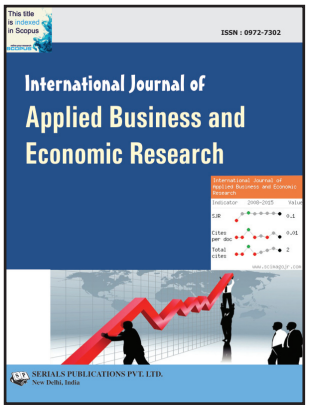


**International Journal of Applied Business and Economic Research**

ISSN : 0972-7302

available at http: www.serialsjournal.com



**Volume 15 • Number 4 • 2017**

# Work Centrality and its Relationship to Work Life Balance

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## ABSTRACT

The present study was designed to analyse the relationship between work centrality and work life balance of doctors employed in government hospitals of Himachal Pradesh. The study also sought to determine whether age and gender had any relationship with work centrality of doctors. The study was conducted through the sample of 141 doctors employed in various government hospitals of Himachal Pradesh. The data thus collected have been analyzed with the help of SPSS 17. In order to analyze the data the statistical tools viz. Pearson correlation coefficient and Independent sample *t*-test were used.

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***Keywords:*** work life balance, work family conflict, work centrality, work family balance.

## 1. INTRODUCTION

### 1.1. Work Life Balance

Work life balance is an increasingly popular term; there is no clear consensus on what it means, although most definitions do include the concepts of flexibility, juggling and sustainability. Work-life balance is most frequently used to describe the equilibrium between responsibilities at work and responsibilities outside paid work; having a work-life balance means that this equilibrium is in the right position for the individual concerned (Visser & Williams, 2006).

Work life balance is a concept that supports the efforts of employees to split their time and energy between work and the other important aspects of their lives. It is a daily effort to make time for family, friends, community participation, spirituality, personal growth, self care, and other personal activities, in addition to the demands of the workplace (Heathfield, n.d.). Although work-life balance has conventionally been assumed to involve devotion of equal amount of time to paid work and non-work roles, more recently the concept has been recognized as more complex. Greenhaus et. al., (2002) explains that work-life balance contains three components viz., time balance, involvement balance, and satisfaction balance. Time balance concerns the amount of time given to work and non-work roles. Involvement balance means the level of psychological involvement in, or committed to, work and non-work roles. Satisfaction balance concerns the level of satisfaction with work and non-work roles.

### 1.2. Work Centrality

The concept of "work centrality" refers generally to the degree of importance work plays in one's life (Paullay, Alliger, & Stone-Romero, 1994). Higher work centrality means that one identifies with one's work roles, and sees work as an important aspect of life (Diefendorff, Brown, Kamin, & Lord, 2002). Thus, individuals who score high on the dimension work centrality attach more importance to the role of work in their life than the individuals who score low on this dimension of work centrality.

Work centrality differ from the concept of job involvement whereas work centrality refers to the extent to which people perceive work as a main component of their life, job and work involvement refer to the extent to which people are immersed in their present job or work (Bal & Kooij, 2011). As such, work centrality is broader in scope than job or work involvement, because it reflects the importance of work in general, whereas the scope of job involvement concern the job that a person currently has (Bal & Kooij, 2011).

Mannheim (1975) defined work centrality as 'the relative dominance of work-related contents in the individual's mental processes, as reflected in responses to questions concerning the degree of concern, knowledge, and interest invested in the work role relative to other activities and in the individual's emphasis on work related sub-identities' (p. 81).

## 2. OBJECTIVES OF THE STUDY

Keeping in mind the review of past studies, the present study was conducted with the following objectives;

1. To study the relationship between work centrality and work life balance (and its dimensions) of doctors in government hospitals of Himachal Pradesh.
2. To study the difference in work lie balance (and its dimensions) among doctors at varied levels of work centrality (i.e., low, average and high work centrality).
3. To study the relationship between demographic variables (age and gender) and work centrality.

## 3. HYPOTHESIS

**$H_{01}$:** There is no significant relationship between work centrality and work life balance (and its dimensions) of doctors in government hospitals of Himachal Pradesh.

**$H_{02}$:** There is no significant difference in work life balance (and its dimensions) among doctors at varied levels of work centrality (i.e. low, average and high work centrality).

**$H_{03}$:** There is no significant relationship between age and work centrality of doctors in government hospitals of Himachal Pradesh.

**$H_{04}$:** There is no significant relationship between gender and work centrality of doctors in government hospitals of Himachal Pradesh.

**$H_{05}$:** There is no significant difference in work centrality of doctors at varied levels of age.

**$H_{06}$:** There is no significant difference in work centrality of male and female doctors.

## 4. RESEARCH METHODOLOGY

The study is based on primary data collected through a survey conducted on the sample consisting of 141 doctors employed in government hospitals of Himachal Pradesh. In order to get the required information a well designed questionnaire was prepared and administered among respondents. Data was collected from six government hospitals of four districts of Himachal Pradesh namely Kangra, Mandi, Shimla and Solan. There were 503 doctors working in these six hospitals. Questionnaires were distributed to 215 doctors of which 141 questionnaires were returned, yielding a response rate of 65% respectively. The respondents were selected using convenience and judgement sampling techniques. The data thus collected have been analyzed with the help of SPSS 17. The various statistical tools used were Pearson correlation coefficient, one-way ANOVA and post hoc tests.

### 4.1. Reliability

#### *4.1.1. Work Life Balance*

In the present study, the WIPL scale had a reliability of $\alpha = .92$, the PLIW subscale had a reliability of $\alpha = .83$ and the WPLE subscale had a reliability of $\alpha = .89$. Work life balance was assessed with 15-item scale adapted from an instrument developed and reported by Fisher-McAuley, Stanton, Jolton and Gavin (2003). Their original scale consisted of 19 items designed to assess three dimensions of work life balance: work interference with personal life (WIPL), personal life interference with work (PLIW), and work/personal life enhancement (WPLE). The scale used in the present study is the scale reported by Hyman (2005), where the original 19 items have been reduced to 15 items, but retains all three dimensions. The respondents were asked to indicate the frequency with which they have felt in a particular way during the past three months using a seven point time related scale (e.g. 1 = Not at all, 4 = Sometimes, and 7 = All the time). Scoring was done as 7, 6, 5, 4, 3, 2, 1 (7 = Not at all, 4 = Sometimes, and 1 = All the time) for the dimensions of work interference with personal life (except item 7, which was reverse coded) and personal life interference with work. Higher scores indicated low interference, and lower levels of interference were interpreted as higher levels of work-life balance. For the dimension work/personal life enhancement scoring was 1, 2, 3, 4, 5, 6, 7 (1 = Not at all, 4 = Sometimes, and 7 = All the time) as the items were positively worded. The overall work life balance score was computed by adding the score on three dimensions.

### *4.1.2. Work Centrality Scale*

Work centrality was assessed using the 12-item Work Centrality Scale (Paullay et. al., 1994). Participants were asked to indicate their agreement to a series of items pertaining to the importance of work in their lives, using a five-point Likert-type Scale, ranging from 1(Strongly disagree) to 5(Strongly agree). A sample item included "work should only be a small part of one's life." Items 1, 6, 9 and 10 were reverse coded. In the present study internal consistency reliability coefficient (Cronbach's alpha) for this scale was reported as $\alpha = .78$.

## 5. RESULTS AND DISCUSSION

### 5.1. Relationship between Work Centrality and Work Life Balance

**$H_{01}$**: "There is no significant relationship between work centrality and work life balance (and its dimensions) of doctors in government hospitals of Himachal Pradesh."

To test the hypothesis Pearson correlation coefficient was calculated. Table 20.1 shows the results of Pearson correlation between work centrality and work life balance and its dimensions.

**Table 20.1**
**Correlation coefficient between work centrality and work life balance and its dimensions**

| *Work Life Balance* | *Correlation* |
|---|---|
| WIPL | .32** |
| PLIW | .06 |
| WPLE | .36** |
| WLBT | .35** |

**Correlation is significant at the 0.01 level (2-tailed)

From the results of Table 20.1, work centrality was found to be significantly and positively correlated with work interference with personal life (WIPL, $r = .32^{**}$; $p < .01$), work/personal life enhancement (WPLE, $r = .36^{**}$; $p < .01$) and overall work life balance (WLBT, $r = .35^{**}$; $p < .01$). However, no relationship was found between work centrality and personal life interference with work (WPLE, $r = .06$; $p =$ n.s.).

From the results it can be inferred that higher the work centrality, the lower is the work interference with personal life, higher is the work/personal life enhancement, and higher is the overall work life balance. Hence the *hypothesis* $H_{01}$ is partially rejected for the dimensions of work interference with personal life, work/personal life enhancement and for overall work life balance. However, it is accepted for the dimension of personal life interference with work.

### 5.2. Work Life Balance of Doctors at Varied Levels of Work Centrality

### *5.2.1. Classification of Doctors*

To test the hypothesis $H_{02}$, doctors were classified into three groups (see Table 20.2), based on the scores obtained in the questionnaire as those with

(a) Low centrality

Score < (Mean – 0.5 S.D.)

(b) Average work centrality

Score between (Mean – 0.5 S. D.) and (Mean + 0.5 S.D.)

(c) High work centrality

Score > (Mean + 0.5 S.D.)

**Table 20.2**
**Classification of doctors on the basis of work centrality scores**

| *Variables* | *Classification* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | *Low* | | | *Average* | | | *High* | | |
| | *N* | *%* | *Mean* | *N* | *%* | *Mean* | *N* | *%* | *Mean* |
| Work centrality | 32 | 22.69 | 27.56 | 68 | 48.22 | 35.89 | 41 | 29.07 | 44.73 |

### *5.2.2. Work Life Balance at Varied Levels of Work Centrality*

**$H_{02}$:** "There is no significant difference in work life balance (and its dimensions) among doctors at varied levels of work centrality (i.e. low, average and high work centrality)."

One-way ANOVA was employed to find whether there is any significant difference in work life balance and its dimensions among doctors at low, average and high level of work centrality.

**Table 20.3**
**Test of homogeneity of variance – Work centrality**

| *Work Life Balance* | *Levene Statistic* | *df1* | *df2* | *Sig.* |
|---|---|---|---|---|
| WIPL | 7.749 | 2 | 138 | .001 |
| PLIW | 4.115 | 2 | 138 | .018 |
| WPLE | 2.301 | 2 | 138 | .104 |
| WLBT | 1.575 | 2 | 138 | .211 |

Table 20.3 shows the results of Levene's Test of Homogeneity of variance. The significance value is greater than 0.05 for the dimensions WPLE and WLBT. The assumption of homogeneity of variance is supported for these dimensions. But for the dimensions WIPL and PLIW the significance value is less than 0.05, which means the assumption of homogeneity of variance is not met and therefore two robust tests (Brown-Forsythe and Welch) were conducted that should be accurate when the assumption homogeneity of variance is not supported.

**Table 20.4**
**Robust tests of equality of means – Work centrality (Doctors)**

| | | *Statistic* | *df1* | *df2* | *Sig.* |
|---|---|---|---|---|---|
| WIPL | Welch | 6.302 | 2 | 64.172 | .003 |
| | Brown-Forsythe | 6.391 | 2 | 91.290 | .003 |
| PLIW | Welch | .016 | 2 | 73.248 | .984 |
| | Brown-Forsythe | .014 | 2 | 96.222 | .986 |

Table 20.4 shows the results of robust test of equality of means. The F value for WIPL was found to be significant (F = 6.302, $p < 0.05$). The result implies that there is a significant difference in work interference with personal life among doctors with low, average and high work centrality. The F value for PLIW was found to be insignificant (F = .016, $p < 0.05$), implying no significant difference in personal life interference with work among doctors at varied levels of work centrality.

**Table 20.5**
**ANOVA table for work life balance of doctors at varied levels of work centrality**

| *Work life balance* | *Sources of variance* | *Sum of squares* | *df* | *Mean square* | *F* | *Sig.* |
|---|---|---|---|---|---|---|
| WPLE | Between Groups | 465.753 | 2 | 232.877 | 7.27 | .001 |
| | Within Groups | 4419.523 | 138 | 32.026 | | |
| | Total | 4885.277 | 140 | | | |
| WLBT | Between Groups | 3108.363 | 2 | 1554.181 | 6.67 | .002 |
| | Within Groups | 32137.297 | 138 | 232.879 | | |
| | Total | 35245.660 | 140 | | | |

Table 20.5 shows the results of ANOVA analysis. F values were found to be significant on the dimension WPLE (F = 7.27, $p < 0.05$) and WLBT (F = 6.67, $p < 0.05$). The results suggested significant differences in work/personal life enhancement and overall work life balance of doctors at low, average and high levels of work centrality.

Since the groups were found to be significantly different on the dimensions WIPL, WPLE and on WLBT in one-way ANOVA, the post hoc test was employed to identify the pair of groups that contributed to significant differences. The results of the comparison are summarized in Table 20.6 and Table 20.7.

**Table 20.6**
**Games Howell post hoc analysis for comparison of work life balance of doctors at varied levels of work centrality**

| *DV* | *(I) Wceng* | *(J) Wceng* | *Mean Difference (I-J)* | *Std. Error* | *Sig.* | *95% Confidence Interval* | |
|---|---|---|---|---|---|---|---|
| | | | | | | *Lower Bound* | *Upper Bound* |
| WIPL | Low | Average | –5.39706* | 1.77275 | .010 | –9.6832 | –1.1110 |
| | | High | –7.85976* | 2.39046 | .004 | –13.5821 | –2.1374 |
| | Average | Low | 5.39706* | 1.77275 | .010 | 1.1110 | 9.6832 |
| | | High | –2.46270 | 1.97824 | .432 | –7.2236 | 2.2982 |
| | High | Low | 7.85976* | 2.39046 | .004 | 2.1374 | 13.5821 |
| | | Average | 2.46270 | 1.97824 | .432 | –2.2982 | 7.2236 |

*.The mean difference is significant at the 0.05 level.
**DV – Dependent variable

Table 20.6 shows the results of the Games-Howell post hoc analysis. The details presented in the table revealed that the *p*-value for WIPL between low and average and low and high groups was less than 0.05, implying that the mean scores between low and average and low and high groups differed significantly at the 5% level of significance. However, the *p*-value for average and high groups was found to be greater than 0.05, implying that there were no significant differences among these groups. The results imply that

work interference with personal life differed significantly among doctors with low and average and low and high work centrality, however, does not differ significantly between doctors with average and high work centrality. Work interference with personal life was found to be lowest among doctors with high work centrality, followed by doctors with the average work centrality and doctors with low work centrality.

**Table 20.7**
**Tukey HSD analysis for comparison of work life balance of doctors at varied levels of work centrality**

| *DV* | *(I) Wceng* | *(J) Wceng* | *Mean Difference (I-J)* | *Std. Error* | *Sig.* | *95% Confidence Interval* | |
|---|---|---|---|---|---|---|---|
| | | | | | | *Lower Bound* | *Upper Bound* |
| WPLE | Low | Average | –4.10662* | 1.21316 | .003 | –6.9809 | –1.2323 |
| | | High | –4.63567* | 1.33488 | .002 | –7.7984 | –1.4730 |
| | Average | Low | 4.10662* | 1.21316 | .003 | 1.2323 | 6.9809 |
| | | High | –.52905 | 1.11896 | .884 | –3.1802 | 2.1221 |
| | High | Low | 4.63567* | 1.33488 | .002 | 1.4730 | 7.7984 |
| | | Average | .52905 | 1.11896 | .884 | –2.1221 | 3.1802 |
| WLBT | Low | Average | –9.57169* | 3.27142 | .011 | –17.3226 | –1.8208 |
| | | High | –12.70046* | 3.59964 | .002 | –21.2290 | –4.1719 |
| | Average | Low | 9.57169* | 3.27142 | .011 | 1.8208 | 17.3226 |
| | | High | –3.12877 | 3.01739 | .555 | –10.2778 | 4.0203 |
| | High | Low | 12.70046* | 3.59964 | .002 | 4.1719 | 21.2290 |
| | | Average | 3.12877 | 3.01739 | .555 | –4.0203 | 10.2778 |

*.The mean difference is significant at the 0.05 level.
**DV- Dependent variable

Table 20.7 shows the results of Tukey HSD post hoc analysis. On the dimension WPLE, the *p*-value between low and average and low and high groups was less than 0.05, implying that the mean scores between low and average and low and high groups differed significantly at the 5% level of significance. However, the *p*-value for average and high groups was found to be greater than 0.05, implying that there were no significant differences among these groups. The results imply that work/personal life enhancement differed significantly among doctors with low and average and low and high work centrality, however, does not differ significantly between doctors with average and high work centrality. Work/personal life enhancement was found to be highest among doctors with high work centrality, followed by doctors with the average work centrality and doctors with low work centrality.

In addition the details presented in the table revealed that overall work life balance differed significantly among doctors low and average and low and high work centrality ($p < .05$), however, does not differ significantly among doctors with average and high work centrality ($p > .05$). Overall work life balance was found to be highest among doctors with high work centrality, followed by doctors with the average work centrality and doctors with low work centrality.

Hence, *hypothesis* $H_{02}$ is partially rejected for the dimensions of work interference with personal life, work/personal life enhancement and for overall work life balance. However, it is accepted for the dimension of personal life interference with work. The results imply that work interference with personal life, work/

personal life enhancement and overall work life balance of doctors differ significantly at varied levels of work centrality, whereas, personal life interference with work does not differ significantly at varied levels of work centrality.

### 5.3. Relationship between Demographic Variables and Work Centrality

In order to find out the relationship between demographic variables and work centrality of doctors employed in government hospitals of Himachal Pradesh, Pearson correlation coefficient was employed and the results are shown in Table 20.8. From the table, it is clear that age was significantly and positively correlated with work centrality (WCEN, $r = .33^{**}$; $p < .01$). Furthermore, the table shows no significant correlation between gender and work centrality of doctors (WCEN, $r = .09$; $p =$ n.s.).

**Table 20.8**
**Correlation coefficient between work centrality and demographic variables**

| *Variables* | *WCEN* |
|---|---|
| Age | .33** |
| Gender | .09 |

** Correlation is significant at the 0.01 level (2-tailed)

On the basis of this analysis, the *hypothesis* $H_{03}$ i.e. *there is no significant relationship between age and work centrality of doctors employed in government hospitals of H.P.* is rejected.

The *hypothesis* $H_{04}$ i.e. *there is no significant relationship between gender and work centrality of doctors employed in government hospitals of H.P. is* accepted.

### 5.4. Work Centrality of Doctors vis-a-vis Varied Levels of Age

The information presented in Table 20.10 reveals that the total sample of doctors belongs to two groups on the basis of their age. The groups are 'below 30' and '31 and above'. The means scores of work centrality for these two groups were compared by using *t*-test. The result of this comparison is given in Table 20.9.

Table 20.9 shows detail analysis of work centrality in relation to age of doctors. The *p*-value or the significance value corresponding to the F test of equal variances assumed is greater than 0.05 for WCEN (.562). This suggested that independent two sample *t*-test with equal variances assumed should be used to compare the mean scores of work centrality and its dimensions at varied levels of doctors' age. The *p*-value of *t*-test with equal variances assumed is less than 0.05 for WCEN (.000) which means there are significant differences in work centrality of doctors in age group 'below 30' and age group '31 and above'. Work centrality was found to be higher among doctors in the age group '31 and above' (M = 39.3, see Table 20.10) than doctors in the age group 'below 30' (M = 34.6, see Table 20.10).

Hence, the *hypothesis* $H_{05}$ i.e. *there is no significant difference in work centrality of doctors at varied levels of age* is rejected. The results imply significant difference in work centrality of doctors at varied levels of age. Higher work centrality was found among doctors in higher age group. The results of the present study are supported by the findings of the study of Kostek (2012). Kostek (2012) reported age as an antecedent to work centrality. According to the researcher, as people enter the middle of their lives they will have had more

**Table 20.9**
**Test for Equality of Means (Work centrality in relation to age and marital status)**

| *WCEN* | | *Levene's Test for Equality of Means* | | *t-test for Equality of Means* | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | *F* | *Sig.* | *T* | *df* | *Sig. (2-tailed)* | *Mean difference* | *Std. Error difference* | *95% Confidence Interval of the Difference* | |
| | | | | | | | | | *Lower* | *Upper* |
| Age | Equal variances assumed | .338 | .562 | –4.232 | 139 | .000 | –4.660 | 1.101 | –6.837 | –2.483 |
| | Equal variances not assumed | | | –4.262 | 123 | .000 | –4.660 | 1.093 | –6.824 | –2.495 |
| Gender | Equal variances assumed | 11.12 | .001 | –1.077 | 139 | .284 | –1.281 | 1.189 | –3.633 | 1.071 |
| | Equal variances not assumed | | | –1.205 | 136 | .230 | –1.281 | 1.063 | –3.384 | .8219 |

**Table 20.10**
***t*-test descriptive statistics (in relation to age)**

| | *Marital Status* | *N* | *Mean* | *Standard Deviation* |
|---|---|---|---|---|
| Age | Below 30 | 84 | 34.6 | 6.50 |
| | 31 and above | 57 | 39.3 | 6.27 |

time in the work force allowing for work to become a stronger part of their identities. People in the middle of their lives often have responsibilities requiring their financial stability which contributes significantly to the importance of working. As the amount of time devoted to career building and development, as well as the need to provide financial stability, people in the middle to late stages of their lives should exhibit greater work centrality (Kostek, 2012).

### 5.5. Work Centrality of Doctors in Relation to Gender

The information presented in Table 20.12 reveals that the total sample of doctors belongs to two groups on the basis of their gender. The groups are 'male' and 'female'. The means scores of work centrality for these two groups were compared by using *t*-test. The result of this comparison is given in Table 20.11.

Table 20.11 shows detail analysis of work centrality in relation to gender of doctors. The *p*-value or the significance value corresponding to the F-test of equal variances assumed is less than .05 for WCEN (.001). This indicates that the independent two sample *t*-test with equal variances not should be used to compare the mean scores. The *p*-value of *t*-test with equal variance not assumed was WCEN (.284). The *p*-value for WCEN was found to be greater than .05 which suggested that there is no significant difference in work centrality of male and female doctors. Overall work centrality was found to be similar in case of male (M = 36.11, see Table 20.12) than male (M = 37.39, see Table 20.12) doctors.

Hence *hypothesis* $H_{06}$ i.e. *there is no significant difference in work centrality of male and female doctors* is accepted. The results inferred that there is no significant difference in work centrality of male and female doctors. However, the finding of the present study goes contrary to the observations made by Lorence (as cited in Kostek, 2012 ) who suggested that men take on the role of career builder and provider for the family

**Table 20.11**
**Test for Equality of Means (Work centrality in relation to gender)**

| *WCEN* | | *Levene's Test for Equality of Means* | | *t-test for Equality of Means* | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | *F* | *Sig.* | *T* | *df* | *Sig. (2-tailed)* | *Mean difference* | *Std. Error difference* | *95% Confidence Interval of the Difference* | |
| | | | | | | | | | *Lower* | *Upper* |
| Gender | Equal variances assumed | 11.12 | .001 | –1.077 | 139 | .284 | –1.281 | 1.189 | –3.633 | 1.071 |
| | Equal variances not assumed | | | –1.205 | 136 | .230 | –1.281 | 1.063 | –3.384 | .8219 |

**Table 20.12**
***t*-test descriptive statistics (in relation to gender)**

| | *Marital Status* | *N* | *Mean* | *Standard Deviation* |
|---|---|---|---|---|
| Gender | Male | 90 | 36.11 | 7.62 |
| | Female | 51 | 37.39 | 4.97 |

economically, while woman are traditionally raised to accept more family-centered roles. Thus, men tend to invest relatively more resources in developing their careers and as a result their identity as a worker becomes more prevalent while woman tend to allocate their resources to family building, and view their role in the workplace as a less important part of themselves.

## 6. CONCLUSIONS

The main objective of the study was to investigate the relationship between work centrality and work life balance. The study found significant and positive relationship between work centrality and work interference with personal life, work/personal life enhancement and overall work life balance. The results of the suggested that higher the work centrality, the lower is the work interference with personal life, higher is the work/personal life enhancement, and higher is the overall work life balance. The results are supported by the findings of a number of studies. Hyman et. al., (2003) found that organizational pressures, combined with lack of work centrality, result in work intruding into non-work areas of employee lives. Walia (2011) also reported positive correlation between work centrality and work life balance. The study reported that individuals who have high work centrality, i.e., who give high priority to their work in life, keep their work above other pursuits, derive satisfaction in life from work and have personal life goals work oriented, tend to show less interference of work with personal life, are able to derive energy from work for personal life and exhibit high level of work life balance. Carr, Boyar & Gregory (2008) indicated that individuals who are more work-centered are not negatively influenced by work interference with family conflict. Burnett et. al., (n.d.) found that those who rate work as being central to life may allow it to eclipse their personal relationships, or in other words the findings actually suggested that those who are more fulfilled in the work are also more fulfilled at home.

In addition, the findings of the study demonstrated that work interference with personal life, work personal life enhancement and overall work life balance differed significantly among doctors at varied levels of work centrality. Work life balance was found higher in case of doctors who scored high on work

centrality followed by doctors with average and low work centrality. Furthermore, the study sought to determine the relationship between demographic variables and work centrality of doctors. The study found significant and positive correlation between age and work centrality of doctors. Work centrality was found to be higher among doctors in the age group '31 and above'. No significant correlation was found between gender and work centrality of doctors.

## *References*

Bal, M., & Kooij, D. (2011), 'The relations between work centrality, psychological contracts, and job attitudes: The influence of age', *European Journal of Work and Organizational Psychology*, Vol. 20, No. 4, pp. 497-523.

Burnett, S.B., Coleman, L., Houlston, C., & Reynolds, J. (n.d.). 'Happy homes and productive workplaces', Retrieved from http://www.workingfamilies.org.uk/admin/uploads/HHPW%20full%20report.pdf [July 8, 2013].

Carr, J.C., Boyar, S.L., & Gregory, B.T. (2008), 'The moderating effect of work-family centrality on work family conflict, organizational attitudes, and turnover behavior', *Journal of Management*, Vol. 34, No. 2, pp. 244-262.

Diefendorff, J.M., Brown, D.J., Kamin, A.M., & Lord, R.G. (2002), 'Examining the roles of job involvement and work centrality in predicting organizational citizenship behaviours and job performance', *Journal of Organizational Behavior*, Vol. 23, pp. 93-108.

Fisher-McAuley, G., Stanton, J., Jolton, J., & Gavin, J. (2003, April 12), *Modelling the relationship between work life balance and organizational outcomes*. Paper presented at the Annual Conference of the Society for Industrial-Organizational Psychology, Orlando.

Greenhaus, J.H., Collins, K.M., & Shaw, J.D. (2002), 'The relation between work family balance and quality of life', *Journal of Vocational Behavior,* Vol. 63, No.3, pp. 510-531.

Heathfield, S.M. (n.d.), Work Life Balance. Retrieved from http://humanresources.about.com/od/glossaryw/g/balance.html [May 22, 2016].

Hyman, J., Baldry, C., Scholarios, D., & Bunzel, D. (2003), 'Work-life imbalance in the new service sector economy', *British Journal of Industrial Relations*, Vol. 41, No. 2, pp. 215-239.

Kostek, J. (2012), Retrieved from https://etd.ohiolink.edu/rws_etd/document/get/bgsu1339525599/inline [24 Sept, 16].

Mannheim, B. (1975), 'A comparative study of work centrality, job rewards and satisfaction', *Sociology of Work and Occupations*, Vol. 2, pp. 79-102.

Paullay, I.M., Alliger, G.M., & Stone-Romero, E.F. (1994), 'Construct validation of two instruments designed to measure job involvement and work centrality', *Journal of Applied Psychology*, Vol. 79, No. 2, pp. 224-228.

Visser, F., & Williams, L. (2006), *Work-life balance: Rhetoric versus reality*. London: Work Foundation.

Walia, P. (2011), 'Work life balance of working professionals- A study of IT and ITES industry', Patiala, India: Punjabi University.