

Work-Life Balance among Nurses Working in Tertiary Level Hospital

Anita Kandel,¹ Bima Thapa Chhetri¹

¹Department of Pediatrics, Tribhuvan University Teaching Hospital, Maharajgunj, Nepal.

²Department of Nursing, Yeti Health Science Academy, Kantipath, Maharajgunj, Nepal.

ARTICLE HISTORY

Received : 01 July 2021

Accepted: 21 July 2021

ACCESS THE ARTICLE ONLINE



DOI: <https://doi.org/10.37080/nmj.156>

ISSN : 2645-8438

KEYWORDS

Family life; nurses; tertiary level hospital; work life balance.

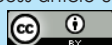
CORRESPONDENCE:

Bima Thapa Chhetri

Department of Nursing, Yeti Health Science Academy, Kantipath, Maharajgunj, Nepal.
Email: bimathapa@gmail.com

CONFLICT OF INTEREST : None

Copyright: © The Author(s) 2021.
This is an open access article under the CC BY license.



ABSTRACT

Introduction: Work-Life Balance (WLB) is defined as a degree to which a person is engaged in and satisfied with their work, family and social life. The objective of this study was to assess the level of WLB among nurses working in tertiary level hospital and to measure the association between independent variables and level of WLB.

Methods: A descriptive cross-sectional study was conducted among 95 nurses working in different wards of tertiary level hospital by using non-probability purposive sample method during the month of March 2020 for two weeks. Self-developed, semi structured pretested questionnaire was used for data collection.

Results: The respondents who had achieved a moderate level of WLB balance was 86.3%, whereas 3.2 % have managed to maintain balance and the remaining 10.5% have reported an imbalanced state of WLB. There was a significant relationship between the type of family ($p=0.03$), work experience ($p=0.04$) and the number of earning members in the family ($p=0.047$) with the level of WLB respectively.

Conclusions: The study concludes that nurses are able to maintain a moderately balanced state of work-life.

INTRODUCTION

Work and family are most important domains in lives.¹ Balancing work and family demands is a struggle that almost all employees deal with on a daily basis, consequently incurring high levels of job-related stress.² Work Life Balance (WLB) is an idea that includes the prioritizing between the lifestyle and work along with balancing career and lifestyle together, which is often considered difficult to maintain. Work life balance is related to the job satisfaction, which can uplift the performances of an employee.³ Nurses play a major role in health care system and also they are taking care of their family and patients. However, it is observed that they are suffering from the poor quality of work and life balance. WLB is termed as an essential factor.³⁻⁵

How to cite (Vancouver Style)

Kandel A, Thapa Chhetri B. Work-life balance among nurses working in Tertiary Level Hospital. Nepal Med Jor [Internet]. [cited 2021 Oct.01];4(1). Available from: <https://www.nmj.com.np/nmj/index.php/nmj/article/view/156>

The issue of work-life balance is not just a trend in major countries of Europe as well as in the United States. In Nepal, females have dominated the nursing profession. Working women has to perform work and family task simultaneously, due to which they have to face conflict in their dual roles.⁶⁻⁸ Family can interfere with work and conversely work can interfere with private life.⁹ Hence, nurses are struggling to achieve work life balance.⁶

In this study, WLB has been defined as state of balance between personal and professional activities (work, social and family life) by a nurse working in a tertiary level hospital in a way that personal and professional life doesn't interfere with each other. The objective was to find out the level of WLB among nurses and to determine the relationship between the socio-demographic characteristics with level of WLB.

METHODS

A descriptive cross-sectional research design was used for the study. The study was conducted in nurses working in Institute of Medicine, Tribhuvan University Teaching Hospital (IOM-TUTH), Maharjung, Kathmandu by using non-probability purposive sampling in the month of March 2020 for two weeks. The sample size was calculated by taking prevalence of 50% and 10% marginal error. Work life balance among nurses was taken as dependent variable and demographic profile, family variable and work life variables were taken as an independent variable. The inclusion criteria were married nurses with at least one-year job experience working in various wards of IOM-TUTH whereas exclusion criteria were nurses who were not willing to participate and not available during data collection.

A self-developed semi-structured questionnaire was used. The questionnaire consisted of two parts. The first part comprised questions regarding demographic information and second part contained 22 statements of work life component which is work interfering family life, family interfering work life and work interfering social life. Five point Likert scale was used for measuring second part statement with options ranging from five for strongly disagree, four for

agree, three for neutral, two for disagree and one for strongly disagree. Tool validation was done by consulting with experts. Pretesting of the tool was done to 10% of the total research participant, which was not included in the main study. After pretest, questions were modified as necessary.

The collected data were stored and analyzed with Statistical Package for Social Sciences (SPSS) version 16, IBM, USA. Descriptive statistic was used to describe the demographic characteristics of participants. Inferential statistics, Fisher's exact test was used to find out the association between the demographic variables and level of WLB. The probability (p-value) of <0.05 was considered statistically significant at 95% confidence interval. Ethical clearance was taken from Institutional Review Committee (IRC) of Institute of Medicine (IOM). Respondent participation in the study was voluntarily and informed written consent was obtained. Anonymity and confidentiality of the participants were maintained throughout the study.

RESULTS

A total of 95 nurses were enrolled in the study. The finding revealed that majority (87, 91.6%) of the respondents were between the age group of 20-40 years. More than half (57, 59.95%) of the respondents belong to Brahmin/Chhetri ethnicity. Similarly, the maximum educational level attained by the respondents was bachelor's level with value 77 (81.1%). In the family variables, more than half (50, 52.6%) of the spouse were involved in private services. Among the respondents, 62 (55.3%) lived in a joint family, with 53 (55.8%) having five to ten family members. Likewise, the maximum (75, 78.9 %) number of children of the respondents is one. On the one hand the highest (86, 90.5%) number of earning members in the family of the respondents were one to five members. Similarly, the uppermost (57, 60%) number of family had total family income per month between NPR one to two lakhs.

In the work-related variables, more than half (57, 60 %,) of respondents were from general ward. Likewise, the respondents were from different

post with maximum respondents holding job title of staff nurse with 90 (94.7%). The highest respondents were temporary jobholders, which is 53 (55.8%). In job experience category, 69 (72.96%) of the respondent had one to ten years of experience. About, 53 (55.8%) of respondent had salary ranging from NPR 50000-70000 per month. The classification of level of WLB (Table 1) among nurses was calculated as balanced state, moderately balance state and imbalance state, by adding up total numbers of responses statement in the second part of the tool and by forming three equal division. Highest, (82, 86.3%) of the respondents had achieved moderate balance between work and life.

TABLE 1. Level of WLB among the Respondents (n=95)

Variables	Frequency	Percentage
Balanced (22-51)	3	3.2
Moderately balanced (52-81)	82	86.3
Imbalanced (82-110)	10	10.5

Among the socio demographic variables, moderate level of WLB was found in the age group 20-40 years, Brahmin/Chhetri, ethnicity and in bachelor level education. None of the socio demographic variables were associated with level of WLB (Table 2).

TABLE 2. Association between level of WLB and sociodemographic variables (n=95)

Variables	Level of Balance			p value*
	Balance	Moderate Balance	Imbalance	
Age				
20-40	3	74	9	0.509
40-60	1	7	1	
Ethnicity				
Endogenous	2	32	5	0.582
Brahmin/Chhetri	1	50	5	
Educational Level				
PCL	2	6	2	
Bachelor	1	76	8	0.322

* Fishers exact test

Regarding the characteristics of family, spouse occupation as private service, joint family, and number of earning member one to five and children number less than one had moderate level of WLB. Type of family ($p=0.03$) and number of earning members in family ($p=0.04$) was found to be significantly associated with level of WLB (Table 3).

TABLE 3. Association between Level of WLB and Family Variables (n=95).

Variables	Level of Balance			p value*
	Balance	Moderate Balance	Imbalance	
Occupation of Spouse				
Private service	1	18	2	
Government service	2	6	8	0.29
Type of Family				
Joint	1	52	9	0.03
Nuclear	2	30	1	
Number of family members				

1-5	1	36	5	0.384
5-10	3	45	5	
Numbers of earning members in family				
1-5	3	75	8	0.04
5-10	1	6	9	
No of Children				
1	3	66	6	0.299
2 or more	2	14	4	

* Fishers exact test

In work variables, job title as staff nurses, temporary jobholders, staffs working in general ward, job experience of one to 20 years and salary between NPR 50000-70000 had moderate level of WLB. Job experience ($p=0.047$) had significant association with level of WLB (Table 4).

TABLE 4. Association between Level of WLB and Work Variables (n=95)

Variables	Level of Balance			p value*
	Balance	Moderate Balance	Imbalance	
Job Title				0.529
Staff Nurse	3	76	9	
Nursing In- charge/super-visor	2	4	1	
Type of Job				0.384
Temporary		45	5	
Permanent	2	35	5	
Ward Working				0.409
ER and Labor room	2	5	2	
General	1	52	4	
ICU and OT	5	16	8	
Job Experience(yrs.)				0.047
1-20	3	76	9	
20-40	2	4	1	
Salary (NPR)				0.894
30000-50000	1	36	5	
50000-70000	2	46	5	

*Fishers exact test

DISCUSSION

Nurses' work life balance is an important factor because they are taking care of their family and also patients.¹ Creating a balance between family and work life could result in greater satisfaction at home and at work, which results in greater employee performance and reduced

turnover.⁸ In this study, majority of the respondents (87, 91.6%) belonged to age group 20-40 years, which is similar to the other studies.^{3, 7} Majority of the respondents were also found to have completed their bachelor's level education which is again supported by the findings of the study from India,⁶ but contradictory to the

study from Malaysia.³ More than half (62,55.5%) of the nurses lived in joint family and the result is different from the study in India where the majority belonged to nuclear family.⁶

In the work related variable, majority of the nurses worked in general ward in the post of staff nurse which is similar in Japan.¹⁰ Job experience of one to ten years is reported from India.⁶ Our study revealed that 53 (55.8%) of the nurse had temporary job, however nurses were privileged to have secured a permanent placement in Korea and Japan.^{10, 11}

Women, being an integral part of the household had to perform regular chores in our context. The majority of the respondents agreed that they are too tired to perform their regular household activities after work as work itself acting as an interfering factor for work life. Similar experience is shared by the nurses from our neighboring country of India.^{12,13} Pre-occupation with the work related issues have escalated the family tension.¹² Frequent changes in duty shift, duties in weekend have also affected the family life as in the other study.⁶ Majority agreed with the long working hour, missing important family event and increase work load as an interfering factor in work life which is also prevalent among the nurses from India.¹⁴ Work has also made nurses difficult to fulfill family responsibilities and has caused frequent change in their previous plans.¹³ Flexibility of duty schedule to perform house hold activities would be helpful in balancing work and family life, is agreed upon by various similar studies.^{6,11, 12} In social life interfering with work life, majority agreed that supervisors and coworkers support have helped to maintain work balance. This finding is similar to the study in India.¹² Literature have shown supervisor support could be a motivating factor for improving staff efficacy.^{12,15} Support from the supervisors was considered as critical element to achieve positive work family enrichment.¹⁵ Due to work, nurses are unable to attend social functions¹⁶ and have been left isolated from the social circle due to duty pattern which is also reported in other studies.^{12,14}

Present study shows that the majority of the nurses had maintained moderate level of work life balance which is similar to the studies done

in India.^{17, 18} Work friendly policies such as paid parental leave, flexible work arrangements and good quality childcare, has been shown to create a positive impact on fundamental aspects of gender equality that support work-life balance.¹⁹ Healthcare sector should initiate the necessary steps to keep the sound balance between work and family life of the nurses.¹⁵ WLB is not only important for job satisfaction but also for organization commitment and retention at workplace which may positively impact upon the job performance.^{5,18} The study shows no association between WLB with socio-demographic variable such as age, ethnicity and educational level where as a study from Malaysia had shown educational level playing significant roles in determining association with the WLB. Educational level has also affected nurses physically, psychologically and socially.³

In the family variable, WLB was significantly associated with the type of family ($p=0.03$) and number of earning members in the family ($p=0.04$). This might be due to the supportive environment of family for household work and child rearing. Studies have revealed that other members of the joint family could provide assistance in regular domestic chores like preparation of meal and taking care of the children.¹⁶ Occupation of the spouse, number of family members and number of children have shown no any association with WLB. Study has shown that women employees need to make more adjustments as compared to male counterpart.²⁰

With regard to work related variables, similar experience is not universally reported. Our study showed significant association of WLB with job experience ($p=0.047$) whereas it was found to be not significant in another study. Experience could help the nurses to increase conflicts managing skills. In this study, type of ward where nurses were working was not significantly associated with WLB which is supported by the study done in Malaysia.³ Studies have shown, flexible working hours helped employee to attain WLB.^{21,22} Providing adequate breaks between shifts and limiting weekend work, delivering safety in job setting will benefit the nursing staff.²³ The organizational strategy like

flexible working hours, child care and elderly care scheme, home working, job sharing can help employee to attend WLB.²⁴

Study reported that, going for an annual leave, days off from work, switching shift duty with colleagues, and support from spouse and other family members are coping strategies adopted by nurses to maintain WLB.²⁵ WLB has suggestive influence in organizational commitment of nursing personal but is not associated to reduce turnover intention. Factors such as income levels, job satisfaction, career development, which could be improved through hospital management programs, shall influence WLB on turnover Intention.²⁶

Our study is subjected to some limitations, including a single center based study being the primary and others being limited sample size and study conducted for academic purpose. This is a questionnaire-based study; hence information bias and response bias could not be excluded. We believe that the study will be helpful to develop work and family friendly policies to keep the sound balance between work and family life of the nurses.

CONCLUSIONS

This study reveals that family support; supervisor support and cooperation with coworkers had a positive relationship with WLB. Nurses are found to be able to maintain a moderately balanced state of work life. There was a significant relationship between type of family, work experience and number of earning members in family with WLB.

ACKNOWLEDGMENT

All the respondents of this study.

REFERENCES

1. Sakthivel D, Jayakrishnan J. Worklife balance and organizational commitment for nurses. *Asian J Business and Management Studies*. 2(5): 01-06.
2. Karkoulia S, Srour J, Sihan T. A gender perspective on work-life balance, perceived stress, and locus of control. *Journal of Business Research*, 69 (11) (2016), pp. 4918-4923. [DOI]
3. Nurul SM, Makabe S, Jamaludin FIC, Yusof HFM, Aung KT, Kowitlawakul Y. Work-life balance among teaching hospital nurses in Malaysia. *Global J of Health Sciences*. 2017 July; 9 (8): 81-88. [DOI]
4. Lakshmi KS, Ramachandran T, Boohene D. Analysis of work life balance of female nurses in hospital-comparative study between government and private hospital in Chennai, TN, India. *International J of Trade Economic and Finance*. 2012 June; 3(3): 213-18. [DOI]
5. Suguna G, Franco CE. A study on work life balance of nursing staff nurse working in private hospitals in Palayamkottai. *International J of Research*. 2017 August; 5(8): 106-09. [DOI]
6. Jensirani M, Muthumani A. A study on work life balance of nurses in Kovilpatti town. *International J of Science Technology and Manamgement*. 2017 February; 6(2): 114-21.
7. Sheikh MA, Ashiq A, Mehar MR, Hasan A, Khalid M. Impact of work and home demands on Work Life Balance: Mediating Role of Work Family Conflict. *Pyrex J of Business and Finance Management Research*. 2018 September; 4(5): 48-57.
8. Aamir A, Hamid ABA, Haider M, Akhtar CS. Work life balance, job satisfaction and nurses retention: moderating role of work volition. *International J of Business Excellence*. 2016 September; 10(4): 488- 501. [DOI]
9. Abendroth AK, Dulk LD. Support for the work-life balance in Europe: the impact of state, workplace and family support on work-life balance satisfaction. *Work Employment and Society*. 2011 June; 25(2): 234-56. [DOI]
10. Makabe S, Takagai J, ASANUMY A, OHTOMO K, KIMURAY. Impact of work-life imbalance on job satisfaction and quality of life among hospital nurses in Japan. *Ind Health*. 2015; 53(2): 152-59. [DOI]
11. Sook JM, Hyun-Li K, Yonjeong L. Factors influencing work life balance in Korean

- Registered Nurses. Korean J of Occupational Health Nursing. 2017 May; 26(2): 114-123. [DOI]
12. Patnaik BC, Satpathy I, Jena S. A comparative study on work life balance of nursing staff working in private and government hospitals. International J of Innovative Research in Science, Engineering and Technology. 2014 January; 3(1): 8254-61
13. Marie G.V, Maiya U. Worklife balance of female nurses in Mysuru district. J of Interdisciplinary Cycle Research. 2020 January; 12(1): 365-80.
14. Ross D S, Vasanth S. A conceptual study on impact of stress on worklife balance. Sai Om J of Commerce and Management 2014 February; 1(2): 61-65.
15. Prabhashani R. M.B, Rathnayaka R.M. Determinants of Work Life Balance among Nurses: Empirical Evidence from Monaragala District General Hospital, Sri Lanka. 6th International Conference on Management and Economic. 2017 November; 283-289.
16. Nepali T. N.P. Balancing worklife and family life: problems and remedies. Pravaha Journal. 2018; 217 – 32. [DOI]
17. Fasla N.P, Dhanalaxmi C. A study on work life balance of private hospital female nurses with special reference to Pattambi Municipality, Palakkad district, Kerala. International J for Innovative Research in Multidiscipline Field. 2018 December; 4 (12): 138-40.
18. Azeem S M, Akhtar N. The influence of work life balance and job satisfaction on organizational commitment of the healthcare employees. International Journal of Human Resources Studies. 2014; 4(2): 18-24 [DOI]
19. Skinner N, Chapman J. Work-life balance and family friendly policies. Evidence Base. Evidence Base. 2013; 4(1): 1-17. [DOI]
20. Satpathy I, Patnaik C M, Agrawal M. Worklife balance @ working couple- a review of literature. Asian J of Research in Social Sciences and Humanities. 2014 March; 4(3): 190-96
21. Shagvaliyeva S, Yazdanifard R. Impact of flexible working hours on work-life balance. American J of Industrial and Business Management. 2014 January; 4(1): 20-23. [DOI]
22. Tanaka S, Maruyama Y, Ooshima S, Ito H. Working condition of nurses in Japan: awareness of work-life balance among nursing personnel at a university hospital. J Clin Nurs. 2011 Jan; 20(1-2): 12-22. [PubMed] [DOI]
23. Shree M R. Worklife balance and marital satisfaction of critical care nurses in private hospitals at Coimbatore. International J of Management and Social Sciences Research. 2012 November; 1(2): 18-23.
24. Delecta P. Worklife balance. International J of Current Research. 2011 April; 3(4): 186-89.
25. Asawalam A. V, Asuquo E.O, Alabera I.D and Ogbuehi I.H. Worklife balance of female nurse in private hospitals in Port Harcourt metropolis, south-south Nigeria. Asian J of Research in Nursing and Health. 2019 (July); 2(1): 1-13.
26. Wardana M. C, Anindita R, Indrawati R. Work Life Balance, Turnover Intention, And Organizational Commitment in Nursing Employees at X Hospital, Tangerang, Indonesia. J of Multidisciplinary Academic. 2020; 4(4): 221-28.