Work-Life-Balance Initiatives among Healthcare Practitioners

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Abstract

This study explores initiatives that could enhance work-life balance (WLB) among healthcare practitioners using descriptive analysis. The researcher dispersed 110 survey questions to participants who were either married or single and with or without dependent children in three private healthcare organisations located in Sheffield, UK, out of which 70 responded. The study identified five main work-life balance initiatives that could help enhance WLB, namely: job sharing, employee assistance programs (EAP), counselling services, family support programs, and supervisor support (readiness of an immediate supervisor to provide support).

Keywords

Healthcare, Work-life-balance, Employee assistance programs, Job sharing, and Work- family conflict.

1. Introduction

In several countries, work-life balance (WLB) has emerged as one of the most significant concerns for workers across all job categories in a changing economic environment. WLB (Jones, Burke, & Westman, 2013) is the capacity of an individual to preserve stability and equilibrium among the three dimensions of life, which are societal, organizational, and personal. According to Grabitch, Barber, and Justice (2010; Ramachandran et al., 2013), WLB is primarily concerned with an employee's capacity to appropriately prioritize between their lifestyle and work, health, spiritual growth, family, and other areas. Employers view work-life balance (WLB) as the difficult challenge of fostering a positive workplace culture that stimulates employees' creativity, while employees view it as the difficulty of juggling work and personal/family obligations. Thus, it is said that everyone, regardless of stage in life, needs a work-life balance.

The UK labor force has seen significant increases in the number of female workers over the past thirty years, as well as an increase in single-parent households, aging populations, financial and job insecurity, and dual-earner households (Tammelin, Malinen, Rönkä, & Verhoef, 2017). All of these factors have led to growing tensions between work and non-work lives. According to

Sullivan (2018), there has been a notable increase in the number of female workers in the UK's paid workforce over the last three decades, particularly after marriage or returning to work after having children. As a result, as women's engagement in the UK labor market rises, so does the percentage of homes with both partners and couples working. Furthermore, it appears that millennial are more concerned about WLB in the UK than older workers. As a result, the WLB concept has been promoted by the UK government, and numerous companies who are open to the idea have agreed to its tenets. Accordingly, the UK's promotion of WLB is a reflection of social as well as political and economic shifts (Waumsley & Houston, 2009).

It seems that the overall number of hours a person spends working is a key component of WLB. In the report published by the Organisation for Economic Co-operation and Development (OECD), the United Kingdom was placed 29th out of 38 nations surveyed regarding work-life balance. A significant contributing factor to this low score is that thirteen percent (13) of UK workers work fifty (50) or more hours a week, while an average of fourteen (14) hours are dedicated to personal care and leisure activities (sports, hobbies, socializing with family and friends, and eating, sleeping, and relaxing). But unlike the Netherlands, which came in first place out of 38, WLB employees only put in an average of 15.9 hours a week for personal care and recreation, meaning that only 0.5 percent of their workforce is required to work such lengthy hours. Furthermore, the UK has one of the highest percentages of long-hour occupations in the EU, with an average working week of 42.3 hours, according to the rankings of nations with long hours.

Less time may be available for extracurricular activities, socializing with loved ones, sleeping, eating, and other activities if the workday is extended. As a result, the amount of time spent on meaningful leisure activities is crucial to the general well-being of all workers, including those in the medical field, which has positive effects on both physical and mental health. Conversely, studies indicate that extended work hours could put one's health at risk, raise stress levels, and threaten safety (Weigl, Schneider, Hoffmann, & Angerer, 2015; Zheng, Molineux, Mirshekary, & Scarparo, 2015). This study, therefore, investigates the measures that could be used to improve WLB among healthcare practitioners in light of the aforementioned discussion.

2. Review of the Literature

2.1 WLB Initiatives

WLB initiatives include organizational rules and plans that permit flexibility in the number of hours worked physically at the office as well as tactics

aimed at improving work-life balance and assisting employees in resolving conflicts between work and family (Shivakumar & Pujar, 2016).

According to Frone (2003), the initiatives of WLB comprise of:

- flexible work patterns (e.g., reduced working hours, working from home, and compressed work weeks)
- leave arrangements (e.g., annual leave, leave to cater for an unwell dependent, paternity leave, and maternity leave)
- dependent care assistance (e.g., referral to childcare, eldercare, subsidized daycare, and on-site daycare)
- supervisory training on the importance of WLB, and
- general services (e.g., seminars, job sharing, related to family needs, and worker assistant programs) Research has shown that such policies have numerous positive outcomes for the work lives of workers (Smith & Gardner, 2007)

Additionally, when employees use WLB efforts, work-family conflict (WFC) may be reduced (Smith & Gardner, 2007). It appears that Baral & Bhargava (2010) suggested that employees who see the value of having a high degree of supervisory support are more likely to use WLB schemes that are made available to them; however, they pointed out that not all employees take advantage of the initiatives offered to them, even though there are advantages. Furthermore, according to the career stage model, younger workers are less likely than mid-life or older professionals to have fewer time constraints related to starting a family and taking care of elderly dependents (Darcy, McCarthy, Hill, & Grady, 2012).

Supervisory support (SS) falls under workplace policies and can be described as a worker's discernment of the support and assistance offered by their direct supervisor regarding the concerns for such a worker's overall well-being and work-related interests (Abendroth & Den Dulk, 2011). Supervisors who show concern for their employees and are willing to assist those who face unique challenges might prevent negative work-related stress from affecting their personal lives, which in turn reduces work-life balance (WLF) (Baral & Bhargava, 2010). The works of McCarthy, Darcy, and Grady (2010) also support this point; they demonstrate that supervisory support can positively impact employees' work-life balance (WLB) by reducing work-life conflict (WLC) and maintaining positive well-being by providing adequate time for employees to attend to both work and personal obligations.

However, despite the benefits of official work-life balance (WLB) regulations implemented inside an organization, Smith & Gardner (2007) contend that employees would rather choose to engage in informal modifications of their workplace environment with their colleagues. However, Abendroth & Den Dulk

(2011) contend that in order to motivate employees to devote their resources to their work, elements like control over job procedures, task planning, and supervisory assistance are critical.

Because flexible work schedules provide workers with the ability to balance job, personal, and family obligations, a significant number of studies conclude that this is a step in the right approach toward becoming a WLB (Powell et al., 2019; Wheatley, 2017). Consequently, several research have come to the conclusion that the use of flexible work arrangements, such as regular shift systems, part-time work, and compressed work hours, significantly lowers the reported incidence of work-family conflict (Wheatley, 2017).

Flextime allows employees to set their own hours for work, subject to certain restrictions, in accordance with their personal preferences (Stokes & Wood, 2016). Workers gain a lot from flextime since it ensures a better balance between their personal and professional lives and provides a steady income regardless of the hours spent. Additionally, it guarantees employees more autonomy over their work schedules (Wheatley, 2017). Avendano & Panico (2018) concluded that the "uncertain" program flexibility in the population they observed could be insufficient to lessen the struggle of employees (such as working mothers) with the sole responsibility of childcare in their thorough study on a flexible work program in a UK millennium cohort study. As a result, Stavrou, Casper, and Ierodiakonou (2015) argue that it is not reasonable to assume that flexible work schedules will inevitably result in lower worker satisfaction.

Part-time work, on the other hand, is a mutually beneficial flexible work arrangement which working parents and employees choose to attain a certain degree of balance between work/financial and home demands (Warren & Lyonette, 2015). Both male and female employees have been calling for part-time work more frequently recently (Lyonette, 2015), even if the proportion of women working part-time still remains higher than that of males (Stavrou, Casper, & Ierodiakonou, 2015).

Nevertheless, Lyonette (2015) states that women are more likely to work part-time jobs because they are trying to strike a balance between the triple burden of taking care of their families, their existing jobs, and home chores. Similarly, Stavrou, Casper, and Ierodiakonou (2015) assert that men who choose to work part-time are influenced by the growing number of women who choose to do so.

3. Research Methodology

The research was carried out by the authors using a descriptive survey method. In order to collect data for the study, the researcher sent 110 survey questions to participants in three private healthcare organizations. They also used a drop-and-

collect strategy. However, the researcher was able to receive 70 responses out of the 110 that were administered. The contributors included individuals who were employed by Sheffield, UK-based private healthcare institutions. Healthcare professionals, both male and female, who were married or single and had dependent children or not, made up the participants.

Table 1: - Presentation of the Sampled Demographic Profile of Respondents

Item	Category	No. of Respondents	Respondents (%)
Gender	Male	28	40.0
	Female	40	57.1
	Prefer not to say	2	2.9
	Total	70	100
Age	Below 25	9	12.9
	25-30	27	38.6
	31-35	12	17.1
	36-40	11	15.7
	Above 40	11	15.7
	Total	70	100
Marital Status	Single	35	50.0
	Married	23	32.9
	Separated/Divorced	10	14.3
	Widowed	2	2.9
	Total	70	100
Dependent Children	One	17	24.3
	Two	10	14.3
	More than two	10	14.3
	None	33	47.1
	Total	70	100
Job Title	Doctor	8	11.4
	Registered Nurse	20	28.6
	Psychologist	5	7.1
	Support worker	19	27.1
	Healthcare Assistant	18	25.7
	Total	70	100
Total Hours Worked per week	Less than 30	7	10.0
	Less than 40	10	14.3
	Less than 50	16	22.9
	Greater than 50	37	52.9
	Total	70	100

Source: **-** Authors Compilation, 2022

The research sample size of 70 participants was comprised of 40 females (57.1 percent) and 28 males (40 percent). Of the seventy respondents, thirty-five indicated they were single (50 percent) followed by twenty-three who were married (32.9 percent), ten who were separated or divorced (14.3 percent), and two who were widowed (2.9 percent). 37 respondents (52.9 percent) had dependent children, whereas thirty-three respondents (47.1 percent) did not. Ten respondents had two children, ten respondents had more than two, and seventeen respondents had one child among those with dependent children's of the seventy-seven participants, twenty-three were responsible for providing elderly care, and forty-seven were not. The family size distribution of the respondents was as follows: 30.9 percent had 1-2 family members, 37.1 percent had 3-4 family members, and 32.9 percent had more than 5 family members.

Table 2: - Descriptive Statistic on Initiatives used to Enhance WLB

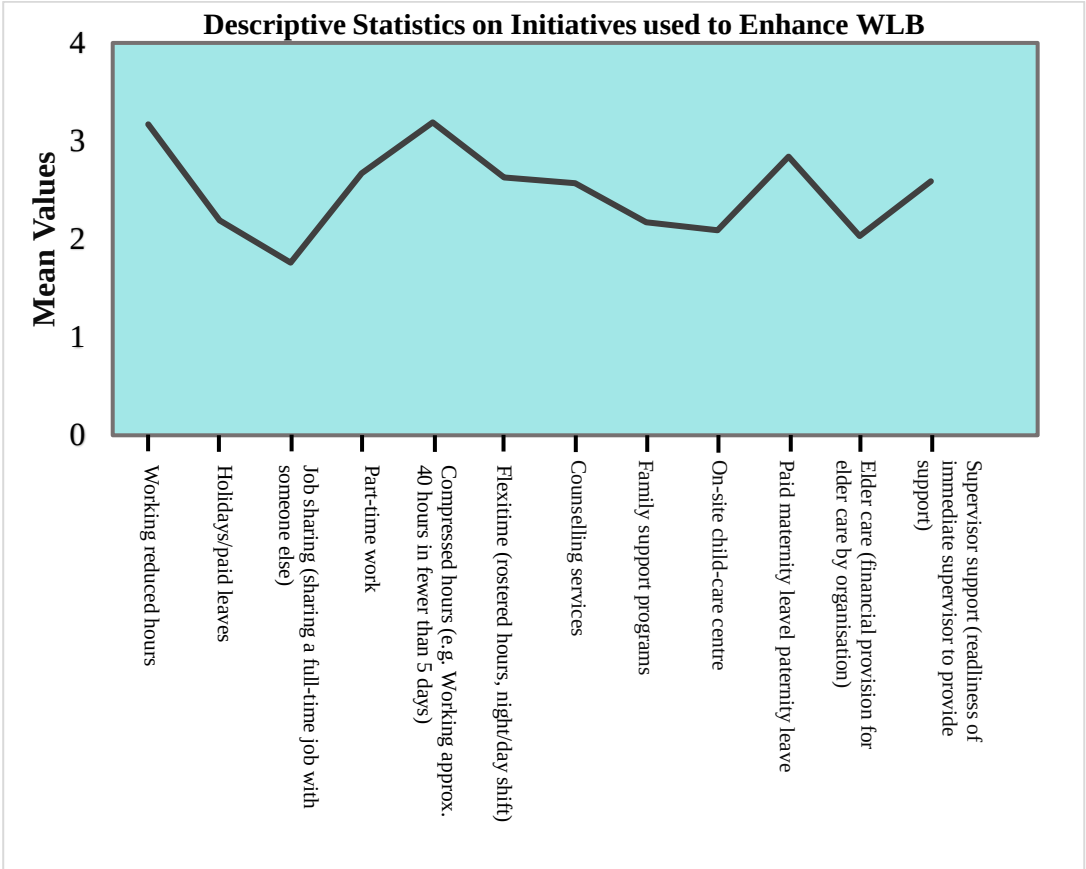
		Minimum	Maximum	Mean	Std. Deviation
Working reduced hours	70	1	4	3.17	1.191
Holidays/ paid leaves	70	1	4	2.19	1.146
Job sharing	70	1	3	1.76	.875
Part-time work	70	1	4	2.67	1.139
Compressed hours	70	1	4	3.19	1.146
Flextime (foster hours, night/day shift)	70	1	4	2.63	1.106
Counseling services	70	1	4	2.57	.986
Family support programs	70	1	4	2.17	.992
Employee assistance programs (EAP)	70	1	4	2.36	.979
On-site child-care center	70	1	4	2.09	1.060
Paid maternity leave/ paternity leave	70	1	4	2.84	1.112
Elder care (financial provision for elder care by organization)	70	1	4	2.03	1.021
Supervisor support (readiness of immediate supervisor to provide support)	70	1	4	2.59	1.014
Valid N (list-wise)	70				

Source: - Authors Compilation, 2022

The mean and standard deviation of each response are displayed in Table 2. The table shows how each potential initiative to improve WLB among healthcare practitioners is near to its corresponding mean value in terms of standard deviation. Of the thirteen (13) specified projects that can improve WLB, "job sharing" is the one that is closest to their respective mean values, as can be seen above. Additionally, the variance, or difference, between the "job sharing"

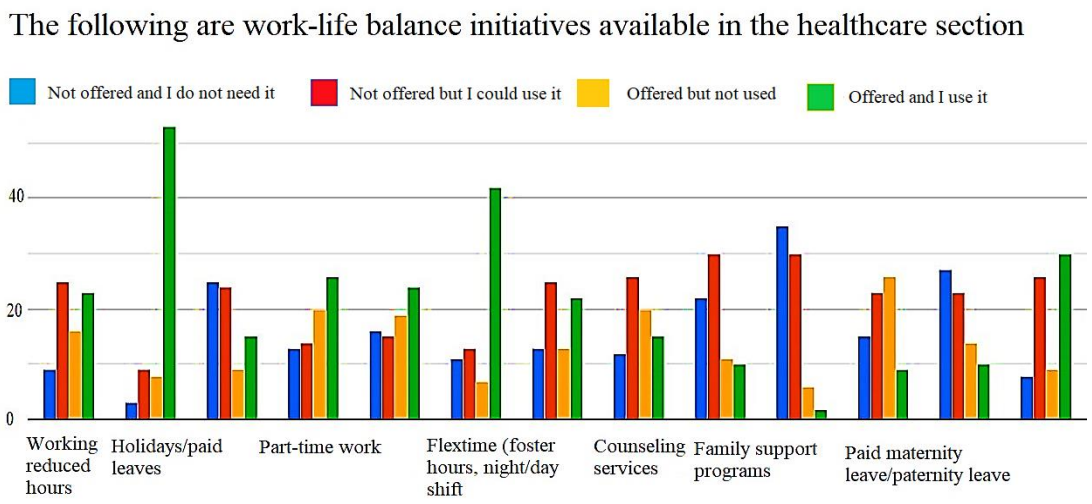
standard deviation and its matching mean was (0.875). According to the replies of the seventy (70) healthcare professionals who were sampled for the survey, "job sharing" is therefore a more valuable descriptive measure than its corresponding mean. Employee assistance programs (EAP) have a deviation of (0.979), followed by counseling services with a deviation of (0.986), family support programs with a deviation of (0.992), and supervisor support (readiness of the immediate supervisor to provide support) with a deviation of (1.014). These are the other four main suggested initiatives that can enhance WLB in order of preference. The figure below, Figure 1, shows the mean values.

Figure 1 shows, the mean scores for "working reduced hours" and "compressed hours" were relatively high at 3.17 and 3.19, respectively. This suggests that healthcare professionals were more cognizant of how they spent their time and may have been able to reduce workload by implementing a well-organized shift system.



Source: - Authors Compilation, 2022

Figure 1:- Mean Values on Initiatives used to Enhance WLB



Source: **-** Authors Compilation, 2022

Figure 2: - Bar Chart of the Available and used WLB Initiatives

Figure 2 indicates that paid vacations and leave (75.7 percent) are the WLB efforts that are most frequently utilized in the healthcare industry. The usage of flextime (60 percent and supervisor support (42.9 percent) come next. The data does, however, also confirm that certain initiatives—like job sharing, employee assistance programs, reduced work hours, counseling services, family support, and on-site child care—are not provided to healthcare practitioners. Nevertheless, they believe that including those initiatives in the WLB policy of the organization will reduce the number of WFCs that arise.

Initiatives Used to Enhance the WLB of Healthcare Practitioners

The objective of the study was to identify the various WLB initiatives. Using a four-point Likert scale, where "1" means "not offered and don't need it," "2" means "not offered but I could use it," "3" means "offered but not used," and "4" means "offered and I use it," the study examined thirteen (13) different WLB initiatives as potential components for enhancing the WLB of healthcare practitioners. The study revealed that of the thirteen (13) initiatives, five were primarily examined by the respondents because they were not presently provided by their organizations, but they could be utilized to lessen the work-family conflict (WFC) that arises during the course of performing their duties. Job sharing, counseling services, family support programs, employee assistance programs (EAP), and supervisor support (the ability of a direct supervisor to offer aid) are some of these initiatives.

Because of the replies' mean value being closer to "2," the mean and standard deviation values for job sharing were 1.76. This indicates that while job sharing as a program to improve the WLB of health practitioners is not now available, most respondents believed that it may be helpful when it was. Because of this, failing to take this initiative may result in a strain-based conflict that is brought on by a person's professional role haziness and work overload, which would put them under stress. This current result somewhat supports the claim made by Carlson et al. (2000) that role incompatibility and pressure are caused by a conflict between an individual's occupational role, work role overload, and work role haziness.

The mean score for counseling was 2.57, which is closer to "3" than "2," suggesting that the service is currently provided. However, a sizable portion of respondents (37.1 percent) said they do not use the counseling service. This may be related to the findings of Baral & Bhargava (2010), who hypothesized that not all employees take use of the initiatives made available to them, even in spite of the advantages.

Additionally, the mean score for family support services was 2.17, suggesting that respondents believed these programs may be helpful if they were available, but they are not currently offered. This initiative's existence may assist medical professionals in reducing their present WFC. These initiatives may serve as a coping strategy to lessen the loss of resources, which would lessen the possibility of encountering behavior-based conflicts (Lambert et al., 2006).

The respondents' descriptive perspective that supervisory support is an aspect for strengthening the work-life balance of health practitioners was reflected in the mean value of 2.59 for supervisory support (readiness of the immediate supervisor to provide support). However, some respondents claimed that it was not administered. 42.8 percent of respondents to the current survey reported being able to access their supervisor's support, which is consistent with the findings of Abendroth & Den Dulk's (2011) study. This study suggests that a supervisor's concern for a worker and willingness to assist a worker experiencing unusual difficulties can prevent negative work-related stress from spilling over into the worker's personal life, thereby reducing work-life balance.

Though 37 percent of respondents said they were not provided with supervisory support, they would still like to know if their immediate supervisor is prepared to assist them. Voydanoff (2005) provides evidence in favor of the need of having strong supervisory assistance. Because managers may urge staff members to utilize the WLB initiatives, it is more likely that workers will embrace the WLB schemes that are made available to them. Therefore, employees may not be able to access WLB initiatives if they are unaware of them in their organization.

The results of this study also showed that flextime was used by healthcare firms to lower worker turnover rates. Sixty percent of the participants said they use flextime to improve their WLB. Russell, O'Connell, and McGinnity (2009) assert that proactive flextime use can improve WLB and relieve employee stress. Therefore, there is a positive correlation with the findings of Grzywacz & Carlson (2007), which state that participation in formal arrangements involving flextime will foster a sense of belonging among employees and allow them to strike a balance between their personal and professional obligations, thereby reducing the likelihood of stress and burnout.

4. Conclusion

The study identified five mainly work-life balance initiatives that were not offered to healthcare practitioners, but they indicated that they would help enhance their WLB, namely: job sharing, employee assistance programs (EAP), counselling services, family support programs, and supervisor support.

5. Recommendation

The study recommends that quality circles should be formed to meet from time to time so as to deliberate improved ways of enhancing WLB initiatives among healthcare practitioners. Further, activities that create awareness about healthy work-life balance, such as seminars, can be organized for healthcare practitioners on home life and work. Again, workers should be encouraged to harness the gains from teamwork by creating an environment that fosters collaborative tasks or jobs to help reduce burnout and stress among healthcare practitioners. It is also suggested that further studies be conducted with a larger sample size to ascertain a broader picture of the phenomenon under study. Further, greater emphasis should be placed on work-life balance initiatives, namely job sharing, employee assistance programs (EAP), counselling services, family support programs, and supervisory support within the healthcare space. Lastly, the study proposes, however, that future studies be conducted using large sample size to ascertain a broader picture of the phenomenon.

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