

IMPACT OF DEMOGRAPHIC AND WORK VARIABLES ON WORK LIFE BALANCE-A STUDY CONDUCTED FOR NURSES IN BANGALORE

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ABSTRACT

Work-life balance is an essential aspect of the current scenario and nurses being the service providers tend to bear the brunt of the kind of profession they belong. The severe nature of this job tends to bring a lot of imbalance in their work and life. The imbalance faced by the nurses could be due to their demographic variable like age, marital status, family members, children, etc. and also the work variables like the distance of workplace, shifts, etc. in the working environment. This study is an attempt to find out that whether these variables have an impact on the work life balance of government and private hospital nurses working in Bangalore.

Keywords: Demographics variables, work-life balance, government and private Hospitals, nurses, working environment.

INTRODUCTION:

In the current scenario, the roles and functions of the nursing staff at public and private sector hospitals across the different categories are not very clear. At the hospital level, there is a lack of clarity in job descriptions of the nurses. No specified rules and regulations are governing the nursing staff across the country. The nursing staffs have not been provided with adequate opportunities for their regular work as well higher studies. There is a lack of work standards for the nursing staff to adhere. Nursing profession requires continuous learning even while in service - through observation, reflection, and analysis. The nursing staff lacks maturity which leads to non-productive professional, social and cultural involvement. Nurses are the direct care providers, and as such are constantly under threat, from some deadly diseases like HIV/ AIDS, infections, or violence from patients under psychiatric treatment or any gender-based violence. While imparting dedicated service, it is also necessary for nurses to safeguard their health. The Workplace environment is also becoming increasingly stressful due to workplace violence, overtime work pressure, discrimination against co-workers, etc. Factors contributing to these pressures are balancing work and family, poor leadership, poor internal communication, workload, lack of management support, no recognition for achievement, insufficient resources, job insecurity, technological advances and increasingly diverse workforce. A healthy work environment represents work setting in which policies, procedures, and systems get designed so that employees can meet organizational objectives and achieve personal satisfaction in their work.

Work life balance refers to an efficient management of multiple tasks at work, home, and in other aspects of life. It is an important issue for both employees and organization. In the present economic scenario, organizations are agitated for higher production and need employees with enhanced work-life balance. An employee with good work-life balance will contribute more studiously towards the organizational expansion and accomplishment (Naithani, 2010). Work life balance has become more important in current era due to changes in the workforce, demography of employees and in the family sphere too. The problems faced by the nurses at home and work are complex; those issues impact the well-being of the nurses and also hinder their work and life balance. So this study investigates the impact of demographic and work variables on work-life balance of nurses working in Bangalore hospitals.

REVIEW OF LITERATURE:

From the perspective of a nurse, Brooks (2001) defined WLB as ‘the degree to which registered nurses can satisfy important personal needs through their experiences in their work organization while achieving the organizational goals.’ According to Sirgy et al. (2001), an employee who is happy is more committed, dedicated and productive. A failure in managing these factors, the behavioral responses of the employee, e.g. Job satisfaction, turnover intention, personal alienation, job performance, organizational turnover, organizational identification, etc., along with organizational outcomes. According to Greenhaus et al. (2003), WLB could be defined as ‘the extent to which an individual is equally self-engaged and satisfied with her or his family and work role.’ It indicates that to maintain a WLB; there is a need to prioritize certain issues, both at the professional and personal level.

Marie and Maiya (2015) conducted a survey in a hospital in Mysore city to study the WLB of nurses. Most of the respondents faced problems in maintaining a healthy WLB. Though most enjoyed their work; they were facing health issues related to stress. The majority of the female proper scheduling of work and on time support of both hospital and family would reduce stress, and thereby enable like and maintain a better WLB.

Shobana and Kannan (2016) in their comparative study on WLB among nurses working in a district in South India observed that, in general, the WLB among nurses in private and government hospitals was poor. The commitment of public hospital nurses appeared to be better, while most private hospital nurses faced job-stress. Certain important family events were missed out by both due to their workloads. The main reasons cited for working overtime in both, government or a private hospital, where a temporary lack of staff and workload. The government hospital nurses were able to spend at least 6 hours or more with their families, whereas a few private hospital nurses were able to do so. Limited

leisure time, temporary lack of staff nurses and financial problems were some reasons cited by the nurses for a not satisfied WLB.

A comparative study conducted on the WLB of nursing staff working in government and private hospitals of Odisha revealed that the majority of the respondents were unable to maintain their WLB due to personal and work commitments. This imbalance was seen more among married nurses compared to unmarried nurses. Also, married nurses working in government hospitals appeared to face more problems in handling the WLB as compared to unmarried nurses. When compared the working hours, it was observed that married women, in both government as well as private hospitals, worked for 6–8 hours, whereas unmarried women, in both sectors, spent 10 or more hours at work. This difference could be due to unmarried women having lesser personal obligations and were, thus, more committed to their jobs. A majority of the various nursing groups felt that they lacked family support, which is important for the morale of the employee. Also, they were not able to find time to attend family and social functions. They also were seldom motivated by their immediate supervisor. Both, government and private nurses claimed that their contribution and performance were rarely rewarded or recognized by the management of their hospitals (Satpathy et al., 2014).

Lakshmi and Gopinath (2013) researched the WLB effect on the performance of working women in Kattankulathur, Tamil Nadu. It was concluded that usually, it was the married women who were unable to maintain a healthy WLB. The more the number of dependents, the poorer was their WLB.

A study was conducted by Nadeem and Abbas (2009) on the relationship between WLB and job satisfaction in Pakistan. A clear correlation between job satisfaction and work to family interference along with family to work interference was observed. Also, a negative correlation between job satisfaction and work stress was noted. Additionally, job autonomy was positively associated with workload and job satisfaction.

METHODOLOGY:

STATEMENT OF THE PROBLEM:

Nurses are the direct care providers, and the hospital environment in which they work is becoming increasingly stressful due to various factors like workplace violence, overtime, work pressure, etc. which contributes to the imbalance of work and life. The challenges which nurses face are too complex and diversified in nature which affects their well-being.

For upgrading the quality of work and life of nurses, the need for analyzing and understanding their challenges is the must as their work is to provide service for 24*7 hours. Thus, the present work is being conducted to find whether demographic and work variables affect the nurses and impact their work and life balance.

OBJECTIVE OF THE STUDY:

- To check the impact of demographic and work variables on Work-Life Balance (WLB) of nurses working in the government and private hospitals.

HYPOTHESIS:

Hypothesis 1a: Demographic variables like Age, Current Marital Status, Education Qualification, Work experience, Total family Members, Numbers of Dependent Members, Number of earning members in the family, Monthly Income. And work variables like the distance between workplace and residence, Total duration spent in travel, Mode of Transport, Amount dedicated to travel, Shifts they work has the impact on the work-life balance of government hospitals.

Hypothesis 1b: Demographic variables like Age, Current Marital Status, Education Qualification, Work experience, Total family Members, Numbers of Dependent Members, Number of earning members in the family, Monthly Income. And work variables like the distance between workplace and residence, Total duration spent in travel, Mode of Transport, Amount dedicated to travel, Shifts they work has an impact on the work-life balance of private hospitals.

QUESTIONNAIRE:

The questionnaire is designed to know the impact of demographic and work variables on work-life balance of government and private hospital nurses in Bangalore. The questionnaire consisted of two parts. The first part consisted of socio-demographical details of the nurses while the second part contained 46 statements altogether to measure the Work-life Balance (WLB) of the nurses. The second part of the questionnaire employed five points Likert's scale ranging from Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree to elicit responses.

DATA COLLECTION:

The primary source was used for data collection. Data was collected from 200 nurses working in Victoria and Kidwai Hospitals which are Government Hospitals. Another 200 nurses were approached for data collection from Apollo, Fortis, Lakshmi, Aveekasha and Maharaja Agrasen Hospitals which are Private Hospitals. So, data was collected from the total of 400 nurses. Convenience sampling method was adopted, and a structured questionnaire was used for data collection.

STATISTICAL TOOLS USED:

For the analysis of data SPSS Version 23 was used. The Cronbach's alpha criterion was applied to test the reliability of the questionnaire. Descriptive statistics was used to calculate Frequency and percentage of the demographical and work variables employed in the study. Multiple regression analysis was used as a tool to find the result, considering Work life balance as the dependent variable and demographic and work variables as the independent variable.

RESULTS AND FINDINGS:

Demographic Profiles of the Nurses:

- 1) In both the categories of hospitals, it was found that a majority of nurses aged between 20 and 30 years. In the government hospitals, 60% of the nurses aged between 20 and 30 years, about 33% of the nurses were aged between 41 and 60 years, while about 7% of the nurses aged between 31 and 40 years. In the private hospitals, 67% of the nurses aged between 20 and 30 years, 15% of the nurses aged between 31 and 40 years, about 8% of the nurses aged between 41 and 50 years and about 10% of the nurses aged between 51 and 60 years.
- 2) Among the nurses surveyed in government hospitals, 55% of them were married, 41% of them were unmarried, and 4% of them were either widowed or divorced. The private government hospital nurses were mostly married (53%), followed by unmarried (44%), widowed and divorced (3%).
- 3) Regarding education, a majority of the nurses in both the hospitals had completed either SSLC or HSC. Among the government nurses, it was found that 38.5% of them had completed SSLC, 39.5% of them had completed HSC, 17% of them had done BSC, and 5% of them had done MSC. As far as the private nurses were concerned, 26.5% of them had completed SSLC, 34% of them had completed HSC, 16% of them had done BSc, 21% of them had done MSC, and a small percentage of 2.5% of them had completed specialized public health nursing.
- 4) It was found that 32.5% of the nurses working in government hospitals had an experience of 1 to 5 years, whereas 34% of the nurses working in private hospitals had an experience of 1 to 5 years. The government hospital nurses had 15% of them with an experience of 6 months, while the private hospital nurses had 25% of them with an experience of 6 months. The nurses with more than 15 years of experience were 30% of them working in government hospitals and 21% of them working in private hospitals. In the experience category of 6 to 10 years, the government hospital nurses accounted for 17.5%, while the private hospital nurses accounted for 15.5%. Nurses who had an experience of 11 to 15 years had 5% of them working in government hospitals and 4.5% of them working in private hospitals.
- 5) Regarding the current experience of the government hospital nurses, 39% of them had six months, 23.5% of them had 1 to 5 years. 21.5% of them had more than 15 years, 9.5% of them had 6 to 10 years, and 6.5% of them had 11 to 15 years of current experience. Among the private hospital nurses,

54% of them had six months, 24.5% of them had 1 to 5 years, 7.5% of them had 6 to 10 years, 7.5% of them had more than 15 years, and 6.5% of them had 11 to 15 years of current experience.

6) Among the government hospital nurses, a majority of them (73%) were the staff nurse, followed by 22% of them being senior staff nurse and 5% of them being medical superintendent. Among the private hospital nurses, a majority of them (88%) were the staff nurse, 10% of them were the senior staff nurse, and 2% of them were medical superintendent.

7) The government hospital nurses reported that 59.5% of them had an income of less than Rs. 20,000; 23.5% of them had an income between Rs. 41,000 and Rs. 60,000; 9% of them had an income between Rs. 61,000 and Rs. 80,000; and 8% of them had an income between Rs. 21,000 and Rs. 40,000. The private hospital nurses reported that 67.5% of them had an income of less than Rs. 20,000; 16.5% of them had an income between Rs. 21,000 and Rs. 40,000; 10% of them had an income between Rs. 41,000 and Rs. 60,000; and 6% of them had an income between Rs. 61,000 and Rs. 80,000.

8) Nurses working in government hospitals had two family members (46.5%), one family member (32.5%), four family members (7.5%), three family members (7%) and more than five family members (6.5%). Nurses working private hospitals had two family members (31%), one family member (29.5%), three family members (14.5%), four family members (13%) and more than five family members (12%). Since the p-value is less than $\alpha=0.05$, it indicates there is significant differences in the number of family members of the nurses working in both government and private hospitals. The private hospital nurses have more than two family members as compare to government hospital nurses.

9) With regards to the number of children in their households, a majority of the government hospital nurses (79.5%) had one child, followed by 16.5% of them having two kids, 3.5% of them have three children and 0.5% of them having four children. Similarly, a majority of the private hospital nurses (81.5%) had one child, followed by 15.5% of them have two children, 2.5% of them having three children and 0.5% of them having four children.

10) The researcher deemed it fit to know the number of dependents that a working woman has, to gauge the features of work life balance of nurses. A majority of the government hospital nurses (73.5%) had one dependent followed by 19.5% of them having two dependents, 5% of them having three dependents, 1% of them having four dependents and 1% of them having more than five dependents. Among the private hospital nurses, 57.5% of them had one dependent, 30% of them had two dependents, 7.5% of them had three dependents, 4.5% of them had four dependents, and 0.5% of them had more than five dependents. Since the $p=.007$ is less than $\alpha=0.05$; it indicates there is significant differences in the number of dependents of the nurses working in both government and private hospitals.

11) The numbers of earning members in a family also hold significance in balancing the work and life of individuals. For the present study, the researcher enquired about the same to the participating nurses. Among the government hospitals nurses, 40.5% of them had one earning member, followed by 39% of them having two earning members, 12.5% of them having three earning members, 5% of them having four earning members and 3% of them having more than five earning members. As far as the private hospital's nurses were concerned, 40% of them had two earning members, followed by 32.5% of them having one earning member, 16.5% of them having three members, 9.5% of them having four earning members and 1.5% of them having more than five earning members. Since the $p=.000$ is less than $\alpha=0.05$, it indicates there is significant differences in the number of earning members of the nurses working in both government and private hospitals.

12) Regarding the household income of the government hospital nurses, 38.5% of them reported that it was less than Rs. 20,000; 23.5% of them indicated that it was between Rs. 21,000 and Rs. 40,000; 17% of them reported that it was between Rs. 41,000 and Rs. 60,000; 13% of them indicated that it was between Rs. 61,000 and Rs. 80,000; and 8% of them reported that it was more than Rs. 80,000. Regarding the family income of the private hospital nurses, 46.5% of them stated that it was less than Rs. 20,000; 23.5% of them reported that it was between Rs. 21,000 and Rs. 40,000; 18.5% of them indicated that it was between Rs. 41,000 and Rs. 60,000; 7.5% of them reported that it was between Rs. 61,000 and Rs. 80,000; and 4% of them stated that it was more than Rs. 80,000. Since the p-value is more than $\alpha=0.05$, it indicates there are significant differences in the monthly family incomes of the nurses working in both government and private hospitals.

Work variables of the Nurses:

1) Nurses working in government hospitals gave varied responses such as less than five km (40%), 6 to 8 km. (19.5%), 9 to 10 km (12%), 11 to 12 km.(11%), and more than 12 km (17.5%). On the other front, several replies such as less than 5 km (51.5%), 6 to 8 km. (24%). 9 to 10 km.(9.5%), 11 to 12 km. (7%), and more than 12 km (8%) were received from nurses working in private hospitals. Since the $p=0.010$ is less than $\alpha=0.05$, it indicates there are significant differences in the distance covered to the workplace of the nurses working in both government and private hospitals.

2) Among the government hospital nurses, 48% of them took less than 1 hour, 24.5% of them took between 1 and 2 hours, 13% of them took between 2 and 3 hours, 9% of them took between 3 and 4 hours, and 5.5 % of them took more than 4 hours. Among the private hospital nurses, 66% of them took less than 1 hour, 16.5% of them took between 1 and 2 hours, 8% of them took between 2 and 3 hours, 6.5% of them took between 3 and 4 hours, and 3% of them took more than 4 hours. Since the $p=0.010$ is less than $\alpha=0.05$; it indicates there are significant differences in the time required for travel by the nurses working in both government and private hospitals.

3) It was among the government hospital nurses, 52.5% of them traveled by bus, 14% of them traveled by auto, 8.5% of them traveled by two wheelers, none of them traveled by four wheeler, and 25% of them traveled by other modes of transport. Among the private hospital nurses, it was found that 51% of them traveled by bus, 9.5% of them traveled by auto, 19.5% of them traveled by two wheeler, 0.5% of them traveled by four wheeler, and 19.5% of them traveled by other modes of transport. Since the $p=0.012$ is less than $\alpha=0.05$, it indicates there are no significant differences in the mode of transport of the nurses working in both government and private hospitals.

4) Nurses working in government hospitals stated varying amount of the journey costs, such as Rs. 10 to Rs. 30 (54%), Rs. 31 to Rs. 60 (39%), Rs. 61 to Rs. 90 (12%), Rs. 91 to Rs. 120 (4%), and Rs. 120 (10.5%). Similarly, nurses of private hospitals too stated different amount as their travel expenditure, such as Rs. 10 to Rs. 30 (50.5%), Rs. 31 to Rs. 60 (28%), Rs. 61 to Rs. 90 (13%), Rs. 91 to Rs. 120 (2.5%), and Rs. 120 (3.5%). Since the $p=0.016$ is less than $\alpha=0.05$, it indicates there are no significant differences in the traveling expenses of the nurses working in both government and private hospitals.

5) The government hospital nurses were found to be chiefly working in the morning shifts (37%) and also at night shifts (32.5%). Some of them (13%) were working in the general shifts, and some (17.5%) were working in other shifts. The private hospital nurses were found to be chiefly working in the morning shifts (41.5%) and the night shifts (26%). Some of them (14.5%) were working in the general shifts, and some (18%) were working in other shifts. Since the $p=0.001$ is less than $\alpha=0.05$, it indicates there are no significant differences in the shifts of the nurses working in both government and private hospitals.

Influence of the demographic and work variables on Work-life balance:

To find the out the impact of the demographic and work variables on Work life balance of government and private hospital nurses, hypothesis 1 a and 1b was created. The results of the which are shown below:

Hypothesis 1a:

Demographic variables like Age, Current Marital Status, Education Qualification, Work experience, Total family Members, Numbers of Dependent Members, Number of earning members in the family, Monthly Income. And work variables like the distance between workplace and residence, Total duration spent in travel, Mode of Transport, Amount dedicated to travel, Shifts they work does not impact on the work-life balance of government hospitals.

Hypothesis 1b:

Demographic variables like Age, Current Marital Status, Education Qualification, Work experience, Total family Members, Numbers of Dependent Members, Number of earning members in the family, Monthly Income. And work variables like the distance between workplace and residence, Total duration spent in travel, Mode of Transport, Amount dedicated to travel, Shifts they work does not impact on the work-life balance of private hospitals.

Table 1: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df 1	df2	Sig. F Change
Government	.421 ^a	.177	.120	.36365	.177	3.080	13	186	.000
Private	.596 ^a	.355	.309	.52640	.355	7.700	13	182	.000

Table 1.2: Model Summary

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
Government	(Constant)	1.513	.149		10.138	.000
	Age	.007	.038	.021	.181	.856
	Marital status	.095	.053	.153	1.793	.075
	Education	.067	.032	.150	2.119	.035
	Experience	-.062	.025	-.237	-2.458	.015
	Family members	-.059	.026	-.171	-2.261	.025
	Dependents	.047	.038	.086	1.215	.226
	Earning members	-.017	.027	-.044	-.636	.525
	Income	-.019	.039	-.052	-.476	.634
	Distance to workplace	.020	.032	.080	.633	.528
	Travel time	.042	.035	.131	1.191	.235
	Transport	-.008	.019	-.036	-.446	.656
	Travel expenditure	-.054	.021	-.218	-2.628	.009
Shift	-.001	.025	-.002	-.026	.980	

Table 1.3: Model Summary

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
Private	(Constant)	.665	.207		3.216	.002
	Age	-.087	.065	-.140	-1.347	.180
	Marital status	.191	.085	.181	2.256	.025
	Education	.104	.038	.191	2.721	.007
	Experience	-.061	.036	-.139	-1.705	.090
	Family members	.073	.042	.155	1.739	.084
	Dependents	.080	.049	.108	1.625	.106
	Earning members	.143	.047	.225	3.016	.003
	Income	.023	.068	.033	.336	.738
	Distance to workplace	-.033	.053	-.064	-.620	.536
	Travel time	.076	.058	.127	1.306	.193
	Transport	.017	.028	.041	.602	.548
	Travel expenditure	.057	.037	.099	1.526	.129
Shift	.069	.030	.151	2.320	.021	

This study expected to observe if there was any effect of demographic factors on work-life balance. Multiple regression analysis was used to find the same. This study expected to observe if there was any effect of demographic factors on work-life balance. Multiple regression analysis was used to find the result, considering Work life balance as the dependent variable and demographic data as the independent variable.

The result indicated that there is a significant difference ($p=0.000$) between work life balance and the demographic information about both Government and Private sector employees. The r^2 value reported that there is 17% of the variance between work life balance and demographic data in case of the Government sector. And in case of Private sector 35% variance was observed.

Work experience was found to have an adverse impact on Work-life balance in the event of both Government (Beta Coefficient = $-.062$, $p = 0.015$) and Private Employees (Beta Coefficient = $-.061$, $p=0.90$). However, there was no significant difference seen in the Private sector.

Nevertheless, among Government employees, other than experience factors such as some family members, the number of earning members in the family, monthly income, mode of transportation and travel expenditure was also found to have an adverse impact on the work life balance. Travel cost alone was found to be significantly influencing the challenges faced by the employee ($p = 0.009$). Therefore the results show that lesser the earning member of the family more the financial challenges faced by the employee a similar trend was seen on monthly income and travel expenditure.

On the other hand, other than experience factors such as age and distance to workplace were found to have an adverse impact on work-life balance on the Private employees but were not found significantly different ($p = .180$, $p = .536$). Some earning members of the family were found to have a significant impact on the work life balance of the private employees ($p=0.003$).

GOVERNMENT HOSPITALS:

$SWLB = 1.513 + 0.007 \times \text{Age} + 0.095 \times \text{Marital status} + 0.067 \times \text{Education} - 0.062 \times \text{Experience} - 0.059 \times \text{Family Members} + 0.047 \times \text{Dependents} - 0.017 \times \text{Earning Members} - 0.019 \times \text{Family Income} + 0.020 \times \text{Distance to workplace} + 0.042 \times \text{Travel time} - 0.008 \times \text{Transport} - 0.054 \times \text{Travel expenditure} - 0.001 \times \text{Shift}$.

PRIVATE HOSPITALS:

$SWLB = 1.513 + 0.007 \times \text{Age} + 0.095 \times \text{Marital status} + 0.067 \times \text{Education} - 0.062 \times \text{Experience} - 0.059 \times \text{Family Members} + 0.047 \times \text{Dependents} - 0.017 \times \text{Earning Members} - 0.019 \times \text{Family Income} + 0.020 \times \text{Distance to workplace} + 0.042 \times \text{Travel time} - 0.008 \times \text{Transport} - 0.054 \times \text{Travel expenditure} - 0.001 \times \text{Shift}$.

CONCLUSION:

From the analysis done it can be interpreted that work experience has the negative impact on the work life balance of the government nurses, the reason for the same could be that when the nurses get more experienced, they tend to adjust to the environment in which they work and live. For the private hospital nurses, age and distance had the negative impact on the work life balance which could be as the nurses' age they tend to become more mature and accept the things the way they are. Whenever someone tends to adjust to the workplace distance does not matter. Some family members were found to have the significant impact on the work life balance of the nurses. The less the family member, the better would be the financial and economic obligations of the nurses which in turn brings harmony in the life. The null hypothesis was rejected which means demographic variables like Age, Current Marital Status, Education Qualification, Work experience, Total family Members, Numbers of Dependent Members, Number of earning members in the family, Monthly Income. And work variables like the distance between workplace and residence, Total duration spent in travel, Mode of Transport, Amount dedicated to travel, Shifts they work has the impact on the work-life balance of government and private hospitals nurses.

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