A COMPARATIVE ANALYSIS OF WORK-LIFE BALANCE PRACTICES AMONG HEALTH PRACTITIONERS IN MALAWI: A CASE STUDY OF HEALTH WORKERS IN PRIVATE, CHRISTIAN HEALTH ASSOCIATION OF MALAWI AND GOVERNMENT FACILITIES IN MZIMBA DISTRICT

M.A. IN HUMAN RESOURCES AND INDUSTRIAL RELATIONS THESIS

By

ORPHAN MAPOPA CHIRWA
BA (HRM)-University of Malawi

Submitted to the Department of Political and Administrative Studies, Faculty of Social Science in partial fulfilment of the requirements for the degree of Master of Arts in Human Resource Management and Industrial Relations

UNIVERSITY OF MALAWI
CHANCELLOR COLLEGE

NOVEMBER, 2016

DECLARATION

I declare that this thesis entitled **"A comparative analysis of work-life balance practices among health practitioners in Malawi: A case study of health workers in private and government facilities in Mzimba district** "is my own original work which has not been submitted to any other institution for similar purposes. Where other people's work has been used, due acknowledgements have been made.

ORPHAN MAPOPA CHIRWA

_____

Full Legal Name

_____

Signature

_____

Date

CERTIFICATE OF APPROVAL

The undersigned certify that this thesis represents the student's own work and effort and has been submitted with his approval

Signature:_____Date:_____

L.B. Dzimbiri, PhD (Professor of Political Science)

MAIN SUPERVISOR

DEDICATION

I dedicate this paper to my Wife Zione, my Mum and Dad and my two children Fredrick and Shalom Chirwa for their continued encouragement throughout the period of study.

ACKNOWLEDGEMENT

I am highly indebted to my supervisor, Professor Lewis B. Dzimbiri for his professional and distinguished guidance throughout the writing of this thesis. At times his comments frustrated me but I later realized it is that which has shaped my paper to what it is today. Without his support, I couldn't have reached this far. I am also very grateful to participants in all the health facilities that I visited in Mzimba district for their willingness to provide the much needed information for this study. I again wish to sincerely thank Mr. S.P.D.C. Moyo, my brother-in-law for the moral and material support when I started my academic journey, how I wish you understood how much you mean. And to all my classmates, your encouragement made the tedious work easy, I could not ask for a better class than that.

ABSTRACT

The purpose of this study was to make a comparative analysis of work-life balance practices among health practitioners in the Government, CHAM and private health facilities in Malawi with Mzimba district used as a case study area. The objectives of the study were to analyse the work life balance practices in the health facilities that can improve service delivery, to determine the impact of work-life practices on performance of health institutions, to assess challenges experienced in implementing effective work - life balance practices and to make recommendations on policies that can further improve work-life balance practices of health practitioners in the health institutionsin Malawi. The study was conducted in the government, CHAM and the private health facilities in Mzimba district situated in the Northern Region of Malawi.The study adopted a mixed methods research design and targeted a population of 1500 health practitioners in the government, CHAM and private health facilities in Mzimba district. Convenience sampling was used to select the health facilities to be involved in the study in the district while purposive sampling was used to select a total of 150 respondents from the various health facilities. With the help of the Statistical Package for Social Sciences (SPSS) programme, analysis was done and the results used to get to the conclusion of the study results. Through content analysis, qualitative data collected was analysed in line with the major themes. The data was then presented using frequency tables, bar graphs and pie charts. The findings show that most respondents were of the view that unsatisfactory work-life balance practices affect staff motivation, and leads to poor commitment to work, poor retention, and ultimately to poor performance. The study found that there are unsatisfactory work-life balance practices among health practitioners in Malawi due to various reasons like shortage of staff. In this regard, the study recommends among others to increase staff levels and to create a conducive working environment in health facilities characterized by clear policies on work-life balance practices.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ABBREVIATIONS & ACRONYMS

CHAM	Christian Health Association of Malawi
FIW	Family Interferes with Work
HRM	Human Resource Management
MCM	Medical Council of Malawi
MOH	Ministry of Health
MSCE	Malawi School Certificate of Education
NGO	Non-Governmental Organizations
PHD	Doctor of Philosophy
PSLC	Primary School Leaving Certificate
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
WFC	Work Family Conflict
WHO	World Health Organization
WIF	Work Interferes with Family
WLB	Work Life Balance

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

In the current economic scenario, organizations are hard pressed for higher productivity and need employees with improved work-life balance as an employee with better work-life balance will contribute more meaningfully towards the organizational growth and success (Naithani, 2010). The issue of work-life balance has come to the fore due to multitude of changes in the work place, in employee demographics and in the family sphere. The term "work-life balance" was coined in 1986, although its usage in everyday language was sporadic for a number of years. Interestingly, work-life balance programmes existed as early as the 1930's. Before World War II, the W.K. Kellogg Company created four six hour shifts to replace the traditional three daily eight-hour shifts, and the new shifts resulted in increased employee morale and efficiency (Lockwood, 2003).

This research was aimed at comparing work-life balance practices among health practitioners in Mzimba district in northern Malawi and the impact these practices have on performance of the health institutions. It also looked at challenges associated with implementing work-life balance practices in the government hospitals, CHAM hospitals and private health facilities. Additionally, the study explored the ways that are essential in ensuring and promoting work life balance practices in the health sector in Malawi. This study also hit on the recommendation on policies that can improve work life balance

practices in the health sector in Malawi. This thesis contains the following areas; introduction, background to the study, problem statement, research objectives, purpose and significance of the study. Literature review of the study provided on what others have written on work-life balance among health workers in Malawi and the world over, research methodology has described details of the methods used to conduct the study. Within the methodology section, ethical consideration has been clearly examined and put in place together with the study limitations. The final chapters have tackled study findings and recommendations on policies that can improve work-life balance practices in the health sector in Malawi.

The role of human resource management (HRM) is generally seen in ensuring that firms are able to attract, retain, motivate and develop human resources according to current and future requirements according to Som, 2008. In this study, the impact of work-life balance practices on employees' performance was examined and that was done as a comparative analysis of government facilities, CHAM facilities and the private facilities in Mzimba district. Excellent WLB practices play a significant role in ensuring high performing health institutions.

1.2 Background to the study

In recent years, different scholars have put forward different definitions of the term "work-life balance". Clark (2000: 751) defined work-life balance as "satisfaction and good functioning at work and home, with a minimum of role conflict." In his definition Guest (2002) defined it as a term used to describe the equilibrium between responsibilities at work and responsibilities outside paid work. Having a work-life balance therefore means that this equilibrium is in the right position for the individual concerned. It means ensuring that paid work does not infringe on time needed for other responsibilities.

Poelmans et al (2008: 233) observed that "responsibilities in non-work domains revolve around one's family, social, and spiritual roles." It is about managing one's work commitments with career goals, and other responsibilities at home and the wider

community. Work-life balance and personal life are inter-connected and interdependent. Work life balance and personal life are the two sides of the same coin.

The concept of work-life balance has gained prominence in the recent years due to the changes in the society and the workplace. The stereotype of the male breadwinner is no longer relevant as more and more women are venturing out to work and support the family; (Charlesworth et al, 2002). Perhaps the question worth asking is "why is work-life balance important?" A study that was conducted by Dex and Smith in 2002 in India showed that work-life balance policies and practices in an organisation results into positive effects like increased performance and productivity and contributes to employee's commitment and satisfaction. On the contrary, work-life imbalance led to increased absenteeism, increased employee turnover, reduced productivity and increased managerial stress and damaged family and social relationships. This shows that the aspect of work-life balance needs serious attention if organisations are to get the most out of their employees, hence this researcher has taken that positive step to look into such related areas of work- life balance by doing a comparability analysis.

The above research plus others have provided support for strong relationships between work-life balance and subsequent outcomes. Greenhaus et al (2003) observed that work-life balance consists of three components; time balance which refers to equal time being given to both work and family roles; involvement balance which refers to equal levels of psychological involvement in both work and family roles; and finally, satisfaction balance which refers to equal levels of satisfaction in both work and family. As observed by Poelmans et al (2008), the ability to successfully 'balance' work and non-work roles is commonly thought to produce well-being in individuals. Accordingly, it has been suggested that work–life imbalance increases stress levels and lowers quality of life. Frone (2003) notes that work-to-family conflict can lead to family dissatisfaction and family related absenteeism. Marks and Mac Dermid (1996) found that individuals who reported role balance of all roles within their lives experienced higher self-esteem, role ease, innovativeness, relational strength, parental nurturance and work productivity, and

lower amounts of depression and role-overload. This means that work-life balance is essential to combat stress and ensuring both individual and company success.

The stress associated with unbalanced lifestyles is costly as it can damage productivity and increases individual health risks. Employees who have the tools to balance their professional and personal lives are happier, healthier, and more productive. Tariq (2012) observed that "Work-life balance is a tool that has been adopted by the most successful organisations such as HP, Apple, Microsoft and Shell."

This research is based on empirical evidence. The researcher made use of three main categories of health service providers in Malawi namely the Government, CHAM and Private facilities. The health sector was chosen because not much research has been done there on issues of work-life balance practices yet it is one sector in Malawi that employs more women who according to literature are more affected with work life balance practices because of their roles in the society (Yadav & Dabhade 2013). Emphasis focused on the fact that health workers like all other workers are just employed and are not bought but they have only committed their efforts hence the need for deliberate policies to allow them attend to their private life as well. This is where work-life balance becomes very crucial. This project therefore endeavoured to make a comparative analysis of work-life balance as practiced in the health sector in Malawi in Public, CHAM and Private facilities in Mzimba district in the Northern Region of Malawi and how that has impacted on health practitioners themselves and even on the quality of health services provided.

Private health facilities are those owned and managed by individuals, such personnel must be qualified, assessed and must have undergone theoretical and practical works in the government institutions before they were granted authority and licences to practice on their own (MoH publication 2009). Any private health facility is mandated to comply with all codes of conduct and health work practices, preserve the health sector work related to confidentiality.

Christian Health Association of Malawi (CHAM) is an ecumenical organisation that was established in 1966 with the aim of promoting the healing ministry of Jesus Christ through administrative and technical support to health care services by CHAM member health units across the country, especially in hard to reach areas. It operates on a not-for profit basis and receives a worker's salary subsidy from the government.

The Member Units provide holistic, quality, affordable and accessible gender health services that have preferential treatment for the poor. According to CHAM strategic plan (2010 - 2014), CHAM facilities provide 37% of health service delivery in Malawi at an affordable fee through its network of 175 health facilities. On the other hand, government health facilities are institutions that are run and managed by the government. According to the World Health Organisation (WHO) report (2013), these facilities provide 62% of health care in the country.

It is important to look at the work-life balance of workers in these different institutions because according to Dessler (2005) work life balance ensures that employees are able to balance work responsibilities and family commitment or personal life thereby increasing their productivity and work and personal private life. Nathani and Jha (2009) has grouped factors influencing work and family life spheres into three, namely family and personal life related factors, work related factors and others. Family and personal life related factors include increasing participation of women in workforce, increasing participation of child bearing women in workforce, increasing participation of dual career couples in workforce, increase in single-parent/ single person households, increase in child-care/ elder care burden on employees and health and well-being considerations. Work related factors include long hour culture and unpaid overtime, time squeeze, demand for shorter working hours, increase in part-time workers, work intensification and stress and changing work time. Other factors include ageing population, rise of service sector industries, and technological complexity of work, skill shortages, and loss of social support network, globalisation and demographic shift of workforce.

1.3 Problem statement

Global labour market is becoming highly competitive and companies are outsourcing to reduce the labour costs. As a consequence, the employees feel impelled to put in longer hours to achieve and possibly exceed the employers' expectations in order to secure their jobs. Thus, the 'long hours culture' and '24/7 life style' has come to dominate the lives of highly educated and skilled professionals and managerial personnel.

A few decades earlier, it was widely expected that new technology would shorten the working hours and bring respite and leisure to the work force. But instead of bringing relief and leisure, the developed technology has left the workers, especially professionals, with little time free from paid work. In fact, technology has blurred the line separating office from home and now the employees are expected to be available for office work, even while at home, because of the facilities that Information Technology networking has placed at our disposal. The present global environment has thrown up new challenges where workforce has to coordinate with the western markets that are almost 10 hours behind. Thus, the work has become more taxing and burdensome. These pressures and demands of work reflected both in longer hours, more exhaustion and the growth of evening and weekend work leave little 'quality' time for the family leading to problems like, juvenile crime and drug abuse among the children. Moreover, these work pressures are also having a direct impact on the health of the employees.

In Malawi, health practitioners like medical doctors, medical assistants, nurses, and clinical officers work for long hours more than 8 hours per day in the name of overtime (Oxfam International Report 2008) and in rare cases without due compensation. Those hours pasted on the door are not the actual hours they stay in the wards and offices at the hospital; employees do overtime without pay sometimes especially when there are many patients to be seen. This situation generates a lot of research questions.

This perhaps means that most health practitioners are not aware of the principle of work-life balance in Malawi or either policies are not followed that pave room to promote effective work life balance in the health sector.

The labour laws in Malawi are set out to equip managers with appropriate knowledge; skills and values to enable them treat their employees fairly. This among others includes providing good working conditions and ensuring that there is good quality of work life in the organisations. Section 31(1) of the Malawi constitution gives employees the right to fair labour practices and fair remuneration. The labour law also emphasizes that employees should work a maximum of 8-12 hours, beyond that it is overtime. It also recommends employees to go on different types of leave such as annual leave, sick leave and maternity leave. Overtime should be paid for otherwise it is infringement of the employee's rights (Chilumpha 2004).

The Medical Council of Malawi (MCM), a regulatory body that oversees the works of health workers and code of conduct, in government and private institutions publishes practitioners list yearly in Malawi and in the calendar year of 2014/2015 it showed that there were only 683 Medical Doctors, 1477 Clinical Officers, 1197 Medical Assistants serving the population of about 17 million (Malawi Medical Council Register 2014/2015). A survey conducted in some districts by the Daily Times of 6th February 2015 revealed that only four doctors were serving 100,000 people contrary to WHO recommendation of 20 doctors per 100,000 people (Daily Times, 6 February 2015). This situation leaves one with key questions as to how such health practitioners practise work life balance. For example, "Is work-life balance practised in the health sector in Malawi? Are there deliberate policies which promote effective work-life balance in the health sector? Are the work-life balance practices the same amongst the three main health service providers? What challenges are experienced in effective implementation of work -life balance practices? What are the effects of not practicing work-life balance on the practitioners themselves and indeed on the delivery of health services? What recommendations on policies can further improve work-life balance practices in the health sector?"

The disparities above in the health sector have prompted the researcher to carry out a study by looking at the reality on the ground and making a comparability analysis on work life balance practices of health workers in Mzimba district. The researcher among

others looked at the challenges associated with the implementation of work-life balance practices among health workers and how work-life balance practices of a health worker affect the performance of both a worker and ahealth institution.

1.4 Objectives of the study

The main objective of this study was to make a comparative analysis of work-life balance practices among health practitioners in the Public, CHAM and private facilities in Mzimba district.

1.4.1 Specific objectives of the study

The Specific objectives of the study shall be as follows:

(i) To analyse the work-life balance practices in the government, CHAM and Private health facilities that can improve service delivery.

(ii) To determine the impact of work-life practices on performance of health institutions under government, CHAM and Private.

(iii) To assess challenges experienced in implementing effective work-life balance practices in the government, CHAM and Private health facilities.

(iv) To make recommendations on policies that can further improve work-life balance practices in the government, CHAM and Private health institutions.

1.5 Justification of the study

Health workers play a crucial role in the development of a country. It is therefore imperative that the way in which these individuals balance their work and non-work related lives be an area of academic enquiry. Unfortunately, this area has not received much attention from academicians and researchers in Malawi. Instead, most researchers have concentrated on issues to do with shortage of the health practitioners alone. For example, Adamson Muula, conducted a research in 2006 on "Shortage of health workers in the Malawian public health services system: how do parliamentarians perceive the problem?" The study observed that the quality and quantity of health care services delivered by the Malawi public health system was severely limited, due to, among other things the shortage of adequate numbers of trained health care

workers. Although Muula noted several other factors affecting the quality and quantity of public health service, the issue of work-life balance does not come out. Another notable study is that of Lindsay Mangham (2007)entitled "Crisis in Malawi's Health Sector: Employment preferences of public sector registered nurses" This study examined the employment preferences of public sector registered nurses working in Malawi and identified the range and relative importance of the factors that affect their motivation. Again, several factors that affect motivation of these nurses were advanced, however no attempt was made to check on issues to do with work-life balance and its effects on the delivery of health service. This shows that there is a gap of knowledge that exists on the academic world about the development, utilisation and effects of work life balance/imbalance in health institutions in Malawi. As such, this study proposes to fill those knowledge gaps.

This research will therefore contribute to the academic world by highlighting some of the hidden issues in this dilemma. This as well will help the Malawi health sector to know its progress on the issues of work- life balance hence worthy conducting. This way, Malawi can cultivate a vibrant health system that would satisfy the health needs of her people. In addition, this research was of great importance for the empirical evidences for the private and public sector offices to examine their policies and procedures on implementation, and also for the future researchers. It will also add to the available conceptual literature for further studies.

The study's findings will help to identify the individual, family, and work-related variables related to work-life balance. Thus the study would help the industry practitioners to: (a) understand the work- life balance and its various dimensions;(b) understand the relationship between individual related variables; family related variables; and work life balance and design interventions for enhancing emotional intelligence of working professionals and also design support systems to enable the working professionals to shoulder their family responsibilities, and thus, reduce interference of family life in work; and (c) redesign work related variables such as task variety, task

autonomy and work schedule flexibility so as to improve work life balance of working professionals.

In addition, the study will help in taking stock of the existing programmes for enhancing work-life balance and evolving strategies for strengthening those existing programmes. The industry will be able to formulate policies for recruitment, development and deployment of professionals, thus leading to better talent management and reduction in costs.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed a range of literature and concepts that were deemed to be relevant to the study. The literature review is centred around the core aspects on the definitions of work-life balance, empirical literature on causes and effects of work life imbalance and the importance of work life balance at global and local levels. It further examined the factors that determine the development and implementation of work life balance with reference to the health services delivery. The conceptual frame work was also highlighted.

2.2 The concept of work-life balance

The term work-life balance (WLB) was coined in 1986 in response to the growing concerns by individuals and organizations alike that work can impinge upon the quality of family life and vice-versa, thus giving rise to the concepts of "family-work conflict" (FWC) and "work-family conflict" (WFC). The former is also referred to as work interferes with family" (WIF) while the latter is also known as "family interferes with work" (FIW). In other words, from the scarcity or zero-sum perspective, time devoted to work is construed as time taken away from one's family life. Work/life programs existed in the 1930s. These were policies and procedures established by organizations with the goal to enable employees to efficiently do their jobs and at the same time provide flexibility to handle personal concerns or problems at their family. People entering the workforce today are more likely to turn down promotions if this new job means the employee has to bring more work to home.

Greenhaus (2003) define work-life balance as the "extent to which an individual is equally engaged in and equally satisfied with his or her work role and family role." Work -life balance consists of three components; time balance which refers to equal time being

given to both work and family roles; involvement balance; which refers to equal levels of psychological involvement in both work and family roles and satisfaction balance that refers to equal levels of satisfaction in both work and family roles. Therefore, in order to achieve a work-life balance, these components should be considered. When individuals struggle to maintain and satisfy the demands placed on them by the work and family domains, an imbalance may occur. Some scholars have defined work-life balance as a process of effectively managing the juggling act between paid work and the other activities that are important to people.

In Malawi, there have been attempts to balance work and family life among the working class. Section 31 :(1) of the Malawi Constitution provides for the right to fair and safe labour practices and fair remuneration. This section compels organisations to put in place labour practices that would help their workers balance up their work and private family matters. Section 36 of the Malawi Employment Act (2000) regulates working time by setting the maximum allowable normal working hours and limiting the amount of overtime that an employee can work. This is a good attempt by the law of creating a balance between employees work and family life so that the other hours should be used by the workers to attend to their private life. Armstrong (2009) argues that work-life balance employment practices are concerned with providing scope for employees to balance what they do at work with the responsibilities and interests they have outside work and so reconcile the competition claims of work and home, by meeting their own needs as well as those of the employers. In essence, the concept of work-life balance is about employees achieving a satisfactory equilibrium between work and non-work activities like parental responsibilities and wider caring duties.

Work- life balance: Theories

Several theories have been propounded to explain the work family linkage. These include Segmentation, Compensation, Spillover and the Border theory. The earliest view of the relationship between work and home was that they are segmented and independent and do not affect each other. Blood and Wolfe (1960), who were pioneers of this perspective, applied this concept to blue collar workers. They explained that for workers in

unsatisfying or un-involving jobs, segmentation of work and home is a natural process. The separate spheres pattern viewed the family as a domestic haven for women and work as a public arena for men (Zedeck, 1992).However, this view of segmentation was challenged by researchers who demonstrated that work and family are closely related domains of human life (Bruke and Greenglass, 1987; Voydanoff,1987).

The Compensation theory proposed that workers try to compensate for the lack of satisfaction in one domain (work or home) by trying to find more satisfaction in the other (Lambert, 1990). Piotrkowski (1979, p.98) also concluded that men "look to their homes as havens, look to their families as sources of satisfaction lacking in the occupational sphere". Two forms of compensation have been distinguished in the literature (Edwards and Rothbard, 2000). First, a person may decrease involvement in the dissatisfying domain and increase involvement in a potentially satisfying domain (Lambert, 1990). Second, the person may respond to dissatisfaction in one domain by pursuing rewards in the other domain experiences that may fulfill the person's desires, (Champoux, 1978). The latter form of compensation can be either supplemental or reactive in nature (Zedeck, 1992). Supplemental compensation occurs when individuals shift their pursuits for rewarding experiences from the dissatisfying role to a potentially more satisfying one. For example, individuals with little autonomy at work seek more autonomy outside of their work role. On the other hand, reactive compensation represents individuals' efforts to redress negative experiences in one role by pursuing contrasting experiences in the other role such as engaging in leisure activities after fatiguing day at work.

The most popular view of relationship between work and family was put forth by the Spillover theory. Several researchers suggested that workers carry the emotions, attitudes, skills and behaviors that they establish at work into their family life (Belsky etal., 1985; Kelly and Voydanoff, 1985; Piotrkowski, 1979; Piotrkowski and Crits-Christoph, 1981) and vice-versa (Belsky et al., 1985; Crouter, 1984). Spillover can be positive or negative. Positive spillover refers to fact that satisfaction and achievement in one domain may bring along satisfaction and achievement in another domain. Negative spillover refers to

the fact that difficulties and depression in one domain may bring along the same emotion in another domain (Xu, 2009).

Clark (2000) presented a work/family border theory - a new theory about work-family balance. According to this theory, each of a person's roles takes place within specific domain of life, and these domains are separated by borders that may be physical, temporal, or psychological. The theory addresses the issue of "crossing borders" between domains of life, especially the domains of home and work. According to the theory, the flexibility and permeability of the boundaries between people's work and family lives will affect the level of integration, the ease of transitions, and the level of conflict between these domains. Boundaries that are flexible and permeable facilitate integration between work and home domains. When domains are relatively integrated, transition is easier, but work family conflict is more likely. Conversely, when these domains are segmented, transition is more effortful, but work family conflict is less likely (Bellavia and Frone, 2005).

2.3 Work-life balance: conceptual models

A number of conceptual models of work-life balance/work family conflict/work family enrichment have been proposed (Greenhaus and Beutell, 1985; Frone et al. 1992(b); Guest, 2002; Crooker et al., 2002; Kirrane and Buckley, 2004; Voydanoff, 2005; Greenhaus and Powell 2006 and Kelley and Moen, 2007).

Greenhaus and Beutell (1985) gave a model of the sources of work-family conflict. They suggested three major sources of work family conflict (a) time based conflict (b) strain based conflict and (c) behaviour based conflict. The model proposed that any role characteristic that affects person's time involvement, strain or behavior within a role, can produce conflict between that role and another role. Time based conflict occurs when time devoted to one role makes it difficult to participate in another role or when time pressures associated with one role make it physically impossible to comply with expectations arising from another role. Strain based conflict is experienced when strain symptoms from one role intrude into and interfere with participation in another role.

Behaviour based conflict occurs when specific behaviours required in one role are incompatible with behavioural expectations within another role. According to the model, work domain pressures include the number of hours worked, inflexibility of the work schedule, role conflict, role ambiguity, expectations for secretiveness and objectivity and family domain pressures include the number of children, spouse employment, family conflict, low spouse support and expectations for warmth and openness. The model also proposed that these role pressures (and hence, work family conflict) are intensified when the work and family roles are salient or central to the person's self -concept.

Frone et al. (1992 b) examined the antecedents and outcomes of work-family conflict and assessed whether WFC plays an important integrative function in work and family stress research. A comprehensive model of work-family interface was developed and tested. The direct predictors proposed in the model were job stressors (work pressure, lack of autonomy, role ambiguity), family stressors (parental workload, extent of children misbehaviour, lack of spouse support, degree of tension in relationship), job involvement and family involvement. The results indicated a positive reciprocal relationship between work to family conflict and family to work conflict. Job stressors and job involvement were found to be positively related to the frequency of Work-Family conflict. Conversely, family stressors and family involvement were positively related to the frequency of Family-Work conflict. Both types of Work-Family Conflict were positively related to a specific measure of within-domain distress. Family-Work conflict was positively related to work distress, whereas Work-Family conflict was positively related to family distress, at least among blue-collar workers.

Guest (2002) gave a model outlining the causes, nature and consequences of a work-life balance citing recent research to illustrate the various dimensions. According to the model, the determinants of work-life balance are located in the work and home contexts. Contextual determinants include demands of work, culture of work, demands of home and culture of home. Individual determinants include work orientation (i.e. the extent to which work (or home) is a central life interest), personality, energy, personal control and coping, gender and age, life and career stage. The nature of work-life balance was

defined both objectively and subjectively. The objective indicators include hours of work and hours of uncommitted or free time outside work. Subjective indicators refer to the states of balance and imbalance. According to Guest (2002), balance may be reported when equal weight is given both to work and home or, when home or work dominates by choice. Spillover occurs when there is interference of one sphere of life with other. The model further indicates numerous outcomes of work-life balance which include personal satisfaction and wellbeing at work, home and life as a whole, performance at work and home, impact on others at work, family and friends.

2.4 Impact of work-life balance on employees' performance

A healthy balance between work and home should be a priority for everyone. Implementing proper work-life balance offers many important benefits. There are, however, many hazards linked with an unbalanced work and home life. Frone (2003) observes that working long hours without taking time to relax will take its toll on health and can also create conflicts at work and at home. More importantly is the fact that taking on too much responsibility will lead to exhaustion and cause performance to suffer. Poor health increases employee absenteeism and that is a costly problem for employers hence the research which was meant to determine the impact of work-life balance practices on performance of health institutions.

There are hidden and direct costs that must be paid when an employee is absent from work. For example, Sick pay; since employees with sick days are still paid which is a direct cost. Secondly, there is loss of productivity even with someone to work on the position of the sick employee since the employee familiar with the job will be more productive. This is however an indirect loss. Decenzo (1996) defines flexible working hours as a system whereby employees contract to work a specific number of hours a week but are free to vary the hours of work within a certain limit. It advocates the fact that people are paid for producing work and not staying at the station. If salaries are low, employees tend to loaf and are not committed. They may end up operating and prioritising their personal businesses which in the long run may affect the organisation's performance.

According to Torrington (1995) work-life practices have shown in some instances to reduce absenteeism. There is also an increased level of performance as employees are less tired and so work more effectively. People who successfully implement work life balance improve their sense of fulfilment at work and at home. A healthy work-life balance decreases the risk of heart disease and other health problems. Guest (2002) states that personal and professional relationships are strengthened and conflicts are avoided when there is work life balance. This in turn improves the quality of work, staff retention and recruitment also increases. It is this fact that perhaps underscores the importance of Sabbaticals and leave schemes which give employees the security of knowing they have a job to return to, and they bring fresh ideas back into the work place. This means that Work life balance is an effective tool to increase morale and improve company culture. Employees thus seek out companies that support healthy work life balance because it makes them work harder thereby making them more productive.

Shrotriya (2009) said that work-life balance entails attaining equilibrium between professional work and other activities, so that it reduces friction between official and domestic/personal life and thus enhances efficiency and productivity of employees with increase in commitment and contentment. Work-life balance practices are thus those institutionalized structural and procedural arrangements as well as formal and informal practices that enable individuals to easily manage the conflicting worlds of work and family, (Osterman,1995).

Munsamy and Bosch-Venter (2009) state that, the focus of work–life balance is on the notion of a flexible and stress-free work environment by making provision for childcare facilities and access to families. Employees work hard to strike a balance to fulfil the demands of the working life and meeting the commitments of family life. Those who fail to do so either quit the organization thereby increasing the rate of attrition or become less productive. In the personal front also they feel unhappy. At this cross road, organizational culture plays a crucial role to support the employees; high culture has a mediating effect to link the Work Life Policies and practices with talent retention. (Kar and Misra, 2013)

Increasing flexibility around work has therefore become more important to dual-income families. As a result, organizations that provide for this may be perceived as concerned employers, which positively influence employees and a positive attitude towards the organization (Döckel, 2003). Pasewark and Viator (2006) places flexible work arrangement as a very important part of wok family support that plays pivotal role in the retention of employees.

Work-life balance programmes have the potential to significantly improve employee morale, reduce absenteeism and retain organizational knowledge, particularly during the difficult economic times (Lockwood, 2003; Landaur, 1997). Indeed Rahman and Nas (2013) assert that obtaining a balance between work and life has a great role in employee‘s decision to remain with the organization. They assert that the conflict between these dimensions of human activity can cause both job dissatisfaction and demotivation hence an intention to leave the organization as well as causing conflict with family members and family activities.

Thompson and Prottas (2005) and Yanadoria and Katob (2010) examined the relationship between employee turnover intention and organization support such as supervisor support, flex time work family culture and co-worker support etc., and they concluded that organization support reduced the employee turnover intention. Other studies have shown that there are several work-life balance practices that organizations may adopt in order to increase employee commitment and hence retain those (Estes & Michael, 2005). These practices include flexible scheduling (Perry-Smith *et al*., 2000) such as flexitime, which permits workers to vary their start and finish times provided a certain number of hours is worked. Flexi time allows employees, to determine (or be involved in determining) the start and end times of their working day, provided a certain number of hours is worked. This can allow them to meet family or personal commitments/emergencies (enable employees to respond to both predictable and unpredictable circumstances), during the day or to reduce their commuting time by starting and ending work before or after the rush hour.

Another practice is compressed or condensed work week (Byars & Rue, 2008). A compressed or condensed work week is an arrangement whereby employees work longer shifts in exchange for a reduction in the number of working days in their work cycle for instance on a weekly or biweekly basis. This can be beneficial for employees in terms of additional days off work (e.g. longer weekends allowing - mini vacations) and reduced commuting time, whereas employers can extend their daily operating hours, with less need to resort to overtime. Compressed work week arrangements may be particularly useful for employees who wish to reduce the number of days per week spent at work, but who cannot financially afford to decrease their working hours.

Compressed work weeks are often initiated by the employee, but sometimes the employer may initiate the option to improve operational efficiency, to maximize production (reduced daily start-up costs) or to establish longer business hours which can enhance customer service. Common arrangements for a forty hours work week are working ten hours per day, four days a week; working an extra hour a day with one day off every two weeks; or working an extra half hour a day and having one day every three or four weeks off.(Byars& Rue, 2008; Lazar, Osolan, &Ratiu, 2010)

Teleworking also called telecommuting (Kathy, 2006; Byars& Rue, 2008) is another work life balance practice. This type of arrangement is often called 'telework' or 'telecommuting'. It is the practice of working at home or while travelling and being able to interact with the office (Byars& Rue, 2008). It can be advantageous for employees by allowing them to organize their work day around their personal and family needs, to decrease work-related expenses, to reduce commuting time, and to work in a less stressful and disruptive environment. It may also help to accommodate employees who because of particular disabilities are unable to leave home (Kathy, 2006; Byars& Rue, 2008). The fact that employees who telework can use this added flexibility to capitalize on their personal life, peak productivity periods can also favourably influence a company‘s bottom line (Lazar *et al*., 2010).

Despite these benefits and the attention that telecommuting has attracted in the media, very few collective agreements contain telework provisions. The paucity of telework clauses is partly due to the fact that not all occupations are amenable to such an arrangement. Moreover, employers may be concerned by the initial implementation costs, potential legal liabilities, and difficulties in supervising and appraising the performance of teleworkers. Trade Unions may disapprove of work-at-home clauses if they perceive them as leading to greater isolation of employees, reduced job security and promotion opportunities, and diminished health and safety protection (Lazar *et al*., 2010).

Other potential disadvantages of telecommuting are insurance concerns relating to health and safety of employees working at home and lack of the professional and social environment of the workplace. Another drawback is that some state and local laws restrict what kind of work can just be done at home. (Byars& Rue 2008)

Part-time arrangements, (Lazar*et al*., 2010) is another work-life practice that can also allow people with health problems, disabilities or limited disposable time (like students) to participate in the labour force, develop their skills and obtain work experience. Finally, they can facilitate re-entry into the workforce for those who have had career breaks — particularly mothers (or fathers) who have stayed at home to raise their children or provide a gradual exit for employees nearing retirement. From the employer‘s point of view, the use of part-time workers, where feasible, can help maximize the use of human resources and increase operational flexibility, by providing additional coverage during peak periods. Part-time employment can also be considered unsatisfactory for those employees who would prefer working longer hours to increase their income, thereby ensuring a higher standard of living for their families (Lazar *et al*., 2010).

The European Working Conditions Survey found that 85% of those working less than 30 hours per week were satisfied with their work-life balance. Furthermore, part-time workers and those working less than 35 hours a week reported the lowest levels of both physical and psychological health problems. Part-time work is one strategy frequently used by workers who wish to better balance their work and family life. Part-time work

should be promoted in more, higher-level occupations, for instance, Daimler Chrysler in Germany promotes part-time work in leading positions in the company (Clarke, 2001).

Job sharing is the other option. This is an arrangement which allows two (or sometimes more) employees to jointly fill one fulltime job, with responsibilities and working time shared or divided between them. It can be in the form of shared responsibilities, split duties, or a combination of both. (Byars & Rue 2008). Job sharing may be appropriate where opportunities for part-time jobs or other arrangements are limited. Apart from the obvious advantage of allowing employees more time for other commitments, including family responsibilities, job sharing also facilitates the development of partnerships, where job sharers can learn from each other while providing mutual support. It can benefit employers as well by improving staff retention, increasing productivity and combining a wider range of skills and experience in a single job. In some cases, such an arrangement can also provide additional coverage during busy periods, while ensuring continuity of coverage when one partner is on sick leave or holidays. (Byars& Rue, 2008 & Lazar *et al*., 2010)

Other practices may support children‘s education, employees ‘participation in volunteer work, or facilitate phased retirement (Lazar *et al*., 2010). In addition, employers may provide a range of benefits related to employees‘ health and well-being, including extended health insurance for the employee and dependants, personal days, and access to programs or services to encourage fitness and physical and mental health,(Shrotriya,2009). Employees who had access to family-friendly policies showed significantly greater organizational commitment and expressed significantly lower intention to quit their jobs (Grover & Crooker, 1995), whereas the problem of work life balance is clearly linked with withdrawal behaviour, including turnover and non-genuine sick absence (Hughes & Bozionelos, 2007).

Indeed research by Kenexa Research Institute in 2007 showed that those employees who were more favourable toward their organization‘s efforts to support work-life balance also indicated a much lower intent to leave the organization, greater pride in their

organization, a willingness to recommend it as a place to work and higher overall job satisfaction.

2.5 Challenges of work life balance

Guest (2002) argues that the contemporary prevalence of work-life imbalance is caused by the excessive demands of work in affluent societies. Factors such as technological advancements, the increasing need for higher efficiency levels and the entrance of women into the workforce all contribute to the intensity of pressure on workers and cause inter-role conflict between the work and non-work spheres. Torrington (1995) contends that much of the pressure for work-life balance policies originates from the changing demographic makeup of our potential workforce, changing social roles, the changing responsibilities of the organization and legislature pressure.

The increasing numbers of women in the work force wishing to combine family and work responsibilities and the aging work force wishing to remain in work but work few hours are the obvious drivers of work-life balance. Also, advancements in technology and the onset of globalisation have produced a "syndrome of 24/7 availability" at the work place.

Research conducted amongst organizations in the UK suggests that employees often remain unaware of their work-life entitlements (Kodza, 1998). For example, in a survey of 945 employees in six different organizations across three sectors of employment (local government, supermarkets, and retail banking), it was found that 50% of employees were unaware of the family friendly practices offered by their organizations (Yeandle, 2002).

The other barrier is managerial support. Managers play an important role in the success of work/life programs because they are in a position to encourage or discourage employees' efforts to balance their work and family lives. Where supervisors enthusiastically support the integration of paid work and other responsibilities, employees will be more likely to take up available work life programs and the converse is true.

The other factor is co-worker support; an increasing amount shows that workers who make use of work-life practices suffer negative perceptions from colleagues and superiors. An experiment by Beauregard, Lesley, (2008) found that employees who used work life balance practices were perceived by co-workers as having lower levels of organizational commitment, which was thought to affect the subsequent allocation of organizational rewards such as advancement opportunities and salary increases. The other factor that influences the uptake and overall supportiveness of work-life policies is organizational time expectation on the number of hours employees are expected to work. In several studies, however, long working hours have been identified as a signal of commitment, productivity and motivation for advancement. One study, based on interviews with engineers in the US, concluded that "If one is to succeed, one has to be at work, one has to be there for long hours, and one has to continuously commit to work as a top priority." To be perceived as making a significant contribution, productivity alone is not enough. One has to maintain a continual presence at work." This is particularly the case in organizations with "presenteeism" cultures where those who succeed are the ones who come in early and stay late as a matter of course. This is also known as "face time" being visible at workplace, often for long hours—is seen as a sign of commitment, of loyalty, of competence and high potential (Beauregard and Lesley 2008, 9-12). This is however seen as a major barrier to achieving work/life balance.

Employees who do not give the maximum amount of time possible to the organization are often defined as less productive and less committed, and therefore are less valued than employees working longer hours. It would be better to consider a shift to evaluating performance on the basis of outputs rather than time spent physically at the workplace, developing such a culture would support work-life balance hence the researchers objective of wanting to analyse the work-life balance practices in the health facilities that can improve service provisions through good patient care among others.

2.6 Ways of promoting and improving work-life balance

It must be noted that there are potentially many possible work-life balance options and clearly not all of these options are appropriate for all jobs or employees. Strategies to achieve balance will differ between organisations, partly depending on their function, the types of work roles they offer, and their workforce profile. In addition, work-life balance will mean different things to different people depending on age, life circumstances, values interest and personality. However flexi time, home working, compressed working weeks, annualized hours, job sharing are some of the practices. Armstrong (2006) concurs that it also includes leave schemes, which provide employees with the freedom to respond to a domestic crisis, or to take a career break without jeopardizing their employment status. This entails that organizations should provide a range of schemes designed to give careers and other flexibility to maintain a healthy work-life balance.

Telecommuting is a situation in which an employee prefers remaining at home and performs their work using a computer that connects them to the office network. Women find that work at home affords them an opportunity to combine both their family and job responsibilities. This is to the advantage of the organization as it offers an opportunity to save money. By having decentralized work sites organizations are able to reduce the workspace they would either purchase or lease thus cutting some overhead costs. Monday (2005) also notes that the ability to utilize the disabled and those with small children broadens. However the set back is that it requires different management techniques like planning and controlling.

.

In addition, there are a number of programmes that ensure work-life balance. Decenzo (1996) writes that to retain employees an organization must offer inexpensive child day care and elder care consultancy. Many female employees are never comfortable leaving children and parents at home and this may affect their performance at work. For instance, when the child is sick, they prefer calling in sick themselves just to take care of the child.

Access to gym is also important as this enables them to relax and maintain good health. Soccer fields, pool tables also enable employees to interact and make good relationships which can motivate them to even work more. Employees at least need an hour for lunch

so that their health does not deteriorate. Private offices for each employee offer them some privacy and time to refresh, free health insurance and an onsite medical clinic staffed by doctors and nurses can also motivate employees.

Monday (2005) notes that all individuals have needs that should be met and most organizations today offer some type of health insurance coverage to their employees. This is the most important benefit for employees because of the tremendous increases in the cost of health care. This is essential in that it creates psychological stability in the worker to perform effectively even in tasks where employees are exposed to danger, they are confident that the organization will be responsible for any accident that may occur to employees. This is what policy makers are interested in and through the research recommendations will be made that will assist in policy formulation as one of the objectives of the study to be covered.

2.7 Chapter summary

On the basis of various theories of work-life balance/work family conflict and various conceptual models discussed above, it can be concluded that multiple factors related to individual, work and family affect the work-life balance of an individual. Some of the major individual related factors include work orientation, gender, age, life, career stage and personality. Work related factors include role ambiguity, role conflict, and number of hours worked, work schedule flexibility and task autonomy. Family related factors include number of children, spouse support and family involvement. Work-life balance results in a number of benefits to the individual and organization which include personal satisfaction and well-being, job satisfaction, productivity and the lack of work-life balance results in negative consequences in terms of work distress, job dissatisfaction, absenteeism and high turnover.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on data collection, processing and analysis methods. Data collection instruments and procedures are also discussed as well as the target population and study sample. Zikmund, Babin, Carr and Griffin (2010) describe a research methodology as a part that must explain technical procedures in a manner appropriate for the audience. It achieves this by addressing the research and sample designs used for the study, the data collection and fieldwork conducted for the study and the analysis done to the collected data. Data was obtained through personal interviews and questionnaires. The questionnaires were distributed both to the organizations' senior management team and full time employees including the interns and even those health workers that come to such institutions on part time basis were all involved in data gathering.

3.2 Research strategy

Dawson (2002) describes the purpose of this section as to set out a description of, and justification for the chosen methodology and research methods. This study used mixed method approaches by making use of both qualitative and quantitative research methods. The mixed method approach was used to capture the best of both qualitative and quantitative approaches. The qualitative component of the study used interviews to get the nature of work life balance practices. Qualitative approach in this study was preferred because the approach focuses on how individuals and groups view and understand particular words and construct meaning out of their experiences (Nieuwenhuis 2010). The approach enabled the researcher to interact with employees' in the targeted health institutions. A questionnaire was used to collect quantitative data in this study. Except for Administrative staff and medical officers which were interviewer administered, all questionnaires were self-administered.

3.3 Population

Kombo and Tromp (2006) define a population as a group of individuals, objects or items from which samples are taken for measurements. Sommer & Sommer (1997) on the other hand defined target population as all members of a real or hypothetical set of subjects, people or events in which a researcher wishes to generalize the results of a study. This study drew the sample from among selected health workers and Hospital Managers in selected Government, CHAM and Private health facilities in Mzimba district. The Ministry of Health Headquarters and CHAM Secretariat were also consulted on policy issues. The total population for the study was 1500 employees from different government, CHAM and private facilities in Mzimba district. This was a reasonable sample generally to give sufficient information on which to base the generalization of results for a study of this nature. The subjects were Medical doctors, Nurses, Medical Assistants, Hospital Administrative staff and Clinical Officers.

3.4 Sampling technique

Orodho (2005) & KIM (2009) define a sample as a part of a large population, which is thought to be representative of the larger population. Sampling is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of characteristics in the entire group (Orodho and Kombo 2002). In this study, the researcher used non- probability sampling designs to select facilities and respondents to be included in the sample. Sampling in this study was necessary to minimize costs and time of the research. Only two sampling techniques were used in this study, thus the purposive sampling techniques and convenience sampling. Purposive sampling was used to select appropriate subjects of this study. Purposive sampling was used in selecting participants to the study such as Medical Officers, Hospital Administrative officers, Clinical officers and others. These were quite central in providing information rich in content relating to policy and practical issues relating to work life balance. Patton (1990) contends that the logic and power of purposive sampling lies in selecting information rich cases for study in depth. Due to circumstances, convenience sampling was used in selecting Government, CHAM and private health facilities to be used for the study. It

must however be mentioned that care was taken to ensure that facilities were carefully selected ensuring that those included gave the most information of greatest utility.

Out of the total population of 1500 for the study, 10% of them were the sample for the study. Thus 150 employees were the sampled respondents in this study. This is in line with guidance on the same put forward by Patton (1990) who states that if the sampled population is more than 1,000 then not less than 7% of such a population should take part in the study in order to achieve a 95% confidence level for purposes of generalization.

Table 1: Name and type of health facility showing total and sampled employees

Name of hospital / Health facility	**Total number of employees**	**Sample selected (10%)**
Government hospitals		
Mzuzu Central Hospital (Government)	550	55
Mzimba District Hospital(Government)	350	35
Manyamula Health Centre(Government)	39	4
CHAM hospitals		
Ekwendeni Hospital (CHAM)	150	15
Embangweni Hospital (CHAM)	147	15
St Johns Hospital (CHAM)	130	13
Private clinics / Health facilities		
Care Medical Private Clinic	40	4
Kaswavipindi Private Clinic	60	6
DunduzuMedi private Clinic	34	3
TOTAL	**1,500**	**150**

3.5 Data collection and questionnaire

In accordance with the aims and nature of this study, data collection process used three data collection instruments; Questionnaires, Archival review and face-to-face interviews. The questionnaires were administered on nurses, clinical officers and medical assistants who were participants in the study in majority since these are the cadres that are mostly on the ground in the Malawi health sector. The questionnaires encouraged honesty and confidentiality on the part of the subjects since no name was written on the questionnaires and therefore subjects felt free to express themselves.

The researcher administered questionnaires to ensure that there was no conferring between subjects. A questionnaire is defined as a written or printed form used in gathering information on some subject or subjects consisting of a list of questions to be submitted to one or more persons. In this research therefore questionnaires were used to collect the information from the participants. It is argued that because of its flexibility, the use of questionnaires is by far the most common instrument used to collect primary data. Structured questionnaires with open-ended questions were designed. Open-ended questions are questions that give an opportunity for research participants to express their views with respect to the problem at hand. Open-ended questions in this study helped the researcher to measure and discover salient issues in line with the work life balance practices among health practitioners in the study areas. Kotler et al (2009) explained that open-ended questions allow respondents to answer in their own words and often reveal more about how people think, hence, such questions are useful in exploratory research where the researcher looks for insights into how people think. Questionnaires also allow a large number of subjects to be tackled. They also allow the respondents to give out information freely without interference and influence from other people. These questionnaires had structured and unstructured items which were used to collect data from the concerned on their understanding of the term work-life balance, how it is practiced in Malawi and challenges associated with implementing work life balance.

3.5.1 Interviews

Personal interviews were conducted on Medical doctors and Hospital Managers. This allowed these interviewees who are high ranking officers in health institutions in Malawi to express their views and experiences better through verbal conversation than in writing. The interviewer also had an opportunity to probe more on issues of work-life balance as they stand in various health institutions in Malawi. Zikmund et al. (2010) define personal interview as a face –to –face communication in which an interviewer asks a respondent to answer questions. With personal interviews, it means that participants were asked to provide information about work-life balance practices that their health institutions offer in their operations. The greatest value of personal interview lies in the depth of information and detail that is secured. Besides that, this method enables the researcher to note conditions of the interview, probe with additional questions, and greater supplemental information through observation. Above all, Kotler, et al (2009) recommend personal interview as an important primary data collection method because of its versatility. It is also emphasized that with personal interviews, the researcher can ask more questions and record additional observations about the respondent.

3.5.2 Archival review

Secondary data was reviewed through strategic plans, terms and conditions of service and related policies, memorandums, job descriptions, performance appraisal documents and working schedules. These were scrutinised if they contain any issues of work life balance and how it is to be achieved, whether they match with what is happening on the ground.

3.6 Pilot testing

Piloting of the research instruments means administering the instruments to a small representative sample identical to but not including the group one is going to survey. This is important, in order to determine the validity and reliability of the instruments (Orodho, 2005). In this study, the project proposal was presented to and approved by Chancellor College post graduate committee. The questionnaire was also first sent to the supervisor for his approval and before rolling out data collection, there were few participants who went

through the questionnaire as a way of testing it. Thereafter, it was taken to the field for actual data collection.

3.7 Data analysis

Kerlinger (1986) defines data analysis as categorizing, manipulating and summarizing of data in order to obtain answers to research questions. Gay (1981) asserts that quantitative data is commonly represented by use of frequency tables, graphs, pie-charts and frequency polygons. Zikmund (2003) states; interpretation is the process of making inferences and drawing conclusions concerning the meaning and implications of a research investigation. The researcher used the SPSS program (Nachmias & Nachmias, 2008) version18 to analyse the quantitative data collected. This program is appropriate for social sciences for it enables the researcher to recode variables, to deal with missing values, to sample, to weight and select cases and to compute new variables and effect permanent or temporary transformations. Through this tool the researcher used frequencies and percentages to determine the relationship between the dependent variable and each of the independent variables. This helped the researcher to confirm the existence of a relationship between the dependent variable and each of the identified independent variables.

3.8 Ethical considerations

During the course of carrying out this research work, the researcher endeavoured to promote and adhere to all ethical issues, the underlying research principles and principles governing the execution of duties by health workers. The principles of confidentiality of research participants, racial discrimination, informed consent and indeed guarding against being looked to be taking sides were the guiding tool during the research work. The proposal itself was also submitted to Chancellor College postgraduate committee and approved.

Compliance with the health sector Code of Ethics and Standards is mandatory for those who provide health services as such the research was so mindful and adhered to these

ethical issues. It was to the interest of the researcher that all underlying factors in research needed attention to avoid results of research work being affected in generalisation.

This researcher made every effort that before collecting data, permission was sought from the highest authorities thus Ministry of Health headquarters, CHAM Secretariat, Nurses Council of Malawi, Medical Council of Malawi and Managers for the various sampled health facilities. Since research is required to help or improve conditions of society, this research was therefore conducted in the most ethical manner.

3.9 Limitations of the study

In this section, the researcher describes challenges that occurred during the research study and are thought to have an effect on the research findings. Limitations refer to the conditions that pose a restriction on the scope of the study or may affect the outcome and cannot be controlled by the researcher. Such reservations or weaknesses arise when it becomes totally impossible to control all the variables within a particular project design, or the optimum number of samples cannot be taken due to time or budgetary constraints. In many instances, these factors have the potential to reduce the study's validity of results such as credibility or believability of the findings. Lack of sufficient time and financial constraints were the key factors that were thought to have some impact on the validity and credibility of the study. Due to the above constraints, only a limited number of health facilities were visited, ideally, it should have been all facilities in Mzimba district. Besides that, some of the participants in the study were finding it difficult to answer self-administered questionnaires on the basis that many of them were so busy or even could not understand the research questions clearly.

3.10 Summary

Chapter one introduces the research problem, research objectives and the rationale for the study. This section has therefore provided a strong basis for the research areas and the aims investigated.

CHAPTER FOUR

STUDY FINDINGS AND DISCUSSION

4.0 Introduction

This chapter contains the findings of the study. To begin with, the chapter presents the demographic features of the participants in the study. Furthermore, the chapter indicates in the first place WLB practices applied by the health institutions that were targeted during the study. Additionally, this section presents the results relating to the impact of Work-life Balance practices on employees' performance and the health institutions at large. To a large extent, the chapter reveals the challenges experienced by health institutions in implementing effective Work-Life Balance practices. Finally, this chapter offers the suggested solutions in relation to possible ways and policies that may help promote and improve Work-Life Balance practices in the health sector in Malawi.

4.1 Demographic Features of the Sample

4.1.1 Gender

Out of the total 150 participants, 97 representing 65% were females whilst 53 a representation of 35 % were male health workers. Table 2 below shows that there are more female employees in the health care sector than the males. The staffs mix however shows that gender distribution in the health care sector is in line with the requirements of Malawi's constitution which requires that no one gender should take up more than two thirds of employment positions in public institutions.

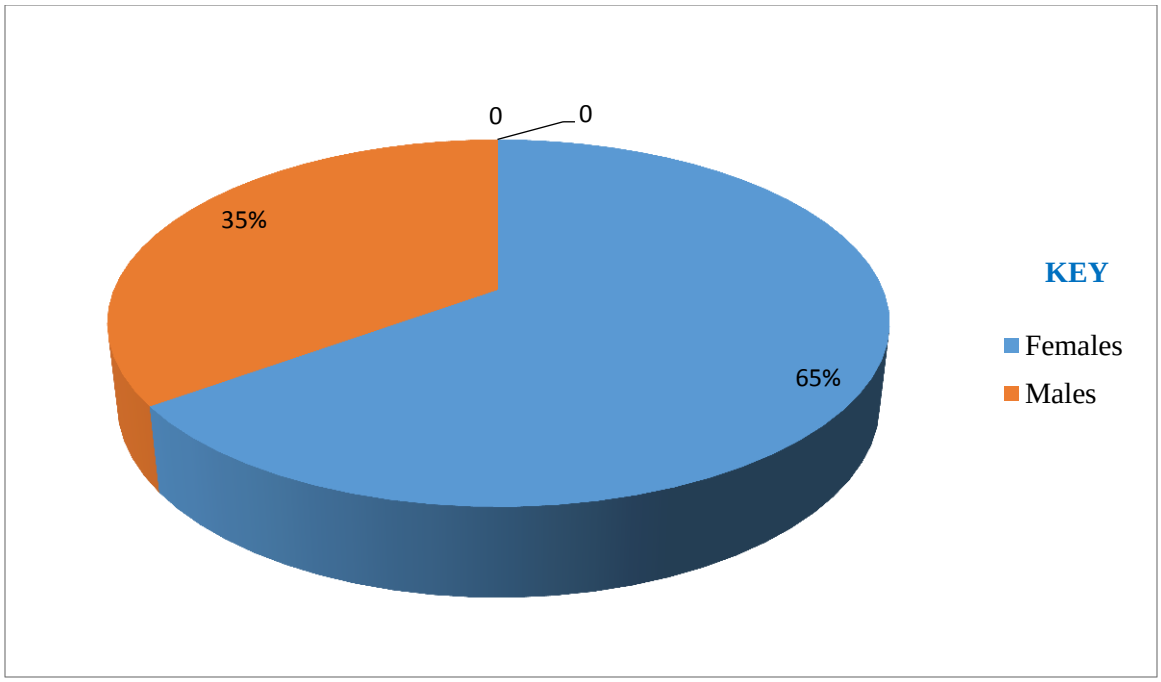

Figure 1: Overall gender representation in the sampled health facilities

Table 2: Total sample in government facilities

Name of hospital / Health facility	Total number of employees	Sample selected (10%)
Mzuzu Central Hospital (Government)	550	55
Mzimba District Hospital(Government)	350	35
Manyamula Health Centre(Government)	39	4
TOTAL	**939**	**94**

Table 3: Men–women ratio in government facilities

GENDER	FREQUENCY	PERCENTAGE
MALES	32	34%
FEMALES	62	66%
TOTAL	**94**	**100%**

The tables above show that in government facilities the study had a total population of 939 and out of the total population a 10% sample reflecting 94 individuals were selected. Out of the targeted sample in the hospitals 32 were males representing 34% whereas 62 participants were females indicating a 66%.

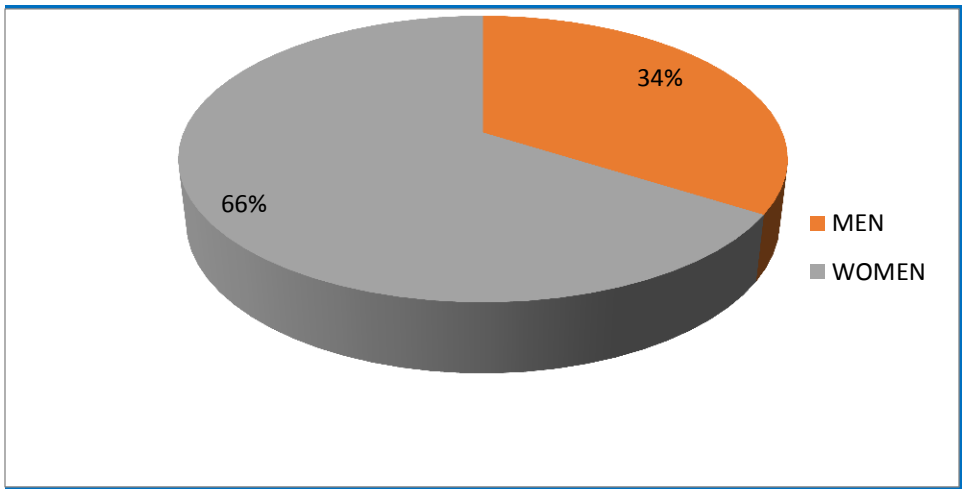

Figure 2: Showing men- women ratio in government hospitals

Table 4: Total sample in CHAM facilities

CHAM facilities	Total population	Sample selected (10%)
Ekwendeni Hospital (CHAM)	150	15
Embangweni Hospital (CHAM)	147	15
St John's Hospital (CHAM)	130	13
TOTAL	**427**	**43**

Table 5: Men –women ratio in CHAM facilities

GENDER	FREQUENCY	PERCENTAGE
MALES	17	40%
FEMALES	26	60%
TOTAL	**43**	**100%**

The tables above show that in CHAM facilities the study had a total population of 427 and out of the total population a 10% sample reflecting 43 individuals were selected. Out of the targeted sample in the health facilities, 17 were males representing 40% whereas 26 participants were females indicating a 60%.

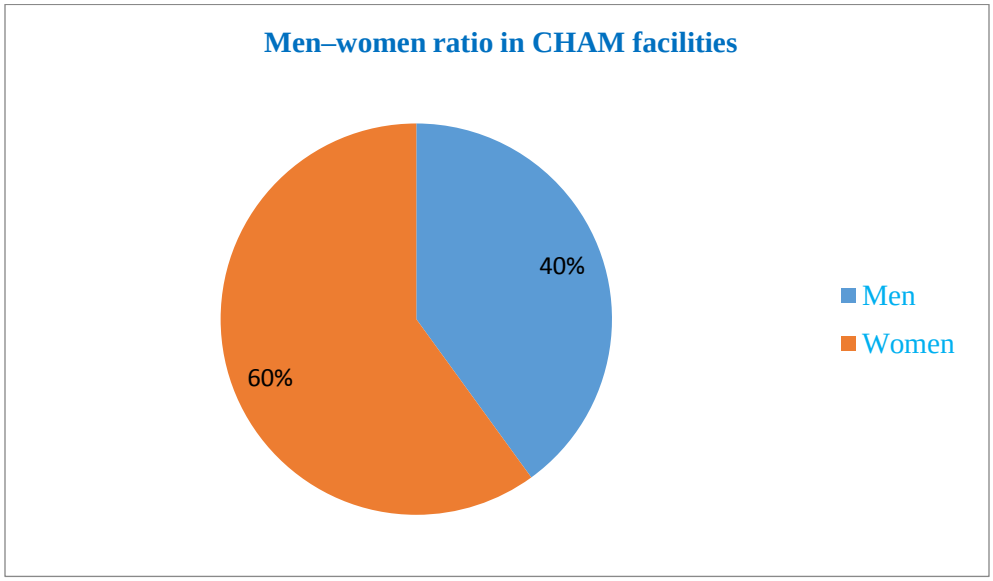

Figure 3: Men–women ration in CHAM facilities

Table 6: Total sample in private health facilities

Private clinics / Health facilities	**Total population**	**Sample selected (10%)**
Care Medical Private Clinic	40	4
Kaswavipindi Private Clinic	60	6
Dunduzu Medi private Clinic	34	3
TOTAL	**134**	**13**

Table 7: Men –women ratio in private facilities

GENDER	FREQUENCY	PERCENTAGE
MALES	4	31%
FEMALES	9	69%
TOTAL	**13**	**100%**

The tables above show that in the private health facilities, the study had a total population of 134 and out of the total population a 10% sample reflecting 13 individuals were selected. Out of the targeted sample in the hospitals, 4 were males representing 31% whereas 9 participants were females indicating a 69%.

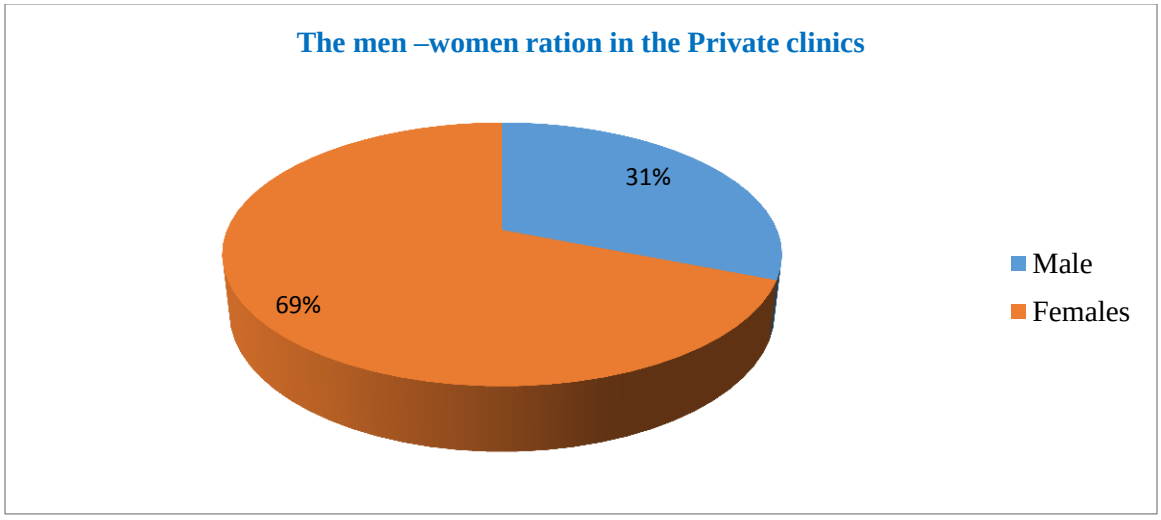

Figure 4 : The men –women ration - private facilities

Male –Female ration comparative analysis

The presentation above shows that in all the three sampled sectors of health service providers, female percentage is higher than the male percentage. This means that in the health sector, there are more women employees than men.

4.1.2 Level of Education

In terms of education qualification, the study assumed the highest as Doctor of Philosophy (PhD) falling under the postgraduate level while the lowest as Primary School Leaving Certificate of Education (PSLCE). Study results showed that out of the entire 150 participants in the study, no participant possessed a PhD representing 0%. However, the study revealed that out of the participants, 10 of them possessed Master's degree representing 6.7%. Additionally, the study showed that 21 of the 150 participants, representing 14%, held Bachelor's degrees. The study showed that 72 participants, representing 48% held Diplomas as their highest education qualification. Finally, it was a great opportunity to discover that most participants, 47 of the total 150 sampled participants, representing 31.3% held Malawi School Certificate of Education plus a professional certificate as their highest qualification.

From this review regarding the education qualification, it is evident that most views are of participants that held MSCE with a professional certificate and diplomas.

This observation could be due to the fact that those who attain higher qualification tend to leave and join private practice as consultants while high qualification also increases their employability in Non-Governmental Organizations (NGO) and also private health care facilities that have better remuneration and other terms of service. This observation was also confirmed by interviews administered to the rural health care officers who said that most of the health care workers upon attainment of high qualification tended to quit for private practice and engagement in the NGO and prominent private health care facilities. The results of correlation analysis between the level of education and the intention to stay showed there was a weak but positive correlation between the level of education and the intent to stay. This means that academic qualification is a weak predictor of intention to stay in the health care sector**.**

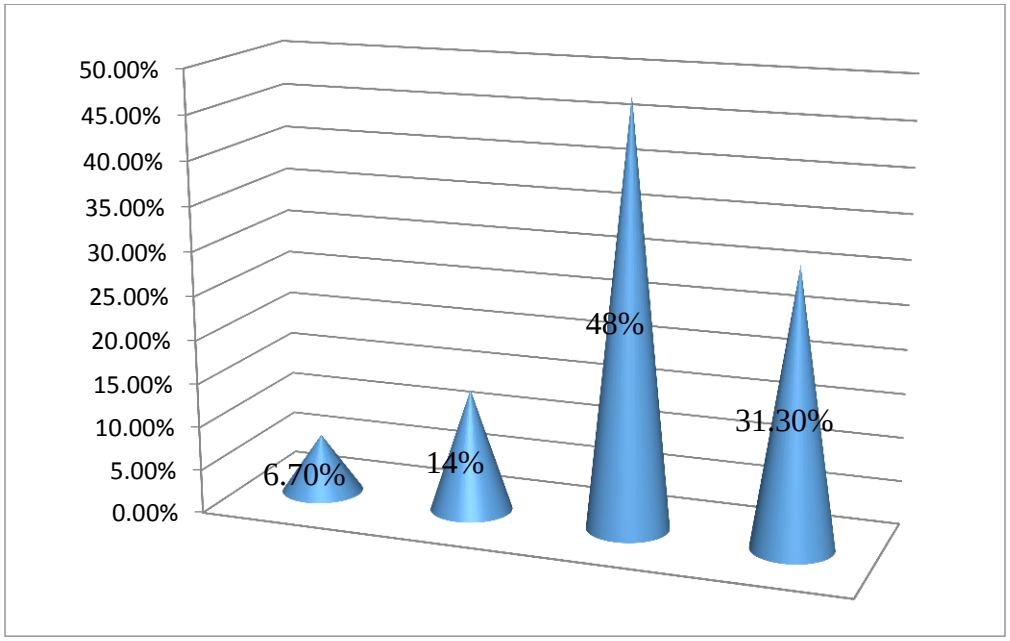

Figure 5: Summaries of the highest education qualifications of the participants in the sampled facilities

Source: Field data; August 2016

Comparative analysis of participants' Highest Education Qualifications

Table 8: Level of Education in Government facilities

QUALIFICATION	FREQUENCY	PERCENTAGE
PhD	0	0
Master's degree	4	4%
Bachelor's degree	8	9%
Diploma	51	54%
MSCE + professional certificates	31	33%
PSLC	0	0
	94	**100%**

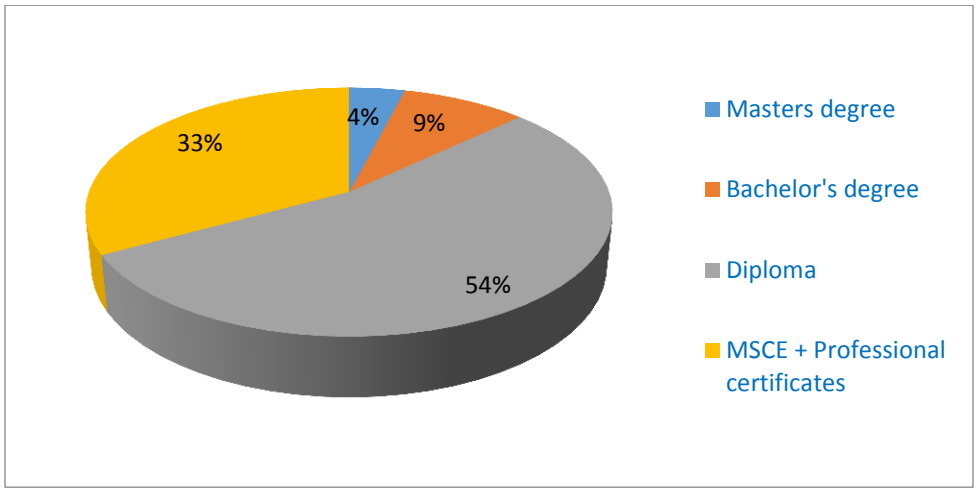

Figure 6: Level of Education in Government facilities

Table 9:Level of Education in CHAM facilities

QUALIFICATION	FREQUENCY	PERCENTAGE
PhD	0	0
Master's degree	5	12%
Bachelor's degree	10	23%
Diploma	18	42%
MSCE + professional certificates	10	23%
PSLC	0	0
Total	**43**	**100%**

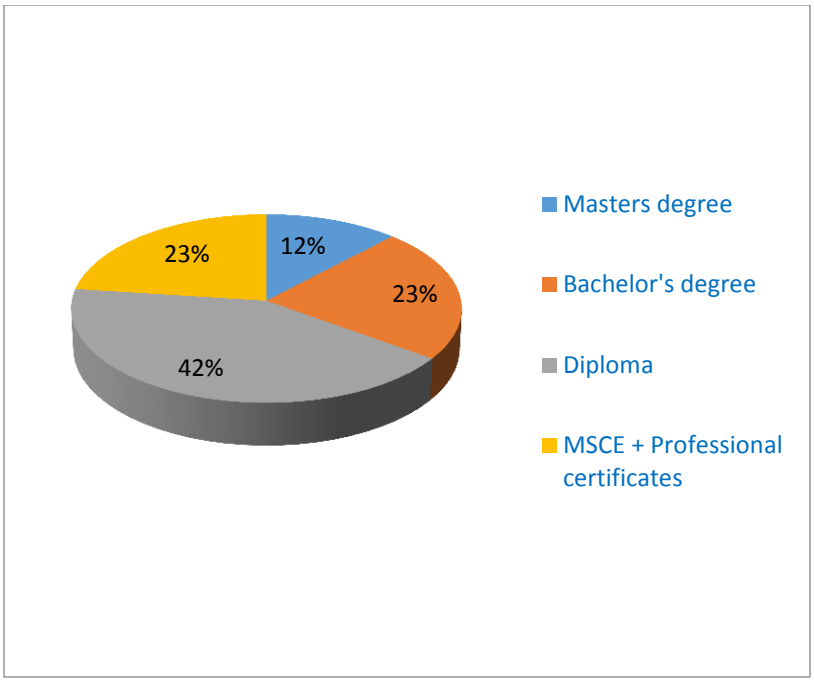

Figure 7:Level of Education in CHAM Facilities

Table 10: Level of Education in private health facilities

QUALIFICATION	FREQUENCY	PERCENTAGE
PhD	0	0
Master's degree	1	8%
Bachelor's degree	3	23%
Diploma	3	23%
MSCE + professional certificates	6	46%
PSLC	0	0
Total	**13**	**100%**

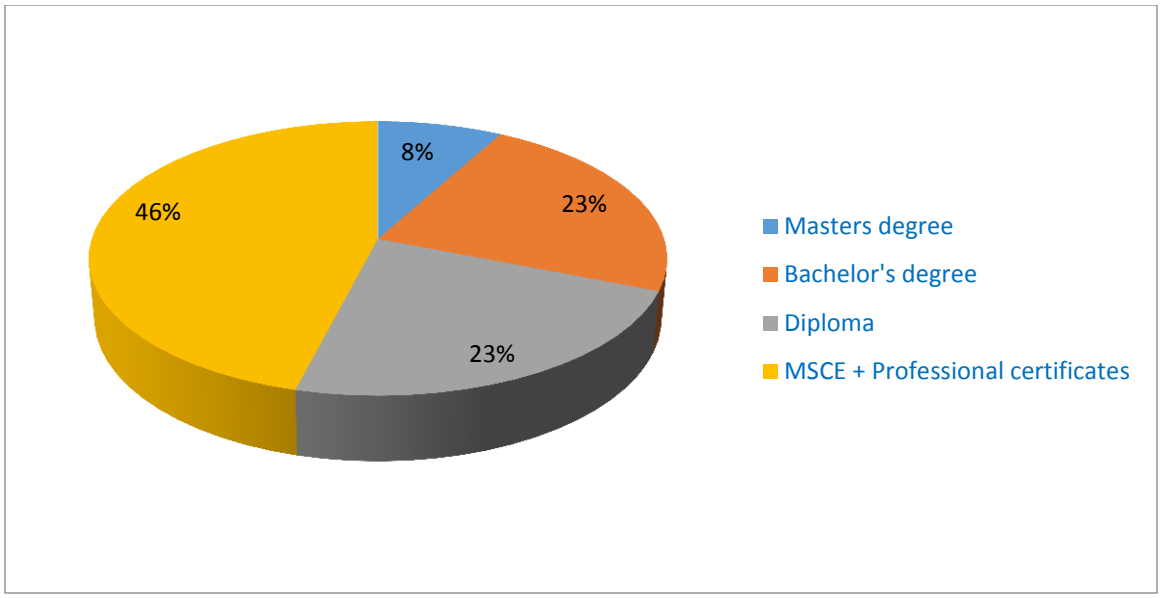

Figure 8: Level of Education in private facilities

Level of education comparative analysis

The findings above indicate that in all the sampled health service providers none holds a PhD qualification. However, it has been observed that the health facilities have employees with Master degrees, the highest percentage of staff with such qualification being in CHAM hospitals. This has a signal that in terms of promoting education, CHAM is playing its role to ensure that employees are given study leave as one way of improving service quality in its operations.

4.1.3 Age of Respondents in Years

The second demographic feature of the sample in this study is age. Information on the age of the respondents was sort to find out the staff mix in terms of age and also to establish if there was a correlation between the age of the respondents and the tendency to stay in the hospitals and the health facilities. In the first place, it was noted that in the range of 18-25 years there were 15 participants representing 10% of the total sampled respondents. Furthermore, the study had 82 participants, representing 54.7%, whose ages were in the range 26 to 35 years. The study had 35participants, representing 23.3% of the whole sample that fell in the age range of 36 to 45years.

The age range of 46 to 59 had 12 participants representing 8% of the sample. Finally, there were only 6 participants, representing 4% of the whole sample that belonged to the age range above 60. Firstly, the number of health care facilities has progressively been increasing over the years and that could account for the progressive increase in the number of young people joining the service. Secondly, with the devolution of health care services, the government has employed their staff in most of the sectors, the health care sector being one of them; with majority of those employed being the young.

Thirdly, the relatively low number of the aged employees could be due to departure from service due to natural attrition as a result of death or resignation to join private practice or other engagements having gained enough experience in the service like opening up their own private clinics. Correlation test between age and retention show that there is a weak and negative correlation between age of the respondents and retention. This shows that age in the health care sector is a poor predictor of retention and that as age increases the tendency to stay (retention) decreases. The summary of the age of the participants is provided in **Table** below.

Table 11: Age of Respondents in the government facilities

Age range	FREQUENCY	PERCENTAGE
18 -25	12	13%
26 -35	52	55%
36 -45	20	21%
46 -59	8	9%
Above 60	2	2%
Total	**94**	**100%**

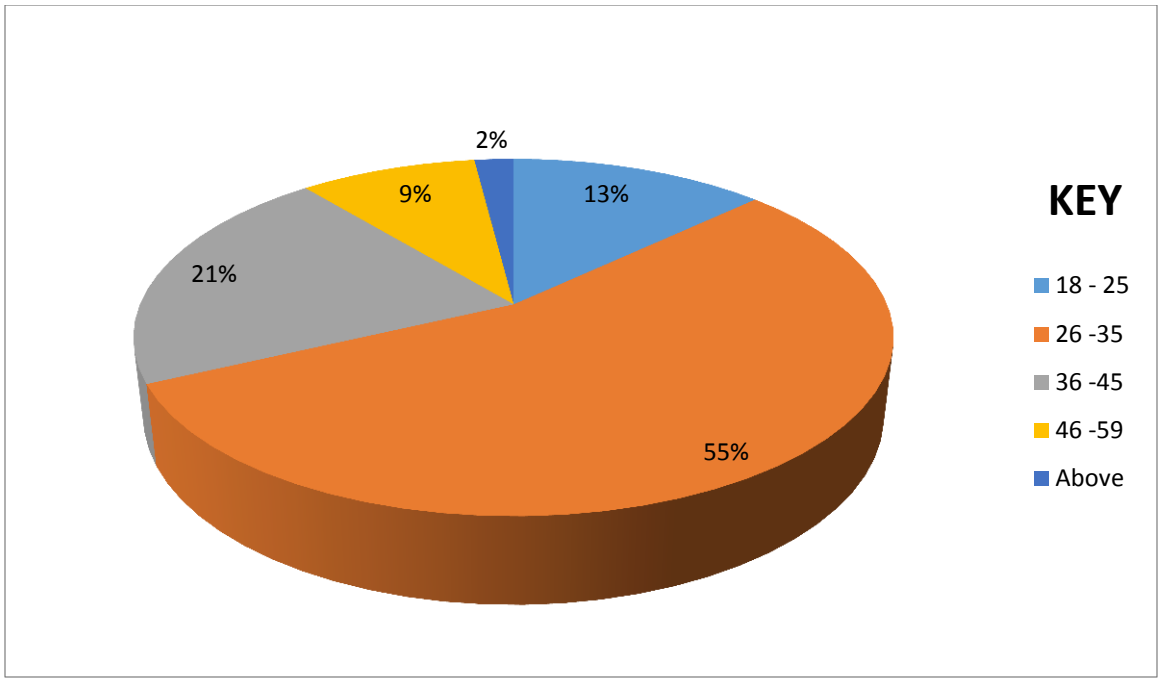

Figure 9: Distribution of age range of respondents in government facilities

Table 12: Age of Respondents in CHAM facilities

Age range	Frequency	Percentage
18-25	10	23%
26-35	15	35%
36-45	8	19%
46-59	6	14%
Above 60	4	9%
TOTAL	**43**	**100%**

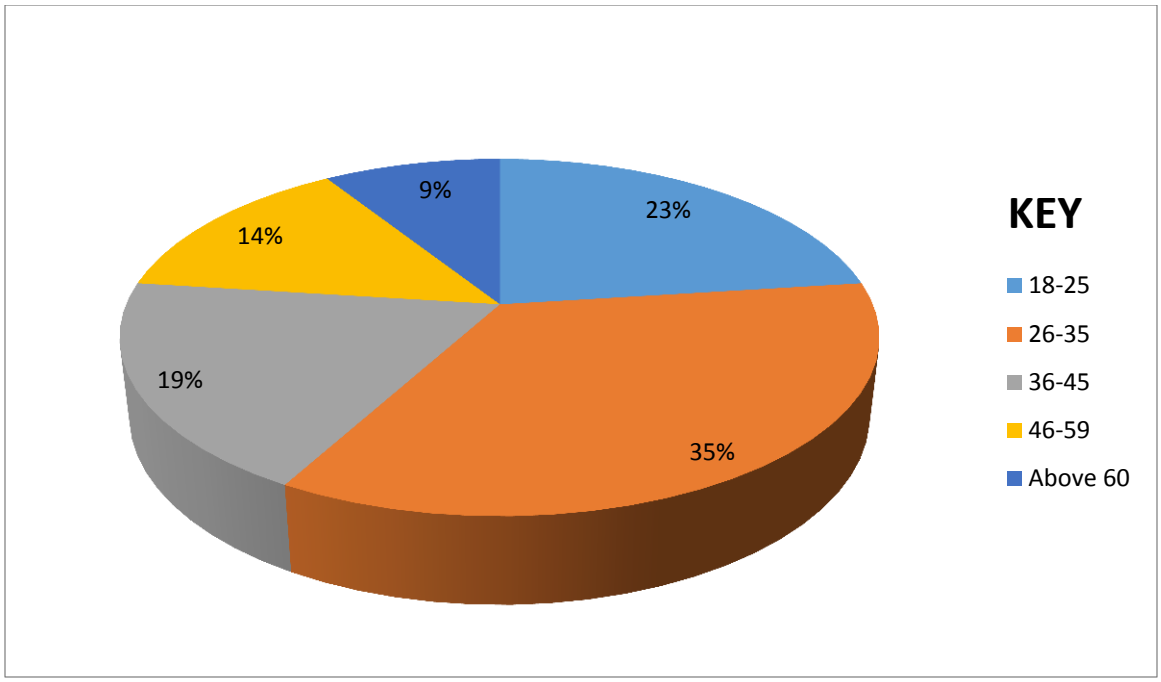

Figure 10: Distribution of age range of respondents in CHAM facilities

Table 13: Age of Respondents in private health facilities

Age range	FREQUENCY	PERCENTAGE
18 -25	2	15%
26 -35	6	46%
36 -45	4	31%
46 -59	1	8%
Above 60	0	0%
Total	**13**	**100%**

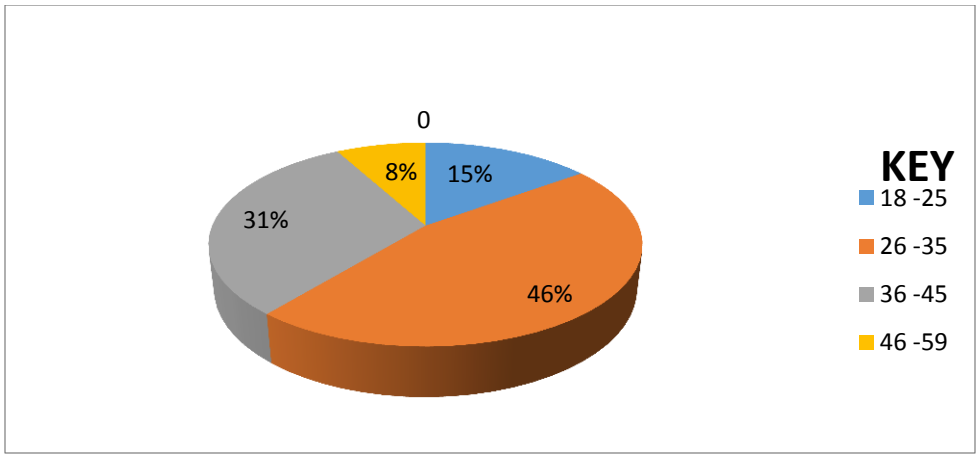

Figure 11: Distribution of age range of respondents - Private health facilities

Participants' age range comparative analysis

The study results above show that CHAM hospitals are the only places where very old and experienced people work. This also results from the fact that most of these old employees above 60 years are so patriotic to serve in church hospitals. Thus, CHAM hospitals have a competitive advantage over other health service providers when it comes to employees' retention.

4.1.4 Length of service in the health sector (in Years)

The other classification of the participants in the study was based on the length of time the employees have been working in the health services. 42 participants representing 28% have worked in the health services within a period of less than one year. Out of the total 150 participants 78 representing 52% indicated that they have been in this health services within the range of 1-5years. Furthermore, the study showed that 24 participants out the sampled individuals representing 16% have been in the health services work with a period of 6 -10 years. Finally, 6 of the total participants reflecting 4% proved to have worked in the health sector above 10 years. This signifies that most of the health workers fall in the range of 1 -5 years. It is therefore noted that the health sector has few new staff that have just joined the service at present. Additionally, it comes to light that most health workers tend to get reduced as time goes which might indicate the health sector

experiences high staff turnover which part of it might have been rooted from the poor work life balance practices.

Table 14: Length of service of participants in the government hospitals (in Years)

Period of time working in the health sector	FREQUENCY	PERCENTAGE
<1year	5	5%
>1 year ≤5years	60	64%
>6 years ≤ 10 years	20	21%
>10 years	9	10%
Total	**94**	**100%**

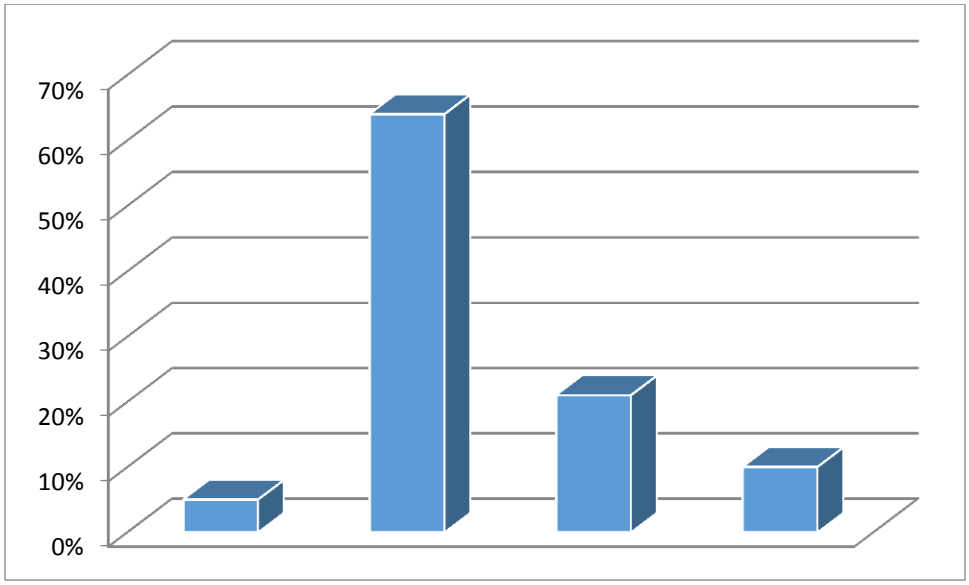

Figure 12: showing length of service in the government facilities

Source: Field data; August 2016

Table 15: Length of service of participants' in CHAM facilities (in Years)

Period of time working in the health sector	FREQUENCY	PERCENTAGE
<1year	12	28%
>1 year ≤5years	22	51%
>6 years ≤ 10 years	6	14%
>10 years	3	7%
Total	**43**	**100%**

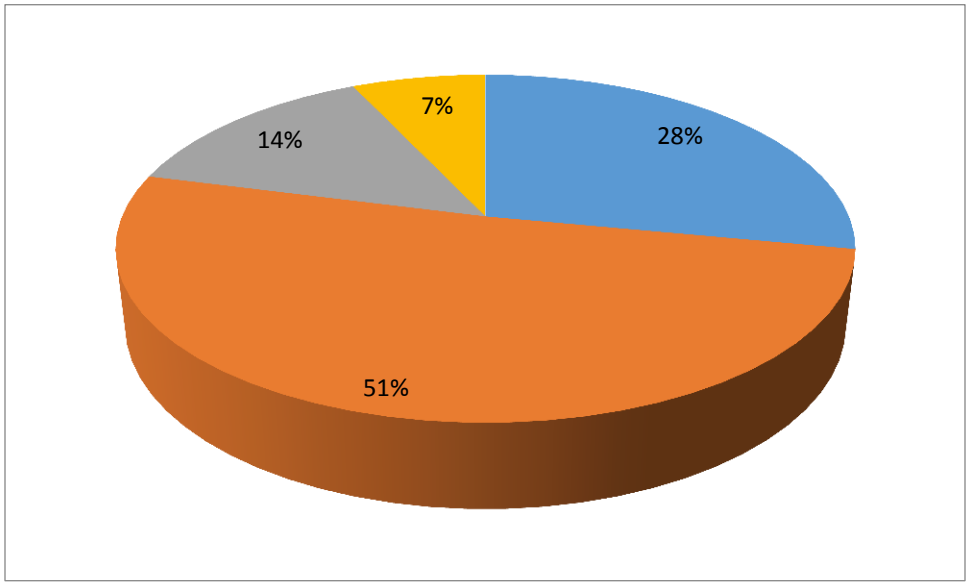

Figure 13: Length of service in CHAM facilities

Table 16: Length of service of participants in the private facilities (in Years)

Period of time working in the private health facilities	FREQUENCY	PERCENTAGE
<1year	2	15%
>1 year ≤5years	6	46%
>6 years ≤ 10 years	4	31%
>10 years	1	8%
Total	**13**	**100%**

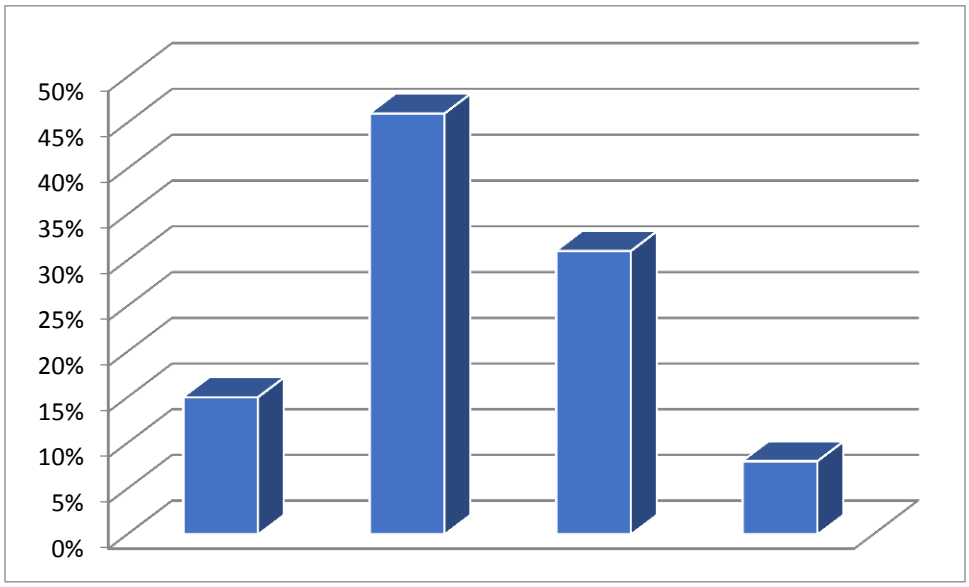

Figure 14: Length of service of participants in the private facilities (in Years)

Source: Field data; August 2016

Comparative analysis of the length of service of participants

As a new observation, it shows that percentage of length of services in all health service providers gets down. Thus, it clearly shows that most employees are resigning to search for new opportunities which are therefore increasing the labour turnover.

4.1.5 Working patterns

Finally, the study examined the working patterns of the employees in all the sampled hospitals. It was however discovered that out of the total 150 participants, 24 of them representing 16% were full time employees whilst 14 of them a representation of 9.3% work under part -time shifts. Finally, it was noted that 112 of the entire participants reflecting 74.7% work under regular shifts basis. This clearly indicates that most employees work under regular shifts due to shortage of staff in the sector. This confirms that the health sector has insufficient human resources and that is why it does not allow most of its health workers to be working under full time basis. Additionally, the study revealed that most private health facilities employ part–time staff from CHAM and

government hospitals which means that most private clinics fail to have qualified health workers fully employed by their institutions.

This therefore results in poor service quality in the absence of these qualified individuals when a need arises. Table 4 below shows the entire working pattern of the employees.

Table 17: Working patterns in government

Working pattern of the employees	FREQUENCY	PERCENTAGE
Full time	17	18%
Part–time	9	10%
Regular shift	68	72%
Total	**94**	**100%**

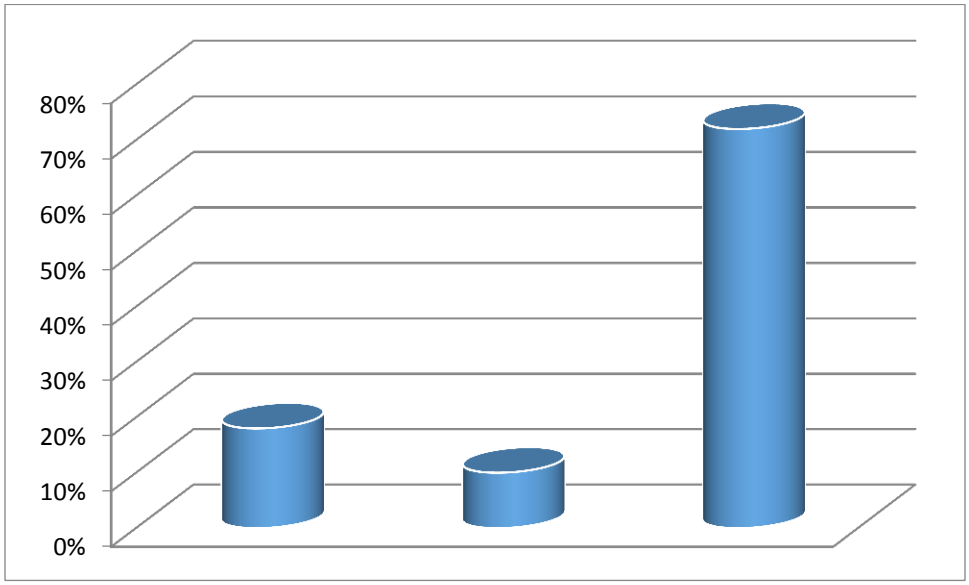

Figure 15: Working patterns in government facilities

Source: Field data; August 2016

Table 18: Working patterns in CHAM facilities

Working patterns of the employees	FREQUENCY	PERCENTAGE
Full time	4	9%
Part–time	6	14%
Regular shift	33	77%
Total	**43**	**100%**

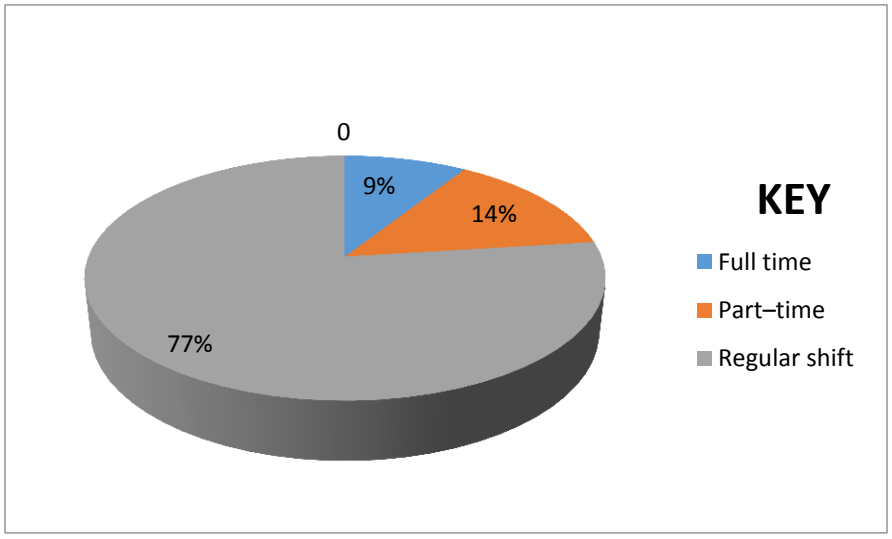

Figure 16: Working patterns of the employees in CHAM facilities

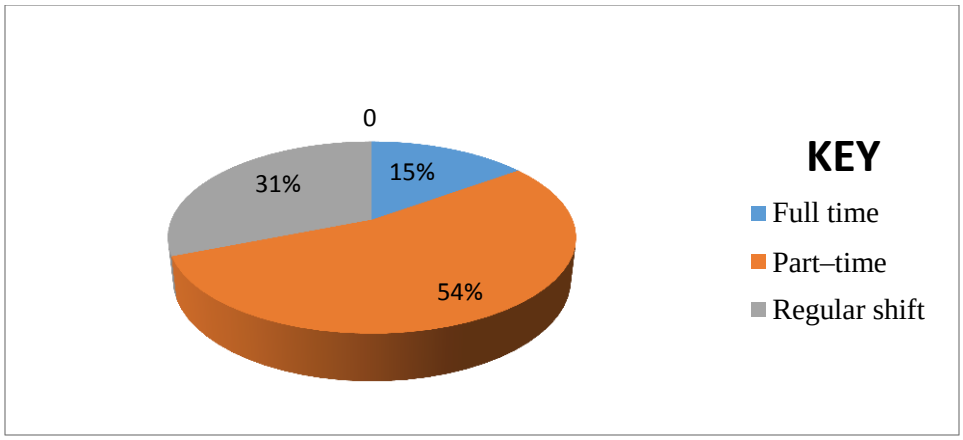

Figure 17: Working patterns of employees in private facilities

Comparative analysis of the working patterns

The findings of the study above shows that on high percentage, employees work on regular shifts in the government and CHAM hospitals however in the private health facilities most employees work on part–time basis. The highest percentage on part–time working basis in the private facilities signifies lack of employing full time workers in most facilities of that nature.

4.2 Work Life Balance practices in the health sector

The study paved room for the participants to indicate all the WLB practices that their hospitals and health facilities provide to them. In testing employees' understanding of the term Work Life Balance, it proved that most of them understand it better. For instance, most of the participants defined WLB as the effective management of multiple responsibilities at work, at home, and in the other aspects of life. It is an issue that is important both to the organizations and to employees. Situation analysis of Work –Life Balance practices

In attempting to find out the WLB practices that health facilities offer their employees, it was noted that annual leave, sick leave, off days, time away and study leave were granted to the staff in certain instances in some facilities. It was noted that annual leave entitlements for health workers ranged from 15 to 24 days per year although most

members of staff did not utilise all of them within the year. In most government and CHAM facilities, it was observed that employees were entitled to four weeks sick leave on full pay and eight weeks sick leave on half pay during each year. It must be stated that sick leave was seen to be well implemented by most facilities.Generally, the responses indicated that despite the high value attached to some work-life balance practices in place, the members of staff are still dissatisfied because some of the work-life balance practices such as flexible schedules, provision of social and family events, mental relaxation programmes and child education schemes are not in place.

They also suggested that length of maternity leave should be increased to 6 months so that the breastfeeding mothers can do so for at least 6 months as is recommended. They said that paternity leave days should also be increased because often the fathers report back for duty when the mothers still needed their assistance most. Others indicated that all employees should be given time to proceed for annual leave as required and that the number of off days should be increased. Related to these, some felt that they should be granted off days during public holidays and the management should source for part-timers to step in during such days. The interviewees also concurred when they said that many times members of staff are usually recalled to duty even when on leave or off-day and this makes it difficult for them to plan for their free time. They also stated that there should be flexi working arrangements such as compressed week, flexible hours and part-time working to enable employees attend to personal issues and have time to do locums which would enhance their financial well-being.

Most of the participants in the study said that there should be family support in the event of death of staff members or a member of their nuclear family that they should be provided with paid holidays, that there should be provisions for retreats and group recreational opportunities and facilities such as social clubs which will provide avenues for relaxation and also team building. The respondents felt that if these practices were embraced, the staffs ‘morale would improve; their commitment to the organization increased hence increased tendency stay.

Table 19: Showing comparative analysis of Work-Life Balance practices in the sampled health facilities

WLB Practices in government hospitals	WLB practices in CHAM hospitals	WLB practices in Private clinics
Annual leave	Annual leave	Sick leave
Sick leave	Sick Leave	Maternity leave
Off days	Off days	
Maternity leave	Maternity leave	

Poor work-life balance practices indicated by employees in the health sector

It was therefore discovered that among other key WLB practices that most hospitals and health facilities are providing to their employees include rigid work schedule- Sometimes organizations are rigid in their approach towards work. Generally, employees are not being allowed to reschedule their work as per need of their family requirement in that organization. Therefore, their family can get disturbed from this fixed schedule of working in organizations which create an imbalance between their both lives. Remote Offices – Most employees face problems in attending offices at remote places. They likely spend more time in attending office and returning back to their homes. This reduces the time to spend at home and create family unrest resulting in work life imbalance. Long Working Hours- The long working hours at offices reduces the fruitful time to be spent with family and also it can restrain employees to attend the children from their schools. This also creates an imbalance between their work life and family life. Poor work culture- Unsupportive, hostile and rigid work culture which adversely affect working life of women employees having a negative impact on their personal life. Additionally, lack of holidays, study leave and compassionate leave were mostly cited as key issues that make most employees in the health sector in Malawi to starve. The figure below provides rate of percentages of the WLB practices as indicated by the respondents.

At Manyamula health centre, the Medical assistant there has not gone out on annual leave since October 2014, he only goes out on off duty after accumulating some days through working odd hours. He is also rarely compensated in terms of monetary rewards as well but he is very much aware that he is entitled to annual leave. This therefore signifies that in government facilities, policies and procedures are well written but hard to be followed for various reasons like shortage of staff. In Mission hospitals policies and procedures are available and practiced to some extent however in private facilities, no real good procedures, some aspects of work-life balance available but emphasis is on profit making so workers not given time to attend to family matters. Leave days are in most cases just bought but the workers remain exhausted which has a bearing on service delivery.

Table 20: Poor Work-Life Balance practices in the health sector in Malawi

In Government facilities		
Poor Work-Life Balance practices	**FREQUENCY**	**PERCENTAGE**
Long working hours	40	42.7%
Rigid work schedules	23	24.7%
Lack of leave holiday days	16	17.6%
Remote and poor working environments	11	12%
Poor organization culture	3	3%
Total	**94**	**100%**

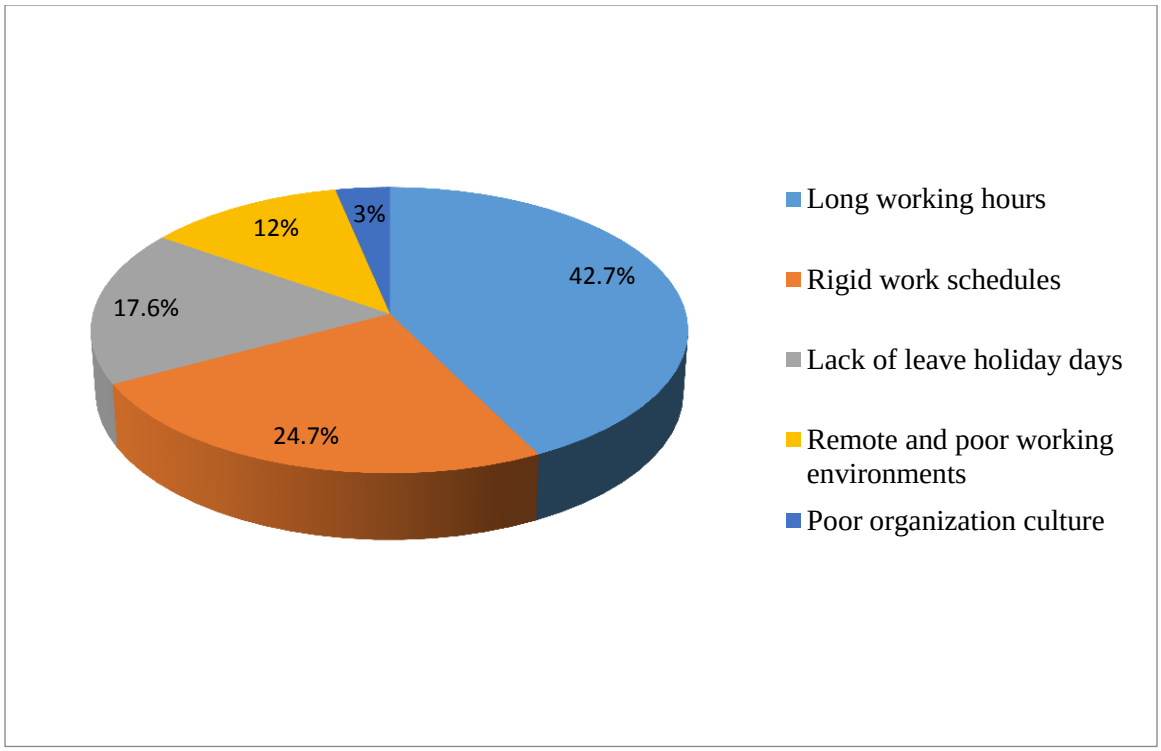

Figure 18: Poor Work Balances Practices in Government

Table 21: Poor WLB practices in CHAM facilities

Poor Work Life Balance practices	FREQUENCY	PERCENTAGE
Long working hours	23	53%
Rigid work schedules	6	14%
Lack of leave holiday days	8	19%
Remote and poor working environments	4	9%
Poor organization culture	2	5%
Total	**43**	**100%**

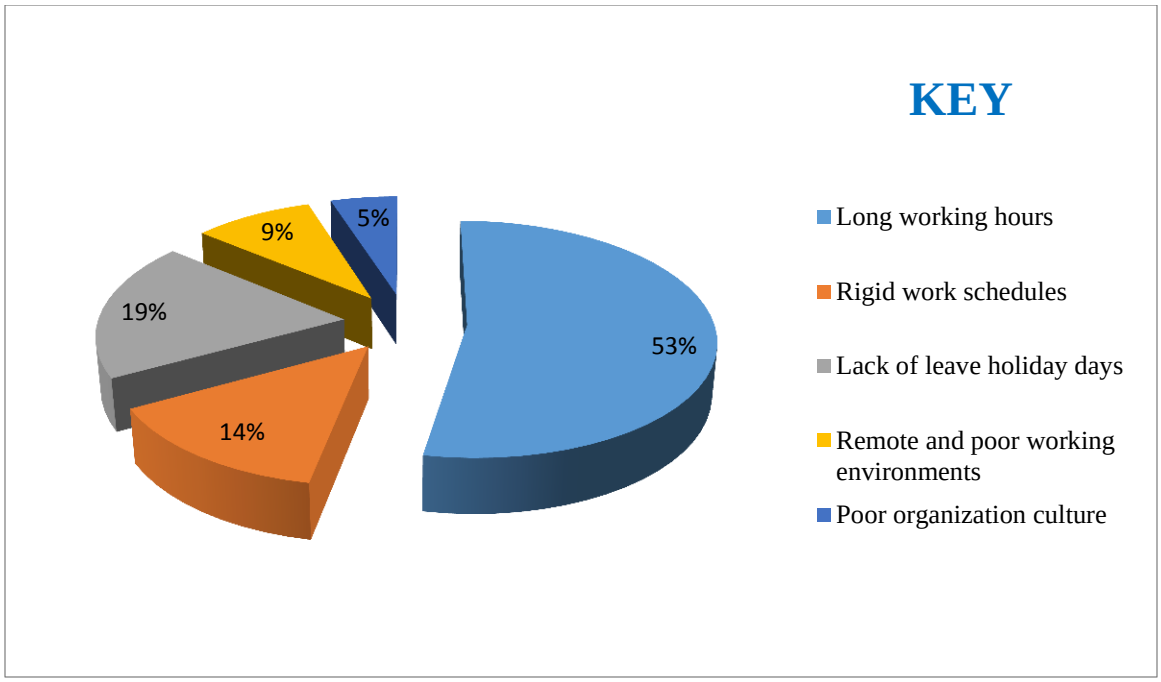

Figure 19: Poor work-life balance practices in CHAM acilities

Table 22:Poor WLB practices in Private health facilities

Poor Work-Life Balance practices	FREQUENCY	PERCENTAGE
Long working hours	5	39%
Rigid work schedules	2	15%
Lack of leave holiday days	3	23%
Remote and poor working environments	2	15%
Poor organization culture	1	8%
TOTAL	13	100%

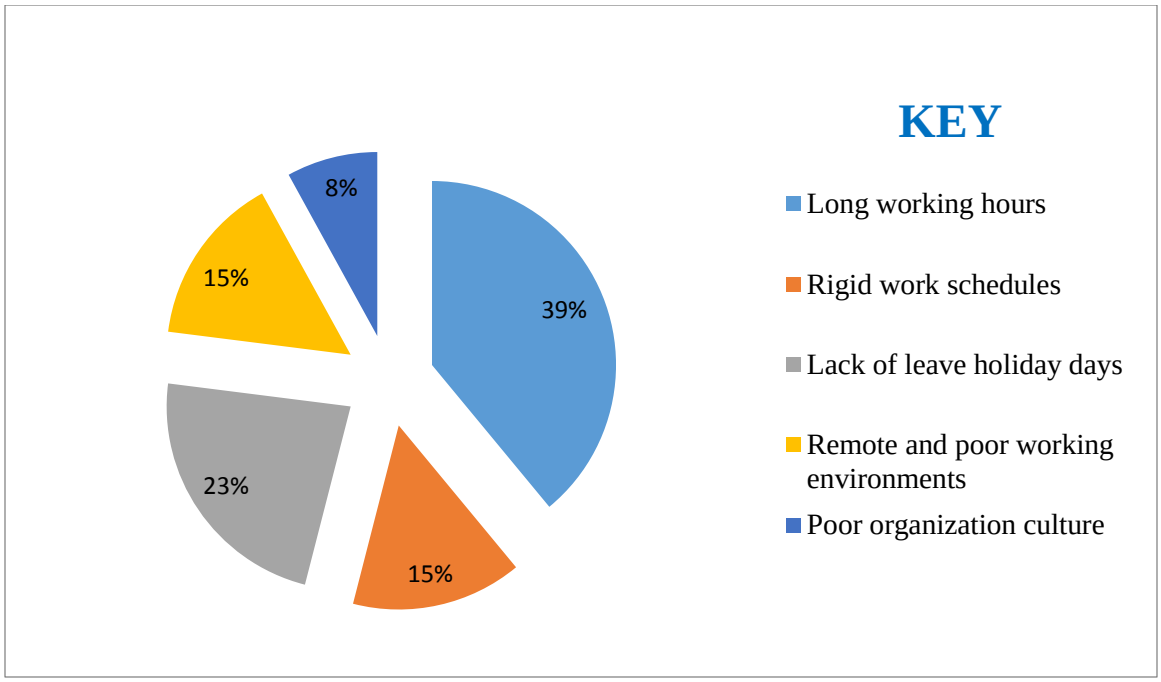

Figure 20: Poor work-life balance in private health facilities

Comparative analysis of the poor Work-Life Balance practices

The study results reveal that the issues to do with poor WLB practices are more less the same in all the sampled hospitals. However, long working hours is the worst amongst all facilities. This means that most problems to do with WLB in the health sector are very similar to each other.

4.3 Management's work culture on Work-Life Balance practices

A good number of respondents pointed out that most hospitals and health facilities do not have supportive culture that can help in cultivating effective Work–life Balance practices. Thus, unsupportive, hostile and rigid work culture adversely affects working life of employees having a negative impact on their personal life. Despite poor WLB practices that most hospitals and health facilities are pursuing at present, little is being done to improve the situation. It was noted that management of most institutions are tough and strongly stick to 1980's policies

without having any social understanding of their employees' needs. Managerial support and the work-life climate of an organization may moderate the link between work-life balance practice provision and both employee use of practices and perceptions of organizational support.

Work-Life Practices and Organizational Performance management is unsupportive of employees' efforts to balance work and personal responsibilities, and workers anticipate career penalties should they make use of the available practices. Lack of career development opportunities was at the hub of poor management culture as indicated by many respondents.

The above findings are in line with the findings from a research by Chay and Norman (2003) on creating value for employees: investment in employee development which showed that perception of investment in development can improve nurse's morale and dedication to the level that emotionally binds them to the organization and encourages them to stay on. This implies that healthcare organization need to pay greater attention, both in investing and planning development activities that promote and develop organizational commitment and job satisfaction among nurses. Armstrong (2009) concurs when he asserts that, lack of clear career path or development is a major cause of poor employee retention. He further says that to maintain a stable work force, employers should learn to plan to provide career opportunities by providing employees with wider expectations, encouraging promotion from within and developing equitable promotion procedures (Armstrong, 2009). A correlation analysis shows a significant positive relationship between retention and career advancement practices.

4.4 Strategies that can help promote WLB in the health sector in Malawi

108 participants representing 72% out of the total 150 targeted sample study expressed their thoughts stressing that the key strategy that can help in cultivating the spirit of WLB in the health sector in Malawi lies on the commitment to increase staff levels in the health sector in Malawi. Furthermore, it was stressed and proposed by 27 respondents (18%) that good leadership style by many hospitals management and health facilities remains another critical remedy in striving to promote Work –Life Balance practices among the health practitioners in Malawi. Finally, 15

participants (10%) added that good policies are also very significant since these will set new standards of the working styles that will consider current human resources management practices.

This clearly displays that in whatever the case, increasing staff in the health sector in Malawi must be the first priority. Additionally, creating an inspiring working environment in the health service in Malawi through excellent leadership tactics and designed good policies can help in improving the challenge of poor Work-life Balance practices.

Table 23: Strategies for promoting WLB in government facilities

Strategies for promoting Work -Life Balance practices	FREQUENCY	PERCENTAGE
Increase in staff levels in the health sector	68	72%
Good leadership in the health services	18	19%
Good managerial policies	8	9%
Total	**94**	100%

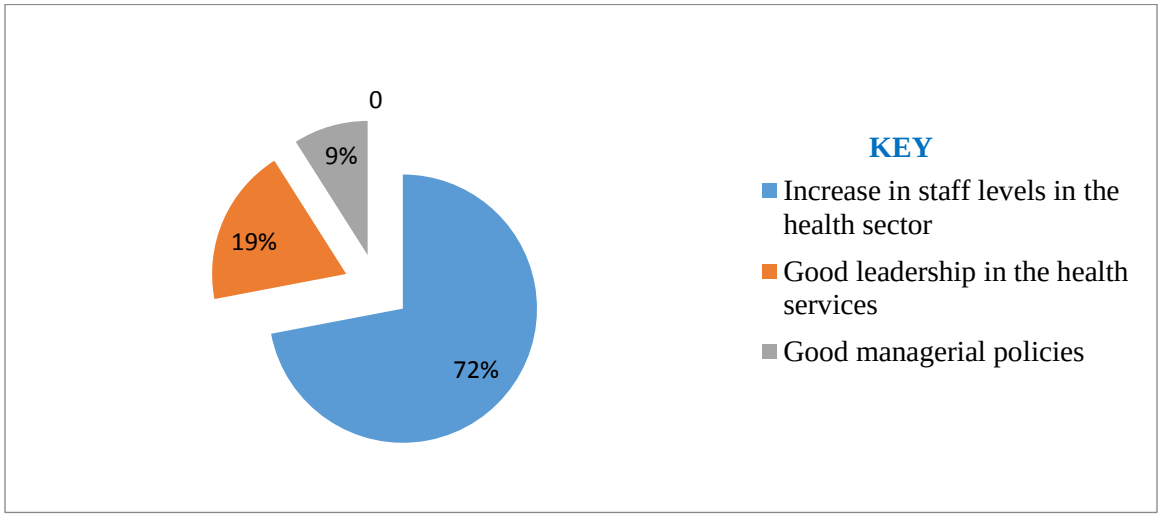

Figure 21: Strategies that can help promote Work-Life Balance practices in the Government facilities

Table 24: Strategies that can promote WLB in CHAM facilities

Strategies that can help promote Work – Life Balance practices	FREQUENCY	PERCENTAGE
Increase in staff levels in the health sector	23	53%
Good leadership in the health services	17	40%
Good managerial policies	3	7%
Total	**43**	**100%**

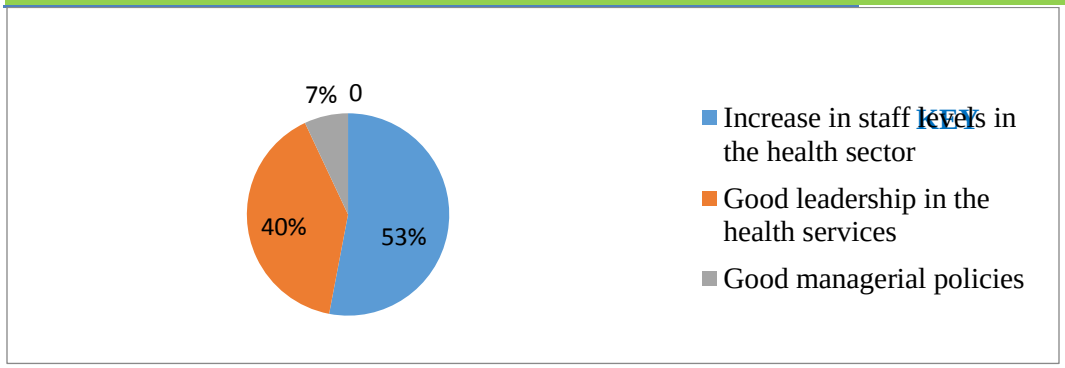

Figure 22 : Strategies that can help promote Work-Life Balance practices in CHAM facilities

Table 25: Strategies that can help promote Work -Life Balance practices in private health facilities

Strategies that can help promote Work – Life Balance practices	FREQUENCY	PERCENTAGE
Increase in staff levels in the health sector	7	54%
Good leadership in the health services	4	31%
Good managerial policies	2	15%
TOTAL	**13**	**100%**

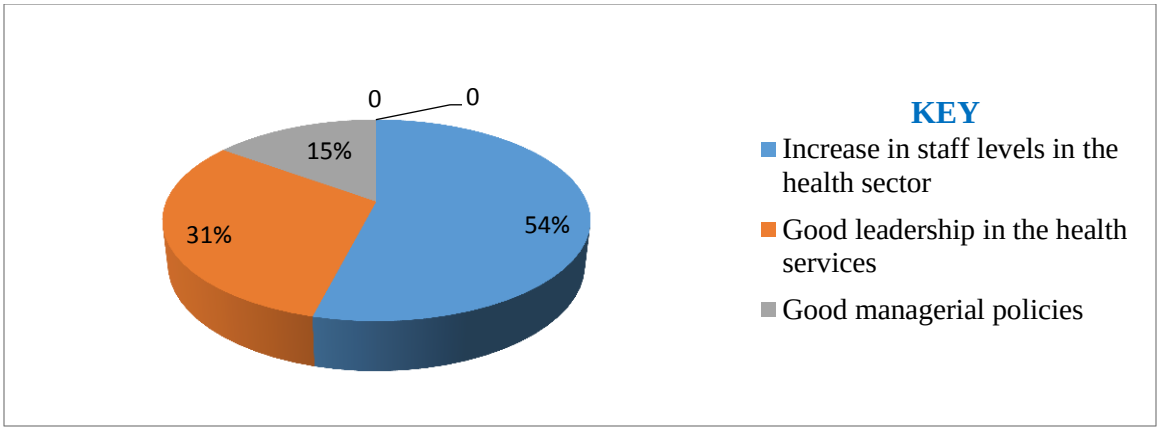

Figure 23: Strategies that can help promote Work-Life Balance practices in private health facilities

Comparative analysis of the strategies that can help promote WLB practices

The study findings presented above show that the need to increase staff in the health sector remains the highest option in addressing the WLB practice problems. Generally, this shows that the health sector in Malawi is suffering from staff shortage due to various problems. Poor WLB practices also leads to this shortage as not many people get interested to join work places where they hardly have time to attend to their family and social issues.

4.5 Impact of work-life balance practices on performance of both employees and the health institution

This remained the core focus of the study as many participants expressed their minds on how current WLB practices is affecting the employees' performance and the performance of the hospitals and health centres in terms of quality of health services and employees' productivity.

Availability of work-life balance practices, independent of actual use, appears to produce similarly positive results in terms of work-related attitudes. For instance, the availability of organizational resources, including flexible work hours, has been linked to job satisfaction and organizational commitment for all employees with family responsibilities, regardless of whether or not these resources are being used (Nelson et al., 1990; Scandura&Lankau, 1997).

Similarly, Roehling, Roehling, and Moen (2001) found in a representative sample of 3,381 American workers that the presence of flexible time policies and childcare assistance was associated with employee loyalty for those with family responsibilities.

These results can be interpreted using social exchange theory (Blau, 1964). When treated favourably by the organization, employees will feel obliged to respond in kind, through positive attitudes or behaviours toward the source of the treatment. Using the provision of work-life balance practices as an indicator of favourable treatment, employees will reciprocate in ways beneficial to the organization – increased commitment, satisfaction with one's job, and citizenship behaviours. The availability of work practices designed to assist employees with managing their responsibilities at home may also increase employee perceptions of organizational support, particularly if these work-life balance practices are seen as being useful (Lambert, 2000). Perceived organizational support can also be used as an indicator of favourable treatment, prompting reciprocal positive actions from employees.

These Work-Life Practices and Organizational Performance proposition find support in the results of Allen (2001), which indicated that perceptions of the organization as being family-supportive mediated the link between work-life practice availability and both affective commitment and job satisfaction.

Key implications: The provision of work-life practices has the potential to generate improved attitudinal and behavioural outcomes among employees independent of practice use. While this process is widely held to occur via social exchange, research has not yet explicitly tested this proposition, nor the possibility Work-Life Practices and Organizational Performance that national context (in the form of varying statutory regulations) may moderate the link between provision of practices and employee perceptions of organizational support

Table 26: Impact of WLB practices in government facilities

Impact of WLB practices on employees' performance	FREQUENCY	PERCENTAGE
It increases commitment and productivity	27	29%
It enhances employees' loyalty to the organization	14	15%
It increases job satisfaction	13	14%

It leads to high organizational efficiency and improved service quality	18	19%
It reduces employee's turnover	22	23%
Total	**94**	**100%**

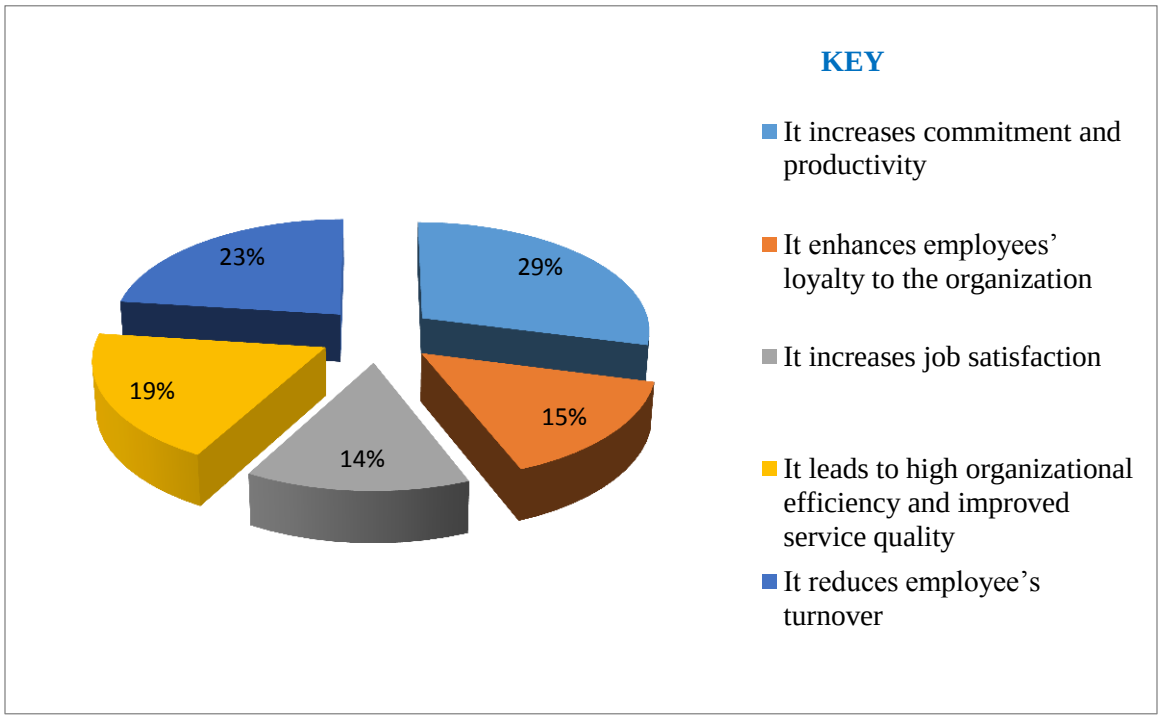

Figure 24: Impact of WLB practices on employees' performance in government facilities

Table 27: Impact of WLB practices on employees' performance CHAM facilities

Impact of WLB practices on employees' performance	FREQUENCY	PERCENTAGE
It increases commitment and productivity	17	40%
It enhances employees' loyalty to the organization	5	12%
It increases job satisfaction	4	9%
It leads to high organizational efficiency and improved service quality	7	16%

It reduces employee's turnover	10	23%
Total	**43**	**100%**

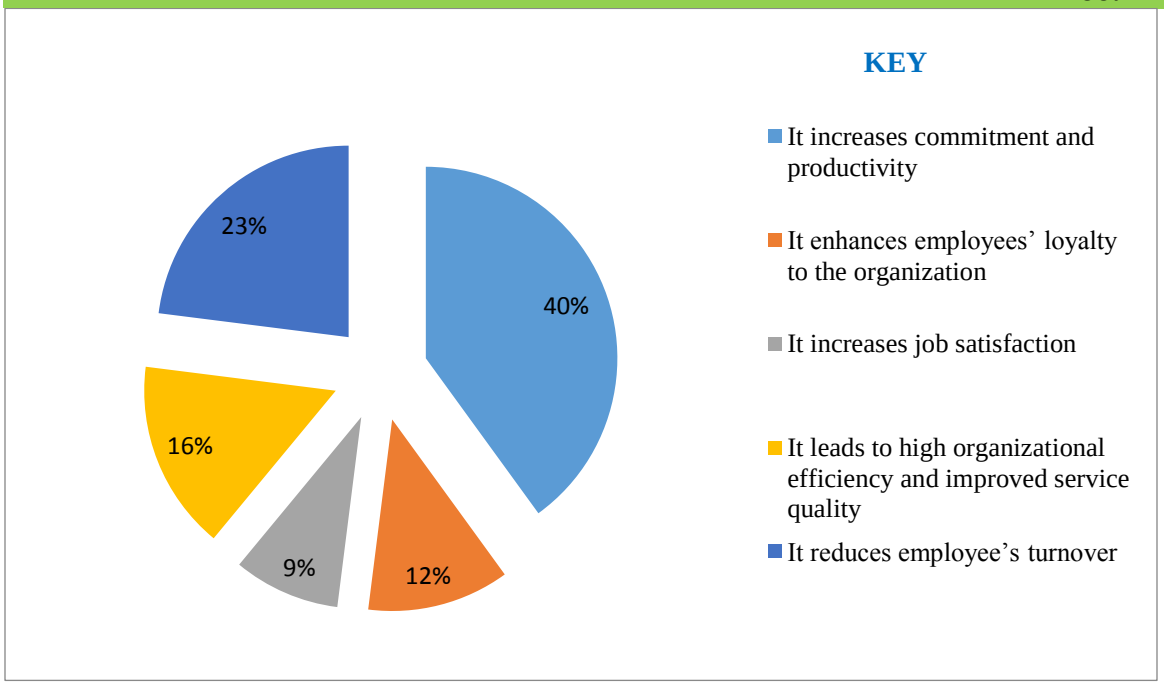

Figure 25: Impact of WLB practices on employees' performance in CHAM facilities

Table 28: Impact of WLB practices on employees' performance in private health facilities

Impact of WLB practices on employees' performance	FREQUENCY	PERCENTAGE
It increases commitment and productivity	2	15%
It enhances employees' loyalty to the organization	1	8%
It increases job satisfaction	2	15%
It leads to high organizational efficiency and improved service quality	4	31%
It reduces employee's turnover	4	31%
TOTAL	**13**	**100%**

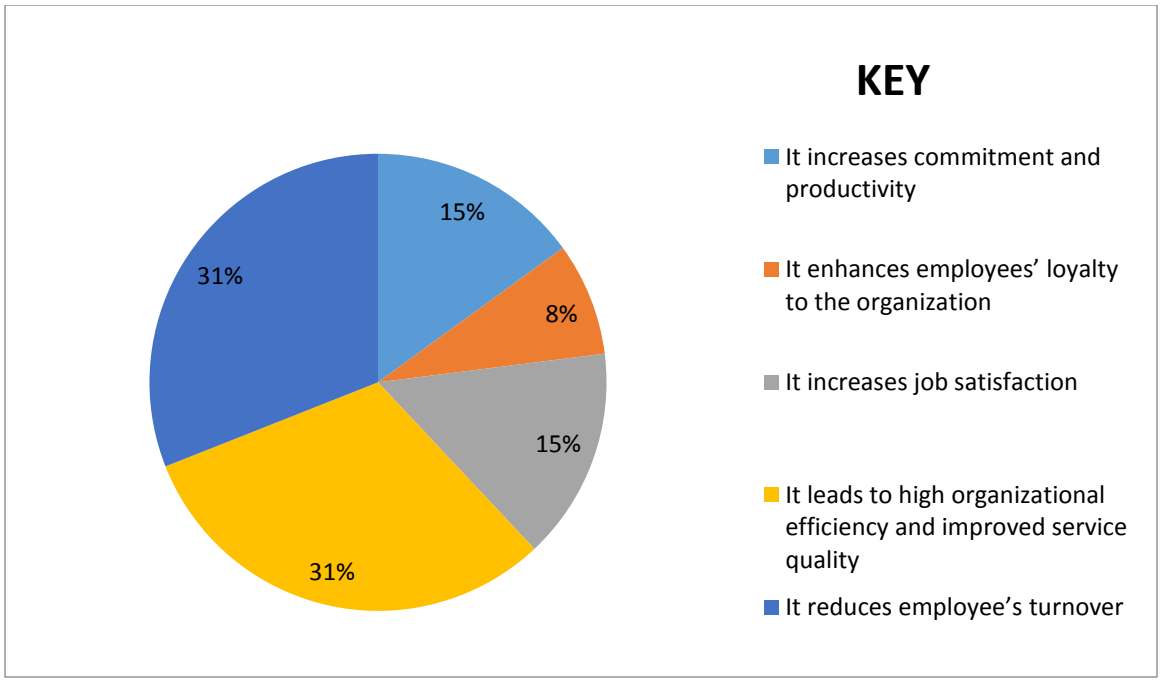

Figure 26: Impact of WLB practices on employees' performance in Private facilities

Comparative analysis of the WLB practices in the health sector

The results show that in all the government and CHAM facilities, it is indicated to the highest level that WLB practices increases employees' commitment and productivity. However, in the private health facilities, it is said that WLB practices leads to high organizational efficiency and improved service quality

With regard to job attitudes, use of and satisfaction with work schedule, flexibility has been associated with increased organizational commitment and reduced turnover intentions (Aryee, Luk, & Stone, 1998; Halpern, 2005; Houston & Waumsley, 2003), and voluntary reduced hours have been linked to greater job satisfaction, loyalty, and organizational commitment. This therefore signifies the significance of WLB in today's hypercompetitive business environment.

The findings of this study agrees to what Shepard et al. (1996) stressed that WLB through flexible work hours may increase organizational productivity because employees may choose to work during their peak hours in terms of personal productivity.

Another proposition given by the authors is that employees using flexible work hours may increase their work effort, because the costs of losing a job that offers desired flexibility would be higher than those of losing a job without the option of flexible hours. McDonald et al. (2005) suggest that employees working flexible hours may enable organizations to keep up with a workload that is inherently variable throughout the year; flexible working arrangements may invoke the principle of reciprocity, wherein employees work extra hours during peak times in exchange for the ability to tailor their hours to suit their own needs at other times.

Performance of employees and their job satisfaction are acclaimed to be affected vitally by the Work Life Balance practices. More specifically, WLB is said to help in reducing employee turnover rate, increasing loyalty and productivity of employees, reduced absenteeism and increased return on investment in training as employees stay longer with the organization. Thus, WLB strategy offers a variety of ways to reduce stress level and to increase job satisfaction.

On a negative note, it was discovered that lack of effective WLB practices in the health facilities has high effect on employees' turnover. This observation is in line with the findings of Thompson and Prottas (2005) and Yanadoria and Katob (2010) who examined the relationship between employee turnover intention and organization support such as supervisor support, flex time, work family culture and co-worker support and concluded that organization support reduced the employee turnover intention. A correlation analysis show a statistically significant weak but positive relationship between retention and work-life balance practices

4.6 Challenges experienced in implementing effective work-life balance practices

Several factors have been identified as creating major difficulties in the development and the implementation of WLB practices in the health service sector in Malawi. In addressing the concern most participants raised three key hurdles as what limits the acceleration of WLB practices in many hospitals and health facilities. Out of the total 150 sampled respondents, 118 of them representing 78.7% stressed insufficient human

resources in the health sector as the key drive to the challenges on the ground whereas 23 of the participants, thus, 15.3% pointed out poor organizational culture in cultivating the spirit of WLB practices as another stumbling block. Finally, 9 respondents representing 6% indicated poor policies guiding the health services sector in Malawi as a further root cause for all the difficulties in the health sector. Statistically, **figure 5** below presents the results as provided by respondents.

Table 29: Challenges experienced in implementing effective WLB in Government facilities

Challenges experienced in implementing effective work-life balance practices	**Frequency**	**Percentage**
Insufficient human resources	68	72%
Poor organizational culture	18	19%
Poor management policies	8	9%
Total	94	100%

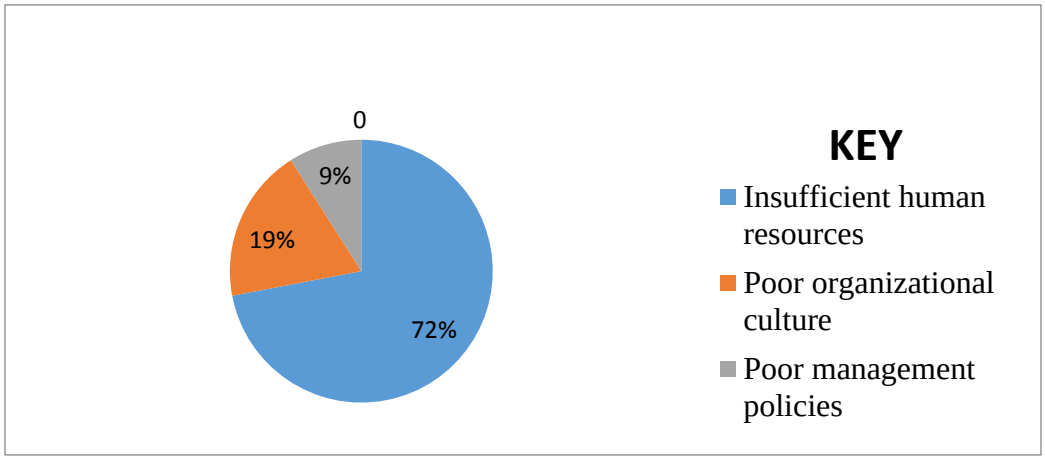

Figure 27: Challenges experienced in implementing WLB practices – Government facilities

Table 30: Challenges experienced in implementing effective WLB in CHAM facilities

Challenges experienced in implementing effective work-life balance practices	Frequency	Percentage
Insufficient human resources	28	65%
Poor organizational culture	12	28%
Poor management policies	3	7%
Total	43	100%

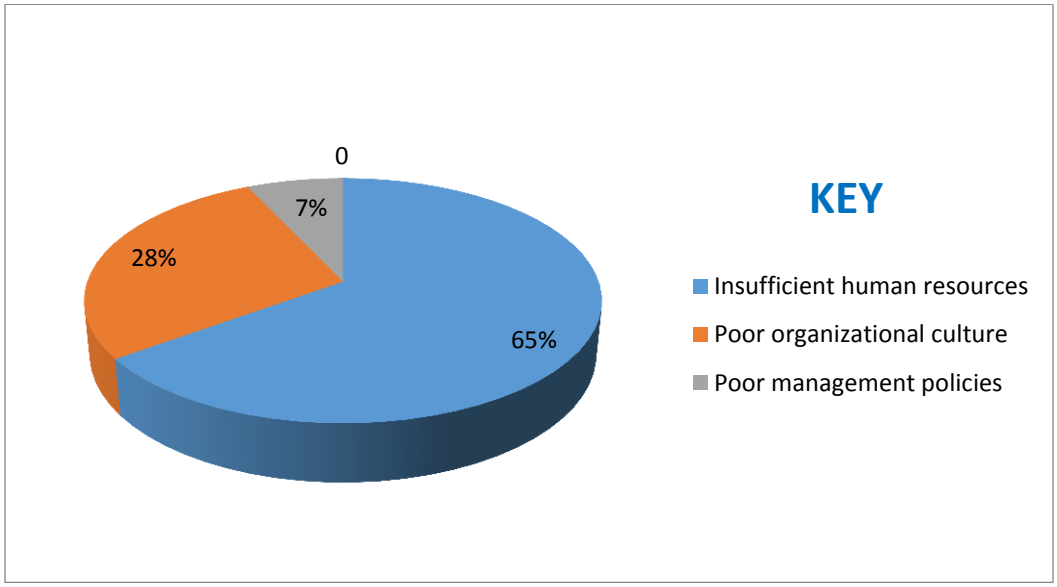

Figure 28 : Challenges experienced in implementing WLB practices – CHAM facilities

Table 31: Challenges experienced in implementing effective WLB in Private facilities

Challenges experienced in implementing effective work-life balance practices	Frequency	Percentage
Insufficient human resources	7	54%
Poor organizational culture	4	31%
Poor management policies	2	15%
Total	13	100%

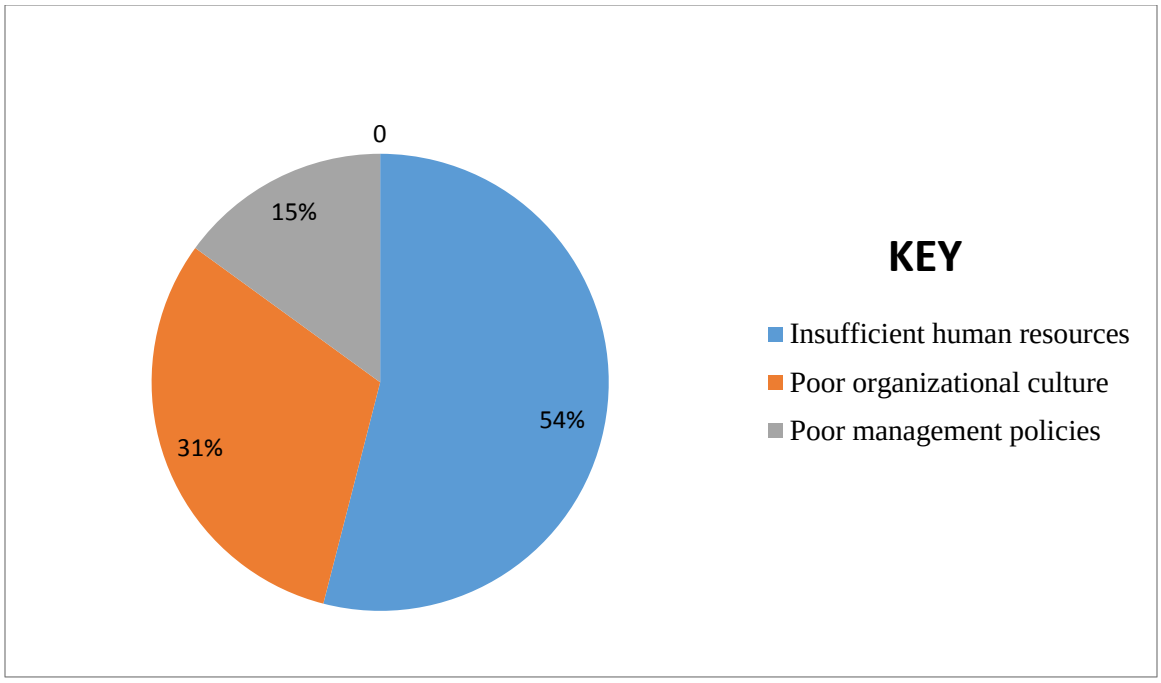

Figure 29: Challenges experienced in implementing WLB practices – Private facilities

Comparative analysis of the challenges experienced in implementing effective WLB practices

Generally, it has come to light that the biggest hurdle limiting effective implementation of the WLB practices in the health sector in Malawi remains the challenge of insufficient

human resources. This indicates that the health sector in Malawi suffers from low staffing levels which in most cases have resulted into poor WLB practices.

4.7 Possible solutions that can further improve work-life balance practices in the health institutions.

To answer the above question which was on the respondents opinion on how they think are the possible solutions that can help cultivate and promote WLB practices in the hospitals and health facilities in Malawi, 65.3% represented by 98 respondents cited the need to increase staffing level in the health sector. On the other hand, 12% of the participants a reflection of 18 of them indicated the strong need to develop a good organization culture that can fuel the spirit of promoting WLB practices. Finally, 34 participants representing 22.7% mentioned that designing good policies remains another option in attempting to promote WLB practices in the health sector in Malawi.

Table 32:Possible solutions that can further improve work-life balance practices in government facilities

Possible solutions that can further improve work life balance practices	FREQUENCY	PERCENTAGE
Increasing staffing level in the health sector	72	77%
Developing organization culture that can promote WLB practices	18	19%
Designing good policies that will pave room for WLB practices	4	4%
Total	**94**	**100%**

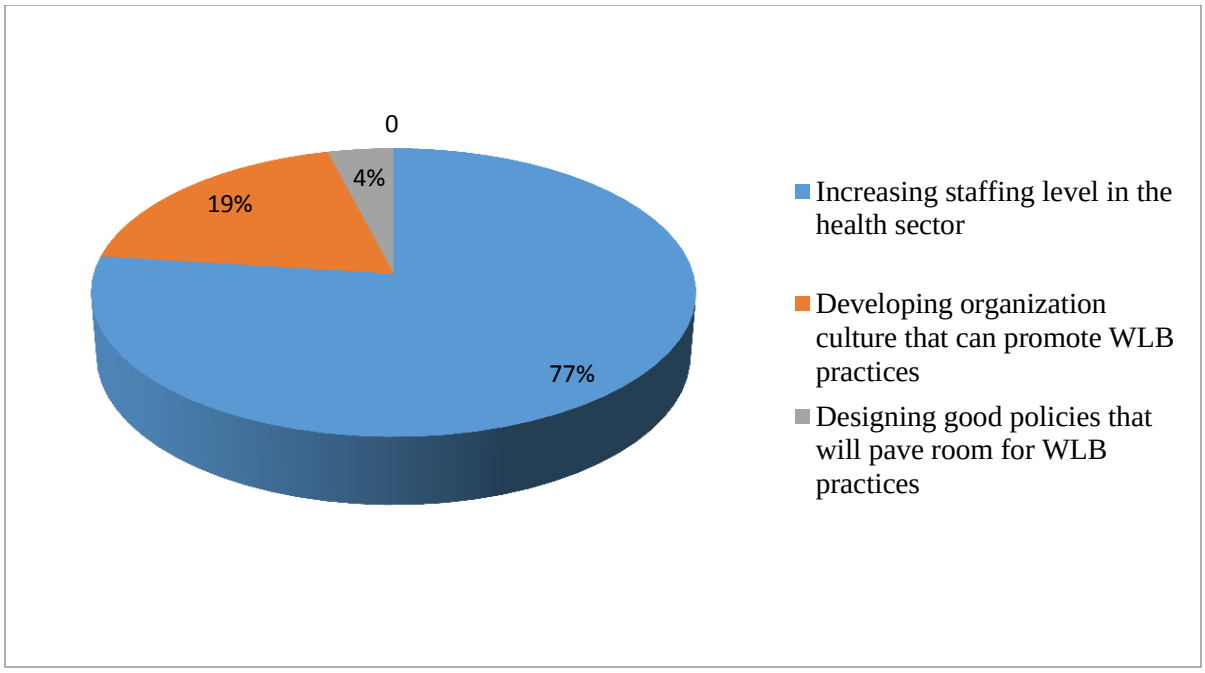

Figure 30: Possible solutions that can further improve work-life balance practices - Government facilities

Table 33: Possible solutions that can further improve work- life balance practices in CHAM facilities

Possible solutions that can further improve work-life balance practices	FREQUENCY	PERCENTAGE
Increasing staffing level in the health sector	27	63%
Developing organization culture that can promote WLB practices	10	23%
Designing good policies that will pave room for WLB practices	6	14%
TOTAL	**43**	**100%**

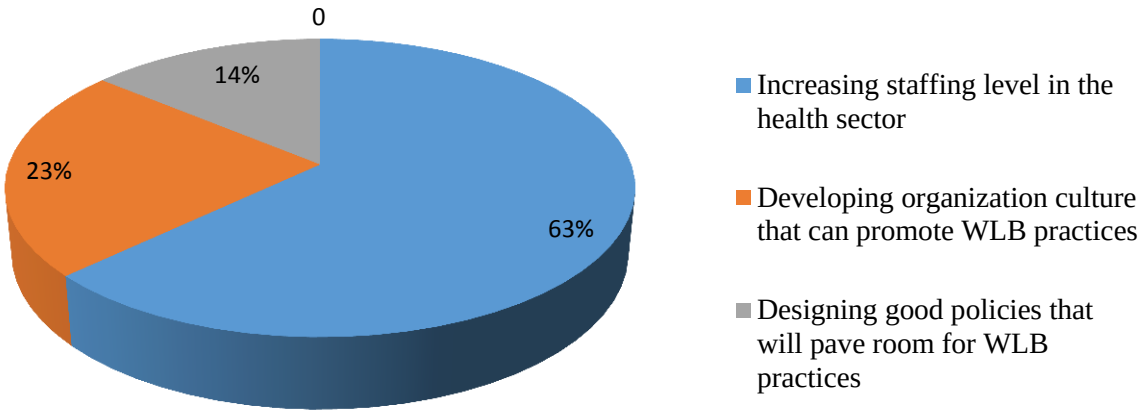

Figure 32: Possible solutions that can further improve work -life balance practices - CHAM Facilities

Figure 31: Possible solutions that can further improve work-life balance practices - CHAM Facilities

Table 34:Possible solutions that can further improve work- life balance practices in private health facilities

Possible solutions that can further improve work-life balance practices	FREQUENCY	PERCENTAGE
Increasing staffing level in the health sector	7	54%
Developing organization culture that can promote WLB practices	4	31%
Designing good policies that will pave room for WLB practices	2	15%
TOTAL	**13**	**100%**

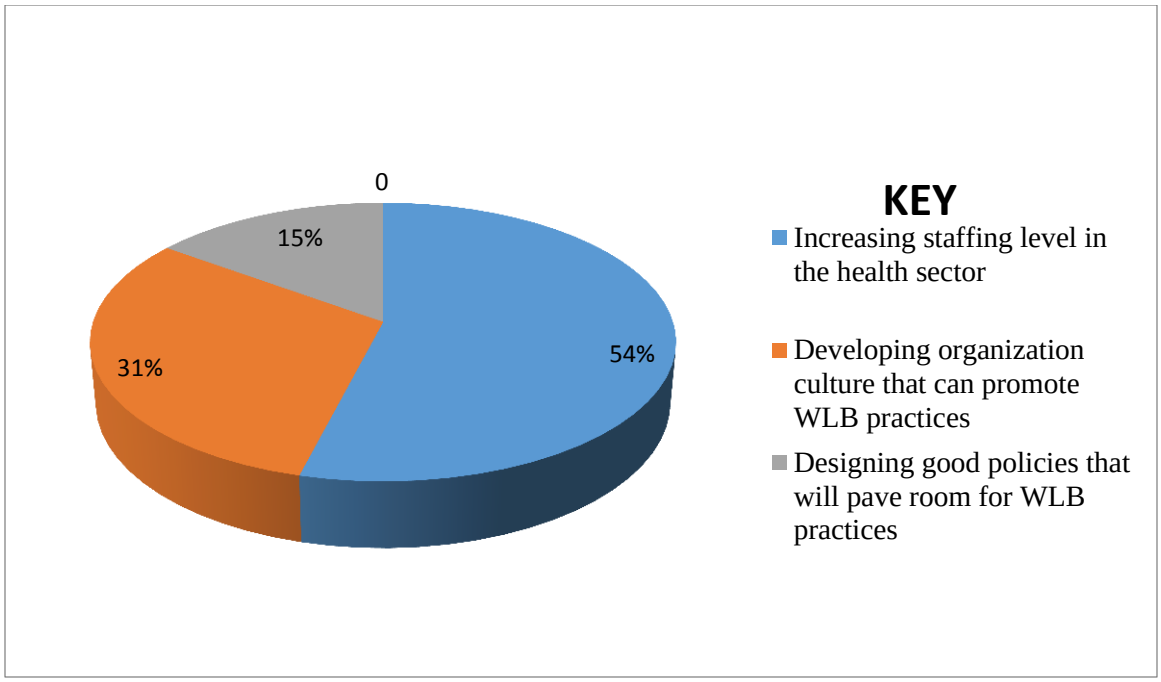

Figure 32: Possible solutions that can further improve WLB practices – private facilities

Comparative analysis of the possible solutions to promote WLB practices in the health sector

Despite all the issues, problems and strategies required to create a conducive working environment in the health sector in Malawi, it has been emphasized that increasing staff remains the heart in curbing all the challenges resulting from poor WLB practices in the health sector. Thus, most respondents in all areas of study stressed the need to increase staff levels and ensure that policies are followed in order to cultivate an excellent working environment.

When asked the work-life balance practices that needed to be put in place to enhance staff retention in their institutions the respondents said that staff should be provided with comprehensive medical covers or access to free treatment and child care services (onsite child care services). They also suggested that length of maternity leave should be increased to 6 months so that the breastfeeding mothers can do so for at least 6 months as is recommended. They said that paternity leave days should also be increased because often the fathers reported back for duty when the mothers still needed their assistant most. Others

suggested that all employees should be given time to proceed for annual leave as required and that the number of off days should be increased. Related to these some felt that they should be granted off days during public holidays and the management should source for part-timers to step in during such days. The interviewees also concurred when they said that many times staff are usually recalled to duty even when on leave or off-day and this makes it difficult for them to plan for their free time.

They also suggested that there should be flexi working arrangements such as compressed week, flexible hours and part- time working to enable employees attend to personal issues and have time to do locums which would enhance their financial well-being. Others suggested that they should be deployed near their families for a number felt that family bonds were seriously strained due to distances. They also said that there should be family support in the event of death of staff member or a member of their nuclear family that they should be provided with paid holidays, that there should be provisions for retreats and group recreational opportunities and facilities such as social clubs which will provide avenues for relaxation and also team building. The respondents felt that if these practices were embraced, the staffs 'morale would improve; their commitment to the organization increased hence increased tendency stay.

Comparative analysis of the research findings

WLB practices situation in the government health facilities

Whilst the government service performs better in its other areas, it is overshadowed by NGOs in terms of salaries. The working conditions in hospitals, with their resource shortages and unsocial shifts, also went against the government service.

There are a variety of workplaces within the government health service, including health centres in rural areas, district hospitals (in medium sized towns) and tertiary hospitals in the cities. Each place has inherent advantages and disadvantages. For example, whilst in tertiary hospitals the workload is heavy (because they handle both serious referrals and

local residents), respondents enjoyed working in such hospitals because they had 'interesting' cases and more physician support. However, because tertiary hospitals are in the centre of town, accommodation is limited and respondents often lived far away with high rent and transport costs. District hospitals were currently the most popular choice.

Key informants revealed that this was because they offer the benefits of urban living, but because they are based in smaller towns accommodation and transport are cheaper. Mangham (2007) also detected a slight preference for district hospitals in her study of the employment choices of Malawian RNs. There was no disagreement that rural health centres were the least popular destination. These preferences have caused distortions in the distribution of staff. One participant said that even though she worked in a busy tertiary hospital ward, they only had five Registered Nurses compared to 15 in Mulanje District Hospital where patient numbers are lower. The numbers of nurses in health centres are even lower which therefore contributes to long hours of work. Working conditions are also a significant deterrent to employment in rural areas. Because of short-staffing, rural nurses often work longer, more undefined shifts than their counterparts in urban areas. Short-staffing also makes it difficult for nurses to take breaks, as Caroline at Mzimba District hospital explained: "patients do not understand that you need to have breakfast or take a shower, they ask why you cannot see them." Poor transport makes it difficult for nurses working alone to access timely support.

One participant at Manyamula health Centre spoke of watching a patient die because an ambulance didn't get to her in time: "you see the woman dying, you are just looking at her; and you don't have anything that you can do". The frustration nurses commonly felt was exacerbated by the perceived lack of compensation for their hardships. Health Centre nurses complained that they received the same salaries as those working in district hospitals, even though they had better working conditions and opportunities to supplement their income.

Work-Life Balance practices situation in the CHAM facilities

According to a CHAM official, the turnover of health practitioners like nurses had been high in recent years. She believed that this was partly because of the rural location of CHAM facilities, and partly because it could no longer attract donors to subside salaries as was the case in the past when take home packages were higher in CHAM facilities. In the past, CHAM offered higher salaries and was able to distinguish itself from government by better conditions and lower patient to nurse ratios because of user fees, however, since CHAM entered into a government agreement to provide free healthcare, treatments under the Essential Health Package, patient numbers have increased.

According to key informants, CHAM employees were not able to benefit from workshops as regularly as government staff. Workshops, which evolved as a measurable way to disperse donor funds, are popular amongst health practitioners for their generous per diem allowances. In some cases the allowances are so large that four-day workshop might equal a clinical officer's monthly salary (King and King 2000).They are now a prominent feature in the nursing landscape but have been criticized for their allowances practices and for exacerbating staffing shortages (Meguid and Mwenyekonde 2005). The fewer workshops you attend, the less money you can make. "On the poor working conditions especially on the long hours of working, he stressed deep disappointment with the working systems. For, instance, he gave an example that, he started working on 11 June starting from 7:30am to 12:00pm thereafter he left for home then he came back in office at 5pm till morning 7am on June 12 unfortunately he was told that due to workload he was required to be back in office at 7:30am just to have a 20 minutes short break. This proved so hard to him because he was so exhausted after spending the whole night working and this had the potential to affect service delivery to the patients. He further stated that the root cause of this challenge remains to be shortage of staff.

Work-Life Balance practices situation in the private facilities

In private clinics it has been discovered that most owners are much profit oriented hence employees work very long hours even without allowances. For annual leave days, most employees in the private clinics emphasized that management just buy their days so that they continue working throughout the year as long as they are paid. This however proved

to be another biggest challenge in the private clinics and that this is caused mainly due to shortage of staff as well in the private clinics.

4.8 Chapter summary

In a nut shell, this chapter has presented the findings of the study and a thorough discussion of these findings. Firstly, the study found that in the health sector in Malawi there is poor WLB practices due to seven main reasons such as insufficient staff in the health sector in Malawi, poor organizational culture, poor leadership styles and poor policies that fail to cultivate the good staff working spirit in most hospitals and health facilities. Secondly, the study found that there is a strong need to increase staff levels in the health sector in Malawi if the issue of work life balance is to be well supported.

CHAPTER FIVE

STUDY CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings, recommendations and areas of future research based on the findings.

5.2 Summary of the study

The study revealed that most respondents felt that work-life balance practices affect staff motivation hence it is very important in the health sector in Malawi. These practices include among others provision of onsite childcare services, flexible work schedules, social and family events, gym and mental relaxation programmes, children education schemes, leave (maternity, compassionate, maternity, study, paternity, annual etc.), off days and time away when necessary. The study results show that most respondents have the view that poor work-life balance might be the contributing factor on poor employees' retention in the health care institutions and on the quality of health services delivered. This is in line with the findings of Lockwood, 2003 and Landaur, (1997) who asserted that work-life balance programmes have the potential to significantly improve employee morale, reduce absenteeism and retain organizational knowledge, particularly during difficult economic times. Rahman and Nas (2013) assert that obtaining a balance between work and life has a great role in employee‘s decision to remain with the organization.

The high value attached to work-life balance practices notwithstanding the staff was dissatisfied because some of the work life balance practices such as flexible schedules (e.g. compressed week and flexi hours), provision of social and family events, mental relaxation programmes and child education schemes were not in place. Additionally, it was noted that some of the work-life balance practices such as off day, sick leave, annual leave, maternity and paternity leave and compassionate leaves were said to be in place

but not being applied as should have been hence contributing to poor service quality in the health sector in Malawi.

5.3 Conclusion

Human resources are one of the most critical components for strategic success across all organizations. Effective human resources management practices should be able to satisfy and retain this most critical asset. The role of human resource management is generally seen in ensuring that firms are able to attract, retain, motivate and develop human resources according to current and future requirements according to Som, 2008. In this study the impact of work-life balance practices on employees' performance was being examined and that was done as comparative analysis of government hospitals, CHAM hospitals and the private clinics in Mzimba district. From the findings, it has been concluded that excellent WLB practices play a significant role in ensuring high performing health institutions. However, the practices in place in the health sector are generally unsatisfactory. Thus, in most hospitals and health facilities, work-life balance practices were either absent or inadequate.

From the results, it is also concluded that the health sector in Malawi is going through tough times that are negatively affecting health services provision. For instance, shortage of staff in the health institutions remains at the heart of most challenges that all hospitals and health facilities are sailing through at present. These findings thus suggest that there is need for the government, CHAM management and the owners of the private clinics to look into the aspects of work-life balance practices such as flexible working system; fair working hours among others as one way of cultivating and promoting WLB practices that can help improve employees' performance. Additionally, the results have shown that apart from similar obstacles of shortage of staff in the heath sector in Malawi, government and CHAM hospitals have clear policies that if utilised can help cultivate and promote Work-Life Balance practices whilst most private clinics do not have policies which guide their operations with regard to Work-Life Balance practices.

5.4 Recommendations

Based on the findings of this study**,** the researcher recommends a number of things. Firstly, there is a need to ensure increased staffing in the health sector in Malawi. This will help in ensuring that long working hours due to shortage of staff might be history.

The second recommendation is to improve the work environment; a conducive working environment characterized by clear channels of communication should be established. In particular, upward communication should be encouraged so that the staff can be able to express their views, give feedback on performance and express their dissatisfactions. Involvement in decision making, a conducive organizational climate and work place civility should also be embraced. The government should also allocate some funds for expansion of facilities to provide for the medical needs of the ever increasing population.

To promote work-life balance practices there is a need to ensure flexi working arrangements such as compressed week, flexible hours and part-time working to be introduced to enable employees attend to personal issues. There should be family support in the event of death of staff member or a member of their nuclear family. Occasionally the staff should be taken for retreats and group recreation to provide avenues for relaxation and also bonding.

5.5 Future Research Areas

Based on the findings of this study, there is need to research more on three areas. The findings of the study were that most of the staff that left went to work for NGOs and private health care institutions. Similar studies should also be done in the NGOs that employ health practitioners to establish the retention strategies developed and adopted and how these strategies are embedded within the organization's dynamic environment.

The study looked at the role of work life balance practices on the retention of staff in health care institutions, further studies should also be done to establish the relationship between employee retention and employee performance in organizations.

The study also sees another gap that needs further research on the extent to which rural health facilities and urban hospitals differ in their work-life balance practices in their operations.

REFERENCES

Amundson, N.E. (2001). Three-dimensional living. *Journal of Employment Counseling, 38*, 114-128.

Armstrong, M (2009). A Handbook of Human Resource Management Practice, (10th ED) London: Kogan Page

Aryee, S. (1992). Antecedents and outcomes of work-family conflict among married professional women: Evidence from Singapore. *Human Relations, 45(8),* 813-835.

Barnett, R.C. (1998). Toward a review and reconceptualization of the work/family literature. *Genetic, Social, and General Psychology Monographs, 124*, 125-182.

Barnett, R.C., & Hyde, J.S. (2001). Women, men, work, and family. An expansionist theory. *American Psychologist, 56*, 781-796.

Beatty, C.A. (1996). The stress of managerial and professional women: Is the price too high? *Journal of Organizational Behavior*, 17, 233-251.

Beauregard, A and Lesley C. H (2008). *Making the link between work-life balance practices and organizational performance. Human Resource Management* Review, Volume19, Issue 1, article available on www.sciencedirect.com.

Bellavia, G.M. &Frone, M.R. (2005). Work–family conflict. In J. Barling, E.K.

Belsky, J., Perry-Jenkins, M., & Crouter, A. (1985). The work-family interface and marital change across the transition to parenthood. *Journal of Family Issues, 6,* 205-220.

Blood, R.O., & Wolfe, D.M. (1960). Husbands and Wives. New York: MacMillan, 1960.

Burke, R.J. (1988). Some antecedents and consequences for work-family conflict. *Journal of Social Behavior and Personality, 3, 287-302.*

Burke, R.J., & Greenglass, E. (1987). Work and family. In C.L. Cooper & I.T. *Robertson (Eds.), International Review of Industrial and Organizational Psychology, 273-320.*

Burton, C. (2004). What does work-life balance mean anyway? *Journal for Quality and Participation, 27, 12-13.*

Carlson, D.S., Kacmar, K.M., Wayne, J.H., & Grzywacz, J.G. (2006). Measuring the positive side of the work-family interface: *Development and validation of a work-family enrichment scale. Journal of Vocational Behavior, 68, 131-164.*

Champoux, J.E. (1978). Perceptions of work and non-work: A reexamination of the compensatory and spillover models. *Sociology of Work and Occupations, 5, 402-422.*

Chilumpha, C. (2004). Labour Law. Blantyre: Commercial Law Centre.

Clark, S.C. (2000). Work/family border theory: A new theory of work/family balance. *Human Relations, 53(6), 747-770.*

Clarke, M., Koch, L., & Hill, E. (2004). The work–family interface: Differentiating balance and fit. *Family and Consumer Sciences Research Journal, 33(2), 121-40.*

Crooker, K. J., Smith, F. L., & Tabak, F. (2002). Creating work-life balance: A model of pluralism across life domains. *Human Resource Development Review, 1(4), 387-419.*

Crouter, A. (1984). Spillover from family to work: The neglected side of the work–family interface. *Human Relations, 37(6), 425-442.*

Crouter, A. C., Perry-Jenkins, M., Huston, T. L., & Crawford, D. W. (1989). The influence of work-inducted psychological states on behavior at home. Basic and Applied Social Psychology, 10, 273-292.

Department of Information Technology (2010). Information Technology Annual Report 2009-10.Place of publication: Ministry of Communications & Information Technology, Government of India.

Desai, T.P. (2003). Work–family conflict in India: An emerging concept? Sloan Work and Family Research Network, 5(3). Retrieved March 30, 2007, from http://wfnetwork.bc.edu/The_Network_News/5-3/TNN5-3_Desai.pdf

Duxbury, L. (2004). Dealing with work-life issues in the workplace: Standing still is not an option. The 2004 Don Wood Lecture in Industrial Relations. Retrieved January 4, 2007, from http://irc.queensu.ca/gallery/1/dwls-linda-duxbury-onwork- life-conflict.pdf

Edwards, J.R., & Rothbard, N.P. (2000). Mechanisms linking work and family: Clarifying the relationship between work and family constructs. Academy of Management Review, 25(1), 178-199.

Employers for Work-Life Balance (2005). Work-life balance: An introduction. Retrieved February 10, 2007, from www.employersforworklifebalance. org.uk/work/definition.htm

Falkenberg, L. and Monachello, M. (1990). Dual career and dual income families: Do they have different needs?" *Journal of Business Ethics, 9(4-5), 339-351.*
Family Relations, 32, 367-374

Fisher, G.G. (2001). Work/Personal Life Balance: A Construct Development Study Unpublished doctoral dissertation, Bowling Green State University, USA. Retrieved 20 July 2016

Frone, M.R., Russell, M., & Cooper, M.L. (1992a). Prevalence of work-family conflict: Are work and family boundaries asymmetrically permeable? *Journal of Organizational Behavior, 13, 723-729.*

Frone, M.R., Russell, M., & Cooper, M.L. (1992b). Antecedents and outcomes of work-family conflict: Testing a model of the work-family interface. *Journal of Applied Psychology, 77(1), 65-78.*

Galinsky, E., & Johnson, A.A. (1998). Reframing the Business Case for Work life Initiatives. New York: Families and Work Institute.

Goff, S.J., Mount, M.K., & Jamison, R.L. (1990). Employer supported child care, work family conflict, and absenteeism: *A field study. Personnel Psychology, 43, 793-809.*

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

Greenhaus, J.H., & Parasuraman, S. (1999). Research on work, family, and gender: Current status and future directions. In G. N. Powell (Ed.), Handbook of Gender and Work. (pp.391-412). Thousand Oaks, CA: Sage. .

Greenhaus, J.H., & Powell, G.N. (2006). When work and family are allies: A theory of work-family enrichment. *Academy of Management Review, 31(1), 72-92*.

Greenhaus, J.H., Collins, K.M., & Shaw, J.D. (2003). The relation between work –family balance and quality of life. *Journal of Vocational Behavior, 63, 510-531*.

Gröpel, P. (2005). *On the Theory of Life Balance: The Relation to Subjective Well-Being and the Role of Self - Regulation (Doctoral dissertation, University of Osnabrück, Germany).* Retrieved March 30, 2007, from http://deposit.ddb.de/cgi-bin/dokserv?idn=976856646&dok_var=d1&dok_ext= pdf&filename=976856646.pdf

Grzywacz, J.G. (2002). Toward a theory of work-family enrichment. Paper presentation, 34th Annual Theory Construction and Research Methodology Workshop, November, Houston, TX.

Grzywacz, J.G., & Bass, B.L. (2003). Work, family and mental health: Testing different models of work-family fit. *Journal of Marriage and Family, 65, 248-262.*

Grzywacz, J.G., & Marks, N.F (2000). Reconceptualizing the work-family interface: An ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology, 5, 111-126.*

Grzywacz, J.G., Carlson, D.S., Kacmar, K. M., & Wayne, J.H. (2007). A multi-level perspective on the synergies between work and family. *Journal of Occupational and Organizational Psychology, 80(4), 559-574.*

Guest, D.E. (2002). Perspectives on the study of work-life balance. Social Science Information, 41(2), 255-279.

Higgins, C.A., Duxbury, L.E., & Irving, R.H. (1992). Work-family conflict in the dual career family. Organizational Behavior and Human Decision Processes, 51,51-75.

Hill, E. J., Hawkins, A. J., Ferris, M., & Weitzman, M. (2001). Finding an extra day a week: The positive influence of perceived job flexibility on work and family life balance. Family Relations, 50(1), 49-65.

Hobson, C.J., Delunas, L., &Kesic, D. (2001). Compelling evidence of the need for corporate work/life balance initiatives: Results from a national survey of stressful life events. *Journal of Employment Counseling, 38, 38-44.*

Hudson Resourcing (2005). *The case for work/life balance: Closing the gap between policy and practice, 20:20 Series. Hudson Global Resources. Retrieved May 7, 2008, from http://au.hudson.com/documents/ emp_au_Hudson_Work-Life_A4_Std.pdf Information Technology (n.d.*). In Wikipedia, The Free Encyclopedia. Retrieved 12 August, 2016

Kahn, R.L., (2009), from http://en.wikipedia.org/wiki/Information_ technology, Accessed on 28 August 2016

Kelloway& M.R. Frone (Eds.), Handbook of Work Stress (pp113-147). Thousand Oaks, CA: Sage.,

Kelly, E.L., & Moen, P. (2007). Rethinking the clockwork of work: Why schedule control may pay off at work and at home. Advances in Developing Human Resources, 9(4), 487-506.

Kelly, R., & Voydanoff, P. (1985). Work/family role strain among employed parents, 10, 68- 81.

Kirchmeyer, C. (2000). Work-life initiatives: Greed or benevolence regarding workers time? In C.L. Cooper & D.M. Rousseau (Eds.), Trends in Organizational Behavior. (pp. 79-93).Chichester, UK: Wiley.

Kirrane, M., & Buckley, F. (2004). *Contributing to work family domain conflict: Exploring the avenues*. (LInK Working Paper Series, 06-04). Retrieved March 14, 2009, from www.link.dcu.ie/publications/ working paper series

Lambert, S.J. (1990). Processes linking work and family: A critical review and research agenda. Human Relations, 43(3), 239-257.

Lewis, S., Rapoport, R., & Gambles, R. (2003). Reflections on the integration of paid work and the rest of life. *Journal of Managerial Psychology*, 18 (8), 824-841.

Lockwood, N.R. (2003). Work/Life Balance: Challenges and Solutions, Society for Human Resource Management: Research Quarterly, 2, 1-10.

Mangham Lindsay (2007) *Addressing the Human Resource Crisis in Malawi's Health Sector: Employment preferences of public sector registered nurses* London: Overseas Development Institute.

Naithani, P. & Jha, A.N. (2009). An empirical study of work and family life spheres and emergence of work-life balance initiatives under uncertain economic scenario, Growth - MTI, 37 (1), 69-73.

Naithani, P. (2010). Overview of Work-life balance discourse and its relevance in current economic scenario. *Asian Social Science*, 6(6), 148-155.

Niharika (2008). *Challenges for the Indian BPO. ICMR Case Studies and Management Resources.* Retrieved September 10, 2009, from http://www.icmrindia.org/free%20resources/articles/CHALLENGES%20FOR%20THE %20I NDIAN%20 BPO1.htm

Oxfam International Research report (2008). *Malawi Essential Health Services Campaign, For All Campaign: Country Case Study*. Oxford: Oxfam GB.

Patton, M. (1990) *Qualitative evaluation and Research methods Beverly* Hills,CA: Sage.
Perry-Jenkins, M., Repetti, R.L., &Crouter, A.C. (2000). *Work and family in the 1990s. Journal of Marriage and the Family, 62, 981-998.*
Piotrkowski, C. (1979). Work and The Family System. New York: The Free Press.

Piotrkowski, C., &Crits-Christoph, P. (1981). Women's job and family adjustment. *Journal of Family Issues*, 32, 126-147.

Pranab. (2010). GDP to grow at 8.5% in 2010-11, *Times of India*. Retrieved April 14, 2010, from http://timesofindia.indiatimes.com/ biz/ india-business/ GDP- to-grow- at- 85- in- 2010- 11-says- Pranab/ articleshow/ 5714174.cms

Professional (n.d.). In Macmillan online dictionary. Retrieved August 28, 2009, from http://www.macmillandictionary.com/dictionary/british/professional _23

Ramu, G.N. (1989). *Women, Work and Marriage in Urban India*: A Study of Dual and Single-Earner Couples. New Delhi: Sage.

Rapoport, R., Bailyn, L., Fletcher, J.K., and Pruitt, B.H. (2002). *Beyond Work-Family Balance: Advancing Gender Equity and Workplace Performance*. San Francisco: Jossey Bass.

Reiter, N. (2007). Work life balance: what do you mean? The ethical ideology underpinning appropriate application. *Journal of Applied Behavioral Science, 43, 273.*

Swami (2007). *Work-life Balance: Organizational strategies for sustainable growth*. HRM Review, October, 33-37.

Taylor, R. (2002). *The future of work-life balance.* ESRC Future of Work Programme Seminar Series. Retrieved March 30, 2007, from http://www.esrc.ac.uk/ ESRCInfoCentre/Images/fow_publication_2_tcm6-6060.pdf

Thomas, L.T., & Ganster, D.C. (1995). Impact of family-supportive work variables on work-family conflict and strain: *A control perspective. Journal of Applied Psychology, 80(1), 6-15.*

UMI (2008) ProQuest Dissertations & Theses database. No. 3038411.

Voydanoff, P. (1987). *Work and Family Life.* Newbury Park,CA: Sage.

Voydanoff, P. (2005). *Toward a conceptualization of perceived work family fit and balance: a demand and resources approach. Journal of Marriage and Family*, 67, 822-836.

Warren, T. (2004). Working part-time: Achieving a successful work-life balance? *The British Journal of Sociology,* 55, 99-122.

Wolfe, D.M., Quinn, R.P., Snoek, J.D., & Rosenthal, R.A. (1964). *Organizational Stress: Studies in Role Conflict and Ambiguity.* New York: Wiley.

Work family conflict (n.d.). In Wikipedia, The Free Encyclopedia. Retrieved May 12, 2008, from http://en.wikipedia.org/wiki/Work-family_conflict.

Work-life balance (2002). In, The Word Spy. Retrieved February 10, 2007, from http://www.wordspy.com/words/work-lifebalance.asp.

Xu, L. (2009). View on Work-family linkage and work-family conflict model. *International Journal of Business and Management*, 4 (12), 229-233.

Yadav RK & Dabhade N (2013) *Work Life Balance amongst working women in public sector banks - a case study of state bank of India*. India: Department of Management.

Zedeck, S. (1992). Work, Families, and Organizations. San Francisco: Jossey-Bass.

APPENDICES

Appendix 1: Research Questionnaire

Chancellor College

Department of Political and Administrative Studies

My name is Orphan M. Chirwa, a postgraduate student at the University of Malawi-Chancellor College. I am pursuing a Master of Arts in Human Resource and Industrial Relations. As a requirement, postgraduate students are tasked to produce a thesis in their area of specialization. I am interested in the area of "Work-life balance practices" Thank you for your support and time. The survey is a comparative analysis of **Work-Life balance practices among health practitioners in Malawi: A case study of health workers in Private and Government facilities in Mzimba district.** This survey takes approximately 10-15 minutes and participation is purely voluntary. The data gathered from the study is purely for academic purposes and every participant has the right to withdraw from the research at any point in time, if you feel uncomfortable or unethical. Your responses will be maintained highly confidential and data will be purely used for academic purposes only. If you have any questions at any time about the purpose of the survey or procedures, please feel free to contact me by email at orphanmapopa@gmail.com

Thank you for your interest in participating in this survey. Please start the below survey

SECTION A: DEMOGRAPHIC PROFILE

Please answer the following questions by ticking the appropriate box.

1 Please indicate your gender

☐ Male ☐ Female

2 Please indicate your age group

☐ 18-25 ☐ 26 - 35 ☐ 3 6 - 4 5 ☐ 4 6 - 5 9 ☐ Above 60

4 Please indicate your education level

☐ Secondary School (MSCE) ☐ High Diplomas ☐ Undergradu ☐
Postgraduate

☐ Other

5 Which group indicates your length of employment at this health center (in years)

☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years

6 Please tick your current working patterns, where appropriate

☐ Fulltime ☐ Part time ☐ Morning shift ☐ Evening shift ☐ Regular shift

☐ Flexible

Section 2: work- life balance practices

2.1 How do you understand by the word work –life balance?

2.2 How can you evaluate management's commitment in striving to promote Work –life Balance practices?

2.3 Indicate some work –life balance practices that your health facility offers to its employees

---

2.4 Does management's work culture emphasize on development and implementation of effective work –life balance practices? Explain

---

2.5 Does your health institution have effective strategies that support the work-life balance practice?

Section 3: impact of work-life balance practices on performance of both employees and the health institution

3.1 Indicate work –life balance practices that your institution provides to its employees

---

3.2 How do you think work –life balance practices affect employees' performance?

3.3 To what extent does work –life balance affect overall health institution performance?

3.4 From your working experience, indicate how work –life balance can improve employees' performance and productivity in today's competitive business environment

---

3.5 From your experience, how does lack of work –life balance affect staff turnover?

Section 4: challenges experienced in implementing effective work-life balance practices

4.1 To what extent is your health institution implementing effective work –life balance practices?

4.2 What are some key challenges your hospital or health institution is experiencing in implementing effective work-life balance practices?

4.3 What do think are the causes of the challenges your office is experiencing in implementing work –life balance practices?

Section 5: Recommendations on policies that can further improve work-life balance practices in the healthinstitutions.

5.1 What solutions do you think can help in effectively implementing work –life balance practices in your health institution?

5.2 Explain key policies that can further improve work-life balance practices in the health institutions

---

Thank you for your responses