Exploring the Relationship and Impact of Working Hours on Work-Family Conflict and Social Support among Doctors

Hina Juneja[1], Meenakshi Malhotra[2]

[1] Research Scholar, University Business School, Arts Block 3, Panjab University, Chandigarh-160014, India

[2] Professor, University Business School, Arts Block 3, Panjab University, Chandigarh-160014, India

Abstract: *This study examines the relationship and impact of working hours on work-family conflict and social support among doctors. The data was collected using survey technique from 75 doctors working in a premier government hospital in Chandigarh, India. The findings revealed that working hours have a positive and significant relationship with work-family conflict i.e., more working hours means more work-family conflict and vice versa. Also, there exists a negative and significant relationship between working hours and social support i.e., more working hours means less social support and vice versa. Moreover, working hours have a significant impact on work-family conflict and social support. The results suggest that managing working hours can help in minimizing work-family conflict i.e., managing work and family responsibilities and duties more effectively and efficiently, and this in turn would help in improving support from supervisors, co-workers and family members.*

Keywords: Working Hours, Work-family Conflict and Social Support.

1. Introduction

Juggling work and family time and reaching a good balance between different roles is one of the most important concerns of an individual and the organizations. Managing time spent at work and non-work activities and maintaining a good network of social support is important not only for the well-being but for the overall development of an individual. Nowadays, the number of hours worked is rising, as information technology facilitates workers to work for longer hours and become available 24/7. However, several professions demand longer working hours, odd hours and emergency shifts, for example, medical profession. With the increasing number of diseases and ailments, the doctors have to invest a lot of time and energy in their profession. As they spend most of their time at work, they get less time for non-work activities, family responsibilities and commitments, which in turn affects their health, well-being, family life and social relationships. Work-family conflict is linked to negative consequences; therefore, it has become an important area of consideration at the individual and organizational level.

1.1. Work-Family Conflict

Greenhaus & Beutell (1985, p. 77) define Work-family conflict as a form of inter-role conflict in which role pressures from work and family domains are mutually incompatible in some respect and makes participation in both roles difficult. *Greenhaus, J. H., & Powell, G. N. (2006)* defines work-family conflict in the form of conflicts based on time, strain and behavior i.e., an individual strives to reduce incompatibility between work and family roles by effectively managing time requirements, dealing with pressures and strains and performing required behavior roles. Therefore, work-family conflict refers to the spillover of problems, strains and pressures from one role to another and making it difficult for an individual to accomplish goals

and maintain a healthy lifestyle.

1.2. Social Support

Gottlieb (2000, p. 28) defined social support as the process of interaction in relationships which improves coping, esteem, belonging and competence through actual or perceived exchanges of physical or psychosocial resources. *The National Cancer Institute* defined social support as a network of family, friends, neighbors and community members, available in times of need to give psychological, physical and financial help. Moreover, *Shumaker and Brownell (1984)* defined social support as an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well being of the recipient. Therefore, it can be inferred that having a strong network of supportive relationships leads to physical and psychological well-being of a person i.e., improvement in self-worth, sense of belonging, security and overall performance and behaviour.

2. Literature Review

2.1 Working Hours and Work-Family Conflict

Numerous studies have shown the negative relationship and impact of total working hours on work-family conflict *(Frone et al.1997, Judge Boudreau and Brets1994)*. *Sabil and Marican (2011)* in a study examined the relationship between working hours with work-family conflict and work-family enrichment and showed a positive relationship between working hours and work-family conflict, however no relationship between working hours and work-family enrichment. According to *Pleck, Staines, and Lang (1980)* long working hours, scheduling incompatibilities and mismanagement leads to work-family conflict among married men and women. *Frone et al 1997* and *Netemeyer et al, (1996)* revealed that allocating more time in one role

Paper ID: ART20161923

leads to work-family conflict as lesser time is left for another role. Furthermore, *Moen and Yu, (2000)* revealed a positive relationship between working hours and difficulty in balancing work and personal life.

Moreover, several studies in the past have focused on the negative consequences of longer working hours on health, for example, *Sparks et al, (1997)* associated longer working hours with stress, exhaustion, insomnia, chronic health disorders and even more proneness to accidents. Similarly, *Piotrkowski (1979)* revealed the influence of longer working hours on the employee's mental health and level of energy at home. *Lu et al. (2008)* also depicted that work-family conflict was strongly related to lower job and family satisfaction, greater stress and more severe physical ailments. *Byron (2005), Milliken & Dunn- Jensen (2005)* and *Ng & Feldman (2008)* found that working longer hours leads to high job involvement and job stress, which increases the spillover of work into family thereby lowering the psychological well-being. *Burke, Weir & DuWors, (1980)* revealed that longer working hours and job demands of senior administrators affected their communication at home. Moreover, *Amstad et al. (2011)* associated work-family conflict with increased job stress and burnout, decreased job commitment, performance and health.

Despite negative consequences of long hours of work on work-family conflict, several studies depict favorable outcomes, for example, *Hewlett and Luce (2006)* revealed that chief executives were satisfied with their work, found their work very meaningful, challenging and rewarding, thereby helping them to accomplish their personal and organizational goals even with longer working hours (about 70 hours per week). Similarly, *Brett and Stroh (2003)* found a higher degree of satisfaction among male and female workers with an average working hours of 60 hours or more per week. *Barnett (1988)* also revealed a positive impact of working long hours and that longer working hours does not necessarily affect work-family conflict but it depends on certain situations and conditions.

2.2. Working Hours and Social support

Social support could be explained as the support coming from different sources i.e., co-workers, supervisor, spouse and family/friends, therefore, longer working hours could affect the management of time and energy to be invested on these sources. An employee seeks different support at work as compared to when with family and friends. *Higgins, Duxbury, and Johnson (2000)* in a study revealed that as compared to full-time work, part-time work was associated with better time management and life satisfaction. Moreover, working part-time leaves more time for an individual for family and maintain family support (*Luk & Shaffer, 2005*). *Voydanoff (2004); Pleck, Staines and Lang (1980)* revealed that longer working hours makes it difficult to take out time to meet non-work responsibilities, thereby affecting the support from family and friends. Moreover, *Nahum-Shani and Bamberger (2009)* found a negative and significant relationship between work hours and emotional support from family and non-work friends. Therefore, social support is affected to some extent by the number of hours a person spends at work.

However, more time spent at work could also benefit the employees to improve their organizational support, for example, *Hochschild (1997)* revealed that with longer work hours employees tend to associate more with workplace support. Workplace social support in turn helps to improve psychological well-being *(House 1981)*. *Powell and Foley (1998)* explain that longer working hours leads to increase in the frequency and intensity of workplace social relationships. *Nahum-Shani and Bamberger (2009)* found a positive and significant relationship of work hours with co-worker support.

Thus, the literature shows the relationship and impact of working hours on work family conflict and social support to be inconsistent; therefore, the need for such a study arises in order to address the issue further.

2.3 Purpose of the Study

The purpose of this study was to investigate the relationship and impact of working hours on work-family conflict and social support. The rationale for focusing on the these constructs lies in the fact that organizations can understand the consequences of longer working hours on work-family conflict and social support, thereby, actively engaging in activities aimed at managing and reducing the negative effects of long working hours and providing a strong and supportive social network to its employees, hence, reducing work-family conflict.

2.4 Objectives of the Study

1) To study the relationship between Working Hours and Work-Family Conflict among doctors.
2) To study the relationship between Working Hours and Social Support among doctors.
3) To study the impact of working hours on Work-Family Conflict among doctors.
4) To study the impact of working hours on Social Support among doctors.

2.5 Hypotheses of the Study

- H1: There exists a significant relationship between Working Hours and Work-Family Conflict among Doctors.
- H2: There exists a significant relationship between Working Hours and Social Support among Doctors.
- H3: There exists a significant impact of Working Hours on Work-Family Conflict among Doctors.
- H4: There exists a significant impact of Working Hours on Social Support among Doctors.

3. Method

3.1 Sample and Procedure

The present study is a descriptive research design and uses survey technique. A sample of 75 Doctors was collected through snowball sampling technique from a premier government hospital in Chandigarh. The respondents were contacted personally and were given two self-administered questionnaires (i.e., *Work-Family Conflict Scale and Social*

Support Scale). For the measurement of Working Hours, they were asked to report the number of hours they work per day. The respondents were assured that the information they are providing would be kept strictly confidential and used for research purpose only. After the administration of the questionnaires, scoring was done according to the response options chosen by the respondents and the grand totals on each were obtained for further analysis. Of the total sample (65.3%) were males and (34.7%) females. The age range of the respondents was 23-35 years with mean age of 27 years, (33.3%) doctors were married and (66.7%) unmarried. Majority of the respondents were Junior Resident Doctors (73.3%) followed by Senior Resident Doctors (26.7%).

3.2 Instruments

1. Work-Family Conflict Scale: Work-Family Conflict was assessed by Work-Family Conflict Scale developed by *Kopelman, Greenhaus and Connolly (1983).* It uses eight items to assess the extent of the inter-role conflict that occurs between work and family roles (work-family conflict). Coefficient alpha values of work-family conflict ranged from .78 to .90.

2. Social Support Scale: Social support was assessed by Social support Scale developed by *Caplan et al., (1975*). It includes subscales that describe the support an employee perceives is available from his or her co-workers, supervisor, spouse and family/friends. Social Support Scale is an eight-item scale with coefficient alpha of .80.

4.   Results

For the analysis, Pearson's Product Moment coefficient of correlation and Regression were computed.

4.1 Relationship between Working Hours and Work-Family Conflict

H1: There exists a significant relationship between Working Hours and Work-Family Conflict among Doctors.

Table 2: Pearson's Product Moment Coefficient of Correlation between Working Hours and Work-Family Conflict

Variables	N	'r'	Sig.(2-tailed)
Working Hours	75	.341**	.003
Work Family Conflict	75		

** Significant at 0.01 level

Results in Table 1 shows Pearson's Product Moment Coefficient of Correlation between working hours and work-family conflict, which reveals that the correlation (.341) was found to be significant at 0.01 level of confidence. Thus, it implies that there exists a positive and significant relationship between Working Hours and Work-Family Conflict among Doctors i.e., more the number of working hours, higher would be the work-family conflict and vice versa. Therefore, hypothesis 1 was retained.

4.2 Relationship between Working Hours and Social Support

H2: There exists a significant relationship between Working Hours and Social Support among Doctors.

Table 2: Pearson's Product Moment Coefficient of Correlation between Working Hours and Social Support

Variables	N	'r'	Sig. (2-tailed)
Working Hours	75	-.260*	.024
Social Support	75		

* Significant at 0.05 level

Results in Table 2 shows Pearson's Product Moment Coefficient of Correlation between working hours and Social Support, which reveals that the correlation (-.260) was found significant at 0.05 level of confidence. Thus, it implies that there exists a negative and significant relationship between Working Hours and Social Support among Doctors i.e., more the number of working hours, lower would be the social support and vice versa. Therefore, hypothesis 2 was retained.

4.3 Impact of Working Hours on Work-Family Conflict

H3: There exists a significant impact of Working Hours on Work-Family Conflict among Doctors.

Table 3: Impact of Working Hours on Work-Family Conflict

Regression Model				
R	R Square	Adjusted R Square	F	Sig.
.341	.116	.104	9.625**	.003

**Significant at 0.01 level

Results in Table 3 show R Square i.e., 0.116 and (p<0.01) which indicates that 11.6% of the variance in Work Family Conflict could be explained by Working Hours. Thus, the regression model predicts the dependent variable significantly well. Here, $p < 0.01$, implies that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data). Therefore, Hypothesis 3 was retained.

4.4 Impact of Working Hours on Social Support

H4: There exists a significant impact of Working Hours on Social Support among Doctors.

Table 4: Impact Of Working Hours on Social Support

Regression Model				
R	R Square	Adjusted R Square	F	Sig.
.260	.068	.055	5.293*	.024

*Significant at 0.05 level

Results in Table 4 show R Square i.e., 0.068 and (p<0.05) which indicates that only 6.8% of the variance in Social Support could be explained by Working Hours. Thus, the regression model predicts the dependent variable significantly. Here, $p<0.05$, implies that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data). Therefore, Hypothesis 4 was retained.

Paper ID: ART20161923

5. Discussion

The study aimed at evaluating the relationship and impact of working hours on work family conflict and social support among 75 doctors of a premier medical institute in Chandigarh, using 2 questionnaires i.e., Work-Family Conflict and Social Support. For working hours the respondents were asked to report the number of working hour per day. The average number of working hours per day came out to be 12. The scoring was done for the scales and grand totals for work-family conflict and social support were obtained. Correlations and regressions were computed. Four hypotheses were laid down for this purpose. Hypothesis 1 i.e., *There exists a significant relationship between Working Hours and Work-Family Conflict among Doctors* was retained. Coefficient of Correlation 0.341 was significant at 0.01 level of confidence, which implies that there exists a positive and significant relationship between Working Hours and Work-Family Conflict i.e., more the number of working hours, more would be the Work-Family Conflict and vice versa. The results obtained could be further validated by similar studies done in the past, for example, *Judge Boudreau and Brets (1994), Frone et al. (1997), Sabil and Marican (2011)* and *Adkins and Premeaux (2012)* revealed that there exists a positive and significant relationship between hours of working and Work-Family Conflict i.e., working longer hours greatly influence work-family conflict. Moreover, *Moen and Yu (2000)* also found a relationship between long working hours and the difficulty in balancing work and personal life. Hypothesis 2 i.e., *There exists a significant relationship between Working Hours and Social Support among Doctors* was retained. Coefficient of Correlation -0.260 was significant at 0.05 level of confidence, which implies that there exists a negative and significant relationship between Working Hours and Social support i.e., more the number of working hours, lower would be the social support and vice versa. The results could be supported by the findings by *Nahum-Shani and Bamberger (2009)* i.e., they also found a negative and significant relationship between work hours and emotional support from family and non-work friends. *Hypothesis 3 i.e., There is a significant impact of Working Hours on Work-Family Conflict among Doctors* was retained. The results revealed that 11.6% of the variance in the work family conflict could be explained by working hours. Therefore, there exists a significant impact of Working Hours on Work-Family Conflict ($p<0.01$). The results could be validated by the findings of *Alam, Biswas and Hassan (2009)* and *Sabil and Marican (2011)* i.e., longer working hours significantly impacts work-family conflict. *Hypothesis 4 i.e., There is a significant impact of Working Hours on Social Support among Doctors* was retained. The results revealed that only 6.8% of the variance in the social support could be explained by working hours. Therefore, there exists a significant impact of Working Hours on Social Support ($p<0.05$).

6. Conclusion

The findings reveal that working hours have a positive and significant relationship with work-family conflict i.e., more working hours means more work family conflict. Also, there exists a negative and significant relationship between working hours and social support. Studies also suggest that in the long run, working longer hours leads to severe health problems, further affecting personal and social relationships. Therefore, managing working hours can help in minimizing work-family conflict i.e., managing work and family responsibilities and duties more effectively and efficiently, and this in turn would help in improving support from supervisors, co-workers and family members, thereby, improving the health, well-being and performance of the employees.

7. Limitations and Recommendations

The present research study has following limitations i.e. sample size is small and is selected from only one hospital of Chandigarh. Only the relationship and impact of working hours on work-family conflict and social support was studied. Therefore, it is recommended that for further research, other variables affecting and mediating the relationship between working hours, work-family conflict and social support could also be studied. Moreover, larger sample could be selected from same hospital or different hospitals. Also, a comparative study of employees from different occupations could be conducted.

8. Implications of the Study

The findings of the study show working longer hours lead to higher work-family conflict and lower social support i.e., work hours significantly contribute to work-family conflict and social support. Reduced work-family conflict and a strong network of social support makes a person more healthy, satisfied, happy, responsible, disciplined, adaptable, flexible and less destructive, thereby leading to better performance. Therefore, for reducing the work-family conflict and improving social support, the hospital administration should provide the doctors with facilities like, provision of family-friendly policies and programs, health benefits, child-care and elder-care facilities, flexible and shorter working hours, supportive environment, open communication, constructive feedback etc. to help them cope with the demands of the job and life in a better way. However, the management could also help the employees to accept the longer working hours as a demand of the job and motivate them by providing better remuneration and supportive work environment. Moreover, training and workshops on time and stress management, teamwork, interpersonal relationships etc. could also help them to balance their work and family life better and improve their overall performance.

References

[1] Adkins, C. L. and Premeaux, S. F. (2012). Spending time: The impact of hours worked on work–family conflict. *Journal of Vocational Behavior, 80,* 380-389.

[2] Alam, M. S., Biswas, K. and Hassan, K. (2009). A Test of Association between Working Hour and Work Family Conflict: A Glimpse on Dhaka's Female White Collar Professionals. *International Journal of Business and Management, 4(5), 27-35.*

[3] Amstad, F. T., Meier, L. L., Fasel, U., Elfering, A., & Semmer, N. K. (2011). A meta-analysis of work–family conflict and various outcomes with a special emphasis on cross-domain versus matching-domain relations. *Journal of Occupational Health Psychology, 16*(2), 151-169. doi: 10.1037/a0022170

[4] Barnett, R. C. (1988). Towards a review and reconceptualization of the work/family literature. *Genetic, Social & General Psychology Monographs, 124*(2), 125.

[5] Brett, J. M., & Stroh, L. K. (2003). Working 61 plus hours a week: Why do managers do it? *Journal of Applied Psychology, 88*(1), 67-78.

[6] Burke, R. J., Weir, T., & DuWors, R. E. (1980b). Work demands on administrators and spouse well-being. *Human Relations, 33,* 253–278.

[7] Byron, D. (2005). A meta-analytic review of work–family conflict and its antecedents. *Journal of Vocational Behavior, 67*, 169–198.

[8] Caplan, R. D., S. Cobb, S., French, J.R.P., Harrison R.Y. and Pinneau, S. R. (1975). *Job Demands and Worker Health.* U.S. Department of Health, Education and Welfare. HEW Publication No. (N10SH), 75 - 160.

[9] Frone, M. R., Russell, M., & Cooper, C. L. (1997). Relation of work-family conflict to health outcomes: A four-year longitudinal study of employed parents. *Journal of Occupational and Organizational Psychology, 70,* 325-335.

[10] Frone, M. R., Yardley, J. K., & Markel, K. (1997). Developing and testing an integrative model of the work-family interface [Special Issue]. *Journal of Vocational Behavior, 50,* 145- 167.

[11] Gottlieb, B. H. (2000). Selecting and planning support in- terventions. In S. Cohen, L. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and interventions: A guide for health and social scientists* (pp. 195–220). New York: Oxford University Press.

[12] Greenhaus, J., & Beutell, N. (1985). Sources of conflict between work and family roles. *Academy of Management Review, 10*, 76-88.

[13] Greenhaus, J. H., & Powell, G. N. (2006). When work and family are allies: A theory of work-family enrichment. *Academy of Management Review, 31*, 72-92.

[14] Hewlett, S. A., & Luce, C. B. (2006). Extreme jobs: The dangerous allure of the 70-hour workweek. *Harvard Business Review,* December.

[15] Higgins, C., Duxbury, L., & Johnson, K. L. (2000). Part–time work for women: Does it really help balance? *Human Resource Management, 39*(1), 17–32.

[16] Hochschild, A. R. (1997). The Time Bind: When Work Becomes Home and Home Becomes Work. New York: Henry Holt.

[17] House, J. S. (1981). Work Stress and social support. Addison-Wesley.

[18] Judge, T. A., Boudreau, J. W., & Bretz, R.D. (1994). Job and life attitudes of male executives. *Journal of Applied Psychology, 79,* 767-782.

[19] Kopelman, R. E., Greenhaus, J. H., & Connolly, T. F. (1983). A Model of Work, Family, and Interrole Conflict: A Construct Validation Study. *Organizational, Behavior, and Human Performance, 32*, 198-215.

[20] Lu, L., Kao, S-F., Chang, T-T., Wu, H-P. & Cooper, C. L. (2008). Work/Family Demands, Work Flexibility, Work/ Family Conflict, and Their Consequences at Work: A National Probability Sample in Taiwan. *International Journal of Stress Management, 15*(1), 1-21.

[21] Luk, D. M., & Shaffer, M. A. (2005). Work and family domain stressors and support: Direct and indirect influences on work–family conflict. *Journal of Occupational and Organizational Psychology, 78*, 489–508.

[22] Milliken, F. J., & Dunn-Jensen, L. M. (2005). The changing time demands of managerial and professional work: Implications for managing the work-life boundary. In E. E. Kossek & S. J. Lambert (Eds.) Work and Life Integration: Organizational, Cultural, and Individual Perspectives (pp. 43-60). New Jersey: Lawrence Erlbaum Associates.

[23] Moen, P., & Yu, Y. (2000). Effective work/life strategies: Working couples, work conditions, gender and life quality. *Social Problems, 47*, 291-326.

[24] Nahum-Shani, I. and Bamberger, P. A. (2010). Work Hours, Retirement and Supportive Relations among Older Adults. *Journal of Organizational Behavoir, 30*(1), 1-25.

[25] Netemeyer, R. G., Boles, J. S. & McMurrian, R. (1996). Development and validation of work- family conflict and family-work conflict scales. *Journal of Applied Psychology, 81,* 400- 410.

[26] Ng, T. W. H., & Feldman, D. C. (2008). Long work hours: A social identity perspective on meta analysis data. Journal of Organizational Behavior, 29(7), 853-880.

[27] Piotrkowski, C. S. (1979). Work and the family System: A Naturalistic Study of Working-Class and Lower Middle-Class Families. New York: Free Press.

[28] Pleck, J.H., Staines, G. L., Lang, L. (1980). Conflicts between work and family. *Monthly Labor Review, 103*, 29–32.

[29] Powell, G. N., Foley, S. (1998). Something to talk about: Romantic Relationships in organizational settings. *Journal of Management, 24*, 421–448.

[30] Sabil, S. & Marican, S. (2011). Working Hours, Work-family Conflict and Work-family Enrichment Among Professional Women: A Malaysian Case. International Conference on Social Science and Humanity IPEDR, 5, IACSIT Press, Singapore

[31] Shumaker, S. A. and Brownell, A. (1984). Toward a Theory of Social Support: Closing Conceptual Gaps. *Journal of Social Issues, 40*(4), 11-36.

[32] Sparks, K., Cooper, C., Fried, Y., & Shirom, A. (1997). The effects of hours of work on health: A meta-analytic review. *Journal of Occupational and Organizational Psychology, 70*, 391-408.

[33] The National Cancer Institute's Dictionary of Cancer Terms. Social Support. www.cancer.gov

[34] Voydanoff, P. (2004). Implications of work and community demands and resources for work-to-family conflict and facilitation. *Journal of Occupational Health Psychology, 9*(4), 275-85.

Author Profile

Hina Juneja, Research Scholar, University Business School, Panjab University, Chandigarh, India

Meenakshi Malhotra, Professor, University Business School, Panjab University, Chandigarh, India.