

# **Determinants of Work life Balance among Nurses in Nepal**

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Exam Roll No: 750/19

TU Registration No: 7-3-28-48-2019

*A Graduate Research Report submitted in partial fulfilment of the requirements for the  
degree of*

**Master of Business Administration (MBA)**

Submitted to:

School of Management

Tribhuvan University

Faculty of Management

Kirtipur

November 2022

## **DECLARATION OF AUTHENTICATION**

I, hereby, declare that this GRP is my own original work and that it has fully and specially acknowledged wherever adopted from other sources. I also understand that if at any time it is shown that I have significantly misrepresented material presented to SOMTU, any credits awarded to me based on that material may be revoked.

Signature:

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## **ACKNOWLEDGEMENTS**

This thesis report entitled “Determinants of Work life Balance among Nurses in Nepal” has been prepared in the partial fulfillment of the requirements of the degree of master’s in business administration (MBA), School of Management, Tribhuvan University. I am highly indebted to various people without, their constant help and support this work would be incomplete.

First, I would like to extend my sincere gratitude to my supervisor, Prof. Dr Gangaram Biswakarma for his eternal and friendly support, guidance and assistance throughout my research and report writing. I am highly privileged to prepare this GRP report under his supervision.

My heartfelt acknowledgement to Dr. Mahananda Chalise , Dr. Govinda Tamang and MR Mitra Prasad Timilsina for their never-ending encouragement to complete this research effectively and on time. I am also extremely thankful to my family, friends and well-wishers who directly and indirectly helped me during the research project.

Finally, I would like to thank School of Management, Tribhuvan University for providing me this opportunity to conduct this research.

Kabita Kandel

November ,2022

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## **List of Abbreviations**

e: error

GRP: Graduate Research

MBA: Master of Business Administration

WFC: Work to Family conflict

FWC: Family to work conflict

QoL: Quality of Life

Sig.: Significance

SOMTU: School of Management Tribhuvan University

SPSS: Statistical Package for Social Science

TU: Tribhuvan University

WL: Workload

WLB: Work life balance



## **EXECUTIVE SUMMARY**

The survey – based research study is presented in this graduate research project, titled “Determinant of work life balance among nurses. The analysis of the variable inflicting the personal and professional life of nurses in Nepal is the major goal of this study.

Though a review of literature, numerous independent components were discovered. These components were supervisor support, role stressors, work characteristics and Role involvement. To ascertain if the independent variable had an effect or not, a study was conducted.

The researcher collected the primary data from 315 respondents with the help of self-administered questionnaires by distributing questionnaires through printed form, email. The questionnaires were demographic information and Likert scale were used to collect primary data. All the variables were measured in seven -Likert scale.

It was determined to use a research system that incorporate descriptive and cause-effect research. The study strategy descriptive, co-relation, regression technique was examined using IBM Statistical Package for Social Science Subscription (SPSS). From a review of the literature, four independent determined were identified which are social support, role stressors, work characteristics and role involvement. The study was done to determine whether the independent variables have a significant effect on dependent variable i.e., work life balance or not.

The study was done in Nepal among the nurses in Chitwan district. 315 nurses were responded. The researcher examines respondent profile by using SPSS to evaluate the data. The research study used descriptive statistical tool to analyze the data and correlation is used to find the significant of relationship between the variable. Among total of 315 nurses found that there is positive significant relationship between role involvement, and work characteristics and negative relationship with role stressors in work life balance.

The empirical findings of the research showed that there is significant relationship between independent variable and dependent variable i.e , work characteristics and role involvement. So, it clearly shows that work life balance is depends on role stressor, work characteristics and role involvement

# **CHAPTER I**

## **Introduction**

### **1.1 Background of the study**

Work-life balance is a concept that encompasses valuing lifestyle over work as well as balancing profession and lifestyle together, which is often a goal in a person's life but seems impossible to achieve. The emotional well-being of employees is significantly impacted by the work environment provided by a company. The performance of employees is significantly impacted by their involvement in program promotion (Anitha, 2014; Engel et al., 2014). Numerous studies have shown that when businesses provide a pleasant working environment, their employees are more engaged and motivated in their jobs (Engel et al., 2014; Timilsina Bhandari et al., 2015; Hinami et al., 2012).

A working woman must balance her personal and professional responsibilities. This matters in determining how well a person performs, particularly in the context of India. Role conflict can also result from the opposite relationship, which is personal stress influencing work performance. When an individual balances actual or potential conflict between various demands on their time and energy in a way that satisfies their requirements for wellbeing and self-fulfillment, they are said to be in a state of work-life balance.

According to Dan (2012), job life balance refers to a person's ability, regardless of their age or gender, to successfully juggle work and household duties. Additionally, he clarifies that employment may be thought of as paid job and that it differs from "life," which refers to non-work and is made up of family time and free time spent engaging in leisure activities. An increase in psychosomatic symptoms such exhaustion, lack of appetite, and nervous stress has also been linked to the issue of balancing work and family obligations.

Work-life balance is a broad term that may include setting the right priorities for work and personal obligations. The phrase also refers to "lifestyle balance" in a broader meaning. Many workers now struggle daily to balance their job and family duties because of downsizing, globalization, and flexible work arrangements. The instability between work and life has also contributed to the next level of stress and tiredness, leaving the employee with a greater health issue.

It is difficult for them to live a stress-free and happy life like the non-working spouse because of the high degree of commitment and dual roles of both spouses, but it is more about who

will be making what sacrifices and to what extent to run the family. The worst thing that can happen to a person is when their better half falls short of their expectations. Studying the difficulties dual career couples have balancing work and life is crucial. "Your home life will suffer if you spend too much time at work. Work suffers if too much time is spent at home. (2002) Keller Work life balance is the condition of maintaining balance between work and family life so that individual will have happy and stress less life. Given that women make up a sizable fraction of the hospital workforce, work-life balance (WLB) is one of the main issues that female medical professionals face. They will be managing several roles in addition to their personal and professional life. Their health and wellness could be harmed by this. On the other hand, women who take on more obligations than others reported being in better physical and mental health. A reversal link, in which personal stress affects job performance, can also result in role conflict.

According to Buerhaus et al. (2015), long work hours for nurses in clinical settings can lead to severe depression and hormonal imbalances. To combat their feelings of weariness, stress, and sleepiness, nurses often eat more, smoke more, and drink alcohol (Antunes et al., 2010; Spiegel et al., 2009). Numerous studies have demonstrated that nurses frequently make mistakes at work, such as medication mistakes and needle stick injuries, which can result in unhappy patients (Stimpfel et al., 2012; Kunaviktikul et al., 2015; Trinkoff et al., 2011).

## **1.2 Statement of Problem**

No matter what profession they hold, maintaining a healthy work-life balance is essential in today's workplace. Managing work problems, family situations, and the intervention of these two at different conditions is typically a difficult exercise for the inhabitants. Additionally, there are a plethora of predictable and unrelated elements that have an impact on work-life balance and imbalances.

Many Ghanaian workers are stressed out due to a lack of workplace flexibility, intense work pressure, and lengthy work hours, which affects their performance at work and productivity as well as leads to broken homes. There is rising anxiety in the neighborhood that house and community life are becoming of lower quality. These have led to poor employee input and performance at their place of employment since a worker who finds it challenging to successfully balance his or her home life also tends to find it challenging to manage tasks at work, which results in poor employee performance. According to Sparks, Cooper, Fried, and Shirom's (1997) study, people's health and job performance start to suffer when they spend too much time at work and too little time with their families. There are several reasons for

this, including wealth, the rise of single-parent households, the privatization of family life, and a lack of resources and services in the community. Additionally, there is less time for "quality" family time due to the stresses and expectations of work, which are manifested in both longer workdays and greater weariness.

The objective is to identify the causes of work-life balance among nurses working at private hospitals in the Chitwan district by taking all the aspects into account. Coping strategies and dealing life balance policies are increasing the duty productivity and increased quality of labor life to any or all developing countries.

### **1.3 Research questions**

- a) What is the determinant of work life balance among nurses?
- b) What is the socio-economic profile and working conditions of female nurses in hospital?
- c) Does workplace environment and stress influences on emotional status of female nurse?
- d) Which factors of work life balance among nurses are significant?

### **1.4 Objectives of the study**

The main objective of study is to identify the determinants of work life balance among nurses.

Similarly other specific objectives are as follow

- a. To explore the socio-economic profiles and working conditions of the respondents.
- b. To examine the influence of workplace environment and stress related issues on the emotional status of female nurses.
- c. To determine the most significant factors of work life balance (WLB) among nurses.

### **1.5 Research hypothesis**

Work social support and family social support are the two categories of social support identified by Yahya and Ying (2014). Support from coworkers, the larger organization, and the supervisor is referred to as work social support. Additionally, he has noted that social support is important in promoting work-life balance programs because it can both encourage and deter employees from taking part. According to Allen (2001), there is a substantial correlation between supervisor support and work settings that are family friendly. As a result, employees whose managers supported their efforts to balance work and family are more likely to attain work-life balance. Work-to-family conflict acted as the sole mediator in the

link between supervisory support and life satisfaction (Yildirim and Aycan, 2007). According to prior research, a husband's support of his wife has a favorable correlation with the management of conflicts between her roles as a family member and employee (Suchet and Barling, 1986). According to Malik et al. (2010), social support from family members reduces stress and shifts less work to the family, enabling people to better balance their personal and professional lives. Family support is essential, and family members should offer their complete support by comprehending the workload of a nursing staff member, according to Satpathy S. et al (2014). It will boost morale and enable them to successfully combine their job and personal lives So,

**H1: Social support is positively related to Work life balance.**

In their study, Yahya and Ying (2014) argued that it is important to comprehend that by reducing employee effort, work-life balance can occasionally be improved. It is underlined that higher WLB will result from a lesser workload. (Mudihanselage and Chamaru, 2015) evaluated how the nursing shortage affected job outcomes and found a strong correlation between workload and nurse scarcity. Additionally, it shows a significant positive relationship between workload and superiority. It implies that a heavy workload has a detrimental effect on work-life balance. So

**H2: Role stressors is negatively related to Work life Balance.**

Due to the significance of WLB for both organizations and people, research on the topic has recently been performed in an organizational context. By minimizing work-family conflicts, WLB will enhance employee job satisfaction, organizational commitment, well-being, and performance (Allen et al., 2000; Kossek & Ozeki, 1998). Consequently, workplace policies and procedures are crucial while offering WLB programs (Cegarra-Leiva et al., 2012; Greenhaus et al., 2003; Haar, 2013; Morganson et al., 2010; Noor, 2011; Wagner, 1994). These recommendations, which urge that firms establish HR policies that encourage flexible working hours to improve employees' WLB, have been backed by several researchers (Hacker & Doolen, 2003; Hyman & Summers, 2004). A strong WLB policy will significantly impact employee outcomes for firms, such as commitment, motivation, and performance, which enhances talent retention by lowering employees' intentions to quit (Carrasquer & Martin, 2005; Hughes & Bozionelos, 2007; Nelson et al., 1990; Scandura & Lankau, 1997). Conflict theory can be used to explain the relationship between work-family characteristics and conflict. Therefore, the premise

### **H3: Work characteristic is positively related to Work life Balance.**

The degree of psychological attachment or connection to the roles of work and family is referred to as work involvement (Frone, 2003; Greenhaus & Parasuraman, 1999; Kanungo, 1982; Yogev & Brett, 1985). Role-involved individuals have a cognitive obsession with a certain role. Like role engagement, role interest or centrality centers on the significance or identity a person associates with a role (Paullay, Alliger, & Stone-Romero, 1994). People with high levels of role interest or centrality see the role as a crucial and vital aspect of their lives (Hirschfeld & Feild, 2000). High degrees of psychological commitment to a particular position may make it challenging to perform the duties of a competing function (Adams, King, and King, 1996; Frone et al., 1992; Greenhaus & Parasuraman, 1999). As a result, role involvement is seen as an antecedent of work-family conflict. For instance, a person will increase their role involvement in the work domain if there is a general lack of happiness in the family domain. The limited time, attention, and energy that this increased work commitment will drain will lead to more cross-domain conflict.

### **H4: Role involvement is positively related Work life Balance.**

#### **1.6 Scope and Significance of the study**

As more women entered the medical profession, conflicts between family and job grew more evident. Both their personal and professional lives must be given attention. Balancing work life is quite challenging when both the spouse is working; they both have commitment to their house as well as at office, but both will aid each other in financial concerns. Work-life balance has recently become a hot topic in virtually every career. The same problem is present for nurses in hospitals as well.

Work-life balance is necessary for a high quality of life. Various factors have been looked at to balance work and life. As a result, this study may aid in illuminating how certain factors affect the nurses' quality of life in Chitwan District Hospitals.

The work-life balance of nurses at the hospital serving the Chitwan District is a focus of this study. A sincere effort has been made by the researcher to ascertain the work-life balance of nurses employed by private hospitals. The study has determined how nursing professionals perceive their work-life balance at Chitwan District Hospital. The goal of this study is to examine the variables affecting work-life balance. There is literature examining the variables affecting nurses' work-life balance, but less of this type of research has been done in the Chitwan District. The results of this study could serve as a basis for future research as well

as a source of reference. The study can provide background information to other researchers or scholars who would like to investigate more on factors contributing to determinants of work life balance among Nurses: A study of Chitwan District Hospitals.

### **1.7 Study Limitations**

The limitations of this research can be:

- Due to the small sample size and the fact that data was solely drawn from the Chitwan district hospitals, generalization may not be possible.
- Private hospitals are only taken as study of Chitwan district hospital in this research.
- Since the study use primary and secondary data, the data collection might be influenced by social crisis and personal influence of the data collector.

**1.8 Organization of the Study:** The study has been divided into six chapters.

The introduction, problem statement, research question, study objectives, research hypothesis, study scope and significance, study limitations, and study organization are all presented in the first chapter.

The second chapter, which deals with a review of the literature, includes an introduction, feminist perspectives, nursing and feminism, the functional structure of society, marital status, occupation, and the participation of women in the workforce, as well as reviews of previous studies, a conceptual framework, a theory, and a research gap.

The third chapter presents the research methods which includes research design, nature and source of data, sample of the study, data collection techniques, data analysis and Instrumentation, reliability.

The four chapter presents data presentation and analysis which consists of presentation and analysis of data with different statistical and financial tools. It also includes major findings of the study.

The study's summary, conclusion, and suggestions are presented in the five chapters.

The final chapter segment involves the listing of references and appendices which are used in the study and construction of this graduate research project.

## **CHAPTER II**

### **LITERATURE AND THEORETICAL FRAMEWORK**

This chapter presents different theories of work life balance as well as review of past studies related to the access to work life balance among. The impact of social support, Role stressors, work characteristic and role involvement on access to work life balance are discussed.

#### **2.1 LITERATURE REVIEW**

Researchers RMB Prabhashani and RM Rathnayaka (2017) are looking for the factors that affect nurses' ability to combine work and life. Because statistical data was employed for the evaluation of the outcomes and discussion, this is frequently a quantitative research study. As factors affecting nurses' ability to balance work and life, supervisor support, workload, family-friendly regulations, and family support are taken into consideration. Self-administrated survey questionnaires were frequently used to gather data, and the items in the questionnaire were measured using a five-point Likert scale. A sample of 162 nurses employed by the Monaragala District General Hospital in the state was chosen. SPSS was used to examine the data. Multivariate analysis was used to examine the hypotheses. According to the findings, work family policies and supervisory support have a favorable effect on nurses' ability to maintain a healthy work-life balance. As a result, work family rules and supervisor assistance are taken into consideration as key factors affecting nurses' ability to maintain a healthy work-life balance.

Human resources are currently considered to be an organization's most important asset, according to Maiya's 2015 research. In the modern corporate world, employers demand a lot of their employees, which eventually increases the amount of work they must do. According to some, if a person works too much throughout their life, it will negatively affect them (Eikhof et al, 2007). Therefore, those circumstances may be a mess in an employee's work-life balance. The degree to which an individual is prepared to equally engage in and be satisfied by his or her work and home responsibilities is frequently used to define work-life balance. By giving both a professional and personal life the top priority, it emphasizes the need for a balance between work and family life. Working women have an abundance of obligations, both at work and at home. When trying to balance their personal and professional life, most working women encounter delays. The health care industry is of interest because shift work, particularly night work, and overtime put a lot of strain on nurses on both a professional and personal level. Poor work schedule and long workdays may be harmful to an employee's health and wellness, according to study. This book aims to



highlight the issues affecting the work-life balance of female nurses employed at multispecialty hospitals in Mysore City. The purpose of this study is to enhance the work-life balance, physical health, and mental well-being of female nurses.

In Pakistan, the study (Nadeem and Abbas, 2009) examined the relationship between work-life conflict and job satisfaction. We discovered that work-family conflict and family-work conflict are both significantly inversely connected with job satisfaction. In our study, it was also discovered that job satisfaction is inversely correlated with stress. However, the association between workload and work happiness is both positive and insignificant, demonstrating that workload in Pakistan has no impact on employee job satisfaction. More job autonomy leads to increased job satisfaction among employees, according to research on the relationship between job autonomy and job happiness. The alternative policy position needs to be that supportive management is necessary to reduce the tension between work and family. The importance of work-life balance and its detrimental impact on job satisfaction should be understood by top management.

Azeem, S. M., & Akhtar, N. study the effects of perceived work-life balance and job satisfaction on organizational commitment among healthcare employees (2014). A perceived work-life balance was predicted to boost job satisfaction, which in turn results in an employee's loyalty to the company. To determine the level of work-life balance, the eight statements from Gutak et al. and the five statements from Chaney (2007) are combined (1991) A shortened version of the Minnesota Satisfaction Questionnaire (MSQ) was used to measure job satisfaction. There were 11 components selected to measure organizational commitment using the work commitment index created by Blau et al. (1993). There were 275 participants in the survey. Results showed that respondents' opinions of commitment, job happiness, and work-life balance are not very high. Job satisfaction, work-life balance, and organizational dedication are all strongly correlated. Work-life balance explains 37% of the variation in organizational commitment and job satisfaction, according to a regression analysis.

Delina, G., and Raya, R. P. investigate the frequency of work-life balance concerns among married working women in their 2013 study. The status of working women has changed across the world because of societal forces and economic realities. Due to this, professional women now face great pressure to pursue careers that are just as successful as those of their male counterparts while still leading full personal lives. The pressure of an ever-growing task, which leaves them with less time for themselves, is felt by working women. Due to the

increasing personal obligations and technological improvements like better mobile phones, notepads, and other tools that keep work and personal life intertwined, the modern information age generates stress on both the personal and professional fronts. This influences the person's physical, emotional, and social welfare. Work-life balance is essential for working women to have a high quality of life. This essay attempts to address the challenging challenges working women encounter when balancing their personal and professional life. The many factors affecting married working women's work-life balance have been examined in this study. The study's main source was Daniels and McCarraher's work-life balance manual for the Industrial Society (now the Work Foundation). The results also imply that how people manage their personal and professional lives has an impact on their quality of life. Border and boundary theory can be used to explain the relationship between work-family conflict and characteristics of the workplace and home.

Emslie, C., & Hunt, K. (2009) Gender is either ignored in many current studies of "work-life balance" or is assumed to be neutral. To compare the experiences of men and women in midlife with work-life balance, we conducted semi-structured interviews with them. Our findings imply that gender is still a factor in how respondents balance their lives at home and at work. Despite not having small children at home, the women talked about their current struggles managing many roles, but the men only acknowledged these issues when their children were younger. It was nevertheless clear that there were differences between men (some of whom "lived to work" while others "worked to live") and women (some of whom constructed themselves in relation to their families while others positioned themselves as "independent women") as well as some similarities (both men and women constructed themselves as "pragmatic workers"). We make suggestions for ways to expand gender-neutral theories of work-life balance.

M. Jensirani and A. Muthumani (2017) The demands of job and family commitments present challenges for career women every day. Most women work every day of the week, and most nurses struggle to find work-life balance. Women claimed that managing many duties at work and home has made life a juggling act. The hospital management needs to be aware of the status of the nurses and examine it on a regular basis. These women can attain work-life balance with the help of a supportive atmosphere that they can build. This entire article is based on primary and secondary sources. In this article, the problems with nurses' work-life balance are highlighted.

In her article "Work-life balance in Southeast Asia: The Indian experience," Ujvala Rajadhyaksha (2012) offers an in-depth look at work-life balance difficulties in India. According to the study's findings, gender equality, flexibility, stress reduction, health awareness, and childcare are all addressed by the work-life interventions frequently provided by Indian businesses. According to the study's social consequences, organizational work-life interventions in India are many, dispersed, and have primarily targeted the formal sector. There is no comprehensive government strategy that addresses problems with work and family in many industries. The study's selective sample of organizations and exclusion of the HR strategies of smaller businesses in the informal economy are its main limitations and consequences. Future studies should examine the potential impact of India's uneven economic development across the organized and unorganized sectors on the efficacy of work-life interventions.

Madhurima Das and K B Akhilesh (2012) have created a multi-construct conceptual model to analyze how Indian women combine their work and personal lives in both managerial and research jobs. In contrast to general gender-centric models, their study strongly supports the development of sectorial occupational specific models. Their study analyzed factors using a Likert scale and examined the input-output framework. For a better understanding of how the multi component factor model of work-life balance will help to diagnose problems with work-life conflict, they have thought that the study must be expanded to incorporate additional variables, such as age, caregiving obligations, and so on.

K. Santhana Lakshmi et al. (2012) conducted comparison research of Government and Private hospitals in Chennai, India to examine the WLB of female nurses working in hospitals. 53% of the women were reported to be having difficulty achieving WLB. The study's goals were to discover how the workplace environment and stress-related issues affected the emotional well-being of female nurses, to examine the characteristics of hospital-adopted motivational programs, and to identify the elements that affect female nurses' satisfaction. The female nurses in Government and Private Hospitals had to provide main data to meet the goals for the study. Consequently, a questionnaire was created, tested in the field, and then polished. A survey was used to gather responses from the female nurses, and the data was then statistically analyzed utilizing methods like Multiple Regression and t-test. However, the study considered female nurses who worked in two or three distinct sectors. It was determined that the WLB for both public and private nurses was difficult.

Both hospitals needed to address the WLB-related problems and aid the female nurses in managing their Work life balance.

Internists working in an outpatient context have significantly greater WLB and more favorable scores on all three burnout characteristics, according to multivariate analysis. In the regression analysis, hospital-based doctors had lower WLB and higher levels of total burnout, cynicism, and exhaustion. Comparing their performance to that of their peers in outpatient settings, doctors who work in hospitals show less favorable outcomes. This may be due to variables unique to the workplace that might be addressed by treatments to enhance physician mental health and, in turn, patient care (Hussenoeder, F. S., Bodendieck, E., Jung, F., Conrad, I., & Riedel-Heller, S. G. (2021).

Pediatric gastroenterology has not discussed gender equality in the workplace. Both sexes of academic practice respondents said males were promoted faster than women when compared to other practice models. Women were less satisfied with mentorship than males were. There were noticeably more men than women who reported having partners with "flexible jobs." However, neither gender's happiness with work-life balance was impacted by having a partner with a "flexible employment" or having children (of preschool or school age). In general, women are more likely than males to be unhappy with their work-life balance. Pediatric gastroenterologists who are women report lower levels of work-life satisfaction than those who are men, but this difference is not related to the flexibility of a spouse's career or the care of young children. Further research is needed to understand how different genders perceive mentoring, equal pay, and advancement. Book, L., Litman, H. J., & Fishman, L. N. (Tomer, G., Xanthakos, S., Kim, S., Rao, M., & Book, L. (2015).

AlGhamdi, T. (2014) investigated how Saudi female physicians saw the relationship between their careers and personal lives. Between January 1 and February 28, 2013, a cross-sectional study was carried out at KAMC, Riyadh, on all Saudi women doctors who had ever been married and were now engaged in clinical practice. Results: 174 Saudi female doctors were included in the study. More than half of them claimed that their married status led to discrimination from colleagues. 75 Saudi female doctors were dissatisfied with how they were able to balance work and family. Moreover, half of the participants believed that their relationships with their spouses or children were negatively impacted by their jobs. Transportation difficulty to the hospital was highly related to the type of job (on call status). The most often mentioned remedies included greater time off for maternity leave and childcare services in hospitals. They concluded that poor satisfaction among Saudi female

doctors in juggling work and home life is a prevalent issue among those employed by KAMC. In conclusion, just 19.5% of Saudi female doctors in the National Guard in Riyadh were content with how they were able to balance work and family. Discrimination or hostility from colleagues due to their family status, negative effects of career obligations on the relationship with a spouse or child, negative effects of career obligations on children's academic performance, difficulty getting to the hospital, and number of working hours are all significantly linked to Saudi female doctors' low satisfaction with juggling work and family life.

It was created by Lu Y, Hu X M, Huang X L, Zhuang X D, Guo P, Feng L F, Hu W, Chen L, and Hao Y T. (2016). After the health system reforms in 2009, an investigation was conducted to learn more about job happiness among healthcare workers in Guangdong. It also investigated the relationships between job satisfaction and work stress, work-family conflict, and doctor-patient relationships. Overall job satisfaction was higher than mild dissatisfaction and nearly equaled mild satisfaction. Reducing workload, improving welfare, maintaining reasonable stress, and balancing work-family conflict are all actions that can be taken to boost job satisfaction. Additionally, legislation that are pertinent should be passed to safeguard the medical staff from violent crimes. On a scale of one to six, healthcare workers in Guangdong Province, China, reported an average score of 3.99 for overall job satisfaction. Overall job satisfaction was higher than mild dissatisfaction and almost reached mild satisfaction. The biggest sources of happiness and dissatisfaction, respectively, were salaries and coworkers. Job stress, work-family conflict, doctor-patient relationships, and sociodemographic indicators like occupation, educational background, professional status, years of service, annual income, and frequency of night shifts were all substantially correlated with the job satisfaction of healthcare employees.

Researchers Baljoon, Banjar, and Banakhar (2018) looked at the elements influencing nurses' work motivation. They discovered that several organizational and personal factors had an impact on nurses' motivation at work. Age, years of experience, autonomy, educational attainment, and administrative roles were discovered to be personal traits that influence nurses' degree of work motivation. Additionally, organizational elements affecting nurses' work motivation have been identified in the literature as nurses' empowerment, job engagement, salary and financial advantages, supervision, promotion, contingent rewards, supportive connection (coworkers), communication, and nature of work. They concluded

that several organizational and personal elements were frequently responsible for influencing the level of work motivation among nurses.

A scale measuring nurses' job happiness. After reviewing and making observations, the researcher concluded that turnover was significantly correlated with overall job satisfaction, particularly career prospects and the relationship with supervisors. Sik Hung Ng, China In this paper, the researcher posed the case to determine a level of job satisfaction in nursing based on the distinctive job content and work background of New Zealand nurses.

A reality check for Bangladeshi working women Muhammad Jakir and Mayesha Tasmin. The purpose of the research behind this paper is to identify the cause of an imbalance between work and life. The findings of this study concentrate on formulating solutions because it focuses on Bangladeshi women who work in a variety of sectors. According to the findings, researchers who can find the reasons why female workers are experiencing difficulties are mainly due to long working hours, job rigidity, an abundance of jobs, childcare obligations, sexism and prejudice in the workplace, and lack of help from supervisors.

Satoh Miho Researchers have demonstrated through this analysis that job satisfaction and professional autonomy may enhance affective occupational commitment, and additional researchers have suggested that an intervention program focusing on personal resources like ability, experience, and resilience should be implemented to enhance affective occupational commitment.

Jo Watson, Monica Nicholas, and Kelly Dobbin investigate the link between obstetrical nurses' work and pregnancy outcomes. Researchers investigate nurses who work while pregnant in this research report. It was the first to begin examining pregnancy outcomes for obstetric nurses and equate full-time employment with part-time work for 95 nurses. One third of nurses experienced pregnancy difficulties and most nurses suffered work-related and personal stress. Additionally, experts advised that employees foster a secure work environment. safe working conditions, including taking special care of pregnant nurses. Because if it isn't, it specifically had an impact on unfavorable pregnancy outcomes, such as preterm labor due to birth weight.

The performance of professional nurses in Northwest Bank government hospitals is influenced by a few organizational elements. Dr. Sumaya Sayej and Mrs. Ahida Saleem Thulth. In this study, researchers sought to identify specific organizational elements

(workload, resources available, and managerial support) influencing nurses' performance. Considering these findings, increasing the performance of nurses—particularly supervisors—would always guarantee enough qualified nurses in hospitals and shifts as well as an acceptable number of staff and work-related credentials.

indicators of "bad health" and "quality of job" among Catalan primary healthcare workers. Cross-sectional, retrospective, and longitudinal designs were used to gather the data. Simon L. Dolan, Shay S. Tzafrir, Carmen Cabezas, and Salvador Garcia. This study aims to evaluate a theoretically guided model of the interaction between job demands, employee motivation, and resources, as well as supervisory support for the quality of workers' working lives and their overall health. Based on research findings, it has been suggested that practical measures be taken to lower stress, reduce negative health consequences, and, in large part, improve the quality of working life for those who operate in this profession.

Relationship between registered nurses' work engagement, good affect, and stress. Jazreel Hui Min Thian, Piyanee Klainin-Yobas, Hong-Gu He, and Premarani Kannusamy. This study's objectives included locating workplace stressors among registered nurses and examining the connections between stress, positive affect, and job engagement. According to research, the most common workplace stressors experienced by nurses include workload, time constraints, inadequate pay, insufficient patient interaction, and excessive emotional demands. The study suggested that as a result, initiatives for the workplace should be developed to assist nurses in managing their stress, such as seminars, and job opportunities might be made available in healthcare facilities.

Emergency room nurses at luxury hospitals in Bangkok, Thailand, report feeling stressed at work. Nuttapol Yuwanich, Lene Martin, Sharareh Akhavan, and Walaiporn Nantsupawat. The purpose of this study was to investigate the occupational stress experiences of nurses working in emergency rooms of private hospitals in Bangkok, Thailand. According to the findings, patients and their families in private hospitals experienced primary stressors such as disproportionate workloads, as well as additional stressors such as miscommunications and disagreements between emergency department nurses and other professionals. Finally, the researchers concluded that reducing workload and tension would ultimately secure the patient's health by fostering a more positive work environment and harmony between patients and nurses.

The purpose of the present review was to summarize the scientific literature about the effects of long and nonstandard workhours and employee control over workhours on various

measures of worklife balance. This was done by Albertsen, K., Rafnsdóttir, G. L., Grimsmo, A., Tómasson, K., & Kauppinen, K. (2008). Women showed a high correlation between the number of hours worked and the degree of work-life balance. While gender-mixed groups showed substantial support for a connection between overtime work and lower levels of work-life balance, the results for men were less convincing. Strong evidence existed that non-standard work hours had a detrimental impact on work-life balance, and there was also some support for the notion that they had a negative impact on children's wellbeing and marital satisfaction. In various research, a greater work-life balance was linked to employee control over the work schedule. However, methodological issues with the studies made it impossible to come to firm findings. Reduced work hours with pay, quickly alternating shifts, and improved control over work schedules were all interventions that had a beneficial impact on social life indicators. In the scientific literature, the social effects of worktime arrangements have been comparatively widely studied. Intervention studies, longitudinal research, and studies concentrating on the impact on scheduling, effects on children's growth and well-being, and marital happiness are all necessary.

Measurement of WFC and FWC among nurses is the focus of a 2017 study by Suresh, S., and Kodikal, R. To assess how different work-related factors affect work-family conflict (WFC) and how WFC relates to job satisfaction and turnover intention, the SEM approach was used. The findings indicated that 79.4% of nurses experienced work-family conflict. The most important work-related predictors were an adequate salary, relationships with coworkers, chances for career advancement, patient care facilities, rewards for hard work, relationships with doctors, autonomy in patient care, relationships with managers, shift systems, job stress, and workload. Work-related characteristics had a mediation influence between job satisfaction and nurses' intentions to leave their jobs.

Rwehumbiza, K., Hyun, E. J., & Rhee, S. Y. (2019) analyze the various sources of support for work-life balance using survey data collected from Tanzanian employees in the public health sector. By examining how male and female employees perceive different levels of work-life balance support depending on whether that support comes from the government, organization, direct supervisor, or family, we can further our understanding of gender differences in employees' satisfaction with their work-life balance. - We uncover compelling evidence to support our theories. The assistance an employee receives from various, multi-level institutions, such as the government, organization, direct supervisor, or family, has a big impact on how satisfied they are with their work-life balance. Furthermore, their data



imply that there is a small difference between the perceived levels of support for work-life balance among men and women, and that this difference varies depending on the sources of support.

According to research by Starmer, A. J., Frintner, M. P., Matos, K., Somberg, C., Freed, G., and Byrne, B. J. (2019), women were more likely than men to report having primary responsibility for 13 of 16 domestic tasks, including cooking, cleaning, and regular childcare. When controlling for part-time employment status and spouse or partner work status, all gender differences except for budget management remained significant. Fewer women and men report being highly good at striking a balance between their job and other aspects of their lives, and women were less satisfied with their share of the obligations in comparison to others. There are several obstacles to establishing work-life balance, according to open-ended comments. Reducing work hours, outsourcing household chores, and adjusting one's relationships and personal duties were all methods used to improve work-life balance. They draw the conclusion that gender is a significant factor related with work-life balance satisfaction and that female physicians spend more time on household duties than male pediatricians.

To demonstrate exhaustion in New Zealand junior doctors in hospital-based clinical training jobs and uncover work patterns linked to work/life balance challenges, Gander, P., Briar, C., Garden, A., Purnell, H., & Woodward, A. (2010) investigated. They conclude that limiting duty hours on their own is insufficient to control the danger of exhaustion and the challenges of preserving work-life balance. These conclusions have consequences for workforce planning, professional training, and schedule design.

Michel, S.J., Kotrba, M.L., and Mitchelson, K.J. propose an organizing framework and theoretical model of work-family conflict and conduct a meta-analytic review of it. The findings indicate that while factors like work role stressors, role conflict, role ambiguity, and role overload as well as organizational support, supervisor support, and coworker support are predictors of FWC, factors like family role stressors, family involvement (family interest/centrality), family social support (family support, spousal support), and family characteristics (family climate) are predictors of FWC.

Manager assistance was the only WLB practice that Suifan, T., Abdallah, B.A., and Diab H. found to have a substantial negative direct impact on turnover intentions. Through work-life conflict, job autonomy had a detrimental indirect impact on turnover intentions. Flexibility in the timetable, though, had little impact on intentions to turnover. As a result, it can be

concluded that the informal WLB practices (management support and job autonomy) have the most impact and are what influence employees' intents to leave their jobs. Only with job autonomy did work-life conflict have a substantial mediation impact. Work-life conflict also had a favorable and noteworthy impact on turnover intentions.

Kandel, A. and Thapa, C. and B. (2021) evaluated the degree of WLB among nurses and the association between sociodemographic factors and level of WLB. This study demonstrates a beneficial association between WLB and family support, supervisor support, and employee collaboration. It has been discovered that nurses can maintain a work-life balance that is modest. They discovered a strong correlation between, respectively, the type of family, work experience, and the number of family members who earn a living. They draw the conclusion that cooperation among coworkers, assistance from the supervisor, and family support all contributed to WLB. It has been discovered that nurses can maintain a work-life balance that is modest.

According to Marie, V. and Maiya's (2015) research, the purpose of this paper is to draw attention to issues relating to nurses' work-life balance, as well as to support their physical and mental health, job satisfaction, and work-life balance. This is because, based on their findings, incorrect work patterns and long working hours appear to have a negative impact on employees' wealth and health. Work and family responsibilities are overflowing for working women. Many working women struggle to strike a balance between work and family obligations. The health care industry is of importance because shift work, particularly night work, overtime, and high levels of stress on the personal and professional fronts of nurses. According to research, poor work scheduling and extended workdays can have a negative impact on an employee's health and wellbeing.

Mahmoud, A. looked at the connections between educational level, organizational commitment, perceived organizational support, transactional leadership, and transformational leadership (2008). In this study, several perspectives on organizational commitment, perceived organizational support, and work satisfaction were studied. They came to the conclusion that there was a positive association between the dependent variable of work satisfaction and the independent variables of organizational commitment, organizational support, level of education, and transformational leadership. The study's multiple regression analysis revealed that the linear interactions of organizational commitment, organizational support, educational attainment, transactional leadership, and transformational leadership explained 92% of the variance in work satisfaction.

Organizational support was found to be the best predictor of work satisfaction among the five categories, whereas leadership was the worst.

K. Santhana Lakshmi, T. Ramachandran, and David Boohene (2012) conducted comparison research of Government and Private hospitals in Chennai, India, and examined the WLB of female nurses working in hospitals. 53% of the women were reported to be having difficulty achieving WLB. The study's goals were to discover how the workplace environment and stress-related issues affected the emotional well-being of female nurses, to examine the characteristics of hospital-adopted motivational programs, and to identify the elements that affect female nurses' satisfaction. It was determined that the WLB for both public and private nurses was difficult. Both hospitals needed to address the WLB-related problems and help the female nurses in managing their WLB.

A network of social support for midlife women's attitudes regarding work-family balance and work outcomes, such as job satisfaction, organizational commitment, and career performance, are examined by Marcinkus WC, Whelan-Berry KS, and Gordon JR (2007). They discovered that, overall, the women received more instrumental than expressive assistance from all sources, and more personal social support than work-based social support. Career success, organizational commitment, and work-based social support were all positively correlated with each other as well as with job satisfaction and organizational commitment. The link between social support and professional outcomes may be somewhat mediated by work-family balance.

**Table 2.1**

**Summary of the Literature Review**

Authors	Variables	Methodology	Findings
Nurses'work demandsand work-family conflict:a questionnaire survey.	Supervisory support	Moderated	By changing working conditions to lessen an excessive workload and a variable schedule, nurses' psychological health and organizational attitudes may be improved. Implementing leadership development programs will boost the supervisors' practical and emotional assistance.
	Workload	Multiple	
	Work demand	regression	
	Work to family conflict	Structural equation modeling.	
The Impact of	Work life conflict		According to their research, work-family conflict and family-work conflict are both inversely connected with job satisfaction and stress. However, the link between workload and job satisfaction is both positive and
Work Life	Workload	Descriptive Analysis	
Conflict on job	Stress	Correlation Analysis	
Satisfactions of		Regression Analysis	

Employees in Pakistan.				negligible, demonstrating that workload does not influence employees' job happiness in Pakistan.
Analysis of Work Life Balance of Female Nurses in Hospitals - Comparative Study between Government and Private Hospital in Chennai, TN., India.	Workload Motivation Rewards Stress	Multiple regression T-test		The study's conclusion is that finding a work-life balance is difficult for hospital nurses working for both the government and the private sector. They require regular evaluations of their job and personal fulfillment because, else, they would experience extreme stress.
The relationship of social support to the work family balance and work outcomes of midlife women	Job satisfaction. Work-family balance Social support	Descriptive analysis Anova Test T -test Regression Analysis		The study's conclusion that, overall, women received more social support from all sources that was instrumental than expressive and more personal than work based.
A study of Nurses job satisfaction: the relationship to organizational commitment, perceived organizational support, transformational leadership, transactional leadership, and level of education.	Organizational commitment Organizational support Level of education Transformational leadership Transactional leadership	Pearson correlation Multiple linear regression		Job satisfaction and organizational commitment are found to be significantly related to all the correlation and job satisfaction and perceived organizational support are also significantly related.
A study on work life balance of female nurses with reference	Stress Work family policies Family support	Descriptive analysis		According to research, poor work scheduling and extended workdays can have a negative impact on an employee's health and wellbeing.

multispecialty hospital, Mysore city.			
Work-Life Balance among Nurses working in Tertiary Level Hospital.	Work life	Descriptive analysis	According to the study's findings, nurses can maintain a reasonably balanced work-life balance. There was a strong correlation between the degree of WLB and, respectively, the type of family job experience and the number of family members who had incomes.
	Social life	Inferential statistics,	
		Fisher's exact test.	
The influence of work life balance on turnover intention in private Hospitals; The Mediating Role of work life conflict	Flexible time	Reliability test	According to the study's findings, the informal WLB practices (management support and job autonomy) had the most impact and are what determine employees' intents to leave their jobs.
	Turnover intention	Validity test	
	Work life conflict		
	Job Autonomy		
The Impact of Work Life Conflict on Job Satisfaction of Employees in Pakistan.	Stress	Descriptive analysis,	According to the study's findings, stress and work satisfaction are inversely associated. Additionally, it was discovered that workload and job autonomy were positively related to job satisfaction.
	Workload	correlation analysis	
	Job Autonomy	Regression analysis	

## 2.2 Theory of Work life Balance

### 2.2.1 Border and Boundary Theory

Boundary theory places emphasis on how employees establish, maintain, and change boundaries to categorize and simplify the environment they operate in (Ashforth, Kreiner, & Fugate, 2000). The sociological work by Nippert-Eng (1996a), which shows how people attempt to discover and assign significance to work and home and smooth the transition between the two, is the source of the boundary theory.

According to the boundary theory, there are limits that define the work and nonwork components of an individual's life as being different and separate from one another on a psychological, bodily, and/or behavioral level (Allen, Cho, & Meier, 2014). Clark (2000) introduced her concept of the work/life border theory, which holds that people manage and negotiate the work and non-work domains in a way that allows for a balance to be achieved between them. Clark (2000) based her premises on the boundary theory. According to this theory, work and non-work are two distinct spheres that influence one another. The border theory sees this interaction between the domains as existing on a continuum that goes from segmentation to integration, where the two domains can be thought of as being identical at the pole of integration and mutually exclusive at the pole of segmentation (Voydanoff, 2005a).

The dialectic of segmentation and integration is further studied by analyzing the permeability and flexibility of the boundaries between the two domains. According to Saarenpää (2016), permeability refers to how much psychical or behavioral characteristics can transcend the boundaries from one domain into the other, while flexibility implies how pliable the boundaries between the two domains are. The flexibility of the boundaries is demonstrated by policies like flextime, job-sharing, part-time employment, and telecommuting (Cowan & Hoffman, 2007). According to Clark (2000), persons can be categorized as "border keepers" or "boundary crossers" depending on how porous and flexible the borders are. People are frequently seen as boundary-crossers who manage and negotiate the worlds of work and family. Border crossers are divided into those who cross the center and periphery borders. Central border crossers play a big role in both industries and frequently work with the main players. The border theory claims that border crossers in the center balance work and family better than border crossers in the periphery (Donald & Linington, 2008).

### **2.2.2 Conflict Theory**

The conflict hypothesis states that sacrifice in one area of life leads to success and contentment in another. It was first proposed by Greenhaus & Beutell in 1985. This is predicated on the idea that life and work have fundamentally different standards and requirements from one another.

Work-life conflict is described as "a sort of inter-role conflict in which the pressures of the role from the work and family domains are mutually unharmonious in some sense" by Greenhaus & Beutell (1985). They refer to older research like Katz, Kahn, & Kahn and

Kahn, Wolfe, Quinn, Snoek, & Rosenthal (1964). (1978). In other words, taking on the role of one role makes the task of performing the other character more difficult. Powell & Greenhaus claim that role theory is the foundation of the conflict theory (2010). A scarcity perspective, which maintains that people have a limited amount of time and energy to divide among the various jobs, is the basis for the role theory itself. Greenhaus & Beutell (1985) distinguish between three types of conflict: conflict based on time, conflict based on stress, and conflict based on behavior.

Due to time constraints, it is challenging to successfully balance the demands of many positions, which causes the time-based conflict to arise. Long working hours, erratic shift work, and rigid work schedules have all been identified as the root causes of the time-based work-life conflict. Stress-based conflict develops because of job burnout, interaction weariness, and psychological demands of the job. Conflict that is based on behavior occurs when moving between job and family responsibilities necessitates engaging in activities that may not be appropriate (Roy, 2016). The relationship between conflict at work and in life is bidirectional, according to research. To put it another way, the realm of work can affect the domain of non-work, and vice versa (Gutek, Searle, & Klepa, 1991) Conflicts in both the business and household spheres are detrimental (Adams, King, & King, 1996).

The effects of the work-life conflict have received a lot of attention in the literature, and they include poor health (Frone, Russell, and Cooper, 1997), depression and hypertension (Thomas and Ganster, 1995), coronary heart disease (Haynes, 1984), male-related physical issues (Burley, 1995), anxiety and irritability (Hertz, 1986), among others.

### **2.2.3 Spillover Theory**

A significant amount of literature has concentrated on both positive and negative spillover for most of the work on work-life balance theories that has been done in the previous 20 years (Zedeck, 1992). The spillover model was first put forth by Wilensky in 1960 and is based on the idea that there is an "extension" of experiences from the domain of work to non-work in such a way that an individual's perception of the social experience of the spheres of work and non-work is in fact boundary-less (Parker, 1971). Spillover has been categorized theoretically as Positive Spillover and Negative Spillover. Extension, generalization, familiarity, identity, isomorphism, continuation, and congruence are some of the terms given to positive spillover in the literature (Staines, 1980). Positive spillover is when positive experiences in one area led to fulfillment and success in another one (Vijayakumar &

Janakiram, 2017). The negative approach contends that the link between the work and non-work realms is inverse and antithetical, and is also known in the literature as contrast, complementarity, opposition, regeneration, and heteromorphic (Staines, 1980).

In some regions, spillover is also categorized as vertical spillover and horizontal spillover. The term "horizontal spillover" describes how one aspect of life affects another, for as how a person's satisfaction at work may affect their personal life. Vertical overflow has been discussed in terms of domain hierarchy, or the hierarchical structuring of domains of life like work, family, and leisure. A superordinate domain may be impacted by the happiness or unhappiness of a subordinate realm. The sector of overall life, which is the best, is eventually the one most impacted (Sirgy, Efraty, Siegel, & Lee, 2001).

### **2.3 Research Gap**

A research gap is an area of study where the amount of information that is accessible limits the conclusions that may be made about a matter. Every study has holes in its research. There is a huge research gap on work-life balance. As the number of nurses increases continuously and they struggle more than other individuals to manage their lives, the idea of work-life balance is growing in popularity. They need to take care of both their personal and professional lives. 2016 (Delina & Raya) The work-life balance of lawyers, working women, and dual-career couples in the information technology industry were the main topics of this article. (2003) Elloy and Smith; (2012) Dudovskiy. But as this poll reveals, no research has been done on the work-life balance of nurses working in private hospitals. This kind of research hasn't been done in Chitwan. This study will shed light on the variables influencing nurses' work-life balance in private hospitals. This study bridges the gap between the work-life balance issues faced by nurses in a private hospital in the Chitwan region and those issues (social support, role stresses, work characteristics, and role involvement). This study would be consistent with other research and advance knowledge of the factors influencing nurses' work-life balance in Chitwan hospitals.



## 2.4 Theoretical framework

Figure 1

*Conceptual framework*



**Sources:** Jesses S.Michel ,Lindsey M.kotrba ,JaquelineK.Mitchelson,Malissa A.Clark,Boris B.Baltes(2011,July).

## 2.5 Operational Definition of Variables

**2.5.1 Independent variable:** Independent variables are those that affect how dependent variables are valued. Work-life balance factors are independent variables. The ability to balance work and family obligations is known as work-life balance. Work-life balance among nurses is a topic of this study, and the independent variables used to conduct it were social support, role stressors, work characteristics, and role involvement.

**Social Support:** As they can encourage or even dissuade employees from engaging in work-life balance programs, social support is crucial in promoting work-life balance programs.

- **Supervisor:** Supervisor support is a work social that considered the support from the supervisor, colleagues, and wider organization. Supportive environment can encourage employee from participating in field.
- **Family support:** This refers to the presence of socially supportive relationships, such as those with a spouse, parents, children, other relatives, or friends. The family supports each other equally in taking care of the home

and raising children, and someone is available to take care of them in an emergency.

- Co-worker support: Support from peers or coworkers might take the form of financial assistance, compassionate care, informational assistance, and/or performance reviews.

**Role Stressors:**

- Work role overload: Workload: The study will calculate workload based on working hours and job type. The number of hours an employee works each week is referred to as their working hours. For this study how is their workload in healthcare and whether they pressurized to complete the work on specific period or not.
- Job Stressors: Conflict, ambiguity, overload, and/or time demands of the job domain combined (at the sample level).

**Work Characteristics:** It has been demonstrated that work-friendly policies like paid maternity leave, flexible work schedules, and high-quality daycare have a favorable effect on key characteristics of gender equality that support work-life balance.

- Schedule Flexibility: Adaptable hours of employment includes telecommuting, shift work, flextime, and scheduling flexibility.
- Current Salary: Current monetary compensation for the employee.

**Role involvement:** Role-involved individuals have a cognitive obsession with a certain role.

- Work interest: The degree to which one views their profession as having a significant impact on their lives includes the importance, interest, and centrality of the work.

## **2.5.2 Dependent Variable**

**Work life balance:**

To achieve their demands for happiness and fulfillment, people must strike a balance between their existing and anticipated conflicts between time constraints and energy. This is

known as work-life balance. Families are becoming more and more dependent on a dual-earner scenario as more women enter the medical field. Women still handle more household chores, childcare, and senior care.

## CHAPTER III

### RESEARCH METHODS

#### 3.1 Research Design

Quantitative analysis has been used to successfully gather the study objectives and research questions. A set of close-ended questionnaires were used in a self-administered survey. These questions are simple to respond to, analyze, and the response rate is typically higher than with open-ended inquiries. Most of the questions were focus on the difficulties nurses have achieving work-life balance.

#### 3.2 Population and Sample

The target sample consisted of nurses employed at the district hospitals in Chitwan. This study has made use of primary data. While collecting the sample self-administrated questionnaires was used. To gather the data, convenience sampling has been used.

Chitwan Hospital, Central Hospital, Maulakalika Hospital, Niko Hospital, Bharatpur Samudyak Hospital, and Puspanjali Hospital are used as examples of hospitals in the paper Determinants of Work-Life Balance Among Nurses. There were all total of 315 responders overall, making up the sample size.

**3.3 Sources of Data collection plan:** There were two sections to the questionnaire. The demographic parameters were covered in the first section, and the independent and dependent variables were measured in the second section. The questionnaire for the current research study was created using the measures from earlier research publications. The questionnaire has 36 items in total. The items were scored on a seven-point Likert scale, with the range being (1) strongly disagree to (7) strongly Agree.

#### 3.4 Data Analysis:

Simple descriptive analysis was used to organize, analyze, and manage the acquired data using the Statistical Package for Social Scientists (SPSS) and Microsoft Excel. For quantitative data, many statistical metrics are applied. On a table, data are displayed. To achieve the goal and assess the hypothesis put forth, linear regression, correlation, factor analysis, Cronbach alpha, and other necessary inferential tests are used. The equation for regression analysis is

$$WIF = \beta_0 + \beta_1 SS + \beta_2 RS + \beta_3 WC + \beta_4 RI + e$$

Where, WIF= Work life Balance

Ss = Social support

Rs= Role Stressors

Wc = Work Characteristics

Ri =Role Involvement

e = error

**3.4 Instrumentation:** For this investigation, a quantitative methodology was employed.

With the pre-existing questionnaires from the literature, participants' opinions toward their work-life balance, job satisfaction, work motivation, and retention were evaluated.

1)Demographic information: The respondent's information is in the demographic information section i.e., age, Marital Status, number of kids, family Type, academic background, department, duty hours, monthly income and total years of work experience has been gathered

2)Social Support: The social support is measured by means of 9-item scale. Social supports are categorized into three different domains i.e., supervision support, co-worker support and family support. Supervision support scale developed by Suresh(2013),Soulen(2003). The Co-worker support of three item scale developed by Sherony &Green (2002). Next family support also measured 3 item scale developed by Swarnaatha(2013). Respondents were based on seven -point Likert scale (1-strongly disagree and 7- strongly agree).

3)Role Stressors: Two different domain i.e., Job stressors and workload have six item scale has been measured by using existing tools as template developed Gray-Toft& Anderson (1981). These items were based on Seven -point Likert scale (1 – strongly disagree, and 7– strongly agree).

4)Work Characteristic's: work characteristic is measured by six item scale developed by Van Laee D (2007)and Brooks& Anderson(2005). The work characteristic model captures the schedule flexibility and current salary of their job. These items were based on seven-point Likert scale (1 – strongly disagree, and 7 – strongly agree).

5)Role involvement: The role involvement is measure by 5 item scale, developed by Beth A. Brooks(2001).In role involvement ,work characteristics is captured the perceptions of individual's decision about job and is based on their skills, values, and interest. These items were based on seven-point Likert scale (1 – strongly disagree, and 7 – strongly agree).

6) Work-life balance: The work-life balance has been measured using six-item scale, developed using existing tools as a template Delina and Raya (2013),Goyal(2014) and Carlso ,Kacmar & Willilams(2000). Responses were based on seven-point Likert scale (1 – strongly disagree and 7 – strongly agree).

### 3.5 Reliability

Table 3.5.1

Variables	Cronbach's Alpha	Items
Social Support	0.653	ss1, ss2, sc1, sc2, sc3, sc4, sf1, sf2,
Role Stressors	0.861	rs1, rs2, rs3, rs4, rs5, rl1, rl2, rl3, rl4,
Work Characteristics	0.615	wc1,wc2,wc3,wc4,ws1,ws2,ws3,ws4
Role involvement	0.766	wi1, wi2, wi3, wi4, wi5
Work life Balance	0.723	W11, W12, W13, W14, W15, W16

The ability to measure a notion consistently and steadily is referred to as a measure's dependability, which also contributes to the evaluation of a measure's "goodness" (Sekaran, 2013). According to Pallant (2001), an Alpha Cronbach's value of at least 0.6 is regarded as a reliable and respectable measure (Nunnally and Bernstein, 1994). While an Alpha Cronbach value of less than 0.6 is low. Alpha Cronbach coefficients between 0.60 and 0.80 are regarded as modest yet acceptable.

## CHAPTER IV

### ANALYSIS AND RESULTS

The fourth chapter of this report comprises of analysis part. All the information obtained through the respondents is analyzed and finding is found. It represents the finding of 141 respondents were married nurses and 174 were unmarried out of 315 nurses working in the Chitwan district hospitals. Descriptive analysis is used to analyze the demographic profile of the respondents whereas factor analysis and correlation analysis is used to measure the variables and to test the hypothesis.

#### 4.1 Demographic variable of the Nurses

##### 4.1.1 Age

Demographic profile	Number Respondent	Percentage
20-30years	249	79.04
30-40years	55	17.46
40-50years	11	3.49
50 years above	-	-
<b>Total</b>	<b>315</b>	<b>100</b>

Figure 4.1 shows that the age group is divided into 4 categories. It shows that majority of the respondents belongs to a group of age between 20 years old to 30 years old which results in 79.04% of the total respondents with frequency of 249 individuals. Next, 17.46% belongs to the group of age between 30 years old to 40 years old refers to 55 respondents. Then, it followed by 3.49% that came from the age group range from 40 years old to 50 years old that represented 11 people. Hence, there is no number of respondents comes from the age group of 50 years and above.

#### 4.1.2 Married status

Demographic profile	Number Respondent	Percentage
Married	141	44.76
Unmarried	174	55.23
<b>Total</b>	<b>315</b>	<b>100</b>
<b>If married than number of children</b>		
Not yet	225	71.42
1-2	78	24.76
3-4	12	3.80
5-6	-	-
<b>Total</b>	<b>315</b>	<b>100</b>

The respondents were asked to indicate whether they were married or unmarried and if they were married than how many number of children they have. Based on the marital status shown in Figure 4.2 it indicates that most of the respondents in Chitwan district hospital nurses were unmarried. The total percentage of respondents who were unmarried is 55.23% with frequency of 174 respondents. Another 44.76% of respondents which represented 141 people were married. In the children category, 71.42% respondent have not yet, 24.76% respondents were one or two children whereas 3.80% respondents were three or four children.

#### 4.1.3 Family type

Demographic profile	Number Respondent	Percentage
Nuclear Family	222	70.47
Joint Family	93	29.52
<b>Total</b>	<b>315</b>	<b>100</b>

Based on the family type, table 4.4 it indicates that the 70.47% respondent is from the nuclear family with frequency 222 ,29.52% respondent is from join family with frequency 93. It clearly shows that most of the nurses were from the nuclear family.



#### 4.1.4 Academic Background

Demographic profile	Number Respondent	Percentage
PCL Nursing	175	55.55
GNM Nursing	20	6.34
BSC Nursing	100	31.74
MSC Nursing	14	4.44
Lab	6	1.90
<b>Total</b>	<b>315</b>	<b>100</b>

Figure 4.1.4 above refers to the academic background of respondents. From the table 4.1.4, it shows that majority of the respondent is 55.55% from PCL Nursing with a frequency 175 ,31.74% respondent was from BSC Nursing with frequency of 100 ,6.34 % and 4.44% respondent were from GNM nursing and MSC Nursing respectively. The remaining 1.90% of respondent were from Lab which is 6 employees.

#### 4.1.5 Department

Demographic profile	Number Respondent	Percentage
Emergency	39	12.38
Medicine	61	19.36
ICU	62	19.68
Gynecology	33	10.47
Obstetrics	9	2.85
Pediatrics	38	12.06
Surgery	37	11.74
Others	36	11.42
<b>Total</b>	<b>315</b>	<b>100</b>

Based on department of where respondent is from table 4.1.5 shows that the largest respondent was working from ICU i.e., 19.68%, with a frequency 62. The lowest number of respondents were from obstetrics i.e., 2.85% with frequency 4 out of 315 respondents, in Emergency ward 12.38% respondent were working in Chitwan district hospitals. 19.36%

nurses were working in medicine ward whereas the frequency with 61. In gynecology 10.47% respondent were there in Chitwan district hospitals. 12.06% and 11.74% and 11.42% respondent were from the pediatrics, surgery and others is with frequency 38, 37 and 36 respectively.

#### 4.1.6 Duty hours

Demographic profile	Number Respondent	Percentage
Up to 8.5 hours	234	74.28
8.5 hours to 12.5 hours	69	21.90
12.5 or more hours	12	3.80
Total	315	100

Based on the Duty hours shown in Figure 4.1.6 above, the table indicates that 74.28% among the total respondents were work up to 8.5 hours which represents 234 respondents. Following 21.90 of the respondent in Chitwan district hospital which is 69 in working in 8.5 hours to 12.5 hours. However, the lowest respondent is 3.80% working 12.5 or more hours in hospital which represent 12 respondent out of 315.

#### 4.1.7 Monthly income

Demographic profile	Number Respondent	Percentage
Below 15000	88	27.93
15000-25000	192	60.95
25000-35000	14	4.44
35000-45000	11	3.49
45000-55000	7	2.22
Above 55000	3	0.95
Total	315	100

Regarding the monthly income of respondents in Chitwan hospitals, Table 4.1.7 it is inferred that 60.95 percent of them have Rs 15000-25000, 27.93 percent of them have below Rs.15,000 and 4.44 percent have Rs.25000-35000 with frequency 14. In Chitwan district hospital only 2.22 % and 0.95 % have Rs 45000-55000, above 55000 monthly incomes respectively.

#### 4.1.8 Work experience

Demographic profile	Number Respondent	Percentage
Less than 5 years	256	81.26
5-10years	53	16.82
10-20 years	6	1.90
20 years and above	-	-
Total	315	100

Regarding on work experience, table 4.9 it shows that 81.26% have less than 5 years of experience. Next 16.82% respondent have 5-10 years of job experience in hospitals. Only 1.90 % respondent have 10-20 years of job experience in Chitwan hospital.

**4.2 Descriptive summary of variables:** For measuring the independent variables related to work life balance, seven -point Likert scale is used. The mean and standard deviation of elements used in the study is presented in table.

##### 4.2.1 Descriptive statistics of social support

	N	Mean	Std. Deviation
My supervisor is helpful to me in getting the job done.	315	4.39	1.530
My supervisor gives me feedback on my performance that I find helpful.	315	4.32	1.800
My co-worker understands my job problem and needs.	315	5.31	1.482
I have enough confidence in my co-worker that I would defend and justify my worker's decision if my co-worker was not present to do so.	315	3.57	1.177
My co-worker would use their power to help me solve the problem while working at hospital.	315	5.09	1.647
There is harmonious relation with my co-worker.	315	5.41	1.582
My spouse equally concentrates in children's studies.	315	5.23	1.800
My spouse equally shares household activities and child caring responsibility	315	5.08	1.840

My family helps me to take care of Children homework 315 3.47 1.195  
and projects of school.

Table 4.2.1. shows the descriptive statistics of social support. The table shows that mean value of all items is greater than 3, which indicate that the average respondent nurses are influenced by the social support which are provided by Chitwan district hospitals. All the items have responses ranging from strongly disagree to strongly agree, whereas the highest mean is recorded in sc4 i.e., 5.41 indicating highest level of agreement for statement by average respondent. Likewise, the highest standard deviation is 1.195 from sf3 which indicate maximum deviation of response. Whereas 1.177 is the lowest deviation from sc3, indicating minimum deviation of responses.

Table 4.2.2 Descriptive statistics of Role stressors

	N	Mean	Std. Deviation
Emotional issues related to death and dying	315	4.14	1.919
Inadequate preparation to meet the emotional demands of patients and their families.	315	3.50	1.983
Conflict with physicians, Nurses, and supervisors.	315	3.94	1.826
Always i feel overstressed in my work.	315	3.73	1.761
Fear of making mistake in treatment a patient.	315	3.72	1.796
I am under constant time pressure due to a heavy workload.	315	3.86	1.977
I do a lot of work irrelevant to nursing.	315	3.41	2.011
I often feel bothered or upset in my work.	315	3.71	1.950
I am overworked	315	3.71	2.042

Table 4.2.2 shows the respondent level of agreement regarding the various construct of Role stressors. There are 9 statements in the table with mean value ranging from minimum of 3.41 to maximum of 4.14; it shows that response is inclined toward agreement. The highest mean of 4.14 indicate that maximum respondent agrees with the statement that given a conclusive environment. The standard deviation indicates the average of deviation between the respondent. Furthermore, the table shows that has the highest standard deviation of 2.042 whereas lowest standard deviation of 1.761.

**Table 4.2.3 Descriptive statistics of work characteristic**

	N	Minimum	Maximum	Mean	Std. Deviation
I have fixed and defined job responsibility and role.	315	2	7	4.11	1.022
Less over time helps me to spend more time with my family.	315	1	7	5.34	1.603
Flexible work timing is provided to accommodate my family needs.	315	1	7	4.71	1.802
Rational shift methods help me to manage family life.	315	1	7	5.14	1.632
My salary is adequate for my job given the current job market condition.	315	1	7	3.65	2.237
Hospital will pay salary by considering responsibilities at work.	315	1	7	3.74	2.010
Annual increment will be provided.	315	1	7	3.78	2.083
The hospital does a good job of linking rewards to my job performance	315	1	7	3.79	2.028

Table 4.2.3 shows the descriptive statistics of work characteristic. The table shows that mean value of all items is greater than 3, which indicate that the average respondent nurses are influenced by the work characteristics which are provided by Chitwan district hospitals. All the items have responses ranging from strongly disagree to strongly agree, whereas the highest mean is recorded in wc2 i.e., 5.14 indicating highest level of agreement for statement by average respondent. Likewise, the highest standard deviation is 2.237 from ws1 which indicate maximum deviation of response. Whereas 1.022 is the lowest deviation from wc1, indicating minimum deviation of responses.

**Table 4.2.4 Descriptive statistics of Role involvement**

	N	Minimum	Maximum	Mean	Std. Deviation
Society has positive opinion about nurses	315	1	7	3.57	1.124
I receive support for in - services training and constant education.	315	1	7	3.70	1.167
Nursing Policies and procedures facilities my job.	315	1	7	3.85	1.020
My job does not make my personal life difficult.	315	1	7	3.28	1.311
I am happy with the amount of time for non-work activities.	315	1	5	3.52	1.101

Table 4.2.4 shows the descriptive statistics of Role involvement. The table shows that mean value of all items is greater than 3, which indicate that the average respondent nurses are influenced by the role involvement which are provided by Chitwan district hospitals. All the items have responses ranging from strongly disagree to strongly agree, whereas the highest mean is recorded in wi3 i.e., 3.85 indicating highest level of agreement for statement by average respondent. Likewise, the highest standard deviation is 1.311 from wi4 which

indicate maximum deviation of response. Whereas 1.020 is the lowest deviation from wi3, indicating minimum deviation of responses.

**Table 4.2.5 Descriptive statistics of Role involvement**

	N	Minimum	Maximum	Mean	Std. Deviation
My relationship with my partner is suffering because of the pressure or long hours of my work.	315	1	7	3.72	1.048
I must miss family activities due to the amount of time i must spend on work responsibilities.	315	1	7	4.42	1.936
Time for hobbies, leisure activities or to maintain friendship and extended family relationship is difficult	315	1	7	3.60	1.140
The demand of my job interferes with my personal life	315	1	7	4.11	2.015
Family matters reduces the time you can devote your job.	315	1	6	3.68	1.069
During the working hours women feel more pressurized due to the family responsibilities.	315	1	7	3.85	1.069

Table 4.2.5 shows the respondent level of agreement regarding the various construct of work life balance. There are 6 statements in the table with mean value ranging from minimum of 3.60 to maximum of 4.42; it shows that response is inclined toward agreement. The highest

mean of 4.42 indicate that maximum respondent agrees with the statement that given a conclusive environment. The standard deviation indicates the average of deviation between the respondent. Furthermore, the table shows that has the highest standard deviation of 2.015 whereas lowest standard deviation of 1.048

### 4.3 Factor Analysis of nurses

The fluctuation among related, observable variables is expressed in terms of a potentially smaller set of unobserved variables known as factors using a statistical approach called factor analysis. For instance, it's possible that changes in five seen variables are mostly driven by changes in two underlying (unobserved) variables. Factor analysis searches for such joint fluctuations in response to unobserved latent variables. The "error" terms and linear combinations of the potential components are included in the models for the observed variables. Factor analysis is used to find independent latent variables. In this survey, exploratory factor analysis was employed.

#### 4.3.1 Exploratory factor analysis of nurses

Exploratory factor analysis (EFA) is a statistical technique used in multivariate statistics to reveal the underlying structure of a sizable collection of variables. The main objective of EFA, a method used in factor analysis, is to discover the underlying correlations between measured variables. It is frequently employed by researchers when creating a scale and allows them to pinpoint the latent constructs that lie beneath a variety of measurable data. We will do KMO, Bartlett's test, factor extraction, and rotation during the exploratory factor analysis. KMO assesses the sampling adequacy to determine whether the responses provided with the sample are sufficient.

#### 4.3.1 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.795
Bartlett's Test of Sphericity	Approx. Chi-Square	7074.382
	df	703
	Sig.	.000

The table 4.2.1, the value of Kaiser-Meyer-Olkin is greater than 0.5 which is the satisfactory factor analysis to proceed. As in the finding shows the value generated 0.795 is highly significant. All the variables have association with each other, and the responses given with the sample is adequate. Bartlett's test shows the relationship among the variables. The result of Bartlett's test of Sphericity is less than 0.05 that is 0.00 that shows sufficient association



between the items involved in the analysis and hence it is possible to proceed to factor analysis.

### **Total Variance Explained**

Eigenvalues show how many factors were recovered whose total was equal to the number of items exposed to factor analysis. Initial eigenvalues extracted sum of square loadings, and residual eigenvalues are the three subsections of the eigenvalue table that we are only interested in for the study.

#### **4.3.2 Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% Variance	Of Cumulative %	Total	% Variance	Of Cumulative %
1	7.350	19.341	19.341	7.350	19.341	19.341
2	5.505	14.487	33.828	5.505	14.487	33.828
3	3.158	8.309	42.137	3.158	8.309	42.137
4	2.125	5.591	47.728	2.125	5.591	47.728
5	1.587	4.177	51.905	1.587	4.177	51.905
6	1.459	3.840	55.745	1.459	3.840	55.745
7	1.269	3.340	59.085	1.269	3.340	59.085
8	1.258	3.309	62.394	1.258	3.309	62.394
9	1.217	3.203	65.597	1.217	3.203	65.597
10	1.073	2.824	68.421	1.073	2.824	68.421
11	1.002	2.636	71.057	1.002	2.636	71.057
12	.936	2.463	73.520			
13	.794	2.090	75.610			
14	.717	1.887	77.497			
15	.626	1.648	79.145			
16	.617	1.625	80.770			
17	.609	1.603	82.374			
18	.587	1.546	83.919			
19	.519	1.367	85.286			
20	.509	1.340	86.626			

21	.505	1.330	87.955
22	.477	1.256	89.211
23	.456	1.200	90.411
24	.430	1.131	91.542
25	.389	1.024	92.566
26	.364	.959	93.525
27	.329	.865	94.391
28	.308	.810	95.200
29	.285	.750	95.950
30	.267	.702	96.652
31	.254	.668	97.320
32	.240	.632	97.952
33	.219	.577	98.529
34	.207	.546	99.075
35	.185	.487	99.561
36	.116	.304	99.865
37	.027	.071	99.936
38	.024	.064	100.000

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Extraction Method: Principal Component Analysis

The table 4.3.2 shows that the initial number of factors is the same as the number of variables used in the factor analysis. However, all the 38 cannot be retained, only 11 components are retained accounting for 71.05%. The eigenvalue of 1 to 11 components is higher than 1. Component 1 comprises of 19.341 %, component 2 of 33.828%, component 3 of 42.137%, component 4 comprises of 47.728%, 5 contributing 51.905%, 6 contributing 55.745%, component 7 of 59.085%, component of 8 62.394% and component 9 of 65.597% of variance, component 10 of 68.421%, component 11 of 71.057% respectively.

**4.3.2 Factor Rotation:** The test generated 9 factors resulting for 71.70% of the total variance for the construct of factors affecting work life balance among Chitwan district hospitals within the Bharatpur city. The table presented shows that all items load sufficiently.

### 4.3.3 Factor loading

Rotation is intended to cut down on the number of variables that heavily load the variables under investigation. Although rotation doesn't truly change anything, it makes it simpler to understand the analysis. Each component is loaded appropriately. The same components are loaded with the factors with values greater than 0.5, and vice versa. According to their components, the factors loaded in the factor rotation table are listed.

**Table 4.3.3 Factor loading**

	Initial	Extraction
My supervisor is helpful to me in getting the job done.	1.000	.648
My supervisor gives me feedback on my performance that i find helpful.	1.000	.708
My co-worker understands my job problem and needs.	1.000	.631
I have enough confidence in my co-worker that I would defend and justify my worker's decision if my co-worker was not present to do so.	1.000	.860
My co-worker would use their power to help me solve the problem while working at hospital.	1.000	.704
There is harmonious relation with my co-worker.	1.000	.632
My spouse equally concentrates in children's studies.	1.000	.746
My family helps me to take care of Children homework and projects of school.	1.000	.620

Emotional issues related to death and dying	1.000	.665
Inadequate preparation to meet the emotional demands of patients and their families.	1.000	.658
Conflict with physicians, Nurses, and supervisors.	1.000	.634
Always I feel overstressed in my work.	1.000	.609
Fear of making mistake in treatment a patient.	1.000	.628
I am under constant time pressure due to a heavy workload.	1.000	.759
I do a lot of work irrelevant to nursing.	1.000	.661
I often feel bothered or upset in my work.	1.000	.720
I am overworked.	1.000	.759
I have fixed and defined job responsibility and role.	1.000	.965
Less over time helps me to spend more time with my family.	1.000	.708
Flexible work timing is provided to accommodate my family needs.	1.000	.701
Rational shift methods help me to manage family life.	1.000	.640
My salary is adequate for my job given the current job market condition.	1.000	.665

Hospital will pay salary by considering responsibilities at work.	1.000	.780
Annual increment will be provided.	1.000	.719
The hospital does a good job of linking rewards to my job performance	1.000	.788
Society has positive opinion about nurses.	1.000	.895
I receive support for in-services training and constant education.	1.000	.707
Nursing Policies and procedures facilities my job.	1.000	.600
My job does not make my personal life difficult.	1.000	.641
I am happy with the amount of time for non-work activities.	1.000	.881
My relationship with my partner is suffering because of the pressure or long hours of my work.	1.000	.671
I must miss family activities due to the amount of time i must spend on work responsibilities.	1.000	.663
Time for hobbies, leisure activities or to maintain friendship and extended family relationship is difficult	1.000	.944
The demand of my job interferes with my personal life	1.000	.771
During the working hours women feel more pressurized due to the family responsibilities.	1.000	.636

Family matters reduces the time you can devote your job. 1.000 .647

Extraction Method: Principal Component Analysis.

#### 4.4 Multicollinearity

Table 4.4.1 Multicollinearity

Model		Tolerance	VIF
1	Ss	.869	1.150
	Rs	.872	1.147
	Wc	.785	1.273
	Wi	.982	1.019

a. Dependent Variable: Wlb

Table 4.4 shows whether the collinearity is present with VIF. When there is a significant level of correlation between independent variables, multi-collinearity is present. A regression model variable's VIF is determined by dividing the variance of the entire model by the variance of a model with only that one independent variable. There is no multi-collinearity between the variables because the value of VIF is less than 3. Table 4.4 above makes it abundantly evident that each independent variable has a VIF of under 3.

#### 4.5 Correlation analysis for work life balance among nurses

A statistical variable is said to be correlated if it tends to change, relate to, or occur together in a way that is not anticipated based just on chance. It shows the connections between various variables. A statistic that describes how closely two variables' movements are related to one another is the correlation coefficient ( $r^2$ ). The most widely used correlation coefficient is the Pearson product-moment correlation, which is used to detect if two variables are linearly related. This correlation value, however, might not always be an accurate predictor of reliance in a non-linear link. A correlation of -1.0 indicates complete negative correlation, and a correlation of 1.0 indicates perfect positive correlation. If the correlation coefficient is larger than zero, it represents a positive association. A negative association exists, though, if

the value is smaller than zero. Here, we investigate the relationships between the factors that affect nurses' work-life balance in Chitwan district hospitals.

#### 4.5.1 Correlations

			Work life balance	social support	Role stressors	Work characteristics	Role involvement
Work life balance	Pearson		1				
	Correlation						
	Sig. (2-tailed)		<.001				
social support	N		315				
	Pearson		.000	1			
	Correlation						
Role stressors	Sig. (2-tailed)		.001				
	N		315	315			
	Pearson		-.432**	.167**	1		
	Correlation						
	Sig. (2-tailed)		<.001	.003			
	N		315	315	315		
Work characteristics	Pearson		.213**	.335**	.340**	1	
	Correlation						
	Sig. (2-tailed)		<.001	<.001	<.001		
Role involvement	N		315	315	315	315	
	Pearson		.613**	.033	.117	.023	1
	Correlation						
	Sig. (2-tailed)		<.001	.554	.038	.678	
	N		315	315	315	315	315

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

- 1) Relationship between social support and work life balance:** Pearson correlation ( $r=.000$ ,  $p=0.001$ ), it indicates that there is no relationship between social support and work life balance. The significant value is 0.001 which is less than level of

significance which indicate that there is significance relationship between social support and work life balance among nurses.

## **2) Relationship between role stressors and work life balance**

Pearson correlation of ( $r=-0.432$ ,  $p=0.001\%$ ), it shows that there is moderate negative relationship between role stressor and work life balance among the Chitwan district hospital's nurses. The significant value is 0.001 which is less than level of significance which indicate that there is negative relationship between roles stressors and work life balance.

## **3) Relationship between work characteristics and work life balance:**

Table indicate that there is moderate relationship between the work life balance and work characteristic where Pearson correlation ( $r=0.213$ ,  $p=0.01$ ). The significance value is .001 which is less than the level of significance. Thus, work characteristics leads to increase in work life balance among nurses.

**4)Relationship between role involvement and work life balance:** Pearson correlation ( $r=0.613$ ,  $p=0.001$ ), it indicates that there is moderate relationship between role involvement and work life balance. The significant value is 0.001 which is less than level of significance which indicate that there is significant relation between role involvement and work life balance.

## **4.6 Regression for Nurses**

Regression is a mathematical method used to forecast one variable's value precisely given the values of the others. It is a functional relationship that is frequently empirically determined from data between two or more correlated variables. This study aims to ascertain how the variables for those private bank dual-career couples relate to one another. Regression analysis requires an equation that will help us forecast the value of a different variable using the values of other variables.

The equation for conducting regression analysis is:

$$WIF = \beta_0 + \beta_1 SS + \beta_2 RS + \beta_3 WC + \beta_4 RI + e$$

Where, WIF= Work life Balance

SS = Social support

RS= Role Stressors

WC = Work Characteristics

RI =Role Involvement

e = error



#### 4.6.1 Model Summary of regression analysis

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate
1	.720 <sup>a</sup>	.518	.512	.58824

a. Predictors: (Constant), Role stressors, Role involvement, social support, Work characteristics

The predetermined study hypotheses were tested using regression analysis. Table 4.6.1 shows that the adjusted R square is 0.518, indicating that the four independent factors account for 51.8% of the effect on the dependent variable. This indicates that the independent variable's overall effect on the dependent variable is 51.8%. It also demonstrates how well this model fits the needs of the current research. The relationship's strength and direction are indicated by the value of r. The obtained value of r is 0.720. Here, the corrected R square is 0.518, showing that the four independent factors account for 51.8% of the effect on the dependent variable.

#### 4.6.2 Anova table of dependent and independent variable

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	115.287	4	28.822	83.292	<.001 <sup>b</sup>
	Residual	107.270	310	.346		
	Total	222.557	314			

a. Dependent Variable: Work life balance

b. Predictors: (Constant), role stressors, role involvement, social support, work characteristics

The model is significant at  $F=83.292$ ,  $p=0.001$ , as shown in table 4.5.2 where the significant value of 0.001 is less than the level of significance 0.005. A high value of F implies that the regression equation adequately captures most of the variation on the dependent variable and that the mode is useful and vice versa. The anova table shows that there is sufficient evidence to conclude that the model is accurate and therefore significant at  $F=83.292$ ,  $p=0.001$ , since

the significance threshold of 0.001 is less than 0.005. Thus, the dependent and independent variable have a significant linear connection.

#### 4.6.3 Coefficients

		Unstandardized		Standardized		
		Coefficients		Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	.802	.291		2.754	.006
	Social support	.079	.045	.074	1.763	.079
	Role involvement	.636	.045	.568	14.279	<.001
	Work characteristics	.080	.033	.108	2.461	.014
	Role stressors	.209	.026	.341	8.057	<.001

a. Dependent Variable: Work life balance

Based on the output derived through SPSS, the following multiple regressions are formed.

$$WLB = .802 + 0.079ss + .636ri - 0.080wc + 0.209wi$$

After analyzing coefficient table 4.6.3, it clearly shows that there is three model have significant value which is less than the level of significance of 0.05. Role stressors, work characteristics, and work interest are important components of work-life balance among the four models because their levels of significance fall between 0.00 and 0.05. The significant level of social support is now 0.079, which is higher than the significant level 0.05. It means that the Work Life Balance is not significantly impacted by that independent variable.

### 4.7 Hypothesis testing

#### 4.7.1 Hypothesis testing summary

Hypothesis	P-value	Result
Social support	0.79	Rejected
Role stressors	0.001	Accepted
Work characteristic	0.014	Accepted

Role involvement	0.001	Accepted
------------------	-------	----------

Table 4.7.1 displays a summary of the results from the hypothesis testing. The two hypotheses in table 4.7.1 above have been accepted, whereas the other two have been rejected. The first hypothesis has been disproved because there is no significant relationship between social support and work-life balance among nurses working in hospitals, as shown by the p-value of 0.79, which is higher than the level of significance.

The second hypothesis has been accepted because the p-value which is 0.001 that is less than level of significance. It means that there is significant positive relation and impact of role stressors in work life balance among nurses in Chitwan district hospitals.

The third hypothesis has been accepted because the p-value which is 0.014 that is less than level of significance. It means that there is significance positive relation and impact of work characteristic in work life balance among nurses.

The last hypothesis has been rejected because the p – value is 0.001 that is less than level of significance. It means that there is significant positive relation and impact of role involvement on work life balance among nurses.

## 4.8 Findings

Most of the respondent belongs to age of 20-30 years of respondent i.e., 79.04% with frequency of 249. 17.46 % respondents are from the age between 30-40 years respondent with frequency and 3.49% from age between 40-50 years.

Out of 315 unmarried nurses are high i.e., 55.23% with frequency of 174 and married respondents are 44.76% with the frequency of 141. Among them 71.42% respondent have no children yet followed by 1-2,3-4, with 24.76%,3.80% respectively.

Most of the respondents are from nuclear family that is 70.47% followed by joint family with 29.52%.

The majority of respondent are from Pcl nursing background that is 55.55% followed by the GNM Nursing, Bsc nursing, MSC nursing, Lab with 6.34%,31.74%,4.44%,1.90% respectively.

Most of the respondents are from ICU department that is 19.68% with frequency 62, followed by the Emergency, Medicine, Gynecology, Obstetrics, Pediatrics, surgery, others with 12.38%,19.36%,10.47%,2.85%,12.06%,11.74%,11.42% respectively.

The duty hours of respondent in Chitwan district hospitals are up to 8.5 hours that is 74.28% followed by 8.5 hours to 12.5 hours ,12.5 or more hours with 21.90%,3.80% respectively.

The highest monthly salary of respondent is in between 15000-25000 that is 60.95% followed by below 15000,25000-35000,35000-45000,45000-55000, Above 55000 with 27.93%,4.44%,3.49%,2.22%,0.95% respectively.

The majority of respondent have less than 5 years of experience that is 81.26% followed by 5-10 years ,10-20 years, 20 years and above that is 16.82%,1.90%,0 respectively.

The average mean of social support is 5.31 with standard deviation 1.482 of which shows that respondent inclined towards agreement. This means respondent agree that social support has impact on work life balance.

The average mean of role stressors is 4.14 with standard deviation 1.919 of which shows that respondent inclined towards agreement. This means respondent agree that role stressors have impact on work life balance.

The average mean of work characteristic is 5.34 with standard deviation 1.603 of which shows that respondent inclined towards agreement. This means respondent agree that work characteristic has impact on work life balance.

The average mean of role involvement is 3.85 with standard deviation 1.020 of which shows that respondent inclined towards agreement. This means respondent agree that role involvement has impact on work life balance.

Among all the factor the most significant factor of work life balance is role involvement in Chitwan district hospitals. After that work characteristics and social support are significant factor of work life balance among the Chitwan district hospitals nurses.

From the research researcher found that if nurses have good environment and less stress than it will be helpful to balance the work life.

There is no significant relation and impact of social support in work life balance among the nurses in the hospitals.

There is significant negative relation and impact of role stressors in work life balance among nurses in Chitwan district hospitals.

There is significance positive relation and impact of work characteristic in work life balance among nurses.

There is significant positive relation and impact of role involvement on work life balance among nurses.

## **CHAPTER V**

### **DISCUSSION, CONCLUSION, AND IMPLICATIONS**

This chapter encompasses the discussion of findings, conclusion, and implications of the study. The discussion segment comprises the comparison of the findings of the study with the past studies on the same theme. Similarly, the conclusion section embroils the inferences drawn from the study, whereas implication segment involves the usefulness and contribution of the study.

#### **5.1 Discussion**

The general objective of this study is to identify the determinants of work life balance among nurses. The specific goal of this research is to study the socio-economic profiles and working conditions of the respondents, to identify the influence of workplace environment and stress related issues on the emotional status of female nurses and to identify the most significant factors of work life balance (WLB) among nurses. The researcher therefore examined a range of factors, including social support, job stressors, work features, and role engagement. The findings of this study offer crucial information regarding the factors that influence work-life balance at hospitals in Chitwan districts. The Chitwan Hospital, located in the city of Bharatpur, provided the research sample. The purpose of the study was to evaluate the relationship between dependent and independent variables. The literature review served as the foundation for the dependent and independent variables. Based on the factors extracted from the literature reviews, the study's framework was created. While some of the research's conclusions were consistent with those of this study, others were not.

Social support, role stressors, work characteristic and role involvement were taken as independent variable and work life balance as dependent variable .The results of this study were based on the descriptive and inferential statistics analysis of the primary data that were collected with the help of standard tool .The total respondents of this research is 315 only because while taking the respondent researcher only taken the non-medical hospital because in medical college Reacher have to first registered in the Nepal health research council (NHRC).And after that if proposal were accepted than it will able to go further survey otherwise not .It will take approximately three month and some medical college directly rejected to do research in their hospitals because of their policy and procedures . The data from the questionnaires were evaluated and interpreted using a variety of statistical techniques. The demographics data of the respondent is covered in the study's first section. whereas in the second chapter a descriptive study of several components was examined.

Inferential analysis which utilized numerous techniques like regression and correlation, is covered in the final section. The first chapter's hypothesis was put to test using correlation and regression analysis. According to the correlation, among four independent variables only three of them has a significant impact on the dependent variable. And, as per the regression analysis also three independent variables have a positive impact on the dependent variable.

The data did not support hypothesis 1. The social support for WLB has a favorable effect, although it hasn't been strongly demonstrated. ( $b=0.079$ ,  $\text{sig} = 0.79$ ). Social support, according to Malik et al. (2010), reduces stress and family workload, allowing individuals to better manage their personal and professional responsibilities. He asserts that social support is given by his partner, parents, children, extended family, and friends. According to a study by J. H. Greenhaus et al. (2012), individuals who had supportive spouses had better work-life balance than those who had unsupportive spouses. According to the literature, there is a positive correlation between social support and work-life balance. This study does not provide evidence that the social support for WLB has a positive impact. When thinking about this study, it is possible due to the context of the chosen sample. Additionally, the analysis solely included nurses from the district hospital in Chitwan. Different people may have different attitudes toward the respondents. Therefore, the respondents are not giving their social support much thought in this situation. Additionally, they might not have had any assistance from their boss, and they may not have had excellent working relationships with their coworkers at first, leading them to believe that this subdomain has no bearing on work-life balance. Additionally, when thinking about the sample, most spouses are employed right now. It can be that both are having busy schedules and that they don't have time to support each other. They might be doing their work on their own.

Hypothesis 2 was supported by the findings ( $b= 0.209$ ,  $\text{sig} = 0.001$ ). Role stressors therefore have a favorable effect on the Work-Life Balance. Nursing. The number of patients staying in the ward and the paucity of nurses have the biggest effects on workload (Mudihanselage and Chamar, 2015). Increased workload creates stressful situations at work and diminishes the work-life balance (Greenglass et al, 2003). The negative effects of working hours and workload on holidays, social events, and family connections have dramatically grown between 2006 and 2013, according to a poll of public and commercial sector union members in the United Kingdom (French S, 2013)

Hypothesis 3 was supported by the findings ( $b= 0.80$ ,  $\text{sig} = 0.014$ ). It means work characteristics have a positive impact on the Work life balance. According to study by

Skinner et al. (2014), work-family policies including current pay, flexible work schedules, and high-quality daycare have been found to have a favorable effect on key elements of gender equality that enable work-life balance. It means that work character policies have a favorable effect on an employee's ability to balance work and family. Additionally, the results of the current study have established a link between work characteristics and work-life balance for nurses working in Chitwan district hospitals.

Hypothesis 4 was supported by the findings ( $b = 0.036$ ,  $sig = 0.001$ ). It means role involvement have a positive impact on the Work life balance. The role stressors, work characteristics, and role involvement have a favorable impact on nurses' work-life balance, per the results. As a result, it can be said that role stressors, work characteristics, and role involvement are the key factors affecting work-life balance in nurses. According to the research, there is no longer a relationship between role involvement and work-life balance in the context of Nepal, but there is one between family support, supervisor support, and coworker cooperation. In other words, job pressures, work characteristics, and role involvement have all had an impact on how well nurses can manage their work and personal lives. As a result, they should work in a supportive workplace.

## **5.2 Conclusion**

This study's finding allows for the drawing several reliable conclusions. Role involvements are seen as a key factor in determinant of work life balance nurses in Nepal by most respondents included in the survey.

There is a positive correlation of work characteristic and role involvement with work life balance which proves providing good support to all the nurses while working in the hospital makes their work life balance better.

The result shows that two of the independent variables i.e., work characteristic and role involvement have a positive relation with work life balance among the nurses and the rest of the independent variables i.e., social support, role stressors have a negative relation with work life balance.

## **5.3 Implications**

Every research is conducted for practical purpose. Implication is the conclusion that can be drawn from something although it is not explicitly stated. This research shows the determinants of work life balance among nurses that affect personal and professional life of nurses working in the private hospitals located in Bharatpur, Chitwan.



### **5.3.1 Practical implications**

The results of the hypothesis test demonstrated that, although social support is not a significant component in work-life balance, job stresses, work features, and role participation do.

Therefore, people in charge of the healthcare industry should be constantly concerned with these issues and take the required action to ensure that nurses can maintain a healthy balance between their professional and personal lives. To do this, they should implement policies that can enhance the work-life balance as well as courteous supervisory and coworker support. Additionally, managers should provide feedback on the work performed by nurses, including flexible working hours, job sharing, eldercare, childcare, and flexible emergency leaves for medical or other situations.

### **5.3.2 Implications for future research**

In Chitwan, there are numerous governmental and private hospitals. However, the subject of this study is female nurses who work in Chitwan District private hospitals. Only people working at the hospital received the questionnaires. Three hundred eighty four (384) nurses were supposed to respond to the survey, but only three hundred fifteen (315) did so because the survey's sample size was only three hundred fifteen (315). This is because to conduct the survey, researchers must first register with the NHRC, which takes about three months. Some medical colleges refused to participate in the survey because they conduct their own research without permission as a result, this research study's sample and setting had to be constrained. There may be more factors affecting the WLB among female nurses in addition to the ones reported in this study, such as social support, role stressors, work characteristics, and role engagement.

In this study, the researcher solely focused on four aspects when thinking about potential future implications: social support, role stressors, work features, and role involvement. As a result, additional study can be conducted in the future using a variety of other characteristics, including work-life balance, shift work, turnover intention, familial interest, and other factors that may be influenced by the WLB. A small sample was used in this study. As a result, more research can be conducted by include more Nepali hospitals and more respondents. Consequently, by providing more findings on the topic of work-life balance in future study, the context of the research can be altered.

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## **APPENDICES**

### **Determinants of Work Life Balance among Nurses.**

Dear Respondent,

I am Kabita Kandel, an MBA student at School of Management Tribhuvan University, Kirtipur. I am performing research on "determinants of work life balance among Nurses " for the partial fulfillment of Master's in Business Administration (MBA). I kindly request all the respondent to co-operate by filling up the questionnaire as, it is compulsory for our academic year. In this regard I would like to request you to spare few minutes of your valuable time answering these few questions. Your cooperation is expected to add academic value. The information provided by all the respondents will be kept confidential and use for academic purpose only.

Sincerely,

Kabita Kandel

MBA Research Scholar

School of Management, Tribhuvan University

#### **Section A: Demographic and other personal information**

##### **1.Age**

- a) 20-30years
- b) 30-40years
- c) 40-50years
- d) 50 years above

##### **2. Marital Status**

- a) Married
- b) Unmarried

##### **3.If married than number of children**

- a) Not yet

- b) 1-2
- c) 3-4
- d) 5-6

**4. Family Type**

- a) Nuclear Family
- b) Joint Family

**5. Academic background**

- a) PCL Nursing
- b) GNM Nursing
- c) BSC Nursing
- d) Lab
- e) MSC Nursing

**6. Department**

- a) Emergency
- b) Medicine
- c) ICU
- d) Gynecology
- e) Obstetrics
- f) Pediatrics
- g) Surgery
- h) Others

**7. Duty hours**

- a) Up to 8.5 hours
- b) 8.5 to 12.5 hours
- c) 12.5 or more hours

**8. Monthly income**

- a) Below 15000
- b) 15000-25000
- c) 25000-35000
- d) 35000-45000
- e) 45000-55000
- f) Above 55000

**9. Work experience**

- a) Less than 5 years
- b) 5-10 years
- c) 10-20 years
- d) 20 years and above

**Part B: Likert Scale Please select the appropriate options and tick (✓) in box for the following statements**

**Social support**

**A. Supervision support**

SN	Items	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1.	My supervisor gives me feedback on my performance that I find helpful.							
2	My supervisor is helpful to me in getting the job done.							
	<b>Co-worker support</b>							
1	My co-worker understands my job problem and needs.							
2	My co-worker would use their power to help me solve the problem while working at hospital.							
3	I have enough confidence in my co-worker that I would defend and justify my coworker's decision if my co-worker was not present to do so.							
4	There is harmonious relation with my co-worker							

	<b>Family Support</b>							
1	My spouse equally concentrates in children's studies							
3	My family helps me to take care of children homework and projects of school							
	<b>B. Role stressors</b>							
	Job stressors	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	Emotional issues related to death and dying.							
2.	Conflict with physicians, Nurses, and supervisors.							
3.	Inadequate preparation to meet the emotional demands of patients and their families							
4.	Fear of making mistake in treatment a patient.							
5.	Always I feel overstressed in my work							
	<b>Work role overload</b>	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1.	I am under constant time pressure due to a heavy workload.							
2.	I often feel bothered or upset in my work.							
3.	I am overworked.							
4.	I do a lot of work irrelevant to nursing							

	<b>C. Work characteristic</b>							
	<b>Schedule Flexibility</b>	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1.	I have fixed and defined job responsibility and role.							
2.	Flexible work timing is provided to accommodate my family needs.							
3.	Rotational shift methods help me to manage family life.							
4.	Less overtime helps me to spend more time with my family.							
	<b>Current Salary</b>							
1.	My salary is adequate for my job given the current job market condition.							
2.	Hospital will pay salary by considering responsibilities at work							
3.	The hospital does a good job of linking rewards to my job performance							
4.	Annual increment will be provided							
5.	I would be able to find my same job in another organization with about the same salary.							
	<b>D. Role involvement</b>							
	<b>Work interest</b>	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1.	Society has positive opinion about nurses							
2.	I receive support for in-services training and constant education							



3.	Nursing Policies and procedures facilities my job.							
4.	My job does not make my personal life difficult							
5.	I am happy with the amount of time for non-work activities.							

	<b>E. Work life balance</b>	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	My relationship with my partner is suffering because of the pressure or long hours of my work.							
2	I must miss family activities due to the amount of time I must spend on work responsibilities							
3	Time for hobbies, leisure activities, or to maintain friendships and extended family relationships is difficult							
4	The demands of my job interfere with my personal life							
5	During the working hours women feel more pressurized due to the family responsibilities.							
6	Family matters reduce the time you can devote your job.							

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