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WORK-LIFE BALANCE AND CONCERNS OF HEALTH WORKERS DURING COVID-19

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Abstract:
Healthcare workers are on the front lines and are directly responsible for the diagnosis, treatment and care of patients suffering from COVID-19. This study is based on investigating the work-life balance concerns of health workers during the outbreak of COVID-19. It was found that the health workers generally work for long and tedious working hours in the hospitals and also there came an additional responsibility of maintaining and recording of data of the COVID patients. As per the nature and duty of their work, we find that there has been a long separation between the health workers and their family and friends which in turn disturbs their personal and professional lives leading to immense stress. It was found that their morale went down considerably, and the issue of balancing between work and life was extremely challenging, especially for the female health workers having young children. The ever-increasing number of suspected and confirmed cases, extended shifts, overwhelming workload, coupled with increased severity and volume of patients, widespread media coverage, lack of specific drugs, financial instability, job insecurity, the fear of carrying the infection at home or office, inability to visit family and friends may all contribute to the mental burden in the modern day health workers. To prevent the occurrence of these events, there is a high need to balance work and life among the front-line workers. Health workers as well as organizations must work together in tandem to balance work and life and hence preserve the health of these front-line workers.

Keywords: Work-Life Balance, COVID-19, Health workers, Workload, Organizations.

1. INTRODUCTION

In order to reduce the effect of the COVID-19 pandemic on our society as well as the healthcare sector, all our frontline workers such as doctors, nurses, technicians and sanitation workers are working day in and day out. It has been found in facing such critical situations, the healthcare workers working on the frontline are directly involved in the treatment, diagnosis and care of patients with COVID-19 and are at a high risk of developing various psychological distress and other mental health problems. The pressure of giving care to the patients has been amplified to the extent of setting up the virus with human-to-human transmissions with negligible lifesaving treatment. As per reports from Wuhan, China, various studies demonstrated that doctors, nurses and frontline health workers are on the receiving end and are vulnerable to experiencing anxiety, depression, insomnia and distress in the working conditions. Another relevant study shows that on the psychological front fatigue and stress among the staff concluded that there has been a higher incidence of depression and other adverse factors of the staff fighting COVID-19. To prevent such events from occurring, there is an eminent need to balance work and life among these frontline warriors. Work-Life Balance (WLB) is a contemporary acronym for achieving a fair degree of work and lifestyle ambitions. It includes bridging the gap between work and leisure time into perfect balance in order to live life to the fullest. An attempt should be made to review and abide by the

points that are being suggested for the health workers in the process of balancing work and life both at the individual as well as at the organizational level, especially during the COVID crisis.

It has been found that treating the infected patients with the deadly pandemic is not an easy task on the part of the health workers who are themselves facing various issues like working long hours during hot and humid working conditions where there is always a possibility of spreading the virus to others. Doctors have to be compassionate to face the deaths occurring around them and also deal with pressures like long working hours, lack of work-life balance, lack of job specification, female sex and young age are some of the important predictors of burnout in doctors. (Visser et al, 2003; Howeet al., 2012; Ishak et al., 2013, Mavor et al., 2014)

Medicine is regarded as a noble profession with a promising career. Medical professionals work tirelessly for very long hours, works during odd shifts and also have to make critical decisions during emergency and in times of uncertainty. They are also supposed to deal with death as well as distress and also maintain composure and compassion. (Shanafelt, 2015; Balme ET AL., 2015) It was also found that during the study period, they undertook several assignments which are challenging and at the same time maintained and fulfilled the various role obligations in the hospitals(Gerada, 2015).

It is also evident that extensive medical training is linked with various mental health problems and stress and the doctors have to deal with various issues like long tedious working hours, not maintaining work-life balance, dissatisfaction with the working conditions and burnout. (Mavor et al., 2014). According to (Amoafo, 2015), the well-being of doctors has a vital impact on the healthcare sector and is directly responsible for patient care which includes patient satisfaction, and the development of interpersonal relationships at the time of treatment of patients. It is seen that of late and especially during the turbulent times of the COVID-19 period, there have been significant cases of immense high stress. (Scheepers, et al., 2015; Culture 2015; Francis, 2013). It is observed that in the medical profession, there have been some serious concerns as per higher levels of stress, burnout emotional exhaustion and also lack of work-life balance amongst certain doctors. To add to this, it was also found that a considerable number of female doctors were found to be suffering from burnout and lack of work-life balance as compared with their male counterparts.

Walsh (2013) found that particularly in the case of females, the rate of burnout increases by 12-15% with every additional hour put in by them during the 40 hours per week scheduled workload and there is a sense of feeling of having lesser control over their working environment. McMurray et al. (2000) were of the view that keeping aside the demand of time for professional activities, female doctors also additionally maintain their domestic responsibilities. Another study by Drinkwater (2008) found that the stress of parenthood is simultaneously borne by both parents. Considerable studies in the past have shown that there exists a relationship between psychological health and work-life balance (Swanson et al., 1998; Cooper, 2006).

The Current Situation

The doctors and the healthcare workers are the forefront fighters against the dreaded COVID-19 disease. The healthcare workers and especially the doctors are primarily responsible for delivering services and trying to protect the families, individuals and communities in adverse conditions with stretched resources, shortage of personal protective equipment (PPE) and other essential equipment and in the process have found themselves at the receiving end and became unexpected targets in the fight against COVID-19. There have been several instances of violence against doctors during the pandemic time in India. Although the exact nature of such incidents cannot be determined, there were some glaring examples where the general mob of people openly attacked the doctors and other healthcare workers. It was found that in one such incident, a junior resident doctor in the Hojai district of Assam, India was brutally assaulted by a group of people and one was the attendant of the person who died of COVID-19.

2. LITERATURE REVIEW

An issue concerning work and family or otherwise work-life it is often termed as a key aspect of managing various diversity, particularly in Britain (Kandola and Fullerton, 1994).It has been found that in the US there has been more explicit debate on whether or not to link discussions of work-life and the process of managing diversity and it is all about the extent to which the concept of work-life should be felt or conceptualized as a tool of diversity or diversity as a tool of work life (Lobel, 1996). However, these are debates which are strategic and do not deviate from the recognition that an evolving workforce will eventually include those with a range of family and other non-work related responsibilities. Various organizations which give value to the contributions of those with greater family responsibilities eventually begin to manage the aspects of diversity with the introduction of specific policies often referred to as family-friendly policies such as child care assistance, parental leaves and reduced time in work (Forth et al., 1997; Hogg and Harker, 1992).Also, work and family-friendly policies are often marginalized in the view of dominant organizational outlays and various values such as the eminent belief that only full-time workers are the ones who are more committed towards the organizations (Lewis, 1997; Raabe, 1996).The study also suggests that the ability to have a personal life and maintain a decent equilibrium between work and non-work roles is significantly important to young personnel (Cohen, 2002; Johnson, 1995). It is found that today's professionals are becoming increasingly concerned with the need to balance family and work lives and they are said to highly value the organizations which will eventually help them achieve the required balance between work and life (Johnson, 1995). It has been found that the number of organizations offering work and life benefits as a part of their human resources programs has increased in recent years (Prince, 2001).It has been found that a study conducted in 2001 regarding the benefits conducted by the Society for Human Resource Management revealed that 69 percent of the organizations considered offered dependent care flexible spending accounts. In comparison to this, in the year 1997, it was found that only 58 per cent of the organizations surveyed were provided this benefit (Prince, 2001).

Although it has been found that research has linked work-life benefits to various factors like retention, satisfaction, commitment and productivity, very few studies have been carried out on the concept of whether work-life benefits can enhance recruitment efforts (Casper and Buffardi, 2004). In the process of attaining work-life balance, role conflict has been shown to shape people's views regarding flexi time in particular. Inter-role conflict is said to occur when the pressures resulting in one role are incompatible with pressures arising in a different role (Greenhaus and Beutell, 1985, p. 77). Considerable studies have indicated that employees can take up policies when superiors support enthusiastically the integration of paid work and family responsibilities, and when they work with influential superiors and colleagues who can buffer them from anticipated negative effects on their careers (Blair-Loy and Wharton, 2002; Jahn et al., 2003; McDonald et al., 2007). It has also been found that in addition to these issues, the length of the average working week has grown, and as a result, many employees perceive their paid jobs as becoming more pressured, intense and demanding (Townsend et al., 2003). It is also seen that shift work, which is a feature of many doctors' jobs can eventually make it difficult to manage care and other non-work tasks, maintain cordial relationships and participate in community and personal development tasks. The negative impact of working hours on doctors' non-work lives is a frontline contributor to high staff turnover in traditional doctors' routines (Buchanan and Considine, 2002; Wise, 2004; Tailby, 2005).Prolonged and repeated studies have shown that for doctors to derive benefits from work-life balance initiatives, core issues around work organizations, job design, resourcing and workplace culture must be addressed (see for example Lewis, 2001; Crompton et al., 2003; Bond et al., 2002; Rapoport et al., 2002; Kodz et al., 2002; Yeandle et al., 2002; Lewis and Cooper, 2005).In the UK, women doctors are sometimes positioned as those who are choosing to work, especially in part-time jobs which seem to have poor working conditions and prospects. This has sparked an interesting debate over the extent to which women doctors working part-time lack career focus and aspirations. Such a theory has been articulated by Hakim (1996-2000) who advocates that valid distinctions can be made between commitments to work and career aspirations of individuals, particularly women

doctors, depending upon whether they work full-time or part-time. Considerable evidence suggests that part-time working in professional occupations is more common than in the case of management. One such explanation for this was provided by Crompton and Harris (1998) whose works on bankers and doctors have been widely cited. The study argues that professional careers are more suitable for women doctors over the life course.

COVID-19 has become one of the more severe challenges that businesses and governments have faced in the last century (Hall et al., 2020). The COVID-19 pandemic has brought many substantial social, psychological as well and other professional changes such as low savings, job loss, fear and stress of visiting outside, uncertain future and physical and mental health problems. As a result of the COVID-19 pandemic, lockdown mandates and social distancing have disrupted the entire medical sector. Healthcare rationing has never been as relevant a subject as with the present world's pandemic situation which has been created by the corona virus pandemic. It has been felt that the biological threat of COVID-19 has brought the vital issue of prioritizing patents to the forefront of social and political concerns. Also, healthcare rationing is no longer a theoretical matter as discussed by academics as it has become a global reality. The budget restraints which were severely forced by the financial crisis of a decade ago, as well as the technological changes and demographic changes brought to light the discrepancy between the demand and supply of healthcare. The current COVID-19 pandemic that has been plaguing the world over has evidenced the scarcity of essential labour (physicians, technicians and nurses), the scarcity of medical resources, vital equipment (intensive care beds, ventilators) and various materials (personal protective equipment – high filtration masks, disinfectants). There was also the problem of an international shortfall of masks and sanitizers leading to a speculative wave, breaking price records (Ganhao, 2020). Another problem was the shortage of personal protective equipment which was of such a magnitude in the USA that contingency guidelines were being framed to explain how to reuse the masks designed for single use (CDCP,2020)whereas in other countries like the UK, the health care professionals are putting their lives at risk by carrying for the sick without protection. The effects of non-communicable diseases (NCD) can be more acute when combined with an infectious disease outbreak such as the current wave of the COVID-19 pandemic. The fatalities which occur from the existing chronic disease may well be overlooked while a patient may also be suffering from an acute infectious disease (Collins et al., 2021). It may be the fact that the infectious disease may ultimately be the potent cause of death and a patient without signs of comorbidities may have survived. In a worst pandemic such as the COVID-19 a critical eye needs to be developed in all the health systems, especially in the case where resources are not adequate to meet the challenges of modern healthcare requirements.

COVID-19 has forced many businesses and society to alter their processes and adopt a new viable process (Alon et al., 2020).This process requires revised and concerted action from the business, government, institutions and people at large both at the national as well as international levels (van Barneveld et al., 2020; Mahmoud Saleh and Karia, 2020).As a result of the nationwide lockdown announced by the government of India, the impact of social services and the process of digitization became evident in the health sector and the supply of essential household items. To manage the eminent crisis of the pandemic, there has to be a seamless flow of information to the different stakeholders so that adequate action can be taken (Doern et al., 2019). Additionally, it is imperative to formulate an efficient process that confronts clinical issues to find sustainable solutions for both the doctors and the patients (Wenzel et al., 2020). A qualitative methodology has been widely approved to investigate emerging concepts such as the effects of COVID-19 on customer participation, transformative service research and various services of co-production (Dodds and Hess, 2020; Prihadini et al., 2020; Santos and Spring, 2015; Jessica Hwang and Lockwood, 2006). In-depth interviews were used to learn about various subject experiences in relation to service co-creation during the pandemic and what they think about the challenges in store, processes and the expected outcomes. It facilitates easier expression of non-conformity, building a bond and also a close rapport with the interviewees to enhance the data quality and gives the subjects a feeling of empowerment (Webb, 1995), an important consideration during the times of COVID-19 as most of

the peoples are mentally stressed and want to express themselves and also want to be heard (Saladino et al., 2020).

One also has to look into the array of interlinked social and economic problems that are faced by the doctors and are associated with the COVID-19 pandemic, and with the responses that it has elicited from the government, businesses, public services and the common people at large. Also the concept of the "coronaviruscrisis" has evolved agreeing that it requires academic research to provide the firms with various strategies as to how to cope with the various challenges (Kraus et al., 2020, p. 1068). It is seen that the current COVID-19 pandemic has highlighted the use of strategic planning and effective collaboration. The current study discusses the two essential attributes of proper medical care within the context of medical education (Aultman et al., 2020). Strategic planning, especially in the health sector, helps to create commitment towards shared values, builds trust and confidence and gives a better understanding of the work being performed by various groups such as the faculty, staff and management. In return, the shared values are set to build in a way that can help combat the consumerism that is evident and deliberating influence in the medical field.

Objectives of the Study

The main objective of the research is to study the Work-Life Balance of Health workers during the COVID-19 pandemic. The study also intended to find out whether the health workers job becomes more challenging during the pandemic as compared to the normal situation. The study also tends to find out the various positive and negative feelings and emotions felt by the health workers during their fight against COVID-19. Another objective of the study include finding out the factors which are an obstruction towards achieving Work Life Balance and that these factors put an additional pressure on the limited time and energy that the health worker has at its disposal. Another aim of the study is to rank the problems faced by the health workers due to disturbed Work Life Balance and also to find out whether the health worker during the pandemic ever get a feeling whether they have chosen the wrong profession. Finally, the study is intended to find out the overall balance between work and personal life on a rating scale.

Statement of the Problem

The Indian healthcare sector is the second fastest-growing sector of the Indian economy next only to information technology. Hospitals constitute the major component of the Indian Healthcare sector. The Economic Survey has highlighted the importance of committed human resources for the efficient and effective functioning of healthcare services in the country. Countries like the USA, Canada, and Germany have already realized the importance of human resources in hospital administration and have started taking consequent steps in this direction. Hospitals in India are facing challenges like declining quality of patient care, rising costs, shortage of skilled healthcare professionals coupled with extremely high levels of stress and burnout among doctors and nurses. Furthermore, changing trends indicate that hospitals will become equivalent to industries with increased dominance by consumers of healthcare rather than providers of healthcare. As a result, healthcare workers are finding it difficult to manage their work life and personal life roles and responsibilities effectively. This in turn reduces the quality of care provided to patients and their relatives as a whole. Furthermore, the overall productivity of hospitals is also reduced. A doctor is a noble profession which aims at the betterment and upliftment of society as a whole. As a result, Work-Life Balance is becoming an integral part of both Government and Private Hospitals nowadays. The studyis an attempt to comparatively analyze the level of Work-Life Balance of doctors and also aims to explore the impact of demographic factors on Work-Life Balance and to highlight the problems faced by doctors due to disturbed Work-Life Balance. This is why we would like to study the Work-Life Balance of doctors.

3. METHODOLOGY

The study undertaken will be primarily exploratory in nature. A detailed questionnaire taking into consideration the objectives was prepared and 120 respondents reacted to the questionnaire.

However, a total of 100 valid and complete responses were considered for the study. The sample included doctors working in both Government and private hospitals choosing the Judgemental sampling technique. All age groups and both male and female doctors were chosen for the study. The data source would be both primary as well as secondary data. The primary data would include Questionnaires and Personal interviews and the source of secondary data was research journals, periodicals, books and the internet. Also, various parametric and non-parametric tests were used and the SPSS software was used to analyze the data.

4. ANALYSIS OF DATA

Table 1: Demographic Profile of Sample Health Workers

		Frequency	%
Sample hospitals	AMCH	35	35.0
	FAAMCH	8	8.0
Govt.	GMCH	37	37.0
	Goalpara Hospital	1	1.0
	Mangaldai Civil Hospital	2	2.0
	Total	83	83.0
Pvt. Hospital	Dispur Hospitals	9	9.0
	KGMT	8	8.0
	Total	17	17.0
	Overall	100	100.0
Gender	Male	69	69.0
	Female	31	31.0
Age group	Below 30	26	26.0
	30 and Above	74	74.0
Marital Status	Married	53	53.0
	Single	47	47.0
Educational Qualification	Graduate (MBBS)	31	31.0
	Post Graduate (MS/MD)	66	66.0
	Super Specialty	3	3.0
Work Experience	Upto 10 years	77	77.0
	Above 10 years	23	23.0

Interpretation:

GMCH and the AMCH were the main service hubs of Govt. hospitals during the COVID-19 pandemic. 37% of the health workers/samples were from GMCH, 35% followed by AMCH, 8% from FAAMCH, and 2% and 1% from Mangaldoi and Goalpara Civil hospitals respectively. Overall 17% of the sample was from Pvt. sector hospitals which were 9% from Dispur Hospital and 8% from KGMT Hospital respectively.

From both types of hospitals, 69% of male and 31% of female health service providers were collected for the study. 26% of health worker belongs to below 30 years and 74% of health workers belong to 30 years and above. The average age of health service providers is 34 years and Standard Deviation is 6 years therefore we conclude that the majority of the health workers are young and it will dominate the analysis accordingly. Out of 100 collected samples, 53% were married and 47% were unmarried. It is reflected that more than 50% of the sample have their family life. The health worker has working experience of upto 10 years 77% and the remaining 23% experience more than 10 years of services (table 1).

Table 2: Job-Related Factors Relating to the Work-Life Balance of a Health Worker

		Frequency	%
Total adult number of family members	2 – 4	83	83.0
	5 – 8	17	17.0
Average adult Household size	3.61		

Number of Children	No Children	51	51.0
	Single Child	30	30.0
	2 – 3 Children	19	19.0
Average number of Children in HHLD	1.41		
Living With	Living with spouse and children	41	41.0
	Living with extended family	13	13.0
	Staying Alone	26	26.0
	Living with friend/Partner/Others	20	20.0
Residence	Own	61	61.0
	Other	39	39.0

The average number of adult members is 3.61 and the average number of children is 1.41 living in the family. Where, 2-4 adult members (83%) and 5-8 family members (17.0%), Single children 30% and 2-3 children 19%, and overall 49% of households have children of health service workers. 41% of respondents lived with spouses and children, 13% lived with extended family, 26% lived alone and 20% lived with friends/partners or others (table 2).

Table 3: Difference in Duty Hours of Health Workers

Duty hours	**Minimum Duty hours**	**Maximum Duty Hours**	**Average Duty hours**	Std. Deviation	Mean difference	t-value	df	P-value
Before Covid 19	6	12	8.18	1.175	-1.38	-10.363	99	.000
During Covid 19	6	15	9.56	1.388				

Source: Field survey data

From the above table 3 it is observed that before the COVID-19 pandemic, health worker provided their services a minimum of 6 – 12 hours which changed During the COVID-19 period and a minimum of 6 to maximum 15 hours of service provided by the health workers. The mean hours of duty of the health workers before Covid 19 was 8.18 hours and the duty of health workers during Covid 19 was found 9.56 hours. It indicates that Covid-19 has impacted the health workers to work for longer hours. The difference in mean hours of health workers'duty is 1.38, the t-value=10.36 and the P-value =0.000 expressing that the difference between pre-Covid and during Covid duty period is significant at 1% level.

Reliability Statistics for Internal Consistency and Guttman Split-Half

Items	Methods	Cronbach's Alpha	No. of Items	N of Sample	Guttman Split-Half Coefficient
Questionnaire	**Overall**	.894	92	100	.713
	Part-1	.654	46		
	Part-2	.907	46		

The value of Cronbach's Coefficient Alpha (α) from 0.80 to 0.95 denotes "Very Good", from 0.70 to 0.80 denotes "Good", from 0.60 to 0.70 denotes "Fair" and <0.60 denotes "Poor"

Difference of Positive and Negative Feelings During the Service Provided

	Mean	Std. Deviation	Mean difference	t	df	P-value
Positive feelings	5.40	.933	2.85	15.87	99	.000
Negative feelings	2.55	.948				

The Emotions of Health Care Service providers during the covid-19 mentioned as Positive and Negative emotions. There exist significant differences between positive and negative feelings of emotions at a 1% level. The mean score of positive emotion is 5.40 the mean score of negative

emotion is 2.55, mean difference is 2.85. The t-=15.87 at df=99 and p=.000 depicts that the difference is highly significant. The health worker of COVID-19 has accepted the situation that they had worked more during the time of COVID-19.

Table 4: Descriptive Statistics of Dependent Variables and Independent Variables of Work Life Balance

Variables	Work-Life Balance Factors	Mean	Std. Deviation	% of weighted mean
Dependent variables	Balance in Work and Personal life	4.67	1.57	66.7
	Balance Work Demand without personal compromise	4.63	1.32	66.1
	Fulfilling personal life	4.66	1.49	66.6
	Management of Overall WLB	13.96	4.18	66.5
Independent Variables	General factors of WLB	86.03	14.285	72.3
	Job-related factors of WLB	88.41	13.056	70.2
	Family factors of WLB	24.96	4.119	71.3
	Inference factors of WLB	25.64	4.253	73.3
	Problems in WLB	20.19	3.190	56.1

Table 4 reflects the mean score of Dependent variables to maintain the Work work-life balance of an employee and the mean scores of associated Independent Variables with the Dependent variable. The mean score of Balance in Work and Personal life is 4.67 is higher than the mean score of Fulfilling personal life (4.66) and Balancing work demand without personal compromise (4.63) respectively. The mean score of Overall WLB Management is 13.96.

The Associated Independent variables are – General factors in WLB (Mean=86.03), Job-related factors of WLB (Mean=88.41) Family factors of WLB (Mean=24.96), Inference factors of WLB (Mean=25.64) and Problems in WLB (Mean=20.19). The highest mean score is of Job-related factors of WLB and the second highest mean score is General factors of WLB.

Table 5: Regression Analysis to Identify the Impact of Various Factors in Maintaining WLB

Dependant variables	**R**	**R^2**	**F-value**
Balance in Work and Personal life	.621	.385	11.78**
Balance Work Demand without personal compromise	.596	.355	10.35**
Fulfilling personal life	.582	.338	9.62**
Management of Overall WLB	.622	.386	11.84**

The above table 5 indicates the relationship ((R^2 value), between dependent and independent variables and the variation of independent variables (F-value) towards the dependent variables. The dependent variables are – Balance in work and personal life (R^2=.385) (F=11.78), Balance in work demand without personal compromise (R^2=.355) (F=10.35), Fulfilling personal life (R^2=.338) (F=9.62), and Overall management of WLB (R^2=.386) (F=11.84) reflects that relationships with independent variables are more than 30% and the variations are found significant at 1% level. The significance variations indicate that the model is fit to accept the Regression analysis.

Independent variables	**Dependant variables**							
	Balance in Work and Personal life		Balance in Work Demand without personal compromise		Fulfilling personal life		Management of Overall WLB	
	B	**t**	**B**	**t**	**B**	**t**	**B**	**t**
General factors of WLB	.073	2.391*	.030	2.595**	.017	1.724	.025	2.33*
Job-related factors of WLB	.181	5.597**	.063	5.067**	.054	5.125**	.064	5.54**
Family factors of WLB	-.004	-.038	.010	.265	.004	.118	-.017	-.501
Inference factors of WLB	.103	1.207	.022	.678	.056	1.993*	.025	.829
Problems in WLB	-.398	-2.908**	-.154	-2.928**	-.155	-3.479**	-.088	-1.809

*Significant at 5%, **Significant at 1%

Interpretation:
From the above summary table it is observed that Work-life balance in Personal life is influenced by General factors of WLB (t=2.391) and Job-related factors of WLB (t=5.597) positively and found significant at 5% and 1% levels respectively. Problems in WLB influenced Personal work-life balance (t=-2.908) significantly at a 1% level. Family factors of WLB and Inference factors of WLB have no significant impact on Personal work-life balance.
General WLB factors (t=2.595), Job-related WLB factors (t=5.067) and Problems in WLB (t=-2.928) have a significant impact on Balance in work demand without personal compromise at 1% level. Both family factors and Inference factors have no significant influence onthe Balance in work demand of surveyed health workers during the pandemic period.
Fulfilling personal life WLB of the surveyed health worker's work-life balance is influenced by the Job-related factors of WLB (t=5.125) at a 1% of significant level, with Inference factors of WLB (t=1.993) influenced at 1% level of significant and Problems in WLB (t=-3.479) is negatively influenced at 1% level of significant.
Overall Management of WLB is impacted by General factors of WLB (t=2.33) at a 5% significant level and Job-related factors of WLB have impacted (t=5.54) at a 1% significant level. No family factors, Inference factors or Problems have a significant impact on the Management of overall WLB.

5. CONCLUSION AND FINDINGS

During the COVID-19 pandemic, the health worker of the whole world faced various problems of work-life balance relating to their services. The measurement of Work-Life Balance (WLB) of health workers was a major issue. The issues were related to family, general life style, job places, societal life and other problems.

- The conclusion remarked that family factors of WLB are not significant. The influenced factors of Work and personal life, Work demands, Fulfilling personal life and Management of overall well being is significant.
- Job-related factors are more impactful, significant and positive with the WLB of Personal life, Work demand, Fulfilling Personal life and Management of overall WLB.
- General factors are positively and significantly influenced with the Work-life Balance of personal life, Work demand and Management of overall WLB.
- Problems in WLB have a negative and significant impact on Personal life, Balance in work demands without personal compromise and Management of overall WLB.

The present research study aims to answer the question by investigating the factors and issues related to health workers work life balance and putting forward valid suggestions to hospitals to assist the health workers in restoring the work life balance. Thus the research was basically guided by the research question as to what are the factors that affect Health workers Work Life Balance within the public and private hospitals.
The basic reason for choosing the hospital health workers was because of the fact that they have altogether different work demands and issues and pressures and hence they require a different approach altogether in order to maintain healthy work and a fulfilling personal life. Also the main purpose of the study is to make a comparison between the health workers work life balance issues on hospital type, which is public and private hospitals.
Thus the research findings has provided a number of valuable insights for understanding the unique work life balance challenges that are being faced by the health workers working in various public and private hospitals. The thorough investigation has revealed that the findings of the research is certainly interesting and derives to a logical conclusion with regards to health workers work life balance in India. It has been found that health workers spend maximum of their time on the job and thus the lack of support on the part of the hospitals could be very detrimental. On the contrary it has been found that intrusion of personal domain with doctor’s professional life was moderate enough

and something which did not disturb their work life balance. Rather, it was found that whatever balance health workers could restore was mainly attributed to support received from personal, family and social lives.

As far as the personal life is concerned, it has been found that most health workers could hardly find time to take care of their own health or even engage in fulfilling personal goals because of the fact that they felt physically and emotionally exhausted and hence it needs proper balance in maintaining their physical and mental wellbeing.

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