



Research Article

A Study of Psychological Well-being and Work-life Balance of Female Nurses

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Abstract

Introduction: Women in nursing profession have multiple personal and professional responsibilities and challenges like giving priority to family along with financial security. **Aim:** This study aims to study psychological well-being (PWB) and work-life balance (WLB) of female nurses. **Methodology:** Sample consists of 163 women nurses (incidental sampling) within Pune district. **Tools:** WLB Research (Dr. S. Singh) with four dimensions - work spillover in personal life, personal life spillover in work (PLSW), work/life behavioral enhancers, and work/life behavioral constrainers and Carol Ryff's scale of PWB adapted by JPIP with six areas – Autonomy, environmental mastery (EM), personal growth, positive relations (PR), purpose in life (PIL), and self-acceptance. **Results:** It is observed that personal issues and stresses are spilling over their work life. Significant positive correlation was observed between WLB and PWB. Especially, personal relation with others, PIL, and EM has a significant PR with total WLB. Furthermore, work-life behavior enhancers show a decisive, PR with PWB. **Conclusions:** Nurses seem to experience personal issues influencing work (PLSW) to the highest as compared to other aspects of WL balance; however, no significant difference was seen in any of the parameter across age group on W-L balance or PWB.

Key words: Female nurses, psychological well-being, work-life balance

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Introduction

Nature of nurses/paramedical professional

Nursing profession is one of the main pillars in medical profession in long run playing a major role in health-care industry. Nursing is a female-dominated profession. It is a profession which focuses on protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses, and advocacy which caring for individuals, families, communities, and populations, assuming responsibility for the continuous care of the sick, the injured, the disable, and the dying.

They play a critical role in health promotion, prevention, therapeutics, and rehabilitation. There are 0.9 million general nursing midwives and 0.5 auxiliary nursing midwives in the different state (2007). It is estimated that only about 40% of nearly 1.4 million registered nurses are currently active in the country due to low recruitment, migration, attrition, and drop outs due to poor working condition.^[1]

In India, >90% of the nurses are women and has >16 lakh nurses, according to a survey in December 2008, 32%, majority of the Indian nurses come from Kerala.^[2]

History of nurses

Nursing as a professional service started in India only after invasion by the British. The first nursing training school was sanctioned by the British government during 1854 in Madras in the lying-in hospitals. Trained Nurses of India was formed in the year 1908 and the Indian Nursing Council was established in the year 1947, which thereafter upgraded the basic educational qualification requirement for candidates desiring to undergo nursing education.^[3]

Women and employment

Work-life balance (WLB) has become an emerging issue for nurses. WLB helps in describing a balance between

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person's personal and working life. Managing this balance is the biggest challenge for working women. Due to intense competition in the world business, the presence of working women has become increasingly visible. Moreover, the increased economic conditions have necessitated both husband and wife to do job for having a normal life. Although woman has achieved tremendous success in her career, still her responsibility toward home has not been compromised. She has to deal with the demands of her kids, husband, and in-laws, whereas in office, she has to bear the brunt of office demands.

Career women in government and private health-care sector are challenged by work and family commitment at the end of each day. Majority of women are working throughout week and 53% are struggling to achieve WLB. It is further argued that culture at senior management level is mostly suited to men as there is a tendency to ignore women's responsibility toward their family.^[4]

Work-life enhancement

This concept revolves around three main categories – work and family, life satisfaction, and job satisfaction. All these three aspects need to be considered which is of importance in achieving the personal and professional objectives effectively and efficiently.^[5] Studies have proven that factors such as improper WLB, work pressure, improper working environment, growth pressure, and salary and job security have greater impact on job satisfaction. The job satisfaction of a nurse is absolutely important for the smooth functioning and successful upcoming of the health-care industry.^[6]

Abraham^[7] observed that working women had to perform variety of roles acting as supermoms and striking a balance between their modernity and tradition. Flexible work arrangements helped the working women to comply with their household requirements without compromising their career Helen and Stewart.^[8] Eaton^[9] Found that work/family policies were considered as the most important variable by the employees in those organizations where supervisors gave more flexibility rather than the formal policies such as annual leave and sick leave provided by the employer.

When women go for employment either in government or private organizations, they add a dimension to their challenge. When they are married, they have to take care of dependents children and adults (in-laws). When they go for employment, they have to also balance their role between institution and the family. Often, the work environment working hours, career opportunities, stress in job and family, reward factors at the workplace, etc., affect their efforts to balance their work life. Employed married women, therefore, undertake multiple roles and WLB becomes a challenge.^[10]

Operational definitions

WLB is proper prioritizing between “Professional” (career and ambition) and “Personal” (health, pleasure, leisure,

family, and spiritual development/meditation) (Wikipedia). A simplistic definition of balance may be “sufficient time to meet commitments at both home and work.”

Psychological well-being (PWB) is contentment, satisfaction with all elements of life, self-actualization. It is a multifold concept which refers to important aspects of the quality of human life.

Well-being includes subjective, social, and psychological dimensions as well as health-related behaviors. The Ryff's scales of PWB are a theoretically grounded instrument that specifically focuses on measuring multiple facets of PWB.

It is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. It is a multifaceted concept. The Ryff scales of PWB is a theoretically robust instrument which covers measuring multiple facets of PWB. These facets include the following: Self-acceptance (SA), the establishment of quality ties to other, a sense of autonomy (AU) in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of purpose in life (PIL), and continued growth and development as a person.

Thus, the present study focuses on PWB and WLB of female nurses emphasizing on different aspects of the same.

Methodology

Objectives

The following objectives of this study were as follows:

1. To study WLB of nurses.
2. To do age-wise comparison for the nurses on WLB.
3. To study PWB of nurses.
4. To do age-wise comparison for the nurses on PWB.
5. To study the relationship between different aspects of WLB and PWB.

Sample

The total sample consisted of 163 participants. Sampling method was incidental collected from nurses working in three types of hospitals in Pune.

1. Private nursing homes
2. Government hospitals
3. Private super specialty hospitals.

Tools

Carol Ryff's scale of PWB: That is how i feel^[11]

Three versions of PWB scale were constructed by Ryff, the longest version consists of 84 items (14 items for each factor). The midlength version was used for the present study which consists of 54 items, 9 items each on six dimensions of PWB, namely environmental mastery (EM), personal growth (PG), positive relations (PR) with others, PIL, SA, and AU. The scale used in the present study demonstrates high internal consistency reliability (Alpha

Table 1: Descriptive statistics with respect to WLB ($n=163$)

WLB Areas	Minimum score in %	Maximum score in %	Mean \pm SD	Skewness	
				Statistic	Standard error
WLB total	27.38	92.26	59.92 \pm 13.16	0.19	0.19
WSPL	14.29	95.6	52.44 \pm 18.3	0.19	0.19
PLSW	20	100	78.02 \pm 19.85	-0.77	0.19
WLBE	14.29	100	71.05 \pm 20.93	-0.53	0.19
WLBC	14.29	100	51.01 \pm 23.58	0.41	0.19

WLB: Work-life balance, PLSW: Personal life spillover in work, WSPL: Work spillover in personal life, WLBE: Work/life behavioral enhancers, WLBC: Work/life behavioral constraints, SD: Standard deviation

range = 0.70–0.84) and temporal reliability (test-retest coefficients range from 0.81 to 0.88).^[11]

WLB research instrument

It is developed by Dr. Smita Singh, Lucknow. This test is based on the data collected from a sample of 114 service sector professionals, which on analysis, resulted in a 24-item scale with Cronbach's alpha value 0.908 and the reliability of subscales ranging from 0.968 to 0.798. The validated instrument comprises four dimensions operationalized as work spillover in personal life (WSPL), personal life spillover in work (PLSW), work/life behavioral enhancers (WLBE), and work/life behavioral constraints (WLBC). The construct validity of the scale is provided by means of content, convergent, and discriminant validity.^[12]

Data collection

The tools were administered after taking permissions from the concerned authorities and by organizing specific sessions for a group of 30–40 persons and many times individually. Participants were explained in details about the purpose of the testing. They were also given standardized instructions about psychological testing. Various doubts were also clarified at the time of filling up the responses to avoid any confusion in understanding and thereby in responses. Strict adherence to the testing norms was maintained maximally.

Data management

Responses on each test were entered in a program made in excel. The responses were rechecked to avoid in mistakes in entering the data. Data were analyzed using SPSS version 20. The following statistical analyses were performed on the data.

- Descriptive statistics.
- One-way analysis of variance.
- Multiple correlation.
- Multivariate regression.

Results and Discussion

Mean of PLSW seems to be highest followed by WLBE and WSPL. WLBC is lowest among all. Standard deviation (SD) of WLBC seems highest in comparison with others and WLB total SD is low [Table 1].

Table 2: Comparison across three groups with respect to WLB

Age code	<i>n</i>	Mean±SD	Sig. (two-tailed)
WLB total			
1=(25–35)	57	101.68±21.51	0.9
2=(36–45)	61	99.84±22.49	
3=(46+)	46	100.61±22.55	
WSPL*			
1=(25–35)	57	49.05±16.83	0.72
2=(36–45)	61	46.61±16.89	
3=(46+)	46	47.24±16.34	
PLSW*			
1=(25–35)	57	26.68±6.58	0.68
2=(36–45)	61	27.59±7.09	
3=(46+)	46	27.8±7.25	
WLBE			
1=(25–35)	57	14.75±4.53	0.51
2=(36–45)	61	15.46±4.01	
3=(46+)	46	14.52±4.75	
WLBC			
1=(25–35)	57	11.19±4.7	0.5
2=(36–45)	61	10.18±4.86	
3=(46+)	46	11.04±5.56	

(*High scores on WSPL/PLSW to be interpreted as less actual work spillover), WLB: Work-life balance, PLSW: Personal life spillover in work, WSPL: Work spillover in personal life, WLBE: Work/life behavioral enhancers, WLBC: Work/life behavioral constraints, SD: Standard deviation

No significant difference was seen on any of the parameters across age group [Table 2].

PG seems to be highest followed by SA, PIL, EM, and PR with others (PR). AU is lowest among all [Table 3].

Age-wise difference, however, does not show much significant findings for the present group. Only for the area of PIL, the middle age group (36–45) seems to be better than other two, while for PR also, the same age group is marginally better. While comparing these age groups on WLB, no significant differences were observed on any of the four dimensions [Table 4].

Table 3: Descriptive statistics with respect to PWB ($n=163$)

PWB Areas	Minimum score in %	Maximum score in %	Mean±Standard deviation	Skewness	
				Statistic	Std. error
PWB total	57.08	95.75	78.36±8.81	-0.35	0.19
SA	40.63	100	81.08±11.86	-0.49	0.19
PR	33.33	100	76.6±12.96	-0.3	0.19
AU	50	94.44	73.53±9.99	-0.27	0.19
PIL	52.78	100	78.6±11.47	-0.15	0.19
EM	33.33	100	78.36±12.24	-0.73	0.19
PG	38.89	100	82.28±13.25	-0.84	0.19

PG: Personal growth, SA: Self-acceptance, PIL: Purpose in life, EM: Environmental mastery, PR: Positive relations, AU: Autonomy, PWB: Psychological well-being

Table 4: Comparison across three groups with respect to PWB

Age code	<i>n</i>	Mean±SD	Sig. (two-tailed)
PWB total			
1=(25–35)	56	162.73±18.45	0.25
2=(36–45)	61	168.02±16.45	
3=(46+)	46	167.72±21.41	
SA			
1=(25–35)	56	25.8±3.49	0.36
2=(36–45)	61	25.57±3.81	
3=(46+)	46	26.61±4.12	
PR			
1=(25–35)	56	26.61±4.72	0.09
2=(36–45)	61	28.49±4.13	
3=(46+)	46	27.54±5.1	
AU			
1=(25–35)	56	26.46±3.75	0.84
2=(36–45)	61	26.66±3.47	
3=(46+)	46	26.24±3.65	
PIL			
1=(25–35)	56	27.18±4.29	0.04
2=36–45)	61	28.82±3.63	
3=(46+)	46	28.96±4.35	
EM			
1=(25–35)	56	27.77±4.09	0.29
2=(36–45)	61	27.97±4.49	
3=(46+)	46	29.07±4.64	
PG			
1=(25–35)	56	28.91±5.41	0.17
2=(36–45)	61	30.51±3.63	
3=(46+)	46	29.3±5.17	

$P^{***}<0.0001$, $^{**}<0.001$, $^{*}<0.01$, PG: Personal growth, SA: Self-acceptance, PIL: Purpose in life, EM: Environmental mastery, PR: Positive relations, AU: Autonomy, PWB: Psychological well-being, SD: Standard deviation

Correlations between areas of WLB and PWB indicate a significant positive (but moderate) relationship between overall WLB and factors such as PR, PIL, PG, and EM as well as total score on PWB.

The multiple correlation matrixes [Table 5] reveal the relationship between different subdimensions of WLB and PWB factors. It indicates that - work spillover life indicates a low but significant correlation with PR ($r = 0.155$) and with EM* ($r = 0.191^{*}$). However, no relationship was observed between WSPL and other PWB factors including total PWB. This means that the lesser the work spillover in personal life the better would be a person's relationship with others and more environmental control will be perceived. As the items in WSPL are scored negatively, higher the score lesser is the WSPL. On the other side, PLSW seemed to have higher values of significant relationship with all aspects of PWB total.

Although WLBC indicated no significant relationship with PWB, WLBE did show a decisive, PR with PWB total at $r = 0.272^{**}$. These points out that though WLBC may not make much difference to the PWB of the sample, certain acts/purposeful efforts, attitudes which promote/enhance WLB have a definite positive impact/relationship with all the areas of the PWB [Table 5].

Stepwise regression for WLB (scheme wise) and PWB scale indicates that the predictor variable - PLSW seems to contribute to PWB at the first place indicating personal issues affecting their PWB. When personal issues do not interfere/disrupt the day-to-day work, they experience better PWB. Furthermore, WLBE seemed to influence PWB significantly. It indicates that when one focuses on "WLBEs" that strengthen the capacity to balance work and personal life issues; it automatically reduces many conflicts and leads to a better PWB states [Table 6].

Nursing profession is not easy to deal with. It takes a high physical and emotional toll from the persons engaged in this work. Thus, it was assumed that female nurses, who have to play a dual role (as professionals and homemakers in high demand sectors: Home and hospitals) might be facing a PWB issue due to WLB difficulties. The results of the present study indicate that the overall WLB is just above average for the present sample. This means that there is the number of factors which are keeping the nurses from enjoying a high WLB. When the subareas of WLB were explored, it was observed that they were not bothered much by the work demands in their personal life much, but

Table 5: Relationship between WLB and PWB ($n=163$)

Areas of WLB	PWB Areas					
	SA	PR	AU	PIL	EM	PG
WLB total						
<i>r</i>	0.12	0.293**	0.02	0.216**	0.316**	0.194*
Sig.	0.14	0.00	0.76	0.01	0.00	0.01
WSPL						
<i>r</i>	-0.03	0.155*	-0.04	0.03	0.191*	0.05
Sig.	0.67	0.05	0.58	0.7	0.02	0.53
PLSW						
<i>r</i>	0.272**	0.374**	0.155*	0.419**	0.358**	0.353**
Sig.	0.00	0.00	0.05	0.00	0.00	0.00
WLBE						
<i>r</i>	0.172*	0.297**	-0.04	0.277**	0.189*	0.250**
Sig.	0.03	0.00	0.64	0.00	0.02	0.00
WLBC						
<i>r</i>	0.10	0.00	0.07	0.03	0.10	-0.02
Sig.	0.22	0.99	0.38	0.72	0.21	0.80

$P^{***}<0.0001$, $^{**}<0.001$, $^{*}<0.01$, PG: Personal growth, SA: Self-acceptance, PIL: Purpose in life, EM: Environmental mastery, PR: Positive relations, AU: Autonomy, PWB: Psychological well-being, WLB: Work-life balance, PLSW: Personal life spillover in work, WSPL: Work spillover in personal life, WLBE: Work/life behavioral enhancers, WLBC: Work/life behavioral constraints

Table 6: Stepwise regression for WLB (scheme wise) and PWB scale

Model	Unstandardized coefficients		Standardized coefficients	<i>t</i>	Sig. (<i>P</i>)
	B	Std. error	Beta		
1					
(Constant)	133.37	5.34		24.96	0.000***
PLSW	1.2	0.19	0.45	6.32	0.000***
2					
(Constant)	122.6	6.36		19.29	0.000***
PLSW	1.11	0.19	0.41	5.93	0.000***
WLBE	0.88	0.3	0.21	2.97	0.003*

$P^{***}<0.0001$, $^{**}<0.001$, $^{*}<0.01$, PLSW: Personal life spillover in work, WLBE: Work/life behavioral enhancers

their personal issues and stresses were spilling over their work life. Their anxieties and worries overload of domestic responsibilities are considerably more.

The correlation and regression values also support this observation. Demographic information of the women working in nursing sector shows that they have average incomes and many times they are the single main earning members. Furthermore, many times women choose to select nursing profession out of certain family trauma such as marital desertion/marital disharmony/financial problems to support the household.^[13] Although they experience a feeling of PG as seen in the present study, and SA is satisfactory, they do have the feeling of inadequacy as far as the EM or AU is concerned. This may be because in spite of being proficient in their work and getting a good recognition by the patients for their relentless service, they do not have actual participation or 'say' in any of the decision making regarding their work life. They may feel helpless at times when they desire some change but do not have the authority to bring it in.

When the possible impact of various factors in WLB on the PWB was studied, it was observed that the WLBC did not make much impact on PWB. This means that the habits or actions which hinder the balance such as tantrums, anxious reactions, and time mismanagement were not meddling with their feeling of well-being, but in contrary, the WLBE seemed to make a significant positive contribution to the same. This is very important to note as it speaks for the "growth area" which may help to become more satisfied and psychologically healthy. If proper inputs are provided for strengthening the behaviors enhancing the WLB through group/individual guidance and counseling, the nurses can probably experience higher levels of PWB. It has been observed that workload, professional support, training received, and working conditions are the main factors that influence job satisfaction among nursing population, with professional support influencing job satisfaction most.^[14]

Age-wise comparison of the group under study did not show any significant difference on WLB. This indicates

that the gravity of WLB issues does not change due to mere age or seniority in service (as most nurses start their careers in early 20s and gets retired after 58). However, the change might be in the form of the nature of challenges. The only difference observed among the age groups was on the factors of PRs' and "PIL" for this sample. This is quite explainable, as with the age their sphere of significant others or acquaintances might be widening, and a social maturity is attained to balance the relationships which most women have to cater as one of their role demands.

Furthermore, growing age gives a person a sense of purpose (being in a service profession) which might be getting strengthened by the present sample also. This is also partially supported by the research on women, in general, where no significant difference was observed across age groups on PWB on any of the dimensions.^[15] This shows that as women grow in age, unless they take systematic and self-driven efforts to enhance their WLB, their PWB may not enhance. Nursing profession needs to take this in cognizance. If guided opportunities and training exposures along with efficient personal counseling are made available to the nurses, their personal life spillover work can be reduced helping them to be more at ease with oneself and ultimately contributing to the quality of their work at home and in profession both.

Conclusions

The nurses seem to experience personal issues influencing work (PLSW) to the highest as compared to other aspects of WL balance. No significant difference was seen in any of the parameter across age group on W-L balance. Among PWB, PG seems to be at the highest position as compared to other areas of PWB. Age-wise difference, however, does not show much significant findings for the present group on PWB. Significant positive (but moderate) relationship is seen between overall WLB and factors of PWB such as PR, PIL, PG, and EM as well as total score on PWB. WLBEs show a decisive, PR with PWB.

Implications and further suggestions

- The result of the present study can be used to design work-life enhancement activities for better adjustments and PWB.
- They can also be used to identify counseling areas where personal issues influencing work quality negatively.

Limitations

The present sample represents urban and trained nurses only; hence, the result may vary in rural setting.

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