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An Empirical Investigation on HRM Practices and Work Life Balance of Female Nurses in Tamil Nadu

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Abstract*: The purpose of this research is to find demographic and biographic characteristics of nurses in Indian urban market and to identify the following aspects such as job characteristics, time spent on work, organizational support, task & physical environment, attitude towards work life balance policies, stress inducing factors of the work environment of nurses in Indian urban market. The research also tries to analyze attitude towards organizational supportive measures to improve WLB of nurses in Indian urban market and Design appropriate human resources policy for Indian urban hospitals. The study uses exploratory method and the sample size is 1226 nurses from various locations in Tamil Nadu. The data for the research was collected through Questionnaire. The researcher faced certain limitations in collecting the data, such as, lack of time, explaining the questionnaire to respondents; difficulty in contacting the respondents during working hours. Findings, suggestions and conclusions were made by keeping an eye on the research objectives.*

Keywords: Work Life Balance, Outsourcing, work environment, demographic and Biographic Characteristics.

Introduction

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. The industry comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare industry is growing at a tremendous pace due to its strengthening coverage, services and increasing expenditure by public as well private players. The Indian healthcare delivery system is categorized into two major components - public and private. The Government i.e. public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities. India's primary competitive advantage over its peers lies in its large pool of well-trained medical professionals. Also, India's cost advantage compared to peers in Asia and Western countries is significant - cost of surgery in India is one-tenth of that in the US or Western Europe.

Market Size

The Indian healthcare industry is projected to continue its rapid expansion, with an estimated market value of US$ 280 billion by 2020, on the back of increased population growth in India's

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low income communities. Large investments by private sector players are likely to contribute significantly to the development of India's hospital industry and the sector is poised to grow to US$ 100 billion by the year 2015 and further to US$ 280 billion by 2020. Private sector's share in healthcare delivery is expected to increase from 66 per cent in 2005 to 81 per cent by 2015. Private sector's share in hospitals and hospital beds is estimated at 74 per cent and 40 per cent, respectively. The diagnostic market is the fastest growing segment of India's healthcare industry, according to PricewaterhouseCoopers (PwC), with the segment forecasted to grow to US$ 17 billion by 2021.

Investment

Healthcare providers in India are expected to spend US$ 1.1 billion on IT products and services in 2014, an increase of 5 percent over 2013, according to Gartner.

According to data released by the Department of Industrial Policy and Promotion (DIPP), hospital and diagnostic centres attracted foreign direct investment (FDI) worth US$ 2,494.98 million between April 2000 and September 2014. Some of the major investments in the Indian healthcare industry are as follows: Sequoia Capital has planned to invest Rs 100 crore (US$ 15.75 million) in Curatio Healthcare, which is among the fastest growing entrepreneurial-led healthcare ventures in India. Narayana Health has planned to buy out Westbank Hospital for around Rs 200 crore (US$ 31.5 million). This move would help Narayana Health to increase its presence in the eastern part of the country.

Trivitron Healthcare has acquired Mumbai-based imaging accessories manufacturer Kiran Medical Systems, and Imaging Products (India) Pvt Ltd (IPI). GPT Healthcare Pvt Ltd, a Kolkata-based company which operates a chain of hospitals, has raised an undisclosed amount in private equity funding from Banyan Tree Growth Capital. Univer Cell plans to foray into the health and fitness category by launching a wireless health monitor, B.O.L.T in collaboration with American Megatrends India. The device interprets the body's vital information and lets a user access it through a specially designed cloud enabled smart app. Sterling Group of Hospitals has entered into a joint venture with India Home Health Care (IHHC) to set up Asilia Home Healthcare that would cater home healthcare services segment.

Government Initiatives

India's universal health plan that aims to offer guaranteed benefits to a sixth of the world's population will cost an estimated Rs 1.6 trillion (US$ 25.2 billion) over the next four years.

Under the National Health Assurance Mission, Prime Minister Mr. Narendra Modi's government would provide all citizens with free drugs and diagnostic treatment, as well as insurance cover to treat serious ailments. All the government hospitals in Andhra Pradesh would get a facelift with a cost of Rs. 45 Crores (US$ 7.09 million), besides establishing 1000 generic medical shops across the State in a few months. The Central Government has requested the Government of Odisha for allotment of 25 to 30 acres of land for setting up a satellite centre of the All Indian Institute of Medical Sciences (AIIMS) Bhubaneswar as a super specialty healthcare facility. India and Maldives signed three agreements. The pacts included a MoU on health cooperation. The Union Cabinet has approved the proposal for setting up of National Cancer Institute (NCI) at a cost of Rs 2,035 crore (US$ 320.66 million). NCI will be set up in the Jhajjar campus (Haryana) of AIIMS, New Delhi. The project is estimated to be completed in 45 months.

Policy and Promotion

Various policy and promotion initiatives undertaken by the government for the healthcare sector include:

- **National Rural Health Mission (NRHM):** National Rural Health Mission (2005–12) was set up in 2005 to ensure provision of effective healthcare to the country's rural population, especially in Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. As per the Ministry of Health & Family Welfare's annual report for 2011–12, the initiatives under NRHM have contributed to reducing the maternal mortality rate (MMR), infant mortality rate (IMR) and total fertility rate (TFR). The IMR has declined by 3 points to 47 per 1,000 live births in 2010; the MMR declined from 254 in 2004–06 to 212 in 2009; the TFR declined from 2.9 in 2005 to 2.6 in 2009.
- **Automatic FDI:** India's foreign investment policy is very liberal for hospitals. Since January 2000, FDI is permitted up to 100% under the automatic route for the hospitals sector in India. Approval from the Foreign Investment Promotion Board (FIPB) is required only for foreign investors with prior technical collaboration, but allowed up to 100%.
- **Priority status:** The government also allots priority to proposals of greater social relevance such as hospitals, lifesaving drugs and equipment.
- **National Urban Health Mission (NUHM):** This mission was set up in 2005 to address the healthcare needs of slum dwellers across urban India; there are nearly 4.26 crore slum dwellers spread across 640 towns and cities in India.
- **Rise in funding for the sector:** The government has increased the plan allocation for public health spending to USD 5.96 billion in 2011–12 from USD 4.97 billion in 2010–11. Further, the Ministry of Health and Family Welfare has decided to increase health expenditure to 2.5% of GDP by the end of the 12th Five-Year Plan, from the current 1.4%.
- **Encouraging policies:** The government is also encouraging the growth of this market through policies such as a reduction in import duties on medical equipment, higher depreciation on life-saving medical equipment (40%, up from 25%), and a number of other tax incentives.
- **Reduction in customs duty:** Customs duty on life-saving equipment has been reduced to 5% from 25%, and is exempted from countervailing duty. Import duty on medical equipment has been reduced to 7.5%.

Past Literatures Related to the Present Study

International Nursing Council has chosen Positive Practice Environments: Quality Workplaces = Quality Patient Care as the theme of International Nurses Day 2007 (Andrea Baumann, 2007) present health systems are increasingly challenged – faced with a growing range of health needs and financial constraints that limit services' potential to strengthen health sector infrastructures and workforces. The major and global nursing workforce crisis – one marked by a critical shortage of nurses. The reasons for the shortage are varied and complex (Jeanne M Daffron and Sara E Hart, 2001), but key among them are unhealthy work environments that weaken = performance or alienate nurses and, too often, drive them away − from specific work settings or from the nursing profession itself.

The Statement of the American Nurses Association for the Institute of Medicine's Committee on Work Environment for Nurses and Patient Safety (ANA September 24, 2002, Ann E.K.Page,

2004) reported that the conducive work environment should first enable nurses with decision-making authority and professional autonomy at the point of care delivery and in all areas where decisions related to care delivery are made. Second, provide safe and appropriate nurse staffing levels. Third, all healthcare facilities and agencies should be required to participate in the collection and external reporting of standardized nursing-sensitive data - both to assess the sufficiency of staffing and to quantify the safety and quality of care for consumers and payers. Fourth, it is time to actively invest in research around staffing, fatigue, safety, and outcomes.

The concept of nursing work life has not been defined in the available literature adequately. While some articles have proposed frameworks for examining nurses' work life, no reports of their being tested or evaluated are evident (O'Brien-Pallas & Baumann, 1992). It is found that a number of interrelated factors influence nurses' work life, as evidenced in several recent reports. It is understood that the quality of work environment and the quality of work life are influenced by factors which are within the organization or outside the organization. The literature review is mainly focus on quality of work environment which include demographic and job characteristics and quality of work life indicators.

Research Objectives

- To identify the following aspects such as job characteristics, time spent on work, organizational support, task & physical environment, attitude towards work life balance policies, stress inducing factors of the work environment of nurses in Tamilnadu.
- To analyze the strategies to improve work life balance of nurses in Tamilnadu.
- To provide suggestions to improve work and family life balance of nurses in Tamilnadu.

Results and Discussions

Table 1: Reliability Test

Cronbach's Alpha	Number of Items
.835	49

The desired value for reliability test is 0.5 and above. The actual value arrived is 0.835. So the variables are accepted and the questionnaire is reliable.

Table 2: Socio Demographic Characteristics

Socio Demographic Characteristics		Frequency
Age	<18	0
	18-20	122
	21-25	234
	26-30	391
	31-35	299
	36-40	152
	40-45	28
	More than 45	112
	Total	1226

Marital Status	**Married**	**369**
	Unmarried	**747**
	Divorced	**82**
	Widow/Widower	**28**
	Total	**1226**

From the table it is inferred that 391 urban female nurses in Tamil Nadu belongs to the age group between 26-30 and 234 nurses belong to the age group of 21-25 and only 28 nurses belong the the group of 40-45. It is also found that 747 urban female nurses in Tamil Nadu are unmarried and 369 nurses are married. It is also found that 82 nurses are divorced and 28 are widower.

Table 3: Kaiser-Meyer-Olkin (KMO) Measure 0f Sampling Adequacy

Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy	0.632
Bartlett's test of sphericity	Appropriate chi square 4243.778 Df 903 Sig 0.000

Table 4: Principal Component Analysis Results

Variables	**1**	**2**	**3**	**4**	**5**	**6**
Timing	0.283					
Time For Preparation	0.280					
Leave Benefits Offered	0.632					
Vacation Benefits Offered	0.789					
Remuneration	0.739					
Growth/Promotional Aspects Offered	0.637					
The Demands Of My Work Interfere With My Home And Family Life.		0.370				
Family Responsibilities		0.960				
Demands Of The Job		0.961				
Job Produces Strain That Makes It Difficult To Fulfill Family Duties			0.958			
Work-Related Duties			0.296			
Demands Of My Family Or Spouse/Partner Interfere With Work-Related Activities			0.959			

Demands On My Time At Home				0.973		
Demands Of My Family Or Spouse/Partner.				0.156		
My Home Life Interferes With My Responsibilities At Work Such As Getting To Work On- Time				0.973		
Family-Related Strain					0.975	
Managing Work Life Balance					0.371	
Manage Your Work Life Balance					0.976	
Family /Spend Day Out In A Month						0.962

Table 5: Contribution of the Factors

Factors	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta	B	Std. Error
Timing	.035	.014	.112	2.428	.016
Remuneration	.061	.168	.373	8.126	.000
Family Responsibilities	.062	.007	.290	6.309	.000
Job Produces Strain That Makes It Difficult To Fulfill Family Duties	.070	.010	.269	6.009	.000
Demands Of My Family Or Spouse/Partner Interfere With Work-Related Activities	.047	.012	.186	4.114	.000
Demands On My Time At Home	.045	.011	.179	3.982	.000

The above 19 independent variables for work life balance of female nurses has been reduced as below mentioned six variables such as separate time can be allocated for doing administrative work., The policies regarding promotions, remuneration, leave benefits, vacation can be looked into and fringe benefits can be introduced, Recreational clubs, gymnasiums can be established., Infrastructural facilities can be improved upon, Awareness of yoga and meditation has to be invoked and such courses can be conducted for the needful, Counseling Centers can be opened to handle issues of the faculty members solely and Grievance redressal mechanisms can strengthen with better open feedback system.

It has been observed that (37%) of nursing staff are having high professional satisfaction and majority are accepting the role of nursing as any other job. Professional pride is likely to increase as on the job experience increases with appropriate training inputs and work life balance inputs. However nursing staff did not express any marked dissatisfaction with respect to work

logistics, time spent on working days and life style choices. Higher work load and over time found to impact fatigue status, sleep deprivation, somatic stress. Understanding patients' emotional needs and communication are suggested. Deliberate practice and issues relating to emotional labor are to be incorporated to increase work life balance of nurses. Provision of four work life balance initiatives suggested hospitals is likely to attract and retain experienced nursing staff with provision of work life balance policies.

- Separate time can be allocated for doing administrative work.
- The policies regarding promotions, remuneration, leave benefits, vacation can be looked into and fringe benefits can be introduced.
- Recreational clubs, gymnasiums can be established.
- Infrastructural facilities can be improved upon.
- Awareness of yoga and meditation has to be invoked and such courses can be conducted for the needful.
- Counseling Centers can be opened to handle issues of the faculty members solely.
- Grievance redressal mechanisms can strengthen with better open feedback system.

Conclusions

The current study focuses on empirical investigation on human resource management practices and work life balance of female nurses in Tamilnadu. The sample size taken into considerations was 1226. The statistical tool used was Statistical Package for Social Science. Various suggestions to improve the HRM practices and work life balance urban female nurses have been given.

It is suggested the separate time can be allocated for doing administrative work. The policies regarding promotions, remuneration, leave benefits, vacation can be looked into and fringe benefits can be introduced. The need for Recreational clubs, gymnasiums is felt and should be established. Infrastructural facilities can be improved upon. Awareness of yoga and meditation has to be invoked and such courses can be conducted for the needful. Counseling Centers can be opened to handle issues of the faculty members solely. Grievance redressal mechanisms can strengthen with better open feedback system. These study is implemented can definitely result in improving the HRM practices and Work life balance of the employees in the rural sides of Tamilnadu.

Authors' Note

This manuscript is the authors' original work, has not been published and is not under consideration for publication elsewhere.

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