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Dr. Govindappa D
M.com, MBA, M.Phil, Ph.D
Associate Professor, Maharani
Women's Art, Commerce and
Management College, Seshadri
Road, Bengaluru, Karnataka,
India

Mamta Mallikarjun
Research Scholar, Maharani
Women's Art, Commerce and
Management College, Seshadri
Road, Bengaluru, Karnataka,
India

Corresponding Author:
Dr. Govindappa D
M.com, MBA, M.Phil, Ph.D
Associate Professor, Maharani
Women's Art, Commerce and
Management College, Seshadri
Road, Bengaluru, Karnataka,
India

A study on the role of work-family facilitation in career satisfaction of doctors in multispecialty hospitals

Dr. Govindappa D and Mamta Mallikarjun

Abstract

Work-Family Facilitation has become an emerging issue in private hospitals as it is affecting the efficiency of doctors. The main focus of the study is how work-family facilitation influencing the Career Satisfaction of doctors working in private hospitals. A sample of 50 doctors was taken. The purpose of this study is to evaluate the role of work-to-family (WFF) and family-to-work (FWF) facilitation and the factors that will help doctors in maintaining Career Satisfaction. Data was analysed with the help of correlation and multiple regressions.

Keywords: work-family facilitation and multispecialty hospitals

Introduction

Two major role domains, that is, work and family, are of great significance to individuals. Traditionally, these domains were considered separate with the assumption that the man was the breadwinner and the woman was the homemaker. Contemporary demographic, technological and market changes across the globe have minimized the distinction between work and family role domains. Consequently, today, work and family are considered as interdependent role domains having significant impact on each other. Subsequently, examining the relationship between work and family roles has become an important subject matter among researchers and practitioners.

Work-family facilitation

At its essence, work-family facilitation is the notion that work and family are interdependent and complementary. In other words, involvement in one domain can positively and beneficially influence functioning of the other domain. We formally define work-family facilitation as the extent to which an individual's engagement in one life domain (i.e., work/family) provides gains (i.e., developmental, affective, capital, or efficiency) which contribute to enhanced functioning of another life domain (i.e., family/work). Work-family facilitation can occur bidirectional, meaning that work can provide gains that enhance functioning of the family domain (work-to-family facilitation or WFF) or family can provide gains that enhance functioning of the work domain (family-to-work facilitation or FWF). Although it is posited that work-to-family and family-to-work facilitation are distinct, henceforth, we use the term "facilitation" to refer to the overall phenomenon, including both of its directions. (Frone 2003)

Therefore organisations are adopting new policies where employees can give time to enjoy, and spend time with their family and career satisfaction.

The present research paper aims to study the Role of Work-Family Facilitation in Career Satisfaction of Doctors working in private hospitals in Bangalore.

Literature review

Kristie Keeton, Dee E. Fenner, Timothy R. B. Johnson (April 2004) [6]. "Predictors of Physician Career Satisfaction, Work-Life Balance, and Burnout", To explore factors associated with physician career satisfaction, work-life balance, and burnout focusing on differences across age, gender, and specialty.

Methods a cross-sectional, mailed, self-administered survey was sent to a national sample of 2,000 randomly selected physicians, stratified by specialty, age, and gender (response rate 48%). Main outcome measures included career satisfaction, burnout, and work-life balance. Results both women and men report being highly satisfied with their careers, moderate levels of satisfaction with work-life balance and having moderate levels of emotional resilience. Measures of burnout strongly predicted career satisfaction.

Rupashree Baral, Shivganesh Bhargava (2009).” Examining the moderating influence of gender on the relationships between work-family antecedents and work-family enrichment” The impact of organisational interventions such as job characteristics, WLBP, work-family culture and supervisor support on job outcomes and work-family enrichment. Our results support the positive effects of job characteristics on work-related attitudes. Result did not find any support for the positive impact of WLBP on job outcomes.

Oi-ling Siu (2010) [8]. “Relationships between bidirectional work-family interactions and well-being: A three-wave cross-lagged study in China” To examine the relevant antecedents of work-family enrichment. Work engagement positively related to relationship between family-friendly organizational policies and WFE, and the relationship between job autonomy and FWE.

Research Gap

Most of Work-Family Facilitation research work on physicians, Surgeons, Medical students, nurses and paramedics has been done outside India. WFF studies in India have so far remained confined to specific industrial sectors and to particular group of employees. Considering substantial evidence that work life issue of healthcare professionals have become a growing concern, there is a need to study and understand Indian specific attributes of this concept for the healthcare segment.

Considering the huge shortage of Doctors country wide, every measure must be taken to retain them. However this is not possible unless sufficient studies are carried out to understand their problem related to their work. Keeping in view all the above mentioned factual and potential factors, a detailed study of WLB doctor in Bangalore deserved a strong rationalization.

Objective

To identify the factors that impacts the Doctors career satisfaction.

To assess the relationship and influence of work-family facilitation on career satisfaction of doctors

Hypothesis of the study

H₀: – There is no relationship between the Work-Family Facilitation and career satisfaction.

H₁: - There is a relationship between the Work-Family Facilitation and career satisfaction.

Research methodology

The study adopted the descriptive type of research approach for analysing the work-family facilitation on career satisfaction of Doctors in Aster CMI Hospital. Convenient sampling technique is used to get the response from the Doctors.

The study sampling unit targeted was MD, MS, DNB, MCH, Doctors.

The sample size was 50. Structured questionnaire was designed to collect the primary data from the Doctors. Secondary data was collected from hospitals website, internet, journals and text books. Statistical techniques such as factor analysis, correlation, multiple regression analysis are used to analyse the data.

Data analysis

Table 1: Gender wise distribution or respondents

Sl. No.	Gender	No. of Respondents	Percentage
1	Male	38	76%
2	Female	12	24%

Source: Primary Data

Analysis

The above table indicates the gender wise distribution of the respondents. Among 50 respondents surveyed, 76% per cent of the respondents are male and 24% per cent of the respondents are female.

Table 2: Age wise distribution or respondents

Sl. No.	Age	No. of Respondents	Percentage
1	25-30 Years	20	40%
2	31-40 Years	10	20%
3	41-49 Years	12	24%
4	50 Years and above	8	16%

Source: Primary Data

Analysis

The above table gives the description regarding the age of the respondents. It has been inferred that 40% per cent of the respondents belong to the age group of 25- 30 years. Followed by 20% per cent of respondents aged between 31-40 years and 24% per cent of respondents aged between 41-49 years. Consequently 16% per cent of the sample population belongs to the age group of 50 years and above.

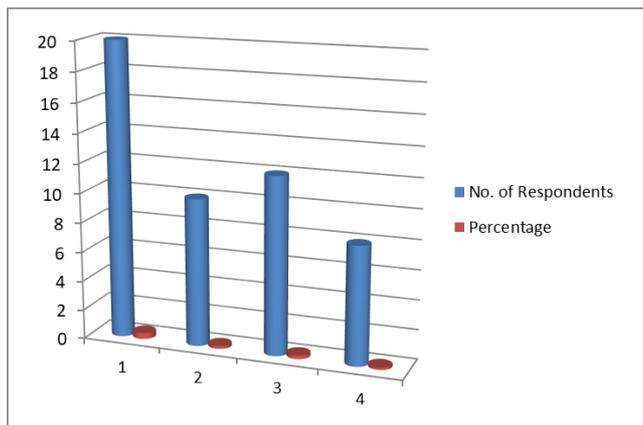


Fig 1: Age wise distribution or respondents

Inference

Age of the respondents is one of the most important variables in understanding their views about the particular problem. By and large, age indicates level of maturity of individual doctors. In that sense, age becomes more important to examine the response role in their area of expertise.

Table 3: Educational qualification wise distribution of respondents

Sl. No.	Educational Qualification	No. of Respondents	Percentage
1	MBBS, MD	42	84%
2	MD+	8	16%

Source: Primary Data

Analysis

The above table determines the educational qualification of the respondents doctors surveyed. Out of the 50 respondents surveyed, 84 per cent of the Doctor respondents have completed their MBBS and MD. Further 16 per cent of the respondents are having MD and additional professional qualifications.

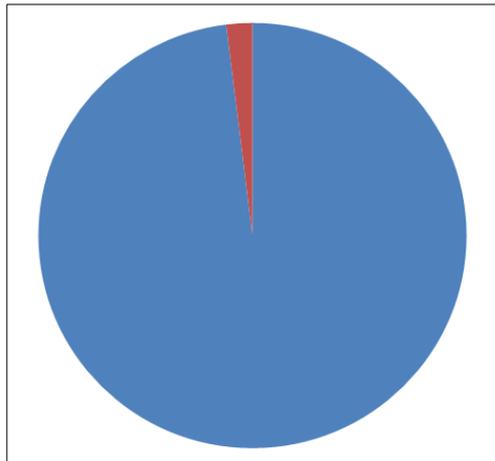


Fig 2: Educational qualification wise distribution of respondents

Inference

Education qualification in one of the most important characteristic that might affect the doctor’s attitudes and the way of looking and understanding any particular phenomena. In a way, the response of an individual doctor is likely to be determined by his educational status and therefore it becomes imperative to know the educational background of the respondent. Hence the variable ‘Qualification’ was investigated by the researcher.

Table 4: Factors affecting work-family facilitation

Sl. No.	Statement	Mean	S D
1	working hours	3.85	0.867
2	The increased competence I gain through work activities helps me fulfill my family responsibilities.	4.07	1.044
3	Values developed at work help me in handling my family responsibilities	4.06	0.928
4	The positive characteristics I have developed at work have made me feel better about my family life	4.16	0.991
5	I fell more confident in performing my family responsibilities when I feel that I am successful in my work.	4.11	0.960
6	My interactions with my family are better because I have felt good about myself at work	4.07	1.008
7	I am better able to perform my work	4.10	0.967

	responsibilities as a result of skills acquired through my family responsibilities		
8	Values developed at home help me in handling my work responsibilities	4.06	0.944
9	Attitude towards WLB	3.87	0.872

Analysis

There are nine statements that have been given to sample respondents in connection with work-family facilitation. These include working hours (Mean of 3.85 and SD of 0.867), family responsibilities (Mean of 4.07 and SD of 1.044), the Values developed (Mean=4.06, SD=0.928), positive characteristics (Mean=4.16, SD=0.991), excessive patient load (Mean=4.11, SD=0.960), confident in performing (Mean=4.07, SD=1.008), better able to perform my work responsibilities (Mean=4.10, SD=0.967), Values developed at home help me in handling my work responsibilities (Mean=4.06, SD=0.944) and the attitude towards work life balance (Mean=3.87, SD=0.872).

Table 5: Factor Analysis

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.820
Bartlett's Test of Sphericity	Approx. Chi-Square	3191.864
	df	8
	Sig.	0.000

The KMO measures the sampling adequacy. Table is showing that the responses given by the sample respondents are adequate and satisfactory. In factor analysis with the value is .820. Bartlett’s test result indicates the strength of relationship among the variables of work and family facilitation on career satisfaction of doctors.

Table 6: Factors of Career Satisfaction

Sl. No.	Statement	Mean	SD
1	Career Success	4.18	0.78
2	Remuneration	4.05	0.87
3	Acceptance	4.00	0.75
4	Inter Personal Relationship – Patient	3.98	0.82
5	Career Growth	4.15	0.82
6	Work performance	4.03	0.94
7	Optimistic	3.96	0.92
8	Autonomy	4.06	0.88

Analysis

There are eight statements that have been given to sample respondents in connection with career satisfaction. The above table portrayed that different factors contribute to career satisfaction and the following are the mean score and standard deviation of each variable that is Career Success is having a (Mean= 4.18 and SD=0.78), the next variable is Remuneration is having (Mean =4.05 and SD=0.85), Acceptance is having (Mean=4.00 and SD=0.75), Inter Personal Relationship – Patient is having (Mean=3.98 and SD=0.82), Career Growth is having (Mean=4.15 and SD=0.82), Work Performance is having (Mean=4.03 and SD=0.94), optimistic is having (Mean=3.96 and SD=0.92). Finally, the respondents said Autonomy is having (Mean=4.06 and SD=0.88) is also an important factor.

Table 7: Correlation Analysis between work-family facilitation and Career Satisfaction of Sample Doctors

Work Life Balance		Correlations			
		Career Success and Advancement	Remuneration	Work Environment	Leadership
Work Interference with Personal Life (WIPL)	r	0.796	.798**	.774**	0.709
	Sig.	0.004	0.001	0.003	0.001
Personal Life Interference with Work (PLIW)	r	.776**	.720**	.704**	.791**
	Sig.	0.000	0.000	0.000	0.001
Work demand	r	.734**	.712**	.756**	.761**
	Sig.	0.000	0.000	0.000	0.000
Life Satisfaction	r	0.717	.752**	.717**	.761**
	Sig.	0.004	0.000	0.000	0.000
Physical and Mental Support	r	.775**	.724**	.707**	.745**
	Sig.	0.000	0.000	0.000	0.000

**. Correlation is significant at the 0.01 level (2-tailed).

Table 8: Result of Multiple Regression between Work and Family Facilitation on career Satisfaction of Doctors

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sig. F Change
1	.702a	0.493	0.491	0.491	0.000
2	.725b	0.525	0.520	0.476	0.000
3	.745c	0.556	0.549	0.462	0.000
4	.757d	0.573	0.564	0.454	0.006
5	.774e	0.599	0.588	0.441	0.000
a. Predictors: (Constant), HIGH SELF-EFFICACY					
b. Predictors: (Constant), HIGH SELF-EFFICACY, CO-WORKER SUPPORT					
c. Predictors: (Constant), HIGH SELF-EFFICACY, CO-WORKER SUPPORT, SUPPORTIVE SUPERVISOR					
d. Predictors: (Constant), HIGH SELF-EFFICACY, CO-WORKER SUPPORT, SUPPORTIVE SUPERVISOR, POSITIVE AFFECTIVITY					
e. Predictors: (Constant), HIGH SELF-EFFICACY, CO-WORKER SUPPORT, SUPPORTIVE SUPERVISOR, POSITIVE AFFECTIVITY, INTRINSIC FACTORS					

The result of multiple regression between work and family facilitation on work life balance of doctors are as following results were observed with correlation coefficient of .702 and 774, squared R value of .493 and 0.599, and a variance of 49.1% and 58.8% respectively.

Findings

The major finding of this study is that the work support variables is having a positive effect on the career satisfaction of the doctors and the co-worker support, supervisor support, quality time of the doctors is given with their family because of work support .

From the test conducted we came to know that the doctor’s job has an positive impact on their personal life.

Majority of the doctors agree that they get support and help from their immediate supervisor.

Work and family facilitation has shown to be beneficial to an individual’s doctors health and wellbeing, this leading to constructive outcomes for the organizations which utilize these doctors. In general, having a rich combination of multiple life roles that is work, marital, parental has beneficial to an individual’s well-being, in that it can lead to higher levels of self-esteem and greater overall life satisfaction and self-acceptance.

Suggestions

From the analysis of the reports through questionnaire survey it is seen that the organisation have realised the need for work life balance of employees and offers the policy and programs that concentrates on the growth of the employees and that is family friendly.

Since, facilitating of work and family roles is one of the key issues in the coming years, the organisation should improvise and innovate the ways to cater the employees having diverse needs and these should be the integral to core business but not the optional.

There should be utmost care taken in taking decisions in adopting and implementing the policies as it impacts both doctors and the organisation. There must be proper communication made to the doctors regarding the company’s policies and must be encouraged.

There must be a proper and a flexible time that has to be adopted so that doctors doesn’t feel stressed about the overtime working and they can spend a quality time with their family and they can even make time to finish their family duties and commitments.

Conclusion

It can be said that Work-family facilitation is a very important issue in the Human Resource Management field and it has a vital impact on the productivity and growth of both the organisation and the employee. Work-family is all about a measure about controlling on when, where and how they work. Many factors are acting as supporting elements for employees to achieve balance between work and personal life. While certain elements like employees participation in framing the policies and taking key decisions, effective communication of organizations policies can be strengthened to make work and personal life of employees highly balanced.

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