

## Doctors' Employment Status and Its Implications on Their Quality of Professional and Personal Life Ranked Using TOPSIS

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### Abstract

It is an imperative fact that during and after the COVID 19 pandemic situation, doctors are facing tremendous pressure and only those doctors who are satisfied both in their personal and professional life can offer the best health care for the patients. Doctors working in different types of organisational setup such as, doctors as government employees, those who have only own medical practice, those who have own practice and are also government employees and those doctors who are employed in private hospitals face different pressures and have differing needs. This research attempts to rank these doctors based on five factors that determine their personal and professional life balance and fulfilment. TOPSIS, a multi-criteria decision making technique was used for this ranking. When all the five factors were given equal weightage, it was found that government doctors were ranked first in their requirement of these factors. The least requirement in almost all the factors is expressed by doctors employed with other hospitals and corporates. The outcome of the research is that doctors expect Job satisfaction, Managerial skills, Need fulfilment, Professional Support and Emotional support for a better professional and personal life balance which will facilitate better patient care.

**Keywords:** *Doctors' employment status, Professional and personal life balance, TOPSIS, Ranking, work life balance*

### Introduction

The profession of the doctors and the workplace exert considerable demands on the doctors in terms of working hours and work intensity (Smith, 2021). Doctors these days are overworked, especially during and after the COVID 19 pandemic situation. Shortage of

physicians compounded with escalating number of patients lead to a greater work burden for doctors (Abidin Abd Razak et al., 2010). Given the circumstances, doctors in all streams find it arduous to strike a balance in their personal life and professional life. The avidity for doctors' professional and personal life balance is frequently in conflict with the operations and expectations of hospitals. The balance between professional and personal life is a challenge for doctors as well as health employees and the hospital administrators must change the way hospitals are organized in order to have a balance between the doctors' wellbeing with health service delivery (International Labour Organisation (ILO) 2018). Doctors' wellbeing impacts healthcare delivery and directly influences the quality of health care provided to patients leading to patient satisfaction (Scheepers et al., 2015); (Wallace et al., 2009). Thus it is imperative that there should be a balance between doctors' personal life and professional life.

Work life balance (WLB) is the prioritization and having a balance between an individual's duties and responsibilities at the professional and family/domestic front (Lakkoju, 2021). Often, one's professional responsibilities and family life overlap. When individuals need to spend significant quantity of time at each responsibility, it may result in stress and burnout. Further for individuals for whom the events from these two domains hinder each other, conflict between work and family ensues (Breugh & Frye, 2007). Over the past decades, the interaction and the resulting implications of work–family interference has engendered a large quantum of research and resultant literature and this is increasing swiftly which is apparent from quite exhaustive appraisals completed by (Allen, 2012) and (French & Johnson, 2016). Especially, there is a lot of research on the said issue in western setting. This expansion of interest on implications of an individual's work related pressures is because this issue is relevant to most adults in almost all profession as all struggle to strike this balance (Galinsky et al. 2011). Aryee, et al., rightly observe that more empirical research on the issues of work family conflict affecting doctors in non-western setting is needed since differing cultural norms may affect the dynamics of the work–family interaction (Aryee et al., 1999). Greenhaus, et al., stated WLB as the contentment an individual derives from the collocation between his/her personal life and professional life (Greenhaus et al., 2003). WLB is moreover defined as the fulfilment an individual attains from the engagement (enthusiasm and performance) levels in both professional and personal spheres of life (Clark, 2000), (Clarke et al., 2004), (Kirchmeyer, 2000). Further, WLB is defined as the serene balance

maintained between an individual's responsibilities in professional and personal life (Reddy et al., 2010).

### **Literature Review**

Many prior researches have established that the conflict between an individual's family expectations and professional demands emerges due to the mismatch between work and family roles played by the individual and also the inability to strike a balance between the same (Pleck, 1977); (Greenhaus & Beutell, 1985); (Frone et al., 1992); (Netemeyer et al., 1996). The said incompatibility has undesirable and negative physical and psychological repercussion on work role of individuals such as burnout, poor performance in job, absenteeism, etc., and in family role of individuals which could be low parental satisfaction, low marital satisfaction, etc. Conflicts in an individual's professional and personal life are adversely related to their satisfaction in work and family setting (Breugh & Frye, 2007). It is a commonly agreed and established fact that having balance between one's work and personal life is important for that individual's psychological and physical well-being (Clark, 2000); (Clarke et al., 2004); (Marks & Macdermid, 1996).

The implication of a person's professional and personal life balance on his/her job satisfaction is well established and has wide coverage in existing literature. A decent WLB results in job satisfaction and helps in reducing employee attrition in any organisation (Lakshmi & Kumar, 2011). Since there is an explicit positive influence from better WLB practices adopted by organisations on employee job satisfaction, organisations need to focus on providing opportunities for WLB among its employees (Saif et al., 2011); (Rani et al., 2011). The precept of work and personal life quality is multidimensional and is influenced by any employee or professionals' use of their skills, their knowledge, and their relationship with colleagues, superiors and other professional interactions and collaborations (Gayathiri & Ramakrishnan, 2013). Further, a robust positive relationship between better WLB and job satisfaction is observed among women employees (Varatharaj & Vasantha, 2012); (Yadav & Dabhade, 2013). WLB has a positive impact on the doctors' job satisfaction level thus helping them improve their personal and professional life (Kaliannan et al., 2016).

The quality of life of doctors in the broadest sense depends on the quality of management and leadership in Medical and health organizations as well as hospitals large and small (Anand, 1985). Physicians in hospitals, government and academics have managerial role and

the role played by physicians as health care administrators in health care organizations is important. Some spend more than 90 percent of their time in administration which affects their personal and professional life (Kindig & Lastiri Quiros, 1989). There is an urgent need to improve the managerial skills among physicians and doctors both in the hospitals and primary health care sectors emphasising the necessity of managerial skills of doctors (Kumpusalo et al., 2003). Doctors need to mix managerial skills with clinical expertise to achieve patient satisfaction and equip themselves to deal with personal and professional life crises (Ghosh & Green, 2008). Managerial skills of doctors are identified to include self-management skills used in the management of career and personal effectiveness (Gatrell & White, 1996). Due to the corporatisation of health care, managerial skills become essential for doctors to maintain a good personal and professional life (Montgomery, 2001).

Need fulfilment is the individuals' feeling of fulfilment in their need for autonomy, feeling competent, and social well-being helping them improve their personal and professional life (Deci & Ryan, 2008). The quantum of control, doctors have over their work is important because it affects how successfully they cope with the demands of their medical practice or job. This is also helped by participatory decision making and social support from supervisors as well as from colleagues (Bonn & Bonn, 2000). Practitioners who had more autonomy and supportive leaders experienced greater basic psychological need satisfaction (Baard et al., 2004). In a study among doctors in a psychiatric hospital, it was found that those doctors who had more autonomy had a greater sense of well-being and more job satisfaction. They also had better relationship with their patients (Lynch Jr et al., 2005). Doctors derive a lot of satisfaction in the assurance that they are competent in providing appropriate care for their patients and also attached a lot of importance to humanistic interactions with patients, as these experiences gave a sense of fulfilment and reaffirmed their commitment to their profession (Horowitz et al., 2003).

Wilcox (2020) emphasises that for doctors, getting professional support from colleagues and senior support is key to strike a balance between their personal and professional life because most of the doctors face almost the same challenges and thus seeking support will help (Wilcox, 2020). Since most doctors need to work in multidisciplinary teams they must be willing to get professional support from other people and teams to maintain and improve performance (General Medical Council 2020); (Bonn & Bonn, 2000). Doctors need to trust their colleagues and other experts and that depends on physician's trustworthiness, especially

following repeated interactions (Montgomery, 2001). Support from peers is correlated with family support (Revicki & May, 1985). This indicates the importance of professional support for doctors.

It has been found that the emotional and instrumental support provided by the family of an individual enhances his/her job satisfaction and performance on the profession. (Carlson et al., 2014); (McNall et al., 2015). Doctors derive support from their teams (Ghosh & Green, 2008). Multiple studies indicate that better work arrangements provided for professional/employees on their job will result in higher employee satisfaction (McNall et al., 2015) (McNall et al., 2021). Ahmad Zainal et al (2010) have examined the effects of spouse support and family demand on work-family conflict. They have found that emotional support from family had a significant impact on the doctors, influencing their quality of personal and professional life (Abidin Abd Razak et al., 2010). McNall, Nicklin and Masuda (2009, 2010) also have the same observation that getting genuine encouragement and reassurance is important. Physicians with better supportive family environments have lesser symptoms of depression than physicians with less supportive family environments (Revicki & May, 1985); (Bonn & Bonn, 2000).

### **Materials and Methods**

The purpose of this research is to understand the implications of various employment statuses of the doctors on their opinion of their quality of personal and professional life. The employment status of the doctors considered are (i) doctors working only as government employees (Govt), (ii) doctors who have only their own practice (Own), (iii) doctors who work for the government and have own private practice (Both) and (iv) doctors who work as employees in other private hospitals (Emp). The quality of personal and professional life of doctors is measured through the constructs on, Job satisfaction (JS), Managerial skills (MS), Need fulfilment (NF), Professional Support (PS) and Emotional support (ES). Opinion of doctors on the above factors was collected through multiple individual items in those factors. The opinion of the doctors was measured using a five point Likert scale and their opinion is expressed from strongly agree to strongly disagree.

Responses were gathered from 292 practicing doctors, out of which 14 are government servants, 130 have their own practice only, 64 work both for the government and also have their own practice and 84 doctors are employed in hospitals and don't have own practice. All the doctors are from Madurai district of Tamilnadu state in India.

Table1: *Distribution of doctors based on their employment*

Sl.	Employment Status	Count
1.	Government Employee (Govt)	14
2.	Own Practice only (Own)	130
3.	Both Own and Government Practice (Both)	64
4.	Employed in private hospitals (Emp)	84
Total		292

Source: Primary data collected

Content validity of the measurement tool used in this research was ensured by a panel of academicians and doctors who evaluated the questionnaire separately for its comprehensive coverage of all the significant and necessary factors relating to the objectives of the study. This activity was also helpful in confirming that the instrument measured, what it was proposed to measure. The expert panel was requested to modify terminologies that were complicated, remove confusing items, and to comment on the validity and relevance of the items. Construct validity in this research was established by including only the factors that were resultants of the factor analysis of the items of the questionnaire (Kerlinger, 1995) using IBM SPSS ®. Reliability of the measurement tool is ensured through Cronbach's alpha; Guttman method; Parallel method and Split half method and the results are presented in Table 2.

Table 2: *Instrument Reliability used in the research*

Sample size	Cronbach's $\alpha$	Parallel method	Guttman method	Split half method
292	0.660	0.660	0.683	0.514

Source: Primary data collected

The Cronbach's alpha value of all the factors is 0.5 and above, which is considered to be in the acceptable range. This establishes the internal consistency of the instrument, as the respondents are consistent in responding to the questions, thereby proving instrument reliability.

In this research, factor analysis is used to trim a set of 78 items in the questionnaire for doctors to a reduced set of 39 items that are more meaningful and having appropriate factors

(5 factors) explaining a total variance of 73.42%. This is used to gain some empirical insights concerning the underlying reasoning of the factors in particular relation to the variables, managerial skills and job satisfaction of doctors. With respect to factor analysis on opinion of doctors (Table 2), all the 39 items are confirmed based on their content validity through principal component analysis with varimax rotation. Through the factor structure matrix, five factors are identified, each having eigen values greater than 1.0 and total explained variance of 73.421% keeping a minimum factor loading value of 0.5. For a few items, this threshold has been relaxed considering the importance of those items for the research. Moreover, the Keyser-Meyer-Olkin measure of sampling adequacy is 0.635 which indicates that the sample size ( $n = 292$ ) used in this research is adequate and the results of factor analysis are valid. The Bartlett's test of sphericity with chi-square of 15887.944 (d.f 2926) also indicates the same. The five factors from the factor analysis were named in such a way that they fit all the items in the respective factors. Table 3 shows the factor loadings of each factor along with their respective eigen values, percentage of variance explained, reliability scores, scale means and variance. From Table 3, it is seen that the factor job satisfaction has loaded significantly with 6.366% of total variance, followed by managerial skills (3.109%), need fulfilment (2.410%), professional support (2.165%) and emotional support (1.907%). Here, the Cronbach's alpha value for the factors is above 0.6 in most cases and above 0.5 in all cases which indicates good factor reliability. Convergent validity of the measurement tool used in the research is ensured through the factor analysis which brought out 6 factors with high factor loading. The discriminant validity between the factors is established through varimax rotation.

Table 3: *Factor structure for the personal and professional life factors of Doctors*

Factor for Doctors' personal and professional life	Eigen value (Variance %)	Scale			
		$\alpha$	$\bar{x}$	$\sigma$	$\sigma^2$
Factor 1 – Job satisfaction (JS)	4.589 (6.366)	0.792	16.97	2.220	4.93
Factor 2 – Managerial skills (MS)	2.241 (3.109)	0.709	8.76	1.212	1.47
Factor 3 – Need fulfillment (NF)	1.738 (2.410)	0.784	4.72	0.592	0.35
Factor 4 – Professional Support (PS)	1.561 (2.165)	0.574	13.05	1.292	1.67
Factor 5 – Emotional support (ES)	1.375 (1.907)	0.548	8.75	0.917	0.84

Source: Primary data collected

After the responses were sought from the Doctors, the procedure for TOPSIS was executed to hierarchically order the various employment statuses of the doctors based on the factors affecting their quality of personal and professional life. This will enable us to understand which category of doctors who are satisfied and that category of doctors who are unsatisfied. This will enable us to provide useful suggestion to improve a balance between the quality of personal and professional life of doctors so that they may provide better service to the society, since only satisfied doctors can provide good service to society.

Weights for the various personal and professional life (criterion) factors were assigned in TOPSIS to rank the different employment statuses of doctors enabling to find the satisfied doctors in their personal and professional life. In order to understand the importance of each and every criterion, the weights assigned to the individual criterion were varied and the corresponding ranking of the doctors in terms of employment status was obtained.

Six different cases of weight assignment for the criteria are considered. The summation of weights equals to 1.

Case 1: Equal weights for all the five criteria summing up to 1.

Case 2: Higher weightage for criteria 1 (JS) and equal weights for all other criteria.

Case 3: Higher weightage for criteria 2 (MS) and equal weights for all other criteria.

Case 4: Higher weightage for criteria 3 (NF) and equal weights for all other criteria.

Case 5: Higher weightage for criteria 4 (PS) and equal weights for all other criteria.

Case 6: Higher weightage for criteria 5 (ES) and equal weights for all other criteria.

The basic operating principle of TOPSIS technique for ranking the alternatives considered is that the selected solution should have the least distance from the ideal solution and the largest distance from the negative ideal solution (Hwang & Yoon, 1981).

### Results and Discussion

TOPSIS technique was performed on the mean factor scores of opinion of all categories of doctors (alternative) across the five factors (criterion) and is shown in matrix  $x$  below. The respondents' mean rating of alternative with respect to criterion is given as,

$$x = \begin{matrix} & \begin{matrix} JS & MS & NF & PS & ES \end{matrix} \\ \begin{matrix} Govt \\ Own \\ Both \\ Emp \end{matrix} & \begin{bmatrix} 4.1071 & 4.5714 & 2.8571 & 4.5238 & 4.4285 \\ 4.4000 & 4.3115 & 2.3384 & 4.2974 & 4.3730 \\ 4.1093 & 4.4453 & 2.3359 & 4.3802 & 4.2578 \\ 4.1250 & 4.4047 & 2.3273 & 4.3849 & 4.4523 \end{bmatrix} \end{matrix}$$

The comparative nearness to the ideal solution for case 1



$$C_1 = \begin{bmatrix} Govt & Own & Both & Emp \\ 0.7400 & 0.2433 & 0.2015 & 0.1114 \\ Rank1 & Rank2 & Rank3 & Rank4 \end{bmatrix}$$

The comparative nearness to the ideal solution for case 2

$$C_2 = \begin{bmatrix} Govt & Own & Both & Emp \\ 0.3509 & 0.6511 & 0.1086 & 0.0786 \\ Rank2 & Rank1 & Rank3 & Rank4 \end{bmatrix}$$

The comparative nearness to the ideal solution for case 3

$$C_3 = \begin{bmatrix} Govt & Own & Both & Emp \\ 0.8382 & 0.1490 & 0.3995 & 0.2837 \\ Rank1 & Rank4 & Rank2 & Rank3 \end{bmatrix}$$

The comparative nearness to the ideal solution for case 4

$$C_4 = \begin{bmatrix} Govt & Own & Both & Emp \\ 0.9414 & 0.0577 & 0.0457 & 0.0222 \\ Rank1 & Rank2 & Rank3 & Rank4 \end{bmatrix}$$

The comparative nearness to the ideal solution for case 5

$$C_5 = \begin{bmatrix} Govt & Own & Both & Emp \\ 0.8261 & 0.1605 & 0.2963 & 0.2886 \\ Rank1 & Rank4 & Rank2 & Rank3 \end{bmatrix}$$

The comparative nearness to the ideal solution for case 6

$$C_6 = \begin{bmatrix} Govt & Own & Both & Emp \\ 0.4852 & 0.3208 & 0.5434 & 0.0768 \\ Rank2 & Rank3 & Rank1 & Rank4 \end{bmatrix}$$

Table 4: Ranking of doctors based on TOPSIS for different cases

Alternatives \ Criterion	Equal weight for all criterion	Highest weight for JS	Highest weight for MS	Highest weight for NF	Highest weight for PS	Highest weight for ES
Govt	1	2	1	1	1	2
Own	2	1	4	2	4	3
Both	3	3	2	3	2	1
Emp	4	4	3	4	3	4

Source: Outcome of TOPSIS

When equal weightage is given for all the criteria, the doctors employed only by the government are ranked first in requiring their personal and professional life balance. This indicates that government doctors consider all the factors are equally influencing their quality of personal and professional life. The services of doctors are considered as essential services

by the government and the doctors are required to be on duty all time, all days of the week. However in practice, doctors do take leave in rotation.

Since the number of doctors in government hospitals is very limited (sometimes in certain rural hospital there will be only one doctor) taking leave on rotation may be difficult. In case of emergencies, especially during the pandemic situation, doctors may be called to be in hospitals anytime. Further, fresh PG Medical graduates graduating from government medical colleges have to mandatorily serve in rural parts of the state for a period of five years (Choudhary, 2019). Due to this reason and many others, government doctors, especially those who are entering into medical practice immediately after graduation face a lot of work pressure affecting their quality of personal and professional life.

Looking into the data, it is found that, most of the doctors expecting these factors are young. This may be the reason why government doctors are ranked first in their requirement of the aforementioned criteria determining their quality of personal and professional life. Doctors having their own practice are ranked next. Doctors with private practice alone may be in a better position to balance their personal and professional life. This is because they can take time off when necessary. However, these doctors too are in high demand among patients that they find little time to relax. They may not be able to take time off and go on holidays since the care for patients may be disjointed.

Further, doctors with private practice are on demand on all days of the week, even on Sundays and are not able to have any private time. This may be the reason why they consider all the factors are important for their personal and professional life balance. The category of doctors who are ranked next, that require all the factors in equal measure are those who have both government and own practice. Usually the doctors who have more seniority are the ones who have both government and own practice. These doctors with more experience may be better off since they are higher in the pecking order and are not expected to be on duty 24 x 7 like the young doctors. This indicates that these doctors are better in balancing their personal and professional life.

Doctors who are working as employees in private hospitals and corporate hospitals are ranked last. Usually, one can find two spectrum of doctors as employees in private and corporate hospitals. One is doctors who are fresh post graduates and the next is doctors who are quite seniors and have well established reputation in their field of medicine. The young doctors are like regular employees, going to hospitals 9 to 5, while the seniors act as

consultants. Even though these doctors face a lot of work pressure, they may take time off since they can request the help of their colleagues as there are many doctors employed in private organisations. It is implied here that, the burden which the government doctors have, is to be reduced so that they function better in their profession.

When higher weightage is given for job satisfaction, the doctors who have their own practice feel that job satisfaction is important. This may be the reason that they have their own practice to enjoy better JS. This is followed by government doctors. These doctors have higher autonomy in their job and may be thus enjoy better JS. Doctors with both government and own practice enjoy a higher level of autonomy even though they may face a lot of pressures on their job. Since these doctors do have a private clientele of patients whom they can give personal attention and care, these doctors may enjoy a better job satisfaction since they get better appreciation for their job from the patients. Since these doctors enjoy a lot of job satisfaction, they are ranked third. Doctors employed in hospitals have given the lowest rank for JS. This may be due to the reason that these doctors they already have JS and thus have not attached importance to JS. In order to achieve greater WLB and enhanced job satisfaction, both employer and doctors need to form a strategic partnership in planning and executing their job responsibilities.

In case of higher weightage given for Managerial skills, government doctors feel that MS is important, followed by doctors with both government and private practice. These doctors feel that managerial skills are important because they are in a position where they need to manage the functioning of the hospitals they are responsible for. Only if they have good managerial skills, then they can have good personal and professional life because this will ensure that the hospitals are managed effectively so that good care for patients may be given and also ensure that the hospital as an organisation can function efficiently thereby ensuring the financial success of the hospitals and the doctors.

In the instance of need fulfilment being given higher weightage, government doctors feel that NF is important, followed by doctors who have only their private practice. Need fulfilment is the individuals' feeling of fulfilment in their need for autonomy, feeling competent, and social well-being (Deci & Ryan, 2008). Government doctors do have the environment to work autonomously as far as their profession is concerned. However they are sometimes constrained by bureaucrats and politicians who make unjustified demands on doctors during crisis times like the pandemic situation, thus not allowing the doctors to

perform their duties properly. Sometimes these bureaucrats may boss over the doctors making them feel incompetent. Doctors can perform efficiently only if they are not constrained. Thus they may feel autonomy is important. Similarly, doctors with their own practice may have a higher need for autonomy, feeling competent and that may be the reason why they have chosen to have only their private practice. Since the doctors working as employees have a low need for autonomy they have chosen to work for private hospitals.

If higher weightage is given for Professional Support, government doctors feel that PS is important. Professional Support in this research is characterised by the availability of training for doctors, availability of specialist doctors when need arises, availability of skilled supporting medical staff, and availability of physical facilities that support quality health care to patients. Government hospitals in India, especially in Tamilnadu, act as the hub for all health care services attracting a huge patient base. They offer the best of services and have the best equipment. Since government doctors encounter huge number of patients on a daily basis, doctors in any stream of medicine will be buttressed by availability of technical support as and when the need arises. This support will help them in reducing their burden. Similar situation is faced by doctors working for the government and having private practice. They too encounter huge number of patients daily and will feel abetted with professional support. Independent doctors with only their practice have given a low rank for professional support, since they may feel that they are quite self-sufficient on their own given the profile of patients and the ailments they encounter. Further these doctors refer the patients to other doctors or corporate hospitals in case they are not able to support the patients.

When higher weightage is given for emotional support, doctors with both government and private practice are ranked first implying that these doctors consider emotional support is important. Emotional support for doctors is getting genuine encouragement, reassurance, and solicitude. May be because, these doctors as an endorsement for their skills, they also go for private practice since the results of their effort may be evident with grateful patients. In a government setup, patients seldom get opportunity to express their gratitude to a particular doctor since the chances of that patient meeting the same doctor again in the government hospital is slim. The second group of doctors who are ranked to give importance to emotional support is the government doctors. Most government doctors are usually autonomous and generally work in an isolated setup even if they are a part of a team. This is because of the patient load faced by these doctors. They seldom find time to share their thoughts with their

colleagues. Thus the government doctors feel that encouragement and reassurance could go a long way in giving them emotional support. This emotional support will help tolerate the rigours faced by them on a day to day basis.

### **Conclusion**

High work demand is a pertinent fact in any doctor's life, whether the doctor is employed by any institution or is a freelance practitioner. At the same time, achieving a balance between the professional and personal life is also important for doctors. Doctors are considered to be on duty 24 x 7, thus depriving them of time to be spent on their personal life. Because of the fact that doctors are usually over worked and find little time for personal pursuits their satisfaction both on the professional and personal front may suffer leading to poor patient care. Doctors who have a better WLB have better control over their personal and professional life leading to better satisfaction and outcome.

The main objective of this research is to rank the effects of job satisfaction, managerial skills, need fulfilment, professional support, and emotional support on the perception of personal and professional life balance of doctors. It is found from the research that the requirement and the disposition of the doctors on the above said factors vary for doctors in different profession. The outcome of the research suggests that government doctors have the highest requirement of managerial skills, need fulfilment and professional support. In order that the Government doctors attain a better personal and professional life balance, it is the responsibility of the Government hospitals to provide sufficient environment for these doctors to exhibit their managerial skills, provide autonomy, make them feel competent; thereby helping them achieve their need fulfilment. Further, Government hospitals should offer these doctors with required professional support by way of employing skilled support staff and facilities. However, when these doctors face personal and professional conflict, they need to implement coping strategies so that they can overcome the problem. In addition, doctors may set boundaries separating their personal and professional life so that the conflict is lessened.

The least requirement in almost all the factors is expressed by doctors employed with other hospitals and corporates. Because of the least importance attached to the considered factors, these doctors may have chosen to work with other hospitals. Further, these doctors are quite young too. Hence they may not have lot of pressure to maintain a balance between their personal and professional life.

This research gains significance in the post COVID-19 pandemic situation since doctors are squeezed for patient care. Given the situation, it is clear that doctors need adequate time to care for themselves and their families, as well as their patients. Thus professional and personal life balance of the medical workforce is significant especially during this critical time and hospital administrators have to look into the same, as physicians' well-being contributes to better treatment of patients.

To summarize the findings of this research, since doctors need the fulfillment of factors affecting their personal and professional life balance, hospitals need to look for measures fulfilling these needs so that, doctors can be satisfied and provide better health care for patients. In addition, relevant government officials need to formulate appropriate policies to ensure that doctors can deliver better treatment to their patients without compromising on their personal and professional life issues.

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