

Work-Life Interference: A major concern for Work-Life Congruence

Dr. Omar Fayaz Khan¹

¹SKUAST-K, India, J&K

Miss Sana Shabir²

²Central university Kashmir, India, J&K

ABSTRACT

There occurred major shifts in the global environment at the turn of 21st century. Personal and professional lives of individuals have witnessed colossal transformation due to development of ICTs, easy resource mobility and interconnectivity of countries. Work-life interference is norm rather than exception for most employees, who of late, have witnessed interference in balancing work obligations and family responsibilities. In view of it, this study attempts to study bi-directional interference experienced by working women in health sector. Eight-hundred fifty surveys were distributed to the healthcare workers in India. After eliminating the invalid questionnaires, 782 valid questionnaires were used for further analysis. The findings of the study revealed that working women have predominantly higher work interference on life than vice-versa in health sector.

Keywords: *Work-family interface, Work-life balance; Work Interference with Personal Life; Personal Life Interference with Work.*

I. INTRODUCTION

Work-family interface comes under the domain of human resource management (HRM) which is interconnected to humans at work and behaviour governing them. Further, it has been perceived in management research that a satisfied worker is result of effective policy initiatives undertaken by the organization. As a matter of fact, work-life balance initiatives can play an active role in facilitating work environment where an employee is motivated to put his best effort and at the same time enjoys a healthy work-life balance. WLB is a global phenomenon for most employees, who are ever so struggling in balancing domains of work and life. Although the concept of WLB and its research has evolved from the west and other advanced countries, the issue is no longer restricted to them. The issue has caught the attention of organizations and employees alike at the turn of the 21st century.

Work-life balance is the pleasant combination of the professional and non-professional aspects of life that results in higher professional productivity, better health and more sustainable living habits.

Fisher (2002) defines as “WLB refers to the simultaneous pursuing of the roles in work and life without any conflict or imbalance”. The researcher offered a more inclusive definition of WLB including both conflict and enhancement dimensions along with two dimensions of WLB, i.e., work interference with personal life (WIPL) and personal life interference with work (PLIW). WLB “involves three things: role overload, work to family interference and family to work interference. Role overload is having too much to do with the amount of time one has to do it in. Thus, it leads to the feeling of stress, fatigue and time crunch. Work to family interference occurs when work demands and responsibilities make it more difficult for an employee to fulfill family role responsibilities. Family to work interference occurs when family demands and responsibilities make it more difficult for an employee to fulfill work role responsibilities”(Duxbury, 2004).

Traditionally, WLB existed as an issue related to women and her effort to balance job responsibilities and work obligations. In the beginning, many packages and programmes were initiated specifically for working ladies so to ease their work and home responsibilities. Throughout the 60s and 70s, the business houses felt balancing issues of work-life limited to women only where they struggled between family expectations and professional obligations (Satpathy, Patnaik, & Agarwal 2014). However, with the dawn of 21st century, WLB has absorbed groups like working couples, singles, males, students, skilled/unskilled workers, and same sex working couples. Today, WLB is not restricted to individuals of a particular age (between 20-50 years) as WLB of teens and the elderly are also being studied. In the present times, employees are attracted to those organizations, having proper work-life policies in place. The subject matter of WLB is heading towards such a transitory phase where more and more employees are conscious of their demands for WLB and consequently bigger challenge for organizations.

Organizations recognize the benefits of WLB for their organizations and employees as well. Some of the visionary companies have rightly captured the trend in WLB. Prior studies confirm that favourable working environments which encourage WLB arrangements have potential benefits for both employers and employees (Hill et al., 2001). Accordingly, firms take WLB as a strategic tool to attract and retain the employees. This approach has already been initiated by firms whereas many others are yet to see the likely future trend. In the future world, it will be knowledge workers who will rule the roost by their expert knowledge. In order to attract and retain these future smart workers, companies have to think about issues of WLB from a different lens. Simply, seeing WLB as mere providing certain facilities are not going to make them ahead of the competitive market, but how strategically they play card of WLB in attracting and retaining human resource will play a decisive role.

WLB issues will be highly talked issue in the future. This is because a lot of dynamic changes are occurring in the way we conduct our lives and work. Technological innovations happening on a colossal scale have impacted all realms of life, including an employee’s work-life. Already, most employees are witnessing work-life merge where work obligations are merged with life responsibilities. The merge of work and life domains owes to technological innovation in the workspace – telecommuting, high-speed nets and other facilities. This ‘merging’ of domains is made possible with the advent of mobile technologies and portable Wi-Fi, predominantly over the

previous 20 years, consequently work can be finished away from the office and one can maintain contact with our home lives, even throughout a busy working day (Golden & Geisler, 2007). Therefore, for future employees balancing work and life will be perpetual endeavour as the technology will be soaring to new heights.

1.1 Work-Life Interference

Work interference with personal life (WIPL) occurs when work related tasks hinder performance of family roles. For example, doing a work-related assignment at home on weekends causes work-life interference. Likewise, obligations of personal life can interfere with performance at workplace, thereby, giving rise to personal life interference with work (PLIW). For example, a working parent may get distracted by the presence of a sick child back at home. Three types of work-home interference have commonly been identified. These include time-based interference which arises when the time demands of one role of work/family make it difficult or almost impossible to take part fully in another role of work/family; strain-based interference which emerges when negative effects of psychological strain in form of anxiety, tension, fatigue, or irritability triggered by the demands of one role invade into the other role, thus, making it more difficult to fulfill the responsibilities of that particular role; and behavior-based interference which occurs when behaviors' that are expected in work or home domain are inappropriate or incompatible when demonstrated in other domain (Greenhaus & Beutell, 1985; Parasuraman & Greenhaus, 1997). For example, an individual may be expected to show emotional sensitivity and expressiveness at home, whereas, same may be considered inappropriate at workplace.

II. WORK DONE IN THE FIELD OF WORK-LIFE INTERFERENCE

Various factors have been associated with work-home interference. These include age, gender, parental status, care giving status, marital status, educational level, work experience, job position, and household income (Beauregard, 2004). Home or work-related obligations get influenced by the aforementioned factors in one way or the other. For example, young employees free from dependent care issues, and older employees, whose children are grown are better able to reconcile the work-family demands and experience less work-family interference than do employees in their thirties and forties (Foley, Ngo & Lui, 2000; Grandey & Cropanzano, 1999). On the basis of gender, it has been argued that since women tend to assume greater household related responsibilities (Bond, Galinsky & Swanberg, 1998; Scott, 2001), they experience more work interference with home and home interference with work than do men (Duxbury, Higgins, & Lee, 1994; Gutek, Searle & Klepa, 1991). Additionally, the working parents who have childcare responsibilities experience an increased work interference with personal life and personal life interference with work (Burke & Greenglass, 1999; Kinnunen & Mauno, 1998; Kirchmeyer, 1995). Likewise, employees with elderly dependents have been found to confront work interference with personal life (Scharlach & Boyd, 1989) and personal life interference with work (Gignac, Kelloway & Gottlieb, 1996; Gottlieb, Kelloway & Fraboni, 1994). Educational level is associated with work-home interference as higher academic qualification is often related with higher job position, and employees in higher-level positions are prone to more challenging jobs, which in turn gives rise to work-home interference (e.g., Greenhaus et al., 1989). Higher income level among married women has been associated to greater levels

of work-home interference as the increased income level correlates with a more demanding job (Saltzstein, Ting & Saltzstein, 2001). Work experience too is believed to reduce work-home interference. With the increase in work experience, employees are more likely to practice greater job security and it results into lowering of work-home interference among experienced employees interference (Burke & Greenglass, 2001). Conversely, Parasuraman and Simmers (2001) reported that employees with higher work experience with the organization face greater work-home interference as experience level has been associated with the job position (Beauregard, 2004).

Apart from demographic characteristics, Beauregard (2004) has highlighted situational (e.g., working hours, control over time, supervisor and colleagues' support, role conflict, work role ambiguity and work environment) and dispositional determinants (e.g., role involvement) of work-home interference. Consequently, work-home interference can lead to attitudinal (e.g., employees who experience interference between work and home domain report less job satisfaction, reduced organizational commitment, and increased levels of burnout, or job-related exhaustion), behavioral (e.g., employees who suffer from a higher degree of work-home interference put forth less effort on their tasks) and health-related outcomes.

Work-home interference can operate in two directions i.e., from work to family sphere and from family to work sphere (Beauregard, 2004). Work life interference with personal life and personal life interference with work mostly occur simultaneously. However, work life interference seems to have a strong bearing on personal lives of working individuals. In fact, the majority of research on work-home interference has investigated the extent to which work interferes with personal life rather than the personal life interference with work (Thompson & Beauvais, 2000). Along with age, job position, work tenure, income like factors, supervisor and colleagues' support is important. If that is missing, work interference in personal life is more likely to occur. Supplementary to this, if work environment is not conducive i.e., employees suffer from poor working conditions, role conflict, work role ambiguity and long and odd working hours, work interference prevails dominantly in employees' personal life. Lack of social support has also been identified as a predictor of work-life interference (Gottlieb, Kelloway & Martin-Matthews, 1995) among the employees, especially for women workers. Correspondingly, dispositional characteristics such as employee's role involvement, negative affectivity, and personality type also influence the level of work-home interference (Beauregard, 2004). Employees who strongly identify with their work role encounter higher levels of work interference with their personal lives (Adams, King & King, 1996; Williams & Alliger, 1994). Similarly, workaholics report higher levels of work interference with their life (Bonebright, Clay & Ankenmann, 2000). Employees high in negative affectivity also report increased work interference with home (Carlson, 1999). Personality of employees has an impact on work-life interference. Employees who are over ambitious and highly career oriented, looking for advancement and growth opportunities and with a preoccupied attachment pattern (Sumer & Knight, 2001) are more likely to come across higher work interference with personal life.

The work interference with personal life has been linked to various job related aspects such as: the number of working hours, the expectations from an employee, and the level of autonomy among the employees over their work schedules. Higher number of hours spent at work place contributes to employees' work interference with personal life as it reduces the amount of time available for fulfilling home-related responsibilities (e.g., elder care giving). Likewise, expectations of prioritizing work roles and handling additional job-related responsibilities, placed on the employees by their colleagues and superiors creates impediments to fulfill home-related responsibilities on time. And, if the level of autonomy among the employees is lower over their work schedules, they are more likely to experience high levels of work interference with personal life as they find it harder order to accommodate demands from the home domain (Beauregard, 2004). Also the factors including conducive work environment, HR process & benefits, supervisor support, job assignments, colleagues' support affects work life interference with personal life. On the other hand, personal life interference with work has been associated with marital status, parental role, number of children and their age, elderly dependent care, and total number of family members.

2.1 Women and their experience of Work-Life Interference

At the turn of millennium, the interference of work and family was more predominant caused generally by the competing demand in work environment and in discharging family obligations. In this backdrop, research study of Parasuraman and Greenhaus (2002) emphasized an infrequently studied aspect of interference where each domain mutually elevates each other. In modern metamorphosis of family structure, working women face a challenge wherein upscale in interference of work-family domain is predominantly due to highly skewed responsibilities as a spouse and in family (Harris, 2004). Work interference life research studies have been working on identifying the antecedents which hamper or facilitate the relationship. Further, research studies in the area of interference have brought forth the consequences of negative as well as positive interference. In one of the studies, Kinnunen and Mauno (1998) reveal that both genders faced prevalence of family interference work (FIW); however, women experience a higher issue of work interfering in family obligations. Employees which face issues of ambiguity in their organizational role responsibilities and time demands, they are more prone to face negative relationship in their discharge of work and family obligations. A meta-analysis by Michel et al., (2010) reveals high conflict experienced by employees which face ambiguity in their organizational role causing higher work-to family conflict.

2.2 Support Systems for reduction in Work-Life Interference

There are a considerable research studies related to support systems-supervisor support, colleague support, emotional family support, instrumental family support, and family supportive organization policies (FSOPs) which effects an employee's perception of interference in work and life. Most of the researchers have brought home the importance of family support organization policies (FSOPs), highly valued by employees. The organization measure take the shape of emotional workplace support systems and instrumental workplace support measures. In one of pioneering studies on bi directional work-family interference, family instrumental and emotional social support (Adams, King & King, 1996) found that higher emotional and instrumental support

from family leads to lower levels of family-interference-work (FIW) and vice-versa. The distinctive influence of support from work associates, workplace supervisors, non-work friends, spouse/partner, and extended family that an individual receives affects his experience of interference of work-life. Spousal-partner instrumental support was strong predictor of work-interference family than other forms of support received by working cohorts (Karrane & Buckley, 2004). The social support systems in the work domain -family supportive organizational climate, family-friendly organizational policies, organizational support, and perceived supervisory support were indirectly and negatively associated to FIW through work-interference family (WIF), while spousal/partner support were indirectly and negatively associated to WIF through FIW (Selvarajan, Cloninger & Sing, 2013).

Employees in order to balance their work and family responsibilities, seek support of various resources. The support system which help individuals to cope up with dual demands at work and family come from different corners- emotional family support, instrumental family support, emotional work support, instrumental work support, colleague support and others. Recently, for an individual to cope with challenges of work demands and family obligations, religion is sought as support system. A model of religious support consisting of three major aspects: spiritual sustenance, congregational sustenance and faith-based resources helps in reducing the bi-directional work-family stresses (Boyce, 2006). Understanding interference between work and personal life (work-life interference) among Australian Muslim men, due to religious and cultural values similar to collectivistic societies, job demands are a stronger predictor of interference than work hours (Sav, Harris & Sebar, 2011).

2.3 Objectives

1. To examine extent of work interference in personal life of women employees
2. To investigate extent of personal life interference on work of women employees
3. To provide suggestions to individuals and policy makers.

2.4 Research Hypotheses

In the current study, potential differences across the work-family interface by are explored through the following hypotheses:

H1: Work life interferes significantly with the personal life of women workers.

H2: Personal life interferes significantly with the work domain of women workers.

III. METHODS AND MEASURES

The present study has been conducted in the healthcare sector of India. The source for the data in this study is based on a primary survey largely while secondary sources have also been put to use. Work-life interference was operationalized into two groups: WIPL and PLIW, adopted from the study on IT professionals by Banu and Duraipandian (2014). Cronbach's alpha values for all the five factors had acceptable reliability estimates as

suggested by Nunnally (1978) and the factor loadings were above 0.6 that further verified the dimensionality of items. The work-life interference has been measured on a 5-point Likert scale, with “1” representing “strongly disagree” and “5” as “strongly agree”. The target population covered administrators, doctors, nurses, paramedics and the supporting staff. Respondents were selected through stratified random sampling while ensuring minimum 10 percent of total population to be a part of final sample.

Sample for the study has been chosen from thirteen hospitals having blend of public and private institutes. Sample size was calculated on the basis of percentage with minimum of 10 percent of the total population (Gay, 1981). Accordingly, 782 healthcare workers formed a part of final sample.

Table 1: Sample Details

Name of the Hospital	Sample
Sher-i-Kashmir Institute of Medical Sciences (SKIMS), Kashmir.	114
Government Medical College (GMC), Jammu.	98
Lal Ded Hospital (LD), Kashmir.	69
Shri Maharaja Gulab Singh Hospital (SMGS), Jammu.	63
Acharya Shri Chander College of Medical Sciences (ASCOMS), Jammu.	123
Modern Hospital, Kashmir.	36
Khyber Medical Institute, Kashmir.	53
Florence Hospital, Kashmir.	24
Gousia Hospital, Kashmir.	18
District Hospital Baramulla, Kashmir.	40
District Hospital Anantnag, Kashmir.	28
Shri Maharaja Hari Singh Hospital (SMHS), Kashmir.	94
GB Pant Children Hospital, Kashmir.	22
Total	782

3.1 Data Screening

Initially, for data screening various methods were employed. Normality of the data was detected through skewness and kurtosis while zero/lesser standard deviation procedure using Microsoft Excel was used for examining unengaged responses. Thereafter, Z-scores calculation helped examine the outliers in the dataset.

There were no missing values in the final dataset. As per the results, data non-normality was not a problem since skewness and kurtosis values (Table 2) lie within the acceptable range of < 3 and < 10 respectively (Kline, 2016).

Table 2: Statistics for Missing Value and Normality Detection

Items	Missing	Kurtosis	Skewness
WIPL1	0.000	-1.197	-0.060
WIPL2	0.000	-1.045	0.160
WIPL3	0.000	-0.978	-0.297
WIPL4	0.000	-1.020	-0.346
WIPL5	0.000	-0.957	0.249
WIPL6	0.000	-0.763	-0.458
WIPL7	0.000	-0.467	-0.545
WIPL8	0.000	-0.527	-0.543
WIPL9	0.000	-0.089	-0.769
WIPL10	0.000	-0.965	0.442
WIPL11	0.000	-1.094	-0.266
WIPL12	0.000	-0.689	-0.597
WIPL13	0.000	-1.212	0.189
WIPL14	0.000	-0.700	-0.566
PLIW1	0.000	-0.522	0.550
PLIW2	0.000	-0.746	0.480
PLIW3	0.000	-1.120	0.290
PLIW4	0.000	-0.269	0.711
PLIW5	0.000	-0.130	0.727
PLIW6	0.000	-0.131	0.762
PLIW7	0.000	-0.972	0.314
PLIW8	0.000	-0.307	0.691
PLIW9	0.000	0.616	0.891
PLIW10	0.000	-0.557	0.656
PLIW11	0.000	-0.537	0.622
PLIW12	0.000	-0.256	0.612

Attention traps in forms of reverse coded items had been incorporated in the instrument so as to check for any unengaged responses. Zero/lesser standard deviation method revealed no or low variation in the responses. Further, Z-score values (Table 3) were within the acceptable range of 4 as suggested by Younger (1979).

Table 3: Descriptive Statistics for Z-Score Computation

Z-scores	Minimum	Maximum
Z-score(WIPL1)	-1.74052	1.78921
Z-score(WIPL2)	-1.81761	1.87491
Z-score(WIPL3)	-1.93302	1.48773
Z-score(WIPL4)	-2.02149	1.42693
Z-score(WIPL5)	-1.63365	1.92844
Z-score(WIPL6)	-2.30483	1.44759
Z-score(WIPL7)	-2.64697	1.39048
Z-score(WIPL8)	-2.43105	1.31151
Z-score(WIPL9)	-2.70986	1.16375
Z-score(WIPL10)	-1.23507	2.10841
Z-score(WIPL11)	-1.85149	1.52544
Z-score(WIPL12)	-2.15980	1.23501
Z-score(WIPL13)	-1.51793	1.74583
Z-score(WIPL14)	-2.33909	1.28111
Z-score(PLIW1)	-1.45302	2.49430
Z-score(PLIW2)	-1.35291	2.36600
Z-score(PLIW3)	-1.30875	1.97374
Z-score(PLIW4)	-1.39587	2.59725
Z-score(PLIW5)	-1.29125	2.79565
Z-score(PLIW6)	-1.16908	2.78466
Z-score(PLIW7)	-1.46374	2.03356
Z-score(PLIW8)	-1.37318	2.62402
Z-score(PLIW9)	-1.30173	3.24648
Z-score(PLIW10)	-1.20412	2.65438
Z-score(PLIW11)	-1.45912	2.59011
Z-score(PLIW12)	-1.40508	2.62431

3.2 Factor Loadings

Researchers have opined that the factor loadings need to be examined before observing the reliability estimates. In line with the recommendation of Fava & Velicer's (1992) that renders 0.8 as a very strong loading, 0.6 a moderate loading, and 0.4 a lowest limit for an acceptable loading, the present study reveals a moderate to strong factor loadings on each measure. Also, having item loadings above 0.5 or preferably above 0.7 signify over 50 percent of the indicator's variance is explained by the construct (Ali & Park, 2016; Sarstedt, Ringle & Hair, 2017).

Table 4: Statistics of Item Loadings

Items	Mean	Std.Deviation	Loadings
WIPL1	3.88	1.11	0.711
WIPL2	3.56	1.15	0.768
WIPL3	3.67	1.10	0.735
WIPL4	3.58	1.23	0.750
WIPL5	3.34	1.26	0.694
WIPL6	3.54	1.20	0.677
WIPL7	3.34	1.14	0.796
WIPL8	4.01	1.00	0.733
WIPL9	2.72	1.15	0.727
WIPL10	3.33	1.24	0.699
WIPL11	2.54	1.32	0.793
WIPL14	3.76	1.98	0.706
PLIW1	2.58	1.15	0.723
PLIW2	2.31	1.17	0.734
PLIW3	2.37	1.05	0.787
PLIW5	2.48	1.30	0.606
PLIW6	2.56	1.14	0.730
PLIW7	2.10	1.55	0.700
PLIW9	2.43	1.35	0.738
PLIW11	2.72	1.24	0.758
PLIW12	2.56	1.14	0.723

From the Table 4, loadings score indicate the contribution to the development of relevant constructs. The items that have the loading above 0.6 were included in the relevant construct only if an additional psychometric (*i.e.*, *D-G's rho*, *Convergent validity and Discriminant validity*) attain the minimum threshold level as recommended by researchers (see, for example, Bradley, Pridmore & Byrd, 2006; Hair et al., 1998).

3.3 Reliability and Validity

The reliability assessment was done by measuring the indicator reliability, composite reliability and Cronbach's Alpha. Indicator reliability of 0.70 or higher is ideal, however, for exploratory research, 0.4 or higher is acceptable (Hulland, 1999). The present study reveals value of all the indicators is within the acceptable levels of 0.4 and even close to the preferred level of 0.7 (Table 5). Further, it can be observed that composite reliability (CR) of all factors is greater than its threshold value of 0.60 (Bagozzi & Yi, 1988; Hair et al., 2017). Cronbach Alpha values were assessed to authenticate the findings and it was found that all the variables scored more than

0.7 indicating acceptable reliability (Hair et al., 2006; Cronbach, 1951; Nunnally, 1978). Moreover, none of the items were further deleted as they all established standard psychometric.

Construct validity was investigated by assessing the convergent and discriminant validity. For convergent validity, the main factor loadings, composite reliability and average variance extracted (AVE) values were examined. As depicted in the Table 5, factor loadings are above minimum threshold value of 0.5 (Hair et al., 2006) and AVE values are greater than 0.5 indicating the convergent validity (Sarstedt et al., 2017).

Table 5: Summary Results of Reliability and Validity

Latent Variable	Indicators	Loadings (≥0.5)	AVE (≥0.5)	Indicator Reliability (i.e., Loadings ²)	Composite Reliability CR (≥0.7)	Cronbach's Alpha (≥0.7)
Work Interference with Personal Life (WIPL)	WIPL1	0.711	0.577	0.505	0.886	0.849
	WIPL2	0.768		0.589		
	WIPL3	0.735		0.540		
	WIPL4	0.750		0.562		
	WIPL5	0.694		0.481		
	WIPL6	0.677		0.458		
	WIPL7	0.796		0.633		
	WIPL8	0.733		0.537		
	WIPL9	0.727		0.528		
	WIPL10	0.699		0.488		
	WIPL11	0.793		0.628		
WIPL14	0.706	0.498				
Personal Life Interference with Work (PLIW)	PLIW1	0.723	0.525	0.522	0.874	0.835
	PLIW2	0.734		0.538		
	PLIW3	0.787		0.619		
	PLIW5	0.676		0.456		
	PLIW6	0.730		0.530		
	PLIW7	0.700		0.490		
	PLIW9	0.738		0.544		
	PLIW11	0.758		0.574		
	PLIW12	0.723		0.522		

Discriminant validity was tested by examining the cross-loadings (Ringle, Sarstedt & Straub, 2012; Sarstedt et al., 2017) and the Average Variance Extracted Analysis (Farrell, 2010). According to the approach based on cross loadings, an indicator variable should have a higher loading on its particular construct than on any other construct in the specified model (Sarstedt et al., 2017). Building on results, cross loadings of item's outer loading on the associated construct are greater than all of its loadings on other constructs (Table 6). Value of AVE is greater than 0.5 (Table 5), thus, discriminant validity is ensured.

Table 6: Estimation of Cross Loadings

Items	PLIW	WIPL
PLIW1	0.723	0.311
PLIW2	0.734	0.247
PLIW3	0.787	0.350
PLIW5	0.606	0.310
PLIW6	0.730	0.369
PLIW7	0.700	0.270
PLIW9	0.738	0.360
PLIW11	0.758	0.299
PLIW12	0.723	0.277
WIPL1	0.312	0.711
WIPL2	0.331	0.768
WIPL3	0.317	0.735
WIPL4	0.263	0.750
WIPL5	0.262	0.694
WIPL6	0.238	0.677
WIPL7	0.307	0.796
WIPL8	0.300	0.733
WIPL9	0.354	0.727
WIPL10	0.276	0.699
WIPL11	0.343	0.793
WIPL14	0.298	0.706

3.4 Results and Discussion

In the present study, descriptive statistics in conjunction with one-sample t-test for WIPL and PLIW was computed to determine the significance of the difference between the two variables. The means scores of both the variables were compared with the midpoint of the scale. As reported in the Table 7, there is statistical significant difference in both the variables with $p < 0.05$. Results further revealed that WIPL of the employees

under study is more influential than PLIW. Thus, the demands of the work domain and the demands of the home domain are mutually incompatible.

Table 7: Descriptive Statistics of WIPL and PLIW

Variables	N	Mean	Std. Deviation	Std. Error Mean	t-value	p-value
WIPL	720	3.7781	0.8111	0.0373	12.325	0.000
PLIW	720	2.5643	0.7534	0.03214	-19.839	0.000

Note: *Significant at 0.05 level.

Research has consistently found that work interference with personal life tends to be more common than personal life interference with work (Burke & Greenglass, 1999; Eagle, Miles & Icenogle, 1997; Kiss, 2013) as is demonstrated by this study. Besides, the findings of this study are also in consonance with the findings of Anafarta (2011) who reported that healthcare employees experience more work life interference with personal life than personal life interference with work. Work is taking over the lives of healthcare workers because they face heavy work load, irregular work schedules, and difficult work environment. Moreover, family domain is more permeable to interference compared to work domain, making in practice work interference with personal life more important than understanding personal life interference with work as employees experience work interference more often than the personal life interference with work (Garies et al., 2009). Sakthivel and Jayakrishnan (2012) whose study was based on work-life balance and organizational commitment among nurses found that the degree of work interference with the family life of employees took place at a higher level. But, family interference with the work life was observed to be at a lower level among healthcare workers. Many other studies have corroborated that employees face more work life interference with personal life, thereby causing higher work-family conflict. Many USA based studies propose that work interference with personal life is more often experienced by the workers because of prevalence of stress due to continuous work demands (Yang et al., 2000). Further, a study conducted on nurses in 10 European countries divulged that work interference with personal life is more often experienced than personal life interference with work in each of these countries. Meanwhile, Namayandeh, Yaacob and Juhari's (2010) study on over 198 married women nurses in Shiraz-Iran revealed that married women nurses have higher work interference with personal life. These results were validated by the findings of the studies carried out in Hong Kong with nurses (Shiu, 1998) and in Israel with computer experts and lawyers (Cinamon & Rich, 2005). On the other hand, similar findings were also obtained in some studies carried out in various sectors in Turkey (Çetin, Urfalıoğlu & Uysal, 2008; Anafarta & Irmak, 2009). Fuß et al. (2008) verified the high extent of work interfering with family life among German hospital physicians. Lately, Poulouse (2017) reported nurses experienced more strains from work to personal life rather than personal life to work sphere. Aforestated findings were substantiated by Beauregard (2004) and Mathew and Panchanatham (2010).

Interestingly, Greet Hofstede's study (as cited in Mortazavi et al., 2009), can help better understand the relationship between work and family spheres and how these influence one's behavior and attitude based on the dimensions of individualism and collectivism. Collectivist societies are characterized by lower levels of family interference with work compared to individualistic societies (Powell, Francesco & Ling, 2009; Spector et al., 2007). Therefore, it is not surprising that in the context of J&K, being a collectivist society, similar findings were obtained. In collectivist societies, individuals expect their in-group members such as family members, close relatives and friends to look after them under all circumstances. They depend and support one another financially as well as emotionally. Conversely, employees with a higher degree of family involvement have been reported to experience more personal life interference with work (Frone, Russell & Cooper, 1992; Kirchmeyer, 1995). However, in collectivist societies, family members offer actual support to each other in order to lower the work interference with personal life (Powell et al., 2009).

Evidently, family intrusion can also significantly influence work domain. Rajadhyaksha and Velgach (2009) found that women experienced higher family interference with work as women have various domestic responsibilities. Further, marital status, parental role, number of children and their age, spouse employment, family support, and elderly dependent care are some family related characteristics that increase personal life interference with work among working women (Michel et al., 2011; Reddy et al., 2010). Sometimes, societal norms also come into play that hinders the working of women. For example, married women are less likely to be able to stay in the office till late night because of the family and social disapproval. Thus, spending more time on family-related work such as childcare and household duties increases the risk of interference (Fu & Shaffer, 2001; Frone et al., 1992; Kirchmeyer, 1995) from family to work.

At times, employees prefer to sacrifice their home-related obligations e.g., taking one's family for an outing or letting go one's own leisure time in lieu of meeting work-related pressing deadlines. Also, as the present study has been conducted in a healthcare sector, therefore, many a times, workers are required to make sacrifices' so as to fulfill their duty on time during high demand situation. Healthcare services demand 24*7 availability of workers and at the same time, workers are expected to deliver high quality care to the patients. On top of that, healthcare workers often have a lesser control over their work schedules (Arches, 1991; Kim & Stoner, 2008). As such, they tend to remain more preoccupied with their work related tasks. This brings with it higher work-life conflict (Gutek, Searle & Klepa, 1991), excessive stress, low job satisfaction, reduced job performance and consideration for overall psychological wellbeing (Elfer&Dearnley, 2007). In addition, as work related tasks have rewards (e.g., promotions, bonus, hike in salary, and growth opportunities) and risks (e.g., dismissal, penalties) associated with it, as such, employees pursue work-related tasks prior to their home related duties.

Table 8: Hypotheses Results

	Set Hypotheses	Results
H1	Work life interferes significantly with the personal life of the women workers.	Hypothesis ‘H1’ is accepted because work life interferes significantly with the personal life of the women workers.
H2	Personal life interferes significantly with the work domain of the women workers.	Hypothesis ‘H2’ is accepted because personal life interferes significantly with the work realm of the women workers.

IV. KEY FINDINGS

- Women perceived greater levels of work interference. On the other hand, the working women also are responsible for meeting the family demands – child care and dependent care, which gets manifested as personal life interference work, albeit to a lower extent.
- Further, work realm interferes with the daily life activities and roles. Individuals reported greater levels of interference with physical and mental health, leisure, spiritual well-being, and societal ties. This suggests that there is more job pressure in the health sector for working women, which can result in serious implications on health, family life and productivity.
- Adverse effects of work interference not only remain confined to individual’s personal life but also hamper the job attitudes in form of lowered job satisfaction and motivation, declined commitment, and increased turnover intentions.
- Emotional support in form of supervisory and colleague support is very important for female workers as this assists them to deal with challenges they face at the work front. Working women highly appreciate the courtesy and good nature of immediate supervisor, who can generate conducive conditions for WLB. Further, support system –spousal and household helps them to withstand responsibilities in their home environment.
- Employees due to higher work-interference tend to give up on important life activities and roles e.g., leisure and community work. As a result, there is increased accentuation of experienced interference between family obligations and work responsibilities.

V. CONCLUSION

The findings of this study while comparing WIPL and PLIW signified WIPL to be more dominant in its effect than PLIW because WIPL driven conflicts tend to exhaust the available resources (in form of time and energy) of employees leading to unsolicited or negative relationship with the various desirable organizational outcomes. The difficulties with gender inequality, lack of professional opportunities, fluctuating societal and cultural norms, and unending familial responsibilities for women are evident in the developing countries. However, the roles of men and women have drastically changed in the contemporary society. There is a need for recognition of this fact by applying a “gender lens” to work-life balance. Understanding of the contribution that women can make to the development of organizations can bring about positive changes as women workers play an

important role in health sector through their skilled and unskilled care work. They have got more freedom to express themselves and take active part in the developmental activities, despite the fact that there are still problems in this sphere. There are different steps, if taken at a proper time, may help resolve the problems surrounding work-life interface. Appropriate and timely WLB policies need to be customized to the needs of women employees. Improved healthcare and mother care systems are those factors which help to create better career opportunities for women. A well thought-out policy in this regard has potential to contribute better career opportunities for women. Indeed, work-life balance policies and programmes will not be effective, equitable and sustainable unless the gender lens is applied so as to reflect the unique challenges of women employees. Organizations, thus, need to make constant efforts to develop effective work-life programmes and facilitate the usage of the available programmes among the workers in order to sustain in the today's hyper competitive markets.

VI. LIMITATIONS AND FUTURE RESEARCH

There are several limitations to consider while interpreting the study results. Firstly, a smaller geographical area was taken into consideration due to limited resources of time, cost and manpower, though the sampling frame covered important public hospitals and few private players in the health care of India. Further, the study focused on single gender – “women” in the health care. These may limit generalizability of the findings. It is advisable that future studies carry out a similar study with a sample made up of equal number of males and females. Also, to better understand the work-life interference and its consequences, it would be worthwhile to conduct the study in different contexts. Thereupon, comparing the results would contribute significantly to the related literature.

Moreover, the study has made use of cross-sectional data that might not bring forth how work-family interface changes over the course of time. Future research may explore the longitudinal effects. The data collected were subject to self-reporting on part of the partakers that might have affected the results due to the response consistency effect and common method variance. As far as the research instrument is concerned, questionnaire served as an important tool to collect data from respondents. However, in order to study deeply issues of work-life for working women, an in-depth probing technique-focus group, case study and formal interviews are recommended. Only two facets of work-life interface i.e., WIPL and PLIW were studied largely. But working women of 21st century have life that goes beyond work and family; they have personal interests, hobbies and career aspirations as well. The researchers in work-family interface have to broaden the scope so as to fully understand issues of work-life and its effective management.

VII. IMPLICATIONS

There is a three tier framework-individuals, organizations and the government on which the rudder of work-life balance is heavily dependent on. Accordingly, the onus of maintaining work-life balance weighs primarily on the employees, organizations and the government.

Implications for Individuals

Employees have self-responsibility for maintaining work-life balance. Certain personalities, life styles and coping mechanisms are highly desirable to successfully handle work-life challenges. Experienced employees have better coping strategies to handle challenges of work-life than workers who are young and new to the job. The way employees handle job demands and resulting stress levels is highly dependent on various demographic characteristics of an individual and the work environment. Health sector employees especially doctors and nurses are working under high stress levels arising due to continuous interface with patients. An employee can be called to duty at any time intruding his/her personal life as well. Therefore, separation of work and life is highly difficult which has potential to cause heightened levels of stress.

Implications for Organizations

Healthcare sector is stressful, with potential to impact the physical and psychological health of employees. As the human resource is considered as a most important resource by all organizational experts, progressive firms are now considering an inside-out approach, wherein they seek to build their strength in internal resources. The one way to achieve strength in internal resources is by devising mechanism related to work-life supportive policies (WLSPs) e.g., policies like child care, insurance plans and paid maternity leaves for all. Further, variants of stress relieving programmes like discussions with the experts, health club within a workplace, training sessions and workshops on WLB are highly relevant. Moreover, policies related to gender sensitization like facing issues of sexual harassment - physical and psychological need to be in place. Thus, organizations in the health sector should seek to enrich the work culture in such a way that employees are free to voice their concerns with their bosses.

Implications for the Government

It is a high time that the government and related agencies take a more holistic and inclusive approach into consideration for assessing work-life interference in the healthcare sector and devise appropriate and timely work-life-balance policies for the employees in general and working women in particular so that the overall economy steps up a ladder of sustainable growth and development. Government needs to provide statutory safeguard in the form of maternity leave, child care leave, emergency leave, basic pay parity, and the like for all the working women including contractual employees. Such policy measures should bring forth a more inclusive approach to combat work interference with life and vice versa. This way it assures the value for all humans without discrimination on the basis of gender, color, caste, religion, and the nature of employment contract. These measures will motivate employees to exert their efforts with full zeal.

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