RESEARCH ARTICLE

DEVELOPMENT OF A PSYCHOLOGICAL MODEL: A STUDY WITH SPECIAL REFERENCE TO WORK-LIFE BALANCE OF MEDICAL PROFESSIONALS IN INDIA

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Manuscript Info

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Abstract

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India has always been a land of sacred credence and its culture uphold fairness amongst individuals towards their work with devotion. The modernization has accentuated the pattern of living on a fast pace and additionally this velocity has produced an adjustment on day to day activities and creates a trend in transforming the lifestyle for each person in adopting the existing circumstances. Work and Life are persistently allied with each other and its equilibrium is manifest with the prerequisite towards sustainability. Medical Professionals contribute their consecrated approach immensely to the society always amid balancing their work and life schedules. The main objective of the study is to develop a Psychological Model with Special Reference to Work-Life Balance of Medical Professionals in India. The main objective of this study is to realize Work-Life Balance of Medical Professionals by way of factors i.e. Personal Life, Workplace, Societal and Others respectively as predictors. The study uses a survey analysis for 135 Medical Professionals across varied segments of India. The results depict there is a encouraging relationship amid Dependent Variables i.e. Total work experience, Age Groups, Working in the current Hospital and Daily commuting for work on the predictors which are appropriate for Development of a Psychological Model.

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Introduction:-

To understand an exertion standard, one must observe what populace echo on the faith of work for which it has been always an earnest feeling and conversely current situations has projected to bring collectively work and life ways at a single pose by way of enhancement towards desired responsibilities. India has always believed in conveying its earnest principles with pinnacle superiority and holiness being one of the significant features which generally lay emphasis by people towards Medical Professionals with a confidence for care and concern. Medical Professionals causes a sagacity of acquaintance and is a routine process due to their superlative power in society and has an inclination into a rational concentration however the backdrop of their work-life equation has a lot of challenges which encourages them for optimism towards self-confidence. Work-life balance has created a feeling in the minds of the Medical Professionals to stimulate with a passion in nurturing a cheerful approach in their day to day activities. Hospitals have numerous challenges which mostly are due to a patient's magnetism for their belief and

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trust on Doctors for complete revival and in turn Medical Professionals balances their responsibilities efficiently by the side of their individual endeavors but it is a right time now for Medical Professionals to bring together contrasting matters of work and life into a more consistent stage of contentment. Work-life balance is in the same way as a concrete procedure adopted by Medical Professionals towards faithfulness.

Several studies have been done appearing in diverse perspectives of Work-Life balance which signify the knowledge to see what has and has not been explored with an objective to set basis for this study. According to AlHazemi and Ali (2016), Work-life balance has emerged a momentous theme in addition to the composition of work and family life spheres have extensively changed over a period of time. Gautam and Jain (2016) says that Work-Life balance is determined due to the various factors and employees endure rigorous stresses while balancing their work and personal life.

Agha et.al (2017) reveals that work and personal life should be integrated in a smooth way and should not put impact by means of each other in a pessimistic way. According to Peter and Kavita (2020) ingenuousness and exercise of Work-Life Balance practices advance towards encouraging relationship.

References to forbes.com (October 20, 2014) "6 Tips For Better Work-Life Balance" by Deborah Jian Lee has emphasized the guidelines towards the Work-Life Balance.

References to Business News Daily (December 03, 2021) "How to Improve Your Work-Life Balance Today" highlights its necessity.
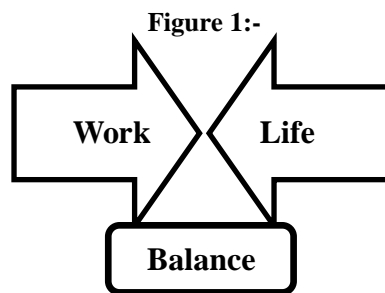
Figure 1:-

The present study has been proposed to develop the Psychological Model with Special Reference to Work-Life Balance (Figure 1) of Medical Professionals in India.

This study has been taken against the above backdrop to develop the Psychological Model with Special Reference to Work-Life Balance of Medical Professionals in India and the gaps identified in it reveal the following factors namely Personal Life, Workplace, Societal and Others respectively. These factors have a relationship with Work-Life Balance sentiment and circle around the contact of Psychology which emphasizes to study the mental characteristics of a Medical Professionals. Further, these factors as well have an association with sacrosanct emotion which surround around the Psychology approach and carry a significant form with a purpose for Work-Life Balance for bridging the gaps between what is and what should be.

Materials and Methods:-
Objectives of the Study: The present study has been undertaken with the following broad objectives.
1. To identify the critical factors for the development of a Psychological Model.
2. To find the relationship between the critical factors for its implementation in the development of a Psychological Model.
3. To develop a Psychological Model with Special Reference to Work-Life Balance of Medical Professionals in India.

**Sampling and Data Collection**
This study uses a Snowball sampling technique and survey analysis for 135 Medical Professionals across diverse parts of the country with preponderance from Punjab and Haryana is been conducted. Data has been collected

through a self-structured questionnaire conciliation of 20 variables on a 5 point Likert Scale containing 5 options with 2 extreme limits and a neutral limit. The period of data collection was from February 2022 to March 2022.

Table 1:- Sample Profiling.

Gender	Male	76	56.3
	Female	59	43.7
Marital Status	Married	110	81.5
	Single	25	18.5
	25-30	26	19.3
	31-40	41	30.4
	41-50	26	19.3
Age Group (In years)	Above 50	42	31.1
Undergraduate Qualification	MBBS (Medical)	112	83.0
	Others	23	17.0
Postgraduate Qualification	MD/DM/MS (Medical)	105	77.8
	Others	30	22.2
	Less than 1 Year	25	18.5
	1-3 Years	49	36.3
	4-7 Years	13	9.6
	8-10 Years	6	4.4
Working in the current Hospital since	More than 10 Years	42	31.1
	Upto 2 Years	20	14.8
	2-4 Years	12	8.9
	5-10 Years	29	21.5
	11-16 Years	19	14.1
	17-22 Years	13	9.6
Total work experience	Above 22 Years	42	31.1
	Private	79	58.5
	Government	33	24.4
	Own Hospital	20	14.8
Working in which type of the Hospital	Others	3	2.2
	Less than 15 Minutes	49	36.3
	15 Minutes - Upto Half Hour	23	17.0
	Half Hour - Upto 1 Hour	21	15.6
	1 Hour - Upto 2 Hours	19	14.1
Daily Commute for Work (Both Sides)	More Than 2 Hours	23	17.0

Figure 2:-
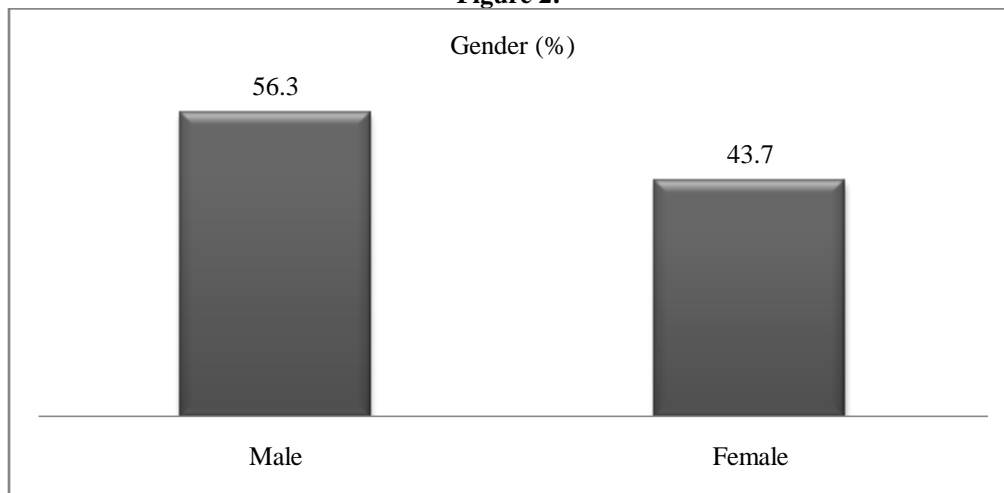
As per Table 1, Sample Profiling indicates Gender is segregated with 56.3% for Males and 47.7% for Females respectively (See Figure 2). 81.5% are married which depicts about its immense contact on the work life balance. Age groups have been divided likewise across 25-30, 31-40, 41-50 and Above 50 for perceptive approach. Maximum participation as of Undergraduates and Post Graduates is from the core Medical sphere which indicates its strong connection with this study. 31.1% of Medical Professionals are working in the current Hospital since more than 10 years and additionally 31.1% having more than 22 years of Work Experience which evidently is a good indication towards their work life balance.

Figure 3:-
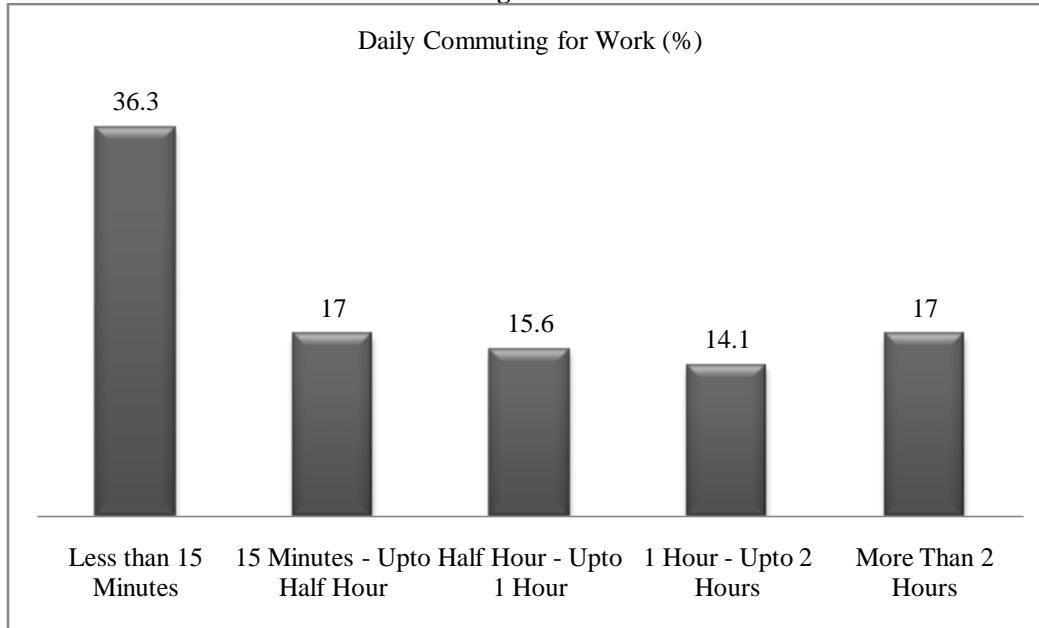
58.5% of Medical Professionals are working in Private Hospitals however representation from Government as well as own hospitals is also measured in this study. Daily commuting for work (Figure 3) is an important constituent with 36.3% of Medical Professionals covering less than 15 Minutes although 17% commute more than 2 hours per day signifying the magnitude of work.

Hypothesis of the Study

H_01a- There is no significant impact of Personal Life towards working in the current Hospital.
H_01b- There is no significant impact of Workplace towards working in the current Hospital.
H_01c- There is no significant impact of Societal towards working in the current Hospital.
H_01d- There is no significant impact of Others towards working in the current Hospital.
H_02a- There is no significant impact of Personal Life towards total work experience.
H_02b- There is no significant impact of Workplace towards total work experience.
H_02c- There is no significant impact of Societal towards total work experience.
H_02d- There is no significant impact of Others towards total work experience.

Reliability
The survey was tested for reliability and overall reliability score (Cronbach Alpha) of the 4 factors i.e., Personal Life, Workplace, Societal and General has been 0.752 which is reliable.

Results and Analysis:-
After undertaking a Cross Tabulation of a variety of aspects, descriptive analysis of all four factors viz. Personal Life, Workplace, Societal and Others respectively is also taken, ANOVA has been also conducted for the consideration of each factor to test the Hypothesis. Correlation has been also been undertaken to find the relationship between all factors, furthermore Regression technique amid Dependent Variables i.e. Total work

experience, Age Groups, Working in the current Hospital and Daily commuting for work on the predictors viz., all the four factors of Work-Life Balance has been analyzed for the Development of a Psychological Model.

Table 2:- Cross Tabulation.

		Total work experience					
		Upto 2 Years	2-4 Years	5-10 Years	11-16 Years	17-22 Years	Above 22 Years
Gender	Male	9	7	11	8	6	35
	Female	11	5	18	11	7	7
		Working in the current Hospital since					
		Less than 1 Year	1-3 Years	4-7 Years	8-10 Years	More than 10 Years	
Gender	Male	7	28	8	2	31	
	Female	18	21	5	4	11	
Total		25	49	13	6	42	
		Working in which type of the Hospital					
		Private	Government	Own Hospital	Others		
Gender	Male	45	15	15	1		
	Female	34	18	5	2		
		Working in which type of the Hospital					
		Private	Government	Own Hospital	Others		
Marital Status	Married	61	26	20	3		
	Single	18	7	0	0		
		Daily Commute for Work (Both Sides)					
		Less than 15 Minutes	15 Mins - Upto 30 Mins	Half Hour - Upto 1 Hour	1 Hour - Upto 2 Hours	More Than 2 Hours	
Marital Status	Married	36	21	19	15	19	
	Single	13	2	2	4	4	
		Working in the current Hospital since					
		Less than 1 Year	1-3 Years	4-7 Years	8-10 Years	More than 10 Years	
Marital Status	Married	17	34	13	5	41	
	Single	8	15	0	1	1	

According to Table 2, Cross Tabulation of a variety of aspects is undertaken to find the rapport of Gender and Martial Status of Medical Professionals towards their occurrence on work and life.

Gender:
It is observed that amongst Males, majority of respondents (35) are having a total work experience above 22 years whereas amongst Females, majority of respondents (18) are having a total work experience between 5-10 Years. Further, amongst Males, majority of respondents (31) are Working in the current Hospital since more than 10 years whereas amongst Females, majority of respondents (21) are Working in the current Hospital since 2-4 years respectively. These indicates the trends towards permanence however working in the Private hospitals amongst Males (45) and Females (34) highlights errand towards work.

Marital Status:
It is observed that Married Medical Professionals (20) have a tendency to work in own hospital however the tendency towards Private hospitals is more for both Married as well Single. Further, the Married Medical Professionals (53) have commitments with their families for which they commute more than 30 minutes daily for work whereas the highest preference amongst Single (13) is mainly covering less than 15 minutes of daily distance. Another observation reveals that Married Medical Professionals (41) are working in the current hospital since more than 10 years and indicates the constancy primarily due to the family responsibilities however amongst the single (23) Medical Professionals upto 3 years are working in the current hospital.

Figure 4:- Personal Life.
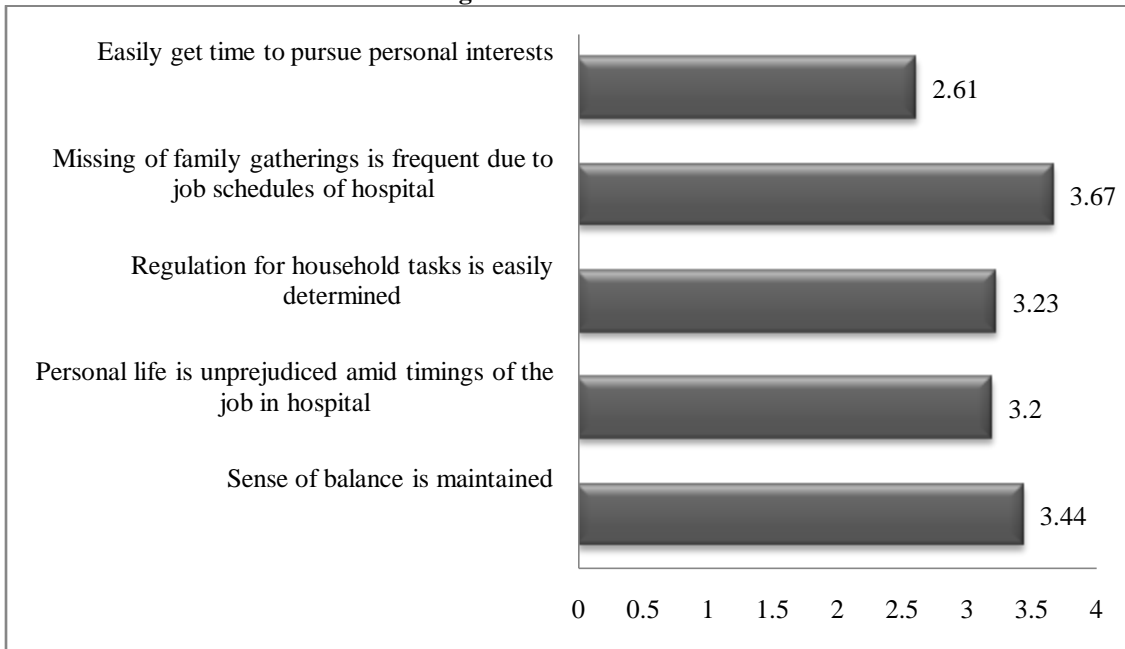
Personal Life of Work-Life Balance is composed of five components viz., Sense of balance is maintained, Personal life is unprejudiced amid timings of the job in hospital, Regulation for household tasks is easily determined, Missing of family gatherings is frequent due to job schedules of hospital and Easily get time to pursue personal interests respectively. These components indicate the level for collection of Personal Life. As per Figure 4, Overall results highlight that highest ratings has been given to Missing of family gatherings is frequent due to job schedules of hospital (3.67)and followed by Sense of balance is maintained (3.44). It is evident that Medical Professionals have given high priority to these components of Personal Life and are considered extremely important.

Figure 5:- Work Place.
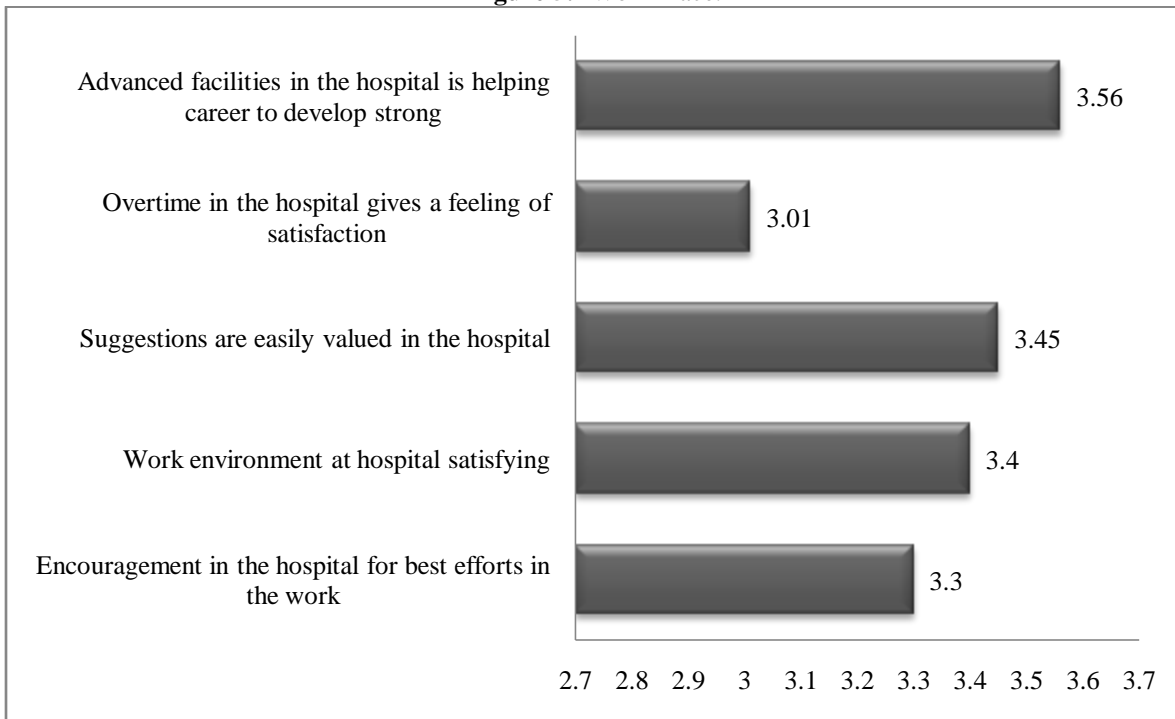
Workplace of Work-Life Balance is composed of five components viz., Encouragement in the hospital for best efforts in the work, Work environment at hospital satisfying, Suggestions are easily valued in the hospital, Overtime in the hospital gives a feeling of satisfaction and Advanced facilities in the hospital is helping career to develop strong respectively. These components indicate the level for collection of Workplace. As per Figure 5, Overall results highlight that highest ratings has been given to Advanced facilities in the hospital is helping career to develop strong (3.56)and followed by Suggestions are easily valued in the hospital (3.45). It is evident that Medical Professionals have given high priority to these components of Workplace and are considered enormously imperative.

Figure 6:- Societal.
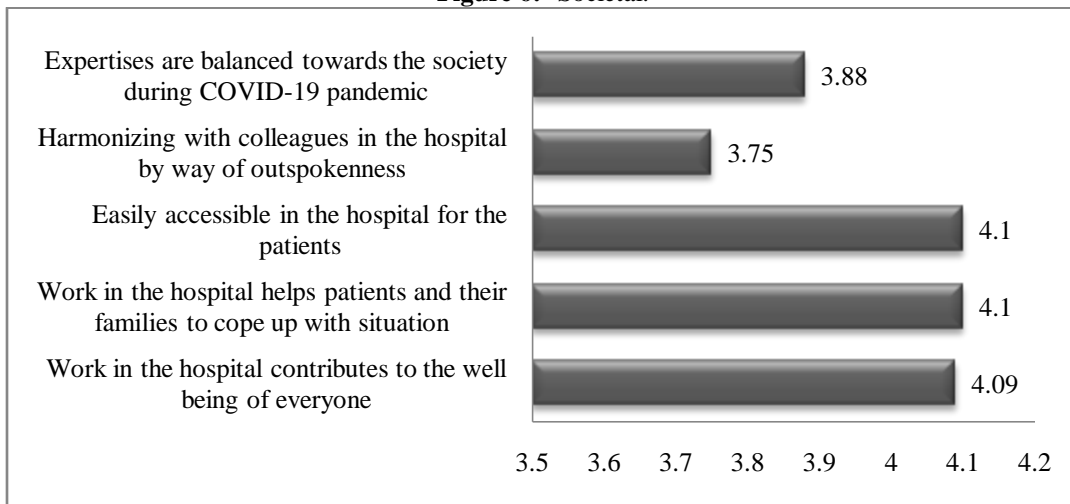
Societal of Work-Life Balance is composed of five components viz., Work in the hospital contributes to the well being of everyone, Work in the hospital helps patients and their families to cope up with situation, Easily accessible in the hospital for the patients, Harmonizing with colleagues in the hospital by way of outspokenness and Expertises are balanced towards the society during COVID-19 pandemic respectively. These components indicate the level for collection of Societal. As per Figure 6, Overall results highlight that highest ratings has been given to Work in the hospital contributes to the well being of everyone (4.09)and followed by Work in the hospital helps patients and their families to cope up with situation (4.01) and also Easily accessible in the hospital for the patients (4.01). It is evident that Medical Professionals have given high priority to these components of Societal and are considered extremely essential.

Figure 7:- Others.
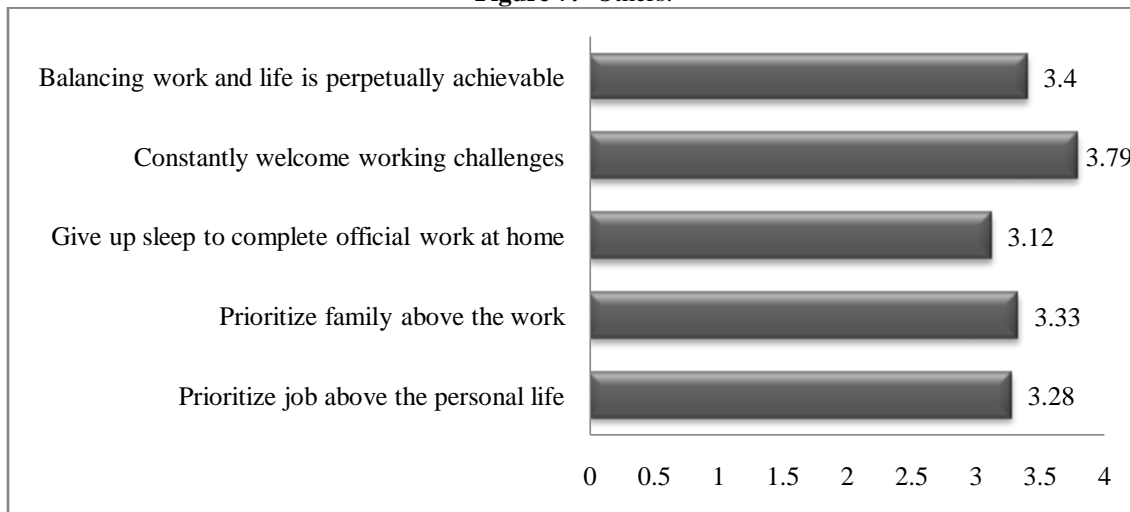
Others of Work-Life Balance is composed of five components viz., Prioritize job above the personal life, Prioritize family above the work, Give up sleep to complete official work at home, Constantly welcome working challenges and Balancing work and life is perpetually achievable respectively. These components indicate the level for collection of Others. As per Figure 7, Overall results highlight that highest ratings has been given to Constantly welcome working challenges (3.79)and followed by Balancing work and life is perpetually achievable (3.4). It is evident that Medical Professionals have given high priority to these components of Others and are considered enormously fundamental.

Table 3:- ANOVA.

ANOVA (Working in the current Hospital)							
		Sum of Squares	Df	Mean Square	F	Sig.	Null Hypothesis
Personal Life	Between Groups	2.96	4.00	0.74	1.72	0.15*	
	Within Groups	55.90	130.00	0.43			Accepted
	Total	58.86	134.00				
Workplace	Between Groups	15.05	4.00	3.76	6.25	0.00*	
	Within Groups	78.25	130.00	0.60			Rejected
	Total	93.30	134.00				
Societal	Between Groups	3.78	4.00	0.95	3.59	0.01*	
	Within Groups	34.19	130.00	0.26			Rejected
	Total	37.97	134.00				
Others	Between Groups	0.96	4.00	0.24	0.95	0.44*	
	Within Groups	32.78	130.00	0.25			Accepted
	Total	33.73	134.00				

*Significant at the 0.05 level

As per Table 3, Hypothesis 1 is tested through ANOVA for consideration of each factor with the Medical Professionals who are working in the current Hospital:
1. Personal Life: H_01a - There is no significant impact of Personal Life towards working in the current Hospital since the value of Significance is .15 (>5%). Hence we accept the Null Hypothesis.
2. Workplace: H_01b - There is a significant impact of Workplace towards working in the current Hospital since the value of Significance is .00 (≤5%). Hence we reject the Null Hypothesis.
3. Societal: H_01c - There is a significant impact of Societal towards working in the current Hospital since the value of Significance is .01 (≤5%). Hence we reject the Null Hypothesis.
4. Others: H_01d - There is no significant impact of Others towards working in the current Hospital since the value of Significance is .44 (>5%). Hence we accept the Null Hypothesis.

Table 4:-ANOVA.

ANOVA (Total Work Experience)							
		Sum of Squares	Df	Mean Square	F	Sig.	Null Hypothesis
Personal Life	Between Groups	2.93	5.00	0.59	1.35	0.25*	
	Within Groups	55.93	129.00	0.43			Accepted
	Total	58.86	134.00				
Workplace	Between Groups	17.78	5.00	3.56	6.07	0.00*	
	Within Groups	75.52	129.00	0.59			Rejected
	Total	93.30	134.00				
Societal	Between Groups	3.13	5.00	0.63	2.32	0.05*	
	Within Groups	34.84	129.00	0.27			Rejected
	Total	37.97	134.00				
Others	Between Groups	1.16	5.00	0.23	0.92	0.47*	
	Within Groups	32.57	129.00	0.25			Accepted
	Total	33.73	134.00				

*Significant at the 0.05 level

As per Table 4, Hypothesis 2 is tested through ANOVA for consideration of each factor with the Medical Professionals with their Total Work Experience:

1. Personal Life: $H_0$2a- There is no significant impact of Personal Life towards total work experience since the value of Significance is .25 (>5%). Hence we accept the Null Hypothesis.
2. Workplace: $H_0$2b- There is a significant impact of Workplace towards total work experience since the value of Significance is .00 (≤5%). Hence we reject the Null Hypothesis.
3. Societal: $H_0$2c- There is a significant impact of Societal towards total work experience since the value of Significance is .05 (≤5%). Hence we reject the Null Hypothesis.
4. Others $H_0$2d- There is no significant impact of Others towards total work experience since the value of Significance is .47 (>5%). Hence we accept the Null Hypothesis.

Table 5:- Correlations.

Correlations					
		Personal Life	Workplace	Societal	Others
Personal Life	Pearson Correlation	1.00	.354[**]	.179[*]	0.05
	Sig. (2-tailed)		0.00	0.04	0.60
Workplace	Pearson Correlation	.354[**]	1.00	.409[**]	0.14
	Sig. (2-tailed)	0.00		0.00	0.11
Societal	Pearson Correlation	.179[*]	.409[**]	1.00	0.12
	Sig. (2-tailed)	0.04	0.00		0.17
Others	Pearson Correlation	0.05	0.14	0.12	1.00
	Sig. (2-tailed)	0.60	0.11	0.17	
**. Correlation is significant at the 0.01 level (2-tailed).					
*. Correlation is significant at the 0.05 level (2-tailed).					

Table 5 reveals that there is an encouraging relationship between all the four factors viz. Personal Life, Workplace, Societal and Others respectively however positive 0.409 correlation between the Workplace and Societal followed by positive 0.354 correlation between the Personal Life and Workplace are having an acme connection which indicates these as an imperative seer for the implementation of the Psychological Model.

Table 6:- Models.

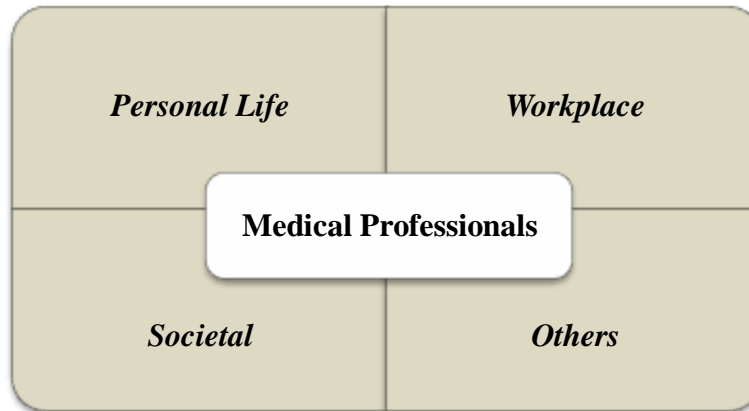| Psychological Model					
	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
Model	0.39	0.15	0.13	1.69	1.50
Dependent Variable: Total work experience					
	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
Model	0.45	0.20	0.17	1.02	1.62
Dependent Variable: Age Group (In years)					
	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
Model	0.43	0.18	0.16	1.42	1.64
Dependent Variable: Working in the current Hospital					
	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
Model	0.23	0.05	0.02	1.49	1.71
Dependent Variable: Daily Commute for Work (Both Sides)					

Predictors: (Constant), Others, Personal Life, Societal, Workplace

The regression model results are highlighted through Table 6 amid Dependent Variables i.e. Total work experience, Age Groups, Working in the current Hospital and Daily commuting for work on the predictors viz., all the four factors i.e. Personal Life, Workplace, Societal and Others respectively. The value of co- relation between Total work experience and the Predictors is 0.39 and their Durbin-Watson index is 1.50, which is acceptable for the model. Further the value of co- relation between Age Groups and the Predictors is 0.45 and their Durbin-Watson index is 1.62, which is acceptable for the model. Also, the value of co- relation between Working in the current Hospital and the Predictors is 0.43 and their Durbin-Watson index is 1.64, which is acceptable for the model. Lastly, the value of co- relation between Daily Commuting for the Work and the Predictors is 0.23 and their Durbin-Watson index is 1.71, which is acceptable for the model. Thus the results verify that there is an encouraging relationship among each

individual dependent variable with all the factors as predictors of Work-Life Balance and entails for the Development of a Psychological Model.

Conclusion:-

Figure 8:- Framework.

The results of the present study emphasize that Psychological Model of Work-Life Balance is still at preliminary stage. It can be concluded that the emotional state of Medical Professionals amidst noble profession has a variety of challenges. The best doable efforts are put in by Medical Professionals to carry on with the proceedings for trying to endure pious work in the current state of affairs for balancing their Work and Life. To achieve more tranquility, it is suggested that Balancing work and life is perpetually achievable however with its bond of harmonizing. Further, as per Figure 8, it is evident that the framework is interconnected involving Personal Life, Workplace, Societal and Others which put an emphasis by Medical Professionals to attach their passion for credence in balancing Work and Life. The present study suggested that the Psychological Model in which all the factors as predictors of Work-Life Balance are appropriate for the Development of a Psychological Model. Future research can be focused on the validation of the suggested Psychological Model through the case studies of diverse individuals.

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