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A Structural Equation Model for Work-Life Balance of Women Nursing Professionals of Government and Private Hospitals in Bangalore

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Abstract

In this study, Structure equation modelling (SEM) was used to evaluate the interaction among the exogenous and endogenous variables. Four different interactions were proposed to be examined by the SEM: The effect of Demographic variables and extraneous factors on Satisfaction with Work-Life Balance (SWLB). The effect of Work Place Support (WPS) on Work Interference with Personal Life (WIPL) and Personal Life Interference with Work (PLIW), WIPL and PLIW on SWLB, and SWLB on Improved Effectiveness at Work (IEW) on a total of 400 nurses working in Government and Private Hospitals in Bangalore. The model reveals that Improved Effectiveness to Work (IEW) is influenced by SWLB, WIPL, and PLIW. Satisfaction in work life balance was further found to be affected by SWLB, WIPL, PLIW, demographic factors and extraneous factors. From these results, it is evident that for an improved effectiveness at work, it is crucial to have satisfaction with work-life balance, reduced work interference and Personal life interference.

Keywords: Work-life Balance, Demographic Factors, Extraneous Factors, SEM Model, Nurses

JEL Classification: M12

Paper Classification: Research Paper

Introduction

Nursing is one of the largest, most diverse and one of the respected professionals among all the health care professions. Nursing is a profession which focuses on protection, promotion, and optimization of the health of people. At the same time, it requires 24 hours dedication of work. Nursing is a public declaration with the value of caring, and this part has helped evolve the business, and it has developed to meet the emerging needs of the society. The role played by nurses in providing a better and cost-effective health care facility is very crucial for achieving the goals of healthcare. In the present state, the nursing staff's roles and functions at both government and private hospitals are not very comprehensible. There are no well-defined and clear job descriptions of the nurses at different hospital level. There are no standardized set of laws and

policy prevailing for the nursing staff across the country. The nursing staffs at different hospitals have not been provided with adequate opportunities for their regular work and also for pursuing higher studies if they want to upgrade their knowledge. There is no proper or well defined job standard for the nursing staff which they can follow rigorously. Nursing profession requires nurses to improve their knowledge and skills even while performing their duties at hospital through scrutiny, manifestation, and investigation. Due to lack of maturity in nursing staffs, it constitutes non-productive professionals with less social and cultural involvement of the nurses.

'Work-life balance' depicts an ability of a person to effectively manage their paid work commitments on the one hand with their personal, community and cultural responsibilities, interests, and obligations on the other. As rightly said by Clark (2000), Work-Life Balance is "Satisfaction and healthy functioning of an individual at their job as well as at home reducing the role conflicts at both the places."

Work-life balance is about an individual having a measure of control over when, where and how it works. It gets achieved when interests at work and family life is respected and accepted. It, in turn, benefits the person's interests and also in business and society. In present circumstances, there is necessity for balanced work-life. Human Resources and Social Development Canada (HRSDC) on their "Work-Life Balance in Canadian Workplaces, states" Work-life balance programs and practices can be favourable for an organization's overall development and at the same time; it also provides other indirect benefits both to employees and employers. Ideally skilled nurses' help in understanding that patience and positive attitude help in creating a healthy work environment for nursing practice. In recent years, we are realizing that life involves several uncomplicated domains and domains of work and family. All this is blurring the work life and personal life and nurses face problems of work life imbalance which prompted to identify the variables influencing the WLB of Government and Private Hospitals nurses in Chennai and measure their interrelationship, and develop a WLB model.

Literature Review

Tavassoli, T., & Sune, A. (2018) studied the impact of work-life balance on individual outcomes of full time employees in Iran. The study revealed that there is positive relationship between WLB and job and life satisfaction while there is negative relationship between WLB and turnover intentions. Job autonomy and supervisor work-family support have a positive relationship with WLB while work demands have a negative relationship with WLB. Employees that are able to balance their life and work roles experience higher satisfaction and have less intention to leave their organization. The work life balance is also strongly influenced by work and family conditions.

Mohd Said Nurumal, Sachiko Makabe , Farah Ilyani Che Jamaludin , Hairil Fahmi Mohd Yusof, Khin Thandar Aung & Yanika Kowitlawakul (2017) studied work life balance among teaching nurses in Malaysia. Non-nursing activities, job requirement, nursing superintendent support, job satisfaction, manageability, social and environmental variables have influenced work-life balance among nurses. Quality of life variables has positively influenced the work-life balance of nurses. Work life balance and organizational commitment also have a positive relationship. The nurses working in fixed shifts were observed with greater work-life balance as compared to the nurses working in multiple shifts. Shobana and Kannan (2016) in their comparative study on WLB among nurses working in a south Indian district observed that in general, the WLB among nurses in private and government hospitals was poor. The commitment of public hospital nurses appeared to be better, while most private hospital nurses experienced work stress. Certain important family

events were missed out by both public and private hospital nurses due to their workloads. The main reasons cited for working overtime in both government and private hospitals were lack of staff and workload. The government hospital nurses were able to spend at least six hours or more with their families, whereas a few private hospital nurses were not able to do so. Limited leisure time, temporary lack of staff nurses and financial problems were some of the reasons cited by the nurses for an improper WLB. Okemwa (2016) determined the relationship between flexible work arrangement and commitment of nurses in public hospitals. In this cross-sectional survey, a significantly positive correlation between nurses' engagement and flexible work arrangements like compressed work schedule, flexitime, shift schedule, job sharing, etc. was observed.

Krishnan and Raj (2016) studied emotional intelligence and WLB among female nurses in Kerala and the factors affecting the WLB. It was observed that there was a positive relation between WLB and emotional intelligence. WLB improved with increasing emotional intelligence. Nurses having high emotional intelligence had a better balance of their work and life. As argued by Cooper (2014), an employee's higher level of psychological well-being resulted in positive individual outcomes such as good health, morale, and commitment, superior performance in the form of improved productivity and customer satisfaction. Whereas, lower psychological well-being led to the lower commitment and lower turnover to the organization and sickness. Rawal et al. (2014) studied the experiences and perceptions of nurses regarding job-related stress and its impact on their work behaviour through a survey conducted in public and private hospitals. The job stressors for private hospital nurses were work overload, excessive timings, feelings of exploitation, low salary and slow increments, heavy work pressures and increased physical exertions with less or no breaks. The job stressors for public hospital nurses were lack of recognition, legal exploitation, danger from patients, monotonous nature of the job, relationship issues with peers, limited technical knowledge leading to job dissatisfaction, etc. All these factors resulted in depression among nurses of both private and public hospitals. Kumari and Selvi (2013), while studying the impact of WLB on the welfare of female employees, observed a correlation between the two. The significant positive correlation was also seen between work-family conflict and psychological stress among these employees. Velhal et al. (2013) studied job related perceptions among nursing staff in a tertiary care hospital in Mumbai (India). The majority of nursing staff members said that they did not receive any job orientation from their seniors. Half of the staff nurses and two-thirds of the sisters-in-charge expressed dissatisfaction regarding work support. The most common reasons cited here were the shortage of staff; biased nature of the senior Matron, etc. which resulted in mental stress, overwork, and burnout.

This study seeks to gain a better understanding of interrelationship of demographic and work- and family-related variables included in our model.

Methodology

Conceptual Definitions of Model Variables

The study seeks to comprehend the aspects of life, family demands, work demands and demographic variables which cause or result in imbalances, Workplace support (WPS) as a resource helps in balancing life, and the outcome of this results in interference of work with personal life (WIPL), interference of personal life with work (PLIW), satisfaction with work-life balance (SWLB) and improved effectiveness at work (IEW). The structural or psychological needs of individuals which they should react or adapt to exercise physical or mental strain are defined as claims. Work-related issues result in interference in personal life (WIPL). Family demand is positively linked to personal life interference with work (PLIW). Causes are categorised as those

determinates which result in interference and resources (support in the workplace) will result in facilitation. Facilitation occurs when individuals participate equally in working roles and contribute positively to home and benefit from each other. Alternatively, interference occurs when the demand for work domain and family domain are mismatched in a certain respect and it becomes difficult to meet the needs of a domain (work or family life) which makes it difficult to meet responsibilities in the other domain. In addition, when there is low level of interference at work or home and higher level of resources, it results in the highest level of job satisfaction. Satisfaction with work and life results in improved effectiveness at work (IEW). SWLB is a new development developed by Valcour in 2007, defined as a total level of satisfaction as a result of assessing its degree of success in meeting the demands of job and non-work roles, is more suitable to evaluate the balance between the employees' life at work.

Guests (2002) gave a model that outlines the causes, nature and consequences of a work balance by citing recent research to illustrate the various dimensions. Balance Construction of working life can be measured in a variety of ways. This study aims to evaluate the influence of exogenous variables on endogenous variables for conciliation of working life and aims to see how these variables interact to create an effect on reconciling the life of nurses working in Government and Private Hospitals. This study seeks to evaluate the influence of demographic variables and exogenous variables on endogenous variables of work-life balance and purports to see how these variables interact to create an effect on the work-life balance of nursing professionals. Demographic factors that were included in the study were Age, Marital status (MS), Education (Edu), Experience (Exp), Current experience (CE), Income (Inc) and Designation (Des). Extraneous factors outside the workplace control may have an impact on an individual's ability to focus on the work; hence, these factors were considered for the present study. Extraneous factors included were Family members (FM), Number of children (Ch), Number of dependents (Dep), Family income (FI), Distance (Dis) to the workplace, Travel time (TT), and mode of transport (Trans).

Data Collection/Measures

WLB was measured with an instrument reported elsewhere comprising 46 statements with five factors developed and validated for the purpose of measuring the WLB of nursing professionals working in Government and Private Hospitals in Bangalore (Banu and Duraipandian, 2014). The data for this study was gathered through questionnaire. 79 questionnaires were returned, 56 questionnaires were incomplete and 400 properly filled were taken for analysis.

Convenience sampling method was adopted. SEM using AMOS 16.0 was conducted. SEM is a confirmatory method which helps in assessing and modifying theoretical models. SEM as recommended by Anderson (1988) was conducted using the two-stage approach. The aim of the first stage is to identify the fundamental associations between the observed variables (items) and the underlying theoretical constructs (composite and latent variables), and also provide consistent and suitable constructs of a measurement model, while the aim of the second stage is to test the hypotheses that reflect the relationships between these theoretical constructs for the model. A goodness-of-fit index is used to determine if the model is fit for study or not.

Findings and Discussion

Theoretical Model

For this study, the initial theoretical model projected in Figure 1 is taken from a study by Rashida A. Banu "structural equation model-I for the work-life balance for IT professionals

in Chennai". The model was built using all the exogenous and endogenous variables. The underlying variables are classified into two categories, namely, the exogenous variables (WD and FD) and endogenous variables (WIPL, PLIW, SWLB and IEW). The analysis is performed by specifying the causal relationship between exogenous variables (WD and FD) and the endogenous variables (WIPL, PLIW, SWLB and IEW) and specifies how endogenous variables depend on exogenous variables.

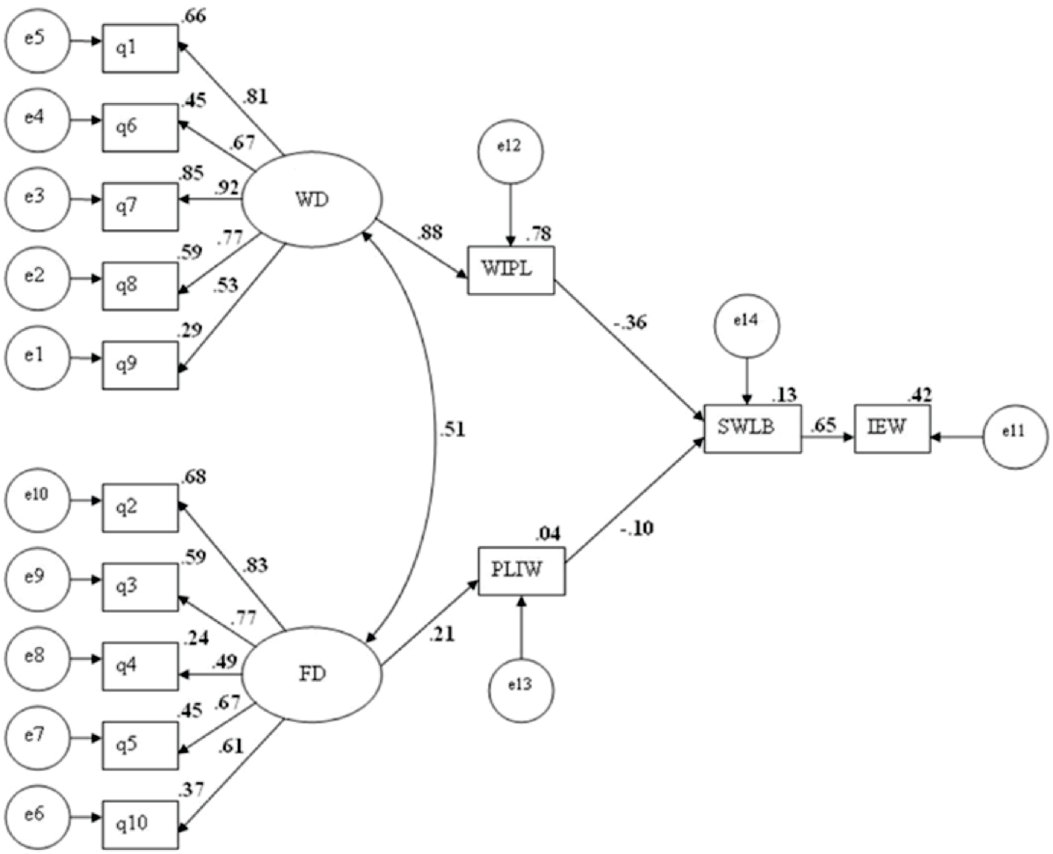

Figure 1: Theoretical Model for the Study

According to Figure 1, WD = labour demand, q1 = designation, Q6 = average annual income, hours = Q7, Q8 = position outside travel, Q9 = total experience. FD = household demand, q2 = marital status, q3 = occupation of spouse, q4 = profile of children Q5 = dependents other than children, q10 = travel time. WIPL = interference in the work with personal life, PLIW = interference in personal life with work, SWLB = work life balance satisfaction, IEW = improved work efficiency. This study has developed and tested an IT professional model of balance between lives using structural equation modelling (SEM) as the primary statistical technique to analyze the relationship between the constructs used. A total of 387 respondents working in IT organizations in Chennai responded. The model fits the data and assumptions that lead to assert that employees WIPL IT experience more than PLIW since the extent of the impact of labour demand has relied more on WIPL. There is a direct relationship between positive satisfaction with the balance between work and life and greater efficiency at work, indicating that the satisfaction increases with WLB also increases the efficiency.

Proposed Model

In this study, Structure equation modelling (SEM) was used to evaluate the interaction between the exogenous and endogenous variables. Four different interactions were proposed to be examined by the SEM:

(i) The effect of Demographic variables (F3) and Extraneous factors (F4) on Satisfaction with Work-Life Balance (SWLB).

(ii) The effect of Work Place Support (WPS) on Work Interference with Personal Life (WIPL) and Personal Life Interference with Work (PLIW).

(iii) The effect of Work Interference with Personal Life (WIPL) and Personal Life Interference with Work (PLIW) on Satisfaction with Work-Life Balance (SWLB), and

(iv) The effect of Satisfaction with Work-Life Balance (SWLB) on Improved Effectiveness at Work (IEW).

Demographic factors that were included in the study were Age, Marital status (MS), Education (Edu), Experience (Exp), Current experience (CE), Income (Inc) and Designation (Des). Extraneous factors outside the workplace control may have an impact on an individual's ability to focus on the work; hence, these factors were considered for the present study. Extraneous factors included were Family members (FM), Number of children (Ch), Number of dependents (Dep), Family income (FI), Distance (Dis) to the workplace, Travel time (TT), and mode of transport (Trans).

The chosen variables were used to create a Structural Equation Model (SEM) that helped to prove fit of the models. Statistical indices such as Goodness-of-Fit Index (GFI), Tucker-Lewis Index (TLI), Adjusted Goodness-of-Fit Index (AGFI), Normed Fit Index (NFI), and Comparative Fit Index (CFI), which are unanimously accepted, have been used to estimate the goodness-of-fit of the proposed model. Values close to 1 of these values indicate a good fit (Byrne, 2009).

The minimum fit chi-square statistic was found to be significant (Chi-square = 13.42; df = 9; p = 0.029), hence, could be considered as an unacceptable model fit. Therefore model could be seen as not being adequate. However, according to Fan, Thompson, and Wang (1999), the chi-square statistic is sensitive to multivariate normality and sample size. Therefore scholars do not consider this index, especially if the sample size exceeds 300 or when other indices of the model are acceptable. In the study, the sample size was 400, and other indices were within the acceptable range.

Further, some researchers suggested the use of the ratio of chi-square and degrees of freedom (χ^2/df) can be used to overcome significance problem (Bollen&Long, 1993; Kelloway, 1995). The ratio between two and five is believed to indicate a good fit of SEM. A value of 4.011 was obtained for the SEM using this ratio. The other indices for SEM were found favourable and suggested that the model is a good fit.

The following values were used to validate the model. In this model, Normed Fit Index (NFI) was found to be 0.964, which is expected to surpass 0.90 as indicated by Byrne (1994) or 0.95 as reported by Schumackerand Lomax (2004). CFI was observed to be 0.987, which is more than 0.93 as suggested by Byrne (1994). The TLI was 0.873. The RFI values were 0.844. These values clearly indicate that the proposed model is a good fit, hence acceptable.

The Root Mean Square (RMSEA) for the model was 0.014 (Browne & Cudeck, 1993), which should be expected to be less than 0.5 (Steiger, 1990), suggests a good model fit. Normed Fit Index (NFI), Baseline comparison indexes, Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI)

are some more sets of goodness-of-fit statistics, which are used for supporting the fitness of the hypothesized model. Values closer to 1.00 of these indices indicates well fit (Byrne, 2009).

Further, the proposed model reveals that Improved Effectiveness to Work (IEW) is influenced by SWLB, WIPL, and PLIW. Satisfaction with work life balance was further found to be affected by SWLB, WIPL, PLIW, demographic factors and extraneous factors. From these results, it is evident that for an improved effectiveness at work, it is crucial that the nurses have satisfaction with work-life balance, reduced work interference in personal life and reduced personal life interference in work has a positive impact on satisfaction with work-life balance for the nurses.

The acceptable ranges of the various indices and the observed values are depicted in Table 1.

Table 1: Acceptable and observed values of SEM indices

Indices	Acceptable values	Observed values
NFI	>0.90 (Byrne, 1994) or 0.95 (Schumacker & Lomax, 2004)	0.964
GFI	>0.9 (Byrne, 1994)	0.971
AGFI	>0.9	0.901
CFI	>0.9 (Byrne, 1994)	0.987
RMSEA	< 0.5 (Browne &Cudeck, 1993)	0.014
TLI	>0.9 (Byrne, 2009; Hu &Bentler, 1999).	0.873
RFI	>0.9 (Byrne, 2009; Hu &Bentler, 1999).	0.844

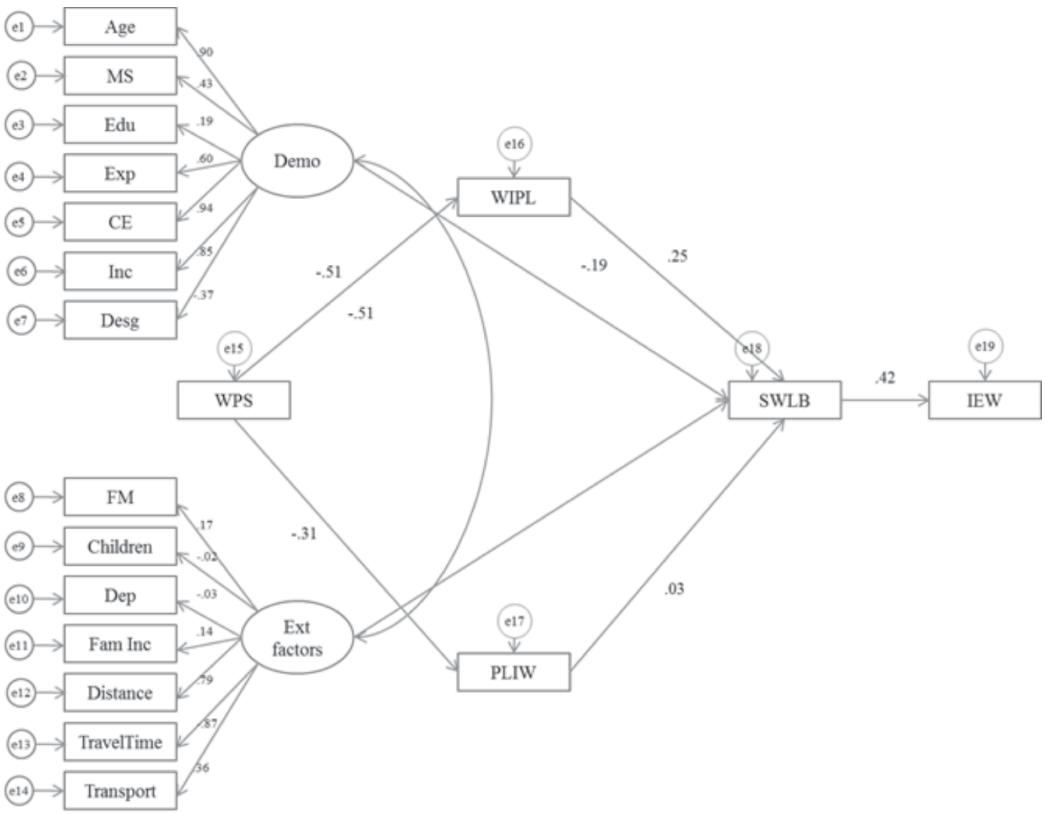

Figure 2: Proposed Model for Improved Effectiveness to Work
(Relationships among Constructs for Improved Effectiveness to Work)

Table 2: Standardized Regression Weights: (Group number 1 - Default model)

Label			Estimate	S.E.	C.R.	P
WILP	<---	WPS	-.514	.124	-11.894	***
PLIW	<---	WPS	-.312	.123	-6.518	***
SWLB	<---	PLIW	.030	.023	.618	.537
SWLB	<---	WILP	-.251	.020	-5.206	***
SWLB	<---	F3	-.190	.035	-3.628	***
SWLB	<---	F4	.081	.052	1.552	.121
IEW	<---	SWLB	.423	.044	9.282	***
Inc	<---	F3	.847			
CE	<---	F3	.839	.070	20.390	***
Exp	<---	F3	.597	.081	12.731	***
Edu	<---	F3	-.130	.065	-2.488	.013
MS	<---	F3	.430	.036	8.669	***
Age	<---	F3	.905	.053	22.480	***
Des	<---	F3	-.366	.030	-7.268	***
Trans	<---	F4	.357			
TT	<---	F4	-.789	.224	-7.086	***
Dis	<---	F4	-.966	.366	-6.553	***
FI	<---	F4	-.109	.115	-2.041	.041
Dep	<---	F4	-.025	.071	-.487	.626
Ch	<---	F4	-.016	.047	-.317	.751
FM	<---	F4	.174	.123	3.107	.002

Table 3: Intercepts: (Group number 1 - Default model)

Label	Estimate	S.E.	C.R.	P
WPS	1.785	.024	75.689	***
WILP	5.390	.229	23.487	***
PLIW	4.831	.228	21.221	***
SWLB	1.947	.092	21.267	***
IEW	1.223	.079	15.389	***
Inc	1.683	.050	33.579	***
CE	2.185	.072	30.257	***
Exp	2.825	.074	38.312	***
Edu	2.138	.053	40.643	***
MS	1.628	.031	53.177	***
Age	1.758	.056	31.416	***
Des	2.770	.025	111.309	***
Trans	2.295	.080	28.524	***
TT	1.818	.058	31.431	***
Dis	2.213	.071	31.039	***
FI	2.138	.062	34.478	***
Dep	1.485	.040	37.378	***
Ch	1.235	.026	47.496	***
FM	2.280	.063	36.214	***

Table 4: Covariance's: (Group number 1 - Default model)

Label			Estimate	S.E.	C.R.	P
F4	<-->	F3	-.132	.034	-3.929	***

Table 5: Correlations: (Group number 1 - Default model)

			Estimate
F4	<-->	F3	-.272

Table 6: Variances: (Group number 1 - Default model)

Label	Estimate	S.E.	C.R.	P
F3	.719	.071	10.201	***
F4	.330	.094	3.500	***
e19	.222	.016	14.124	***
e15	1.354	.096	14.054	***
e18	1.333	.095	14.054	***
e16	.288	.021	13.992	***
e17	.251	.018	14.054	***
e20	.282	.027	10.372	***
e21	.616	.058	10.650	***
e22	1.396	.104	13.366	***
e23	1.085	.077	14.101	***
e24	.305	.022	13.817	***
e25	.227	.030	7.653	***
e26	.214	.015	13.915	***
e27	2.253	.162	13.886	***
e28	.504	.074	6.771	***
e29	.135	.149	.905	.366
e30	1.515	.107	14.113	***
e31	.629	.045	14.124	***
e32	.270	.019	14.124	***
e33	1.534	.109	14.092	***

Table 7: Squared Multiple Correlations: (Group number 1 - Default model)

Label	Estimate	Label	Estimate
WPS	0.020	Trans	0.128
PLIW	0.097	Des	0.134
WILP	0.264	Age	0.818
SWLB	0.112	MS	0.185
FM	0.030	Edu	0.017
Ch	0.000	Exp	0.356
Dep	0.001	CE	0.704
FI	0.012	Inc	0.718
Dis	0.934	IEW	0.179
TT	0.622		

The path coefficients of the proposed model are depicted in Table 2. Path coefficients of Improved Effectiveness to Work were positive and significant, and SWLB had a positive influence on IEW with β coefficient = 0.423 and p-value = 0.000. The result indicates that for every unit increase or decrease in satisfaction in work life balance, can increase or decrease the IEW by 0.423. SWLB was found to be significantly but negatively affected by WIPL (β = -0.251) and the demographic factors (β = -0.190). It could be very well understood as any interference from work into the personal life would affect the satisfaction in work life balance. From the beta coefficients, WIPL has more impact than the demographic factors. Workplace support was found to have an adverse impact on the WIPL (β = -0.514, p = 0.000), which indicates that when the workplace support is more, work interference in personal life will decrease. Similarly, workplace support can also ensure that personal life does not interfere with the work as suggested by the beta coefficient of -0.312 (p = 0.000).

Further, Current experience (β = 0.839), overall Experience (β = 0.597), Education (β = -0.130), Marital status (β = 0.430), Age (β = 0.905), and Designation (β = -0.366) constituted the demographic factors which were significantly related to the factors. Of these factors, education (β = -0.130) and Designation (β = -0.366) was negatively related.

Travel time, Distance from office to home, Family income, the number of dependents, the number of children, and the number of household members were tested as a factor of Extraneous factors. Among these Travel time (β = -.789), Distance from office to home (β = -.966), and Family income (β = -.109) were found to significantly and negatively affect the Extraneous factors, while some household members (β = 0.174) affected significantly and positively. Table 2 indicates the standardized regression weights (ß) that illustrate the measures of strength and magnitude of the association between variables examined in this study.

From the proposed model, it can be understood that improved efficiency at work was most affected by Work interference in personal life, which explained 26.4% of the variation in the IEW, while SWLB could have 11.2% impact on IEW. On the other hand, WPS and PLIW had less than 10% effect on IEW. Demographic factors were found to affect SWLB more than the extraneous factors. For instance, Age could explain 81.8%, Income 71.8%, Current experience 70.4% of SWLB, while overall Experience could explain 35.6%, marital status 18.5% of SWLB. The model given in Figure 1 demonstrates how this link between different components of IEW, SWLB, WIPL, and PLIW is established.

By analyzing the co variances, it was found that extraneous factors and demographic factors were negatively correlated to each other. The beta coefficients of all the variances were found to be significant.

Conclusion

The purpose of the study was to investigate the connection between different variables which are interrelated in the form of a model. The study also includes testing the effect of various variables on the WLB of nursing professionals working in Government and Private Hospitals in Bangalore. The proposed model revealed that satisfaction with work life balance (SWLB) has a positive and significant influence on increased effectiveness at work (IEW). It means when nurses are happy with their work and life efficiency at work increases, the result is aligned with the theoretical model. IEW is more affected by WIPL, if there is more work interference in personal life, there will be imbalance leading to a decrease in effectiveness at work. SWLB was found to be significantly but negatively affected by WIPL which is in alignment with the theoretical model. It

means when there is more interference of work in the personal lives of the nurses; the nurses feel a smaller amount of satisfaction with their work and life both since they will bear more burden with their work and would give less time for their personal life resulting in imbalance or less satisfaction with work and life. SWLB was found to be significantly affected by the demographic factors. Out of the demographic variables, only education and designation was negatively related, which means an increase in age, increases the satisfaction with work and life balance of nurses which could be because the older the person becomes, the more accepting they become. The increase in current experience and overall experience also increases the satisfaction with work and life balance of nurses, which could be due to the fact that with experience, maturity comes and dealing with an imbalance of any kind is easier. If a nurse is unmarried, they could be taking fewer responsibilities, so the satisfaction with work and life balance increases. The company of supportive people increases the satisfaction of work and life balance. It could be very well understood as any interference from work into the personal life would affect the satisfaction in work-life balance as it increases the pressure on nurses. Workplace support was found to have an adverse impact on the WIPL, which indicates that when the workplace support is more, work interference in personal life will decrease. Similarly, workplace support can also ensure that personal life does not interfere with the work.

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