# "Challenges of Work life Balance of Nurses Working in Private Hospitals of Kathmandu"

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## Abstract

Work-life challenges are a form of inter-role conflict in which role pressures from the work and family domains are incompatible to one another. Recent studies highlight increasing imbalance between work and family life experienced by individuals of different profession. Therefore, the purpose of this study was to find out the challenges to work life balance among nurses working in a private hospital. A descriptive cross sectional research design was used for the study. The study was conducted in various private hospitals and sample size was 342. Non-Probability Purposive sampling technique was used for the selection of population and sample. A semi structured self-administered questionnaire was used to collect the data. The findings of the study showed that most of the respondents were in the age group of 18 to 25. Most of the respondents followed Hinduism. More than of the respondents had educational qualification of bachelor degree. Over half of the populations were unmarried. Among all the variables work load have a significant relation with work life balance. Based on the findings of this study, it concludes that nurses are facing challenges to balance their work life. Workload tends to influence this imbalance and high intensity of workload tends to deteriorate the work life among the nurses. But other factors like stress, supervisor support and organization policy do not tend to influence work life balance.

*Key Words: Challenges of Work-life, Work Life balance, Workload, Nurses*

## 1.    Introduction

Families and work represent two of the greatest important components of any individual's existence (Valk & Srinivasan, 2011). Work-life balance (WLB) refers to achieving synergy among professional and personal ambitions (Mullan, 2015). Medical professionals dedicate longer duration and focus towards their occupations compared to other professions, while they experience greater levels of conflicts between work and their families (Tsai, 2018). Nursing, possessing one of its more diversified and known occupations, necessitates a 24-hour devotion to work. Nurses generally find it difficult to combine the responsibilities of employment with family life (Roshani & Bagrecha, 2017). A lack of balance between professional & family life is triggered by rigid schedules, stress at work, disagreements at work, and disapproving managers (Sabil et al., 2016). Nursing is a female-dominated industry with a challenging work setting, thus examining the relationship between work and family from the perspective of nurses is important from its academic and real-world values (Haniv & Naqvi, 2014). Nurses frequently face workplace challenges like heavy workloads, job responsibilities and tensions, organizing, and other aspects of their nursing position which render their profession and professional lives difficult, resulting in workplace-family disputes among skilled nurses (Raffenaud et al., 2020).

### 1.1 Statement of the Problem

Achieving a decent balance between work and personal life can be difficult in the field of nursing. Nurse face work family life issues due to the demands of their work roles (Bagley et al., 2018). According to WHO (2008), unfavorable working conditions such as work schedules, unpredictable

hours, and long or unsocial hours, result in severe work-related psychological hazards. Research of 135 nurses from India utilizing a convenient sampling approach discovered that job-family unbalance leads to poorer levels of personal success along with exhaustion, mental fatigue, and depersonalization (Mahendran et al., 2019). Having a work-life imbalance has been related to a variety of negative outcomes, including lower job satisfaction, decreased organizational devotion, and sleeplessness (Jalil, 2019). There are inadequate investigations on the work-life balance of Nepali nurses. As a result, further research is needed in this area so the researcher intended to conduct this study to investigate the association between conflicting roles in job and personal life across nurses in private hospitals.

## 1.2 Objectives` of the Research

The objectives of the study are mentioned below as:

a. To recognize the relationship between Workload & Work-life. Balance.
b. To evaluate the relationship among Stress & Work-life-Balance
c. To find out the connection between Supervisor support & Work-life. Balance
d. To evaluate the affiliation between Organization Policy & Work-life. Balance

## 1.3    Research Questions

a. What` would be the relationship between Workload & Work-life-Balance?
b. What` would be the relationship among Stress & Work-life-Balance?
c. What` would be the relationship amongst Supervisor Support & Work-life-Balance?
d. What` would be the relationship amongst Organization policy & Work-life-Balance?

## 1.4   Hypothesis of the Study

a. H1: There` is significant relationship among Work life Balance & Workload.
b. H2: There is significant relationship among Work life Balance & Stress.
c. H3: There is significant relationship among Work life Balance & Supervisor Support.
d. H4: There is significant relationship among Work life Balance & Organization Policy.

## 1.5 Significance of the Research

The study's findings could potentially pinpoint the current challenges to work-life balance nursing professionals confront. This could aid administrators at hospitals build strategies to help nurses balance their professional and home responsibilities, as well as mitigate weariness, workload, strain tiredness, and intended turnover.

## 1.6 Conceptual Framework
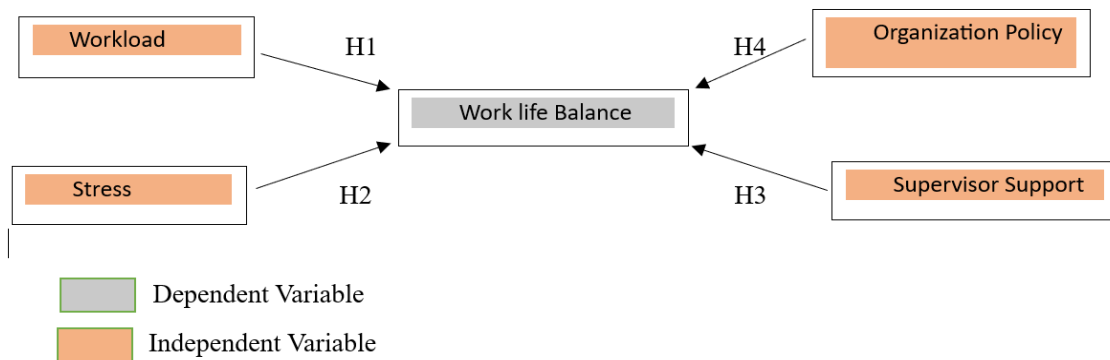
## 2. Literature Review

The study conducted among 350 nurses in the Chitwan district which showed that workload, stress, job roles have a noteworthy influence on the work and family life of the nurses (Kandel, 2022). The study conducted among 95 nurses found that the nurses faced imbalance in their work life which was correlated with stress, workload, family structure, supervisor and family support (Kandel & Chettri, 2021). The study conducted among 120 nurses in the Klang valley which showed that workload has a noteworthy influence on the work and family life of the nurses (Ali; et al., 2023). Maiya's study in Mysore city found supervisor support crucial for nurses' work-life balance, contrasting with the current research and possibly due to differing work environments (Maiya &Marie, 2020). A study in private hospitals in south India found heavy workload and insufficient breaks cause occupational stress and work life imbalance among nurses. In the quantitative research conducted in Malaysia among 150 nurses specified that the emotional tiredness, personal detachment, stress plays a vital role in the work life balance amongst the nurses and has a strong relationship among them (Mahendran et al., 2019). In order to assess the situation of work family conflict in the public sector, a purposive sample among different levels of nurses at Sarawak General Hospital was carried out in 2016.The expected causes of work-family imbalance were rigid work schedules, job overload, interpersonal issues at work, and unsupportive managers in the company. The survey's nurses highlighted workload, shift work, and position as the issues preventing them from balancing work and home life (Sabil et al., 2016). A cross-sectional survey was undertaken in Europe to examine experience with balancing work and life among hemato-oncology nurses. The survey found that 58% of them felt unsatisfied with their work-life equilibrium. Over one third of the respondents indicated that their supervisors failed to offer appropriate assistance and fair modifications, which they found extremely tough (Gribben & Semple, 2021). A cross sectional study was conducted among 200 working women in selected institutions in Mangalore using purposive sampling technique. The results of the study revealed that (95%) of the working women had moderate stress and 8.5% of the working women had high stress and low work life balance (Rosemarie et al., 2019). The research conducted in Palayamkottai was based on primary and secondary data has discovered that nursing professionals claimed that an excellent equilibrium between professional work and private life helps them stay in the field and aids them with efficacy and accomplishment whereas work life with workload stress has interfered with the personal life and has abundant the nurses from spending quality time with their family (Franco &amp; G., 2017). The study was done at five public medical facilities in Ghana, including male and female nurses with mixed demographics revealed that workload, weekend work, and erratic working hours were substantially connected with work-life imbalance (Asiadu et al.,2018).

## 3. Research Methodology

### 3.1 Research Design

A descriptive survey design has been used to identify the challenges of work-life balance among nurses.

### 3.2 Research Setting and Population

### a. Study Setting

The study has been conducted in various Private hospitals of Kathmandu and Lalitpur.

### b. Population

The study populations were nursing professionals working in various private with the academics of PCL and Bachelors and Masters Level.

### 3.3 Sampling

### 3.3.1 Sampling Technique

Non probability purposive sampling method was used for the study.

### 3.3.2 Sample Size

As the population was found to be finite
Now, Using Yamane Equation,
$n = N/K + N(e)^2$ **(Yamane, 1965)**
N= Population of the study.
K= Constant
e= Degree of error expected (0.05)
n= Sample Size

Sample size was 342 -nursing staffs.

### 3.3.3 Inclusion criteria

Nursing professionals who were present for data collection and willing to get involved were enrolled in the research**.**

### 3.4 Instrumentation

The responses were gathered via self-administered questionnaires. Queries were generated after studying pertinent articles, publications, and reports, as well as talking with an investigation adviser. Questions were written in clear, comprehensible terms.

### 3.5 Data Collection Procedure

The electronic version of questionnaire was created in Google Forms and circulated via different media channels such as email, and authorization for collecting information was obtained from certain hospital authorities after presenting an official letter from the College of Professional

Studies. The research's objectives were fully described, and every participant provided informed permission prior to data collection. Anonymity was preserved.

## 4.  Data Analysis and Interpretations.

**Table 1: Age**

n = 342

| Variables | Frequency | Percentage |
|---|---|---|
| **Age (in** complete years) | | |
| 18-25 | 160 | 46.8 |
| 26-30 | 129 | 37.7 |
| 31-35 | 35 | 10.2 |
| 36-40 | 14 | 4.1 |
| Above 40 | 4 | 1.2 |

**Table 2: Religion**

n=342

| Variables | Frequency | Percentage |
|---|---|---|
| Hinduism | 292 | 85.4 |
| Buddhism | 36 | 10.5 |
| Islam | 4 | 1.2 |
| Christianity | 10 | 2.9 |

**Table 3: Educational Status**

n=342

| Variables | Frequency | Percentage |
|---|---|---|
| PCL nursing (completed) | 159 | 46.5 |
| Bachelor's degree (completed) | 179 | 52.3 |
| Master's Degree (completed) | 4 | 1.2 |

**Table 4: Marital Status**

n=342

| Variables | Frequency | Percentage |
|---|---|---|
| Unmarried | 194 | 56.7 |
| Married | 144 | 42.1 |
| Separated | 3 | .9 |
| Widowed | 1 | .3 |

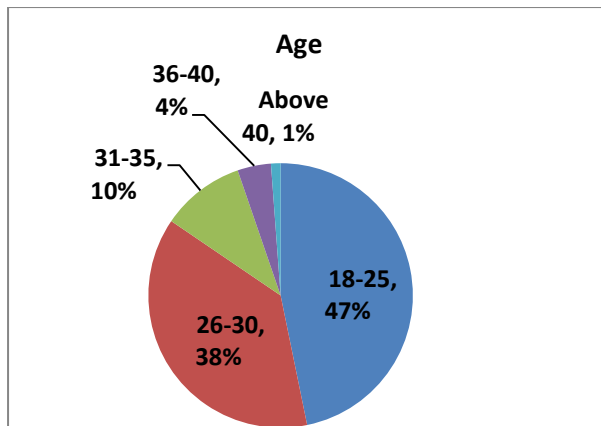**Table** 5: Family Related Variables of the Respondents

n=342

| Variables | Frequency | Percentage |
|---|---|---|
| Types of family | | |
|     Joint | 131 | 38.3 |
|     Nuclear | 205 | 59.9 |
|     Extended | 6 | 1.8 |
| Presence of children (n=144) | | |
|     Yes | 86 | 59.7 |
|     No | 58 | 40.3 |
| Number of children (n=86) | | |
|     1 | 60 | 69.8 |
|     2 | 26 | 30.2 |
| Presence of anybody to look after children at home (n=86) | | |
|     Yes | 69 | 80.3 |
|     No | 17 | 19.7 |
| Presence of helper to help at home | | |
|     Yes | 107 | 31.3 |
|     No | 235 | 68.7 |

In the demographic variables most of the respondents were in the age group of 18 to 25 (46.8%). Most of the respondents followed Hinduism (85.4%). More than of the respondent had educational qualification of bachelor degree (52.3%). Over half of the populations were unmarried (56.7%) and (59.9%) of the respondents lived in a nuclear family. Among Married respondents (59.7%) has children

**Table** 6**:** Work-related Variables of the Respondents

n=108

In work related Variables (91.5%) of the respondents had experience of less than 10 years and most respondents' average working hour per week was found to be 48 hours.

**Age**

- 18-25, 47%
- 26-30, 38%
- 31-35, 10%
- 36-40, 4%
- Above 40, 1%

**Educational Status**

- PCL nursing 47%
- Bachelor's degree 52%
- Master's Degree 1%

**Religion**

- Hinduism 85%
- Buddhism 11%
- Islam 1%
- Christianity 3%

**Types of Family**

- Nuclear 60%
- Joint 38%
- Extended 2%

**Marital Status**
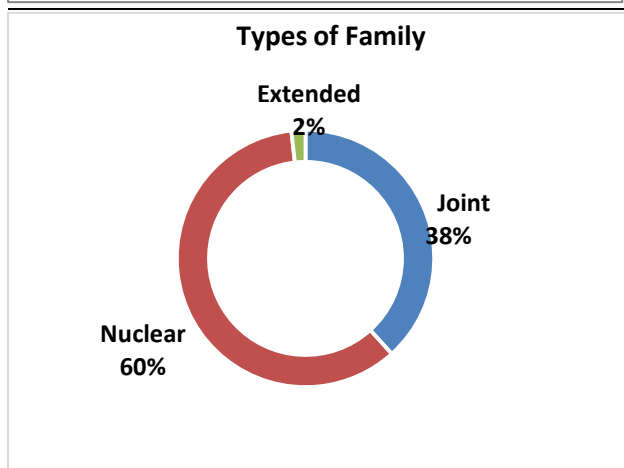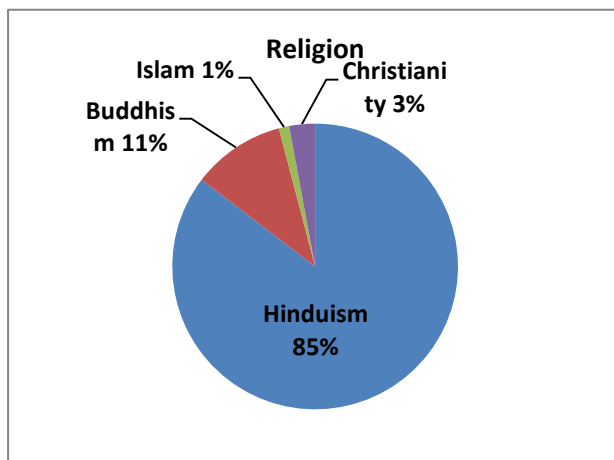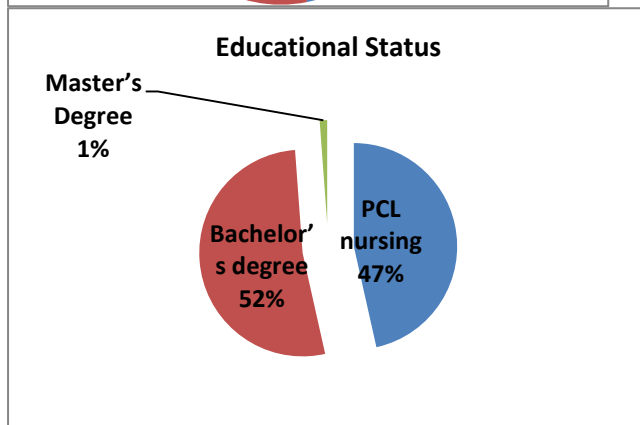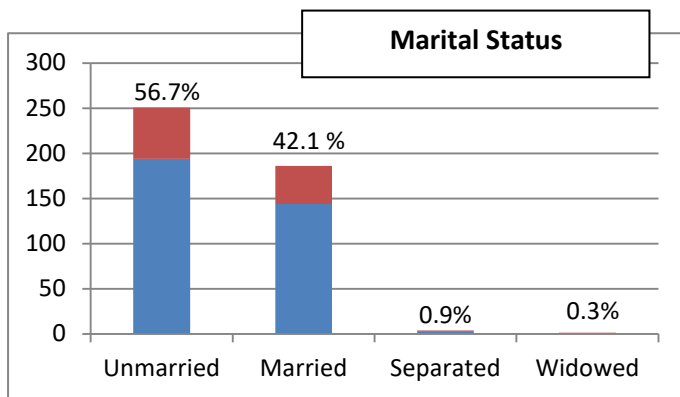


**Table 7:** Test for Reliability

| Name of Variable | Cronbach's Alpha | N of Items |
|---|---|---|
| Work life Balance (Dependent Variable) | 0.737 | 4 |
| Work Load (Independent Variable) | 0.796 | 4 |
| Stress (Independent Variable) | 0.732 | 4 |
| Supervisor Support (Independent Variable) | 0.78 | 4 |
| Organization Policy (Independent Variable) | 0.748 | 4 |

The Cronbach alpha value for all the variables above 0.7 which means the instruments used in the study are reliable**.**

| Statement | N | Mean & (S.D) |
|---|---|---|

| | | STATEMENTS | | | |
| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| WORKLOAD | 342 | 3.50 (1.109) | 3.34 (1.300) | 3.20 (1.239) | 3.11 (1.118) |
| STRESS | 342 | 3.30 (1.118) | 3.32 (1.168) | 3.29 (1.126) | 3.02 (1.125) |
| SUPERVISOR SUPPORT | 342 | 3.29 (1.221) | 3.70 (1.207) | 3.68 (1.112) | 3.27 (1.118) |
| ORGANIZATION POLICY | 342 | 3.27 (1.140) | 3.38 (1.211) | 3.32 (1.212) | 3.28 (1.165) |
| WORK LIFE BALANCE | 342 | 3.67 (1.061) | 3.74 (1.164) | 3.37 (1.162) | 3.29 (1.165) |

**Table 8**: Descriptive Statistics of the Variables

**Table 9: Test for Correlation**

| | | Work Life Balance | Work Load | Stress | Supervisor Support | Organization Policy |
|---|---|---|---|---|---|---|
| Work Life Balance | Pearson Correlation | 1 | -.157[**] | -.028 | .003 | -.045 |
| | Sig. (2-tailed) | | .004 | .605 | .961 | .405 |
| | N | 342 | 342 | 342 | 342 | 342 |
| Work Load | Pearson Correlation | -.157[**] | 1 | .020 | -.004 | .020 |
| | Sig. (2-tailed) | .004 | | .711 | .941 | .708 |
| | N | 342 | 342 | 342 | 342 | 342 |
| Stress | Pearson Correlation | -.028 | .020 | 1 | .033 | .015 |
| | Sig. (2-tailed) | .605 | .711 | | .546 | .784 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Supervisor Support | N | 342 | 342 | 342 | 342 | 342 |
| | Pearson Correlation | .003 | -.004 | .033 | 1 | -.017 |

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 6.857 | 4 | 1.714 | 2.402 | .050$^b$ |
| Residual | 240.467 | 337 | .714 | | |
| Total | 247.323 | 341 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Sig. (2-tailed) | .961 | .941 | .546 | | .749 |
| | N | 342 | 342 | 342 | 342 | 342 |
| Organization Policy | Pearson Correlation | -.045 | .020 | .015 | -.017 | 1 |
| | Sig. (2-tailed) | .405 | .708 | .784 | .749 | |
| | N | 342 | 342 | 342 | 342 | 342 |

| | Unstandardized Coefficient | | Standardized Coefficient | | |
|---|---|---|---|---|---|
| Model | B | Std. Error | Beta | t | Sig. |

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

The result of Correlation Analysis suggested that **Workload** had a negative impact on WLB and is significant at 0.01 Level (2 tailed analysis). Stress had negative impact, Supervisor support had positive impact and organization policy had negative impact but these factors are not significant at any level.

**Table 10: Test for ANOVA**

a. Dependent Variable: Work Life Balance

b. Predictors: (Constant), Organization Policy, Stress, Work Load, Supervisor Support

**Table 11: Test for Coefficient**

| 1 | (Constant) | 3.114 | .343 | | 9.075 | .000 |
| | Work Load | -.143 | .049 | -.158 | -2.935 | .004 |
| | Stress | -.026 | .054 | -.026 | -.475 | .635 |
| | Supervisor Support | .002 | .053 | .002 | .030 | .976 |
| | Organization Policy | -.046 | .051 | -.049 | -.906 | .365 |

a.      Dependent Variable: Work Life Balance

Table 10 and 11 are the test for coefficient and ANOVA in multiple regression analysis showed that the level of significance of workload is less than 0.05 where the alternate hypothesis is accepted and in all other case it is rejected.

## 5.      Interpretation of findings:

In the demographic variables most of the respondents were in the age group of 18 to 25 (46.8%). Most of the respondents followed Hinduism (85.4%). More than of the respondents had educational qualification of bachelor degree (52.3%). Over half of the populations were unmarried (56.7%) and (59.9%) of the respondents lived in a nuclear family. Among Married respondents (59.7%) has children.   In work related variables (91.5%) of the respondents had experience of less than 10 years and most respondent's average working hour per week was found to be 48 hours. The Cronbach alpha value for all the variables above 0.7 which means the instruments used in the study are reliable. The result of Correlation Analysis suggested that workload had a negative impact on WLB and is significant at 0.01 Level (2 tailed analysis). Stress had negative impact, Supervisor support had positive impact and organization policy had negative impact but these factors are not significant at any level. The literatures which has workload as the main challenges for work life balance are consistent to the present study as this study showed that workload had the significant relationship with work life balance where the hypothesis was accepted and found that workload had a negative correlation with work life balance and as the workload increases work life decreases.
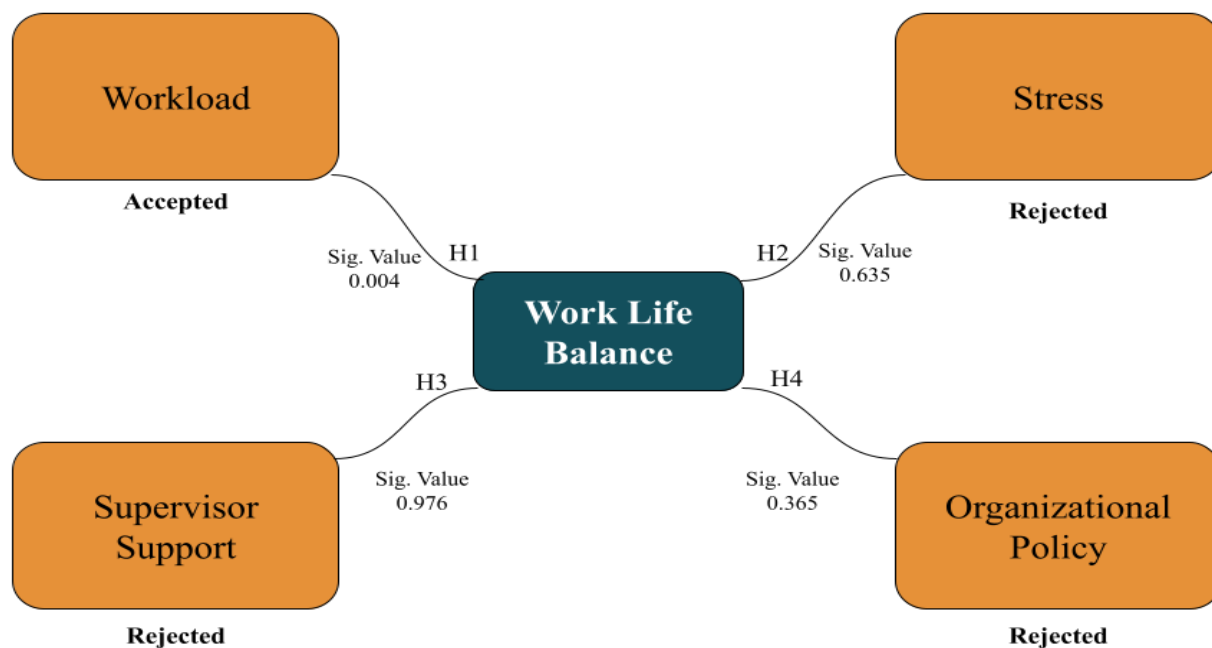
## 6.    Strengths

Ethical approval was obtained from the research committee. Content adequacy of the instrument was established by consulting with research supervisor and other faculty members. Study population was selected by Non probability purposive sampling technique. Hence, it might have external validity. Reliability testing of the instrument was done to check its clarity sequence and validity. Challenges of Work life of the respondents was assessed through self-administered questionnaire. Researcher himself was present during physical data collection to minimize data contamination.

## 7.    Limitations

The sample of the study was limited to only some private hospitals of Kathmandu district. Therefore, findings may not be generalized to all nurses working in other settings.

## 8.    Conclusion

Based on the findings of this study, it concludes that nurses are facing challenges to balance their work life. Workload tends to influence this imbalance and high intensity of workload tends to deteriorate the work life among the nurses. But other factors like stress, supervisor support and organization policy do not tend to influence work life balance.

## 9.    Implications

The result of this study might serve as basis for the hospital authorities in planning strategy to reduce work life imbalance and disturbances among nurses which helps to promote nurses with job satisfaction and work interest. This study might provide baseline information and reference for future study regarding work family conflict and might help the nurses to develop time management skills.

## 10.    Recommendations

- Similar study can be replicated in others region of Nepal so that more information can be gained about challenges of work life balance in Nepal and the result can be generalized.
- The study can also be conducted taking different variables into account that can challenge the Work life balance among nurses.
- Various other analysis tools can be used to see more consistent affinity with one another.

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