# Correlational Analysis of Work-Life Balance and Job Satisfaction of Female Medical Technologists in Hospital-Based Laboratories within Luzon

***Timothy John S. Urmatam[1], Ma. Aleena Louise R. Go[1], Issah Marie M. Hernandez[1], Mikaella Louisse D. Reyes[1], Michael Duan D.J. Sacdal[1], Patricia P. Salazar[1], Joeben Dave M. Sampang[1], Jiovanni T. Diaz[2]***

*[1]Student, Department of Medical Technology, Faculty of Pharmacy, University of Santo Tomas, Manila, Philippines.*

*[2]Clinical Faculty Member, Department of Medical Technology, Faculty of Pharmacy, University of Santo Tomas, Manila, Philippines.*

*Corresponding Author: timothyjohn.urmatam.pharma@ust.edu.ph*

**Abstract: -** Work-life balance (WLB) is an essential part of every profession, especially to those in the healthcare professions such as Medical Technologists. In the Philippines, the researchers have observed that there are only a few studies about WLB and Job satisfaction. Medical Technologists have a huge contribution to the medical field, thus it is necessary to assess how well they deal with or manage their professional and personal life, for them to have a better performance in the laboratory which will further benefit them, the physician, and the patient. The goal of this study is to determine whether variables such as age, marital status, and immediate family relationships have an effect on the Work-Life Balance and Job Satisfaction of the respondents. This research is of correlational nature. The study was conducted online through Google forms. A Likert scale was used to assess the said variables and responses were measured using descriptive statistics and other statistical tools such as Spearman Rank Correlation and Mann-Whitney U test. Marital status, age, and immediate family relationships of female medical technologists in hospital-based laboratories in Luzon displayed no correlation to their work-life balance and job satisfaction. Based on the results, there is no pertinent connection between the marital status and the job satisfaction of the respondents. No substantial difference was also found when comparing the work-life balance of both the younger and older age groups. Similarly, there was no essential difference in job satisfaction between the two age groups. Furthermore, immediate family relationships had no distinguished impact on the respondents' job satisfaction and work-life balance. The findings of this study reveals that it is still unclear which elements have a role in correlation with work-life balance and job satisfaction among female medical technologists. This study may bring greater attention to future research revolving around similar studies tackling work-life balance and job satisfaction within the healthcare system. This will aid the administrators of the healthcare workforce to create and deploy solutions, help boost job satisfaction and improve work-life balance among health care professionals as a unified aim rather than treating each variable separately.

**Key Words: —** ***Job Satisfaction, Work-Life Balance, Medical Technologists.***

## I. INTRODUCTION

In recent years, there has been an increasing demand for health care professionals. Such professionals tend to be overworked due to the demands of their profession. In this generation, the concepts of Human Resource Management practices have further led into the development and implementation of practices that will help achieve a good Work-Life Balance. WLB Practices have been shown to have a significant influence on the motivation and job satisfaction of employees [8]. However, the comprehension evolving around the concept of WLB is not as concrete and large-scale as the widespread utilization of the term would propose [13]. Numerous researchers have claimed that the theoretical improvement of the WLB has not gone as far as the notoriety of the concept [12]. Most studies pertaining to WLB assumed that it is mainly focused on working parents wherein the children are considered a great factor in the life part of WLB. Nearly all of the existing studies on WLB mainly considered family in the "life" portion of balance [10].

Work-life balance is a notion that entails properly prioritizing duties related to "work" and "life." It is a central concern in the everyday lives of every professional, and the term has already gained traction, now being commonly used in public discourse. At present, many women are already successful with their careers, but up until now, the responsibilities between work and

Manuscript revised August 28, 2021; accepted August 29, 2021. Date of publication August 31, 2021.

This paper available online at www.ijprse.com

ISSN (Online): 2582-7898; SJIF: 5.494.

family of female workers in the healthcare industry has not been reduced [2].

Job satisfaction is considered as one of the most important determining factors of enhanced efficiency and quality of work in an organization. According to Hasibuan, (2015) as cited by Wagiman, S. & Sutanto, H.A. (2019) [26], it is an emotional attitude that exhibits work morals, discipline, and work performance. Job satisfaction will take place if the needs of a person to work are met either from the materials needed or from a supportive environment.

Men and women are known to have two general domains in their lifetime known as Organizational and Personal life domains. Each of these domains are composed of tasks and responsibilities that need to be fulfilled for they are of equal importance, are interrelated and interdependent. At large, men tend to perform fewer activities than women making the balance of the two said domains more significant in women than men [23]. Moreover, cases of work-life conflict tend to be more pressing on women especially of the working class no matter how important they perceive a work-life balance to be. And despite modern times, the majority of societies worldwide still possess the traditional mindset that women are the ones held primarily responsible for childcare, elderly care and the smooth sailing of day-to-day family affairs irrespective of their job profile and responsibilities making it very difficult for them to manage. [15][27]. Such struggle, more often than not, associates itself with decreased job satisfaction, increased staff turnover and absenteeism, lower performance, increased job stress levels, and intention to leave the organization [18]. Hence, a woman's work-life balance causes a significant impact on her satisfaction with the job in totality.

Medical Technologists are key members of the healthcare workforce. Their primary role is to help in the diagnosis of patients' conditions through the examination of different bodily fluids. Given that their work is such an essential and indispensable part of the workforce, spending and dividing their time and attention on work and family can prove to be complicated. This is because the employee must be physically present at all times to provide the service required [19]. Employers expect more from their staff, they are consistently putting their staff under pressure in the hopes of achieving great results [20]. This is becoming increasingly evident now with the on-going expansion of clinical laboratory diagnostics. We can observe that our healthcare professionals are being overworked, with little compensation for their extra efforts.

The researchers have observed that there are only limited studies regarding the work-life balance and job satisfaction of Filipino Medical Technologists. This study seeks to determine the correlation of factors such as age, marital status, and immediate family relationship with the work-life balance and job satisfaction of female medical technologists who currently work in hospital-based laboratories within Luzon. Unlike other studies conducted abroad, this research will not produce suggestions on how to achieve work-life balance. It is mainly focused on determining the correlation of the said factors with job satisfaction and WLB.

## II. METHODOLOGY

### *2.1 Research Design*

The study used correlational research in achieving the objectives because this type of research design measures two or more variables to determine the extent to which the values for the factors are related with each other [17]. The correlation of selected variables were determined based on the answers of female medical technologists working in hospital-based laboratories in Luzon from the structured survey questionnaire. After the collection of data through an online survey, responses were subjected to statistical analysis which enabled the researchers to determine and examine the relationship of age, marital status, and immediate family relationships into the participants' work-life balance and job satisfaction.

### *2.2 Subjects and Study Site*

The participants for this study were female medical technologists working in hospital-based laboratories within Luzon. Subjects were at least 25 years old to 50 years old. The recommended sample size was 95. It was computed using the Raosoft, Inc. sample size calculator with a margin of error of 10% and a response distribution of 50%. The Philippines Health System Review by the World Health Organization reported last 2018 that there are a total of 8,787 medical technologists working in hospital-based laboratories in Luzon. For every 36 male medical technologists, there are 263 female medical technologists. 7,729 medical technologists were estimated to be female. This was the population size used to compute the sample size [6][7].

A purposive sampling technique was utilized wherein the researchers only selected individuals that would be able to meet the specific inclusion criteria set. The responses were collected via an online survey through Google Forms. All participants received a consent form before answering the questionnaire thus they had the right to decide if they wanted to participate or not in the study. Overall, a total of 97 respondents answered the survey questionnaire.

Table.1.Inclusion and exclusion criteria

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| • Published journal articles | • Unpublished data, review manuscripts, reports and journal |

| | |
|---|---|
| ● Peer reviewed articles from 2015-present<br>● English Language<br>● Focus on Female medical technologists in both private and public hospitals<br>● Female medical technologists above the age of 25 and below the age of 50 were included in the study<br>● Female medical technologist working in hospital-based laboratories in Luzon | articles<br>● Systematic reviews and analyses<br>● Non-peer reviewed papers, reports, and book chapters<br>● Studies with lower age range (<25) and higher age range (>50)<br>● Large sample size<br>● Male Medical Technologists |

### *2.3 Data Measure/Instrumentation*

The primary data of the study were collected using a survey questionnaire. This job satisfaction and work-life balance of female medical technologists working in a hospital-based laboratory in Luzon were assessed through the use of a three-point Likert scale. The questionnaire has 84 items and it was divided into four (4) parts namely, socio-demographic profile, opinion about personal life, perceived work-life balance in the work environment, and opinion about job satisfaction. Those sections were further divided into groups to specify questions that are related to each other.

The first part of the questionnaire pertains to the socio-demographic profile of the respondents. This included questions such as age, marital status, number of children, and years of service of the female registered medical technologist. The second component of the questionnaire is all about the outlook of the respondents on their personal life. This tackled how the female medical technologist manages herself, her life satisfaction, and her familial relationship in the household.

Another section of the questionnaire is the perceived work-life balance in the work environment of the respondents. This entailed the work-life balance policies of the medical technologist, her workload, and support from the workplace. Lastly, the viewpoint regarding job satisfaction of the female medical technologist will also be assessed. This section included questions such as how contented and fulfilled is the respondent from her working hours, tasks, and role in the laboratory.

Moreover, the questionnaire was subjected to validity and reliability tests through the use of Cronbach alpha. A reliability score of 0.966 was obtained for the survey questionnaire. This suggests that the questionnaire is eligible to use for this study considering that a score above 0.70 is acceptable.

### *2.4 Data Gathering Procedure*

The researchers acquired ethical clearance from the Research Ethics Committee prior to conducting the study. When it was approved, a pilot testing of the questionnaire was done to determine its reliability and validity. After the pilot testing, the researchers started communicating with the human resource (HR) department of public and private hospitals in Luzon. A letter of intent was sent by the researchers through email with the necessary documents needed by the HR. Once acknowledged, the letter of consent and the survey were deployed via Google Forms to female medical technologists suited for the study. Furthermore, the study and the survey's purpose and relevance were explained and discussed to each prospective respondent through the informed consent form. The respondents were requested to indicate whether or not they are willing to participate in the survey by filling out a consent form. The participants should be at least 25 and at most 50 years of age and must be working in hospital-based laboratories within Luzon. The respondents were informed that all their information would be kept private and it would only be used for the purpose of the study. Following the completion of the survey, the researchers began processing and analyzing the data using statistical methods. Lastly, the gathered data were correlated to work-life balance and job satisfaction separately to the different factors.

### *2.5 Ethical Considerations*

The researchers provided consent forms to selected female medical technologists in hospital-based laboratories within Luzon for their permission to participate in the study. Any individual who is fitting to the inclusive criteria set by the researchers could be a subject in this study. No conflict of interest is associated with this study. No relatives were in the respondents. The researchers ensured that all identities of the subjects and their answers to the given questionnaire remained confidential. Respondents' names were kept optional. Data privacy, especially that of the respondents, was the topmost priority. Only the researchers have access to the results obtained from the study to maintain confidentiality. The survey questionnaires were only used to assess the variables important to the study. Voluntary participation was observed, and no monetary compensation or stipend was given to the respondents. The subjects were allowed to withdraw from the study at any given time in the duration of the study without penalty. The findings of this study will be made available to the

subjects once the study is completed to inform them of their contributions for the accomplishment of this research.

### *2.6 Data Analysis*

Descriptive statistics was used to measure the responses from the Likert scale survey questionnaire. This includes tools such as percentage to determine the personal related variables of the respondents, weighted means to determine the assessment of the respondents with regards to their responses, and frequency distribution to summarize the tally of responses in each given category. Spearman Rank Correlation is then used to measure the strength and direction of association between the variables in the study. Moreover, Mann Whitney U Test is used to compare the differences between the variables being compared in this study.

## III. RESULTS AND DISCUSSION

### *3.1 Demographic Profile of the Respondents*

The marital status, age, immediate family relationships, and years of service were gathered to describe the respondents' profiles.

Table.2. Demographic Profile of the Respondents (Age)

| Age | Frequency | Percent |
|---|---|---|
| 25-37 years old | 64 | 66.0 |
| 38-50 years old | 33 | 34.0 |
| Total | 97 | 100.0 |

The demographic profile of the respondents was compiled using frequency and percentage. In terms of age, the majority of the respondents are aged 25-37 years old (64 out of 97 or 66.0%) and only 33 out of 97 (34.0%) are aged between 38 to 50 years old.

Table.3. Demographic Profile of the Respondents (Marital Status)

| Marital Status | Frequency | Percent |
|---|---|---|
| Married | 47 | 48.5 |
| Single | 50 | 51.5 |
| Total | 97 | 100.0 |

Above half, (50 out of 97 or 51.5%) of the respondents are single while the rest are married (47 out of 97 or 48.5%).

Table.4. Demographic Profile of the Respondents (Children)

| Children | Frequency | Percent |
|---|---|---|
| With kids | 48 | 49.5 |
| Without kids | 49 | 50.5 |
| Total | 97 | 100.0 |

49 out of 97 (50.5%) of the respondents do not have kids while 48 (49.5%) do have kids.

Table.5. Demographic Profile of the Respondents (Years of Service)

| Years of Service | Frequency | Percent |
|---|---|---|
| 1 Year | 18 | 18.6 |
| 2 Years | 21 | 21.6 |
| 3 Years and Above | 58 | 59.8 |
| Total | 97 | 100.0 |

In terms of number of years in service, most of the respondents are working for three years and more (58 out of 97 or 59.8%), some are already in their second year (21.6%) and only 18 out of 97 (18.6%) have one (1) year in service.

*Correlation of Marital Status to work-life balance and job satisfaction of female medical technologists*

Table 6 presented the correlation between the marital status of female medical technologists and their work-life balance

Table.6. Correlation between marital status and work-life balance of female medical technologists

| Correlations | | | | |
|---|---|---|---|---|
| | | | Marital Status | Work-Life Balance |
| Spearman's rho | Marital Status | Correlation Coefficient | 1.000 | -0.195 |
| | | Sig. (2-tailed) | | 0.055 |
| | | N | 97 | 97 |
| | Work-Life Balance | Correlation Coefficient | -0.195 | 1.000 |
| | | Sig. (2-tailed) | 0.055 | |
| | | N | 97 | 97 |

To determine if there exists a significant relationship between the marital status of female medical technologists and their work-life balance, the Spearman's Rank Order Correlation was used, (since the assumption for normality for each of the marital status was violated), denoted by coefficient *rho* or □□. Result was shown in the table above. The □□ is equal to -0.195 and the p value is 0.055. Since the p value exceeds the significance level of 0.05, the Null Hypothesis failed to be rejected. Therefore, there exists no significant relationship between the marital status of female medical technologists and their work-life balance.

Based on table 6, there is no significant correlation between the marital status and work-life Balance of female medical technologists working in hospital-based clinical laboratories. This result is supported by the research done by Amazue and Onyishi (2016) [1] wherein they stated that the marital status of their respondents had no significant relationship with their Work-Life Balance.

They found that both single and married respondents had essentially the same challenges when it comes to balancing the roles they have to perform at the work and non-work aspects of their lives. They also pointed out that being single does not mean that they are only supporting themselves, they may have to take care of their siblings, parents, or other people which can prove to be equally challenging when compared to the married respondents who provide and care for their offspring and partner.

Table 7 presented if there is a correlation between the marital status of female medical technologists and their job satisfaction

Table.7. Correlation between marital status and job satisfaction of female medical technologists

| Correlations | | | | |
|---|---|---|---|---|
| | | | **Marital Status** | **Job Satisfaction** |
| **Spearman's rho** | **Marital Status** | Correlation Coefficient | 1.000 | -0.047 |
| | | Sig. (2-tailed) | | 0.651 |
| | | N | 97 | 97 |
| | **Job Satisfaction** | Correlation Coefficient | -0.047 | 1.000 |
| | | Sig. (2-tailed) | 0.651 | |
| | | N | 97 | 97 |

To determine if there exists a significant relationship between the marital status of female medical technologists and their job satisfaction, the Spearman's Rank Order Correlation was used, (since the assumption for normality for each of the marital status was violated), denoted by coefficient *rho* or □□. Result was shown in the table above. The □□ is equal to -0.047 and the p value is 0.651. Since the p value exceeds the significance level of 0.05, the Null Hypothesis failed to be rejected. Therefore, there exists no significant relationship between the marital status of female medical technologists and their job satisfaction.

Single and married respondents have equal job satisfaction as Table 7 shows that there is no significant relationship between the marital status of female medical technologists and their job satisfaction. Similar results were presented in a study conducted by Tarcan et al. in 2017 [24] wherein the relationship between burnout, socio-demographic and workplace factors, and job satisfaction among emergency department nurses were analyzed. It was found that though there was a significant relationship existing between burnout and job satisfaction, there was no significant relationship between gender, age, education, and marital status on any form of work-related satisfaction. In the same study, they cited Schooley, Neset, Tarcan, and Yorgancıoglu (2016) [21] where age, gender, economic well-being, and income level were all found to be important factors in burnout among emergency medical personnel, but patient load and marital status had no significance.

*Significant difference in the work-life balance and job satisfaction of age groups*

Table 8 shows if the younger age groups of female medical technologists have a better work-life balance or vice-versa.

Table.8. Significant difference in the work-life balance of age groups

| Age Group | Mean Rank | Mann-Whitney U | p value | Decision | Interpretation |
|---|---|---|---|---|---|
| 25-37 years old | 49.13 | 1048.000 | 0.951 | Retain Null Hypothesis | No Significant Difference |
| 38-50 years old | 48.76 | | | | |

*significant at p-value <0.05

The Mann Whitney U Test (assumption of normality and homogeneity of variances were not satisfied) was used in order to determine if medical technologists from the younger age groups have a better work life balance. As shown in the table above, the computed Mann-Whitney U is 1048.000 and the p value is 0.951, and since the p value is greater than the significance level of 0.05, the Null Hypothesis was retained. Therefore, there exists no significant difference in the work-life

balance of the two age groups, concluding also that since there is no significant difference, the work life balance of the two age groups is equal.

Based on table 8 there is no significant correlation between the age groups of female medical technologists in Luzon and their work life balance. This result implies that work-life balance is not affected whether you are young or old. Similarly in the study of Padmasiri and Mahalekamge (2016) [16], age differences do not impact WLB, the choice on how we achieve WLB is what differs with age.

Table 9 shows if the younger age groups of female medical technologists have a better job satisfaction or vice-versa

Table.9. Significant difference in the job satisfaction of age groups

| Age Group | Mean Rank | Mann-Whitney U | p value | Decision | Interpretation |
|---|---|---|---|---|---|
| 25-37 years old | 49.13 | 988.00 | 0.601 | Retain Null Hypothesis | No Significant Difference |
| 38-50 years old | 48.76 | | | | |

*significant at p-value <0.05

The Mann Whitney U Test (assumption of normality and homogeneity of variances were not satisfied) was also used in order to determine if medical technologists from the younger age groups have better job satisfaction. As shown in the table above, the computed Mann-Whitney U is 988.00 and the p value is 0.601, and since the p value is greater than the significance level of 0.05, the Null Hypothesis was retained. Therefore, there exists no significant difference in the job satisfaction of the two age groups, concluding also that since there is no significant difference, the job satisfaction of the two age groups is equal.

As illustrated in Table 9, it is interpreted that there is no significant difference in the job satisfaction of female medical technologists from the two different age groups (i.e., 25-37 and 38-50 years old). It was found that their job satisfaction is equal. Chunta's (2020) [5] study reinforces this result due to how health professionals experience the same amount of work stressors which eventually lead to burnout--regardless of their age groups. To improve the WLB of these professionals, it was noted that they generally need to employ time management and self-care strategies so as to be satisfied with their respective lives. This finding can also be supported by the way in which employers treat health practitioners [4]. Correspondingly, everyone in the workplace is given some level of autonomy over their working time. This enables the health practitioner to manage their work-related endeavors and go about their private needs. Equally significant, all of the workers--regardless of their age--are susceptible to the risks associated with that autonomy. Although the experiences of medical technologists are not entirely synonymous because of their different needs and contexts, the aforementioned studies reinforce the result through being subjected to the same stressors underscores that they are equally likely to experience the same level of job satisfaction.

*Correlation of immediate family relationships to work life balance and job satisfaction of the female medical technologists*

Table 10 presented the correlation between the female medical technologists' immediate family relationship and job satisfaction

Table.10. Correlation between immediate family relationships and the job satisfaction of female medical technologists

| Correlations | | | | |
|---|---|---|---|---|
| | | | Immediate family relationships | Job Satisfaction |
| Spearman's rho | Immediate family relationships | Correlation Coefficient | 1.000 | 0.022 |
| | | Sig. (2-tailed) | | 0.834 |
| | | N | 97 | 97 |
| | Job Satisfaction | Correlation Coefficient | 0.022 | 1.000 |
| | | Sig. (2-tailed) | 0.834 | |
| | | N | 97 | 97 |

The immediate family relationship was tested if it has a significant relationship with the respondents' job satisfaction. Spearman's rho was used since the assumption for normality was not satisfied. It was clearly revealed through the table of results above that there exists no significant relationship between the two above mentioned variables ( = *0.022,* = *0.834*) since the corresponding p value is greater than 0.05 (level of significance).

Table 11 presented the correlation between the female medical technologists' immediate family relationship and work-life balance

Table.11. Correlation between immediate family relationships and the work-life balance of female medical technologists

| Correlations | | |
|---|---|---|
| | Immediate family relationships | Work-Life Balance |

| | | | | |
|---|---|---|---|---|
| **Spearman's rho** | **Immediate family relationships** | Correlation Coefficient | 1.000 | 0.087 |
| | | Sig. (2-tailed) | | 0.395 |
| | | N | 97 | 97 |
| | **Work-Life Balance** | Correlation Coefficient | 0.087 | 1.000 |
| | | Sig. (2-tailed) | 0.395 | |
| | | N | 97 | 97 |

The immediate family relationship was tested if it has a significant relationship with the respondents' work-life balance. Spearman's rho was also used since the assumption for normality was not satisfied again. It was clearly revealed through the table of results above that there exists no significant relationship between the two above mentioned variables ( $\square_{\square} = 0.087, \square = 0.395$) because the corresponding p value is greater than 0.05 (level of significance).

This study hypothesized that a mother who works as a medical technologist is more susceptible to the effects of Work-Life Balance, since they are confronted by varying factors (e.g., children, spouses, work, finances, etc.). However, Table 10 shows that there is no significant relationship between the respondents' immediate family relationships and their job satisfaction, and Table 11 highlights that there is also no correlation between Work-Life Balance and the respondents' immediate family relationships. This result is supported by the study conducted by Haar (2013) [11] wherein it was stated that work-life balance is broadly similar and equally given importance by a single female and a mother who is a medical technologist. The study highlighted the balance of consistent results on life and job satisfaction for both respondents. This implies that being a mother has no correlation with work-life balance and job satisfaction. Ghasemi (2021) [9] explains that women in the health profession around the world are experiencing increased inequalities due to the burden placed on them by the pandemic. The study also notes that it is significant to employ WLB strategies to mitigate the existing discrepancies. Take, for example, giving time for relaxation (e.g., gardening, meditating, talking to loved ones) or conversing with someone about one's problems to create solutions with their peers. In the study of Staton (2018) [22], multiple regression analysis was used to see how well a linear combination of gender, marital status, and parental status might predict job satisfaction as measured by the Job Satisfaction Survey (JSS). It was noted that parental status does not have a significant relationship with job satisfaction. Even though it was assumed that they are negatively affected by the ills of WLB, female healthcare professionals--in general--are faced by existing inequalities in the workplace as well as the stress brought by balancing their professional and private lives in the process.

Other papers, however, suggest that there are certain factors that affect the job satisfaction of employees. A study done by Makinde, A.M., et. al., (2020) [14] suggests that factors such as age, gender, and marital status all had an effect on the Job satisfaction of their respondents, which are early career doctors in Nigeria. The researchers found out that younger doctors have a higher job satisfaction as compared to older doctors, a few studies also suggest that female doctors have a higher job satisfaction than male doctors, and they also found that single doctors have a lower job satisfaction as compared to married doctors which can be attributed to a better source of emotional support and companionship. The study of Tiwari (2017) [25] stated that female employees play two major life roles - one is at home and the other is at the workplace. Another study by Armstead (2015) [3] found that professional women who are mothers experience difficulties in meeting the demands of their roles at home and at work. There is also a study done by Kumari et al., (2015) as cited by Anuradha & Pandey, (2016) which found that a significant number of female workers were unsatisfied with their Work-Life Balance which can be attributed to overburdened night shifts that affect the time they have left for their family.

Variables of this research include Age, Marital Status, and Immediate Family Relationships. Some of the findings of the researchers stated above do not coincide with this study's findings. The findings in this research suggest that variables such as Age, marital status, and immediate family relationships have no significant relationship with the work life balance and job satisfaction of the respondents.

This can be due to a number of reasons. This study mainly focuses on female Medical Technologists working in hospital-based laboratories in Luzon, there may be a difference between the work-life balance and job satisfaction of a medical technologist as compared to other professionals and there are not many papers that talk about the work-life balance of female medical technologists. The scope is also quite specific as it only includes female medical technologists at a specified area. There is also a time constraint of 2 months in gathering respondents which may have affected the number of respondents that the researchers were able to acquire. Since this study used a Three-point Likert scale for the questionnaire, there may also be differences in the methods used to gather and interpret the data acquired - which may have caused the studies to differ from each other.

## IV. CONCLUSION

The findings of this study suggest that supplemental research is necessary in order to better determine the factors that can

influence a female medical technologists' WLB and job satisfaction. We conclude that there is no significant correlation between the marital status of female medical technologists with their job satisfaction and WLB, no significant difference between the ages of female medical technologists with their job satisfaction and WLB, and no significant correlation between female medical technologists having children or not with their job satisfaction and WLB. There was a deficiency in the results to provide an efficient model that would offer insights about job satisfaction and WLB, which is observed to have no pertinent connection across the tested parameters being age, marital status, and immediate family relationships.

Moreover, the results of this study revealed similar findings across different papers wherein age, marital status, and immediate family relationships are not correlated with work-life balance and job satisfaction. Through the knowledge that there is no significant difference among the tested variables, it may be assumed that single female medical technologists may no longer be hesitant to start a family especially at their early age. At the same time, there may be no problem for married female medical technologists to have children since there is no correlation with their job satisfaction and work-life balance. However, these findings suggest that more prospective studies are needed to assess other factors that may cause changes in the work-life balance and job satisfaction of the respondents.

Numerous researches have evaluated the link between the tested variables being WLB and job satisfaction in the general work setting and some have found a direct correlation between them. As such, the conclusions of this study must be weighed against the results of other investigations on WLB and job satisfaction due to different variables observed; specifically on the health care setting focusing on female medical technologists across Luzon. Thus, further research is important to completely know the relationships examined in this study.

*Recommendations:*

This study focused on how variables such as age, marital status and immediate family relationships relate to the Job satisfaction and Work-life Balance of female medical technologists in Hospital-based laboratories in Luzon. To establish and further explore the relationship between the said variables, it is recommended that a wider variety of participants be included in the study in terms of population size as well as the profile of respondents. Inclusion of male medical technologists, non-hospital-based laboratories, and respondents outside of Luzon are some of the factors that future researchers can take into consideration. Future research may opt to add more requirements for the respondents participating in the study, such as but not limited to a more specific location, which in turn will allow the study to be more specific and accurate.

The researchers also found no correlation between the variables and both the Work-Life Balance and Job Satisfaction. Thus, future proponents are highly encouraged to analyze and seek for other aspects, such as but not limited to burnout among female medical technologists, which can be of greater influence to WLB and job satisfaction.

To further improve the study, the researchers do suggest the use of an alternative method of disseminating the survey questionnaire aside from using Google Forms. This is due to the need of an internet connection or cellular data in order to access the questionnaire as well as the increased tendency of miscommunication between the researcher and the respondents as compared to when it is done in person where questions can be entertained instantaneously. Moreover, the three-point Likert Scale system utilized in this study can be expanded with the addition of options such as "Strongly Agree" and "Strongly Disagree" to acquire more distinct responses. Future researchers may also consider gathering the data longer than 2 months to acquire more respondents. Lastly, a significantly lower margin of error is suggested to be utilized in order to aid future and similar studies achieve more reliable and accurate results.

## REFERENCES

[1]. Amazue, L. O., & Onyishi, I. E. (2015). Stress Coping Strategies, Perceived Organizational Support and Marital Status as Predictors of Work–Life Balance among Nigerian Bank Employees. Social Indicators Research, 128(1), 147–159.

[2]. Anuradha and Mrinalini Pandey (2016). Impact of work-life balance on job satisfaction of women doctors. Problems and Perspectives in Management (open-access), 14(2-2).

[3]. Armstead, L. S. (2015). Balancing the life: A case study on single African American working mothers. Available from ProQuest Dissertations & Theses Full Text: The Humanities and Social Sciences Collection. (1709243840).

[4]. Brauner, C., Wöhrmann, A. M., Frank, K., & Michel, A. (2019). Health and work-life balance across types of work schedules: A latent class analysis. Applied Ergonomics, 81, 102906.

[5]. Chunta, K. S. (2020). New Nurse Leaders: Creating a Work-Life Balance and Finding Joy in Work. Journal of Radiology Nursing, 39(2), 86–88.

[6]. Dayrit M., Lagrada L., Picazo O., Pons M., & Villaverde M. (2018). The Philippines Health System Review. Vol. 8 No. 2. New Delhi: World Health Organization, Regional Office for SouthEast Asia Department of Health. (2018). Field Health Services Information System.

[7]. Dousin, O., Collins, N., & Kler, B. K. (2019). Work-Life Balance, Employee Job Performance and Satisfaction among Doctors and Nurses in Malaysia. International Journal of Human Resource Studies, 9(4), 306.

[8]. Ghasemi, S. (2021). How have women health care adjusted their approach to work-life balance as the world adapts to the

"new normal ? The American Journal of Surgery, S0002961021001495.
[9]. Gragnano, A., Miglioretti, M., & Simbula, S. (2020). Work-Life Balance: Weighing the Importance of Work-Family and Work- Health Balance. International Journal of Environmental Research and Public Health, 17(3): 907.
[10]. Haar, J. M. (2013). Testing a new measure of work–life balance: a study of parent and non-parent employees from New Zealand. The International Journal of Human Resource Management, 24(17), 3305-3324.
[11]. Haar, J. M., Russo, M., Suñe, A., & Ollier-Malaterre, A. (2014). Outcomes of work–life balance on job satisfaction, life satisfaction and mental health: A study across seven cultures. Journal of Vocational Behavior, 85(3), 361–373.
[12]. Kelliher, C., Richardson, J., & Boiarintseva, G. (2019). All of work? All of life? Reconceptualising work-life balance for the 21st century.
[13]. Makinde AM, Babalola RN, Kpuduwei SPK, Ogunsuji OO, Alatishe TA, Sokomba A, et al. Early career doctors job satisfaction: A commentary. Yen Med J. (2020).
[14]. Omar, M., Mohd, I., and Ariffin, M. (2015), "Workload, Role conflict and Work life balance among employees of an enforcement agency in Malaysia" International Journal of Business, Economics and Law, 8(2).
[15]. Padmasiri, M. K. D., & Mahalekamge, W. G. S. (2016). Impact of Demographical factors on work life balance among academic staff of University Of Kelaniya, Sri Lanka. Journal of Education and Vocational Research, 7(1), 54–59.
[16]. Privitera, G. J. (2019). *Research Methods for the Behavioral Sciences* (3rd ed.). SAGE Publications, Inc.
[17]. Rendon, R. (2016). "Work-Life Balance Among Working Married Women: What Social Workers Need to Know". Electronic Theses, Projects, and Dissertations.
[18]. Shivakumar, Kirti & Pujar, Veena. (2018). Work Life Balance in the Health Care Sector.
[19]. Sianquita, D. A., & Laguador, J. (2017). Work-Life Balance and Job Performance among Employees of a Tertiary Hospital in the Philippines. Asia Pacific Journal of Academic Research in Business Administration, 3(1), 10–24.
[20]. Schooley, B., Neset, H., Tarcan, M., & Yorgancıoglu, G. (2016). Comparing burnout across emergency physicians, nurse's technicians, and health information technicians working for the same organization. Medicine, 95(10), 1–6.
[21]. Staton, A. (2018). Relationships between Job Satisfaction, Gender, Marital Status, and Parental Status of Pk-12 Administrators Identifying as Christian.
[22]. Swarnalatha, T. (2013). An empirical analysis of work life balance on women employees a study with reference to banking sector at chennai. Retrieved August 25, 2020.
[23]. Tarcan, M., Hikmet, N., Schooley, B., Top, M., & Tarcan, G. Y. (2017). An analysis of the relationship between burnout, socio-demographic and workplace factors and job satisfaction among emergency department health professionals. Applied Nursing Research, 34, 40–47.
[24]. Tiwari, M. (2017). Work life balance of female employees in private Institutions, GWALIOR: An investigation. IOSR Journal of Business and Management, 19(05), 35–38.
[25]. Wagiman, S. & Sutanto, H.A. (2019). Job Satisfaction Mediates Relationship Between Organizational Commitments and Employee Performance. Journal Ekonomi Manajemen Sumber Daya. Vol. 21, No. 2.
[26]. World Bank. 2016. The World Bank Annual Report 2016. Washington, DC. © World Bank.