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STRESS AND WORK LIFE BALANCE AMONG MEDICAL PRACTITIONERS: AN ANALYSIS OF EFFECT OF EMOTIONAL & PERSONALITY TRAITS AMONG INDIAN DOCTORS

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Abstract: Doctors have to be good listeners, figure out the symptoms based on what they know from the medical field, and decide how to diagnose the disease and what the expected results are, decide on the treatment, and keep track of the patient's progress in recovery. Young medical professionals are learning through experience and becoming more professional and knowledgeable. The participants in this study consist of medical practitioners with fewer than 15 years of experience post-graduation. It also includes medical students who are in their PG years. There are a lot of stories in the news about how hard it is for young doctors to work in hospitals, especially when it comes to their safety. One thing that sets medical professionals apart from other fields is their ability to balance their patients' negative mental states with their higher levels of mindfulness Sthe disease can be cured. The senior doctors are mature, have a lot of experience, and know how to handle patients' minds well. This paper examines the experiences of physicians in confidently addressing challenges. The results indicate that as experience grows, doctors select their preferred career path based on their capacity to endure occupational stress. Another fact is that people who work in medicine do it more for the money than for the chance to explore and face medical challenges.
Key words: Medical practitioners, mindfulness, occupational stress, psychological level

1. INTRODUCTION

The Indian medical system has three parts: public health hospitals, private hospitals, and private practice. In India, becoming a good doctor takes a long time, starting in childhood and going all the way up to the highest level. The only things that matter for getting into MBBS are your NEET score and your grades on the qualifying exam. This is where the difference begins: merit seats or management seats. In merit seats, students get into state-owned or highly-rated medical schools with either low tuition costs, scholarships, or sponsorship. In management seats, the students or their parents are the only ones who pay for the whole course. So, the student's honesty, involvement, commitment, and passion all play a role in the first level of admission. The stress begins with the pre-preparation for NEET-UG and the regular classes for 12th grade. The training is necessary to lower the academic standards for medical education and the 12th Standard education. The first stress comes from the fact that management colleges require a higher financial commitment. If these students don't get a merit seat in PG courses, they have to settle for PG courses. Low pay for MBBS doctors could make it hard for them to stay financially stable after spending a lot of money on their careers.(Rahman, Bhat, Ozair, Detchou, & Ahluwalia, 2024). Doctors and patients are both worried about changes in the medical service sector. Patients are unhappy because medical costs are going up, there is corruption, and the services they expect are not always available. More medical mistakes or not getting the right care during treatment also make people unhappy and cause problems with medical staff. Poor security, safety measures during treatment, and low-quality infrastructure all make medical practice more dangerous. These things made doctors look bad. Doctors can't do their jobs freely because they don't have the right legal and managerial support.(Jeffery, 2022). Doctors lose motivation when their hopes and dreams don't match up with their work before and after they become doctors. It's easy to see that doctors are unhappy and uncomfortable because of the way different stakeholders respond to them, changes in lifestyles, and the way the public views the medical profession.(Kumar, 2015). Government doctors are under more stress at work because they have fewer resources and fewer staff members. This was clear when COVID-19 spread in 2020. Doctors who treat diseases that can be spread are taking a big risk, and it could even put their own lives in danger. The government gives a lot of money to the health care department every year, and the medical service reaches rural areas to a certain extent. The state and central governments both offer a lot of programs to help low-income people get health care. Medical insurance made people use more health care services to a certain point. But there aren't enough workers yet.(Madhok, 2012). These is issues are common in most of the developing countries (Rahman, et al., 2024).

(Tony Garelick, 2013) described the four parts of how well doctors do their jobs. These are work environment factors, social factors, clinical factors, and personal factors for doctors. Work environment factors elucidate the intricacies of work and the environment's response thereto. If the treatment works and the patient gets better, it has a positive effect and people talk about it. That doctor will get more patients. If the treatment doesn't work, though, the patient can file a complaint and the doctor has to take action. It usually happens during certain types of treatment, like surgery. Compared to other fields, surgeons have a lot of stress.

1.1 Factors affecting work-life balance

Occupational stress is usually linked to the job or profession someone has. It can happen when someone has too much work to do, works too many hours, has conflicts with coworkers, is bullied or harassed, or anything else that makes them feel bad. Fear, anxiety, high blood pressure, or hypertension may be seen as signs of this. Doctors are under a lot of stress for a number of reasons, including being around disease, pain, death, and forbidden parts of the body all the time, as well as the strong urge to work too much (Bates, 1982). Higher stress level (Rashid & Talib, 2013), high suicide rate (McKevitt & Morgan, 1995). The main sources of occupational stress among doctors have been identified as: problems with practice administration, interruptions, patient's expectations and demands, emergencies, constant time pressures and work/home conflict (Rashid & Talib, 2015).

Competition and psychological conflicts (seniority, superiority, etc.) among doctors make it hard for them to work together as a team and cause stress for new doctors. Resident doctors also feel stressed out by bullying, favouritism, humiliation, and harassment. Another problem that doctors face is internal politics that makes it hard for them to get jobs, move up in their careers, and get benefits.(Garelick & Fagin, 2004). The increasing suicide among doctors is an alarming issue and indication that the junior doctors are not getting expected space among peers, society or even family (Muntean, Aurel Nires, Marius Mărus, & Sima-Comaniciu, 2022). Institution in which the doctor works and specialization of the doctor influence occupational stress. Especially, the surgeons have a higher stress level (Mirzabeigi, Hasani, Sheikh-Fathollahi, & Mokhtaree, 2016)

(Diaz, Abad-Tortosa, & Ghezal, 2023) explained that doctors have a high risk of suicide because of their working conditions, harassment, conflicts with coworkers, and lack of teamwork and social support. Less job satisfaction and a lower quality of life. Fear of social and professional discrimination, along with certain personality traits, is linked to a higher risk of suicide, with some traits being more common among doctors. Suicide risk is associated with hopelessness, neuroticism, agreeableness, openness, anxiety, and extraversion. Personality traits such as obsessive-compulsive, dysthymic, achievement-oriented, conscientious, introverted, and anxious influence stress levels.

(Harvey, et al., 2021).The overall quality of working life (QWL) has seven domains. physical health, mental health, job and career satisfaction, work passion and initiative, professional pride, professional competence, and balance between work and family (Tang, Guan, & Liu, 2022). The research indicates that physical health declines upon entering the profession, leading to symptoms such as fatigue, gastrointestinal problems, and weight loss, attributed to irregular eating habits and excessive workload. The response to mental health showed that frustration and burnout were on the rise. Another thing that affects the quality of work life is how happy you are with your job and career. Quality work life is affected by things like workload, creativity and innovation, how work is divided up and evaluated, and how supervisors set rules. Job fitness, career advancement, and rewards are all important factors in job satisfaction and managing work life.

(Adhikari & Gautam, 2010). Job stability, hygienic environment, ergonomic environment enhances comfortability and productivity. The characteristics of quality work life include demographics, socioeconomic components, and health behaviours (Emadzadeh, Khorasani, & Nematizadeh, 2012).

In the case of medical professionals, the same Quality Work Life measures apply. Doctors' health affects their relationships with patients, and it gets stronger. The work environment, the facilities, the person's role in the hospital, their area of expertise, the difficulty of the cases they handle, and how well they fit the job, etc.

1.2 Historical background of Work life balance

The need for work-life balance may have started in the 19th century with the well-known campaign against long working hours in businesses. It continued into the next century until the President signed the Fair Labour Standards Act in 1938. This led to many important changes in the workplace, such as banning child labour, setting a minimum hourly wage, making rules for tracking and recording overtime, and limiting the work week to 44 hours (which was later cut to 40 hours in 1940)(Sullivan, 2014). There were much research reported and it includes, working mothers and dual-earner families owing to the increase in the participation of women in the workforce (Lewis, 2007), Interconnectivity of personal life and work when both were considered as two exclusive domains (Kanter, 1977)

Table 1. Conceptual Framework

Theory	Proposed by	Variable
Spill over theory	(Pleck, 1995)	Problems at work and in life will affect each other in both directions. There are two types of spillover: positive spillover and negative spillover. Positive spillover happens when something good happens in one area and then something good happens in another area as well. A lot of research has been done on spillover
Conflict Theory	(Greenhaus & Beutell, 1985)	. An advancement or success in one domain necessitates a concession in

		the other domain. This is also known as role conflict theory. Conflict arises from temporal factors, role strain, particular behaviours, self-identification with roles, and role salience.
Boundary Theory	(Allen, Cho, & Meier, 2014)	Boundary theory asserts that psychological, physical, and/or behavioural boundaries exist between the work and non-work facets of an individual's life, delineating the two domains as distinct and separate entities. People manage and negotiate the work and non-work areas to find a balance between them. People think that "work" and "non-work" are two different areas that affect each other.
Border Theory	(Clark, 2002)	The border theory sees this relationship between the domains as a continuum that goes from segmentation to integration. At the segmentation end, the two domains are separate from each other, and at the integration end, they can be seen as the same. role.
Segmentation and Integration Theory	(Nippert-Eng, 1996)	High role integration means that there is no difference between work and home. When two domains are separated, segmentation happens. Any role can be placed on the integration-segmentation continuum, with high role segmentation and high role integration being the two ends of this continuum.
Enrichment Theory	(Powell & Eddleston, 2011)	Enrichment takes place when experiences in one role enhance the quality of life in another role. It is an accumulation of psychological resources in each role that are spilt over into another role.
Facilitation Theory	(van Steenbergen, Kluwer, & Karney, 2014)	Facilitation theory posits that engagement in one role enhances performance in another role. The involvement in another domain makes up for the loss or dissatisfaction. This theory posits that variables not directly associated with familial or occupational roles can influence the stability of multiple roles. This is accomplished through variables such as genetic influences, behavioural styles, personality traits, and socio-cultural factors.
Compensation Theory	(Edwards & Rothbard, 2000)	The involvement in another domain makes up for the loss or dissatisfaction. This theory posits that variables not directly associated with familial or occupational roles can influence the stability of multiple roles. This is accomplished through variables such as genetic influences, behavioural styles, personality traits, and socio-cultural factors.
Congruence Theory	(Rincey & Panchanatham, 2014) (Edwards & Rothbard, 2000)	The Congruence Model, also known as Person-Organization Fit, is a theory in HR that looks at how well different parts of an organisation work together and how well employees' values match those of the organisation. Research PDFs talk about congruence in different HR settings, like person-organization (P-O) fit, which looks at how well employee and organisational values match; HRM frames, which look at how well HR professionals and line managers work together; and the Congruence Model, which uses four parts (tasks, people, organisational arrangements, and strategy) to figure out how well an organisation is doing.

These theories are giving two perspectives: strengthening and weakening aspect. It depends on, emotional intelligence (Sudiro, Adi, Fithriana, Fasieh, & Soelto, 2023), personality traits (Sevda Köse, et al., 2021), and life perspective (Bakker, Demerouti, & Burke, 2009).

2. Professional Commitment

Professional commitment is how sincere and engaged someone is in making the work or service they provide better. Affective, Continuous, and Normative are the three kinds of professional commitment. Affective professional commitment elucidates the fervour for one's vocation. Continuous professional commitment elucidates the rationale for persisting in the profession, whereas normative commitment delineates the obligation to remain within the field.(BAGRAIM, 2003). The studies show that the doctors who are committed to profession during studies remain committed to profession also (Mohammadnejad, Raiesifar, Karamelahi, & Chehreh, 2024). Affective commitment encompasses time dedicated to medical practice, active participation in medical activities, personal development, a fervent desire to comprehend new cases, a commitment to thoroughness and quality in medical practices, and a passion for delivering truthful and ethical service. In continuous commitment, the variables include the desire to remain in medical practice, involvement in research and learning to improve professional skills, and the challenge of transitioning to a different career. Normative commitment encompasses

variables such as the aspiration to be recognised as a doctor, the pursuit of medicine as a profession, and the attainment of social respect. (Meyer, Allen, & Smith, 1993).

Personal commitment includes things like career growth, financial independence, the health and happiness of family members, social status, economic wellbeing, self-reliance and independence in life. Environmental commitment encompasses the variables of professional community involvement, participation in delivering quality treatment, and comprehension of treatment trends.

2.1 Difference in Working Environment in Public and Private Hospitals

People who use public hospitals are usually regular people who can't afford to pay for treatment. The treatment facilities depend on how important the hospital is. Fixing CCTVs, adding more police officers, and hiring government-approved security guards are all things that have been done to make sure that Health Care workers are safe. All the equipment needed to handle medical emergencies right away. There isn't much stress at work in government hospitals. The government hospital doctors have a hard time because of the kinds of people who go there. Government hospitals are also the first place to go for postmortem or treatment for either the victim or the accused, which can include legal issues. People who are addicted, hurt in accidents, or criminals cause fights, attacks, and other problems that make it harder for doctors to do their jobs.(Ghosh, 2018)

Private hospitals have the best medical equipment, but the work is also very stressful. Private hospital has an indirect duty to make money and make and make the best use of the resources they have to do so. Health care also needs a higher level of quality. Because of this higher expectation, the management make the medical officers work harder. There is a lot of stress at work. Patients' high levels of depression, anger, pain, loneliness, rejection, and other feelings can make them violent or cause bystanders to act strangely, which can be a problem for doctors (Mahani & Zadu, 2024).

3. Emotional Intelligence & Personality Traits

(Louwen et al., 2023) explained the behavioural aspects of medical practitioners in which emotional intelligence and personality traits are very significant. Self-awareness (Rekha & Pranita, 2024) helps the doctors to practise precautionary measures to prevent communication od diseases and not get infected. Understanding the norms and ethics helps to maintain a healthy professional life. (Mahat et al., 2024) The best medical equipment is in private hospitals, but the work is also very stressful. Private hospitals have an indirect duty to make money and use the resources they have in the best way possible to do so. Health care also needs to be better. Because of this higher expectation, the bosses make the medical officers work harder. Work is very stressful. Patients who are very depressed, angry, in pain, lonely, rejected, or feeling other strong emotions can become violent or make other people act strangely, which can be a problem for doctors.

(Tokumasu et al., 2024) explained the self-motivation of doctors to learn new things and approach the treatments in different and innovative dimensions. Empathy is the persuasion of doctors to comfort the patients and lighten then fear, desperation, agonies to see the treatment positive and to be optimistic (Arshad et al., 2024). Interpersonal skill helps to interact with both employees and patients effectively.

Personality traits indicate that the doctors demonstrate elevated levels of openness, conscientiousness, and agreeableness, while exhibiting reduced neuroticism. People are more likely to be introverted, but other traits like perfectionism, being quick to respond to needs, and a desire to learn are also common.

(Makary et al., 2024)

4. Research gap

Theories show that there are three kinds of effects between work and life: segmented, spillover, and interrelated. In the segmented model, work and life are two separate areas that don't overlap. In the spillover model, resources from one area will affect the other area. Interrelated effects are when the effects in one area make the effects in another area stronger or weaker. Depending on the type of job, the job itself, your personal life, and your personality, work-life balance can be different for each job. Stress comes from not being able to balance work and life. There is a lack of literature on personal strategies to enhance the continuity, integration, facilitation, and enrichment of work-life balance.

Objectives

1. To find the personal strategies that will make Work-Life Balance more flexible, on-going and interesting.
2. To understand the approaches to reduce role conflict in life.
3. To comprehend the mediating and moderating influence of perception on work life balance.

5. METHODOLOGY OF THE RESEARCH

The research population comprises medical practitioners, with the sample drawn from Bangalore in Karnataka State. The sample size is 440, and the data is gathered through a dependable questionnaire

6. Variables description

6.1 Data Analysis

The work life balance is taken in two perspectives: work and life as two different domains and work and life as complementary domains. There are six variables where the work and life must be kept different domains and they are, spill over, conflict, border, boundary and segregation.

In the case of complementary perspective of work and domain, the variables are, integration, enrichment, facilitation, congruence

6.2 Descriptive Analyse

In spill over, there are five variables and they are, Difficult to complete work within shift (mean 3.31, β= 0.033), Additional work if others avail leave (mean 4.01, β= 0.581), Doing official work when at home (mean 3.79 , β=0.672), Doing personal work in work time (mean 4.20, β= 0.588), Take interval with permission for personal work (mean 3.70, β=1),

More time for learning when at home (mean 3.79, β=1). Additional work if others are on leave and doing personal work in work time have higher work are spill overs.

There are five variables in conflict and they are, More time for learning when at home (mean 3.79 , β= 1) , avoid family functions as no leave (mean 3.97, β=0.97), Irregularity in food timing (mean 3.94, β= 0.667) , Less time to spend with family (mean 4.02, β=0.613), and Travelling consuming more time (mean 4.04, β= 0.548). In conflict, less time to spend time and travel consuming have a higher mean and regression coefficient are high.

In Border, there are five variables, and they are, I plan my task such way that time can be effectively used (mean 3.85, β=0.955), I don't give my responsibilities to others or take from others (mean 3.97, 0.579) , I strictly follow shift timings and avoid extending or limiting it (3.68, 1), I follow rules, regulations and job description strictly (mean 4.02 , 0.595), I use assigned time strictly for learning and research (3.51), β=0.078). Shift timing and managing own responsibilities have high means and regression coefficients as well. Regulations and job descriptions and sharing the responsibilities have the specific border.

In boundary, these variables include, I am clear about my role and strictly follow it (mean 2.53, β=0.201), I don't encourage or indulge in internal politics (mean 4.17, β=0.899), I interact with patients within the limit to reduce fear and stress (mean 4.10, 1),I don't prescribe expensive drugs or process unless it is needed (mean 3.09, β= 0.476), and I keep my position that i don't get negative remarks (mean 3.20, β=0.531). In boundary, the prime issues include reduction in stress, internal politics, have a higher mean and regression coefficients.

Border and boundary explain the limits in functioning and performance.

In segregation variables, it includes, I keep segmentation for office and personal information (mean 3.17, β=0.942), I keep work and non-work activities separate (mean 3.13, β=0.937), In fund related. I keep a strict demarcation (mean, 3.28, β=1), I maintain a professional decorum with all patients (mean =3.33, 0.926), I Keep organizational and personal roles separate (mean 3.36, β=0.89). Personal information, work and non-work activities and strict demarcation are the variables that influence.

In Emotional Intelligence, there are Respond with a smile (4.11, 1), Positive perceptions always (4.18, 0.883), Avoid irrelevant interactions (4.17, 0.852), and Patience to listen (4.12,) Patience to listen to patients shows self-motivation to lean and openness as well as consciousness. Follow a system of treatment shows agreeableness and cooperate with the system, Friendliness and consoling behaviour is extraversion and neuroticism of patients. Attempt to solve problems and involvement in awareness development shows the extraversion of the doctors.

Table 2. Distribution of Respondents

Demographic Variable	**Class**	**Frequency**	**Percentage**
Age	23 – 33	83	19%
	33 - 43	123	28%
	43 – 53	102	23%
	53- 63	98	22%
	More than 63	34	8%
Gender	Male	234	53%
	Female	206	47%
Education	MBBS	156	35%
	PG	123	28%
	DM	83	19%
	Fellowship	78	18%
Marital Status	Single	278	63%
	Family	162	37%
Clinic	Own Clinic	102	23%
	Hospital	234	53%
	Medical college	104	24%
Type	Government	134	30%

	Private	306	70%
Location	Urban	187	43%
	Semiurban	203	46%
	Rural	50	11%

Figure 1: Effect of spill over, segmentation, conflict, border, and boundary as the independent variables and mediating effect of emotional intelligence, work life, personality traits and stress on work life & safety & security

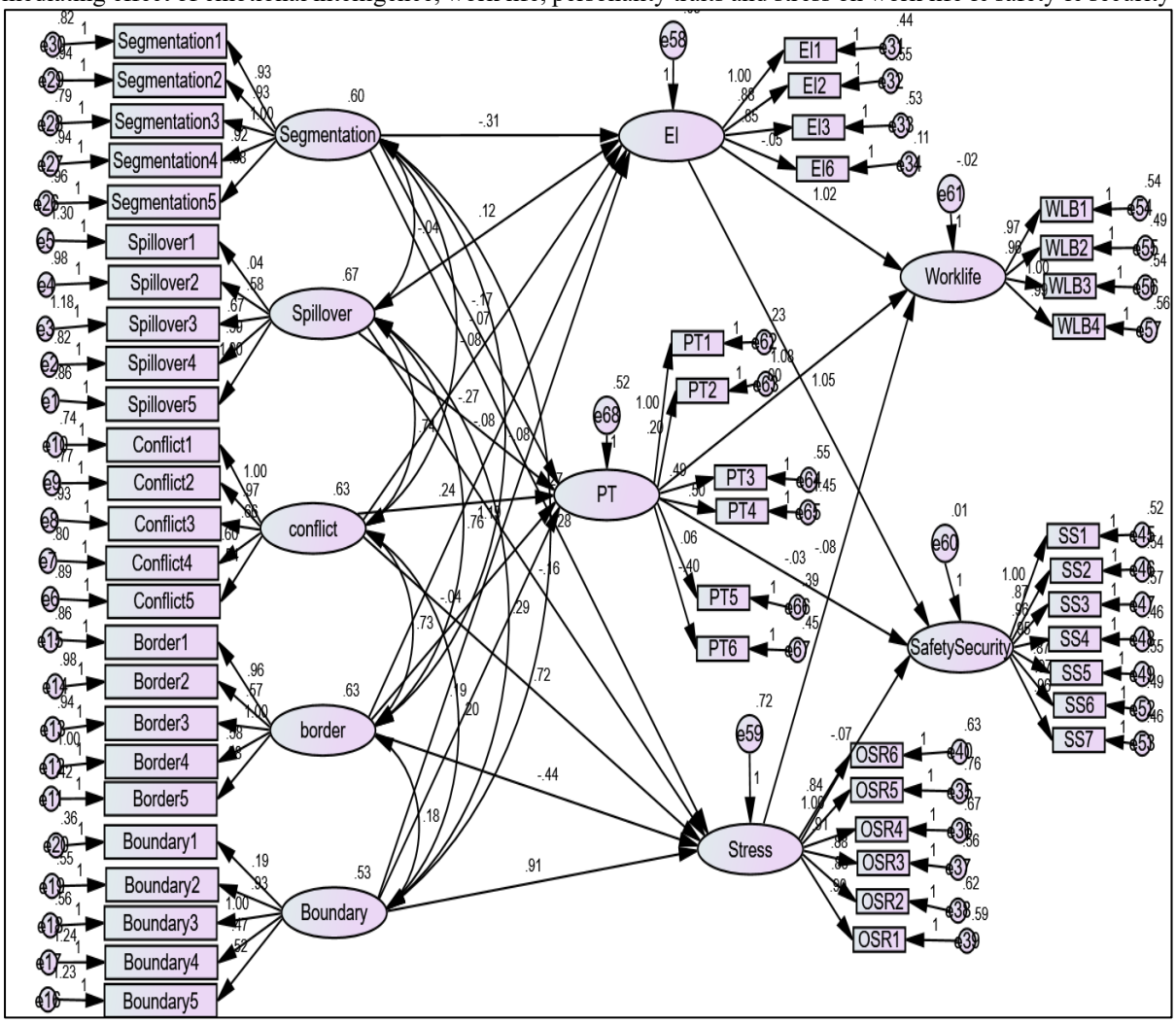

Table 3: Regression coefficients of SEM model Figure 1: factors in work life as independent variables

Independent Variable		Dependent variable	Particular	Mean	SD	Estimate	SE	CR	P
Spillover1	<---	Spillover	Difficult to complete work within shift	3.31	1.142	0.033	0.059	0.556	0.089
Spillover2	<---	Spillover	Additional work if others avail leave	4.01	1.102	0.581	0.058	9.979	***
Spillover3	<---	Spillover	Doing official work when at home	3.79	1.218	0.672	0.065	10.419	***
Spillover4	<---	Spillover	Doing personal work in work time	4.20	1.025	0.588	0.054	10.797	***

Spillover5	<---	Spillover	Take interval with permission for personal work	3.70	1.239	1			***
Conflict1	<---	Conflict	More time for learning when at home	3.79	1.171	1			***
Conflict2	<---	Conflict	Compelled to avoid family functions as no leave	3.97	1.170	0.97	0.067	14.431	***
Conflict3	<---	Conflict	Irregularity in food timing	3.94	1.097	0.667	0.062	10.788	***
Conflict4	<---	Conflict	Less time to spend with family	4.02	1.015	0.613	0.057	10.718	***
Conflict5	<---	Conflict	Travelling consuming more time	4.04	1.037	0.548	0.058	9.414	
Border1	<---	Border	I plan my task such way that time can be effectively used	3.85	1.197	0.955	0.071	13.507	0.027
Border2	<---	Border	I don't give my responsibilities to others or take from others	3.97	1.086	0.579	0.061	9.502	***
Border3	<---	Border	I strictly follow shift timings and avoid extending or limiting it	3.68	1.251	1			
Border4	<---	Border	I follow rules, regulations and job description strictly	4.02	1.103	0.595	0.062	9.601	***
Border5	<---	Border	I use assigned time strictly for learning and research	1.51	0.655	0.078	0.035	2.216	***
Boundary1	<---	Boundary	I am clear about my role and strictly follow it	2.53	0.620	0.201	0.037	5.457	***
Boundary2	<---	Boundary	I don't encourage or indulge in internal politics	4.17	1.008	0.899	0.06	15.047	***

Boundary3	<---	Boundary	I interact with patients within the limit to reduce fear and stress	4.10	1.043	1			
Boundary4	<---	Boundary	I don't prescribe expensive drugs or process unless it is needed	3.09	1.169	0.476	0.07	6.843	***
Boundary5	<---	Boundary	I keep my position that i don't get negative remarks	3.20	1.174	0.531	0.07	7.589	***
Segmentation1	<---	Segmentation	I keep segmentation for office and personal information	3.17	1.163	0.942	0.085	11.054	***
Segmentation2	<---	Segmentation	I keep work and non-work activities separate	3.13	1.213	0.937	0.088	10.698	***
Segmentation3	<---	Segmentation	In fund related. I keep a strict demarcation	3.28	1.18	1			
Segmentation4	<---	Segmentation	I maintain a professional decorum with all patients	3.33	1.206	0.926	0.087	10.649	***
Segmentation5	<---	Segmentation	I Keep organizational and personal roles separate	3.36	1.199	0.89	0.086	10.388	***

Table 4: Regression coefficients of mediating variables and dependent variables

EI1	<---		Respond with a smile	4.11	1.018	1			
EI2	<---	EI	Positive perceptions always	4.18	1.006	0.883	0.055	16.08	***
EI3	<---	EI	Avoid irrelevant interactions	4.17	0.979	0.852	0.053	15.941	***
EI6	<---	EI	Patience to listen	4.12	0.339	-0.053	0.02	-2.698	0.007
OSR1	<---	Stress	Work incompletion in time	3.86	1.201	0.897	0.05	17.937	***
OSR2	<---	Stress	Disturbances at workplace	3.91	1.179	0.854	0.049	17.328	***
OSR3	<---	Stress	Conflicts with Patients, relatives	3.92	1.177	0.883	0.049	18.025	***

OSR4	<---	Stress	Inadequate facilities	3.82	1.242	0.907	0.052	17.483	***
OSR5	<---	Stress	Postponement of treatment due to inadequate supplements	3.79	1.348	1			
OSR6	<---	Stress	Political and social influence	3.89	1.177	0.844	0.049	17.125	***
SS1	<---	SafetySecurity	Safety personals	4.13	1.050	1			
SS2	<---	SafetySecurity	Limited access to Consultancy places	4.20	0.991	0.865	0.057	15.3	***
SS3	<---	SafetySecurity	Systematic process	4.14	1.054	0.961	0.06	15.995	***
SS4	<---	SafetySecurity	Minimise Bystanders	4.21	0.990	0.947	0.056	16.828	***
SS5	<---	SafetySecurity	Clarity in information	4.19	0.998	0.871	0.057	15.281	***
SS6	<---	SafetySecurity	Quick access to police	4.15	1.023	0.975	0.058	16.756	***
SS7	<---	SafetySecurity	Management support	4.13	0.998	0.962	0.057	16.957	***
WLB1	<---	Worklife	Weekly off	4.21	1.017	0.975	0.063	15.516	***
WLB2	<---	Worklife	Duty time	4.16	0.987	0.965	0.061	15.826	***
WLB3	<---	Worklife	Workload	4.18	1.029	1			
WLB4	<---	Worklife	Facilities	4.14	1.040	0.989	0.064	15.484	***
PT1	<---	PersonalityTraits	Listen to patient	3.43	0.867	1			
PT2	<---	PersonalityTraits	Follow a system in treatment	3.47	1.052	0.197	0.077	2.554	0.011
PT3	<---	PersonalityTraits	Document everything in detail	3.47	0.819	0.486	0.085	5.711	***
PT4	<---	PersonalityTraits	Friendliness and consoling approach to customers	3.53	1.260	0.501	0.107	4.667	***
PT5	<---	PersonalityTraits	Persistence to solve patient issues	3.56	0.629	0.06	0.044	1.345	0.179
PT6	<---	Personality Taits	Take initiative in awareness programs and social development	3.64	0.732	-0.404	0.073	-5.56	***

Table 5: Regression coefficients of work life variables to mediating variables

			Estimate	S.E.	C.R.	P
EI	<---	Segmentation	-.307	.066	-4.669	***
EI	<---	Spillover	.120	.111	1.086	.277
EI	<---	Conflict	-.065	.101	-.650	.516
EI	<---	Border	-.081	.099	-.824	.410

			Estimate	S.E.	C.R.	P
EI	<---	Boundary	1.192	.103	11.524	***
Stress	<---	Segmentation	-.274	.095	-2.883	.004
Stress	<---	Spillover	-.163	.203	-.804	.421
Stress	<---	Conflict	.724	.228	3.175	.001
Stress	<---	Border	-.435	.186	-2.338	.019
Stress	<---	Boundary	.911	.114	8.008	***
PT	<---	Segmentation	-.174	.073	-2.394	.017
PT	<---	Spillover	-.271	.160	-1.691	.091
PT	<---	Conflict	.240	.142	1.692	.091
PT	<---	Border	-.041	.128	-.319	.749
PT	<---	Boundary	.195	.082	2.387	.017
Work life	<---	EI	1.015	.066	15.474	***
Safety Security	<---	Stress	-.074	.031	-2.409	.016
Work life	<---	Stress	-.077	.032	-2.424	.015
Safety Security	<---	EI	1.045	.066	15.782	***
Work life	<---	PT	.002	.035	.058	.954
Safety Security	<---	PT	-.025	.034	-.760	.447

Only Segmentation (-.307), and boundary (1.192) are significant in regression analysis for the effect on EI. Similarly, Segmentation (-.274 conflict (.724). border (-.435), and boundary linked stress. Only segmentation is significant with personality traits. The regression with personality trait not significant.
Emotional intelligence and stress influence work life and safety and security. But personality trait has no influence on work life on work life and safety and security
In the SEM model, all the covariances except Spill over is significant.

Table 6: Covariance between factors of work life management

Spillover	<-->	Segmentation	-.042	.041	-1.036	.300
conflict	<-->	Segmentation	-.084	.037	-2.248	.025
border	<-->	Segmentation	-.077	.039	-1.969	.049
Boundary	<-->	Segmentation	.276	.040	6.862	***
border	<-->	Boundary	.181	.040	4.537	***
conflict	<-->	Boundary	.198	.038	5.161	***
Spillover	<-->	Boundary	.290	.044	6.547	***
Spillover	<-->	border	.755	.068	11.047	***

This shows that the variables are covarying except in the case of Spill over to segmentation. The confirmatory factor model is significant.
Model 2:

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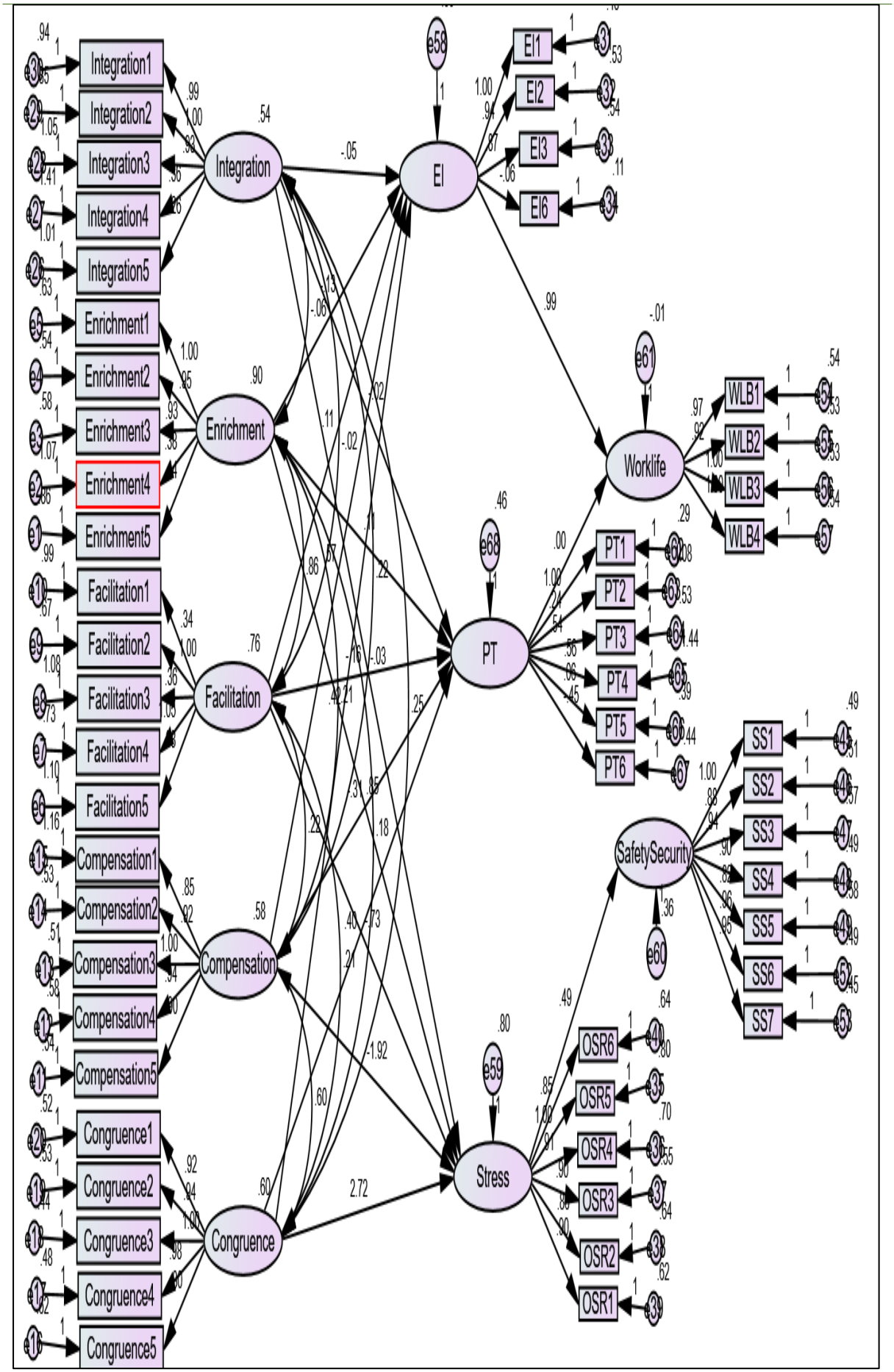

Table 7: Regression coefficient of model 2 (Figure 2)

Independent Variable		Dependent Variable	Description	Mean	Standard Deviation	Estimate	SE	CR	p
Integration 1	<--	Integration	Learning and research are integrated with work and non-work	3.25	1.213	0.991	0.118	8.42	***
Integration 2	<--	Integration	**I appreciate professional association to work as a team**	3.11	1.184	1			
Integration 3	<--	Integration	I integrate in any program that contribute to medical sector	3.16	1.237	0.932	0.114	8.209	***
Integration 4	<--	Integration	**Risk is integrated in every treatment, and I convince patient it**	3.79	1.218	0.355	0.091	3.919	***
Integration 5	<--	Integration	**Behaviours and thoughts are integrated to overcome any stress**	4.20	1.025	0.261	0.076	3.455	***
Enrichment 1	<--	Enrichment	Accumulating experience cause career growth and financial growth	3.70	1.239	1			
Enrichment 2	<--	Enrichment	Professional growth improves social acceptance and strengthens	3.79	1.171	0.954	0.052	18.228	***

			professional life						
Enrichment 3	<--	Enrichment	**Real motivation to excel in profession come from family**	3.97	1.170	0.932	0.052	17.789	***
Enrichment 4	<--	Enrichment	Time spent to learn during no work time helps to enrich work	3.94	1.097	0.379	0.052	7.299	***
Enrichment 5	<--	Enrichment	Appreciation from satisfied patients boost both personal and professional life	4.02	1.015	0.436	0.048	9.136	***
Facilitation 1	<--	Facilitation	Experience in practising developed my managerial skills	4.04	1.037	0.338	0.053	6.333	***
Facilitation 2	<--	Facilitation	Experience in Practices encouraged in social awareness mission	3.85	1.197	1			
Facilitation 3	<--	Facilitation	Social awareness helps to plan medical practice effectively	3.97	1.086	0.36	0.056	6.443	***
Facilitation 4	<--	Facilitation	The income facilitates a happy life and vice versa	3.68	1.251	1.046	0.063	16.568	***
Facilitation 5	<--	Facilitation	Social recognition and professional life are congruous together	4.02	1.103	0.381	0.057	6.722	***

Compensation1	<--	Compensation	Depends on experience and Proficiency	3.83	1.257	0.905	0.057	15.963	***
Compensation2	<--	Compensation	Income compared to investment	4.17	1.008	0.939	0.059	15.977	***
Compensation3	<--	Compensation	Expected benefits and compensation	4.10	1.043	1			
Compensation4	<--	Compensation	Compensation with respect to work	4.12	1.043	0.919	0.057	16.197	***
Compensation5	<--	Compensation	Need a better compensation package	4.19	1.006	0.848	0.072	11.824	***
Congruence1	<--	Congruence	Family background facilitated easy adaption to medical practice	4.15	1.012	0.919	0.054	17.055	***
Congruence2	<--	Congruence	Passion for medical practice is the motivation	4.11	1.031	0.942	0.055	17.177	***
Congruence3	<--	Congruence	Medical sector is the backbone of social wellbeing	4.10	1.021	1			
Congruence4	<--	Congruence	Confidence and high EI help me to excel in practising	4.13	1.029	0.984	0.054	18.104	***
Congruence5	<--	Congruence	Demand for good doctors is the motivation	4.15	1.002	0.796	0.054	14.676	***
EI1	<--		Respond with a smile	4.11	1.018	1			
EI2	<--	EI	Positive perceptions always	4.18	1.006	0.936	0.058	16.054	***
EI3	<--	EI	Avoid irrelevant	4.17	0.979	0.871	0.057	15.332	***

			interactions						
EI6	<--	EI	Patience to listen	4.12	0.339	-0.057	0.02	-2.824	0.005
OSR1	<--	Stress	Work incompletion in time	3.86	1.201	0.902	0.052	17.378	***
OSR2	<--	Stress	Disturbances at workplace	3.91	1.179	0.861	0.051	16.869	***
OSR3	<--	Stress	Conflicts with Patients, relatives	3.92	1.177	0.904	0.051	17.797	***
OSR4	<--	Stress	Inadequate facilities	3.82	1.242	0.909	0.054	16.906	***
OSR5	<--	Stress	Postponement of treatment due to inadequate supplements	3.79	1.348	1			
OSR6	<--	Stress	Political and social influence	3.89	1.177	0.855	0.051	16.772	***
SS1	<--	Safety Security	Safety personals	4.13	1.050	1			
SS2	<--	Safety Security	Limited access to Consultancy places	4.20	0.991	0.88	0.057	15.466	***
SS3	<--	Safety Security	Systematic process	4.14	1.054	0.942	0.06	15.569	***
SS4	<--	Safety Security	Minimise Bystanders	4.21	0.990	0.901	0.057	15.864	***
SS5	<--	Safety Security	Clarity in information	4.19	0.998	0.824	0.057	14.336	***
SS6	<--	Safety Security	Quick access to police	4.15	1.023	0.961	0.059	16.396	***
SS7	<--	Safety Security	Management support	4.13	0.998	0.949	0.057	16.602	***
WLB1	<--	Work life	Weekly off	4.21	1.017	0.975	0.062	15.685	***
WLB2	<--	Work life	Duty time	4.16	0.987	0.922	0.06	15.3	***
WLB3	<--	Work life	Workload	4.18	1.029	1			
WLB4	<--	Work life	Facilities	4.14	1.040	1.006	0.063	15.903	***
PT1	<--	Personality Traits	Listen to patient	3.43	0.867	1			

PT2	<--	Personality Traits	Follow a system in treatment	3.47	1.052	0.244	0.085	2.867	0.004
PT3	<--	Personality Traits	Document everything in detail	3.47	0.819	0.543	0.092	5.892	***
PT4	<--	Personality Traits	Friendliness and consoling approach to customers	3.53	1.260	0.561	0.116	4.822	***
PT5	<--	Personality Traits	Persistence to solve patient issues	3.56	0.629	0.057	0.049	1.172	0.241
PT6	<--	Personality Taits	Take initiative in awareness programs and social development	3.64	0.732	-.448	.078	-5.732	***

The mean of all the variables is also high, and all the regression coefficients are statistically significant. This indicates that the responses are of a higher scale but exhibit significant variation. Integration of individuals with work includes learning and research being integrated with work and non-work (mean = 3.25, β = 0.991), valuing professional collaboration to work as a team (mean = 3.11, β = 1), and participating in any program that contributes to the medical sector (mean = 3.16, β = 0.932). Risk is a part of every treatment, and I make sure the patient understands it (mean 3.79, β= 0.355). Behaviours and thoughts are combined to help with stress (mean 4.20, β= 0.261). This shows that the two thoughts that doctors use to reduce risk are risk in treatment and the thought process that goes along with it. The average of these variables is also high.

Gaining experience leads to career and financial growth (mean=3.70, β=1), professional growth enhances social acceptance and fortifies professional life (mean=3.79, β=0.954),genuine motivation to excel in one's profession originates from family (mean=3.97, β=0.932), and time dedicated to learning during non-working hours contributes to work enrichment (mean=3.94, β=0.379). All the variables in the enrichment are statistically significant. The common factor among doctors is time for learning.

The variables in facilitation are as follows: Experience in practicing improved my managerial skills (mean: 4.04, β=0.322); Experience in practices promoted social awareness missions (mean: 3.85, β=0.955); Social awareness aids in effective medical practice planning (mean: 3.97, β=0.343); Income from facilitation contributes to a happy life and vice versa (mean: 3.68, β=1); and social recognition and professional life are aligned (mean: 4.02, β=0.364). Practicing medicine is a form of social work because it helps to improve the health of the public. Talking to people in public makes them more aware of public health and the problems it faces. A dedicated service builds a good reputation in the community, which is also a source of motivation. It depends on experience and proficiency (mean =3.83, β= 0.906), income compared to investment mean =4.17; β= 0.939), and expected benefits and compensation (mean=4.10; β=1). Pay for work (mean 4.12; β= -0.938), Need a better pay package (mean 4.19; β= 0.903). The response indicates an elevated mean for all variables in compensation and an increased regression for all variables. Doctors are happy with the pay they get because they would rather have the chance to work and learn early in their careers. As their skills improve and they become able to treat patients with good results, their pay also goes up. The congruence is how well doctors can adapt to the hospital and professional environment. Family background made it easier to get used to working in medicine (mean 4.15, = 0.919), and a love of medicine is what drives people to work in the field (4.11, 0.942). The medical field is the backbone of social well-being (mean 4.10, = 1). Confidence and high emotional intelligence help me do well in practice (mean =4.13, = 0.984), and the need for good doctors is what drives me (mean 4.15, 0.796). This demonstrates that passion for the profession, environmental demands, and familial support facilitate adaptation to medical practice.

Emotional intelligence includes responding with a smile (Mean 4.11, β= 1), always having positive thoughts (Mean 4.18, β= .936), avoiding interactions that don't matter (Mean 4.17, β= .871)), and being patient enough to listen (Mean 4.12, β= -.057), Occupational stress encompasses Reducing occupational stress entails Not finishing work on time (mean =3.86, β= 0.902), problems at work (Mean 3.91, β= .861), conflicts with patients and family members (Mean 3.92, β=.904), not enough facilities (Mean 3.82, β= .909), delaying treatment because of not enough supplements (Mean 3.79, β= 1), and political and social influence (Mean 3.89, β= .855). The main cause

of stress at work is not being able to finish tasks and having arguments with patients and bystanders, especially in

			Estimate	S.E.	C.R.	P
EI	<---	Integration	-0.051	0.04	-1.257	0.209
EI	<---	Enrichment	-0.13	0.061	-2.131	***
EI	<---	Facilitation	0.112	0.055	2.036	***
EI	<---	Compensation	0.575	0.267	2.154	0.032
EI	<---	Congruence	0.416	0.158	2.633	***
Stress	<---	Integration	-0.034	0.171	-0.199	0.842
Stress	<---	Enrichment	0.851	0.084	10.131	***
Stress	<---	Facilitation	-0.734	0.184	-3.989	***
Stress	<---	Compensation	-1.918	1.98	-0.969	0.243
Stress	<---	Congruence	2.717	1.608	1.690	0.091
PT	<---	Integration	-0.021	0.086	-0.244	0.803
PT	<---	Enrichment	0.109	0.442	0.247	0.806
PT	<---	Facilitation	-0.158	0.494	-0.320	0.748
PT	<---	Compensation	-0.306	0.561	-0.545	0.586
PT	<---	Congruence	0.403	0.541	0.745	0.456
Work life	<---	EI	0.986	0.06	16.433	***
Safety Security	<---	Stress	0.489	0.041	11.927	***
Work life	<---	PT	-0.002	0.033	-0.068	0.946

the casualty department, where accident cases and other legal cases are brought. Occupational stress is caused by things like not having enough facilities, not having enough supplies for surgery, and political pressure. The safety and security variable includes: security personnel (Mean 4.13, β= 1), limited access to consultancy places (4.20, 0.88), systematic process (Mean 4.14, β= 0.942), minimising bystanders (Mean 4.21, β= .901), clarity in information (Mean 4.19, β= .824), quick access to police (Mean 4.15, β= .961), and management support (Mean 4.13, β= 0.949). These strategies can make doctors safer.
The factors that affect work-life balance are weekly off (Mean 4.21, β= .975), duty time (Mean 4.16, β= .922), workload (Mean 4.18, β= 1), facilities (Mean 4.14, β= 1), extended hours of work, seeing more patients, emergency surgeries, and so on.
Listen to the patient (Mean 3.43, β= 1), Follow a system in treatment (Mean 3.47, β= .244), Document everything in detail (Mean 3.47, β= .543), be friendly and comforting to customers (Mean 3.53, β= .561), Be persistent in solving patient problems (Mean 3.56, β= .057), and Take the lead in awareness programs and social development (mean 3.70, β= -.448). As their skills improve and they become able to treat patients with good results, their pay also goes up. The congruence is how well doctors can adapt to the hospital and professional environment.

Table 8: Regression coefficients of independent variables to mediators and mediators to dependent variables

Enrichment, Facilitation, Compensation and Congruence have a strong regression coefficient to the emotional intelligence. Similarly, Enrichment (0.851) and Facilitation (-0.734) have a regression coefficient to stress. There is no effect of integration, enrichment, facilitation, compensation and congruence have no effect on personality trait. There is no effect of personality trait on work life management.
Except the covariances of integration with enrichment and facilitation, all covariances are important.

Table 9 Covariance coefficients in the model

			Estimate	S.E.	C.R.	P
Enrichment	<-->	Integration	-.060	.042	-1.414	.157
Facilitation	<-->	Integration	-.021	.043	-.478	.633
Compensation	<-->	Integration	.224	.039	5.781	***
Congruence	<-->	Integration	.253	.040	6.338	***
Compensation	<-->	Congruence	.599	.049	12.113	***
Facilitation	<-->	Congruence	.216	.042	5.212	***
Enrichment	<-->	Congruence	.180	.040	4.521	***
Enrichment	<-->	Compensation	.209	.041	5.157	***
Enrichment	<-->	Facilitation	.896	.074	12.061	***
Facilitation	<-->	Compensation	.232	.042	5.525	***

7. Effect of Infrastructure, Personal security, social and political Influence on Occupational Stress

Multiple linear regression has been used to analyse the effect of Infrastructure, Personal security, social and political Influence on Occupational Stress. Discriminant analysis is used to compare the facilities in Private and Government hospital that influence the work balance
In Government hospital work stress is low
Table 10: Fischer's coefficients Fischer's coefficients

	Private	Government
Facilities	2.927	1.935
Stress level	3.295	2.121
Timing	1.249	3.182
Remuneration	6.892	3.289
Work life	1.948	0.375
Safety & Security	5.032	3,.65
(constant)	-22.433	-21.372

8. CONCLUSION

There are two kinds of variables the affect work-life balance: Differential and complementary. In Differential variables, alterations in one domain, such as work, may inversely impact another domain, such as life. They are spill over, role conflict, border, boundary, and segmentation. The impact of demographic variables on the differentiating or segmenting variables was assessed using Chi-square analysis, revealing that all demographic factors, including age, gender, marital status, and education, significantly influence work life management. Age and education have a greater impact among these factors. We use Fischer's coefficients from the discriminant analyses to look at how demographic variables affect things. It is noted that individuals aged 23-33 and 43-53 encounter difficulties in achieving work life balance. Demographic variables have a bigger effect on the variables with high Fischer's coefficients. The regression coefficients indicate that all the variables in the model are significant. The regression coefficients indicate that all the variables in the model are significant. The regression coefficient is only high for the variables in the segmentations. However, the covariance of segmentation with the other four variables is not significant. The SEM model demonstrates a significant impact of both differentiating/segmentation variables and complementary variables. To determine that both differentiating and complementary variables significantly influence work-life balance.

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