EXECUTIVE SUMMARY

Title: Work-life Balance and Work Engagement of Medical Technologist in a Government Hospital in Iloilo City

Total No. Of Pages: 81

Researcher: Joyce F. Deslate

Degree Program: Master in Public Administration

Institution: Central Philippine University
Jaro, Iloilo City
Region VI

Background and Rationale of the Study

Employee engagement goes beyond satisfaction, motivation and commitment. Employees who are engaged tend to be more emotionally attached to their organization and greatly involve in their job with a great feeling of enthusiasm for the success of their employer, and going extra mile beyond the employment contractual agreement (Marcos and Srivedi, 2010). Engaged employees develop a sense of belongingness and recognize their purpose within the organization. Perrin (2007) stated that organizations with the greatest percentage of engaged employees increased their operating revenue by 19 percent and their compensation per share by 28 percent every year.

The nature of job is sometimes regarded as a factor that affects employees' performances and job engagement. Medical technologists are not exempted from these experiences which are expressed in the form of stresses and burnout. It is perceived that if an individual does not have time to unwind and recharge, their capacity to do their job lessens and their engagement level suffers. A person is not able to take time to enjoy the life they have worked so hard to make in the absence of work-life balance. An employee that does not enjoy life or does not spare time with his or her

friends and family members usually show their stress to their loved ones and this also affects their work-life balance.

Work-life balance is very important especially in the workplace. Avgar, Givans & Liu (2011) reported that work-life balance applications and organizational support certainly affect the financial performance of the hospitals, lesser employee turnover intentions, and minimized errors that could harm patients and employees. Work-life balance has an influence to each employee when properly implemented. As stated in Anderson, et.al. (2012), work-life balance has an effect to solve conflicts with sliding or gliding schedules and job independence. Flexible schedules and other programs looked into as family friendly have been related on low habitual non-presence of employee at their job , improved company devotion , and increased efficiency.

To encourage health practitioners and to be engaged wholeheartedly in their job in public hospitals in Iloilo City, Dr. Raul N. Banias (2016) , the Provincial Administrator and Head of the Hospital Management Office stated that they have offered an attractive compensation package, but still no interest among medical professionals to work in a public hospital is observed (Conserva, 2017). Medical technologists play essential role in the hospitals as frontliners during this pandemic period. Despite being susceptible to infection brought by the virus, medical technologists obliged themselves to execute their tasks as partners of the health practitioners in making diagnosis for their patients. However, most of the time, medical technologists are not given attention since they work in laboratories away from the people’s attention or publicity. Hence, sometimes, their concerns are not addressed.

Other problems recognized by many of the medical technologists are (1) they have little or no interaction with upper management, (2) some lower rank personnel are promoted to supervisory level without proper managerial training, and (3) are vulnerable to complaints and are constantly forced to work for immediate results of the tests. These

are some problems that affect their performances, thereby resulting in exhaustion, insecurity, increased absenteeism, high error rate, poor team spirit, decreased accomplishment and inefficient laboratory service delivery leading to disengagement in their job.

It was perceived that medical technologists in the City and Province of Iloilo experience similar difficult situation in terms of their level of contentment in the workplace. Despite many actions implemented to solve the problem on employee disengagement, these problems still exist. Due to these existing problems on employee disengagement perceived in Iloilo City, the researcher was motivated to conduct a study in determining the status of the work-life balance of the medical technologists in a government hospital in Iloilo City and determine whether their work-life balance necessarily influences their work engagement as medical technologists.

Objectives of the Study

General

This study aimed to determine the level of work-life balance and work engagement of medical technologists in tertiary government hospitals in Iloilo

Specific Objectives

1. describe the personal characteristics of medical technologists in terms of age, sex, civil status, educational attainment, length of service, income and job status;
2. determine the medical technologists' degree of work-life balance in terms of work-family conflict and family-work conflict;
3. determine the level of work engagement of medical technologists in terms of vigor, dedication and absorption;
4. determine if there is a significant relationship between the medical technologists' personal characteristics and their degree of work-life balance;

5. determine if there is a significant relationship between the medical technologists' personal characteristics and their level of work engagement;
6. determine if there is a significant relationship between the medical technologists' degree of work-life balance and their level of work engagement.

Hypothesis of the Study

1. There is no significant relationship between the medical technologists' personal characteristics and their degree of work-life balance;
2. There is no significant relationship between the medical technologists' personal characteristics and their level of work engagement;
3. There is no significant relationship between the medical technologists' degree of work-life balance and their level of work engagement.

Research Design

This is a descriptive-correlational study that employed a one-shot survey design. Descriptive correlational method refers to a type of study in which information is collected without making any changes to the study subject (Writer, 2020). Descriptive research design describes an individual's events, conditions by studying them as they are in nature (Siedlecki, 2020). This non-experimental design was used to describe the characteristics, degree of work-life balance and level of work engagement of medical technologists in a government hospital in Iloilo City and to explain whether a relationship exists between these variables.

Area of the Study and Respondents of the Study

This study was conducted in a certain government hospital in Iloilo City. The selection of this hospital is based on its recognition as one of the most performing hospital in the province and has the most number of staff employed. Specifically, the said

hospital employed the most number of medical technologists compared to other hospitals in the City and Province of Iloilo. As per record, there are 110 medical technologists employed at the said government hospital where the study was done. To substantiate with the findings of the study, the researcher decided to include the total number of employed medical technologists as the sample of the present study.

Ethical Consideration

Prior to the execution of the study, the researcher obtained the approval of the Chief of Hospital and the Research Ethics Committee of the said public hospital. The respondents' permission to be a part of the study was sought through a letter of informed consent. The informed consent included a full explanation of the purpose of the study, type of research intervention, participation selection, voluntary participation, procedure, duration, risks, benefits, reimbursements, confidentiality, sharing of result, right to refuse or withdraw and whom to contact. The respondents were given option whether to subject themselves or not in the survey. Only respondents who allowed themselves to be part of the survey were considered as samples where data gathered were used in the study. The respondents were given two weeks or 14 days to answer the questionnaires in their own convenient time.

Risk Assessment

Possible risks in this study included information and answers of the respondents used as part of the data in drawing out the conclusion. In this regard, the respondent's identity will be known once his or her name will be placed in the questionnaire, but it was dealt with utmost confidentiality. It could be noted that the respondent's name was optional.

Disclosure of Potential Conflicts of Interest

The researcher did not see any possible conflicts of interest with the institution and any parties involved in the study. Required protocols and permission were properly done before the conduct of the study. The researcher was granted approval to hold the study. The identities of the respondents were treated with utmost confidentiality.

Research Instrument

The researcher utilized the adopted questionnaire of Netemeyer, et. al (1996), Scale of Work-life Balance, and the Utrecht Work Engagement Scale (UWES) developed by Schaufeli and Bakker (2004). The researcher wrote a letter to the authors of the questionnaire, asking permission and approval that the instrument they have published will be utilized in the present study. As soon as approval from the authors was received, the questionnaires were presented to the adviser for face validation and approval. The research instrument has three parts.

Part I included the personal characteristics of the participants in terms of age, sex, civil status, educational attainment, length of service and job status.

Part II included the respondent's degree of work-life balance. It is composed of 10-item questions adopted from Netemeyer et al (1996). "Scale of Work-life Balance" have the following dimensions: work-family conflicts (5 items) and family-work conflicts (5 items).

Work-family conflicts refers to experiences at work that interfere with family to life, such as prolonged , not regular, or not flexible work hours, overload working hours and other forms of job stress, interpersonal conflict, extended travel schedules, career shifts , unsupportive supervisor or organization.

Family-work conflict refers to experiences in family that interferes with work-life such as presence of young children, main responsibility for children, elder care duties,

interpersonal conflict within the family, unsupportive family members.

The questionnaire is answerable by a scale and description as follow:

Responses	*Score*
Strongly Agree	7
Moderately Agree	6
Agree	5
Neutral	4
Disagree	3
Moderately Disagree	2
Strongly Disagree	1

With regards to the negative statements, the highest score was given to “strongly disagree” response, while the lowest score to the answer is labeled as “strongly agree”.

To measure the degree of work-life balance, the total score for the responses was categorized and described as follows:

Category	*Raw Score*	*Definition*
Good	5.00 – 7.00	When the needs and desires of the respondents and in performing work-life functions were met satisfactorily and he/she has nothing to ask for.
Fair	3.00 – 4.99	When the needs and desires of the respondents and in performing work-life functions were particularly met but he/she was not happy about.
Poor	2.90 and below	When the needs and desires of the respondents and in performing work-life functions were not met.

Part III is the Utrecht Work Engagement Scale (UWES), a self-report questionnaire with seventeen (17) items developed by Schaufeli and Bakker (2004).

This questionnaire is composed of three dimensions: vigor (6 items), dedication (5 items), and absorption (6 items). The questionnaire is answerable using a 7-point Likert's scale where six (6) is the highest and zero (0) is the lowest.

Vigor. This was determined by six (6) items that refer to high levels of energy and resilience, the willingness to invest effort, not being easily fatigued and persistence in the face of difficulties.

Dedication. This was determined by five (5) items that refer to deriving a sense of significance from one's work, feeling enthusiastic and proud about one's job and feeling inspired and challenged by it.

Absorption. This was calculated by six (6) items that that refer to being totally and happily immersed in one's work and having difficulties detaching oneself from it so that time passes quickly and one forgets everything else that is around.

The responses were scored and described as follow:

Response	*Score*	*Definition*
Always	6	Everyday
Very Often	5	A few times a week
Often	4	Once a week
Sometimes	3	A few times a month
Rarely	2	Once a month or less
Almost Never	1	A few times a year or less
Never	0	Never

The overall level of work engagement was determined and categorized as follows: *High Level of Work Engagement (4.00 – 6.00), Average Level of Work Engagement (2.00 – 3.99), Low Level of Work Engagement (below 2.00).*

Validation and Reliability Testing of Instrument

Prior to the actual data gathering, the adopted questionnaire was submitted to the adviser for face validation and approval. Comments and suggestions were considered to improve the quality of the questionnaires to be used in the study. After face validation, it was pilot tested to 20 medical technologists in another government hospital in Iloilo City who are not participants of the research study. It was then reviewed and subjected to Cronbach alpha to test for its reliability. A result of .70 and above shows that questionnaire was valid and reliable.

Data Collection

Before gathering the data, the researcher secured approval from the Dean of the School of Graduate Studies asking permission to conduct a research study. After proper approval from the Dean, the same letter of request was submitted to the Director of the identified government hospital, seeking approval to conduct a study in the area. After approval was granted, the researcher sent out the questionnaires which was previously validated and have undergone reliability testing to all employed medical technologists in the said hospital.

In administering the questionnaires, the researcher sought permission from the Head of the Medical Laboratory Department that the questionnaires with letter of consent and with individual names of respondents will be placed at a certain area accessible to all medical technologists. Written and oral instructions were included in the questionnaire for the respondents to be informed. They were advised to take one and reflect their responses at their own convenient time. Medical Technologists who have permanent plantilla and job hires were included in the study. Those medical technologists who did not participate were excluded as samples of the study, and those who participated in the study were given two (2) weeks to answer the questionnaires. After the questionnaires

were retrieved, all responses were reviewed immediately to ensure that all items were properly and legibly answered. Any omissions or inconsistencies found in the questionnaire were clarified immediately with the respondent. All the responses of the respondents were coded and encoded for data processing and interpretation.

Data Processing and Analysis

The gathered data were categorized, coded, encoded, and tabulated in preparation for statistical treatment. The data were processed using the IBM Statistical Package for Social Sciences (SPSS) Statistics Version 20 software program for windows. Analysis of all data was done in two levels namely: the descriptive analysis and the correlation analysis.

Percentage distribution and frequencies were used to describe the characteristics of respondents in terms of age, sex, civil status, and educational attainment, length of service, income and job status.

Mean and standard deviation were used to measure central tendencies and dispersion of data, respectively. To determine the significant relationship between and among variables, chi-square was used. Cramer's V and Gamma coefficient were used to determine the strength of relationship between and among variables and were interpreted using the scale of interpretation below. An alpha value of .05 was established as priori.

Gamma	Interpretation		Cramer's V	Interpretation
0.00 - ± .24	No Association/ Relationship		< ± .25	Extremely weak
± .25 - ± .49	Weak Association/ Relationship		± .25 - ± .34	Weak
± .50 - ± .74	Moderate Association/ Relationship		± .35 - ± .39	Moderate
± .75 - ± 1.00	Strong Association/ Relationship		> ± .40	Strong

Findings

1. The study revealed that a majority of the respondents are female, most of the participants are single, those who were 25 years old and below comprised the large number of respondents.

2. A big majority of the medical technologists have not yet earned their Masters degree or have not even taken units in the Masters program.

3. Half of the group were not on permanent status, and majority earns at least 300,000 pesos annually. A large majority of the medical technologists have fairly good balanced work and life, since they can still manage well their work-related duties and do not need to make necessary changes with family activities. They exhibited fair to even poor family-work conflict, hence they can work certain things to be done with spouse, and any family member accomplishing the task on time or do over time is still possible. Oftentimes to almost always, they have bursting energy, feel so strong, and vigorous at work. Most of the time they were inspired to do their job, and find it so fulfilling, thus made them happy even working intensively challenging tasks.

4. Work to Life Balance with reference to Work to Family Conflict and Characteristics of the respondents' civil status and job status are remarkably related with

work to life balance. Single medical technologists exhibited fair to good work-life balance and those who are married showed fair work to life balance. Work to Life Balance with reference to Family to Work Conflict, family income and work tenure turned out to be not significantly related. There was no significant relationship between work engagement like vigor and either of the characteristics of participants as age, sex, civil status, highest educational attainment, family income, and years in service, and job status.

5. The characteristics of medical technologists either in age, sex, civil status, highest educational attainment, family income, years in service, and job status between work engagement as to dedication, turned out to be not significant , since medical technologists showed high point of work engagement either in younger or older ones as well as for other characteristics, they showed high point of work-engagement.

6. Work Engagement in terms of absorption and characteristics of respondents, classified according to their educational attainment exhibited a significant result. Those who are with Bachelors' degree presented a high point of work-engagement while those who at least started their Masters degree turned out to have an average level of work engagement like absorption. It was revealed that degree of family-work conflicts is significantly related with work engagement but not in work-family conflicts.

7. The level of work engagement such as vigor showed that it is significantly related to work-life balance in terms of work and family conflicts. Neither work to family conflict nor family to work conflict turned out be significantly related with work engagement such as dedication, since most of the medical technologists are highly dedicated with their duties.

8. Finally, either the medical technologist showed poor, fair or good level of family-work conflict, most of them were highly engaged in their work. The same for work and life balance in terms of work to family conflict, irrespective of his or her level of work to family conflict.

Conclusions

1. Based on findings number 1, it is clear that female medical technologists are more detailed than the males. Moreover, younger medical technologists stay in this profession because they are the ones that can sustain extended working hours and lesser or no health issues to hamper their job. They are more energetic to perform various tasks at work.

2. The busy schedule in the laboratory where the medical technologists are exposed demands for more of their time; hence they have less or no time to pursue advance educational attainment.

3. Based on findings number 3, there is less permanent plantilla position available for the medical technologists based on the bed capacity of the hospital and a laboratory only needs limited personnel in relation to functional sections.

4. Based on findings number 4, medical technologists can still manage well their work-related duties and do not need to make necessary changes with family activities, since they are used to do multi-tasking as to number of staff involved to do the job assigned.

5. Based on findings number 5, civil status of medical technologist affects work-life balance in relation to work-family conflict, since married employees have more household responsibilities than single ones. They play dual roles and need to have equilibrium on both roles.

6. Based on findings number 6, permanent job status employees are more engaged to work in relation to more organizational benefits with regards to income, incentives, leave privileges, and flexible working hours.

Recommendations

1. A program initiative by the human resource management for medical technologists must be pursued in order to promote professional growth for better opportunities in the future.

2. A Training Enhancement Program in coordination with Professional Education Training department of hospitals should be pursued in order to deepen psychosocial and work engagement.

3. The hospital management may develop measures or program to check or maintain the degree of work-life balance and level of work engagement among medical technologists.

4. The Department of Health must provide additional permanent plantilla positions to lessen high job turnover and to improve the lives of large number of medical technologists as to family income.

5. Future researchers may test the parameters with other group of respondents.