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Work-Life Balance of Faculties in A Tertiary Care Teaching Hospital in Central India: A Cross-Sectional Study

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Abstract:

Aim: This study looks into the work-life balance of teaching staff in tertiary care teaching hospital in central India. It investigates the influence of work-related, personal, and familial aspects on their capacity to balance their professional and personal lives. The survey also examines the teaching faculty's understanding of work-life balance difficulties in these healthcare facilities.

Methodology: This was survey-based cross-sectional research. The research was conducted for one month at a multi-specialty teaching hospital in central India. All doctors who are working as teaching faculty in various departments were included in our study. In this study, a convenient sampling approach was adopted. A self-completion structured questionnaire with closed-ended questions is developed for the research study.

Results: The study included 70 subjects. 78.57% of the subjects worked day shifts (55 individuals). 21.43% of the subjects worked in a combination of day and night shifts (15 individuals). 80.00% of the interviewees (56 persons) felt an equilibrium between work and personal life. There was no balance between job and personal life for 20.00% of the participants.

Conclusion: The findings highlight the need for continuous efforts to improve work-life balance, address specific work-related challenges, and promote a supportive work environment. By recognizing the factors that influence work-life balance and implementing targeted interventions, healthcare institutions can create an environment that supports their teaching faculty's well-being and job satisfaction, ultimately contributing to improved patient care and outcomes.

Keywords: Healthcare professionals, work-life balance, faculty

Introduction:

The capacity to have a healthy, satisfying life both within and outside of work is called a "work-life balance." It's about striking the perfect balance between one's obligations at the job and those at home so that people may fulfill their duties while still having time and energy for their loved ones, friends, hobbies, and other pursuits. According to the World Health Organization (WHO), work-life balance is "the balance that an individual needs to strike between work and other aspects of life to achieve optimal well-being."

The critical issue of work-life balance for doctors highlights the need for medical practitioners to maintain a healthy balance between their personal and professional lives (Fernandez Nievas IF & Thaver D., 2015). Because medicine is one of the most demanding and stressful occupations, doctors may struggle to combine their professional and personal duties (Humphries N *et al.*, 2020). Doctors must establish a work-life balance to provide patients with the best care while caring for their physical and mental well-being (Lee RS *et al.*, 2021). This topic may investigate the various aspects that influence a doctor's work-life balance, strategies for achieving a good work-life balance, and the value of work-life balance for doctors and the healthcare system (Pattnaik T *et al.*, 2022).

The human resources (HR) department extensively encourages and supports work-life balance among employees. HR may assist employees in balancing personal and professional duties by establishing flexible work arrangements such as job-sharing, flexitime, and telecommuting. HR may develop policies and activities that promote work-life balance, including sabbaticals, parental leave, and wellness programs. HR may offer opportunities for training and development to help employees with time management, task prioritization, and work-life balance skills. HR may interact with employees regularly about their work-life balance requirements and concerns and provide resources like counseling or referral services. HR can help to create a work-life balance culture in which employees feel empowered and encouraged to balance their personal and professional lives.

The HR department can act as a strategic partner to support employees in achieving work-life balance, ultimately benefiting the organization through increased productivity, job satisfaction, and retention rates. (Wagner EA *et al.*, 2022)

The medical profession is one of the noble professions. The dedication to the health of others comes first and foremost in the practice of medicine. Historically, careers in

medicine have demanded a selfless emphasis on self-sacrifice, frequently at the expense of a doctor's personal life. Indian doctors are accustomed to long workdays and spend an inordinate amount of time caring for their patients, at the risk of losing much of their own time. Every day, they devote themselves to the cause of lessening human pain and anguish. The physician is seen as a custodian who fights disease and fosters a healthy community. (Dakshayini E. 2022)

There has been little research on the work-life balance of tertiary care teaching faculty, a super specialty hospital, and a medical college. As a result, we propose to investigate the work-life balance levels of doctors working in private multi-specialty teaching hospital in central India. The study will help better understand work-life balance issues among private multi-specialty hospitals and medical college employees. The study will help reveal the effect of work, family, and personal matters on the work-life balance of doctors working in private multi-specialty hospitals and medical colleges. The article will assist human resource managers in redesigning work-life policies for workers. The study will be useful in determining how aware private multi-specialty hospitals' and medical institutions' staff are of work-life balance difficulties.

Objectives:

1. To study the levels of work-life balance of the doctors,
2. To study the effect of work, personal, and family issues on the work-life balance of doctors.
3. To know the awareness of work-life balance issues among employees working in private multi-specialty teaching hospitals in central India.

Methodology:

The research was conducted at a multi-specialty teaching hospital in central India over one month. This was survey-based cross-sectional research, and a convenient sampling method was used. Doctors who have been working as teaching faculty in our institute for more than six months were included in our study. Doctors who are not teaching faculty in medical college but are hospital employees, doctors unwilling to participate in the study, and Junior resident doctors were excluded.

A self-completion structured questionnaire with closed-ended questions is developed for the research study. The research questionnaire is based on the local context. Also, it is specifically formulated to suit the respondents' local needs and serve the study's purpose. To ensure that the research instrument is appropriate, valid, and reliable, the various problem statements/questions were subjected to pilot testing by conducting validity and reliability tests, and some questions were eliminated accordingly.

Results:

The study included 70 subjects. The age distribution of the participants is 5.71% of the subjects under 30 years old (4 individuals). 28.57% of the subjects were between 30 and 40 years old (20 individuals). 34.29% of the subjects were between 41 and 50 years old (24 individuals). 31.43% of the subjects were over 50 years old (22 individuals). 78.57% worked day shifts (55 individuals). 21.43% of the subjects worked in a combination of day and night shifts (15 individuals).

20.00% of the subjects worked less than 7 hours daily (14 individuals). 64.29% of the subjects worked between 7 and 10 hours per day (45 individuals). 15.71% of the subjects worked more than 10 hours daily (11 individuals). 65.71% of the subjects had private practice (46 individuals). 34.29% of the subjects had no private practice (24 individuals). 41.43% of the subjects belonged to joint families (29 individuals). 58.57% of the subjects belonged to nuclear families (41 individuals).

8.57% of the subjects were unmarried (6 individuals). 91.43% of the subjects were married (64 individuals). 8.57% of the subjects had no children (6 individuals). 32.86% of the subjects had one child (23 individuals). 52.86% of the subjects had more than one child (37 individuals). 5.71% of the subjects indicated "Not Applicable" (4 individuals), possibly indicating that they did not apply to this category (e.g., unmarried or childless). 62.86% of the subjects had dependents at home (44 individuals). 37.14% of the subjects did not have dependents at home (26 individuals).

80.00% of the subjects perceived a balance between work and personal life (56 individuals). 20.00% of the subjects did not perceive a balance between work and personal life (14 individuals) (Table 1).

Most respondents (50%) feel they must work long hours daily. 33% of respondents agreed they must do office work at home, and 20% felt neutral. Only 35% of respondents agree that there is a lot of work pressure on them to complete the tasks correctly & on time, and 23% felt neutral. 40% of respondents disagree that they do not have time to have food during lunch/dinner breaks. Most respondents (63%) feel they get less salary for their work. Only 29% of respondents disagree that they do not get support from co-workers at work, whereas 21% felt neutral. Most respondents (46%) feel they must do more work as their organization has fewer staff. Only 32% of respondents disagree that they get angry with their colleagues due to work issues.

About 25% of respondents disagree that there is no job security in the organization. 24% of the respondents disagreed that they cannot make decisions independently at work 24% felt neutral. Most respondents (37%) agree that there is favoritism & discrimination in work in the organization. 45% of respondents agree that they do not get any appreciation or reward for the good work done at the hospital. Only 61% of the respondents disagree that there is no free health insurance or health check-ups for the employees at the hospital. Most respondents (28%) disagree, and 27% agree that their organization doesn't have flexible work options (leaves when needed for emergencies at home or for attending functions, compensatory offs, week-offs, flexible work hours, etc.). Most respondents (39%) agree that the hospital has fewer recreational & cultural activities. 58% of respondents agree that the hospital's management needs to do more to help employees balance their work and personal life (Table 2).

Most respondents (41%) agree that they get less time to spend with family & friends daily. Most respondents (48%) feel tired & exhausted after reaching home from work. 31% of respondents agree that they don't get time for exercise or hobbies daily. 30% of respondents disagree, and 25% felt neutral that they suffer from health issues due to work. 28% of respondents agree, and 22% felt neutral about their work tension after going home.

32% of the respondents agree that their family is supportive of work & shares the responsibilities at home. 40% of the respondents agree that there is difficulty in maintaining friendship & family commitments due to work. Most respondents (27%) feel they can't concentrate on their family due to work commitments, and 20% felt neutral.

24% of respondents agree that they get angry with their family members due to work stress 24% felt neutral.

Most respondents (30%) feel that their relationship with friends & family is unaffected due to work. About 31% of the respondents disagree that their family members get angry with them as they spend long hours in the office for work. 24% of respondents agree, and 24% felt neutral that they can't go out with friends or attend family functions due to work commitments. 28% of the respondents agree that they must depend on others to care for their family members. Most of the respondents (38%) agree that they would like to reduce their work hours & work stress to help them concentrate more on their family.

A major portion of the respondents (63%) feel that a proper balance between their work life & personal life can lead to more effectiveness in work. Most respondents (59%) agree that as a working doctor, their biggest challenge is maintaining a balance between work life & personal life (Table 3)

Discussion:

The current study aims to investigate the levels of work-life balance among teaching faculty, mainly physicians, working in private multi-specialty hospitals and medical colleges in central India. The study investigated how job, personal, and family difficulties affected the participants' work-life balance. It assessed how well-informed these healthcare organizations' staff members were about work-life balance concerns. The results of this study offer insightful information on the work-life balance issue and point out areas that need to be addressed to enhance the general well-being and job satisfaction of teaching staff in the healthcare industry.

According to their age distribution, most research participants were between 30 and 50, with roughly equal numbers in each category. This distribution indicates that the study included participants at different stages of their careers, which is crucial for capturing a comprehensive understanding of work-life balance challenges across different professional milestones.

The study found that most participants worked day shifts, aligning with the nature of their teaching responsibilities in hospitals and medical colleges. This indicates a favorable aspect of work-life balance, as day shifts typically offer more opportunities for personal time and family commitments than irregular or night shifts.

Regarding working hours per day, most participants reported working between 7 and 10 hours. While this falls within a reasonable range, it is worth noting that a substantial proportion of participants reported working more than 10 hours per day. This finding raises concerns about potential work overload and its impact on work-life balance. Efforts should be made to address excessive working hours and promote a healthier balance between professional commitments and personal life.

Interestingly, most participants reported having private practices alongside their teaching responsibilities. This suggests that teaching faculty in these healthcare institutions have multiple professional roles, further complicating their work-life balance. Balancing teaching duties, clinical practice, and personal life can be challenging and may require additional support and resources from the institutions to promote a healthier work-life balance. Whereas Seo et al. found that burnout symptoms may result in an unbalanced work-life balance in health care practitioners. (Seo HY *et al.*, 2020)

Regarding family structure, the study found that most participants belonged to nuclear families. This finding indicates a shift in societal trends towards smaller family units, which can have advantages and disadvantages for work-life balance. On the one hand, nuclear families may offer more autonomy and flexibility in managing personal and family commitments. On the other hand, the lack of extended family support may place additional responsibilities on individuals and increase the need for institutional support to maintain a work-life balance. The review article by Jang et al; suggests that the tensions connected with balancing work and home life may harm mental and physical health and personal and professional fulfilment. (Jang SJ & Zippay A., 2011)

Regarding marital status, the research revealed that most participants were married. This finding is consistent with the expectations for individuals at the career stage of teaching faculty, where marriage and family commitments are commonly observed. However, it is essential to recognize that marital status can significantly influence work-life balance, as married individuals often have additional responsibilities and obligations to manage. Malik et al.'s work says that married healthcare workers scored better regarding work-life balance, emotional management, and job satisfaction. (Malik M *et al.*, 2019)

The number of children and dependents living at home was also noted in the survey. According to the findings, most participants had dependents at home, including at least one child. Healthcare organizations must offer sufficient support systems and policies to enable those with dependents to achieve a good work-life balance since juggling job and

family obligations can be difficult. In their study, Susan A. Matulevicius et al. stated that integrating work and life is difficult for working parents, irrespective of gender.

According to the study, most participants believed their professional and personal lives were harmonious. This is a good result, indicating that the healthcare organizations in this survey have tried to address work-life balance concerns. However, some participants did not see a balance, highlighting the need for more research and interventions to enhance work-life balance in these contexts, which concord with another study. (Humphries N *et al.*, 2020)

The questionnaire-based assessment of various work-related factors shed light on specific areas that may contribute to work-life balance challenges. Participants expressed concerns about long working hours, the need to do office work at home, work pressure, lack of meal time, and perceptions of inadequate salary. These findings highlight potential areas for improvement, such as implementing policies to manage working hours, providing adequate resources and support for office work, addressing work pressure, and considering appropriate remuneration structures.

Furthermore, participants expressed the need for better support from co-workers, concerns about staff shortage, and issues related to decision-making, job security, favoritism, appreciation for good work, availability of health insurance, and flexible work options. These findings suggest that a comprehensive approach is necessary to address work-life balance issues, including fostering a supportive work environment, improving communication and collaboration among staff, addressing staffing concerns, enhancing job security, promoting a fair and inclusive workplace culture, recognizing and rewarding employee contributions, and providing benefits that promote well-being. Similarly, the review article by Adisa et al. found that the difficulties that Nigerian doctors face in balancing work demands and obligations outside of work are made worse by the unsupportive organizational culture brought on by a lack of support from managers, supervisors, and coworkers, as well as lengthy working hours influenced by shift work patterns, a requirement for physical presence in the workplace, and organizational time expectations. (Adisa TA *et al.*, 2017)

Conclusion:

The study's findings are important for understanding how teaching staff members manage their job and personal lives at central India's private multi-specialty hospitals and medical

schools. The findings highlight the need for continuous efforts to improve work-life balance, address specific work-related challenges, and promote a supportive work environment. Healthcare institutions may foster an atmosphere that supports their teaching staff's well-being and job satisfaction by identifying the variables affecting work-life balance and implementing focused interventions. This will eventually lead to better patient care and results.

Limitations:

It is critical to recognize that the study has certain constraints. The sample's focus on teaching staff in private, multi-specialty hospitals and medical schools in central India may limit how broadly the results may be applied to other healthcare environments or geographic areas. Furthermore, the study used self-reported data, which responses might bias. Furthermore, the cross-sectional form of the study precludes concluding causality.

Recommendations:

The study's findings allow for the following suggestions to be made for the improvement of work-life balance among teaching faculty in private multi-specialty hospitals and medical colleges in central India:

1. Introduce flexible work schedules, remote work choices, and the availability of compensated time off. This enables academic staff to balance their professional and personal obligations better.
2. Assess the workload and work schedules of teaching faculty to ensure they are reasonable and conducive to maintaining a healthy work-life balance. Minimize excessive working hours and provide adequate rest breaks to avoid burnout.
3. Foster a supportive work culture where co-workers collaborate and assist each other. Encourage teamwork, communication, and mutual support to alleviate work-related stress and improve work-life balance.
4. Develop and promote wellness programs that address physical and mental health needs. Provide access to counselling services, stress management workshops, and activities promoting well-being to support the overall health of teaching faculty.
5. Regularly review the salary structure and ensure that it is competitive and commensurate with the workload and responsibilities of teaching faculty. Consider additional benefits such as health insurance, childcare support, and other family-oriented benefits.

6. Establish mechanisms to acknowledge and appreciate the efforts and achievements of teaching faculty. Recognize outstanding work, provide opportunities for career growth, and reward exceptional performance to enhance job satisfaction and motivation.
7. Evaluate and address staffing shortages to ensure an appropriate workload distribution among teaching faculty. Adequate staffing levels can help reduce work pressure and improve work-life balance.
8. Conduct workshops and training sessions to create awareness about work-life balance and provide strategies for managing work-related challenges. Educate both teaching faculty and management about the importance of work-life balance and provide resources to support its achievement.
9. Promote a participatory decision-making process that involves teaching faculty about important decisions related to their work. Encourage open communication channels where faculty can voice their concerns, suggestions, and ideas to improve work processes and work-life balance.
10. Continuously assess the effectiveness of existing policies and make necessary revisions to support work-life balance. Solicit feedback from teaching faculty regarding their needs and experiences and appropriately adjust policies and practices.

These suggestions can help healthcare organizations build a welcoming and productive workplace that encourages work-life balance, boosts job satisfaction, and improves teaching faculty's general health and productivity.

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Table 1- Demographic characteristics of study subjects.

Variables	Status	No. of subjects	Percentage
Age in years	<30	4	5.71
	30 – 40	20	28.57
	41 – 50	24	34.29
	>50	22	31.43
Work in shift	Day shift	55	78.57
	Day/Night	15	21.43
Working hours	<7 hrs	14	20.00
	7 – 10	45	64.29
	>10 hrs	11	15.71
Private Practice	YES	46	65.71
	NO	24	34.29
Type of family	Joint	29	41.43
	Nuclear	41	58.57
Marital status	Unmarried	6	8.57
	Married	64	91.43
No. of children	0	6	8.57
	1	23	32.86
	>1	37	52.86
	Not Applicable	4	5.71
Dependence at Home	YES	44	62.86
	NO	26	37.14
Is there a balance between my work life and personal life	YES	56	80.00
	NO	14	20.00

Table 2- WORK-RELATED QUESTIONNAIRE

SR NO		WORK RELATED QUESTIONNAIRE					Median	IQR
		Strongly disagree	Disagree	Neutral	Agree	Strongly Agree		
1.	I have to work for long hours every day.	2 (2.9)	9 (12.9)	9 (12.9)	39 (55.7)	11 (15.7)	4	3 – 4
2.	I have to do office work at home.	3 (4.3)	14 (20)	20 (28.6)	26 (37.1)	7 (10)	3	3 – 4
3.	There is a lot of work pressure on me to complete the tasks correctly & on time.	0	12 (17.1)	23 (32.9)	28 (40)	7 (10)	3.5	3 – 4
4.	I don't get time to have food during lunch/dinner breaks.	11 (15.7)	29 (41.4)	20 (28.6)	6 (8.6)	4 (5.7)	2	2 – 3
5.	I feel I get less salary for work I do.	1 (1.4)	3 (4.3)	3 (4.3)	23 (32.9)	40 (57.1)	5	4 – 5
6.	I don't get support from co-workers in the work.	8(11.4)	21 (30)	29 (41.4)	9 (12.9)	3 (4.3)	3	2 – 3
7.	I feel I have to do more work as my organization is having less staff.	0	9 (12.9)	15 (21.4)	26 (37.1)	20 (28.6)	4	3 – 5
8.	I get angry on my colleagues due to work issues	12 (17.1)	20 (28.6)	29 (41.4)	7 (10)	2 (2.9)	3	2 – 3
9.	I feel there is no job security in the organization.	6 (8.6)	12 (17.1)	15 (21.4)	25 (35.7)	12 (17.1)	4	2 – 4
10.	I can't take decisions on my own in the work.	5 (7.1)	19 (27.1)	24 (34.3)	15 (21.4)	7 (10)	3	2 – 4

11.	There is favouritism & discrimination in work in the organization.	1 (1.4)	13 (18.6)	19 (27.1)	19 (27.1)	18 (25.7)	4	3 – 5
12.	The employees do not get any appreciation or reward for good work done at the hospital.	0	8 (11.4)	17 (24.3)	22 (31.4)	23 (32.9)	4	3 – 5
13.	There is no free health insurance or free health check-up for employees at the hospital.	1 (1.4)	3 (4.3)	5 (7.1)	26 (37.1)	35 (50)	4.5	4 – 5
14.	My organization doesn't have flexible work options (leaves when needed for emergencies at home or for attending functions, compensatory offs, week offs, flexible work hours, etc.)	4 (5.7)	24 (34.3)	15 (21.4)	18 (25.7)	9 (12.9)	3	2 – 4
15.	There are less recreational & cultural activities in the hospital	2 (2.9)	7 (10)	22 (31.4)	25 (35.7)	14 (20)	4	2 – 4
16.	The management of the hospital needs to do more for the employees to help them maintain a balance between their work life and personal life	0	3 (4.3)	9 (12.9)	28 (40)	30 (42.9)	4	4

Table 3- PERSONAL / FAMILY LIFE-RELATED QUESTIONNAIRE

SR N O	Questions	PERSONAL / FAMILY LIFE RELATED QUESTIONNAIRE					Median	IQR
		Strongly disagree	disagree	Neutral	Agree	Strongly agree		
1.	I get less quality time to spend with family & friends every day.	1 (1.4)	13 (18.6)	15 (21.4)	33 (47.1)	8 (11.4)	4	3 – 4
2.	I feel tired & exhausted after reaching home from work.	2 (2.9)	8 (11.4)	12 (17.1)	36 (51.4)	12 (17.1)	4	3 – 4
3.	I don't get time for exercise or hobbies every day.	4 (5.7)	16 (22.9)	19 (27.1)	18 (25.7)	13 (18.6)	3	2 – 4
4.	I am suffering from health issues due to work.	6 (8.6)	24 (34.3)	25 (35.7)	8 (11.4)	7 (10)	3	2 – 3
5.	I have tension of work even after going home.	5 (7.1)	15 (21.4)	22 (31.4)	23 (32.9)	5 (7.1)	3	2 – 4
6.	My family is supportive for work & shares the responsibilities at home.	0	3 (4.3)	10 (14.3)	32 (45.7)	25 (35.7)	4	4 – 5
7.	There is difficulty in maintaining friendships & family commitments due to work.	7 (10)	15 (21.4)	16 (22.9)	23 (22.9)	9 (12.9)	3	2 – 4
8.	I can't concentrate on family due to work commitments.	8 (11.4)	19 (27.1)	20 (28.6)	20 (28.6)	3 (4.3)	3	2 – 4
9.	I get angry on my family members due to work stress.	9 (12.9)	15 (21.4)	24 (34.3)	20 (28.6)	2 (2.9)	3	2 – 4

10.	My relationship with friends & family is getting affected due to work.	11 (15.7)	19 (27.1)	15 (21.4)	21 (30)	4 (5.7)	3	2 – 4
11.	My family members get angry on me as I spend long hours in office for work.	9 (12.9)	22 (31.4)	21 (30)	14 (20)	4 (5.7)	3	2 – 4
12.	I can't go out with friends or attend family functions due to work commitments.	8 (11.4)	14 (20)	24 (34.3)	19 (27.1)	5 (7.1)	3	2 – 4
13.	I have to depend on others for taking care of my family members.	7 (10)	17 (24.3)	18 (25.7)	20 (28.6)	8 (11.4)	3	2 – 4
14.	I would like to reduce my work hours & work stress so that I can concentrate more on my family.	5 (7.1)	7 (10)	20 (28.6)	27 (38.6)	11 (15.7)	4	3 – 4
15.	A proper balance between my work life & personal life can lead to more effectiveness in work.	1 (1.4)	2 (2.9)	4 (5.7)	39 (55.7)	24 (34.3)	4	4 – 5
16.	As a doctor, my biggest challenge is to maintain a balance between work life and personal life	1 (1.4)	3 (4.3)	7 (10)	32 (45.7)	27 (38.6)	4	4 - 5