertaining to it may create more psychological disturbance. The present finding pinpoints the same observation in the sense that if the respondents are able to restrict their personal life issues interfering in work , they are likely to experience better PWB.

This is an important finding which shows that even though the balance regarding work spillover in personal life(WSPL) is low, if a person is able to avoid personal issues being mixed with work life and purposefully adopts lifestyles/habits which are meant to enhance overall WLB (e.g. time management, resource management ,thought restructuring etc.) her PWB will definitely increase.

These findings indicate how important it is for the doctors and nurses to gain work-life balance. A study by Goyal B. 2014 has found out that 32% lady doctors and nurses had realized that they were more pressurized due to family responsibilities. 58% of nurses and lady doctors had realized that their career development had slowed down due to family responsibilities. Majority of the respondents were of the view that their job left less time for their kids and husband. 67% of lady doctors and nurses found it difficult to manage their household and office work. In case of conflict between household work and office work,44% of lady doctors and nurses were in the favor of flexible work arrangements that should be provided to every working woman to manage their household and office responsibilities. The present study also supports these observations.

We are Greatful to ...

Dr. Rani Bang

Dr.Rani Bang: a philanthropies gynaecologist working for the most remote and underdeveloped tribal communities in central India. Since last 25 and more years. A super achiever in her academics student of John Hopkins University (USA) has dedicated her life for the comprehensive health of tribal women and children through relentless service with her life partner Dr. Abhay Bang. Both of them work through ''SEARCH'' (Society for Education, Action and Research in Community Health) which works at the grass root level but has created a mark on the global level due to its scientific approach. Both of them received the prestigious "Padmashri" at the hands of honourable president of India in 2018.

05 QUALITATIVE ANALYSIS

5.1: Work Life Balance: Thematic Analysis

The issue of WLB is multidimensional and thus needs more probing by using supplementary qualitative data along with the objective scores. To get more insight into the indications obtained through quantitative analysis some open ended tools were used in the study one of them being an open ended detailed questionnaire covering different aspects of WLB for the sample under study. The questions stated are given below along with the information drawn from the free flowing answers given by the sample population.

1. What do you feel about your work life balance?

A general impression regarding the WLB was sought from the respondents. The answers clubbed together indicate towards following themes. Around 34% respondents consider that they have been able to balance their work and life quite satisfactorily. It involves feelings of job satisfaction as well as use of Switch on Switch Off technique for the same. Around 15% consider both aspects as equally important and understand that positive attitude dedication, feeling of noble duty boosts them (18%). Understanding of priority is mentioned by 13% while concern about rigid time frame and stress feelings are expressed by 7% and 9% respondents respectively. A small number admits that they have to do unwilling compromises (6%) while another small number is grateful towards family support (5%).

2. Which major factors affect you in balancing your work-life and family commitments?

Explaining about the different factors leaving impression on WLB, varied issues were raised. A considerable 18% population talked about time crunch, some talked about work load/emergencies (14%) while 12% population admitted that cooperation from colleagues/family members also has an important influence on WLB. Some other responses indicated towards factors like Planning - Time Management (9%), Adjustment in Both Places (9%), Prioritization (9%), Environment at Family/Work (15%), Physical/Psychological Health (7%), Feeling of responsibility (7%) etc. Very few mentioned personality as an influencing factor (4%).

3. What day to day problems do you face while balancing your work and family?

Mentioning about the day to day problems majority respondents pointed towards the time crunch (40%) due to multiple responsibilities at both places. It demands a lot of planning for time management and a thoughtful execution of tasks at hand. There are certain emotional problems which influence the work life balance of the present population. Injustice with children/family is at the top ranking (17%). Equally important was the issue of shifting priorities (17%). This refers to emergency/11th hour changes, adjustment in both places, shift duties etc. some have mentioned about the emotional turmoil's they face (16%) due to financial/health stresses, conflicts in family due to misunderstandings which leads to lot of emotional upset and feeling of guilt. A few respondents have also mentioned problems related to family support as well as relationship that ruin the emotional peace (6%). Just very few exceptional comments mentioned about problems like travelling, not having a team for sharing of work etc as problems in WLB.

4. If you feel the inability to spare enough time for family and friends, how do you manage to spend quality time with them?

The need of spending quality time with children and family has been unanimously stated by all respondents. A majority (40%) have actually mentioned about spending such time to keep productive relationships .

these efforts include day to day attempts like feeding the children, fulfilling other daily chores for family members which according to them contributes to a perceived feeling of fulfilling the responsibility towards them(22%). For this time management is the basic pre requisite. Respondents have mentioned active efforts to plan and do a lot of switch on - switch of between work and life to avoid unnecessary spillover of both worlds. Entertainment (10%) , sharing of household tasks (10%), planned leaves for spending time with family members (7%) and taking out time for oneself (5%) are other efforts used by the respondents to generate quality time.

Time crunch for family and friends, many respondents desired to devote more quality time with them (16%). They want to adopt more effective work habits and bring in a systematic change in their work pattern as well as relations with family members (27%). They have expressed the need to add value to what they are doing at present and grow mature enough to handle their work life balance issues through trust, emotional support, and faith.

5. How does the attitude of your close ones influence your work life balance either positively or negatively? Please give some illustrations.

Most respondents agreed that the attitude of significant members around them at both work place and home influences their efficiency and satisfaction in general. A significant 60% of the group admitted of getting positive support / attitude of these members and expressed that it helps. However 14% mentioned that the understanding capacity of the close ones has a lot of impact on how they interpret the work life challenge of the respondents. Protect Work life balance. A few mentioned that the image of their profession being noble and service oriented people around have a considerable respect and acceptance towards their work life challenges. The profession demands full involvement which might create considerable stress and emotional turmoil's if the close ones have grievances or dissatisfaction with the respondents this fact was underlined by almost 15% of them.

6. Are there any legal/systemic issues interfering in your work life balance? (System/Facilities/ Provision) please specify.

In the last few years medical field is facing a lot of medico legal issues. When asked about how these issues interfere in the work life balance, a large section mentioned that they had hardly any such problem influencing their work life balance. A few legal issues which were consider important were related to transparency in work and ignorance of the common people regarding medical procedures and the right to knowledge (14%). The problems related to systems covered lack of facilities at work place, rigid time frames or time bound completion of tasks (3%). Certain issues pertaining to authority pressure, financial stress, frequent travel etc. interfered meagerly. The main issues under this head mentioned by a small group of respondents (3%) referred to positive professional relations. patient satisfaction and team management.

7. What kind of issues do you face due to the very nature of your job?

The very nature of this job demands time and cognitive as well as emotional involvement due to which there is a possibility of shifting the work life balance. The respondents however being experienced and well acquainted with these demands seem to be adjusting with it so almost 24% of them mentioned that most issues were trivial or could be managed effectively. However 15% felt that the stressful work-life is forcing them to compromise many things, create family conflicts, financial stress etc. these respondents also included the difficulty in understanding the system as well as were bothered due to the legalities involved. Some respondents again stressed on the rigid time frame and need to do overtime (11%) while some expressed regret regarding the limitations while fulfilling family responsibilities like injustice with children etc (10%). The nursing staff has a lot of work load and needs to do shift duties which interferes in their bio-social cycle and creates hazards (8%) . the issue of team management, lack of manpower was mentioned more by the doctors(12%). these extra responsibilities/work load is leading to a inevitable

neglect of psycho-physical self-care according to almost 10% of them. A small amount of the nurses(3%) was concerned about the attitude people have towards their profession. They felt that they were denied of the appropriate respect for the same.

8. Do you also feel any other pressure along with your work life challenges? (E.g. Financial / Health etc.)

As discussed earlier the main pressures experienced by the respondents were regarding health issues. Though 39% mentioned of not having any such serious pressure, many others did stress on different stress provoking dimensions of their work life. For the nurses financial and authority stress was at highest position so was the pressure to compromise and that of lack of facilities (25%) while for doctors- hectic routine, switch on switch off and the time bound-ness of their profession was a challenge (10%).

9. How do you adjust with the stressful situations so as to reduce the pressure/tensions experienced while handling these challenges?

Though stress is an inevitable part of their life many of them have taken positive steps to handle it effectively. The measures they have taken include physical exercises along with yogic activities like meditations and yoga-asans (18%). Some have belief (37%) that communication with the close persons (spouse, children, friends etc) helps in reducing the intensity of the stress. Some objective management techniques like prioritization of work, sharing and delegating task using time management exercises etc are also mentioned by a significant population (24%). Apart from these long term measures some take help of entertainment (10%), pursuing certain hobby (10%), going out with family members (6%) are some short term measures. It is interesting to note that some respondents have linked this adjustment not just to external exercises/hobbies but have realized that a change in basic attitude towards conditions of life can help in managing stress more effectively and for a longer period. Such responses include 'remaining positive', introspection of one's thoughts and emotions, developing positive relations etc. so it seems that the respondents have over a period developed their own personalize ways of overcoming/managing stress levels faced during their challenging career path.

10. What support system do you have to cope with these challenges? Which support system do you think might help you?

When a woman has to shoulder multiple responsibilities at home and at work, she has to be supported by different agencies to successfully balance both the worlds. When asked about this aspect the importance of family support was highlighted by significant 32% respondents. As a woman seeks comfort and solitude in the company of those whom she considers as a part of her own existence, this response seems very obvious. However other support systems also have been mentioned, colleagues (21%), friends (21%) being the second major group. Respondents have specifically mentioned the support from their own parents (12%) as they are not included in the main family structure. The support from children has also been separately mentioned (12%). The mention of support from home assistants (maids) is noted in the doctors' group (8%). On the periphery of support system are located the in laws and other relatives. Certain specific roles have been underlined for example boss, seniors, transporters and also the God. According to the respondents, their quality of relationship with these support personnel matters more in materializing the support in day to day practice.

11. If given a chance, which aspects of your work life and personal life would, would you like to change? Why?

Everybody of us is happy as well as unhappy with our lives at different junctures. Many times we think that

certain incidences in past could have been different provided something had changed at that time. When a question was asked refereeing to this inner perception of life events and whether they desired any change in it, interesting responses were obtained. Though one fifth of them(22%) thought that their work was so noble that no change was anticipated/desired by them, many others did mentioned about a few things. they include opportunities for personal growth, like taking more self-care, change of field, work abroad , healthy and disciplined life (35%) etc. As the main issue mentioned earlier has been the

5.2: Impression gathered through sample interviews:

In all 17 practicing gynecologist from the main sample were interviewed on an incidental basis. The nature of interview was open ended with a few triggering open questions these questions refer to points like their choice of profession, their family dynamics, professional course and the various challenges they faced during their tenure. A few striking observations are revealed through these interviews:

1. Having higher education, financial status does not necessarily lead to happy lives. Most of these respondents mentioned about stormy and violent married lives. They had attended their academic stature after putting in a huge amount of effort, however in spite of that they were treated as secondary and faced humiliation of different types. One of the respondents has clearly stated that her thriving practice made her husband feel so insecure that he forced her to stop the practice. It is observed that these women, in spite of their caliber were not able to actualize the potentials. The major conflict arises when they were in their married lives.
2. Financial status of the respondents was satisfactory leading them to employ new recruits but it was difficult for them to delegate the responsibilities totally because that would hamper their professional growth. Most of them accepted the problems created by their spouse because they were not ready to face the social implications of their otherwise decisions.
3. In spite of being doctors they could not pull their spouses back from falling into the trap of addiction.
4. Only those respondents who could combine practicality and emotional sensitivity while on work or at home seem to be satisfied.

Thus it is evident that the work life balance of both doctors and nurses depends on how firm, open-minded, spiritually oriented and ready to change they were. Though this is not a very representative sample it triggers certain processes which tells us between the lines, what these respondent wish to underline.

We are Greatful to ...

Dr. Indira Ahuja

Dr.Indira Ahuja has been a leading gynaecologist and infertility specialist in India. She gets the credit of the successful birth of the first Indian test tube baby under her treatment. She is one of the renowned academician and practitioner who has shown a ray of hope to many infertile couples striving for their own offspring. She has number of books on her work topics to her credit as author and editor. Dr.Ahuja has been honoured by the prestigious "Padmashri" award in 2011.

06 CONCLUSIONS

- For the total group, the work life balance regarding Work Spillover in Personal Life (WSPL) is highest which means that as compared to other areas the group is better off in managing their personal life without much interference of the work demands.
- The doctors clearly show an upper hand in the total WLB score and in the balance regarding WSPL than the nurses.
- Results show that for the total group the Personal Growth(PG) scores are highest followed by, Positive Relation with others(PR),Environmental Mastery (EM),and Purpose in Life (PIL) and Autonomy(AU). Self-Acceptance (SA) is lowest among all.
- Comparative analysis indicates that except for the domain of personal growth there is no significant difference between the doctors and nurses with respect to their psychological well-being.
- It is observed that the sample has a high internal locus of control.
- Age wise comparisons on WLB indicate that senior groups (i.e. 51-60 years) of Gynecologists and nurses have significantly higher scores on total work life balance, WSPL and WLBE respectively. The younger age group (22-30 years) seems quite vulnerable with lowest scores for all WLB areas. The comparison of Work life Balance is separately done across age groups in doctors and nurses shows a similar pattern.
- In spite of having differences in WLB, no significant difference was seen across age groups on all areas of PWB.
- The elder-most age group of doctors shows significantly lower scores on autonomy (PWB) as compared to the earlier two age groups. But for nurses, no significant difference across age groups is observed.
- No significant differences were observed across age groups with respect to locus of control.
- Both WLB and PWB indicate a significant positive correlation with internal locus of control (ILOC) and a significant negative correlation with external locus of control (ELOC)
- This analysis indicates that for sample population, a rise in the balance with respect to PLSW and increasing use of WLBE is predictive of a rise in overall PWB.

IMPLICATIONS

1. The study pinpoints the various subareas of work life balance which contribute to the general PWB for the sample. It will help us to work on the most sensitive areas in order to avoid the imbalance.
2. The important role of work life behavioral enhancers in facilitating PWB is a major contribution of this study. It gives us a niche in which many activities/ exposures and mental health training contents can be incorporated so as to maximize the WLB in totality.
3. The similar pattern of PWB for both populations underlines the fact that 'womanhood' surpasses professional and socio-economical boundaries when it comes to perception of one's PWB. This leaves us a scope for addressing the common grounds for both the groups for enhancing their WLB.

4. The qualitative analysis of questionnaire illustrated the importance of role of family support in helping the respondents in restoring their WLB. This can be used as an objective base for introducing family guidance/ counseling at workplaces for increasing the productivity and life satisfaction of the whole group.

SUGGESTIONS

1. Similar studies can be conducted for other super busy populations like women in beurocratic services and compare the results with the present findings.
2. Some other variables like marital adjustment, coping strategies can be added to get more insight into the present issue.
3. The role of exposure to feminist thoughts and ideologies in the WLB issues for different working women populations can be explored.

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Appendix: I
List of Abbreviations

AU	–	Autonomy
B	–	Linear Regression
EM	–	Environmental Mastery
ELOC	–	External Locus of Control
ILOC	–	Internal Locus of Control
LOC	–	Locus of Control
PG	–	Personal Growth
PR	–	Positive Relations with others
PLSW	–	Personal Life Spillover in Work
PWB	–	Psychological Well Being
PIL	–	Purpose in Life
QOL	–	Quality Of Life
r	–	Correlational Co efficient
N	–	Sample size
SA	–	Self-Acceptance
Sig	–	Significance Level
SD	–	Standard Deviation
SE	–	Standard Error
t	–	T test value
TOT	–	Total
WLB	–	Work Life Balance
WLBE	–	Work/Life Behavioral Enhancers
WLBC	–	Work/Life Behavioral Constrainer
WSPL	–	Work Spillover in Personal Life

Appendix II
List of Field Representatives

- **Kanchan Pande** : MA (Industrial Psychology) & Post Graduate Diploma in School Psychology.
- **Vaishali Aage** : Pursuing MA Psychology, Post Graduate Diploma in Counseling, Diploma in Computer Application, B.Ed and B.Com.
- **Ashwini Jadhav** : MA (Clinical Psychology),SET-NET (Psychology), Post-Graduate Diploma in School Psychology and B.Ed.
- **Samata Zaware** : MA (Psychology) and B.Ed.
- **Chaitali Kulkarni** : MA(Economics)Post-Graduate Diploma in School Psychology and B.Ed.
- **Namrata Chavan** : B.E (Electrical), Post-Graduate Diploma in School Psychology .
- **Neha Potphode** : M.Com & Child and Adolescent Psychology - Enhancing Potentials (Certificate Course).
- **Swati Bhujbal** : B.HSC (Human Development), Post Graduate Diploma in School Psychology
- **Pranika Kulkarni** : MA (Clinical Psychology).
- **Rajashree Phadtare** : B.HSC (Human Development),Post Graduate Diploma in School Psychology .
- **Shubhangi Salvi** : M.A. (Psychology) , M.A. (Marathi), Post-Graduate Diploma in School Psychology .

Appendix III
List of Hospitals

- **Aditya Birla Hospital-Chinchwad, Pune**
- **Alliance Munot Hospital-Timber Market, Pune**
- **Ashwini Clinic ,Chinchwad, Pune**
- **Aundh Civil Hospital, Pune**
- **Deenanath Mangeshkar Hospital-Erandwana, Pune**
- **Gupte Hospital-Bhandarkar Road, Pune**
- **Ingale Womens Hospital-Warje, Pune**
- **Jahangir Hospita-Dhole Patil Road, Pune**
- **Jeevan Jyot Hospital-Viman Nagar, Pune**
- **Jog hospital-Kothrud, Pune**
- **KEM Hospital-Rasta Peth, Pune**
- **Krishna Hospital-Kothrud, Pune**
- **Meera Hospital-Shankarshet Rd, Pune**
- **MIMER, Talegaon Gen. Hospital, Pune**
- **Navale Hospital-Narhe, Pune**
- **Pawana Hospital-Somatane, Pune**
- **Pearl Womens Hospital-JM Road, Pune**
- **Phadake Hospital-JM Road, Pune**
- **Ratna Hospital-Senapati Bapat Road, Pune**
- **Sahyadri Hospital-Deccan, Pune**
- **Samrath Hospital-Model Colony, Pune**
- **Sanjivan Hospital-Karve Road, Pune**
- **Sashwat Hospital-Kothrud,Aundh, Pune**
- **Sevadham Hospital-Talegaon, Pune**
- **Shreee Sant Tukaram Hospital-Dehu Road**
- **Sutar Davakhana-Kothrud, Pune**
- **Suyash Hospital-Kothrud, Pune**
- **Tarachand Hospital-Rasta Peth, Pune**
- **Tulip Hospital-Senapati Bapat Road, Pune**
- **Y.C.M. Hospital-Pimpri, Pune**
- **Yashashree Hospital-Sahakar Nagar**
- **MGM Hospital-Aurangabad**
- **Vivekanand Hospital-Latur**

***All the nursing homes and private clinics across Pune, Latur and Nashik.**

Appendix: IV
Sample Items of tool

A) Work Life Research Instrument:

Developed by Dr. Smita Singh, Luckhnow. Test has **24 items.** Have **4 dimensions** that are Work, Spillover in personal life, Personal Life Spillover, in Work, Work/Life Behavioural Enhances and Work/ Life Behavioural Constraners

Sample Questions :

- The amount of time my job takes up makes it difficult to fulfil family responsibilities.
- Due to work related duties, I have to make changes in my plans for family activities.
- My job produces strain that makes it difficult to make changes to my plans for family activities

B) That is how I feel –Carol Ryffs Scale of Psychological Well-being:

The Ryff inventory is standardise scale but modified by Jnana Prabodhini's Institute of Psychology. Total **items 53. Areas 6.** Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life and Self Acceptance.

*	Statements	Very true	True	Not True	Not at all true
AU	I judge myself by what I think is important, not by what others think is important.				
PG	For me, life has been a continuous process of learning, changing and growth.				
EM	I have difficulty arranging my life in a way that is satisfying to me.				
PIL	I sometimes feel as if I have done all there is to do in life.				
SA	In general, I feel confident and positive about myself.				
PR	I know I can trust my friends, and they know they can trust me.				

C) Internal- External Scale: I more strongly believe that:

Developed by Rotter, 1966, standardized, forced choice scale, **29 pairs of items**. Assesses the locus of control. The questionnaire measures general QOL, which corresponds to achievements and subjective evaluations and reactions of Dijker's model.

1) • a. Children got into trouble because parents punish them too much.
   • b. The trouble with most children nowadays is the parents are too easy with them.

2) • a. Many of the unhappy things in people's lives are partly due to bad luck.
   • b. People's misfortunes result from the mistakes they make.

3) • a. Heredity plays the major role in determining one's personality.
   • b. It is one's experience in life which determines what they're like.

D) Work Life balance (Subjective)

An open ended Questionnaire developed by Jnana Prabodhini's Institute of Psychology for this specific purpose. **Total Items-11**. **Areas-6.**

- General Situation
- Family and work life balance-(Priority and problems)

- Family life challenges-(Time management, role rigidity)
- Work life challenges-(Legal complication, target)
- Specific task-(Complexity of job, work profile, money comparison with others and IT people)
- Coping Mechanism

Questions -

1. What do you feel about your work life balance?
2. What day to day problems you face while balancing your work and family?
3. If given a chance, which aspects of your work life and personal life would, you like to change? Why?
4. How does the attitude of your close ones influence your work life balance either positively or negatively? Please give some illustrations.
5. What kind of issues do you face due to the nature of your job?
6. What support system you have to cope with these challenges? What support system you think you should have which might help you?
7. Interview Schedule: This will be a funnel type interview schedule which will be need based and used for a selected percentage of the total sample in the second phase.

Nature of Tools

Test No	Test Name	Test structure	Test Measures	Test Developed By	Test Language	Standar-dized Status
0	Data Sheet	Checklist	Personal Details	JPIP	English / Hindi / Marathi	NS
1	Work Life Balance Research Instrument	Forced Choice,	1) Work Spillover in Personal Life 2) Personal-Life Spillover in Work 3) Work/Life Behavioral Enhancers 4) Work/Life behavioral Constrainers.	Dr. Smita Singh	English / Hindi / Marathi	S
2	That is How I Feel (Carol Ryffs Scale of Psychological Wellbeing)	Forced Choice, Objective	1) Autonomy 2) Environmental Mastery 3) Personal Growth 4) Positive-Relations with Others 5) Purpose in life 6) Self-acceptance	Carol Ryff	English / Hindi / Marathi	S
3	Internal External Scale	Forced Choice, Objective	Locus of control	Rotter JB	English / Hindi / Marathi	S
4	Quality of Life Questionnaire -Work Life Balance	Questionnaire, Subjective	1) General Situation 2) Family and work life balance 3) Family life challenges 4) Work life challenges 5) Specific task 6) Coping Mechanism	JPIP	English / Hindi / Marathi	NS

Jnana Prabodhini's Institute of Psychology (JPIP)

Psychological Assessment Tools

- **Assessment Tools:** Various standardized, psychological tests developed by JPIP useful for identification, evaluation and enhancement of potential and training purposes. (refer to: Test catalogue on www.jpip.org)
- **School Climate Assessment for enhancement-1 (SCAN1):** A standardized system for assessment of 'School Climate', to be defined as a climate conducive for learning and development.

Aptitude and Career Guidance Services

- **Intelligence and Aptitude test (iA):** Useful for students in standards 10th through 12th. Available in computerized as well as written format. (Vendor-ship available)
- **Studies and work related Aptitude in Youth-Advance Measurement (SWAYAM):** Test measuring abilities, orientation and personality factors, for students after Std 12 and working individuals.
- **Battery of Entrepreneur Aptitude Measurement (BEAM):** The aim of this test is to measure entrepreneurial aptitude. Suitable for working individuals interested in starting one's own enterprise.
- **Career Advisor Course:** Provision of updated knowledge related to all educational fields required for effective career guidance.

Guidance and Counselling Services

- Psychological Assessment and guidance for specific educational and behavioral issues.
- Coping strategies and counselling for adults.
- iTaP Testing: Intelligence, Talent, Adjustment and Personality in a single test battery.
- **Remediation Program for Learning Difficulties:** Instructions to enhance basic skills of learning.
- **Group Workshops for Study Skills:** basic habits and skills for effective learning

Services to Organizations

- **Consultancy Services for Human Resources:** Talent acquisition, development, retention and exit management.
- **Competency Assessment:** Across all levels for a variety of Human Resource processes.
- **Facilitation in Soft Skills:** Customized programs as per client requirements.
- **Guidance and Counselling:** For team issues and personal and professional growth.

Potential Development of children and parents

- **Comprehensive Child Development Program:** (Std 2nd-10th) Various hands-on activities for enhancing hidden potentials followed by trainers activities of increasing difficulty and continuous personalized observations by trained experts through out year.
- **Trainers' Training for Facilitators:** Orientation to basic concepts in development and facilitation, through various methods and in user friendly language.
- **Capable Parenting Workshop:** For parents of children aged 13 to 16 years. Orientation to effective communication methods with your teen. Guidance for insightful parenting.
- **Ignite:** Classified week end session for intellectually superior children.
- **Pradnya Maitra:** A support group for perents of gifted children.

We offer courses and in-depth Training in

- **Post Graduate Diploma in School Psychology:** Developing individuals to perform the role of counsellor linking the school, parents and teachers for a wholesome view towards enhancement and adjustment of students. (Recognized by SPPU)
- **Post Graduate Diploma in Education of the Gifted:** Direct the candidate about identifying 'Giftedness' (High Potential) in children and channelizing it for good. (Recognized by SPPU)
- **Certificate Course in Child and Adolescent Psychology:** Enhancing Potentials: Familiarize the candidate to stages of development, identification and enhancement of potentials amongst children and adolescents. (Autonomous)
- **Quest for Happiness:** To make everyday life more integrated and connected. Self –learning approach for positive mental based on REBT (Rational emotive behavior therapy) Approach. (Autonomous)
- **Orientation to Psychological Testing:** To briefly orient the candidate about the various facets of psychological testing and providing insight about the on-goings of the institute.

Jnana Prabodhini Samshodhan Sanstha (JPSS), Jnana Prabodhini's Institute of Psychology (JPIP)
- Jnana Prabodhini Bhavan, 510, Sadashiv Peth, Pune, Maharashtra, India - 411030
- www.jpip.org @ - jpip@jnanaprabodhini.org - (020) 24207 000/ 142 / 225

This report unveils the critical issues of work life balance of the lady doctors and nurses in genecology field. It is interesting to see how these modern time superwomen manage their lives. The study also reveals the latent interplay of psychological well-being and work life balance for these professionals. The results of this study open new doors for offering relevant assistance to them for becoming excellent and happy professionals.