



WORK LIFE BALANCE OF DOCTORS AND NURSES IN PUNJAB

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ABSTRACT

The term work/life Balance coined in 1986 in USA, has evolved around the idea of balancing work, life and family responsibilities. The interlinked concepts of work/life balance, work/family balance, work/life conflict, work/family conflict have gained prominence in the recent years due to the changes in the society and the workplace. The study was conducted to see the impact of night shift on work life balance of doctors in Punjab. The data was collected from 5 major cities of Punjab, having maximum number of hospitals. From each city 50 doctors and 50 Para- Medicals from 10 hospitals were taken. The sample size was 500. The structured questionnaire was used. The objective of study was to check impact of night shift on personal life of doctors. The other objective was the check the impact of night shift on physical and mental health of doctors. In order the fulfill objective, test were applied.

KEYWORDS Work life Balance, personal, Mental, Physical.

1.1 INTRODUCTION

Work-life balance, in its broadest sense, is defined as a satisfactory level of involvement or 'fit' between the multiple roles in a person's life (Hudson, 2005). There is no one accepted definition of what constitutes a work-life balance practice, the term usually refers to one of the following: organizational support for dependent care, flexible work options, and family or personal leave (Estes & Michael, 2005).

1.2 WORK LIFE BALANCE

Work life balance is about the interaction between paid work and other activities, including unpaid work in families and the community, leisure, and personal development. Work life balance is about creating a productive work culture where the potential for tensions between work and other parts of people's lives is minimized. This means having appropriate employment provisions in place and organizational systems and supportive management underpinning them. Work life balance for any one person is having the 'right' combination of participation in paid work (defined by hours and working conditions) and other aspects of their lives. This combination will not remain fixed but may change over time.

1.3 WORK

Work is the activity or effort that we put to produce or accomplish something. We work to put food on our table and roofs on our hands. We work toward the prospect of children in college and ourselves. We work because we have to.

1.4 LIFE

Life is more than just our age count. It is a

college of our happiness, sadness, celebrations and peacefulness to name a few work is the part of life.

1.5 Shift

Shift means the hours you spend at your workplace. It is of 2 types Day shift and Night shift. A shift consist of 8-12 hrs.

2 REVIEW OF LITERATURE:

2.1 REVIEWS RELATED TO OTHER PROFESSIONS

Carlson et al in their study "Construction and Initial Validation of a Multidimensional Measure of Work-Family Conflict" (2002) had observed on, three studies that utilized five different samples (N = 1211) to construct and validate a multidimensional measure of work-family conflict. The six dimensions of conflict measured which included the combination of three forms of work-family conflict (time, strain, and behavior) and two directions of work-family conflict (work interference with family and family interference with work), those three studies assessed the content adequacy, dimensionality, reliability, factor structure invariance, and construct validity of the scale.

Dulk conducted study on "Flexible work arrangements and the employment of women" (2003) had examined flexible work arrangements in Norway which were characterized by a generous system of paid leaves (included the cash for care benefit scheme) as well as the right to refuse overtime or to reduce working hours in case of women, caring for young children were the possibilities for flexible working hours.

Hosking in their study "The Costs and Benefits of Flexible Employment for Working Mothers and Fathers" (2004) had indicated that the

costs and benefits of flexible employment and test whether experiences vary by gender. Perceptions of work-family balance were used to gauge the positive effects of flexible employment, while perceptions of job insecurity were used to explore the negative implications. Analysis was based on 2313 employed parents from the first wave of the Household, Income and Labor Dynamics on Australia. Results showed that few scheduling measures were significant determinants of work-family balance or of job insecurity.

Jewson et.al. conducted study on “Opportunities to work at home in the context of work-life balance”(2006) had studied twelve hypotheses which emerged from the literature and were tested on the management data contained in the 1998 Workplace Employee Relations Survey. Many of these hypotheses pass weak statistical tests but fail on stronger logistic regression tests. The study showed that the option to work at home was more likely to be available in the public sector, large establishments and work environments in which individuals were responsible for the quality of their own output.

Brough et al conducted a research on “The ability of work-life balance policies to influence key social/organizational issues”(2007) had observed the ability of work-life balance policies to actually influence some key social and organizational issues which had increased casual workforce and the impact of changes on newly industrialize nations were discussed.

2.2 REVIEWS RELATED TO MEDICAL PROFESSION

Sharma et al conducted a study on “Job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi” (2009) had observed job satisfaction among doctors in a tertiary hospital in Delhi and the various factors related with it. 250 doctors were selected as sample size on tenure-based job, selected by stratified random sampling, in a teaching hospital in Delhi, by using a self-administered questionnaire. Statistical Analysis was Proportions and Chi-square tests were used. A significant proportion of doctors were found to be dissatisfied with the average number of their work-hours and salary. Factors like the average number of work-hours per day and the number of night shifts per month were found to have a significant relation with dissatisfaction.

Malik et al in their study “Examining the relationship of work life balance, job satisfaction, turnover in Pakistan” (2010) had observed that employee turnover is one of the critical issues discussed in the organizational studies. The author examines the effect of work – life balance and job satisfaction on the turnover intentions of doctors. The results of the cross - sectional study show that the doctors who are better able to manage the work and the life activities are more satisfied with their jobs and have less intention to leave their jobs. Similar study took place by other researcher on similar topic as above.

Imran et al conducted study on “Work-Life Balance and Job Satisfaction among Doctors in Pakistan” (2010) depicted that the doctors who were better able to manage their work and life responsibilities had low burnout level and experience more job satisfaction and ultimately result in less turnover. To analyze the data t-test and regression were used.

Yoshikawa et al conducted research on “National survey of the association of depressive symptoms with the number of off duty and on-call, and sleep hours among physicians working in Japanese hospitals: a cross sectional study” (2010) had observed that physicians' mental health may be adversely affected by the number of days of work and time spent on-call, and improved by sleep and days-off. Depressive state was positively associated with being on-call more than 5 days per month for men, and more than 8 days per month for women, and was negatively associated with being off-duty more than 8 days per month for men.

Christine et al in their study “Correlation of work-life balance decisions of different generations of physicians” (2010) had concluded that over the past decade, based on the generation of the person, the values and beliefs of physicians had changed with regard to work-life balance choices. Generation X physicians had strong values about finding balance between their chosen professions in medicine and enjoying their personal lives. The baby boomer physicians believe their careers are their first priority and often place career obligations above family commitments.

Rohini et al conducted research on “Social responsibility of hospitals: an Indian context” (2010) had explored that the perceived responsibilities of five not-for-profit hospitals in Bangalore, India, towards society. It was found that the hospitals must take into account the social, cultural and financial characteristics of the patients while fulfilling societal obligations.

Susi and Jawaharrani conducted research on “Work-Life Balance: The key driver of employee engagement” (2012) had examined some of the literature on employee engagement, explore workplace culture and work life balance policies and practices followed in industries in order to promote employee engagement in their organization to increase their employee productivity and retain them. Work life balance was a key driver of job satisfaction.

3.1 NEED AND SIGNIFICANCE OF STUDY

The need of this research was to fill the research gap that existed between the previous researches and the present research. In the present scenario, high demands of excelling in their respective fields and high workload in form of night shifts amongst skilled professionals creates mental stress and job dissatisfaction affecting their professional and personal lives.

This study will assess the stress factors and its effect on the proficiency and efficiency of professionals especially doctors and paramedical staff. This study will

be beneficial in striking balance between their work as well as family life. The results of this study can also be extrapolated to other professions with similar working hours.

3.1.1 RESEARCH PROBLEM

There had been extensive research on the effects of shift work on job satisfaction, performance, health and family life. Previous Researches suggest that it affects the quality and quantity of sleep a person gets and disrupts family and social life. When a person devotes more time to work and less time to home, then it affects its family and marital life. So the research problem is to find out the results of night shift on work life balance of Doctors and Para-Medicals .Therefore the study is on **Work life Balance of Doctors and Nurses in Punjab.**

3.1.2 RESEARCH METHODOLOGY

Research Methodology is a way to systematically solve the research problem. The Research Methodology includes the various methods and techniques for conducting a Research.

3.1.3 SAMPLING DESIGN

Sampling can be defined as the section of some part of an aggregate or totality on the basis of which judgments or an inference about aggregate or totality is made. The sampling design helps in decision making in the following areas:

3.1.4 Universe of the study – The universe comprises of two parts as theoretical universe and accessible universe.

- **Theoretical universe-** It will include all the Hospitals throughout the universe.
- **Accessible universe-** It will include hospitals of Punjab which consist of 21 districts , in which we are going to select 5 major cities of Punjab having maximum number of hospitals.

3.1.5 Sampling Unit

It indicates who is to be surveyed. In this project, sampling unit consisted of Doctors and Nurses working in hospitals of Punjab. The hospitals will be Multi specialty.

3.1.6 Sample Size

It refers to the elements to be included in the study. So In order to have conceptualized view of all types of respondents in our study, we will cover 5 major cities from of Punjab having sample size 500.

3.1.7 Sampling Technique

Random sampling technique in which particularly **Stratified** Sampling will be used to collect the data from the respondents.

3.2 DATA COLLECTION

Both primary and secondary methods will be used for collection of data.

Primary data: Primary data are the information collected firsthand from sources such as historical documents, literary texts, artistic works, experiments, surveys, and interviews. The primary data for present study will be collected from structured questionnaire and Interviews from doctors and Para- medical staff and through observation.

Secondary Data: Secondary data is data collected by someone other than the user. Common sources of secondary data for social science include censuses, organizational records and data collected through qualitative methodologies or qualitative research. Structured questionnaire comprising different parts will be used for as primary source for collection of data whereas library research (journals, dissertations books, etc.) will be used as secondary source for collecting data.

3.3 OBJECTIVE OF THE STUDY

The following will be the objective of my study:

1. To study the impact of night shift on mental and physical health of doctors and Para- medical staff.
2. To study the impact of night shift on personal life of doctors and Para-Medical staff.

3.4 HYPOTHESIS

- H₀** : There is no difference on mental and physical health of doctors and Para-Medical staff working in day and night shifts.
- H₁** : There is significant difference on mental and physical health of doctors and Para-Medical staff working in day and night shifts.
- H₀** : There is no significant impact of night shift on personal life of doctors and Para-Medical staff.
- H₂** : There is significant impact of night shift on personal life of doctors and Para-Medical staff.

3.5 SCOPE OF STUDY

The scope of study is restricted to 5 major cities of Punjab, having maximum number of hospitals ie. Jalandhar, Amritsar, Ludhiana, Mohali and Patiala.

4.1 DATA INTERPRETATION

To study the impact of night shift on mental and physical health of doctors and Para- medical staff.

TABLE 1
PRINCIPAL COMPONENT ANALYSIS WITH VARIMAX ROTATION (OVERALL SAMPLE)

Factors \Rightarrow	1 FF1	2 FF2	3 FF3	4 FF4
Factor Loadings	0.953	0.847	0.946	0.886
	0.938	0.883	0.914	0.802
	0.884	0.878	0.808	0.702
	0.718	0.851	0.721	0.612
	0.583			
Eigen Value	5.593	5.143	2.556	1.684
% of variance	31.072	28.572	14.199	9.353
Cummulative Variance	31.072	59.644	73.842	83.195

The Principal Component Analysis gave the component matrix which is rotated using the Varimax Rotation Technique which gives The Rotated Component Matrix. Rotation of factors helps in the better interpretation of factors. . Since the first factor in the Rotated Component Matrix is heavily loaded with

working in night shift considered to be social taboo, its factor loading value is 0.953. The second factor is heavily loaded with unsafe at work place, its factor loading value is 0.938 and thus the subsequent factors can be interpreted based on their factor loading values.

TABLE 2
NAMING OF THE FACTORS ALONG WITH LABEL & FACTOR LOADING (OVERALL SAMPLE)

Factor Number	Name of Dimension (% of Variance)	Items/ Label	Factor Loadings	Item Description
Factor 1 Mental stress	FF1(31.072)	PQ1	0.953	Working in night shifts is considered as a social taboo.
		PQ2	0.938	I feel unhappy at workplace.
		PQ3	0.884	I can spend time on my own self development.
		PQ4	0.718	I feel unsafe and awkward when, drunken patients come during the night.
		PQ5	0.583	I feel stressed at work.
Factor 2 Physical stress	FF2 (28.572)	BAS1	0.847	My stomach gets upset, with inadequate sleep.
		BAS2	0.883	I constantly feel under strain.
		BAS3	0.878	I feel depressed.
		BAS4	0.851	My family have objection if, I am working at night.
Factor 3	FF3 (14.199)	BAA1	0.946	My routine of day to day activities gets disturbed with continuous night shift.
		BAA2	0.914	I feel tired in day time, after working in night.
		BAA3	0.808	I have sufficient time to take care of myself.

Factor Number	Name of Dimension (% of Variance)	Items/Label	Factor Loadings	Item Description
leisure activity		BAA4	0.721	I have time and energy to engage in any leisure activities that I want to do.
Factor 4 Emotional imbalance	FF4 (9.353)	BL1	0.886	I get emotional outburst.
		BL2	0.802	My sleep cycle gets disturbed while working in night shift.
		BL3	0.702	I am facing eating disorder.
		BL4	0.612	I feel that I am losing my confidence.

DESCRIPTION OF NAMING OF FACTORS

Factor-1 Mental Stress: The first factor focused on Mental Stress with a total factor loading 4.076 and 31.072 percentage of variance. Total five indicators were loaded in the first factor to represent the Mental Stress among Doctors and Para – medical staff working in night shift. Factor 1, Mental Stress included items such as stress at work, Feel unsafe, unhappy, no time for oneself. These factors hampers in balancing Work life balance.

Factor-2 Physical Stress: The second factor named as Physical stress consisting of Four indicators. It explained 28.572 percent of variance with total factor loading 3.459. The factors included feel under strain, stomach gets upset, with inadequate sleep, feel depressed. These are some factors which affects Work life balance of Doctors and Para –Medicals.

Factor-3 Leisure activity: A total of four indicators were loaded in the third factor to represent leisure activity. It accounted for 3.416 total factor loading and 14.199 percent of variance. Factor 3, consists of factors which directly or indirectly effects Work life Balance like day to day activities gets disturbed with continuous night shift, feel tired in day time, after working in night, sufficient time to take care of myself, have time and energy to engage in any leisure activities that I want to do.

Factor-4 Emotional Imbalance: Total four indicators were loaded in the fourth factor It accounted for 3.002 total factor loading and 9.353 percent of variance. It includes factor like emotional outburst, sleep cycle gets disturbed, eating disorder, losing my confidence.

**TABLE 3
RELIABILITY OF THE CONSTRUCTS**

S. No	Constructs	Cronbach's α	KMO	Mean	S.D.	No. of Items
1	FF1	0.870	0.806	2.00	0.484	5
2	FF2	0.896	0.745	1.931	0.570	4
3	FF3	0.873	0.699	1.805	0.754	4
4	FF4	0.840	0.732	2.05	0.621	4

In Table no 3 showing the Cronbach's alpha that has been run for to check their reliability. The above table displays some of the results obtained. The overall alpha for the all items (Factor 1, Factor 2, Factor 3, Factor 4) are 0.870, 0.896,0.873 and 0.840 respectively,

these values are very high and indicates strong internal consistency among the given items in the questionnaire. The KMO value is more than 0.5 indicates multivariate normality among variables.

**TABLE 4
ANOVA TEST BETWEEN FACTORS AND SPECIALIZATION CATEGORY (DOCTOR AND NURSING)**

		ANOVA				
		Sum of Squares	df	Mean Square	F	Sig.
FF1	Between Groups	6.286	1	6.286	6.354	.01
	Within Groups	492.714	498	.989		
	Total	499.000	499			

FF2	Between Groups	4.561	1	4.561	4.594	.03
	Within Groups	494.439	498	.993		
	Total	499.000	499			
FF3	Between Groups	2.686	1	2.686	2.695	.101
	Within Groups	496.314	498	.997		
	Total	499.000	499			
FF4	Between Groups	.920	1	.920	.920	.338
	Within Groups	498.080	498	1.000		
	Total	499.000	499			

Table 4 shows the results of ANOVA. It is observed from the table that F value in FF1 is 6.354 which are significant at 5% level. Therefore it can be concluded that there is significant relation between mental health and work life balance of Doctors and Para-medicals working in night shift. Similarly it is observed that F value in FF2 is 4.594 which is significant at 5% level. Therefore it can be concluded that there is significant relation between Physical health and work life balance of Doctors and Para-medicals working in

night shift. In case of third factor, F value in FF3 is 2.695 which is insignificant at 5% level which means there is no significant relation between leisure activity and work life balance of Doctors and Para-medicals working in night shift. In case of fourth factor, F value in FF4 is .920 which is insignificant at 5% level which means there is no significant relation between Emotional Imbalance and work life balance of Doctors and Para-medicals working in night shift.

4.5 The Objective is to access the impact of Work on Personal life

**TABLE 5
SHOWING PRINCIPAL COMPONENT ANALYSIS WITH VARIMAX ROTATION (OVERALL SAMPLE)**

Factors ⇒	1 FF1	2 FF2	3 FF3	4 FF4
Factor Loadings	0.874	0.786	0.845	0.769
	0.812	0.765	0.842	0.709
	0.725	0.736	0.576	---
	0.663	0.699	----	---
Eigen Value	0.577 3.903	0.548 2.601	----- 2.236	----- 1.195
% of variance	26.018	17.342	14.905	7.966
Cummulative Variance	26.018	43.360	58.265	66.231

The Principal Component Analysis gave the component matrix which is rotated using the Varimax Rotation Technique which gives The Rotated Component Matrix. Rotation of factors helps in the better interpretation of factors. Since the first factor in the Rotated Component Matrix is heavily loaded with balancing of work and, its factor loading value is 0.874.

The second factor is heavily loaded with care of aged parents in law; its factor loading value is 0.812. The third factor in the Rotated Component Matrix is heavily loaded with different demands with timing, its factor loading value is 0.725 and thus the subsequent factors can be interpreted based on their factor loading values.

TABLE 6
NAMING OF THE FACTORS ALONG WITH LABEL & FACTOR LOADING (OVERALL SAMPLE)

Factor Number	Name of Dimension (% of Variance)	Items/Label	Factor Loadings	Item Description
F1 : Time for family	FF1(26.018)	PQ1	0.874	I am able to balance my work-life.
		PQ2	0.812	I take care of aged parent(s)/in law(s).
		PQ3	0.725	I have different demands with the timing.
		PQ4	0.663	I take care of my family and spend quality time with them.
		PQ5	0.577	I take time off / leave when my child/ family member suffer from illness
F2: Time for Myself	FF2 (17.342)	BAS1	0.786	I keep myself healthy and fit, play sports and other leisure activities.
		BAS2	0.765	My professional work often disturbs my personal life.
		BAS3	0.736	I spend time with my friends.
		BAS4	0.699	I can do any study or training, I want to do.
		BAS5	0.548	I get nice support from my spouse to pick up and drop me at my workplace.
F3 : social life	FF3 (14.905)	TA1	0.845	I take part in community activities or fulfill religious commitments.
		TA2	0.842	I have regular contact with the relatives of my family members and friends.
		TA3	0.576	I take permission / time off/ leave when I have to give attention to the dependent.
F4 : Relaxation	FF4 (7.966)	BAA1	0.769	I reach home on time.
		BAA2	0.709	I take care of my personal business.

DESCRIPTION OF NAMING OF FACTORS

Factor-1 Time for Family: The first factor focused on Time for family, with a total factor loading 3.651 and 26.018 percentage of variance. Total five indicators were loaded in the first factor to represent the Time for family which Doctors and Para – medical staff devote when they work in night shift. Factor 1, Time for family include: care of aged parent(s)/in law(s), care of my family and spend quality time with them, time off / leave when my child/ family member suffer from illness etc.

Factor-2 Time for Myself: The second factor named as Time for myself consisting of five indicators. It explained 17.342 percent of variance with total factor loading 3.534. The factors included keep myself healthy and fit, play sports and other leisure activities, spend time with my friends, can do any study or training, I

want to do, get nice support from my spouse to pick up and drop me at my workplace.

Factor-3, Social life : A total of three indicators were loaded in the third factor to represent social life. It accounted for total factor loading 2.263 and 14.199 percent of variance. Factor 3, consists of factors like take part in community activities or fulfill religious commitments, regular contact with the relatives of my family members and friends, leave when I have to give attention to the dependent etc.

Factor-4, Relaxation : Total two indicators were loaded in the fourth factor It accounted for 1.478 total factor loading and 7.966 percent of variance. It includes factor like reach home on time, care of my personal business etc.

TABLE 7
RELIABILITY OF THE CONSTRUCTS

S. No	Constructs	Cronbach's α	KMO	Mean	S.D.	No. of Items
1	FF1	0.825	0.80	1.80	0.52	5
2	FF2	0.75	0.75	1.87	0.42	5
3	FF3	0.65	0.61	1.82	0.61	3
4	FF4	0.70	0.68	1.67	0.43	2

In Table no 7 showing the Cronbach's alpha that has been run for to check their reliability. The above table displays some of the results obtained. The overall alpha for the all items (Factor 1, Factor 2, Factor 3, Factor 4) are 0.825,0.75,0.65 and 0.70 respectively,

these values are very high and indicates strong internal consistency among the given items in the questionnaire. The KMO value is more than 0.5 indicates multivariate normality among variables.

TABLE 8
SHOWING ANOVA TEST BETWEEN FACTORS AND SPECIALIZATION CATEGORY (DOCTOR AND NURSING) CASE OF PERSONAL LIFE

Factors	Mean Square	F Value	Sign
FF1	2.391	2.404	0.122
FF2	24.040	26.398	0.001
FF3	35.667	40.402	0.001
FF4	10.267	13.235	0.05

Table 8 shows the results of ANOVA. It is observed from the table that F value in FF1 is 2.404 which are not significant at 5% level. Therefore it can be concluded that there is no significant relation between time for family and work life of Doctors and Para-medicals working in night shift. Similarly it is observed that F value in FF2 is 26.398 which is significant at 5% level. Therefore it can be concluded that there is significant relation between time for myself and work life of Doctors and Para-medicals working in night shift. In case of third factor, F value in FF3 is 40.402 which is insignificant at 5% level which means there is significant relation between social life and work life of Doctors and Para-medicals working in night shift. In case of fourth factor, F value in FF4 is 13.235 which is insignificant at 5% level which means there is significant relation between relaxation and work life of Doctors and Para-medicals working in night shift.

5.1 FINDINGS OF THE STUDY

The present study is based of work life balance of doctors and Para-Medical staff of 5 major cities of Punjab. 500 was the sample size in which 100 doctors and Para-medicals from each city has been taken. 250 doctors and Para-medicals from day shift and 250 in night shift. Questionnaire was filled and different statistical tool were applied to fulfill the objectives.

- There is significant relation between mental health and work life balance of Doctors and Para-medicals working in night shift.
- There is significant relation between Physical health and work life balance of Doctors and Para-medicals working in night shift.

- It is observed that F value in Time for self factor is 26.398 which is significant at 5% level. The factors included keep myself healthy and fit, play sports and other leisure activities, spend time with my friends, can do any study or training, I want to do, get nice support from my spouse to pick up and drop me at my workplace. Therefore it can be concluded that there is significant relation between time for myself and work life of Doctors and Para-medicals working in night shift.
- F value in social life factor is 40.402 which is insignificant at 5% level which means there is significant relation between social life and work life of Doctors and Para-medicals working in night shift.
- F value in relaxation factor is 13.235 which is insignificant at 5% level which means there is significant relation between relaxation and work life of Doctors and Para-medicals working in night shift.

6.1 LIMITATION OF STUDY

1. Time consuming questionnaire for doctors.
2. Sample size is small.
3. Lack of reliable data.
4. Time limit was an issue, as to get time from Doctor's busy schedule.
5. Quantitative study requires extensive statistical analysis, which can be difficult to perform for researchers from non- statistical backgrounds. Statistical analysis is based on scientific

discipline and hence difficult for non-mathematicians to perform.

7.1 CONCLUSION

There was a time when the boundaries between work and home were fairly clear. Today, however, work is likely to invade your personal life and maintaining work-life balance is no simple task. This might be especially true if you're concerned about losing your job due to restructuring, layoffs or other factors. Work and home life are both necessary, but they should be fulfilling and satisfying. To achieve not only balance but also peace, fulfillment, and happiness in your life, know yourself, take action, and maintain as much control over both work and home as possible.

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