

An Empirical Study on Family Related Issues in Health Sector

G.D.V. Kusuma¹, B. Vijaya Lakshmi² & B. Ravi Kumar³

¹Research Scholar, Rayalaseema University – Kurnool, India

²Dept. of Business Management Sri Padmavati Mahila Visvavidyalayam, (Womens' University), India

³Dept. of MBA, Amrita Sai Institute of Science and Technology, India

Correspondence: B. Ravi Kumar, Dept. of MBA, Amrita Sai Institute of Science and Technology, India

To cite this article: Kusuma, G., Lakshmi, B. V., & Kumar, B. R. (2018). An Empirical Study on Family Related Issues in Health Sector. *International Journal of Marketing Research Innovation*, 2(2), 1-14. Retrieved from <http://www.cribfb.com/journal/index.php/ijmri/article/view/107>

Received: May 12, 2018

Accepted: May 23, 2018

Online Published: June 2, 2018

Abstract

This study "Women in Profession" is conducted on the basis of my observation and interaction with working women, especially professional women and the realization of the fact that they are passing through strenuous period of adjustment between work at home and profession. In order to get to the root of the problem it seemed necessary to study women in their social relations at work and to discover the processes whereby their social relations have changed over time. The present study is an attempt to depict the family related issues in selected hospitals.

Keywords: Family Related Issues, Hospitals, Satisfaction, Women.

INTRODUCTION

The major problems for working wives arise out of the dual responsibilities of the working women- house work and the factory work. Even though the employment of women is accepted,

most of her in-laws and majority of the husbands have not accepted the changing life pattern. They are not prepared to share the responsibilities of the household and of looking after children. These duties are still considered to be exclusive of the wife. It is a common sight that the women get up early in the morning, prepare breakfast, cooks the lunch, cleaning, fetching water and goes to work. In the evening when the women employee returns the house job is waiting for her. The women employee prepares tea and serves the husband and children attend pending work and prepare dinner. If it is a joint family the mother-in-law or the sister-in-laws feel that they work for the whole day in house when the women employee is in the working place. Now it is her turn to work. If the women employee is with her husband or children, they feel that the women employee is not doing enough work for the house. They feel the women employee is not earning for them or the women employee is not obliging them by working that they also work a lot. At times her share of work is kept apart. Sometimes they remark that the women employee has a change to go out in the name of work, while the other sisters-in-laws is totally confined to home. They are jealous of her freedom and the status the women employee enjoys. Even derogatory stories are fabricated to hurt her. If the husband is sensible and sympathetic and does share some work to help her he is blamed as a “henpecked” husband. The in-laws do not like his attitude and criticize him also. However, even such husbands are only a few.

PURPOSE OF THE STUDY: The objective of the study is to portray the family related issues in the selected hospitals.

RESULTS AND DISCUSSION

Satisfaction with contribution at home

The Indian woman, especially the professional woman, who is standing at the cross roads of social evolution, faced with contradictory values, perceptions and expectations needs to be understood as an emerging social reality.

Table 1 Satisfaction with contribution at home

S. No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	06	10.0	03	6.0	14	9.3	07	8.8	30	8.82
2.	Disagree	07	11.7	05	10.0	19	12.7	09	11.3	40	11.76
3.	Neutral	17	28.3	17	34.0	20	13.3	10	12.5	64	18.82
4.	Agree	26	43.3	22	44.0	81	54	35	43.75	164	48.23
5.	Strongly Agree	04	6.7	03	6.0	09	6.0	19	23.75	20	5.88
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table focus about *Satisfaction with contribution at home* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are 8.82%, Disagree are 11.76%, Neutral are 18.82%, Agree are 48.23%, Strongly Agree are 5.88%. In **GEMS** the respondents Strongly Agree are 6.7%, Agree are 43.3%, Neutral are 28.3%, Disagree are 11.7% and Strongly Disagree are 10%. In **KIMS** the respondents Strongly Agree are 6%, Agree are 44%, Neutral are 34%, Disagree are 10%, and Strongly Disagree are 6%. In **RIMS** the respondents Strongly Agree are 6%, Agree are 40.7%, Neutral are 13.3%, Disagree are 54% and strongly Disagree are 9.3%. In **GMR** the respondents Strongly Agree are 5%, Agree are 38.8%, Neutral are 12.5%, Disagree are 43.75% and strongly Disagree are 23.75%.

The demand of the work interfere with the home and family life

A perusal of the literature related with the problem revealed that there is no uniformity in the extent to which woman like to participate in gainful activity. Several explanations have been given as to why some women want to work outside their homes. Firstly, it is taken for granted

that man is the natural bread winner and women usually work only to augment the family income. Secondly, higher "female labour - force - participation - rate", has been observed in low income groups. Thus it is not surprising to note that such factors have given rise to the tendency to explain the cause of women's employment in terms of the economic necessity of the family1

Table 2: The demand of work interference with home and family life

S.No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	4	6.7	2	4.0	10	6.7	4	5.0	20	5.88
2.	Disagree	11	18.3	10	20.0	31	20.7	18	22.5	70	20.5
3.	Neutral	8	13.3	8	16.0	21	14.0	13	16.3	50	14.7
4.	Agree	13	21.7	13	26.0	34	22.7	20	25.0	80	23.52
5.	Strongly Agree	24	40.0	17	34.0	54	36.0	25	31.3	120	35.29
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table designs about *The demand of work interference with home and family life* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are 5.88%, Disagree are 20.5%, Neutral are 14.7%, Agree are 23.52%, Strongly Agree 35.29%. In **GEMS** the respondents Strongly Agree are 40%, Agree are 21.7%, Neutral are 13.3%, Disagree are 18.3% and strongly Disagree are 6.7%. In **KIMS** the respondents Strongly Agree are 34%, Agree with 26%, Neutral are 16%, Disagree are 20%, and Strongly Disagree are 4%. In **RIMS** the respondents Strongly Agree are 36%, Agree are 22.7%, Neutral are 14%, Disagree are 20.7% and Strongly Disagree are 6.7%. In **GMR** the respondents

Strongly Agree are 31.3%, Agree are 25%, Neutral are 16.3%, Disagree are 22.5% and Strongly Disagree are 5%..

Adverse effect on children Education

That married women's participation in "gainful" activities is related to their family life cycle. Married women with large families or those who have young children to take care of, enter the labour market less often. On the whole, it seems, that family situation and age of the last child have little bearing on women's decision to opt for the paid work or withdraw from it. The most important and largest segment of employed women is found in the unorganized sector which employees 94% of women workers.

Table 3: Adverse effect on children

S. No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	0	0	0	0	0	0	0	0	0	0
2.	Disagree	16	26.7	16	32.0	43	28.7	25	31.3	100	29.41
3.	Neutral	09	15.0	09	18.0	26	17.3	16	20.0	60	17.64
4.	Agree	13	21.7	09	18.0	32	21.3	16	20.0	70	20.5
5.	Strongly Agree	22	36.7	16	32.0	49	32.7	23	28.7	110	32.35
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table designs about **Adverse effect on children** shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are nil, Disagree are 29.41%, Neutral are 17.64%, Agree are 20.5%, Strongly Agree are 32.35%. In **GEMS** the respondents Strongly Agree are 36.7%, Agree are 21.7%, Neutral are 15%, Disagree

are 26.7% and Strongly Disagree are nil. In **KIMS** the respondents Strongly Agree are 32%, Agree are 18%, Neutral are 18%, Disagree are 32%, and Strongly Disagree are nil. In **RIMS** the respondents Strongly Agree are 32.7%, Agree are 21.3%, Neutral are 17.3%, Disagree are 28.7% and Strongly Disagree are nil. In **GMR** the respondents are Strongly Agree are 28.7%, Agree are 20%, Neutral are 20%, Disagree are 31.3% and Strongly Disagree are nil.

The employee can easily balance work and family life

The first is termed the “work life-home life dimension”, or the interface between the nurse’s work and home life. Since nurses are primarily female, this dimension reflects the role of mother (child care), daughter (elderly parent care), and spouse (family needs, available energy). The work design dimension is the composition of nursing work, and describes the actual work nurses perform. The work context dimension includes the practice settings in which nurses’ work and explores the impact of the work environment on both nurse and patient systems. Finally, the work world dimension is defined as the effect of broad social influences and change on the practice of nursing.

Table 4: The employee can easily balance work and family life

S.No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	8	13.33	0	0	18	12	8	10	34	10
2.	Disagree	7	11.67	10	20	10	6.67	12	15	39	11.47
3.	Neutral	10	16.67	5	10	16	10.67	8	10	39	11.47
4.	Agree	25	41.67	23	46	89	59.33	36	45	173	50.88
5.	Strongly Agree	10	16.67	12	24	17	11.33	16	20	55	16.178
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table designs about *The employee can easily balance work and family life* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are 10%, Disagree are 11.47%, Neutral are 11.47%, Agree are 50.88%, Strongly Agree are 16.17%. In **GEMS** the respondents Strongly Agree are 16.67%, Agree are 41.67%, Neutral are 16.67%, Disagree are 11.67% and Strongly Disagree are 13.33%. In **KIMS** the respondents Strongly Agree are 24%, Agree are 46%, Neutral are 10%, Disagree are 20%, and Strongly Disagree are nil. In **RIMS** the respondents Strongly Agree are 11.33%, Agree are 59.33%, Neutral are 10.67%, Disagree are 6.67% and Strongly Disagree are 12%. In **GMR** the respondents Strongly Agree are 20%, Agree are 45%, Neutral are 10%, Disagree are 15% and Strongly Disagree are 10%.

Behavioral Problems on Children

Children are affected on the more problem of the working professional women. The children has to face psychological problems related to the depression, education is also low. The five high involvement variables (i.e. power to make decision and act autonomously, information provision, rewards, knowledge of the job and team working) were found to be negatively correlated to work life imbalance. It was also found that increasing the availability of work life balance policies for employees did not improve the relationships when pressure to work longer hours was higher, and employees felt greater work life imbalance. Long working hours, working non-day schedules or at weekends and having to work overtime at short notice ('unpredictable work hours') showed an aggravating effect on conflict, with long and unsocial hours being more strongly related to time based conflict than to strain based conflict. Strain-based work demands were also found to be instrumental in the creation of conflict. The more people felt that they have to work hard in their jobs ('work pressure'), the higher was their perceived level of conflict. It was also found that a high degree of control over how one's daily work is organised ('job autonomy') helped people to better co-ordinate the time demands of their work and family roles, though such an effect was found only for women. Further, a higher level of job skill was found to increase women's and men's feeling that their job prevented them from giving more time to their partners and families (time based conflict), and was also related to strain based conflict, i.e., the feeling that one is often too tired after work to engage in non-work activities.

Table 5 : Behavioral problems on children

S.No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	02	3.3	02	4.0	04	2.7	02	2.5	10	2.94
2.	Disagree	11	18.3	13	26.0	34	22.7	22	27.5	80	23.52
3.	Neutral	09	15.0	07	14.0	23	15.3	11	13.8	50	14.7
4.	Agree	16	26.7	12	24.0	41	27.3	21	26.3	90	26.47
5.	Strongly Agree	22	36.7	16	32.0	48	32.0	24	30.0	110	32.35
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table designs about *Behavioral problems on children* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are 2.94%, Disagree are 23.52%, Neutral are 14.7%, Agree are 26.47%, Strongly Agree are 32.35%. In **GEMS** the respondents Strongly Agree are 36.7%, Agree are 26.7%, Neutral are 15%, Disagree are 18.3% and Strongly Disagree are 3.3%. In **KIMS** the respondents Strongly Agree are 32%, Agree are 24%, Neutral are 14%, Disagree are 26%, and Strongly Disagree are 4%. In **RIMS**, the respondents Strongly Agree are 32%, Agree are 27.3%, Neutral are 15.3%, Disagree are 22.7% and Strongly Disagree are 2.7%. In **GMR** the respondents Strongly Agree are 30%, Agree are 26.3%, Neutral are 13.8%, Disagree are 27.5% and Strongly Disagree are 2.5%.

In this hospital it is very hard to leave during work day to take care of personal or family members

The impact of five antecedent sets of work and family domain variables on three types of work-family conflict (job-spouse, job-parent and job-homemaker) and the impact of these types of

work family conflict on well being and work outcome measures. Antecedents studied included life role salience, family stressors (parental demands, responsibility for household chores, lack of spouse support), work stressors (task variety, task complexity, task autonomy, role conflict, role overload, role ambiguity) and work schedule stressors (hours worked per week, work schedule inflexibility). Results indicated that married professional women in the study experienced moderate amounts of each type of work-family conflict. It was found that number of hours worked per week rather than work schedule flexibility affects work family conflict. Role stressors explained the most variance in job spouse and job homemaker conflicts while task characteristics explained the most variance in job parent conflict. Task autonomy emerged as a negative and significant predictor of all three types of conflict. Task variety was positively and significantly related to job parent and job-homemaker conflicts.

Table 6: In this hospital it is very hard to leave during work day to take care of personal or family matters

S.No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	02	3.3	01	2.0	05	3.3	02	2.5	10	2.94
2.	Disagree	07	11.7	08	16.0	21	14.0	14	17.5	50	14.7
3.	Neutral	08	13.3	08	16.0	22	14.7	12	15.0	50	14.7
4.	Agree	21	35.0	17	34.0	54	36.0	28	35.0	120	35.29
5.	Strongly Agree	22	36.7	16	32.0	48	32.0	24	30.0	110	32.35
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table demonstrates about *In this hospital it is very hard to leave during work day to take care of personal or family matters* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR .In the four hospitals strongly Disagree are 2.94%, Disagree are 14.7%,

Neutral are 14.7%, Agree are 35.29%, Strongly Agree are 32.35%. In **GEMS** the respondents Strongly Agree are 36.7%, Agree are 35%, Neutral are 13.3%, Disagree are 11.7% and Strongly Disagree are 3.3%. In **KIMS** the respondents Strongly Agree are 32%, Agree are 34%, Neutral are 16%, Disagree are 16%, and Strongly Disagree are 2%. In **RIMS** the respondents Strongly Agree are 32%, Agree are 36%, Neutral are 14.7%, Disagree are 14% and Strongly Disagree are 3.3%. In **GMR** the respondents Strongly Agree are 30%, Agree are 35%, Neutral are 15%, Disagree are 17.5% and Strongly Disagree are 2.5%.

Hindrance of domestic responsibilities at career

In addition to the above described burden on the women, the dual role also demands of her two different sets of values. Difficulties arise because often these two roles make a simultaneous demand on the person whose physical capacity, energy, endurance and time have definite limits. Often the fulfilment of these two roles requires qualities of different and diverse kinds- one requiring cooperation and self-negation and other calling her competitions and self – enhancement. Women’s business functions require such qualities as efficiency, courage, determination, intelligence, sense of reality, responsibility and independence. In the professional sphere they are expected to act in ‘business like’ manner to be straight forward and non-sentimental. In addition to these characteristic and partly in conflict with them, women who is a wife also expected to be sweet and soft, sensitive and adaptable, gentle, unassertive, good humoured, domesticated, yielding and in most cases, not too intelligent.

Table 7: Hindrance of domestic responsibilities at career

S.No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	04	6.7	02	4.0	10	6.7	04	5.0	20	5.88
2.	Disagree	12	20.0	13	26.0	35	23.3	20	25.0	80	23.52
3.	Neutral	06	10.0	03	6.0	15	10.0	06	7.5	30	8.82
4.	Agree	16	26.7	16	32.0	42	28.0	26	32.5	100	29.41
5.	Strongly Agree	22	36.7	16	32.0	48	32.0	24	30.0	110	32.35
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table presents about *Hindrance of domestic responsibilities at career* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are 5.88%, Disagree are 23.52%, Neutral are 8.82%, Agree are 29.41%, Strongly Agree are 32.35%. In **GEMS** the respondents Strongly Agree are 36.7%, Agree are 26.7%, Neutral are 10%, Disagree are 20% and Strongly Disagree are 6.7%. In **KIMS** the respondents Strongly Agree are 32%, Agree are 32%, Neutral are 6%, Disagree are 26%, and Strongly Disagree are 4%. In **RIMS** the respondents Strongly Agree are 32%, Agree are 28%, Neutral are 10%, Disagree are 23.3% and Strongly Disagree are 6.7%. In **GMR** the respondents Strongly Agree are 30%, Agree are 32.5%, Neutral are 7.5%, Disagree are 25% and Strongly Disagree are 5%.

8 The employee work schedule make it difficult for them to fulfill their domestic obligation.

The condition of working women in India as well as in the entire world in general is considered to be very distressing. Working women in general are subject to discrimination at various levels. The problems and difficulties of working women are multi-dimensional, varying from woman to woman at personal level, and section to section at general level and hence need to be analyzed in depth.¹³ There are very serious problems of wages, employment, income and standard of living and sexual harassment among working women. They are not able to get any advantage of social security schemes. Due to their ignorance and illiteracy they are not benefited from present welfare schemes.

Table 8: The work schedule make it difficult for the employee to fulfill the domestic obligation

S.No.	Opinion	Public				Private				Total	
		GEMS		KIMS		RIMS		GMR			
		F	%	F	%	F	%	F	%	F	%
1.	Strongly Disagree	0	0	0	0	0	0	0	0	0	0
2.	Disagree	07	11.7	08	16.0	22	14.7	13	16.3	50	14.7
3.	Neutral	07	11.7	06	12.0	18	12.0	09	11.3	40	11.76
4.	Agree	24	40.0	20	40.0	62	41.3	34	42.5	140	41.17
5.	Strongly Agree	22	36.7	16	32.0	48	32.0	24	30.0	110	32.35
	Total	60	100	50	100	150	100	80	100	340	100

From the above Table presents about *The work schedule make it difficult for the employee to fulfil the domestic obligation* shown the results of four hospitals are GEMS, KIMS, RIMS, GMR. In the four hospitals strongly Disagree are nil, Disagree are 14.7%, Neutral are 11.76%, Agree are 41.17%, Strongly Agree are 32.35%. In **GEMS** the respondents Strongly Agree are 36.7%, Agree are 40%, Neutral are 11.7%, Disagree are 11.7% and Strongly Disagree are nil. In **KIMS** the respondents Strongly Agree are 32%, Agree with 40%, Neutral are 12%, Disagree are 16%, and Strongly Disagree are nil. In **RIMS** the respondents Strongly Agree are 32%, Agree with 41.3%, Neutral are 12%, Disagree are 14.7% and Strongly Disagree are nil. In **GMR** the respondents Strongly Agree are 30%, Agree are 42.5%, Neutral are 11.3%, Disagree are 16.3% and Strongly Disagree are nil.

FINDINGS OF THE STUDY

1. 50% of the respondents gets satisfaction with contribution at home in GEMS, 50% of the respondents gets satisfaction with contribution at home in KIMS, 60% of the respondents gets satisfaction with contribution at home in RIMS, and 67.5% of the respondents gets satisfaction with contribution at home in GMR.
2. 61.7% of the respondents says that they have demand of work interference with home and family life in GEMS, 60% of the respondents have demand of work interference with home and family life in KIMS, 58.7% of the respondents have demand of work interference with home and family life in RIMS, and 56.3% of the respondents have demand of work interference with home and family life in GMR.
3. 58.4% of the respondents says that they have adverse effect on children in GEMS, 50% of the respondents says that they have adverse effect on children in KIMS, 54% of the respondents says that they have adverse effect on children in RIMS, and 48.7% of the respondents says that they have adverse effect on children in GMR.
4. 57.34% of the respondents can easily balance work and family life in GEMS, 80% of the respondents can easily balance work and family life in KIMS, 70.66% of the respondents can easily balance work and family life in RIMS, and 65% of the respondents can easily balance work and family life in GMR.

5. 63.4% of the respondents have behavior problems on children in GEMS, 56% of the respondents have behavior problems on children in KIMS, 59.3% of the respondents have behavior problems on children in GEMS, and 56.3% of the respondents have behavior problems on children in GMR.
6. 71.7% of the respondents are very hard to leave during work day to take care of personal or family matters in GEMS, 66% of the respondents are very hard to leave during work day to take care of personal or family matters in KIMS, 68% of the respondents are very hard to leave during work day to take care of personal or family matters in RIMS, 65% of the respondents are very hard to leave during work day to take care of personal or family matters in GMR.
7. 62.4% of the respondents have hindrance of domestic responsibilities at career in GEMS, 64% of the respondents have hindrance of domestic responsibilities at career in KIMS, 60% of the respondents have hindrance of domestic responsibilities at career in RIMS, and 62.5% of the respondents have hindrance of domestic responsibilities at career in GMR.
8. 66.7% of the respondents have the work schedule make it difficult for the employee to fulfill the domestic obligation in GEMS, 62% of the respondents have the work schedule make it difficult for the employee to fulfill the domestic obligation in KIMS, 73.3% of the respondents have the work schedule make it difficult for the employee to fulfill the domestic obligation in RIMS, 72.5% of the respondents have the work schedule make it difficult for the employee to fulfill the domestic obligation in GMR.

REFERENCES

1. McDaniel SH, Campbell TL, Hepworth J, Lorenz A. A manual of family-oriented primary care. 2nd ed. New York: Springer; 2005. [Google Scholar](#)
2. World Health Organization. Statistical indices of family health (Rep. No. 589). New York; 1976. [Google Scholar](#)
3. Doherty WA, Campbell TL. Families and health. Beverly Hills: Sage; 1988. [Google Scholar](#)
4. Chesla CA. Do family interventions improve health. J Fam Nurs. 2010;16(4):355–77. [CrossRefPubMedGoogle Scholar](#)

5.Campbell TL, Patterson JM. The effectiveness of family interventions in the treatment of physical illness. J Marital Fam Ther. 1995;21(4):545–83.[CrossRefGoogle Scholar](#)

6.Fiore MC. A clinical practice guideline for treating tobacco use and dependence: a US Public Health Service report. JAMA. 2000;283(24):3250–4.[Google Scholar](#)

7.Doherty WJ, Baird MA. Family therapy and family medicine: toward the primary care of families. New York: Guilford; 1983.[Google Scholar](#)

8.Christie-Seeley J. Working with families in primary care: a systems approach. Santa Barbara: Praeger; 1984.

COPYRIGHTS

Copyright for this article is retained by the author(s), with first publication rights granted to the journal. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>)