Mizoram University

July, 2017

Declaration

I, C. Laldingngheti, do hereby make this declaration that the subject matter of this dissertation is the record of work done by me, the contents of this dissertation did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the dissertation has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for award of degree of Master of Philosophy in Social Work.

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Certificate

This is to certify that the dissertation titled "**Work Family Balance and Quality of Life among Working Women in Health Care Sector in Lawngtlai and Saiha Towns, Mizoram"** submitted by Ms C.Laldingngheti, Reg.no. **MZU/M.Phil./276 of 22.04.2016** for the award of Master of Philosophy in Social Work is carried out under my guidance and incorporates the student's bona fide research and this has not been submitted for award of any degree in this or any other university or institute or learning.

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"The extent to which an individual is equally-self engaged and equally satisfied with his or her work and family life"
(Greenhaus, Collins and Shaws 2003)

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LIST OF ABBREVIATIONS

QOL	:	Quality of Life
HRM	:	Human Resource Management
KIIs	:	Key Informant Interviews
FGDs	:	Focus Group Discussion
W/F B	:	Work Life Balance
W/L B	:	Work Family Balance
LCMC	:	Lairam Christian Medical Centre
MGCH	:	Maraland Gospel Centenary Hospital
QWL	:	Quality of Work Life

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Work Family Balance and Quality of Life among Working Women in Health Care Sector in Lawngtlai and Saiha Towns, Mizoram

Questionnaire *Schedule*

(Confidential &research purpose only)

Schedule no: **Village:**

Section A

1. Demographic profile of the respondent

Sl.no	Personal Identification		
1	Name	:	
2	Age	:	a) 18-22 years ☐, b) 23-27 years☐, c) 28-32 years ☐, d) 33-37 years ☐, e) 38-42 years ☐, f) 43-47 years ☐, g) 48 and above ☐.
3	Educational Status	:	a) High school☐, b) Higher Secondary☐, c) Graduate☐, d) B Sc Nursing☐, e) M.Sc Nursing & Above☐, e) Lab Technician ☐.
4	Marital status	:	a) Married ☐, b) Unmarried ☐, c) Widow ☐, d) Divorced☐.
5	Profession	:	a) Medical doctor ☐, b) Nurses ☐, c)Technician ☐, d) MTS☐, e) Administration☐, f) Dentist☐, g) Lab Technician☐, h) X-ray/Ultrasound Technician☐.
6	Name of the Hospital	:	a) Lairam Christian Medical Centre (LCMC) ☐, b) Civil Hospital Lawngtlai ☐, c) Christian Hospital ☐ , d) Civil Hospital Saiha ☐, e) Maraland Gospel Centenary Hospital ☐.
7	Years of experience	:	a) Below 2 years ☐, b) 2 years -5 years ☐, c) 6 years-8 years ☐, d) 9 years above ☐.
8	Present Position		a) Medical doctor ☐, b) Nurses ☐, c)Technician ☐, d) Multi-Tasking Staff☐, e) Administration☐, f) Female Attendants☐, g) IV Grade☐.

9	Who suggested the profession to you?	:	a) Self ☐, b) Family ☐, c) Friends ☐, d) Relatives ☐, e) Others☐.
10	Monthly income of the respondent	:	a) Below Rs 4000 ☐, b) Rs 4000- Rs 8000 ☐, c) Rs 10000- Rs 14000 ☐, d) Rs 16000-Rs 20000 ☐, e) Rs 22000-Rs 26000 ☐, f) Rs 28000-Rs 32000 ☐, g) Rs 35000 and above ☐.
11	Occupation of spouse	:	
12	Type of family:	:	a) Nuclear☐, b) Joint☐, c) Extended☐.
13	Size of Family	:	a) 1-4☐, b) 5-7☐, c) 7 and above☐.
14	Number of children	:	a) 1-4☐, b) 5-7☐, c) 7 and above☐.
15	Secondary occupation of the family:	:	
16	Address	:	

II) Family Background

Sl.no.	Name	Sex	Age	Relationship	Education	Occupation	Monthly income
1							
2							
3							
4							
5							
6							
7							

SECTION B

I. Work Family Balance

1) Are you satisfied with working hours?

a) Yes☐, b) No☐.

If no, Why?

a) No assistance at home ☐, b)No time to attend the family members ☐, c) Limited staff at work☐, d) Need to attend emergency at night ☐.

2) Do the working hour is suitable to you?

a) Yes☐, b) No☐.

If no, why and which shift?

Morning shift (7am-11:30am)	Evening shift (12pm-4:30pm)	Night shift (5pm-7am)

3. Do you work for more than the stipulated time?

a) Yes____, b) No____

If Yes, Why?

Sl.no	Reason for additional work	Options
a	Inadequate staff	
b	Requested by colleague having young children	
c	Unwell or health complaints of colleague	
d	Not timely relieve by colleague	

4. Do you think or worry about work even when you are at home?

a) Yes____, b) No____.

4. (i) If yes, Why?

Sl.no	Reason for worry	Options
a	Knowing that the person who is on duty is less sincere at work	
b	The actual responsibility may not be taken care of	
c	Ready availability of medicine /equipment in case of emergency	
d	Critical patients condition	
e	Absence of residence medical doctor	

4. (ii). How did you cope with the worries?

Sl.no	Coping Strategies	Option
a	Telephonic monitoring them	
b	Go to the hospital in case of emergency	
c	Exploring the availability of medicine/equipment needed in emergency case to other health institutions	

5. Does your institution take initiatives to help manage work life of the employees?

a) Yes____, b) No____.

If yes, in what way?

Sl.no	Institutional efforts	Option
a	Providing flexible work timings	
b	Providing leaves from work to manage work life	
c	Allowing sending of replacement staff	
d	Proposal for additional staff by the institution	
e	Proposal for additional 1 month salary to the institution	

6. Do you have regular role to perform at home? What are they?

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7. Does your work hamper your role as a mother?

a) Yes____, b) No____.

If yes, in what way?

Sl.no	Way of hampering role as a mother	Option
a	Less time to attend the family members	
b	Less time for parenting	
c	Less involvement in child's education	
d	Not supportive to spouse	
e	No time for socialization	
f	Withdrawals in community obligations/responsibilities	
g	Less involvement in the church activities	

8. Does your role at home cause stress to you?

a) Yes☐, b) No☐.

8. (i) If yes, which of the following best describes your feelings of stress around findings a work life balance?

a) Very Stressful☐, b) Stressful☐, c) Slightly stressful☐, d) Not at all stressful☐.

8. (ii) What are the signs of the particular stress?

Sl.no	Stress Sign	Coping
a	Hypertension	
b	Diabetes	
c	Panic	
d	Anxiety	
e	Fatigue	

9. How often the following factors affect your balancing between work life and family commitments?

Sl.no	Factors	Never	Sometimes	Occasionally	Always
a	Working hours				
b	Work overtime				
c	Continuing work at home after office hours				
d	Travelling away from home				
e	Excessive household work				
f	Negative attitude of family/spouse				

10. Do any of the following help you in balancing your work and family commitments?

Sl.no	Management skills	Never	Sometimes	Occasionally	Always
a	Spending times with friends				
b	Be home in time				
c	Do any study or training you want to do				

d	Keep healthy and fit				
e	Take part on community activities or fulfill religious commitments				
f	Take care of family and spend time with them				
a	Spending times with friends				

11. Do you feel any of the following problems due to work life imbalance?

Sl.no	Problems	To a great extent	To a some extent	Not at all
a	Physical			
b	Emotional			
c	Psychological			

Section C

I. Quality of life

1. How many days you can avail leave from your work in a year?

a) 1 months ☐, b) 2 months ☐, c) 3 months ☐, d) 4 months ☐,

e) 5 months and above ☐.

2. Do you avail Paternity / maternity leave within your service?

a) Yes☐, b) No☐.

3. Do you have day off from duty?

a) Yes☐, b) No☐.

How often?

a) Once a week☐, b) Twice a week☐, c) Thrice a week☐.

4. Are you satisfied with your time spent with your family?

a) Yes☐, b) No☐.

5. How much time you spend on domestic activities in a day?

a) Less than 2 hours☐, b) 2-4 hours☐, c) 4-6 hours☐.

6. How often have you involve in the following activities?

Sl.no	Activities	Never	Sometimes	Occasionally	Always
a	Looking after children				
b	Spending time with spouse				
c	Quality family time				
d	Attend family functions				

e	Attend church functions				
f	Self-care				

7. How do you spend your leisure time on holidays?

Time	Activities	Duration

8. Are you satisfied with your free/leisure time?

a) Strongly Satisfied☐, b) Satisfied☐, c) Dissatisfied☐, d) Strongly dissatisfied☐.

9. Do you feel you have sufficient time to take care of yourself?

a) Yes☐, b) No☐.

If no, why?

10. Do you feel you spend the time you want for your own self development?

a) Yes☐, b) No☐,

If no, why?

Section D

1. Work Family Balance and Quality of Life

1. Do you feel you are able to balance your work life?

a) Yes☐, b) No☐.

2. Do you feel you are able to balance your family?

a) Yes☐, b) No☐.

3. Are you satisfied with your salary?

a) Yes☐, b) No☐.

4. Do your children miss your presence at home?

a) Yes☐, b) No☐

5. Are you able to attend Social gathering of office people?

a) Mostly☐, b) Sometimes☐, c) Always☐, d) Never☐.

6. Describe your feeling of balance between work life and personal life?

a) Well Balanced☐, b) Somewhat Balanced☐, c) Balanced☐, d) Imbalance☐.

7. Do you think that you are currently working under a flexible schedule?

a) Yes☐, b) No☐.

If no, please give the reason.

8. Do any of the following hinder you balance your work and life?

Sl.no	Reasons	Never	Sometimes	Occasionally	Always
a	Unhelpful attitudes of superiors				
b	Unhelpful attitude of colleagues				
c	Unhelpful attitude of family members				

9. Do you wish to maintain good quality of life strongly built by right work family balance?

a) Yes☐, b)☐.

10. Are you satisfied with the separation of both professional and personal life without any conflicts?

a) Strongly Satisfied☐, b) Satisfied☐, c) Dissatisfied☐, d) Strongly Dissatisfied☐

Particulars of the Candidate

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- Currently working as Counsellor in Lairam Motherless Home, Lawngtlai, Mizoram.

CHAPTER I
INTRODUCTION

Health Care Sector has become one of India's largest and important sectors in terms of revenue and employment. Health Care Industry was growing at a very high pace because of its best service and increasing expenditure by both public and private players. People in general are health conscious and this has created awareness in providing best service to the customers. In this regard medical nurses play a pivotal role in health care industry. So, it was mandatory to understand and address the needs and creating stress free environment so as to be able to focus on their profession. Hence forth, the demand for nurses was ever increasing because of their attitude in taking care of the patients which cannot be seen as much in other professions. It was impetus to observe that the eligibility of the profession encompassing the qualification, physical appearance, verbal and non-verbal communication and the smiles on their faces with unselfish and dedicated service. They attend the patient, assisted them in the operation theatre, health advisors, counsellors, supervisors etc. Hence, keeping the patients happy and content was also utmost important responsibilities.

Nurses are one of the most diverse and largest workforces in the health care system. The word "nurse" originated from Latin word "Nutricius" which means someone who nourishes, fosters and protects. The role of nurses in the health care system is expanding and changing. Their role is not just limited to institutional care but also involves delivery of services at various levels of the health care system. The nurses are one of the strongest pillars of the health care delivery system in providing safe, affordable and quality services to the people. Mortality, morbidity and disability reduction, health promotion through healthy lifestyles are positive health outcomes in which nurses have a pivotal role. They play a major role in maintaining health status and also in achieving the health related targets of the country. The various cadres in the health system make nurses an important health workforce from the community to higher levels in the health care delivery system. The auxiliary nurse midwives and public health nurses are the major players in the community. Health promotion, prevention, institutional care and rehabilitation services are essential contribution of nurses to the health care system. Despite their vital role

within the health care system, nurses remain as the invisible workforce of health care delivery system.

The health care sector was an area where one has to work 24x7, always vigilant and on toes. Doctors and nurses are the main human resources that spend a significant part of their time at the hospitals. They have to regularly work overnight, in emergency situations, with an extensive workload and stress which can negatively affect their performance and quality of working life (QWL). This creates stress among nurses when they are working overtime and constantly under pressure. The balancing between work and family was essential to physical and mental health**.** The proper and congenial working conditions, working schedules and support from family members helped them in attaining physical and mental health that guaranteed satisfactory performances. Working women are flooded with work and family commitments. Majority of working women are bogged down while trying to balance their work and family life. Out of the many service sectors, the health care sector is an area of interest because of the shift work, especially night work and also the overtime work which placed lot of stress on the nurses both at professional and personal front. Therefore, it was important to have empirical understanding of the stress that is involving on working women.

Women's work or woman's work was a term used particularly in the West to indicate work that is believed to be exclusively the domain of women and associates particular tasks with the female gender. According to Oxford Dictionaries working woman was a woman who was in paid employment. The term originated from late 17th century; earliest use found in Account Causes Distempers. Working women today has increased from 5.1 million in 1900 to 18.1 million in 1950 to 66.2 million in 2009. Maintaining a proper work family balance and having a good quality of life can be difficult. Both employees and employers must appreciate the importance of the quality of work life in an organization.

The term "women's work" may indicate a role with children as defined by nature in that only women are biologically capable of performing them: pregnancy, childbirth, and breastfeeding. It may also refer to professions that involve these functions: midwife and wet nurse. "Women's work" may also refer to roles in raising children particularly within the home: diaper changing and related hygiene, toilet training, bathing, clothing, feeding, monitoring, and education

with regard to personal care. It may also refer to professions that include these functions such as that of: teacher (up to the age of puberty), governess, nanny, day care worker. "Women's work" may also refer to roles related to housekeeping such as: cooking, sewing, ironing, and cleaning. It may also refer to professions that include these functions such as: maid and cook. Though much of "women's work" was indoors, some was outdoors such as: fetching water, grocery shopping or food foraging, and gardening.

Ghosh Pragati has highlighted that one of the issues that have affected women in the workplace was that of stereotyping of women. Throughout history women have taken the role of housewife, mother, and nurturer. Women are stereotyped to stay at home and take care of the house and children. It has been their job to cook the meals, do the laundry, and manage the children's school activities. Even today, motherhood was still considered to be dying primary role for women. Women who do not take on this role are still thought of as selfish. In this century, a woman actively participates in workplace. Many women desire a career and a place in this world. They want to stand on their own two feet, to become self- independent individuals, independent and free from other individuals. One thing that was clear was that women in all careers are striving to gain equality in die work force today. Through their determination, women now have the ability to break out of the gender roles that were created for them by society.

Meanwhile, women of the early centuries were mostly restricted to their kitchens and some were employed in factories, farms or engaged in petty business. And a very few women stood-up to higher education and they were insisted to be at the kindness of their fathers' or husbands' attitudes towards women and work. The role of women was then increasing as a wife, as a mother, as a daughter and daughter - in - law. Whereas, the advancement in knowledge has provided women to be progressive leading to the attainment of better status and position, increasing participation in work forced, having economic contributions or else economic independency. In fact, education has not only empowered women but also has given them promising careers. With brain power being the basic skill in this knowledge era, rather than endurance or physical strength, the women workers seem to flood into every industry like their counterpart men. But this has indeed become challenging to women as they have to perform dual roles at home as well as at

workplace. When working women get children they have to deliver the primary duty to their children and under greater pressure to continue on a career path. Working mothers of today fulfil family responsibilities and also try to remain fully involved in their careers coping up with the competing demands of their multiple roles. The caring responsibilities that working mothers have lays a heavy stress on them when it was combined with their professional duties at a given point of time.

Work and family are two important domains in lives. This may be also due to the recent increase of dual-earner families. Women play multiple roles in the family that affect the health and well being of all family members. In several societies women are assigned by custom to be the primary caregivers to infants and children. The need for understanding the bidirectional effect of work and family domain has increased many folds with the proportionate increasing of women in the workforce.

Work-life balance was one of the most challenging issues faced by women employees in the 21st century. The issue of work-life balance has gained more attention due to the reason that an individual's work life and personal life may present conflicting demands on one another while the demands from both the spheres are equally important. Work-life balance refers to maintaining the balance between performing roles and responsibilities at workplace and at home.

Thus, it was more challenging for women employees because of the type of roles at home and the spill over of personal life over work life and vice-versa. Thus, for working women, work-life balance was considered as not only a source of distress but also the major source of dissatisfaction (Hughes, 2007). Work-life balance can be difficult to achieve for full time workers irrespective of work schedules especially for those with children 18(Williams, 2006). Part - time work would really help women to balance their work and family (Higgins, 2000). The reason why many women employees choose part time job though there is lot of discrimination in wage.

Thus, work family balance was a term that refers to an individual’s perceptions of the degree to which he/she was experiencing positive relationships between work and family roles, where the relationships are viewed as compatible and at equilibrium with each other. Work family balance often implies cutting back on work to spend more time with the family. Moreover, it was thought to be in an individual’s best interest to live a balanced life. Work-family conflict nowadays represents the central

construct in studies about work-family balance to focus the attention on possible antecedents and possible outcomes of problematic feelings: the effort of balancing family and professional roles can be a cause of work dissatisfaction (Carlson &Kacmar, 2000; Kossek&Ozeki, 1998) and de- pression (Noor, 2002), but it was also one of the possible determinants of absence and intention to change job (Allen et al., 2000; Boyar, Maertz, Pearson, &Keough, 2003). Work Life Balance of Women employee has become an important subject since the women are equally sharing the earning responsibility for the betterment of their family. Women are getting into jobs and they continue to work even after marriage. A married woman has more responsibility than man in taking care of young children and family. The working women efficiently overcome difficult situations by their commitment and perseverance. The participation of women in income generation activities lends them to satisfy their home needs to a greater extent.

Work - family balance was generally thought to promote well-being. Kofodimos (1993) suggests that imbalance-in particular work imbalance-arouses high levels of stress, detracts from quality of life, and ultimately reduces individuals' effectiveness at work. Hall (1990) proposes an organization-change approach to promoting work–family balance, and the popular press was complete up with advice to companies and employees on how to promote greater balance in life (Cummings, 2001; Fisher, 2001; Izzo& Withers, 2001).

Work Life Balance refers to the effective management of multiple roles both at work and family. Greenhaus, Collins & Shaw (2003) has defined Work Life Balance as "the extent to which an individual is equally-self engaged and equally satisfied with-his or her work role and family role". This means one has to strike balance between work and family life by prioritizing both at professional and at personal level. While work-family balance can be defined in a number of ways (Carlson, Kacmar and Williams, 2000), the majority of researchers refer to the definition established by Greenhaus and Beutell. As early as 1985, they had defined the work - family thematic3 as a conflict between the different roles played by the same person. This conflict takes three forms: time conflicts, conflict due to tension between roles and behavioural conflicts. Else, time conflicts arise when the demands imposed by different roles make time management difficult. The time spent performing one role makes a person unavailable to devote time to another role. Moreover, the

preoccupations related to one role can affect a person's availability to perform tasks related to another role, even if the person was physically present. Conflict due to tension between roles results when stress generated while performing one role affects the way a person fulfils the demands of other roles. For example, the effects of fatigue and stress experienced at work can affect family life at home, and vice versa. Indeed, researchers are increasingly acknowledging the reciprocal nature of the relationship between work and family, and adopting a bidirectional perspective of the work-family conflict. Thus, they are considering two types of conflict: work - family conflict, which occurs when work interferes with family life, and family - work conflict, which occurs when the demands of family life interfere with professional obligations. Although these two types of conflict are strongly correlated, the results of studies show that each has its own specific determinants and effects (St-Onge, Renaud, Guérin and Caussignac, 2002). The results of the Quebec study produced by St-Onge et al. (2002) confirmed that individuals claim to feel more work-family conflict than family-work conflict. The vast majority of them do not allow their familial responsibilities and problems to interfere much with their work. Thus, it seems that professional responsibilities interfere more with family life than the reverse. The last type of conflict described by Greenhaus and Beutell (1985), behavioural conflicts, refers to the phenomenon by which behaviour specific to one role is incompatible with behaviour required by another role. Certain characteristics that are valued in the work world, such as objectivity and aggressiveness, can be incompatible with the needs and expectations of family members. The difficulty people have adapting to these divergent demands can generate behavioural conflicts (Greenhauss and Beutell, 1985).

Quality of work life (QWL) has become an important issue and many studies have been published and were first introduced in the 1930s. This concept basically describes the methods by which an organization can ensure the holistic wellbeing of an employee instead of only focusing on work-related aspects. QWL was a process by which the organizations' employees and stakeholders learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously. Despite the importance of this issue, an accepted definition for QWL has not yet been introduced. Moorhead and Griffin have defined the QWL as the ability of employees to satisfy their important personal needs

through what they have learned in their organization. In fact, improving the QWL was a comprehensive process to improve the quality of life of employees in the workplace and was essential in any organization to attract and retain its employees.

Quality of life was a highly subjective measure of happiness that was an important component of many financial decisions. Factors that play a role in quality of life vary according to personal preferences, but they often include financial security, job satisfaction, family life, health and safety. Financial decisions usually involve a trade off where quality of life is decreased in order to save money or, conversely, quality of life is increased by spending more money. Quality of life refers to the terms the standard of health, comfort, and happiness experienced by an individual or group. The fundamental concepts of quality of life according to Adejunmobi and Odumosu (1998) are values. They play an important role in the experience of qualitative life because they represent the needs, aspirations and goals which are important to individuals and which they seek to fulfil. Quality of life (QOL) is a very complicated and abstract concept. Most have the idea that the quality of life means the suitability of the material circumstances and the perception of the people. Many people want to become nurse to help people but when they are confronted with the reality of the job they soon realize that is not what they thought. Health care institutions are different in size and nature, and nurses are confronted with different work tasks and working hours, nightshifts, working conditions, understaffing. Nurses' reactions on stressors can be physiological, psychological, and behavioural leading to occupational stress related to mental and physical diseases that decrease well-being, satisfaction and QOL. This may have a direct impact on quality of care provided to their clients. Several studies are carried out in developing countries for analyzing job satisfaction among nurses and QOL among nurses.

Rice et al. (1985) defined quality of life (QOL) as a set of affective beliefs directed toward the totality of one's life (overall perceived quality of life) or toward specific domains of life, e.g. perceived quality of work life or perceived quality of family life. The important part of quality of life was the "affect" consequence as a psychological state, or feelings, cognizant of pleasure, happiness, well-being or satisfaction. As such, measures of satisfaction and happiness are typically used to operationalize the perceived quality of life. According to the Quality of Life Research Unit (2004), quality of life was an examination of factors that lead to

goodness and wellbeing of life, as well as people's happiness. One term which was widely used with reference to quality of life is work family balance, which was a continuous string of efforts in terms of time management of the employees between their work and other aspects of life. Today, work family balance was becoming a major issue and a matter of concern for women which has been leading to stress and disturbing the quality of life (QOL). It was rightly mentioned that woman was a backbone of the society. The quality of life of women can be a better indicator of a nation's health. The multiple-roles that women are compelled to play these days lead to a major energy leak both at a psychological and physical level which adversely affects their well-being and leads to role conflict. Work is becoming more intensive and dense these days and this has a direct impact on a women's free time and her family responsibilities. According to a survey conducted by Maid Brigade, more than 78% of women felt they worked a "second shift" when it came to their daily life responsibilities. Another annual survey also suggested that daily home responsibilities prevent women from realizing their hobbies and personal health goals, adding to stress in their lives. Work-life balance is needed, in order to have a good quality of life and achieve a harmonious balance between work and private responsibilities and interests.

The QWL has been studied in various areas, including sociology, psychology, and education, management, health care and nursing. In recent decades, QWL has received increasing attention in healthcare settings. Health care agencies are one of the largest service providers to the community. Nurses are the largest group of employees in health care organizations and improving their work life quality has become a challenging issue in health care organizations since the 1970s. In fact, as a part of the broader quality movement in health care, the QWL concerns of staff development and wellbeing have been recognized as important facets of healthcare organizations' performance. The QWL in health care has been described as strengths and weaknesses in the total work environment.

Although nurses have been trained to provide patient care and improve their patients quality of life, but their own needs and their own QWL has been largely ignored. Quality of work life is a comprehensive and general schema, which was essential in improving specialized personnel's satisfaction and attracting and

preserving personnel. It also results in positive theories such as increasing profits and provocation.

There was an outcry in health services regarding the lack of quality patient care and the poor standard of service delivery. The productivity of nurses was reportedly low. Hall states "to maintain and improve the quality of work life experienced by professional nurses requires that nurses be more skilled and productive in their work settings". In hospitals where there was a lack of quality of work life, the absenteeism and turnover rates amongst the nurses are usually very high. By assessing and improving the quality of work life, staff performance might increase and burnout among nurses might be reduced. The absenteeism and turnover rates might also decrease.

It has shown that employees' satisfaction of their QWL would not only improve their performance and reduce absenteeism, workplace accidents and job turnover, but also increase their job satisfaction and satisfaction of other aspects of life. Studies show that satisfied employees work with greater interest, are more loyal to the organization and increase productivity.

However, a number of studies have reported that the quality of nurses work life is seriously impaired. Studies have shown that nurses have an average QWL. A number of studies have also been conducted on this issue in Iran. In a study, Sharhraky Vahed et al. reported that 65.5 % of staff had a relatively desirable QWL. Nayeri et al. reported that only 3.6 % of nurses were satisfied with their work. However, in a study by Dargahi et al. it was reported that most nurses are dissatisfied with most aspects of their QWL and feel that they have a poor work life. The nurses' dissatisfaction with their own work life can cause problems such as job dissatisfaction, emotional exhaustion, burn out and job turnover. These factors would in turn affect the quality of care provided by nurses. The organization's success in achieving its goal depends on the quality of human resources. Therefore, attention should be paid to the nurses' physical and emotional needs. Nurses with professional experience of more than 15 years had a better QWL than others. A significant correlation was observed between work experience and QWL score. It showed that a significant difference existed between the QWL score of nurses with work experience of 5-10 years and those with more

than 15 years of work experience. The study showed that nurses' quality of work life was at the moderate level. As QWL has an important impact on attracting and retaining employees, it was necessary to pay more attention to the nurses QWL and its affecting factors. The authorities in the health care system should develop strategies for improving the nurses work conditions and their QWL, so that, nurses will be able to perform better care for their patients. This research provides an initial step in understanding the work life of nurses in an Iranian setting. Also, there was a need for outcome-driven research examining the effectiveness, efficacy and cost-benefits of specific strategies aimed at improving the QWL of nurses. When using the results of this study it should be noted that we used a self-report instrument and this may affect the results. Thus, further studies should be conducted with more objective instruments. Nurses are among the greatest providers of services in the health care system and in their work settings, they may be exposed to a wide array of chemical, biological, psychosocial (i.e., stress, depression, etc) and physical hazards (i.e., injuries, transmission of infectious diseases, etc). Consecutively, such conditions may affect the QOL of nurses. It is noteworthy that nurses provide higher quality services for their patients when they are healthy and possess desirable QOL. Therefore, it is important to pay particular attention to nurses' general health conditions and QOL.

CHAPTER II

REVIEW OF LITERATURE

This chapter's constant to the scheme of literatures in relevance to the present study. Reviewing of literature helps to understand more about the concepts and the circumstance of the study. In regards to this chapter attempts are being made to create the linkages with other appropriate studies. It was divided into four parts:

2.1 Work family balance of working women's.

Frond and Michael (1996) had conducted a study on *Work-family conflict, gender, and health related outcome* among 1195 respondents in two communities. The study - 1 has 496 respondents and 699 respondents in Study - 2. The two studies examined the relationships between the 2 types of work - family conflict (work interfering with family and family interfering with work) to depression, poor physical health, and heavy alcohol use and also tested gender differences in the magnitude of these relationships. In both the studies, respondents were interviewed regarding work - family conflict, depression, poor physical health, and alcohol use. Both types of work - family conflict were significantly and positively related to depression, poor physical health, and heavy alcohol use. Gender did not influence the magnitude of the relationships between work–family conflict and health - related outcomes.

Kim and Ling (2001) had conducted a study on *Work-family conflict of women entrepreneurs in Singapore* among 102 working mothers in Singapore through questionnaire consisting job - spouse conflict, job - parent conflict and job-homemaker conflict. The results show that there was a need for greater spouse support, flexible work schedule, and full-day school in order to alleviate work-family conflict. Further, the maintenance of good marital relations was important in reducing spouse conflict and increasing wellbeing in women entrepreneurs.

Kelly (2007) had conducted a study on *Work family balance: An exploratory of conflict and enrichment for women in a traditional occupation* among 161 respondents at least having one child in *Pennsylvania*. The objective of the study

was to present and test an integrative conceptual model of work family balance. Self-efficacy for work family conflict management scale and self - efficacy for family work conflict management scale was adopted for the study. The results are in consistent with past research that has found negative and positive relationships between self - efficacy and work family conflict and also suggest that women who have higher self - efficacy beliefs in managing conflict arises out of work and family responsibilities interfere with one another are likely to experience less work family conflict.

Teresa (2005) had a study on *Single mothers, social capital and work family conflict* and the objectives was to examine work family conflict among low - income unmarried mothers and to examine how social capital affect work-family conflict. The study found that social capital reduces unmarried mother's report of work family conflict.

The study to examine the relationships between perceived work - family conflict and socio-demographic and family characteristics of the mothers was conducted by Irwin *and Nor Abdullah (2011)* on *the prevalence of work - family conflict among mothers in Malaysia* among 801 working mothers between the age of 15 years to 45 years and at least having one child. The result shows that ethnicity age and employment are the main factors contributing to the prevalence of the work-family conflict.

Shiva (2013) had a study on *Work family balance and challenges faced by working women* among 200 working women both in public and private sectors in *Kerala.* The objective was to study about how working women balance their work and family and to know about their organizational satisfaction. The result shows that there was a work family conflict and lack of organizational satisfaction among working women.

Nasreen (2014) had a study on *Family to work conflict among working mothers in UAE* among married employees living with children. The objectives of the study were to analyse the family to work conflict experience by working mothers in UAE educational sector. The results shows that family work conflict plays a significant role, causing negative impact on work related outcomes.

Viveka and Umesh (2015) had conducted a study in Mysore on *Work family balance of female nurses in multispecialty hospitals* among 105 female nurses in

different department such as medical surgery, ICU, and CCU. The objective was to identify the stress experience by female nurses, to know the causes of stress among female nurses, to examine the influencing factors for work family balance of nurses and to analyse various ways to attain work family balance. The study has adopted descriptive design; following purposive sampling method and questionnaire were used to collect data. The study reveal that majority of the respondents has real problem in striking balance between work and family and though many of them enjoy their work in serving people they are facing stress related health issues and the respondents feels that if proper work scheduling and timely support provided by both the family and hospitals they will be stress - free to some extent and will be able to strike balance between work and family.

Thrieni and Rama (2015) conducted a study on *Work family balance of women employees in select service sector* among 360 women employees working in financial institutions, insurance company, information & technology, health care and education constituting 60 employees from each sector. The objective was to study work family balance of women employees in select service sector in *Bangalore, India*. The results shows that the levels of work family balance of women employees in select service sectors are significantly different.

Sapathy, Patnaik and Sen (2014) had conducted a comparative study on *work life balance in Private and Government Hospitals* among 337 nurses in *Odisha*. The objective was to know the general perception of the nurses towards their personal and professional life, to know the source of support and factors that hinders the work - life balance of the nursing staff and also to provide suggestions to overcome work - life balance related to problems of nursing staff working in private and government hospitals. It was found that majority of the respondents irrespective of the category feel that they are never able to balance work and personal obligations. It was observed that majority of nurses feel that they never get family support from the family and majority of the respondents in all the category of nurses feel that their performances and contributions toward the organization never been recognized and rewarded by the hospital authorities.

Levy (2012) conducted a study on *work life balance which explored the ways in which full time and part time work affect women.* It also examined the influence of child care support, educational attainment, age of youngest child, number of hours

worked, and heavy workload on their perceived work life balance of working women. The study shows that full time employed working women with younger child had a significant negative impact on the success in balancing work-life. The work domain variables affect the perceived work life balance of working mothers.

Dishman Lydia (2015) a survey on 19 countries including Argentina, Mexico, Russia, Saudi Arabia, South Korea, Turkey, Australia, Brazil, Canada, China, France, Germany, Great Britain, India, Indonesia, Italy, Japan, South Africa, and the United States, conducted by international pollster Ipsos MORI, revealed that there are five major issues for women in the workplace: Equal pay, Harassment, Career opportunities, Having children while building a career & Work-life balance.

Shah Vinita & Shah Prachi (2016) presented paper in conference: 'International Conference - Women in Science and Technology, Creating Sustainable Career' in which the main abstract of the paper discusses changes and impacts while balancing work and family load for a woman. The role of women in the family and in the community has changed significantly in the past two decades. Women have to balance between their professional and personal time. They have to learn how to work in the most efficient and effective ways and manage their priority well. Therefore they would not have to spend such a long hours at work and could give more time for their family. If women could manage their schedule and priority well, they could be successful working women and housewives as well. It was a big challenge for a woman to balance these two things and adjust priorities.

'Conflicting Worlds of Working Women: Findings of an Exploratory Study' conducted by Gani, Ara Abdu & Roshan (2010) shows that home and work are two different worlds for working women and are often in conflict. This paper attempts to study the causes, consequences and correlates of work-family conflicts among dual-career women. The study examines if the working women were able to combine their work and family, and identifies the constraints they faced and the family and organizational support they received in this process. The study also examines the strategies that working women adopt to contain the stresses of contradictory and competing dual role demands. The results suggest that many factors contribute to make role conflict of working women a reality. The sources of conflict are dependent on the availability of various support systems within and outside the family as well as the organization where she works.

2.2) Quality of life of the working women

Darren and Julian (2007) had conducted a study on the *Work-related quality of life scale for the health care workers* among 953 health care workers in England through the administration of questionnaire. The objective of the study was to develop and test the psychometric properties of the work - related quality of life scale for healthcare workers. The result show that the newly developed work - related quality of life scale provides healthcare organizations with reliable and valuable information to help improve their employees' well - being. The work - related quality of life scale measures a broad range of factors across both work and non-work life domains, consisting of job and career satisfaction, general well - being, home - work interface, stress at work, control at work and working conditions. The study suggested further research to refine the instrument and assess its applicability to other work areas.

Denise and Costa (2008) had conducted a study on the *Quality of life at work among 47 female nurses in public and private hospitals, Brazil.* The objective of the study was to analyse how quality of working life/quality of life at work has been studied and to assess the Brazilian nursing professional's satisfaction. The result shows that 36.1% met the established inclusion criteria. The term quality of work life and quality of life work was conceptualized in eight articles. The quality of work life and quality of life work concept was more related to professional satisfaction, while the most approached domain was payment.

Boixados (2010) had studied the information obtained on *Working women's lifestyle and quality of life* among 207 women aged between 19 and 54 years through structured questionnaire on quality of life. The result shows that Spanish women show regular and healthy habits in diet and prevention behaviours and also identify important quality of life predicting factors in issues related to personal time management.

Fatihe and Ali (2012) had conducted a study on c*omparing health-related quality of life between employ women and housewives* among 110 housewives and 110 women employee in *Iran* selected randomly from 10 health care centres. The aim of the study was to compare the quality of life of employed women with housewives. The results show that employed women scored higher than housewives in all measures

except for physical functioning. The difference was found to be remarkable for vitality, mental health and role emotional.

Subhashini and Gopal (2013) conducted a study on *Quality of Work among 100 women employees working in garment factories in Coimbatore*. The study focussed on the factors influencing quality of life of employees, level of satisfaction of employees on present level of quality of life. The study also attempted to evaluate the quality of work life of women employees working in selected garment factories. The results revealed that the factories need to concentrate to bring about better quality of work life and thereby satisfied women work force.

Kaur Ranjeet (2013) had an assessment on the *quality of life of working women at Ludhiana District of Punjab among* 120 respondents, 15 women with equal representation of three categories of respondents such as service, self employed and housewives were selected from each village. The objectives of the study was to find out the socioeconomic profile of the respondents, to analyse the physical, social and psychological wellbeing of the respondents, to access the quality of life of respondents and to find out the association of quality of life with various socio-economic characteristics of the respondents. The study was conducted on the middle class women in the rural areas of Ludhiana district in Punjab. Eight villages were randomly selected from two blocks named Ludhiana I and II. The data were collected through personal interview schedule. Composite index of quality of life was computed by using various indicators of physical, social, economic and psychological well - being. The study revealed that over all out of the levels of poor, fair, average, good and excellent, majority of the women irrespective of their working status fall in the levels of average and good. Not much difference was found in the psychological quality of life of working women and housewives. However, economic and physical quality of life of working women was better than housewives while in social quality of life, the housewives had the upper hand. The association of quality of life with various socio-economic characteristics of the respondents showed that: respondents from general caste had better quality of life as compared to scheduled and backward castes. The respondents from nuclear families had better quality of life as compared to the respondents from to joint families. The respondents having education above school level (graduation and post graduation) had better quality of life as compared to the respondents having education only up to school level. The composite index of

quality of life indicated that overall quality of life of working women was better as compare to housewife.

Farzaneh, Maghaminejad, and Fini (2012) had conducted a study on *Quality of Working Life of Nurses and its Related Factors among 200 nurses*. The study aimed to investigate the quality of nurses' working life in Kashans' hospitals. Cross-sectional study was conducted and the data-gathering instrument consisted of two parts. The first part consisted of questions on demographic information and the second part was the Walton's quality of work life questionnaire. Data were analyzed using SPSS software. For statistical analysis T test and one way ANOVA were used. The results of the study showed that 60% of nurses reported that they had moderate level of quality of working life while 37.1% and 2% had undesirable and good quality of working life, respectively. Nurses with associate degrees reported a better quality of working life than others. A significant relationship was found between variables such as education level, work experience, and type of hospital with quality of working life score ($P < 0.05$). However, no significant differences were observed between quality of working life score of nurses with employment status ($P = 0.061$), salary ($P = 0.052$), age, gender and marital status ($P > 0.05$).

Ergun, Oran and Bender (2005) had conducted a study *on Quality of life of oncology nurses among 89 oncology nurses in Turkey.* The aim of the study was to determine the quality of life (QOL) of nursing staff working in oncology units in Turkey. The study was a descriptive study and included 89 oncology nurses from 12 different cities in Turkey who participated in the course "Basic Chemotherapy Courses for Oncology Nurses" in Izmir. Quality of life was assessed with the Questionnaire for Socioeconomic Status and the World Health Organization QOL Scale (WOQOL-BREF). Data were analyzed using descriptive statistics including Student t tests, analysis of variance, and the Scheffe test for post hoc analysis. The mean scores for QOL were 14.52 for the physical health domain, 14.3 for the psychological domain, 13.57 for the social relationships domain, and 11.78 for the environment domain. It has been concluded that providing care for patients with cancer has a negative impact on the QOL of oncology nurses.

Daubermann and Tonete (2012) had conducted a study on *Quality of work life of nurses in primary health care among 8 nurses in Brazil.* The objective of the study was to understand the conceptions and experiences of nurses about quality of life and

quality of work life in primary health care. A descriptive study using a qualitative approach was used for the study. The result shows that nurses presented expanded conceptions about quality of life and quality of work life, in general, showing that they were satisfied regarding these. However, barriers were identified that compromised the quality of life of the professionals studied in the context determined primarily by the lack/inadequacy of material, human and environmental resources, as well as the established work process.

Gholami, Farsi, Hashimi and Lotfabadi (2012) conducted a study on *Quality of Life in Nurses Working in Neyshabur Hospitals among 198 in Iran.* The objective of the study was to assess the QOL in nurses working in Neyshabur hospitals and some factors associated with it, with the use of the SF-36 scale. A cross sectional study was used to collect the data. The result shows that with the mean age of study population was 31.02 ± 6.74 years. Of all participants, 146 persons (77.7%) were female and 42 persons (22.3%) were male. Emotional Role (RE), Vitality (VT) and Physical Role (RP) had the lowest subscale scores, while Physical Function (PF), Bodily Pain (BP) and Social Functioning (SF) had the highest subscale scores. Backward multiple linear regression model revealed that years in occupation was significantly associated with five subscales (PF, VT, SF, BP and General Health (GH)) and Mental Component Summery (MCS). Employment status was associated with PR subscale and Physical Component Summery (PCS) while house ownership was associated with PR subscale of the SF-36 scale ($P < 0.05$).

Pamila and Silva (2014) had conducted a study on *Quality of life among nurses working in different health care setting among 501 nurses in the state of Karnataka, India.* The aim of the study was to investigate the quality of life (QOL) among nurses working in different healthcare settings in hospitals of Karnataka State, India. The study was cross-sectional study carried out to conduct the study. The result shows physical health status of nurses was "ill" in both the hospitals (34%; 23%) with significance at 0.01 levels. The mean score for psychological domain was least (41.83). Overall perception of QOL result showed significance at levels for all domains except for psychological domain. Conclusions: Hospital authorities and health managers of any type of health care setting need to plan for enhancing better quality of life for nurses by planning for better working environment by providing facilities for coping mental demands, software systems and work - rest schedules to

reduce the jobs physical demands. Thus, enhance QOL of nurses resulting in better healthcare services to the community.

Treesa, Jose and Sripathy (2014) had conducted *a descriptive study on quality of life of nurses working in selected hospitals among 1040 in Udupi and Mangalore districts Karnataka, India.* The main aim of the study was to determine the Quality of Life of nurses as measured by WHO Quality of Life questionnaire and to find the association between Quality of Life and selected demographic and work related variables. Purposive sampling was used to select the samples. The result shows that median score of QOL of nurses on overall perception of quality of life and health were equal. Significant association was observed between Quality of life and marital status, and monthly income, area of work, working hours and total years of experience.

2.3) Work family balance and quality of life of working women.

The main purpose of this study was to link work - family conflict, quality of work and non - work lives, quality of life and social support (supervisor and spouse supports). Specifically, it seeks to address three different roles of social support that have theoretical and empirical support and the mediating roles of quality of work life and quality of non-work life. The main findings are: work-family conflict has relationship with quality of life; quality of work life and non-work life are "partial" mediators between work-family conflict and quality of life; and, among the various roles of social support, its role as an independent variable of quality of life gives the best results.

Jeffrey, Karen and Jason (2002) had conducted a study on the *Relation between work-family balance and quality of life* among 353 respondents at least having a child. They examined the relation between work-family balance and quality of life among professionals employed in public accountants. Three components of work-family balance were assessed: time balance (equal time devoted to work and family), involvement balance (equal involvement in work and family), and satisfaction balance (equal satisfaction with work and family). The results show that 47.43 of the respondents spend more hours on work than family. On the other hand, 4.24 were more psychologically involved in their family than work and 4.05 of the individuals were also satisfied with the family life than the work.

Samsinar and Murali (2010) conducted a study on *Relationship between work-family conflict and quality of life with an investigation into the role of social support in Malaysia.* The SEM (scanning electron microscopy) approach was used for the study and the research is based on a cross-sectional study. The purpose of the study was to link work family conflict, quality of work and non - work lives, quality of life and social support. The result shows that work family conflict has relationship with quality of life, quality of work life and non - work life are partial mediators between work family conflict and quality of life, and among the variables roles of social support, its roles as an independent variable of quality of life gives the best result.

Vakta (2014) conducted a study on *Work life balance and quality of life of working women in Public and Private sector* among 94 women employees in *Ahmedabad, Gujarat*. The objective of the study was to explore the work life balance and quality of life among working women employees in public and private sector. The results shows that most of the work related factor have a negative impact on quality of life. The results also highlight that employed women are not favourably placed and this has severe implications on the families, organizations and society in general.

Ramos, Francis and Philip (2015) had conducted a study on *Work life balance and quality of life among employees in banking industry* in among 139 women employees in *Malaysia*. The objective of the study was to examine the relationship between work family balance and quality of life. The study also examined relationships between time balance and quality of life and relationship between satisfaction balance and quality of life. The results show that individuals who are able to maintain time and involvement balance experience better quality of life. However, the study finds no support for the hypothesised relationship between satisfaction balance and quality of life. Moreover, the study found no interaction between time balance and total time devoted to work and family roles, involvement balance and total involvement in work and family as well as satisfaction balance and total satisfaction in work and family.

Padma and Reddy (2013) had a study *on Role of family support in balancing personal and work life of women employees* among 56 female police constables and head constables in *Andhra Pradesh*. The objective of the study was to examine the

impact of family support on work family balance of working women of female police. The results show that the support from family members will play a significant role in balancing personal and professional works.

Kemmis (2012) conducted a study on the *Impact on women's career prospects among Irish women, Ireland.* The objective of the study was to attempt to highlight the difficulties of work life balance facing employees, and the differences in this regard between men and women. Descriptive and analytic method was adopted for the study and quantitative research was used to conduct the study. A Likert-style rating scale was used for the employer survey. The results show that employees faced difficulties in work life balance and there was a difference between men and women in work life balance.

Yildirim (2008) had conducted a study on Nurses work demand and work family conflict among 243 employed women in Turkey (106 Academic nurses and 137 clinical nurses). The objective of the study was to examine the extent to which work demands were related to work – to - family conflict as well as life and job satisfaction of nurses. The result showed that work overload and irregular work schedules were the significant predictors of work-to-family conflict and that work-to-family conflict was associated with lower job and life satisfaction.

Weigel. J. Daniel, Weigel. R. Randy,Berger. S. Peggy,Cook. S. Alicia, DelCampo Robert (1995) in their study on Work-Family Conflict and the Quality of Family Life: Specifying Linking Mechanisms evaluated a conceptual model that specified relationships between work and family demands, work - family conflict, stress, and the quality of life. Using a sample of 328 female and 187 male working parents, path analysis indicated that the intersects of structural and psychological characteristics of work and family was related to work - family conflict, influenced stress and eventually predicted the quality of family life. Also, as expected, the linkages between work and family varied for mothers and fathers.

2.4 Stress

Mclean. V (2002) had conducted an empirical study on *Stress, Depression and Role conflict* among 59 working mothers from 8 nursery schools, Rood port area by administering questionnaire. The study aim to explore the levels of and interrelationships between stress, depression and work home/role conflicts among

working mothers mediating factors such as coping skills and social support were also explored. The statistical analysis utilizing Spearman's correlation and chi square tests has shown that work/home role conflict was not significant but half of the respondents had reported the features of depression. It was also found that there was a positive correlation between stress and depression and negative correlations between coping, support, stress and depression.

Empirical study on the *Stress of working Mothers and its Effect on Quality child care was conducted by Bronnimann. S (2016).* The purpose of the study was to determine whether working mothers experience stress and, if so, whether or not the stress affects their ability to provide quality child care to this study, a survey instrument that employed a six-question Likert-type scale was distributed to the working mothers of children attending preschools in the Santa Clarita Valley as well as to students attending the master's college. The results had indicated that the working mothers in Santa Clarita Valley appear to successfully provide adequate child care in spite of the stress they face, contrary to the perception of the students at The Master's College. A personal data sheet requested demographic data in addition to the responses to the six survey questions. The study found that selected working mothers in Santa Clarita area rarely find times to relax and they always praise their children. Master college perceives that working mothers feel pressure that they rarely find time to relax and they always feel tired.

An exploratory descriptive survey approach to assess the level of stress among working mothers in selected community area in Bangalore was conducted by *J K Joseph in 2010* among 50 working mothers. The objective of the study was to assess the level of stress among working mothers and to associate the level of stress with selected demographic variables. The study found that majority of the working mothers face stress which has influence on the quality of the parent – child - interaction in such a way that women who were not happy in their jobs used harsher methods of discipline and shown less affection to their children than family those who were happy with works.

The effect of stress and anxiety among working mothers in Nigeria by Emmanuel T among 100 working mothers who are above 18 years old. The study was designed to examine how stress and anxiety affect working mothers in *Nigeria*. The instrument used for this research are Perceived stress scale, PSS. The ex-post facto

design was used to obtain information. The independent t-test analysis was used to test the level of stress and anxiety among working mothers. The study found that working mothers that are married or single that have children and various tasks like domestic chores, taking care of their children, husbands and office tasks that must be taken care of. All these duties that must be taken care are believed to cause working mothers more stress.

Jailaxmi, (2007) had conducted an empirical study to *Assess the level of stress among 40 working mothers whose children are in crèche in Bangalore*. The objective of the study was to assess the level of stress of working mothers whose children are in crèche and to find the association between the stress and the demographic variables. The data was analyzed using descriptive and inferential statistics. It is found that working mothers experienced high level of stress as compared to mothers who stay at home. It was also found that job stressor has impact on the daily parenting behaviour of mothers who generally experience higher level of emotional distress.

Shueh-Yi Lian and CaiLian Tam, (2001) had conducted a study on *Work stress, strategies and resilience: a study among working mothers in Malaysia.* The aim of the study was to evaluate research relating to the effects of coping strategies and resilience on the level of workplace stress. Much of the research focused on working mothers and working females in general. It iwas found that working mothers experienced more work stress as compared to men.

Mary Ann, (1982) had an empirical study on *Women, Work and Stress to identify the link between job conditions conclusive to stress and disease outcomes*, and to suggest direction for future research. The findings are conclusive but suggested that work may have a beneficial effect on mental health, and that certain types of jobs in combination with family responsibilities may lead to increased risk or actual development of cardiovascular disease.

Maryam and Ali (2010) conducted a study on *Occupational stress and family difficulties of working women* among 250 respondents in *Iran*. The purpose for the study was to assess the relationships between occupational stress and family difficulties in working women by adopting a non-experimental, cross-sectional survey design using demographic information form, the Source of Work Stress Inventory (SWSI) and Family Adaptability and Cohesion Evaluation Scales-II (FACES-II). The correlation and regression analysis result show that there were significant positive

relationship between levels of occupational stress and family difficulties in working women.

Denise. B, Mark Davies and Victoria's (1985) had a study on the *Stressfulness of daily Social Roles for Women: Marital, occupational and Household Roles* among 197 women in *New York*. Probability sampling was adopted for the study and it is found that stresses are lowest in marital and parental roles and highest in the work role. When marital or household stresses occur, they have more severe consequences for the psychological wellbeing of women than do stresses in the occupational role.

CHAPTER III

METHODOLOGY

This chapter mainly deal with the nature of the present research settings, methodology and design.

3.1. The setting: Profile of the study area

The setting of the present study elaborates profiles of the towns of Lawngtlai and Saiha Towns, Mizoram.

3.1.1 Lawngtlai Towns

Lawngtlai is the district headquarters of Lawngtlai district in the state of Mizoram in India lies at the longtitude 92.30^{o} - 93^{o} and East Latitude: 21.58^{o} – 22.60^{o} North. According to census 2011 the population of Lawngtlai is 20,830 of which 10,659 are males while 10,171 are females and the area was 2,557 km. It is also the headquarters of Lai Autonomous District Council, one of the three autonomous district councils in Mizoram (the other two being Mara Autonomous District Council and Chakma Autonomous District Council). Lawngtlai village was established by Haihmunga Hlawncheu, a Lai Chief, in 1880 at present Vengpui. It has been named "Lawngtlai" as one day the Chief Haihmunga Hlawncheu seized a boat that was drifting down Kaladan river hence the name Lawng-tlai, which means *Lawng*=boat, and *tlai*=seized. Lawngtlai has a population of 18,959 with 3,246 households; that makes Lawngtlai the second biggest town in Southern Mizoram. Majority of the people belong to Lai group. They are small part of a much larger Chin people in Chin State, Burma.

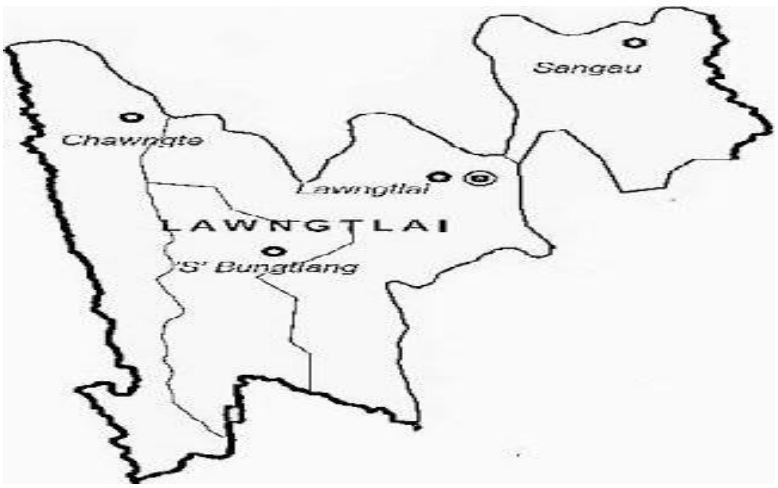

Fig: 3.1 Maps of Lawngtlai District

3.1.2 Saiha Towns

Siaha (official name given by the Mara Autonomous District Council, popularly known as Saiha) is a census town in Saiha district in the Indian north-eastern state of Mizoram. According to 2014 census the population was 25,110 It is the Headquarters of the Mara Autonomous District Council, one of the three autonomous district councils within Mizoram. It is located in the South Central part of the state. The word 'Siaha' in the local Mara language is 'Sia' for Masia which means elephant and 'ha' meaning tooth - An elephant tooth. It was a place where a large amount of elephant teeth were found. Though the local people name the town as Siaha, Mizos called it by the name 'Saiha', which is purely a translated term in Mizo language. Siaha was a commercial hub for Mara people. Siaha was located at 22.48°N 92.97°E. The average elevation is 729 metres (2391 feet). As of 2001 India census, Siaha had a population of 19,731. Males constitute 52% of the population and females 48%. Siaha has an average literacy rate of 79%, higher than the national average of 59.5%: male literacy is 80%, and female literacy is 77%. In Siaha, 16% of the population is under 6 years of age. Siaha is the fastest growing town in Mizoram, 2008 statistical handbook of Mizoram reveals that the town has a population of 29,275 in 2008 against 19,731 in 2001.

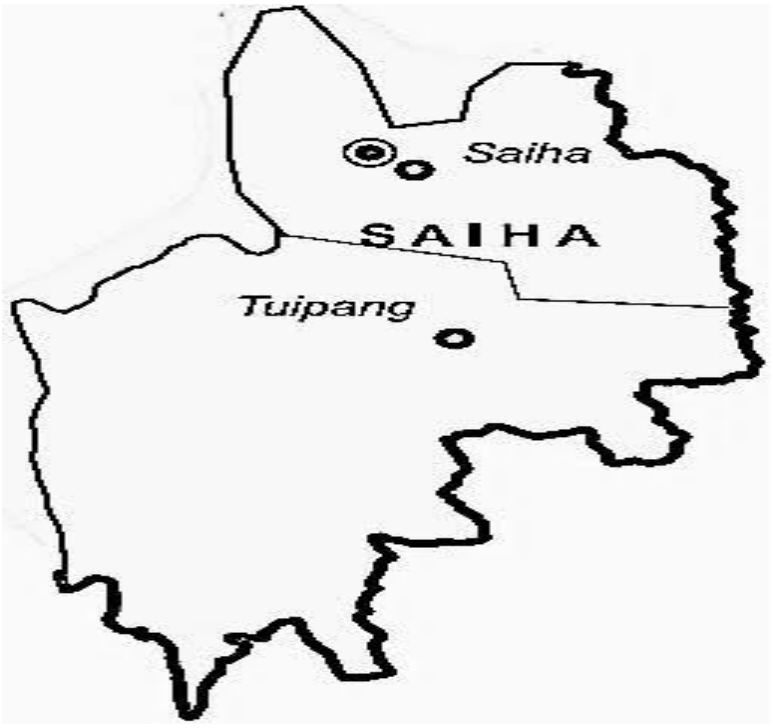

Fig: 3.2 Maps of Saiha District

3.1.3 Health Care Sector in Lawngtlai and Saiha Towns

Sl.No	Location	Private/Govt.	Numbers of Women workers
1	Lawngtlai		
	Lairam Christian Medical Center	Private	42
	Christian Hospital	Private	20
	Civil Hospital	Government	45
	Total		**107**
2	Saiha		
	Maraland Gospel Centenary Hospital	Private	25
	Civil Hospital	Government	33
	Total		**58**

3.2 Methodology

The present study includes sample design, tools of data collection, data processing and analysis and processing of data.

The present study was cross sectional in nature and descriptive in design selecting the representatives of the sample respondents of the working women age group between 18 years to 60 years residing in Lawngtlai and Saiha towns, Mizoram. The study follows mixed method approach such as quantitative method and qualitative method. The primary data was collected through quantitative method through structured questionnaire schedule and qualitative methods were collected using Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) and five case studies. The secondary data was collected through literature surveys, reports, documents and articles etc. The unit of the study was individual working women between the age group of 18 years and 60 years working at health care sectors in Lawngtlai and Saiha towns, Mizoram.

3.2.1 Sample Design

Multi stage sampling procedure was adopted to collect the data. The criteria of selection of sample include working women and also a mother who bears at least two children.

The study was conducted among 50 working women in Lawngtlai town, and 31 working women were conducted in Saiha town. The study has a sample size of total 81 respondents.

3.2.2 Tools of Data Collection

Structured questionnaire schedule, Focus Group Discussion (FGDs), Key Informant Interview (KIIs) and Case Study were used for data collection**.** Quantitative data were collected through structured questionnaire schedule. Qualitative data were collected through Focus Group Discussion (FGDs), Key Informant Interview (KIIs) and Case Study. The study comprised four main sources of qualitative and quantitative information to enable in-depth analysis that is structured questionnaire schedule at individual level, with discussions with variances of working women in health care sector and interview with key informants comprised of nursing superintendents and female attendant. All together 2 KIIs and 2 FGDs were conducted within the two villages to elicit information that would bring light in understanding the context.

3.2.3 Data Processing and Analysis

The quantitative data collected through structured questionnaire was processed through MsXcel and analyzed with the help of SPSS software**.** Cross tabulation, simple percentages ratios, Karl Pearson's product were used to analyse the data.

CHAPTER IV

RESULTS AND DISCUSSION

The study attempts to learn the work family balance and quality of life among working women in health care sector in Lawngtlai and Saiha towns, Mizoram. For this study, two towns namely Lawngtlai and Saiha were selected. The total sample unit composed of 81 working women in health care sector; 50 women respondents from Lawngtlai and other 31 women respondents from Saiha. In addition 2 two focus group discussion (FGDs), 1 group in Lawngtlai and another group 1 in Saiha. The participants of FGDs were female attendants, laboratory technician and administration. Two (2) key informant interview and 5 case studies were conducted to understand the quality of life of women in health care sector. The participants in KIIs were nursing superintendent and female attendants. Case studies were also conducted and the participant comprise of laboratory technician, shop keeper, female attendants, cashier, IV Grade. The table was tabulated on the basis of related different sections.

4.1 Profile of the Respondents

The demographic profile of the respondents decorated the basic information about the respondents. In this section, arrangement was made on the basis of two characteristics. It comprised of the personal characteristics and professional characteristics.

4.1.1 Personal Characteristic

The personal characteristics of the respondents was discussed in Table 4.1 which was categorized into seven characteristics such as age of the respondents, marital status, type of family, size of family, number of children, occupation of spouse and secondary occupation of the family**.**

The age of the respondents was shown in Table 4.1. The total number of the respondent was 81 and the respondent's ages were classified into six categories. The maximum numbers of 28 % of the respondents were belonging in the age group of 28years to 32 years followed by 27 % of the respondents between the age of 23 years and 27 years. The data shows that there were 12 % of respondents

between 43 years to 47 years. And an equal distribution of 11 % between the age group of 38years to 42 years and 48 years and above. A minimum number of 9.9 % of the respondents were belonging to 33 years to 37 years.

The marital status of the respondents was classified into three categories as married, unmarried and divorced. The data shows that a maximum of more than half of the respondents were married and nearly half of the total respondents were unmarried. Thus, a minimum of 1.2 % of the respondents were divorced.

The type of family where the respondent's belonging to was classified into three categories as nuclear family, joint family and extended family. The data shows that a maximum of 65 % of the respondents belonging to nuclear family followed by one third of the respondents belonging to joint family. Overall, there were only 1 % of the respondents belonging to extended family.

The size of the family of the respondents was classified into three categories as small (1-4 members), medium (5-7 members) and Large (7 and above members). The data shows that more than half of the total respondents were belonging to a medium size of family having members between 5and 7. It was followed by one third of the respond belonging to a small family size having less than 4 members. Hence, one tenth of the total respondents were belonging to large family size having 7 members and above. However, the remaining 2.5 % of the respondents does not disclose their size of family.

The number of children held by the respondents was presented. This information was important to understand the work family balance of the mother respondents. The number of children of the respondents was classified into two categories as 1-4 children and 5-7 children. And 45.7 % of the total respondents were unmarried and does not have children. The data shows that 46.9 % of the total respondents had children less than 4 and another 3.7 % of the respondents had children more than 5 but less than 7. However, 3 of the respondents do not attempt the enquiry; they were married but not having children.

The occupation of the spouse of the respondents was classified into four categories as government job, driver, teacher and business. A maximum of 46.9 %

Table 4.1 Personal Characteristic

Sl.No	Category	Frequency N=81	Per cent
1	**Age of the Respondents Age**		
	23-27	22	27.2
	28-32	23	28.4
	33-37	8	9.9
	38-42	9	11.1
	43-47	10	12.3
	48 and Above	9	11.1
2	**Marital Status**		
	Married	43	53.1
	Unmarried	37	45.7
	Divorced	1	1.2
3	**Type of Family**		
	Nuclear	53	65.4
	Joint	27	33.3
	Extended	1	1.2
4	**Size of Family**		
	1-4 (small)	28	34.6
	5-7 (medium)	42	51.9
	7 and above (large)	9	11.1
	Not attempt	2	2.5
5	**Number of Children**		
	1-4	38	46.9
	5-7	3	3.7
	Not attempt	40	49.3
6	**Occupation of Spouse**		
	Government job	20	24.7
	Driver	4	4.9
	Teacher	7	8.6
	Business	6	7.4
7	**Secondary occupation of family**		
	Government Job	40	49.4
	Driver	5	6.2
	School teacher	9	11.1
	Business	8	9.9
	Not attempt	19	23.5

Source: Computed

of the respondent's spouse were not working. In this case, the respondent was unmarried and divorced. While, 24.7 % of the respondent's spouse were working in a government job and followed by 8.6 % of the respondent's spouse working as a

private school teacher. Also, another 7.4 % of the respondent's spouse runs a petty business and a minimum of 4.9 % of the respondent's spouse were work as a commercial driver.

In regards to the secondary occupation of the family of the respondents including the spouse occupation were classified into four categories as government job, driver, school teacher and business. The data shows that nearly half of the respondent's family secondary occupation was government job. The job was taken-up by any other members of the family other than the respondent. More than one tenth of the respondent's family secondary occupation was private school teacher. While, less than 10 % of the respondent's family secondary occupation was petty business. Thus a minimum of 6 % of the respondent's family secondary occupation was driving. However, the remaining 23.5 % of the total respondents do not attempt the enquiry as the family does not have secondary occupation.

4.1.2 Professional Characteristics

The professional characteristics of the respondents was discussed in Table 4.2 which was classified into six characteristics such as educational qualification, profession, place of working, years of experience, present position and monthly income.

The first professional characteristic of educational qualification was sub categorized into four categories as high school, higher secondary, graduate and bachelor of science. The second and fifth characteristic of profession and present position was categorized into two categories as medical doctor and nurses. The place where the respondents' were working was categorized into five that includes Lairam Christian Medical Center Lawngtlai (LCMC), Civil Hospital Lawngtlai, Christian Hospital Lawngtlail, Civil Hospital Saiha and Maraland Gospel Centenary Hospital, Saiha (MGCH). The work experience of the respondents was explored. The years of experience was classified into four categories as experience below 2 years, experience between 2 years to 5 years, experience between 6 years to 8 years and respondent having experience for 9 years and above. The economic condition of the respondent was enquired on the basis of their monthly income. The

Table 4.2 Professional Characteristic

Sl.No	Category	Frequency N=81	Per cent
1	**Educational Qualification**		
	High school	15	18.5
	Higher Secondary	43	53.0
	Graduate	11	13.5
	Bachelor of Science	12	14.8
2	**Profession**		
	Medical Doctor	7	8.6
	Nurses	74	91.4
3	**Place of working**		
	Lairam Christian Medical Center (LCMC) Lawngtlai	15	18.5
	Civil Hospital Lawngtlai	22	27.2
	Christian Hospital Lawngtlai	14	17.3
	Civil Hospital Saiha	16	19.8
	Maraland Gospel Centenary Hospital (MGCH)Saiha	14	17.3
4	**Years of experience**		
	Below 2 years	14	17.3
	2years-5 years	23	28.4
	6years-8 years	16	19.8
	9years and above	28	34.6
5	**Present Position**		
	Medical Doctor	7	8.6
	Nurses	74	91.4
6	**Monthly Income (INR)**		
	Rs 10000-Rs 14000	22	27.2
	Rs 16000-Rs 20000	9	11.1
	Rs 22000-Rs26000	14	17.3
	Rs 28000-Rs 32000	8	9.9
	Rs 35000 and above	27	33.3
	Not attempt	1	1.2

Source: Computed

monthly income of the respondents is categories into five between less than Rs 10000.00 and above Rs 35000.00 per month.

The data shows that a maximum of more than half of the total respondents had completed higher secondary school education. This was followed by one fifth of the respondents who had studied up to high school. Also 14.8% of the respondents have completed Bachelor of Science. Thus, a minimum of 13.6% of the respondents had their graduation.

The data shows that the profession of the respondent's as 91.4 % of the entire respondents were working in nursing care and the remaining 8.6 % of the respondents were medical doctor. The other Para - medical staff were identified as respondents in the qualitative explorations.

The data shows that a maximum numbers of 27 % of the respondents were working in civil hospital, Lawngtlai and 19 % of the respondents were working in civil hospital, Saiha. Else, another 18.5 % of the respondents were working in Lairam Christian Medical Centre (LCMC) Lawngtlai and there was an equal distribution of 17 % of the respondents working in Christian Hospital Lawngtlai and Maraland Gospel Centenary Hospital (MGCH) Saiha.

The data shows that a maximum of the respondents working in the health care sector has a working experience for 9 years and more. Where, 28.4 % of the respondents were working for less than 5 years but more than 2 years followed by 19.8 % of the respondents having working experience of 6 years and less than 8 years. However, the remaining 17 % of the respondents were under probation and working for less than 2 years.

The data shows that a maximum of 91.4 % of the respondents were nurses and another 8.6 % of the respondents were medical doctor.

A maximum of one third of the total respondents has a monthly income of Rs.35000 and above followed by 27 % of the respondents whose monthly income ranging between Rs.10000 and Rs.14000. More than one fifth of the respondent's monthly income is ranging between Rs.22000 and Rs.26000 and followed by one tenth of the respondents whose monthly income ranging between Rs.16000 and Rs. 20000. Thus, a minimum of less than 10 % of the respondent's monthly income was ranging between Rs. 28000 and Rs. 32000. However, 1.2 % of the respondents do not attempt the enquiry.

4.2 Working Hours of Working Women

Table 4.3 comprise of the working hours of the respondents which was classified into three categories as satisfied with working hours and the reason for unsatisfaction, working hour suitable and the reason for not suitability, work more than the stipulated time and the reason for having overtime work.

The satisfaction level on working hours of the respondents was presented. The satisfactions on working hours seek to understand whether the respondents satisfy with the assigned working hour of unsatisfied with the working hours. The data shows that a maximum of more than two third of the respondents were satisfied with the present working hours that is six hours in a day. And a little less than two fifth of the respondents were not at all satisfied with working hours. Hence, 2.5 % of the respondents do not attempt the enquiry.

The exploration on the reason for un-satisfaction on the working hours by the respondents was classified in two categories and the data shows that 13.6 % of the respondents were not satisfied with working hours because the respondents do not have assistance at home and the respondents had to take care of the family soon after return from work. While another 3.7 % of the respondents were not satisfied with the working hours because the respondents feels that have less time to attend family members. Hence, more three fourth of the entire respondents were satisfied with the present allotted working hours.

The suitability and convenience of the respondents with the working was presented and classified into two categories. The data shows that a maximum of 85 % of the respondents found that the present working hours is suitable to them as against to 12 % of the respondents who had found that the working hours was unsuitable to them. The remaining 2.5 % of the respondents do not attempt the enquiry.

The enquiry on the reasons for not suitability of the working hours among the respondents as classified into morning shift, evening shift and night shift. The data shows that a maximum of less than 10 % of the respondents found that morning shift as unsuitable for working as these respondents were mothers to take care of their children at home.

Further, there was an equal distribution of 1.2 % of the respondents who felt that evening shift and night shift were not a suitable working hour for these respondents were the care taker of the family.

Table 4.3 Working Hours of the respondents

Sl.No	Satisfactory Level	Frequency N=81	Per cent
	Satisfied with working hour		
	Yes	67	82.7
1	No	14	17.3
1 (a)	**If no, Why?**		
	Not having assistance at home	11	13.6
	Less time to attend family members	3	3.7
2	**Working hour suitable**		
	Yes	71	87.7
	No	10	12.3
2(a)	**If not, which shift?**		
	Morning shift	8	9.9
	Evening shift	1	1.2
	Night shift	1	1.2
3.	**Work more than stipulated time**		
	Yes	38	46.9
	No	41	50.6
	Not attempt	2	2.5
3 (a)	**If yes, Why?**		
	Inadequate staff	16	19.8
	Requested by colleagues having young children	6	7.4
	Unwell or health complaints by colleague	16	19.8

Source: Computed

The working beyond the allotted working hours by the respondents was explored. There was more or less equal number of the respondents working beyond the stipulated working hours. The data shows that a maximum of 50.6 % of the respondent's do not work more than the stipulated time and against to 46.9 % of the respondents had worked over the stipulated time. However, 2.5 % of the respondents do not attempt the enquiry. It is impetus to understand the reason for having overtime work by the respondents. The three

reasons were inadequate staff, requested by colleagues having young children and unwell or health complaints by colleague. The data shows that there is an equal distribution of 19.8 % of the respondents who has worked for longer duration of hours due to unwell or health complaints by their colleague slotted in the next shift and also due to inadequate staff in the hospital. Thus, 7 % of the respondents worked for longer hour as requested by colleagues having young children and requested the respondents to cover - up the shift. However, 53.1 % of the respondents do not attempt the enquiry as they did not work for more than the stipulated time.

4.3 Worried On Works At Home

The mental health of the respondents was important to balancing work and family. Table 4.4 comprises of worried on work at home and classified into three sections as worry work at home, the reason for worrying work of the respondents was classified into four categories and mainly it was due to the fact that the person who was on duty was less sincere, the responsibility may not be taken care and ready unavailability of medicine/equipment. The coping strategies adopted by the respondents was classified into three categories as telephonic monitoring, go to hospital in emergency and exploring the medicine equipment to others hospitals.

The respondents worrying at home on related work is enquired. The data shows that more than two third of the entire respondents were worrying their work while at home. However, more than one fourth of the respondents do not at all have worry at home related to the work.

The reason for worrying work by the respondents was classified into four categories and mainly it was due to the fact that the person who was on duty was less sincere, or the responsibility may not be taken care-off by the person or there was unavailability of ready medicine/equipment and also it may be due to the condition of critical patient's. A maximum of nearly two third of the respondents worried about their work even when they were at home because of the critical condition of the in - patients in the hospital whom they had attended and followed by 4.9 % of the respondents who thought that the next person may not be responsible or less responsible to cater the situation. While a few of 2.5 % of the respondent's worried work while at home because of unavailability of ready medicine/equipment to use in case of emergency. Thus, a minimum of 1 % of the

respondents had a feeling that the person who is on duty is less sincere. However, more than one fourth of the total respondents do not attempt the enquiry as they were not at all worried about work while at home.

Table 4.4 Worried On Works At Home

Sl.No	Worried		
1	**Worry Work at Home**	**Frequency N=81**	**Per cent**
	Yes	58	71.6
	No	23	28.4
1(a)	**If yes, Why worry work at home?**		
	Person duty is less sincere	1	1.2
	Responsibility may not be taken care	4	4.9
	Critical patient's condition	51	63.0
	Ready unavailability of medicine/equipment	2	2.5
1 (b)	**Coping Strategies**		
	Telephonic Monitoring	40	49.4
	Go to hospital in emergency	15	18.5
	Exploring medicine equipment to others hospitals	3	3.7

Source: Computed

It was relevant to understand the coping strategies adopted by the respondents in such times of worried of work at home. It was classified into three as telephonic monitoring, go to hospital in emergency and exploring medicine and equipment to others hospitals. Nearly half of the respondents adopted coping strategies for worrying work at home was monitoring through telephone. The respondents updated the information through contact to a person who is on duty. While 18.5 % of the respondent's adopted coping strategy was they themselves went and visit the hospital to check on the condition of the patients. And another 3.7 % of the respondents cope with the situation by exploring the availability of medicine/equipment in other health institutions that may be require in case of emergency. Thus, more than one fourth of the respondents did not attempt the enquiry as they were not worried about work at home.

4.4 Institution help in Managing Work life Balance

The enhancement of employees functioning is a must to the employer. The arrangement for institutional help enabled the delivery of services by the health care professionals. In table 4.5 institutions help in managing work life balance was explored and classified into institution help available and the initiatives taken by the institution and it include flexible work timing, day off from work, sending replacement staff and proposal for additional stuff.

Table 4.5 Institution help in Managing Work life Balance

Sl.No	Institution Help Available	Frequency	Per cent
	Yes	77	95.1
	No	4	4.9
	Total	**81**	**100.0**
1 (a)	**In what way is it available?**		
	Flexible work timing	13	16.0
	Day off from work	60	74.1
	Sending replacement staff	3	3.7
	Proposal for additional stuff	1	1.2
	Total	**77**	**95.1**

Source: Computed

The table on the availability of institution help in managing work life of the respondent's shows that majority of the entire respondents had agreed on the availability of institution help in managing work life of the women employees so as to balance work and family. However, the remaining 5 % of the respondents do not aware about the matter.

The initiatives taken by of the institutional to help the women employee in managing work life balance shows that a maximum of more than two third of the respondents felt that the institution help in managing work life balance of the employees as by providing day-off from work. It was a day off provided to the employees on the fourth day after continuous 3 night's duty. The other condition includes that when the employee or employee's children is unwell leave from duty is permitted and sanctioned immediately by the authority. This was another reason for having overtime work load by the respondents. While 16 % of the respondents

felt that the initiative was providing a provision of flexible timing especially the work starting time. Also, another 3.7 % of the respondents assumed that the institution initiatives to help in managing work life balance of the employee's was by allowing sending of the replacement staff for time-being. While, a minimum of 1% of the respondents felt the institution proposed for additional staff was an initiative in helping in managing work life balance of the employees.

4.5 Role At Home of the Respondents

The respondents included of mother employees who need to perform dual roles at work and at home. In table 4.6 role at home of the respondents was presented and classified into three categories such as regular role to perform at home, the work hampered role at home and the ways in which hampering the role as home as a mother which include no time to attend family members, less time for parenting/child education and not supportive to spouse.

The data shows that 93.8 % of the respondents had to performed regular role at home. The remaining 6 % of the respondents did not have regular role to perform because this respondents were staying in the hostels provided by the institution.

The data on the role at home shows that nearly one third of the respondent's role as a mother at home was hampered by work. While 20.9 % of the respondent's role as mothers were not hampered by work and 45.7 % of the respondents do not attempt the enquiry as they were unmarried respondents. Another 3.7 % of the respondents were married but not having children. The ways in which the role as a mother was hampered was classified into three categories as no time to attend family members, less time for parenting/child education and not supportive to spouse. The data shows that a maximum of one fifth of the respondents' role as a mother was hampered mainly due to less time on parenting and also less time given on child's education.

Table 4.6 Role At Home

Sl.No	Performance	Frequency N=81	Per cent
1	**Do you have regular role at home?**		
	Yes	76	93.8
	No	5	6.2
2	**Is your work hampering role at home?**		
	Yes	24	29.6
	No	17	20.9
	Not Attempt	40	49.3
2 (a)	**If yes, In what way?**		
	No time to attend family members	4	4.9
	Less time for parenting/child education	14	17.2
	Not supportive to spouse	6	7.4

Source: Computed

Another 7.4 % of the respondent's role as a mother was hampered due to unsupportive husband at home. This means that the respondents has to take responsibilities for everything and responsibilities was not shared between the spouses. While the remaining 4.9 % of the respondent's role as a mother was hampered in a ways of not having time to attend the family members. However, more than half of the respondent does not attempt the enquiry as the role do not hamper as a mother besides they were unmarried.

4.6 Stress Experienced at Home

In addition to the role performance by the respondents the study attempted to understand the ground reality by exploring the related stress experienced by the respondents at home. The presence of stress faced by the respondents at home, the level of feeling of stressful and the symptoms of stress were presented in the table 4.7. The level of feeling of stress by the respondents was assessed in three levels as very stressful, stressful and slightly stressful. The signs or a symptom of stress of the respondents was classified into four categories as hypertension, panic, anxiety and fatigue.

Interestingly, the data shows that a maximum of 43.2 % of the respondent's role at home did not cause stress as against to 33.3 % of the respondents who had reported an experienced of stress feeling at home. The remaining 23.5 % of the respondents did not attempt the enquiry. A maximum of 18.5 % of the respondents

were slightly stressful, followed by 13.6 % of the respondents who were stressful and another 1.2 % of the respondents recognised that they were very stressful.

Table 4.7 Stress Experienced at Home

Sl.No	Stress at home	Frequency N=81	Per cent
1	Yes	27	33.3
	No	35	43.2
	Not Attempt	19	23.5
2	**Level of feeling stress**		
	Very stressful	1	1.2
	Stressful	11	13.6
	Slightly stressful	15	18.5
3	**Symptoms of stress**		
	Hypertension	4	4.9
	Panic	11	13.6
	Anxiety	1	1.2
	Fatigue	11	13.6

Source: Computed

The data shows that there is an equal distribution of 13.6 % of the respondents who has shown the sign or symptom of stress as panic and as a fatigue respectively. This is followed by 4.9 % of the respondents who had experienced hypertension due to stress at home. Another 1.2 % of the respondents showed the sign or a symptom of stress at home through anxiety.

4.7 Factors Effecting Work Life and Family

It is desirable to identify the factors that have affecting work life and family of the respondents and it was presented through the calculation of mean score and standard deviation in table 4.8. The factors effecting work life and family are measured by using six items such as work at home after office hours, travelling away from home, work overtime, duration of working hour, excessive household work and negative attitude of family/spouse.

The table shows an equal mean score of 2.42 of work at home after office hour and travelling away from home that affect the work life and family balance of the respondents. These two factors attained the highest mean scores among the reported factors effecting the work and family life balance of the respondents.

The other factor was working overtime in the office which has obtained a mean score of 1.98. While, the respondents has mentioned the duration of the working hours as too long and effecting work life and family balance of the respondents with a mean score of 1.94. Also, the excessive work at home has also affected the work life and family balance of the respondents with a mean value of 1.91. In addition the negative attitude of the family members and spouse towards respondent's working outside the home with a mean score of 1.31 was another factor effecting the work life and family.

Table 4.8 Factors Effecting Work Life and Family

Sl.No	Factors	Minimum	Maximum	Mean	Std. Deviation
1	Work At Home After office Hour	1	4	2.42	0.739
2	Travelling away from home	1	3	2.42	0.804
3	Work Overtime	1	4	1.98	0.612
4	Duration of working Hour	1	4	1.94	0.619
5	Excessive household Work	1	4	1.91	0.693
6	Negative Attitude of Family/Spouse	1	3	1.31	0.491
	Over all Perception of Factors affecting Balancing Between Work Life and Family	1	2.67	1.9959	0.4133

Source: Computed

4.8 Management Strategies

In order to bring the work life and family balance, it is intrinsic to explore the management strategies. The managing strategies in balancing work and a family commitment of the respondents was presented in table 4.9 and was classified into six categories as fulfil religious commitments and involvements in community activities, be home on time, spending time with friends, keep healthy and fit, study or training and take care of family and spend time with them.

Table 4.9 Management Strategies

Sl.No	Management Strategies	Minimum	Maximum	Mean	Std. Deviation
1	Fulfil Religious Commitments And Community Activities	1	4	2.9	1.0
2	Be Home In Time Help In Balancing Work And Family	1	4	2.7	1.0
3	Spending Time With Friends Help In Balancing Work And Family	1	4	2.6	0.9
4	Keep Healthy And Fit	1	4	2.5	0.6
5	Study Or Training Help In Balancing Work And Family	1	4	2.5	0.9
6	Take Care of Family And Spend Time With Them	1	4	2.4	0.8
	Adoption of Strategies to Manage Work Family Balance	1.7	4.0	2.6	0.5

Source:Computed

The data shows that fulfilment of religious commitments and community activities by the respondents helped them in managing work and family with a mean score of 2.9 followed by a strategy to be home in time that had helped in work and time management with a mean score of 2.7. The table shows that spending time with friends by the respondents help in managing work and family with a mean score of 2.6. There is an equal mean score of 2.5 among the respondents on occasional exposure through capacity building on the issues related to work life and family balance as well as to keep staying healthy and fit helped respectively. Lastly, taking care of family and to spend time with them helped the respondents in managing work and family with the mean score of 2.4. Overall, the data concluded that the adoption of these strategies to manage work family balance has obtained mean score of 2.6.

4.9 Work life Imbalance

On the other hand, it was also imperative to understand the work life imbalance of the respondents that was classified into three categories as psychological problem, emotional problem and physical problem.

Table 4.10 Work life Imbalance

Sl.No	Due to Work Life Imbalance	Minimum	Maximum	Mean	Std. Deviation
1	Psychological Problem	1	3	2.74	0.494
2	Emotional Problem	1	3	2.49	0.691
3	Physical Problems	1	3	1.68	0.722

Source: Computed

The data shows that among the three feelings of work life imbalance, psychological problem such as stress, mood disorder, aggression, and compulsive behaviour was most faced by the respondents with a mean value of 2.74. This was followed by a feeling of having emotional problem such as anger, mood swing, sadness, crying, guilt and loneliness with a mean value of 2.49. The presence of physical problem such as pain, stress, fatigue, craving, aggression, and chronic pain has recorded by the respondents with the mean score of 1.68. Finally, it was obvious that psychological problem, emotional problem and physical problem as well were encountered by the respondents because of work life imbalanced.

4.10 Time management

The time management of the respondents was important to explore to understand the quality of life of the respondents and in balancing of work and family.

In table 4.11 the time management of the respondents was presented and classified into six characteristics as avail leave from work, paternity/maternity leave, day off from duty, frequency of day off, satisfied time with spent family and times on domestics work in a day.

All the respondents had availed casual leave and some of the respondents had also avail leave which was beyond their eligibility due to consideration by the employing agency. The total respondents have 41 married respondents and out of that half of the respondents has already availed maternity leave as well as paternity leaves. The remaining 40 do not avail because they were unmarried. In connection to this 91.4 % of the total respondents had availed day-off and the

remaining 8.6 % do not had day-off as these respondents were not slotted for night duty.

Table 4.11 Availed Leave from Work

Sl.No	Nature of Leave	Frequency N=81	Per cent
1	**Avail Leave From Work for 1 months**		
	Yes	81	100.0
	No	81	100
2	**Paternity/Maternity Leave**		
	Yes	41	50.6
	No	40	49.4
3	**Day off from Duty**		
	Yes	74	91.4
	No	7	8.6
3(a)	**If yes, frequency of Day off**		
	Once a week	72	88.9
	Twice a week	1	1.2
	Thrice a week	1	1.2
4.	**Satisfy time spent with Family**		
	Yes	45	55.6
	No	36	44.4
5	**Time spent domestic work in a day**		
	Less than 2 hours	28	34.6
	2-4 hours	47	58.0
	4-6 hours	4	4.9
	Not attempt	2	2.5

Source:Computed

The frequency of day-off availed from work by 91.4 % of the respondent's shows that a majority of 88.9 % of the respondents had avail day-off once in every week. There was an equal distribution of 1.2% of the respondents who had availed day-off twice a week and thrice a week. These respondents were given considerations by the authority as an institutional help rendered to the employees. It was important to record that more than half of the entire respondents were satisfied with their time spent with the family. Meanwhile, it was as well important to know the respondents time spent on domestic work at home in a day. This particular query was attempted by 79 respondents. More than half of the respondents were engaged in domestic work at home between 2 to 4 hour in a

day. This was followed by more than one third of the respondents who did domestic work at home less than 2 hours a day. On the other hand, minimal of 5% of the respondents engaged for 4-6 hours in a day on domestic work at home.

4.11 SELF TIME

The connection to the time management on work and family, the study would like to further probe into the time available for the respondents on self-care and the availability of leisure time for the respondents were assessed using four point scale as strongly satisfied, satisfied, dissatisfied and strongly dissatisfied.

The data shows that more than two third of the total respondents satisfied with their leisure time that was usually 2 hours on the day of day-off. On the other days, the respondents usually had a maximum of 1 hour duration of leisure time.

It was followed by nearly one fourth of the respondents who were not satisfied with their leisure time. It was mainly due to irregularity in terms of duration and timings.

In regards to time for self-care, that means personal care on beauty culture, skincare and the related matters. Two third of the respondents had time for self-care at least twice a week. However, the duration held for self-care varies among the respondents. Reversely, nearly one third of the respondents does not have time for self-care and entirely focused on the family while at home. The reasons given by the respondents were that 18.5 % need to attend the family as there was no other person to do the works at home. Another 7.4 % mainly attended social obligations whenever there was free chance at home. The other 2.9 % of the respondents does not have time for self-care as they preferred to go for sleeping and or relax instead. Also the remaining 4.9 % of respondents does not give their reasons for not having the time for self-care.

It was as well impetus to understand the professional development held by the respondents. It was mainly the capacity building in relation to professional growth and development for the enhancement of the work. Nearly three- fourth of the entire respondents had given their time for professional development based

on the availability of opportunities. As a working mother with family they maximised the available opportunities at work place and not leaving the station. However, in some cases the respondents were out station for professional development. In contrary, the other 22 % of the respondents keen on professional development but does not in a position to do so. Also, the remaining 3.7 % of the respondents do not disclose their status on professional development.

Table 4.12 Self Care

Sl.No	Self Care	Frequency N=81	Per cent
1	**Satisfy with leisure time**		
	Strongly satisfied	2	2.5
	Satisfied	58	71.6
	Dissatisfied	19	23.5
	Strongly dissatisfied	1	1.2
	Not attempt	1	1.2
2	**Time for Self Care**		
	Yes	54	66.7
	No	26	32.1
	Not attempt	1	1.2
3	**If no, Why?**		
	Need to attend the family	15	18.5
	Need to attend social obligations	6	7.4
	Relax/Sleeping	2	2.5
	Not attempt	4	4.9
4	**Time for professional development**		
	Yes	60	74.1
	No	18	22.2
	Not attempt	3	3.7
5	**If no, why?**		
	Need to attend the family	12	14.8
	Duration clash with other obligations	6	7.4
	Relax/Sleeping	1	1.2
	Not attempt	2	2.5

Source:Computed

The reasons given for not having professional development were that 14.8 % of the respondents has confined solely on the family other than their employment. This was followed by another 7.4 % of the respondents does not attend the professional development course mainly due to clash of the duration, event timings with their family and other social obligations. Another 1.2 % of

the respondent opted for relax and sleeping instead of capacity development. However, a reason for not having professional development was mentioned by 2.5 % of the respondents.

4.12 Involvement

The pattern of activity-wise involvement of the respondents was presented and measured using six items such as self care, involved in church functions, involved in family functions, quality family time, involve in looking after children and spending time with spouse. It was assessed using the mean score values by the activity as reported.

Table 4.13 Activity Wise Involvement

Sl.No	Activities	Minimum	Maximum	Mean	Std. Deviation
1	Self care	2	4	2.9	1.0
2	Involve in church functions	2	4	2.4	0.6
3	Involve in family functions	1	4	2.3	0.5
4	Quality family time	0	4	2.1	1.2
5	Involve in looking after children	0	4	1.5	1.5
6	Spending time with spouse	0	4	1.3	1.5

Source:Computed

The activity on self-care was particular to most of the respondents with a mean value of 2.9.Invovlement in church functions was given importance by the respondents with a mean score of 2.4. This was followed by involvement in family functions obtaining a mean score of 2.3 and involvement of the respondents to have quality family time has a mean value of 2.1. Thus, the data shows that the respondent's involvement within the family has a less mean score value than involvement in the church functions. Furthermore, involvement in looking after children and spending time with spouse had scored a mean value of 1.5 and 1.3 respectively. Therefore, the table reflected that the respondents had greater emphasis and involvement in church functions than any other within-family activities.

4.13 Balance Work - Family

This chapter was important to understand the relationship between work family balance and quality of life among working women. The balance work-family of the respondents was explored using balance work life and balance family presented in table 4.14.

The data shows that a maximum of 87.7 % of the respondents balanced work life as against to 11.1 % of the respondents who do not balance work life. On the other hand, the family balance of the respondents was presented.

Table 4.14 Balance Work - Family

Sl.No	Nature	Frequency N=81	Per cent
1	**Balance Work Life**		
	Yes	71	87.7
	No	9	11.1
	Not attempt	1	1.2
2	**Balance Family**		
	Yes	73	90.1
	No	8	9.9
3	**Satisfied with Salary**		
	Yes	66	81.5
	No	15	18.5

Source: Computed

The data shows that a maximum of 90.1 % of the respondents were balancing their family as against to 9.9 % of the respondents who do not balance the family. Therefore, it was found that balance family was more among the respondents than balanced work life.

The satisfaction on the salary among the respondents shows that a maximum of 81.5 % of the respondents were satisfied with their salary against to 18.5 % of the respondents who do not satisfied with their salary. The respondents were unsatisfied with their salary because many of the respondents were employee of faith based hospital and there was a wide difference with the salary of government employee. The other reason was that there was a limited staffs which was disproportionate between the workers

and the work. Keeping into considerations the respondents proposed that they deserved pay revision.

4.14 Work effects on Personal Involvement

The work effects on personal involvement among the respondents were explored through availability at home for children and attending social gatherings.

Nearly half of the respondents agreed that children missed the presence of working mother at home as against to 4 of the respondents who were childless. However, another 45.7 % of the respondents do not attempt as they were unmarried.

Table 4.15 Work effects on Personal Involvement

Sl.No	Effects on personal Involvement	Frequency N=81	Per cent
1	**Children Miss Presence at Home**		
	Yes	40	49.4
	No	4	4.9
	Not attempt	37	45.7
2	**Attend Social Gatherings**		
	Mostly	1	1.2
	Sometimes	76	93.8
	Always	1	1.2
	Never	3	3.7

Source: Computed

The personal involvement in terms of attending of social gatherings by the respondents revealed that most of the respondents had sometimes attended the social functions. The respondents found difficulty in regularly attending the functions so as to balance work and family. Thus, only 1 of the respondents had always attended the social gatherings and it was mostly attended by another 1 respondents. However, the remaining 3 respondents never attended social gatherings as they do not find convenient timing to them.

4.15 Balanced Work and Personal Life

The balance work and personal life of the respondents was classified as balance work and personal life, working under flexible schedule. Balance work and personal life, was assessed using 4 point scale as well balanced, balanced, somewhat balanced and imbalanced.

More than half of the respondents reported that their work and personal life were somewhat balanced. The presence of inconsistency and the absence of regularity in work and their personal life were noticed. This was followed by more than one third of the total respondents who had balanced their work and personal life. Another 6.2 % of the respondents were confident and well balance the work and their personal life. In contrary, the remaining 3.7% of the respondents had reported that their work and personal life was totally imbalanced and due to which they were facing lots of problems and challenges both in the family and at work.

Table 4.16 Balanced Works and Personal Life

Sl.No	Nature	Frequency N=81	Per cent
1	**Balance Work and Personal Life**		
	Well balanced	5	6.1
	Balanced	28	34.6
	Somewhat balanced	45	55.6
	Imbalance	3	3.7
2	**Work under Flexible Schedule**		
	Yes	76	93.8
	No	3	3.7
	Not attempt	2	2.5

Source: Computed

In connection to the nature of work the data shows that a maximum of 93.8% of the respondents were working under flexible schedule and mentioned for which they could balance work and personal life. While, another 3.7 % of the respondents were not working under flexible schedule

and they also had reported that their work and personal life was imbalanced. However, the remaining 2.5 % of the respondents do not attempt the enquiry.

4.16 Hindrance to Balance Work and Personal life

More than half of the respondents reported that their work and personal life were imbalance and somewhat balanced. Therefore, it was interesting to identify the hindrance factors responsible to balance work and personal life of the respondents was measured using three items as unhelpful attitude of colleagues, unhelpful attitude of family members and unhelpful attitude of superiors was presented through mean score and standard deviation. The data shows that the unhelpful attitude of colleagues at work place has a maximum mean score 1.44. This reflected that the working environment is necessary for balance work and personal life. The personal life of the respondents was affected by the attitude of the colleagues at work adversely affecting the time management for self-care and professional development. It was also identified as stressors affecting the work performance.

Table 4.17 Hindrance to Balance Work and Personal life

Sl.No	Factors	Minimum	Maximum	Mean	Std. Deviation
1	Unhelpful Attitude of Colleagues	0	3	1.44	0.652
2	Unhelpful Attitude of Family Members	0	3	1.06	0.457
3	Unhelpful Attitude of Superiors	0	3	1.02	0.499

Source: Computed

Finally, the unhelpful attitude of the colleague's was causing to work-personal life imbalance of the respondents and triggering the level job satisfaction. The next hindrance to balance work and personal life of the respondents was unhelpful attitude of the family members with a mean value of 1.06. This was affirmed even in the enquiries on the respondents work – family balance. Further, it was also reaffirmed by the qualitative explorations. Therefore, the attitude of the family member affected both the work –personal life balance as well as the work –family balance. Lastly, the unhelpful attitude of the superiors was reported by the respondents as another hindrance to work – personal life balance with a mean value of 1.02. This was also affirmed by

the qualitative explorations that the wide hierarchical functioning between the nursing staff and the female attendants at work place has affected the overall quality of life of the female attendants. Likewise it was also affecting the balance of work and personal life.

4.17 Satisfaction on Professional and Personal Life

It was implicit to know the satisfaction on the professional and personal life of the respondents. The level of satisfaction had effected the balancing of work and personal life, balancing of work and family and by and large the quality of life of the respondents. This was also affirmed by the qualitative explorations emphasizing the relationships between happiness and work satisfaction and work satisfaction and work – family balance.

Table 4.18 Satisfaction on Professional and Personal Life

Sl.No	Satisfaction	Frequency N=81	Per cent
1	**Maintain Good Quality Built By Right Work Family**		
	Yes	80	98.8
	No	1	1.2
2	**Level of Satisfaction**		
	Strongly satisfied	3	3.7
	Satisfied	71	87.7
	Dissatisfied	6	7.4
	Strongly dissatisfied	1	1.2

Source: Computed

Majority of the respondents reported that they were satisfied with their professional and personal life. However, 1 of the respondents was not satisfies with the professional and personal life and this particular respondent do not balance work and personal life too. The level of satisfaction of the respondents on professional and personal life was assessed using 4 point scale as strongly satisfied, satisfied, dissatisfied and strongly dissatisfied.

More than three fourth (87.7 %) of the entire respondents were satisfied with both professional life and personal life. This was followed by 7.4 % of the respondents who were dissatisfied with their professional and personal life. Nevertheless another 3.7 % of the respondents were strongly satisfied with their life at professional and personal level. The remaining 1

respondent was strongly dissatisfied. Similar result was noticed than more than 90 % of the respondents who had balanced work and personal life were also satisfied with professional and personal life.

4.18 Demographic Characteristics and Work Life Balance: Correlation Matrix

Karl Pearson's Coefficients of correlation were computed to assess the relationship between demographic variables such as age, educational qualification, years of experience, monthly income, size of family, number of children, and present position on the one hand and the indicators of Work life and family balance on the other. The results are presented in table 4. 19.

Table 4.19 Demographic Characteristics and Work Life Balance: Correlation Matrix

Sl.No	Characteristics	Work Life Balance					
		Var01	**Var02**	**Var03**	**Var04**	**Var05**	**Var06**
1	Age	-0.078	.224*	0.124	-.346**	.234*	0.192
2	Educational Status	0.119	-0.155	0.148	0.157	-0.212	-0.077
3	Number of Children	-0.061	.350**	-0.094	-0.217	0.108	.249*
4	Size of Family	-0.048	0.149	0.076	-0.134	0.166	-0.035
5	Years of Work Experience	-0.002	0.184	-0.08	-0.202	.264*	0.167
6	Present Position	-0.072	-0.104	-.372**	-0.033	-0.123	-0.006
7	Monthly Income	0.105	.410**	.274*	-.459**	.220*	.221*

Source: Computed ** P < 0.01 * P < 0.05

Var01	Var02	Var03	Var04	Var05	Var06
Balance Work And Personal Life	Perception of Factors affecting Balancing Between Work Life and Family	Adoption of Strategies to Manage Work Family Balance	Physically Feel Problems Because of Work Life Imbalance	Emotionally Feel Problem Because of Work Life Imbalance	Psychologically Feel Problem Because of Work Life Imbalance

Among the demographic variables only Age, Years of Experience, Monthly Income, Number of Children, and Present Position have significantly related to one or more indicators of work family balance. Demographic variables such as educational status and size of family have no significant relationship with the work life balance.

Age has positive relationship with perception of factors affecting balancing between work life and family, and emotionally feel problem because of work life imbalance. On the contrary, it has negatively associated with physically feel problems because of work life imbalance. As age increases perception of factors affecting balancing between work life and family and emotionally feel problem because of work life imbalance also increase while physically feel problems because of work life imbalance decreases.

The size of family has not significantly related to any of the indicators of work family balance, but the number of children was significantly related to work family balance. Perceptions of factors affecting balancing between work life and family and emotionally feel problem because of work life imbalance have directly associated with number of children. It means that the perceptions of factors affecting balancing between work life and family emotional problem due to work life imbalance increase with the number of children the respondent increase with one another.

Years of Experience has direct relationship with emotionally feel problem because of work life imbalance while having no significant relationship with other indicators of work life balance. Present position has significantly negatively related to adoption of strategies to manage work family balance. It means the nurses tend to adopt strategies more frequently than the doctors to manage work family balance.

Monthly income emerged as the most significant factor associated with work family balance. It is significantly related to all indicators of work family balance except balance work and personal life. Though the monthly income of the respondent has not significantly related to balance work and personal life, it has positively associated perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, and psychologically feel problem because of work life imbalance. On the other hand, it was indirectly related to physically feel problems because of work life. As monthly income of respondent increase, perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance,

physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, and psychologically feel problem because of work life imbalance also increase. On the contrary, physically feel problems because of work life imbalance decreases with increase in monthly income of respondent.

4.19 Work Life Balance: Correlation Matrix

To study the relationship among the indicators of work life balance such as balance work and personal life, perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, psychologically feel problem because of work life imbalance and quality family time, Karl Pearson's product moment correlation coefficients were computed(see Table 4.20).

Table 4.20 Work Life Balance: Correlation Matrix

Var	Variable	Var01	Var02	Var03	Var04	Var05	Var06	Var07
01	Balance Work And Personal Life	1	0.028	0.059	-0.071	0.046	0.135	0.134
02	Perception of Factors affecting Balancing Between Work Life and Family	0.028	1	.402**	-.549**	0.007	0.168	0.009
03	Adoption of Strategies to Manage Work Family Balance	0.059	.402**	1	-.254*	0.096	0.14	.254*
04	Physically Feel Problems Because of Work Life Imbalance	-0.071	-.549**	-.254*	1	-0.054	-0.166	0.018
05	Emotionally Feel Problem Because of Work Life Imbalance	0.046	0.007	0.096	-0.054	1	.343**	0.015
06	Psychologically Feel Problem Because of Work Life Imbalance	0.135	0.168	0.14	-0.166	.343**	1	-0.124
07	Quality Family Time	0.134	0.009	.254*	0.018	0.015	-0.124	1

Source: Computed ** P < 0.01 * P < 0.05

Balance work and personal life, has no significant relationship with perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, psychologically feel problem because of work life imbalance and quality family time.

The indicators such as the perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, and physically feel problems because of work life imbalance. There was positive relationship between the perception of factors affecting balancing between work life and family, and adoption of strategies to manage work family balance. However, both of them have negatively related to physically feel problems because of work life imbalance. It was clear that as they perceive greater number of factors affecting balance between work life and family they adopt strategies more frequently. As they perceive more number of factors affecting their work family balance and adopt more strategies they feel less and less perceive physical problems of work life imbalance.

The perception of physical effects of work life imbalance has no relationship with emotionally feel problem because of work life imbalance and psychologically feel problem because of work life imbalance. However, between the latter two variables there was positive relationship. In other words, as there is perception of psychological effect of work life imbalance, there is emotional imbalance is perceived.

Quality family time was one important variable that was found to be positively correlated with adoption of strategies to manage work family balance. It means that the quality of family time increases with the increased adoption of strategies to manage work family balance.

4.20 Balance Work and Family

The dimensions of balancing work and family was presented in table 4.20 and classified into four categories such as balance work life, balance work family, children miss presence at home and working under flexible schedule.

A maximum of 94 % of the respondents were working under flexible schedule and able to balance work and family and followed by 90 % of the respondents were balancing work family. The data shows that 88 % of the respondents were balancing work life and a minimum of 49 % of the respondents children miss presence at home.

Table 4.21 Balance Work and Family

Sl.No	Dimensions	Frequency	Per Cent
1	Balance Work Life	71	88
2	Balance Work Family	73	90
3	Children Miss Presence At Home	40	49
4	Working Under Flexible Schedule	76	94

Source: Computed

4.21 Qualitative Information

a). Focus Group Discussions (FGD)

Focus group discussion (FGD) was conducted on two groups as group 1 in Lawngtlai and group 2 in Saiha. The participants of FGD were women working in health care sector regardless of their position and specific profession. These participants were other than the respondents in the quantitative study. There were 10 participants in each group of the FGD. Participation is on voluntary basis and open. The discussion of both the group focused on quality of life of working women in the health care sector.FGD guidelines and instructions were followed. Each of the focus group discussion had last for 1 hour duration.

Group: 1 Lawngtlai

A focus group discussion with group: 1 was conducted in Lawngtlai on 4th April 2017. There were 10 participants and the participants were laboratory technician, female attendants and administrative women employees. The list of the participants is given below:

Sl.no	Marital status	Age	Educational qualification
1.	Divorced	35	HSLC
2.	Widow	30	HSLC
3.	Married	34	BA
4.	Married	34	HSSLC
5.	Widow	23	HSSLC
6.	Married	25	HSSLC
7.	Married	25	HSLCC
8.	Married	26	HSLC
9.	Married	25	HSSLC
10.	Married	27	HSLC

Group: 2 Saiha

A focus group discussion with group 2 was conducted in Saiha on 6th April 2017. There were 10 participants. The participants were laboratory technician, female attendants and administrative office employees. The list of the participants was given below:

Sl.no	Marital status	Age	Educational qualification
1	Married	37	HSSLC
2	Married	52	Class-VII
3	Widow	50	Class-VI
4	Married	46	Class-VII
5	Married	48	Class-IV
6	Widow	59	Class-VII
7	Married	39	Class-VII
8	Married	48	Class-VII
9	Married	44	Class-VIII
10	Married	57	Class-VII

Findings of FGD-

1. The FGD was held on the matter of how women working in the hospital affect their balancing of work life and the family. The discussions with both the groups had found that working in the hospital affect balancing of

work life and the family mentioned the unsupported spouse and spouse were not sharing the responsibilities in the family. It was narrated through withdrawal of spouse in providing education to children at home. Secondly, in times of coming late from work especially in the evening, the spouse who was at home (reached home earlier than wife from work) does not take initiatives in cooking meal, ensuring children evening tea or other domestic works.

2. The second point raised out of FGD was the negative attitudes from the family. This was popular among respondents belonging to joint family and extended. In case of private employee, the husband's family had a felt that the daughter-in-law was under employed in compare to others who had similar educational qualification. The family expected the respondents to have same take home money in par with the others. Also, in some cases, they thought that the respondents was less competent and developed a negative feeling of her.

3. Thirdly, the length of the working hours was discussed. Because, other than nursing staff, the women were employed as hospital attendant and hospital office staff and they do not have shift duty. They were regularly working for 8 hours a day (9:00Am-5:00Pm). Further, on operation theatre day, the employees of these departments had worked for another 2 hours to clean-up of the tools, furnishings and machines used in the operation theatre. Therefore, the working hour was felt too lengthy especially for the mothers.

4. Fourthly, the presence of wide hierarchical gap between the nursing employees and the other employees of the health care sectors was mentioned. It was reported that the hospital attendants were dictated and directed by the nursing staff where they were compelled to listen. These sorts of practices add stress to the women employees causing to imbalance of work life and family.

5. Discussions on the challenges faced by working women in health care sectors revealed that most of the working women having young children found more difficult to manage and balance work life and family and in turns they did not have good quality of life. The mother though tired at work still have a lots to be done at home like looking after children, cooking, make the children study etc. Some of the women respondents did not have assistance at home and these worries affected the work life as well. They get day off

once a week which was insufficient for them to manage family and work. So, hospital is one of the responsible systems to provide the needs of working women as affirmed by the study conducted on quality of work life among 100 women employees working in garment factories in Coimbatore, India. The results of the study revealed that the factories need to concentrate to bring about better quality of work life and thereby satisfied women work force (Subhasshini and Gopal , 2012).

6. Finally discussion was held on how to enhance the life of working women so as to provide better quality of life. The discussion showed that family or spouse should be more supportive in taking care of kids as well as taking care of the family. The hospital also should emphasised more on institutional support and provides the needs of working women. Also, the hospital should provide more flexible schedule so that the women able balance work and family. Moreover, in doing so, the women would have more time to relax and more hearty involvement in the family.

In conclusion of the focus group discussions, the participants discussed and agreed that to be able to balance work life and family and also to maintain quality life by working women, family is one of the first and foremost support system that provides congenial environment at work and at home. The mentioned support at home were shared responsibilities in terms of parenting, children learning at home, and providing meals to the family and domestic works. These were the sources of stressors and worried of home that women usually have while being at work and finally affecting the job performances and vice versa. Too much worrying of job at home also affected the involvement and performance in the family.

4.22 Key Informant Interviews (KIIs)

The study had two Key Informant Interviews (KIIs) and one KII was conducted in Lawngtlai and the other KII conducted in Saiha. The objective of the interview with the key informant was to understand the issues and challenges faced by working women in health care sector and also on the importance of family support.

KII in Lawngtlai

Name	:	Mrs A Nursing Superintendent , LairamChristian Medical Center, (LCMC) Lawngtlai.
Topic	:	Issues and challenges faced by working women in health care sector.
Venue	:	LMCM
Date	:	1st April, 2017
Duration	:	20 minutes

The key informant had mentioned the problem of inadequate staff in the hospital and the presence of discontentment with the salary. Majority of the employees were not satisfied with their salary regardless of the designation. Further the hospital was faith based institution following private pay structure. The salary at present was very insufficient to financially support the family and many of the working women especially those bread winner of the family. The informant mentioned that married working women faced much more problem as compared to unmarried working women. This is mainly due to the fact that the married working women have to perform two important roles at a time and that is the family and work. The married working women who were not supported by the family faced challenge to balance her work and family. The other issue on the need for good relationship between the workers was also mentioned. The informant was on the opinion that many of the issues and challenges faced by working women shall be overcome by additional recruitment and revised in the salary. The importance of coordination, cooperation and networking within and among the health care sectors workers was another important factor for providing satisfactions among the employees.

The family support and the spouse cooperation on working women in taking care of kids, as well as child education was gain mentioned. The key informant elaborates her experiences in working with women employees having supportive and unsupportive family. The differences in their performances both at home and at work were noticed by her.

KII in Saiha

Name	:	Mrs B Female attendant Civil hospital, Saiha.
Topic	:	Issues and challenges faced by female attendant in hospital setting.
Venue	:	Civil Hospital, Saiha
Date	:	5th April, 2017
Duration	:	20 minutes

The key informant interview was held with Mrs B, female attendant, civil hospital, Saiha. The objective of the interview was to know about how they view about their work as female attendants in hospitals and the problem faced by female attendants. The key informant mentioned working in health care sector as female attendants was good thing because some of them were not highly educated to get job in other services. Regardless of salary given to female attendant, they were happy with their work and did not complain about it. The hospital where the informant was working was with a good working environment and mentioned that none of the female attendant had experienced off negative attitude from the colleagues. But they do faced some problems because people are given them negative attitude and they also faced same problem from the family. In spite of the fact that some of the working women did not received family support affecting job performances. This provoked negative attitude towards them.

In addition, some of the female attendants were the bread earner and the salary is insufficient for the family. Due to which they faced problems. So, whenever there was holiday for them they did extra work earning outside the home. Therefore the hospital attendants had proposed to get day-off from work at least once a week. Thus, the informant concluded the interview by expressed that support from the family and their spouse as a main source of balance between work life and home.

Summary

The elicited information from key informants (KIIs), focus group discussions (FGDs) and case study it is revealed that most of the working

women had same problem. Working mother do faced same problem because the working mother had two roles to play in home and work. Some of the working women do not have assistance at home to look after their children and to take care of the family.

4.23 Case Studies

i). Case-1

Name		Mrs. A
Age	:	25 years
Marital status	:	Married
Present position	:	Laboratory technician
Address	:	Lairam Christian Medical Centre (LCMC)

The client Mrs. A was from Thingfal, Lunglei District, Mizoram which was 20 kilometre away from the work place i.e Lawngtlai. She joined the hospital in the year 2012 and got married in 2014. The spouse was a private school teacher and lived with the in-laws. The client got good support and cooperation from the family as well as from the spouse. The client was satisfied with the salary. She was regular in her duty but had travelled back home for 20 kilometre every day after work. Since pregnancy and with small child she had lots of difficulties in travelling back home as public transport to her home was not always available once the sunset. Her travelling to work was time and money consuming. Moreover, unlike the nursing staff the client does not have day-off duty even on Saturday. As this was her situation, many a times the client left the work place earlier to get transportation due to which some of the colleagues had negative attitude on her for not punctual in her duty. Therefore, had created stress and worries which de-motivated the client to work.

Assessment

The case 1 reflected the importance of family support for working women in the health care sector. The client need not worry home where the family had taken responsibilities. This made her able to confined and concentrate fully at work leading to work family balance. The colleagues had

negative attitude towards the client for not punctual in work. But due to the support of the family the client able to delivered her services at work. The illustration of case 1 shows that many reasons for the development of stress and worry among the working mother both at home and at work could be determinants to imbalance of work life and family and that could be resolved through family support. Further, stress could also be raised due to the required of long distance of journey and irregular transport. Thus, the client now understood the exact problems of her and spotted alternative arrangements so as to balance work life and the family. So, the colleagues were no further having the negative attitudes towards her and the client happily did her job.

ii) Case 2

Name		Mrs. B
Age	:	54 years
Marital status	:	Widowed
Present position	:	Cashier
Address	:	Civil hospital, Lawngtlai

The client Mrs. B was 54 years residing in Chandmary, Lawngtlai. The client joined the hospital in 2012. The husband passed away 7 years back. She had 3 sons and lost one of the sons in 2016. Her late husband was a medical doctor where both used to work in the same hospital. The client felt difficulty in working in hospital and to balance work life and filmily. The reason was that she had to work regularly for 6 days in a week; both the son had their own demanding job outside home and the client was not assisted at home. The client was satisfied with the salary. She was generous and sincere in her work and almost all the colleagues were happy with her.

The illustration of case 2 depicted that balancing of work life and family was highly depending upon the level of personal commitment. The client service at work and at home was satisfactory inspire of the guilty feelings that sometimes developed by the client. Due to situation compelled the client does not make justice for some of the work.

Assessment

The case 2 shows that the client was a widowed lived with 2 sons and the sons were grown –up took responsibilities by their own at home. This was another support for the client to be able to work outside whole day. Secondly, the personal commitment of the client was another exemplary to balancing work life and family for mother.

iii) Case- 3

Name		Mrs. C
Age	:	35 years
Marital status	:	Married
Present position	:	IVth Grade
Address	:	Christian hospital, Lawngtlai

The client Mrs. C got married eight years back in 2009 and had 4 children. She works in Christian Hospital, Lawngtlai as IV Grade; the husband does not have regular job and was also a drunkard. 2 of the elder children went to school while the other 2 younger children were taken care of by their aunty during her away from home. The client was belonging to joint family. She satisfied with her salary and the client was the only having regular income in the family. Whenever the client was at home she solely carries the responsibilities of taking care of children, cooking, and domestic activities and so on. In regards to work, the client does not have problem and also all the colleagues had considered the family situations. But, at home the client has to take responsibilities for everything, the husband is a drunkard tended troubles the family including fighting. Due to all these fact, the client was not comfortable to socialize and does not at all have time for relax and self care. Many a times, the client wanted to divorce the husband, but thinking of the children she does not want to give single parenting.

Assessment

The case 3 illustrated that work life imbalance arises out of the family. The family members and the spouse do not support the client affecting her self-care, her socialization and her reputation in the society as well. The spouse could supported her in many ways at home like attending children, make them study, domestic activities, etc. So, support from family also affected the quality of life of the working mother. These experiences resulted to guilty feeling, shame and withdrawal. Due to the absence of family support, the working women found difficulties in balancing work and home.

iv). Case 4

Name		Mrs. D
Age	:	38 years
Marital status	:	Widowed
Present position	:	Female attendant
Address	:	Maraland Gospel Centenary Hospital (MGCH), Saiha

The client Mrs. D was 38 years worked at Maraland Gospel Centenary Hospital (MGCH), Saiha as female attendant since 2014. The husband expired in 2016 lived with two children. The children were in school and she was the bread winner of the family.

The client Mrs. D does not face problem or difficulty at work as well as at home. The children were listening to the mother and responsible at home. This is another support from the family. So the client was happily working and had social involvement in the community. The client could enjoy good quality of life and also balancing work and home.

Assessment

The case 4 shows that support from the family was arise out of parenting and enhanced the effort of working mother to balance wok life and family. The positive attitudes of the colleagues towards the client induced happiness and satisfaction and resulted to good quality of life of the client. Further, the

support from the family was another source of ensuring good quality life to working mother.

Conclusion

Working women's role was hectic and challenging task. Likewise working women in health care sectors was demanding services that require collective efforts and family support. The qualitative dimensions of working women in work family balance and the quality of life was explored through the focus group discussions, key informant interviews and case studies. It was found that family support was one of the main source of balancing work and home. The qualitative studies highlighted that the operating systems and sub systems has bidirectional effect on the performance of the working mother at work and at home. In addition, apart from the home environment, spouse involvement in the family, division of work at home, distance of work place from home, mode of transportations, availability of assistance at home and the reputation of the family members were found to be determinants work life balance of working women. Similarly, these factors were equally responsible in formulating the quality of life of the respondents. It is important to notice the respondent's commitment level to get the work done was implicit to work family balance of the working women.

We can also see that support from the family and spouse can influences in balancing work and family. According to Padma and Reddy (2013) also found in their study that the support from family members will play a significant role in balancing personal and professional works. Even though some of the working mothers were not satisfied or satisfied with the salary, they still work harder to provide for their family as they were the bread winner of the family. We can also see that positive attitudes of the colleagues can impact on the work. Therefore the amount of care and support provided by family, spouse and colleagues immensely determines the quality of life of working mother.

CHAPTER V

CONCLUSIONS AND SUGGESTIONS

The present study aims to explore work family balance and quality of life among working in health care sector in Lawngtlai and Saiha towns, Mizoram. The study adopted mixed approach i.e. qualitative method and quantitative method to collect both primary data and secondary data. The quantitative data were collected through administer of structured questionnaire schedule at the same time with qualitative information through key informant interview (KII), case study and focus group discussion (FGD). The results of analysis of data and discussions were presented in the following chapter. In this chapter, an attempt has been made to sum up the results of analysis of data and discussions.

5.1 Major Findings

The results of the analysis of data and discussions are summarized in four sections. The first section presents the demographic profile of the respondents. The second section addresses the findings in regard to the work family balance of the respondents. In the third section, the findings of the quality of life of the working women are presented. In the fourth chapter, the findings of relationship between work family balance and quality of life of the respondents were presented.

5.2 Structural Bases of Respondents

The demographic personal characteristics which comprised of the age group, educational status, and marital status, type of family, size of family, occupation of spouse, number of children, and secondary occupation of family were discussed in this chapter. In this study, the analysis revealed that maximum of 28.4 % of the entire respondents was at the age group of 28 years to 32 years to both Lawngtlai and Saiha towns. While the minimum constituent of the entire respondents were at the age group of 33 years to 37 years to both Lawngtlai and Saiha towns.

In regards to the marital status of the respondents, a maximum of 53.1 % of the respondents were married and a minimum of 1.2 % were divorced.

The family structural characteristics of the respondents were discussed on the basis of the type of family, size of family and number of children. The types of family include nuclear family, joint family and extended family. The study shows that 65.4 % of the respondents belonging to nuclear family. On the other hand, one third of the family belonging to joint family and followed by a minimum of 1.2 % of the respondents belonging to extended family.

In addition to the family structural characteristics of the respondents on the basis of size of family, the result revealed that 51.9% of the respondents were having a medium size of family (5-7) members. A minimum of 11.1 % of the respondents were having a large size of family (7 and above). On the other hand, the family characteristic on the basis of number of children, the result shows that a maximum of 49.4 % of the respondents were having children not more than 4. A minimum of 2.5 % of the respondents were having children less than 5 and not more than 7.

On the family structural characteristics of the respondents on the basis of occupation of spouse, it shows that a maximum of 24.7 % of the respondents spouse were working in a government job and a minimum of 4.9 % of the respondents spouse were work as a commercial driver. The other respondent's spouses were working as a driver and private school teacher. In addition to this, the secondary occupation of the family were also discussed and from the result it is found that a maximum of nearly half of the respondents family secondary occupation was government job and a minimum of 6 % of the respondents secondary occupation were driving. And the other secondary occupation of the family was teacher and runs a business. However, the remaining 23.5 % of the total respondents did not attempt the enquiry as the family do not have secondary occupation; this means that the respondents were the bread winner of the family.

The demographic professional characteristics of the respondents which include educational qualification, profession, and place of working, years of experience, present position and monthly income were discussed in this section. In regards to the educational qualification of the respondents, the result shows that a maximum of 44.4 % of the respondents had completed

higher secondary school leaving certificate (HSSLC). While a minimum of 13.5 % of the respondents had graduated. On the other hand, 8.6 % of the respondents had completed MBBS. On the basis of profession and present position of the respondents the study revealed that a maximum of 91.4 % of the respondents were nurses and 8.6 % of the respondents were medical doctor.

The place where the respondents were working was explored, and state that a maximum of 27 % of the respondents were working in civil hospital, Lawngtlai and a minimum of an equal distribution of 17.3% of the respondents were working in Christian hospital, Lawngtlai and Maraland Gospel Centenary Hospital (MGCH). Another, 38.3 % of the respondents was working in lairam Christian medical centre (LCMC) and civil hospital Saiha. In addition to professional characteristics, the work experience of the respondents was explored and classified into four categories. The result shows that a maximum of 34.6 % of the respondents working in the health care sector has a working experience for 9 years and more. However, a minimum of 17 % of the respondents working in the health care sector were under probation and worked for less than 2 years.

The economic condition of the respondents was enquired on the basis of their monthly income. The monthly income of the respondents was classified into five 5 categories between less than Rs 10000.00 and above 35000.00 per month. In these categories, a maximum of one third of the total respondents has a monthly of Rs 35000 and above. A minimum of less than 10 % of the respondent's monthly income was ranging between Rs 28000 and Rs 32000. However, 1.2 % of the respondents do not declare their monthly income.

5.3 Work Family Balance of the respondents

In the presents study to understand the work family balance of the respondents, it was classified into eight tables as working hours, worried on works at home, institution help in managing work life balance, role at home, stress experience at home, factors effecting work life and family, management strategies and work life imbalance.

More than two third of the respondents were satisfied with the working hours. More than a tenth of the respondents were unsatisfied with the working hours because the respondents do not have assistance at home and had to take care of the family soon after return from work. More than half of the respondents found that the present working hours were suitable to them. Less than a tenth of the respondents found morning shift as unsuitable for working as these respondents were mothers to take care of their children at home. Half of the respondents do not work more than the stipulated time. Less than one fifth of the respondents have worked for longer duration of hour due to unwell or health by their colleagues slotted in the next shift.

Nearly two third of the respondents of the respondents worried about their work even when they were at home because of the critical condition of the in-patients in the hospital whom they had attended. Nearly half of the respondents adopted coping strategies for worrying work at home was monitoring through telephone. More than two third of the respondents felt that the institution help in managing work life of the employees as by providing day-off from work. It is a day off provided to the employees on the fourth day after continuous 3 night's duty.

More than two half of the respondents had to performed regular role at home. Less than one fourth of the respondents agreed that the work hampered their role as a mother at home than other married women. Less than one fifth of the respondent's role as a mother was hampered mainly due to less time on parenting and also less time given on child's education. Nearly half of the respondent's roles at home do not cause stress.

Less than one fifth of the respondents experience stresses were slightly stressful. The highest mean score for both work at home after office hour and travelling away from home were seen in the factors affecting work life and family. The highest mean score of fulfil religious commitments and community activities by the respondents helped them in managing work and family. The highest mean score of psychological problem such as stress, mood disorder, aggression, and compulsive behaviour was most faced by the respondents because of work life imbalance.

5.4 Quality of Life of WorkingWomen

In the presents study to assess the quality of life of working women of working women, it was classified into three tables as time management, self time, and activity wise involvement.

All the respondents had availed casual leave and some of the respondents had also avail leave which was beyond their eligibility due to consideration by the employing agency. Half of the respondents has already availed maternity as well as paternity leave. More than ninety per cent of the respondents had availed day off. Nearly ninety per cent of the respondents had avail day-off once a week. More than half of the entire respondents were satisfied with their time spent with the family. More than half of the respondents were engaged in domestics work at home between 2 to 4 hours in a day.

More than two third of the respondents were satisfied with their leisure time that was usually 2 hours on the day of day-off. Two third of the respondents had time for self-care at least twice a week. More than a tenth of the respondents need to attend the family as there was no other person to do the works at home. Nearly three fourth of the respondents had given their time for professional development based on the availability of opportunities. More than a tenth of the respondents has confined solely on the family other than their employment. The highest mean score of self-care was particular to most of the respondents in the activity wise involvement.

5.5 Relationship between work family balance and quality of life of working women

In the presents study to understand the relationship between work family balance and quality of life of working women**,** it was classified into eight tables as balance work – family, work effects on personal involvement, work and personal life, hindrance to work and family balance, satisfaction of professional and personal life,

Nearly ninety per cent of the respondents were balancing work life. Nearly majority of the respondents were balancing their family. More than

half of the respondents were satisfied with their salary. The respondents who were not satisfied with their salary were faith based hospital. Nearly half of the respondents agreed that children missed the presence of working mother at home.

Most of the respondents had sometimes attended the social gathering. More than half of the respondents reported that their work and personal life were somewhat balanced. Most of the respondents were working under flexible schedule and mentioned that they could balance work and personal life. The highest mean score of unhelpful attitude of colleagues at work place hindrance the work and family balance. Majority of the respondents reported that they were satisfied with their professional and personal life. More than three fourth of the entire respondents were satisfied with both professional life and personal life.

Age has positive relationship with perception of factors affecting balancing between work life and family, and emotionally feel problem because of work life imbalance. On the contrary, it has negatively associated with physically feel problems because of work life imbalance. As age increases perception of factors affecting balancing between work life and family and emotionally feel problem because of work life imbalance also increase while physically feel problems because of work life imbalance decreases.

Though the size of family has not significantly related to any of the indicators of work family balance, the number of children was significantly related to work family balance. Perceptions of factors affecting balancing between work life and family and emotionally feel problem because of work life imbalance have directly associated with number of children. It means that the perceptions of factors affecting balancing between work life and family emotional problem due to work life imbalance increase with the number of children the respondent increase with one another.

Years of Experience has direct relationship with emotionally feel problem because of work life imbalance while having no significant relationship with other indicators of work life balance. Present position has significantly negatively related to adoption of strategies to manage work family

balance. It means the nurses tend to adopt strategies more frequently than the doctors to manage work family balance.

Monthly income emerged as the most significant factor associated with work family balance. It is significantly related to all indicators of work family balance except balance work and personal life. Though the monthly income of the respondent has not significantly related to balance work and personal life, it has positively associated perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, and psychologically feel problem because of work life imbalance. On the other hand, it is indirectly related to physically feel problems because of work life. As monthly income of respondent increase, perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, and psychologically feel problem because of work life imbalance also increase. On the contrary, physically feel problems because of work life imbalance decreases with increase in monthly income of respondent.

The perceptions on the factors affecting balancing between work life and family, adoption of strategies to manage work family balance, and physically feel problems because of work life imbalance. There is positive relationship between the perception of factors affecting balancing between work life and family, and adoption of strategies to manage work family balance. However, both of them have negatively related to physically feel problems because of work life imbalance. It is clear that as they perceive greater number of factors affecting balance between work life and family they adopt strategies more frequently. As they perceive more number of factors affecting their work family balance and adopt more strategies they feel less and less perceive physical problems of work life imbalance.

The perception of physical effects of work life imbalance has no relationship with emotionally feel problem because of work life imbalance and psychologically feel problem because of work life imbalance. However,

between the latter two variables there is positive relationship. In other words, as there is perception of psychological effect of work life imbalance, there is emotional imbalance is perceived.

Quality family time is one important variable that is found to be positively correlated with adoption of strategies to manage work family balance. It means that the quality of family time increases with the increased adoption of strategies to manage work family balance. A maximum of 94 % of the respondents were working under flexible schedule and able to balance work and family.

5.6 Qualitative Information

The qualitative dimensions of working women in work family balance and the quality of life was explored through the focus group discussions, key informant interviews and case studies. Focus group discussion (FGD) was conducted on two groups as group 1 in Lawngtlai and group 2 in Saiha. There were 10 participants in each group of the FGD. Each of the focus group discussion had last for 1 hour duration. The participants were laboratory technician, female attendants and administrative women employees. The study had two Key Informant Interview (KII) and one KII was conducted in Lawngtlai and the other KII conducted in Saiha and five 4 case studies was conducted.

It was found that family support was one of the main source of balancing work and home. The qualitative studies highlighted that the operating systems and sub systems has bidirectional effect on the performance of the working mother at work and at home. In addition, apart from the home environment, spouse involvement in the family, division of work at home, distance of work place from home, mode of transportations, availability of assistance at home and the reputation of the family members were found to be determinants work life balance of working women. Similarly, these factors were equally responsible in formulating the quality of life of the respondents. It is important to notice the respondent's commitment level to get the work done was implicit to work family balance of the working women.

We can also see that support from the family and spouse can influences in balancing work and family. According to Padma and Reddy (2013) also found in their study that the support from family members will play a significant role in balancing personal and professional works. Even though some of the working mothers were not satisfied or satisfied with the salary, they still work harder to provide for their family as they were the bread winner of the family. We can also see that positive attitudes of the colleagues can impact on the work. Therefore the amount of care and support provided by family, spouse and colleagues immensely determines the quality of life of working mother.

Colleague's was causing to work-personal life imbalance of the respondents and triggering the level job satisfaction. The next hindrance to balance work and personal life of the respondents was unhelpful attitude of the family members with a mean value of 1.06. This was affirmed even in the enquiries on the respondents work – family balance. Further, it was also reaffirmed by the qualitative explorations. Therefore, the attitude of the family member affected both the work –personal life balance as well as the work – family balance. Lastly, the unhelpful attitude of the superiors was reported by the respondents as another hindrance to work – personal life balance with a mean value of 1.02. This was also affirmed by the qualitative explorations that the wide hierarchical functioning between the nursing staff and the female attendants at work place has affected the overall quality of life of the female attendants. Likewise it was also affecting the balance of work and personal life. Similar result was noticed than more than 90 % of the respondents who had balanced work and personal life were also satisfied with professional and personal life.

5.7 Suggestions

1) Individual Level

Try to avoid worrying about work when not at work place. This worry will increase the family tension when the nursing staff at their home.

It is reality that now a days because of work pressure and other family responsibilities it is very difficult to give time for self. However, it is not impossible to manage. Now in this regard the nursing staff should plan their daily routine in such a way that, they can manage sometime for themselves. If possible weekend outings should be planned with family or friends whenever possible.

2) Family Level

Family support is must. The members of the family should also understand / realize the pressure of the nursing staff. The family members should extend full support. This will lead to contribute the morale of the staff very high and able to deliver the services efficiently and effectively.

Partners can be more sensitive to women's needs, and counter tradition by helping their wives perform daily tasks and take care of children.

3) Society Level

Life skill development training for nurses.

Promotions of working women's wellbeing should be base on the context of the society.

Society should understand and promote the working women in every possible way and this will lead them in a high standard and will be able to perform better in the work.

4) Practice Level

The working hours of the respondents should not exceed 8 hours in a day. Whenever time spent is more than 8 hours in that case the efficiency of the staff will be affected and especially in nursing profession where this staffs dealing with patients are expected to give best of services to the extent possible. Long working hour is not in the interest of the profession and patients in general.

The provision should be created in hospitals for the stress relief. This will definitely reduce the feeling of reluctance or fatigue due to office work pressure.

The nature of job in the nursing profession is such that it is very difficult to get time to attend social functions. However this cannot be ground for excuse. For this purpose hospital authorities should understand the importance of this and accordingly by making some alternative arrangements, the staff should be allowed to attend the social functions, otherwise these section of the society will be sidelined from the society.

All the team leaders or supervisors should motivate the subordinates working under them. Motivation by seniors will increase the efficiency and dedication of junior staff. The productivity also will increase. The motivated staffs are assets of the hospitals and de-motivated staffs are liability for the hospitals. These liabilities can be converted in to assets through little bit motivated initiatives by the immediate supervisors or hospital authorities.

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Recognition and reward for better service is a must. Those staff whose performance exceeds standard prescribed, should be recognized and rewarded accordingly. This will motivate others to perform and contribute for the hospitals. The staff whose contribution is recognized and rewarded will definitely excel in the organization with more and more good performances and influence the others to do better performance for the hospitals.

5) Research Level

Research on specific matters relating to health, mental health, physical health, spiritual health etc.

Comparative study from both men and women working in the health care sector to understand the work-family balance and quality of life.

The studies can enlarge to other district incorporating bigger sample size.

5.8 Social Work Intervention

Social worker can organize awareness about how nurses and doctor play an important role in the life of patients. Social worker can play significant role in the field of support among working women in health care sector. Social worker can play a role as activate and catalyst to sensitize and in bringing family and spouse understanding about the role of women working in health care sectors.

CHAPTER 1

INTRODUCTION

CHAPTER II

LITERATURE REVIEW

CHAPTER III

METHODOLOGY

CHAPTER IV

RESULTS AND DISCUSSION

CHAPTER V

CONCLUSIONS AND SUGGESTIONS

APPENDICES

WORK FAMILY BALANCE AND QUALITY OF LIFE AMONG WORKING WOMEN IN HEALTH CARE SECTOR IN LAWNGTLAI AND SAIHA TOWNS, MIZORAM

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July, 2017

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Submitted in partial fulfillment of the requirement for the Degree of Master of Philosophy in Social Work Mizoram University, Aizawl

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INTRODUCTION

The present study was an abstract of dissertation "Work Family Balance and Quality of Life among Working Women in Health Care Sector in Lawngtlai and Saiha Towns, Mizoram".

Health Care Sector has become one of India's largest and important sectors in terms of revenue and employment. Health Care Industry was growing at a very high pace because of its best service and increasing expenditure by both public and private players. People in general are health conscious and this has created awareness in providing best service to the customers. In this regard medical nurses play a pivotal role in health care industry. So, it was mandatory to understand and address the needs and creating stress free environment so as to be able to focus on their profession. Hence forth, the demand for nurses was ever increasing because of their attitude in taking care of the patients which cannot be seen as much in other professions. It was impetus to observe that the eligibility of the profession encompassing the qualification, physical appearance, verbal and non-verbal communication and the smiles on their faces with unselfish and dedicated service. They attend the patient, assisted them in the operation theatre, health advisors, counsellors, supervisors etc. Hence, keeping the patients happy and content was also utmost important responsibilities.

The health care sector was an area where one has to work 24x7, always vigilant and on toes. This creates stress among nurses when they are working overtime and constantly under pressure. The balancing between work and family was essential to physical and mental health**.** The proper and congenial working conditions, working schedules and support from family members helped them in attaining physical and mental health that guaranteed satisfactory performances. Working women are flooded with work and family commitments. Majority of working women are bogged down while trying to balance their work and family life. Out of the many service sectors, the health care sector is an area of interest because of the shift work, especially night work and also the overtime work which placed lot of stress on the nurses both at professional and personal front. Therefore, it is important to have empirical understanding of the stress that is involving on working women.

According to Wikipedia, Women's work or woman's work is a term used particularly in the West to indicate work that is believed to be exclusively the domain of women and associates particular tasks with the female gender. According to Oxford

Dictionaries working woman is a woman who is in paid employment. The term originated from late 17th century; earliest use found in Account Causes Distempers. Working women today has increased from 5.1 million in 1900 to 18.1 million in 1950 to 66.2 million in 2009. Maintaining a proper work family balance and having a good quality of life can be difficult. Both employees and employers must appreciate the importance of the quality of work life in an organization.

The term "women's work" may indicate a role with children as defined by nature in that only women are biologically capable of performing them: pregnancy, childbirth, and breastfeeding. It may also refer to professions that involve these functions: midwife and wet nurse. "Women's work" may also refer to roles in raising children particularly within the home: diaper changing and related hygiene, toilet training, bathing, clothing, feeding, monitoring, and education with regard to personal care. It may also refer to professions that include these functions such as that of: teacher (up to the age of puberty), governess, nanny, day care worker. "Women's work" may also refer to roles related to housekeeping such as: cooking, sewing, ironing, and cleaning. It may also refer to professions that include these functions such as: maid and cook. Though much of "women's work" is indoors, some is outdoors such as: fetching water, grocery shopping or food foraging, and gardening.

Ghosh Pragati highlighted that one of the issues that have affected women in the workplace is that of stereotyping of women. Throughout history women have taken the role of housewife, mother, and nurturer. Women are stereotyped to stay at home and take care of the house and children. It has been their job to cook the meals, do the laundry, and manage the children’s school activities. Even today, motherhood is still considered to be dying primary role for women. Women who do not take on this role are still thought of as selfish. In this century, a woman actively participates in workplace. Many women desire a career and a place in this world. They want to stand on their own two feet, to become self- independent individuals, independent and free from other individuals. One thing that is clear is that women in all careers are striving to gain equality in die work force today. Through their determination, women now have the ability to break out of the gender roles that were created for them by society.

Meanwhile, women of the early centuries were mostly restricted to their kitchens and some were employed in factories, farms or engaged in petty business. And a very few women stood-up to higher education and they were insisted to be at the kindness of their fathers' or husbands' attitudes towards women and work. The role of women is then increasing as a wife, as a mother, as a daughter and daughter-in-law. Whereas, the advancement in knowledge has provided women to be progressive leading to the attainment of better status and position, increasing participation in work forced, having economic contributions or else economic independency. In fact, education has not only empowered women but also has given them promising careers. With brain power being the basic skill in this knowledge era, rather than endurance or physical strength, the women workers seem to flood into every industry like their counterpart men. But this has indeed become challenging to women as they have to perform dual roles at home as well as at workplace. When working women get children they have to deliver the primary duty to their children and under greater pressure to continue on a career path. Working mothers of today fulfil family responsibilities and also try to remain fully involved in their careers coping up with the competing demands of their multiple roles. The caring responsibilities that working mothers have lays a heavy stress on them when it is combined with their professional duties at a given point of time.

Work and family are two important domains in lives. This may be also due to the recent increase of dual-earner families. Women play multiple roles in the family that affect the health and well being of all family members. In several societies women are assigned by custom to be the primary caregivers to infants and children. The need for understanding the bidirectional effect of work and family domain has increased many folds with the proportionate increasing of women in the workforce.

Work-life balance is one of the most challenging issues faced by women employees in the 21st century. The issue of work-life balance has gained more attention due to the reason that an individual's work life and personal life may present conflicting demands on one another while the demands from both the spheres are equally important. Work-life balance refers to maintaining the balance between performing roles and responsibilities at workplace and at home.

Thus, it is more challenging for women employees because of the type of roles at home and the spill over of personal life over work life and vice-versa. Thus, for working women, work-life balance was considered as not only a source of distress but

also the major source of dissatisfaction (Hughes, 2007). Work-life balance can be difficult to achieve for full time workers irrespective of work schedules especially for those with children 18(Williams, 2006). Part- time work would really help women to balance their work and family (Higgins, 2000). This is the reason why many women employees choose part time job though there is lot of discrimination in wage.

Thus, work family balance is a term that refers to an individual's perceptions of the degree to which he/she is experiencing positive relationships between work and family roles, where the relationships are viewed as compatible and at equilibrium with each other. Work family balance often implies cutting back on work to spend more time with the family. Moreover, it is thought to be in an individual's best interest to live a balanced life. Work-family conflict nowadays represents the central construct in studies about work-family balance to focus the attention on possible antecedents and possible outcomes of problematic feelings: the effort of balancing family and professional roles can be a cause of work dissatisfaction (Carlson &Kacmar, 2000; Kossek&Ozeki, 1998) and de- pression (Noor, 2002), but it is also one of the possible determinants of absence and intention to change job (Allen et al., 2000; Boyar, Maertz, Pearson, &Keough, 2003). Work Life Balance of Women employee has become an important subject since the women are equally sharing the earning responsibility for the betterment of their family. Women are getting into jobs and they continue to work even after marriage. A married woman has more responsibility than man in taking care of young children and family. The working women efficiently overcome difficult situations by their commitment and perseverance. The participation of women in income generation activities lends them to satisfy their home needs to a greater extent.

Work–family balance is generally thought to promote well-being. Kofodimos (1993) suggests that imbalance-in particular work imbalance-arouses high levels of stress, detracts from quality of life, and ultimately reduces individuals' effectiveness at work. Hall (1990) proposes an organization-change approach to promoting work–family balance, and the popular press is complete up with advice to companies and employees on how to promote greater balance in life (Cummings, 2001; Fisher, 2001; Izzo& Withers, 2001).

Work Life Balance refers to the effective management of multiple roles both at work and family. Greenhaus, Collins & Shaw (2003) has defined Work Life Balance as "the extent to which an individual is equally-self engaged and equally satisfied with-his

or her work role and family role." This means one has to strike balance between work and family life by prioritizing both at professional and at personal level. While work-family balance can be defined in a number of ways (Carlson, Kacmar and Williams, 2000), the majority of researchers refer to the definition established by Greenhaus and Beutell. As early as 1985, they had defined the work-family thematic3 as a conflict between the different roles played by the same person. This conflict takes three forms: time conflicts, conflict due to tension between roles and behavioural conflicts. Else, time conflicts arise when the demands imposed by different roles make time management difficult. The time spent performing one role makes a person unavailable to devote time to another role. Moreover, the preoccupations related to one role can affect a person's availability to perform tasks related to another role, even if the person is physically present. Conflict due to tension between roles results when stress generated while performing one role affects the way a person fulfils the demands of other roles. For example, the effects of fatigue and stress experienced at work can affect family life at home, and vice versa. Indeed, researchers are increasingly acknowledging the reciprocal nature of the relationship between work and family, and adopting a bidirectional perspective of the work-family conflict. Thus, they are considering two types of conflict: work-family conflict, which occurs when work interferes with family life, and family-work conflict, which occurs when the demands of family life interfere with professional obligations. Although these two types of conflict are strongly correlated, the results of studies show that each has its own specific determinants and effects (St-Onge, Renaud, Guérin and Caussignac, 2002). The results of the Quebec study produced by St-Onge et al. (2002) confirmed that individuals claim to feel more work-family conflict than family-work conflict. The vast majority of them do not allow their familial responsibilities and problems to interfere much with their work. Thus, it seems that professional responsibilities interfere more with family life than the reverse. The last type of conflict described by Greenhaus and Beutell (1985), behavioural conflicts, refers to the phenomenon by which behaviour specific to one role is incompatible with behaviour required by another role. Certain characteristics that are valued in the work world, such as objectivity and aggressiveness, can be incompatible with the needs and expectations of family members. The difficulty people have adapting to these divergent demands can generate behavioural conflicts (Greenhauss and Beutell, 1985).

Quality of work life (QWL) has become an important issue and many studies have been published and were first introduced in the 1930s. This concept basically describes the methods by which an organization can ensure the holistic wellbeing of an employee instead of only focusing on work-related aspects. QWL is a process by which the organizations' employees and stakeholders learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously. Despite the importance of this issue, an accepted definition for QWL has not yet been introduced. Moorhead and Griffin have defined the QWL as the ability of employees to satisfy their important personal needs through what they have learned in their organization. In fact, improving the QWL is a comprehensive process to improve the quality of life of employees in the workplace and is essential in any organization to attract and retain its employees.

Quality of life is a highly subjective measure of happiness that is an important component of many financial decisions. Factors that play a role in quality of life vary according to personal preferences, but they often include financial security, job satisfaction, family life, health and safety. Financial decisions usually involve a trade off where quality of life is decreased in order to save money or, conversely, quality of life is increased by spending more money. Quality of life refers to the terms the standard of health, comfort, and happiness experienced by an individual or group. The fundamental concepts of quality of life according to Adejunmobi and Odumosu (1998) are values. They play an important role in the experience of qualitative life because they represent the needs, aspirations and goals which are important to individuals and which they seek to fulfil.

Rice et al. (1985) defined quality of life (QOL) as a set of affective beliefs directed toward the totality of one's life (overall perceived quality of life) or toward specific domains of life, e.g. perceived quality of work life or perceived quality of family life. The important part of quality of life is the "affect" consequence as a psychological state, or feelings, cognizant of pleasure, happiness, well-being or satisfaction. As such, measures of satisfaction and happiness are typically used to operationalize the perceived quality of life. According to the Quality of Life Research Unit (2004), quality of life is an examination of factors that lead to goodness and wellbeing of life, as well as people's happiness. One term which is widely used with reference to quality of life is work family balance, which is a continuous string of

efforts in terms of time management of the employees between their work and other aspects of life. Today, work family balance is becoming a major issue and a matter of concern for women which has been leading to stress and disturbing the quality of life (QOL). It is rightly mentioned that woman is a backbone of the society. The quality of life of women can be a better indicator of a nation's health. The multiple-roles that women are compelled to play these days lead to a major energy leak both at a psychological and physical level which adversely affects their well-being and leads to role conflict. Work is becoming more intensive and dense these days and this has a direct impact on a women's free time and her family responsibilities. According to a survey conducted by Maid Brigade, more than 78% of women felt they worked a "second shift" when it came to their daily life responsibilities. Another annual survey also suggested that daily home responsibilities prevent women from realizing their hobbies and personal health goals, adding to stress in their lives. Work-life balance is needed, in order to have a good quality of life and achieve a harmonious balance between work and private responsibilities and interests.

The QWL has been studied in various areas, including sociology, psychology, and education, management, health care and nursing. In recent decades, QWL has received increasing attention in healthcare settings. Health care agencies are one of the largest service providers to the community. Nurses are the largest group of employees in health care organizations and improving their work life quality has become a challenging issue in health care organizations since the 1970s. In fact, as a part of the broader quality movement in health care, the QWL concerns of staff development and wellbeing have been recognized as important facets of healthcare organizations' performance. The QWL in health care has been described as strengths and weaknesses in the total work environment.

Although nurses have been trained to provide patient care and improve their patients quality of life, but their own needs and their own QWL has been largely ignored. Quality of work life is a comprehensive and general schema, which is essential in improving specialized personnel's satisfaction and attracting and preserving personnel. It also results in positive theories such as increasing profits and provocate.

However, a number of studies have reported that the quality of nurses work life is seriously impaired. Studies have shown that nurses have an average QWL. A number of studies have also been conducted on this issue in Iran. In a study, Sharhraky Vahed et al. reported that 65.5% of staff had a relatively desirable QWL. Nayeri et al. reported that only 3.6% of nurses were satisfied with their work. However, in a study by Dargahi et al. it was reported that most nurses are dissatisfied with most aspects of their QWL and feel that they have a poor work life. The nurses' dissatisfaction with their own work life can cause problems such as job dissatisfaction, emotional exhaustion, burn out and job turnover. These factors would in turn affect the quality of care provided by nurses. The organization's success in achieving its goal depends on the quality of human resources. Therefore, attention should be paid to the nurses' physical and emotional needs. Nurses with professional experience of more than 15 years had a better QWL than others. A significant correlation was observed between work experience and QWL score. It showed that a significant difference existed between the QWL score of nurses with work experience of 5-10 years and those with more than 15 years of work experience. The study showed that nurses' quality of work life is at the moderate level. As QWL has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses QWL and its affecting factors. The authorities in the health care system should develop strategies for improving the nurses work conditions and their QWL, so that, nurses will be able to perform better care for their patients. This research provides an initial step in understanding the work life of nurses in an Iranian setting. Also, there is a need for outcome-driven research examining the effectiveness, efficacy and cost-benefits of specific strategies aimed at improving the QWL of nurses. When using the results of this study it should be noted that we used a self-report instrument and this may affect the results. Thus, further studies should be conducted with more objective instruments,

STATEMENT OF THE PROBLEM

Since ancient times, women are involved mostly in manual work. Due to the fact of traditional roles assigned to women they are treated as one of the marginalized groups in the society. Even though some women are more intelligent than man they are expected to continue performing in household chores. But, recently, due to certain factors like education, women empowerment etc, the role of the women is gradually changing and with the changes there status within and outside the family is also improving. Now, women are becoming more independent and involve in paid work to support their family. In modern world, work and family had become the two most important aspects in women's lives considering the many challenges face in executing the dual roles. So, balancing work and family roles has become a key personal and family issue for many societies. So, it is impetus to have better insight and understanding on the relationships between the work family balance and quality of life. There are many facets in working mother's lives that subject to stresses. They deal with home and family issues as well as job stress on a daily basis. The researcher chose this topic to explore on how the working mothers are maintaining their work and family together and to get a better insight and understanding on the relationships between the work family balance and quality of life of the respondents.

OBJECTIVES OF THE STUDY

The following are the objectives of the study

1. To study the work family balance of working women's in Lawngtlai & Saiha towns.

2. To assess the quality of life of the working women.

3. To understand the relationship between work family balance and quality of life of working women.

4. To suggest measures for social work intervention in the promotion of wellbeing of working women.

METHODOLOGY

The present study includes sample design, tools of data collection, data processing and analysis and processing of data.

The present study was cross sectional in nature and descriptive in design selecting the representatives of the sample respondents of the working women age group between 18 years to 60 years residing in Lawngtlai and Saiha towns, Mizoram. The study follows mixed method approach such as quantitative method and qualitative method. The primary data was collected through quantitative method through structured questionnaire schedule and qualitative methods were collected using Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) and five case studies. The secondary data was collected through literature surveys, reports, documents and articles etc. The unit of the study was individual working women between the age group of 18 years and 60 years working at health care sectors in Lawngtlai and Saiha towns, Mizoram.

Sample Design

Multi stage sampling procedure was adopted to collect the data. The criteria of selection of sample include working women and also a mother who bears at least two children.

The study was conducted among 50 working women in Lawngtlai town, and 31 working women were conducted in Saiha town. The study has a sample size of total 81 respondents.

Tools of Data Collection

Structured questionnaire schedule, Focus Group Discussion (FGDs), Key Informant Interview (KIIs) and Case Study were used for data collection**.** Quantitative data were collected through structured questionnaire schedule. Qualitative data were collected through Focus Group Discussion (FGDs), Key Informant Interview (KIIs) and Case Study. The study comprised four main sources of qualitative and quantitative information to enable in-depth analysis that is structured questionnaire schedule at individual level, with discussions with variances of working women in health care sector and interview with key informants comprised of nursing superintendents and

female attendant. All together 2 KIIs and 2 FGDs were conducted within the two villages to elicit information that would bring light in understanding the context.

Data Processing and Analysis

The quantitative data collected through structured questionnaire was processed through MsXcel and analyzed with the help of SPSS software**.** Cross tabulation, simple percentages ratios, Karl Pearson's product were used to analyse the data.

CONCLUSIONS AND SUGGESTIONS

The demographic personal characteristics which comprised of the age group, educational status, and marital status, type of family, size of family, occupation of spouse, number of children, and secondary occupation of family were discussed in this chapter. In this study, the analysis revealed that maximum of 28.4 % of the entire respondents was at the age group of 28 years to 32 years to both Lawngtlai and Saiha towns. While the minimum constituent of the entire respondents were at the age group of 33 years to 37 years to both Lawngtlai and Saiha towns.

In regards to the marital status of the respondents, a maximum of 53.1 % of the respondents were married and a minimum of 1.2 % were divorced. The family structural characteristics of the respondents were discussed on the basis of the type of family, size of family and number of children. The types of family include nuclear family, joint family and extended family. The study shows that 65.4 % of the respondents belonging to nuclear family. On the other hand, one third of the family belonging to joint family and followed by a minimum of 1.2 % of the respondents belonging to extended family.

In addition to the family structural characteristics of the respondents on the basis of size of family, the result revealed that 51.9% of the respondents were having a medium size of family (5-7) members. A minimum of 11.1 % of the respondents were having a large size of family (7 and above). On the other hand, the family characteristic on the basis of number of children, the result shows that a maximum of 49.4 % of the respondents were having children not more than 4. A minimum of 2.5 % of the respondents were having children less than 5 and not more than 7.

On the family structural characteristics of the respondents on the basis of occupation of spouse, it shows that a maximum of 24.7 % of the respondents spouse were working in a government job and a minimum of 4.9 % of the respondents spouse were work as a commercial driver. The other respondent's spouses were working as a driver and private school teacher. In addition to this, the secondary occupation of the family were also discussed and from the result it is found that a maximum of nearly half of the respondents family secondary occupation was government job and a minimum of 6% of the respondents secondary occupation were driving. And the other secondary occupation of the family was teacher and runs a business. However, the

remaining 23.5 % of the total respondents did not attempt the enquiry as the family do not have secondary occupation; this means that the respondents were the bread winner of the family.

The demographic professional characteristics of the respondents which include educational qualification, profession, and place of working, years of experience, present position and monthly income were discussed in this section. In regards to the educational qualification of the respondents, the result shows that a maximum of 44.4% of the respondents had completed higher secondary school leaving certificate (HSSLC). While a minimum of 13.5 % of the respondents had graduated. On the other hand, 8.6 % of the respondents had completed MBBS. On the basis of profession and present position of the respondents the study revealed that a maximum of 91.4 % of the respondents were nurses and 8.6 % of the respondents were medical doctor.

The place where the respondents were working was explored, and state that a maximum of 27 % of the respondents were working in civil hospital, Lawngtlai and a minimum of an equal distribution of 17.3% of the respondents were working in Christian hospital, Lawngtlai and Maraland Gospel Centenary Hospital (MGCH). Another, 38.3 % of the respondents was working in Lairam Christian medical centre (LCMC) and civil hospital Saiha. In addition to professional characteristics, the work experience of the respondents was explored and classified into four categories. The result shows that a maximum of 34.6 % of the respondents working in the health care sector has a working experience for 9 years and more. However, a minimum of 17 % of the respondents working in the health care sector were under probation and worked for less than 2 years.

The economic condition of the respondents was enquired on the basis of their monthly income. The monthly income of the respondents was classified into five 5 categories between less than Rs 10000.00 and above 35000.00 per month. In these categories, a maximum of one third of the total respondents has a monthly of Rs 35000 and above. A minimum of less than 10 % of the respondent's monthly income was ranging between Rs 28000 and Rs 32000. However, 1.2 % of the respondents do not declare their monthly income.

In the presents study to understand the work family balance of the respondents, it was classified into eight tables as working hours, worried on works at home, institution help in managing work life balance, role at home, stress experience at home, factors effecting work life and family, management strategies and work life imbalance.

More than two third of the respondents were satisfied with the working hours. More than a tenth of the respondents were unsatisfied with the working hours because the respondents do not have assistance at home and had to take care of the family soon after return from work. More than half of the respondents found that the present working hours were suitable to them. Less than a tenth of the respondents found morning shift as unsuitable for working as these respondents were mothers to take care of their children at home. Half of the respondents do not work more than the stipulated time. Less than one fifth of the respondents have worked for longer duration of hour due to unwell or health by their colleagues slotted in the next shift.

Nearly two third of the respondents of the respondents worried about their work even when they were at home because of the critical condition of the in-patients in the hospital whom they had attended. Nearly half of the respondents adopted coping strategies for worrying work at home was monitoring through telephone. More than two third of the respondents felt that the institution help in managing work life of the employees as by providing day-off from work. It is a day off provided to the employees on the fourth day after continuous 3 night's duty.

More than two half of the respondents had to performed regular role at home. Less than one fourth of the respondents agreed that the work hampered their role as a mother at home than other married women. Less than one fifth of the respondent's role as a mother was hampered mainly due to less time on parenting and also less time given on child's education. Nearly half of the respondent's roles at home do not cause stress. Less than one fifth of the respondents experience stresses were slightly stressful. The highest mean score for both work at home after office hour and travelling away from home were seen in the factors affecting work life and family. The highest mean score of fulfil religious commitments and community activities by the respondents helped them in managing work and family. The highest mean score of

psychological problem such as stress, mood disorder, aggression, and compulsive behaviour was most faced by the respondents because of work life imbalance.

In the presents study to assess the quality of life of working women, it was classified into three tables as time management, self time, and activity wise involvement.

All the respondents had availed casual leave and some of the respondents had also avail leave which was beyond their eligibility due to consideration by the employing agency. Half of the respondents has already availed maternity as well as paternity leave. More than ninety per cent of the respondents had availed day off. Nearly ninety per cent of the respondents had avail day-off once a week. More than half of the entire respondents were satisfied with their time spent with the family. More than half of the respondents were engaged in domestics work at home between 2 to 4 hours in a day.

More than two third of the respondents were satisfied with their leisure time that was usually 2 hours on the day of day-off. Two third of the respondents had time for self-care at least twice a week. More than a tenth of the respondents need to attend the family as there was no other person to do the works at home. Nearly three fourth of the respondents had given their time for professional development based on the availability of opportunities. More than a tenth of the respondents has confined solely on the family other than their employment. The highest mean score of self-care was particular to most of the respondents in the activity wise involvement.

In the presents study to understand the relationship between work family balance and quality of life of working women**,** it was classified into eight tables as balance work – family, work effects on personal involvement, work and personal life, hindrance to work and family balance, satisfaction of professional and personal life.

Nearly ninety per cent of the respondents were balancing work life. Nearly majority of the respondents were balancing their family. More than half of the respondents were satisfied with their salary. The respondents who were not satisfied with their salary were faith based hospital. Nearly half of the respondents agreed that children missed the presence of working mother at home.

Most of the respondents had sometimes attended the social gathering. More than half of the respondents reported that their work and personal life were somewhat balanced. Most of the respondents were working under flexible schedule and mentioned that they could balance work and personal life. The highest mean score of unhelpful attitude of colleagues at work place hindrance the work and family balance. Majority of the respondents reported that they were satisfied with their professional and personal life. More than three fourth of the entire respondents were satisfied with both professional life and personal life.

Age has positive relationship with perception of factors affecting balancing between work life and family, and emotionally feel problem because of work life imbalance. On the contrary, it has negatively associated with physically feel problems because of work life imbalance. As age increases perception of factors affecting balancing between work life and family and emotionally feel problem because of work life imbalance also increase while physically feel problems because of work life imbalance decreases.

Though the size of family has not significantly related to any of the indicators of work family balance, the number of children was significantly related to work family balance. Perceptions of factors affecting balancing between work life and family and emotionally feel problem because of work life imbalance have directly associated with number of children. It means that the perceptions of factors affecting balancing between work life and family emotional problem due to work life imbalance increase with the number of children the respondent increase with one another.

Years of Experience has direct relationship with emotionally feel problem because of work life imbalance while having no significant relationship with other indicators of work life balance. Present position has significantly negatively related to adoption of strategies to manage work family balance. It means the nurses tend to adopt strategies more frequently than the doctors to manage work family balance.

Monthly income emerged as the most significant factor associated with work family balance. It is significantly related to all indicators of work family balance except balance work and personal life. Though the monthly income of the respondent has not significantly related to balance work and personal life, it has positively associated perception of factors affecting balancing between work life and family,

adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, and psychologically feel problem because of work life imbalance. On the other hand, it is indirectly related to physically feel problems because of work life. As monthly income of respondent increase, perception of factors affecting balancing between work life and family, adoption of strategies to manage work family balance, physically feel problems because of work life imbalance, emotionally feel problem because of work life imbalance, and psychologically feel problem because of work life imbalance also increase. On the contrary, physically feel problems because of work life imbalance decreases with increase in monthly income of respondent.

The perceptions on the factors affecting balancing between work life and family, adoption of strategies to manage work family balance, and physically feel problems because of work life imbalance. There is positive relationship between the perception of factors affecting balancing between work life and family, and adoption of strategies to manage work family balance. However, both of them have negatively related to physically feel problems because of work life imbalance. It is clear that as they perceive greater number of factors affecting balance between work life and family they adopt strategies more frequently. As they perceive more number of factors affecting their work family balance and adopt more strategies they feel less and less perceive physical problems of work life imbalance.

The perception of physical effects of work life imbalance has no relationship with emotionally feel problem because of work life imbalance and psychologically feel problem because of work life imbalance. However, between the latter two variables there is positive relationship. In other words, as there is perception of psychological effect of work life imbalance, there is emotional imbalance is perceived.

Quality family time is one important variable that is found to be positively correlated with adoption of strategies to manage work family balance. It means that the quality of family time increases with the increased adoption of strategies to manage work family balance. A maximum of 94% of the respondents were working under flexible schedule and able to balance work and family.

The qualitative dimensions of working women in work family balance and the quality of life was explored through the focus group discussions, key informant interviews and case studies. Focus group discussion (FGD) was conducted on two groups as group 1 in Lawngtlai and group 2 in Saiha. There were 10 participants in each group of the FGD. Each of the focus group discussion had last for 1 hour duration. The participants were laboratory technician, female attendants and administrative women employees. The study had two Key Informant Interview (KII) and one KII was conducted in Lawngtlai and the other KII conducted in Saiha and five 5 case studies was conducted.

It was found that family support was one of the main source of balancing work and home. The qualitative studies highlighted that the operating systems and sub systems has bidirectional effect on the performance of the working mother at work and at home. In addition, apart from the home environment, spouse involvement in the family, division of work at home, distance of work place from home, mode of transportations, availability of assistance at home and the reputation of the family members were found to be determinants work life balance of working women. Similarly, these factors were equally responsible in formulating the quality of life of the respondents. It is important to notice the respondent's commitment level to get the work done was implicit to work family balance of the working women.

We can also see that support from the family and spouse can influences in balancing work and family. According to Padma and Reddy (2013) also found in their study that the support from family members will play a significant role in balancing personal and professional works. Even though some of the working mothers were not satisfied or satisfied with the salary, they still work harder to provide for their family as they were the bread winner of the family. We can also see that positive attitudes of the colleagues can impact on the work. Therefore the amount of care and support provided by family, spouse and colleagues immensely determines the quality of life of working mother.

Colleague's was causing to work-personal life imbalance of the respondents and triggering the level job satisfaction. The next hindrance to balance work and personal life of the respondents was unhelpful attitude of the family members with a mean value of 1.06. This was affirmed even in the enquiries on the respondents work

family balance. Further, it was also reaffirmed by the qualitative explorations. Therefore, the attitude of the family member affected both the work –personal life balance as well as the work - family balance. Lastly, the unhelpful attitude of the superiors was reported by the respondents as another hindrance to work - personal life balance with a mean value of 1.02. This was also affirmed by the qualitative explorations that the wide hierarchical functioning between the nursing staff and the female attendants at work place has affected the overall quality of life of the female attendants. Likewise it was also affecting the balance of work and personal life. Similar result was noticed than more than 90% of the respondents who had balanced work and personal and professional development.

SUGGESTIONS

1) Individual Level

Try to avoid worrying about work when not at work place. This worry will increase the family tension when the nursing staff at their home.

It is reality that now a days because of work pressure and other family responsibilities it is very difficult to give time for self. However, it is not impossible to manage. Now in this regard the nursing staff should plan their daily routine in such a way that, they can manage sometime for themselves. If possible weekend outings should be planned with family or friends whenever possible.

2) Family Level

Family support is must. The members of the family should also understand / realize the pressure of the nursing staff. The family members should extend full support. This will lead to contribute the morale of the staff very high and able to deliver the services efficiently and effectively.

Partners can be more sensitive to women's needs, and counter tradition by helping their wives perform daily tasks and take care of children.

3) Society Level

Life skill development training for nurses.

Promotions of working women's wellbeing should be base on the context of the society.

Society should understand and promote the working women in every possible way and this will lead them in a high standard and will be able to perform better in the work.

4) Practice Level

The working hours of the respondents should not exceed 8 hours in a day. Whenever time spent is more than 8 hours in that case the efficiency of the staff will be affected and especially in nursing profession where this staffs dealing with patients are expected to give best of services to the extent possible. Long working hour is not in the interest of the profession and patients in general.

The provision should be created in hospitals for the stress relief. This will definitely reduce the feeling of reluctance or fatigue due to office work pressure.

The nature of job in the nursing profession is such that it is very difficult to get time to attend social functions. However this cannot be ground for excuse. For this purpose hospital authorities should understand the importance of this and accordingly by making some alternative arrangements, the staff should be allowed to attend the social functions, otherwise these section of the society will be sidelined from the society.

All the team leaders or supervisors should motivate the subordinates working under them. Motivation by seniors will increase the efficiency and dedication of junior staff. The productivity also will increase. The motivated staffs are assets of the hospitals and de-motivated staffs are liability for the hospitals. These liabilities can be converted in to assets through little bit motivated initiatives by the immediate supervisors or hospital authorities.

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Recognition and reward for better service is a must. Those staff whose performance exceeds standard prescribed, should be recognized and rewarded accordingly. This will motivate others to perform and contribute for the hospitals. The staff whose contribution is recognized and rewarded will definitely excel in the organization with more and more good performances and influence the others to do better performance for the hospitals.

5) Research Level

Research on specific matters relating to health, mental health, physical health, spiritual health etc.

Comparative study from both men and women working in the health care sector to understand the work-family balance and quality of life.

The studies can enlarge to other district incorporating bigger sample size.

SOCIAL WORK INTERVENTION

Social worker can organize awareness about how nurses and doctor play an important role in the life of patients. Social worker can play significant role in the field of support among working women in health care sector. Social worker can play a role as activate and catalyst to sensitize and in bringing family and spouse understanding about the role of women working in health care sectors.

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