International Journal of Advanced Research in Commerce, Management & Social Science (IJARCMSS)
ISSN :2581-7930 (Online), Impact Factor : 7.270, Volume 08, No. 04(II), October-December, 2025, pp 114-123

Exploring Critical Factors of Work–Life Balance among Healthcare Employees: A Factor Analytic Study

Soni Kumari[1*] | Dr. Anil Kumar Gope[2]

[1]Research Scholar, Department of Commerce, Jai Prakash University, Chapra, Bihar, India.
[2]Assistant Professor, Department of Commerce, Jai Prakash University, Chapra, Bihar, India.

[*]Corresponding Author: sony9170@gmail.com

Citation: *Kumari, S., & Gope, A. (2025). Exploring Critical Factors of Work–Life Balance among Healthcare Employees: A Factor Analytic Study. International Journal of Advanced Research in Commerce, Management & Social Science, 08(04(II)), 114–123. https://doi.org/10.62823/ijarcmss/8.4(ii).8328*

ABSTRACT

Work–life balance has become a key concern in the healthcare sector due to demanding work schedules, shift duties, and high occupational stress. This study analysis the critical factors influencing work–life balance among healthcare employees and assesses their comprehensive level of work–life balance in Saran district. Primary data were collected from 205 healthcare employees working in public and private healthcare institutions using a structured questionnaire. Descriptive statistical techniques were applied to analyse work–life balance attitudes along with respondents' demographic characteristics. Prior to factor extraction, the adequacy of the dataset was evaluated through standard diagnostic tests to confirm its suitability for factor analysis. Subsequently, exploratory procedures were employed to identify the latent dimensions, after which the strength and stability of the extracted factor structure were assessed through a confirmatory approach. The results show that healthcare workers have a work-life balance that is only somewhat satisfying. Key influencing factors include working hours, shift patterns, occupational stress, organizational support, family responsibilities, job security, and compensation. While organizational culture and teamwork were perceived positively, issues related to stress spillover and limited relaxation time remain significant challenges. The study highlights the need for supportive workplace policies to enhance employee wellbeing in the healthcare sector.

Keywords: *Work–Life Balance, Healthcare Employees, Factor Analysis.*

Introduction

In the past decade, work–life balance has gained substantial attention in organizational and academic research, particularly in the healthcare sector. Healthcare employees are often required to work long hours, manage shift duties, and cope with high emotional and physical demands, which makes balancing professional and personal life increasingly challenging. Disruptions in work–life balance are associated with increased stress and burnout, lower job satisfaction, and reduced standards of healthcare delivery. Prolonged working hours have the potential to harm personal health, intensify stress, and pose risks to safety. The healthcare sector performs a vital role in societal wellbeing, and the efficiency of this sector largely depends on the physical and psychological health of its workforce. Employees working in hospitals and health institutions are frequently exposed to occupational stress, heavy workloads, emergency responsibilities, and irregular working hours. These factors significantly influence their ability to manage family responsibilities, social life, and personal wellbeing.

According to Clark (2000), job-life balance entails contentment and efficient performance in both job and family responsibilities with little role conflict. It represents a balanced integration of personal and professional life rather than an equal division of time between work and non-work activities". As a multidimensional concept, work–life balance is influenced by organizational factors—such as working

hours, shift patterns, organizational culture, and support systems—as well as personal factors including family and social responsibilities. Recognizing these influences is essential for designing effective human resource policies and fostering supportive workplaces.

In this context, the present study focuses on healthcare employees working in public and private healthcare institutions in Saran district, Bihar. By applying factor analytic techniques, The study seeks to evaluate the overall degree of work-life balance among healthcare workers and to pinpoint the crucial factors influencing it. The empirical findings of the study are expected to provide relevant insights for healthcare administrators and policymakers in designing strategies that promote employee wellbeing and organizational sustainability.

Review of Literature

Many studies have examined the multiple aspects of work–life balance. Its importance has heightened in recent years owing to significant demographic shifts and social transformations, evolving employee attitudes toward work, greater workforce diversity, shifting roles of men and women, and shortages of skilled labor (Ghalawat & Dahiya, 2010). Allen et al. (2018) examined work–life balance among healthcare professionals and found that long working hours, workload, and lack of flexibility significantly increased work–family conflict. Organizational support was identified as a key factor in reducing stress and improving employee wellbeing. Shanafelt et al. (2019) highlighted that burnout among healthcare employees is strongly associated with poor work–life balance. Their study emphasized the role of supportive leadership, manageable schedules, and autonomy in improving balance and job satisfaction. Further, Reddy, Vranda, Ahmed, & Nirmala (2020) studied work–life balance in Indian healthcare institutions and reported that shift work, night duties, and emotional exhaustion were major predictors of work–life imbalance. Factor analysis revealed workload and organizational support as dominant dimensions. In their study Kumar and Chakraborty (2020) found that healthcare workers experience higher work–life strain compared to other service sectors due to rigid schedules and emergency responsibilities. Flexible work arrangements and leave policies were shown to positively influence balance. Schieman et al. (2021) explored stress spillover from work to home among healthcare employees and observed that occupational stress significantly affects personal life and mental health. The study emphasized the importance of boundary management and rest periods. Deery and Jago (2021) identified organizational culture and supervisory support as crucial determinants of work–life balance. Their findings suggest that employees in supportive environments report lower stress and higher job satisfaction. Rana and Soodan (2022) applied Exploratory Factor Analysis to assess work–life balance among hospital staff and identified key factors such as work pressure, family responsibilities, job security, and compensation. The study confirmed the multidimensional nature of work–life balance. Pappa et al. (2022) reported that healthcare employees face increased psychological stress and work–life imbalance, particularly during high-demand periods. Adequate staffing, mental health support, and flexible scheduling were recommended to mitigate imbalance. Singh and Mishra (2023) examined work–life balance in public and private healthcare institutions in India and found significant differences in stress levels and job security. Organizational policies and non-monetary benefits emerged as important predictors of balance. Zhang, Wu, and Li (2024) used Confirmatory Factor Analysis to validate a work–life balance model among healthcare workers. The study confirmed that work stress, organizational support, family responsibilities, and recovery time are critical dimensions influencing overall work–life balance

Objective of the Study

The study has the following objectives:

- To examine the main factors influencing work–life balance among healthcare employees in Saran district.
- To understand the overall level of work–life balance experienced by healthcare employees.

Research Design

The study employs a descriptive as well as analytical research design to understand work–life balance among employees engaged in the healthcare sector. It encompasses both public and private healthcare institutions, including hospitals, primary health centres, community health centres, and medical colleges situated in Saran district. The study population comprises healthcare professionals such as medical officers, resident doctors, nursing personnel, consultants, and paramedical staff. A randomly selected sample of 205 healthcare employees was considered sufficient for conducting multivariate statistical techniques, particularly factor analysis. Efforts were made to ensure adequate representation from various types of healthcare institutions and occupational categories in order to capture diverse perspectives.

Sources of Data

The primary data used in the study was gathered via a standardised questionnaire. To support the conceptual framework and literature evaluation, secondary data was gathered from books, journals, papers, and pertinent research studies.

Research Instrument

A two-part structured questionnaire was used to gather data. The first section covered demographic and professional details of respondents, while the second section included thirty sex (36) statements related to work–life balance dimensions such as working hours, shift duties, occupational stress, organizational support, family responsibilities, workplace policies, and overall work–life balance. Participants indicated their responses using a four-point agreement scale that reflected varying levels of concurrence with the statements provided.

Research Tools and Analytical Techniques

Data analysis involved the use of frequency and percentage distributions to summarize demographic characteristics, while descriptive statistics were employed to assess overall patterns. Data suitability for factor analysis was examined before proceeding with the analysis. Based on satisfactory results, exploratory factor analysis was used to identify the underlying dimensions of work–life balance, which were later confirmed through confirmatory factor analysis.

Results and Analysis

- **Demographic Profile of Respondents**

The respondents of the study represent a diverse group of healthcare employees working in public and private healthcare institutions. The sample included professionals from different job categories such as medical officers, residents, nursing staff, consultants, and paramedical personnel. Both male and female employees were adequately represented, indicating a balanced gender composition. Most respondents belonged to the younger age group, reflecting a relatively young workforce in the healthcare sector. A majority of employees were graduates or postgraduates and had limited work experience, suggesting the presence of early-career professionals. Overall, the demographic composition of the sample is considered appropriate for examining work–life balance perceptions among healthcare employees.

- **Descriptive Statistics of Work–Life Balance Variables**

To assess employees' overall views on work–life balance, a set of descriptive measures—including minimum and maximum scores, mean, standard deviation, median, and interquartile range—was calculated for each variable considered in the analysis. These indicators help to summarize the responses and highlight the central tendency and variability of employees' opinions on different aspects of their work and personal life balance. The dataset reveals that most variables assessing work-life balance and workplace conditions fall between a mean score of 3.0 to 3.4, indicating a generally positive to moderately positive perception among respondents. Variables such as Working Hours (Mean = 3.4), Night Shift (3.3), Patient Load (3.3), and Work on Holidays (3.4) scored relatively higher, suggesting that healthcare workers acknowledge these aspects as significant and perhaps demanding parts of their work life. Measures like Occupational Stress, Work-Life Strain, and Health Risk also hover around a mean of 3.2 – 3.3, reflecting consistent levels of stress and strain across the workforce. Meanwhile, items such as Relaxation Time (2.6), Work-personal Life Separation (2.6), and especially No Work Stress at Home (2.3) received lower mean scores, highlighting areas where respondents face challenges in disconnecting from work and maintaining personal downtime. Compensation (2.7) and Job Security (2.9) also scored on the lower side, indicating possible dissatisfaction or uncertainty in financial or employment stability.

Table 1: Descriptive Statistics of Work Life Balance Variables

Items	Min.	Max.	Mean	S.D.	Q1	Median	Q3	IQR
Work Place Location	1	4	3.0	0.9	3	3	4	1
Organizational Culture	1	4	3.1	0.6	3	3	3	0
Environmental Security	1	4	3.2	0.6	3	3	4	1
Organizational Equity	1	4	3.0	0.5	3	3	3	0
Teamwork And Empowerment	1	4	3.1	0.6	3	3	3	0
Workplace Setting	1	4	3.1	0.6	3	3	3	0
Working Hours	1	4	3.4	0.7	3	3	4	1

Night Shift	1	4	3.3	0.7	3	3	4	1
Flexible Work Hours	2	4	3.2	0.5	3	3	4	1
Shift Rotation	1	4	3.0	0.6	3	3	3	0
Mandatory Rest Period	2	4	3.3	0.6	3	3	4	1
Patient Load	1	4	3.3	0.6	3	3	4	1
Occupational Stress	2	4	3.2	0.7	3	3	4	1
Rigid Schedule	1	4	3.2	0.7	3	3	4	1
Work-Life Strain	1	4	3.2	0.7	3	3	4	1
Health Risk	1	4	3.3	0.7	3	3	4	1
Emotional Management	1	4	3.0	0.7	3	3	3	0
Training Program & Motivation	1	4	3.2	0.7	3	3	4	1
Productivity	1	4	3.1	0.6	3	3	3	0
Family Responsibilities	2	4	3.3	0.7	3	3	4	1
Social Participation	1	4	3.3	0.7	3	3	4	1
Caregiving Responsibility	1	4	3.3	0.7	3	3	4	1
Child Care Support	1	4	2.9	0.8	2	3	3	1
Work on Holidays	2	4	3.4	0.6	3	4	4	1
Family Leave Policy	1	4	3.0	0.8	3	3	4	1
Customised work life balance policy	1	4	3.0	0.6	3	3	3	0
Maternity Leave Policy	2	4	3.2	0.5	3	3	4	1
Workplace Policy	1	4	2.9	0.7	3	3	3	0
Compensation	1	4	2.7	0.8	2	3	3	1
Social Prestige	1	4	3.2	0.7	3	3	4	1
Job Security	1	4	2.9	0.8	2	3	3	1
Retention	1	4	3.1	0.6	3	3	3	0
Work Autonomy	1	4	3.1	0.5	3	3	3	0
Employee Satisfaction	1	4	3.1	0.5	3	3	3	0
Non-Monetary Benefits	1	4	3.1	0.5	3	3	3	0
Health Services	1	4	2.9	0.6	2	3	3	1
Relaxation Time	1	4	2.6	0.7	2	2	3	1
Work-personal life Separation	1	4	2.6	0.9	2	3	3	1
No Work Stress at Home	1	4	2.3	0.9	2	2	3	1
Work life balance satisfaction	1	4	2.8	0.7	2	3	3	1

Source: Primary Data

The standard deviation (SD) for most variables ranges between 0.5 and 0.9, suggesting moderate variation in responses – some areas, like Work-personal Life Separation and No Work Stress at Home, show higher SDs (0.9), indicating a wider range of experiences among employees. The median value is 3 for nearly all variables, supporting the conclusion that most respondents generally lean toward agreement or moderate satisfaction. Interquartile ranges (IQRs) are mostly 1 or 0, pointing to consistency in the middle 50% of responses, although a few items with higher IQRs reflect broader disparities. In summary, while the data paints a picture of generally acceptable working conditions and moderately positive work-life balance, there are notable concerns in areas such as stress management, personal time, compensation, and job security that require attention from organizational policymakers.

- **Exploratory Factor Analysis (EFA)**

Exploratory factor analysis (EFA) was employed to identify the core factors influencing work–life balance among healthcare employees. Given the interrelationships observed among the study variables, this technique was deemed suitable for reducing the data and extracting meaningful latent constructs.

- **Sampling Adequacy and Bartlett's Test of Sphericity**

The dataset was first checked to determine whether it was suitable for factor analysis before extracting the factors. After removing items with low individual MSA values, the final item-wise MSA values indicated acceptable sampling adequacy.

The total KMO value increased to 0.71, which is within the permissible limit. The statistical significance of Bartlett's Test of Sphericity ($\chi^2 = 2539.273$, df = 630, $p < 0.001$) confirmed that the correlation matrix was appropriate for factor analysis and not an identity matrix.

Table 2: Item-wise Measure of Sampling Adequacy (MSA) for Work–Life Balance Variables

Work Place Location	0.69	Family Responsibilities	0.85
Organizational Culture	0.68	Social Participation	0.75
Environmental Security	0.75	Caregiving Responsibility	0.70
Organizational Equity	0.72	Child Care Support	0.70
Teamwork And Empowerment	0.68	Work on Holidays	0.68
Workplace Setting	0.66	Family Leave Policy	0.64
Working Hours	0.73	Maternity Leave Policy	0.65
Night Shift	0.81	Compensation	0.63
Flexible Work Hours	0.51	Social Prestige	0.65
Shift Rotation	0.73	Job Security	0.65
Mandatory Rest Period	0.59	Retention	0.66
Patient Load	0.74	Work Autonomy	0.56
Occupational Stress	0.85	Non-Monetary Benefits	0.64
Rigid Schedule	0.81	Health Services	0.50
Work-Life Strain	0.75	Relaxation Time	0.69
Health Risk	0.86	Work-personal life Separation	0.61
Emotional Management	0.74	No Work Stress at Home	0.66
Training Program and Motivation	0.66	Work life balance satisfaction	0.63

Table 2 presents the item-wise Measure of Sampling Adequacy - (MSA) values for work–life balance variables after refinement. The results show that all variables have MSA values above the minimum acceptable threshold of 0.50, indicating that each item is suitable for inclusion in exploratory factor analysis. Higher MSA values were observed for variables such as occupational stress, health risk, family responsibilities, rigid schedule, and night shift, suggesting strong shared variance with other variables. Overall, the findings confirm adequate sampling adequacy at the item level and support the application of exploratory factor analysis.

- **Eigenvalues and Percentage of Variance Explained**

The number of factors suitable for retention was identified through an analysis of eigenvalues. Following the Kaiser rule, factors exhibiting eigenvalues above unity were retained for further analysis, resulting in the extraction of ten factors. These factors together explained 62.53 percent of the total variance, which is considered satisfactory for social science research.

This indicates that the retained factors capture a substantial amount of information contained in the original variables.

Table 3: Eigenvalues and Total Variance Explained

Component	Eigen Value	Proportion (%)	Cumulative Proportion (%)
1	5.725	15.90	15.90
2	3.363	9.34	25.24
3	3.040	8.44	33.69
4	2.173	6.04	39.73
5	2.009	5.58	45.31
6	1.481	4.12	49.42
7	1.303	3.62	53.04
8	1.229	3.41	56.46
9	1.112	3.09	59.54
10	1.074	2.98	62.53
11	0.949	2.64	65.16
12	0.926	2.57	67.74
13	0.854	2.37	70.11
14	0.818	2.27	72.38

15	0.777	2.16	74.54
16	0.702	1.95	76.49
17	0.680	1.89	78.38
18	0.648	1.80	80.18
19	0.625	1.74	81.91
20	0.610	1.69	83.61
21	0.574	1.60	85.20
22	0.557	1.55	86.75
23	0.531	1.47	88.23
24	0.483	1.34	89.57
25	0.431	1.20	90.77
26	0.409	1.14	91.90
27	0.403	1.12	93.02
28	0.390	1.08	94.10
29	0.362	1.00	95.11
30	0.334	0.93	96.03
31	0.307	0.85	96.89
32	0.298	0.83	97.72
33	0.253	0.70	98.42
34	0.231	0.64	99.06
35	0.178	0.49	99.56
36	0.160	0.44	100.00

As shown in Table 3, the eigenvalues and variance contributions of the extracted factors are presented. The analysis identified ten factors with eigenvalues greater than one, which together accounted for 62.53 per cent of the total variance, indicating that the retained factors adequately represent the underlying dimensions of work–life balance.

- **Clustering of Extracted Factors of Work–Life Balance**

After determining the number of factors to be retained and the total variance explained, the extracted components were further analysed to understand their underlying structure. Using rotated factor loadings obtained through Exploratory Factor Analysis, variables with substantial loadings were grouped into conceptually meaningful clusters. Each cluster represents a distinct dimension of work–life balance experienced by healthcare employees. The clustering facilitates clearer interpretation of the extracted factors and highlights the key areas influencing employees' capacity to balance professional and personal responsibilities.

'Table 4 presents the clustering of work–life balance variables into ten extracted factors along with their respective rotated factor loadings and variance explained'.

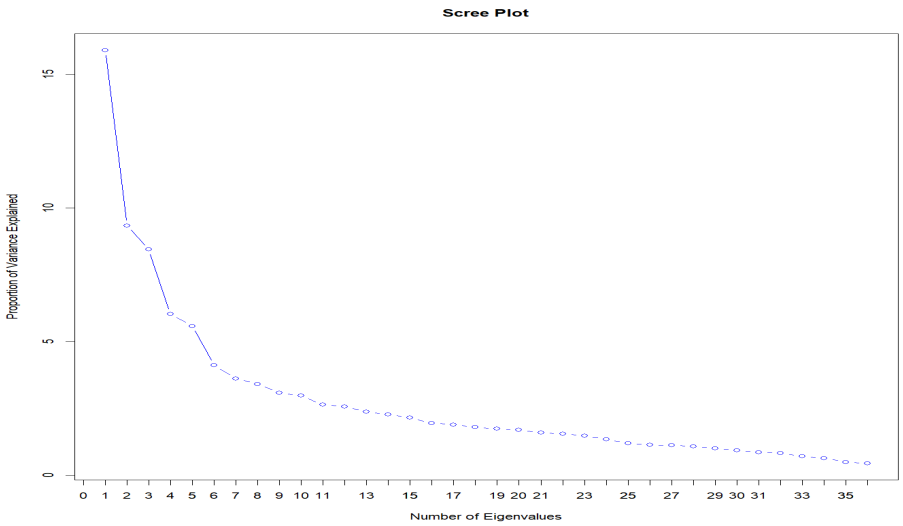
Table 4: Factor-wise Clustering of Work–Life Balance Variables (EFA)

Factor	Parameters	Rotated Factor Loadings
Factor 1: Work–Family Conflict / Role Overload (15.90% of Variance)	Working Hours (WH)	0.45
	Night Shift (NS)	0.63
	Shift Rotation (SR)	0.46
	Occupational Stress (OS)	0.54
	Rest/ Recovery Status (RS)	0.65
	Work- Life Strain (WLS)	0.75
	Health Risk (HR)	0.55
	Emotional Management (EM)	0.51
	Family Responsibility (FR)	0.76
	Social Participation (SP)	0.66
	Caregiving Responsibility (CR)	0.56
	Work on Holidays (WOH)	0.30
Factor 2: Employee Engagement and Organisational Commitment	Workplace Location (WPL)	0.60
	Organisational Culture (OC)	0.73
	Environmental Security (ES)	0.68

(9.34% of Variance)	Organisational Equity (OE)	0.59
	Teamwork and Empowerment (TE)	0.69
	Workplace Setting (WS)	0.56
Factor 3: Well-being Policies and Support Structures (8.44% of Variance)	Childcare Support (CCS)	0.59
	Family Leave Policy (FLP)	0.64
	Maternity Leave Policy (MLP)	0.45
	Health Services (HS)	0.45
	Relaxation Time (RT)	0.47
	Work-Life Balance Satisfaction (WLBS)	0.45
Factor 4: Job Satisfaction and Rewards (6.04% of Variance)	Compensation (COMP)	0.60
	Social Prestige (SPRG)	0.59
	Job Satisfaction (JS)	0.65
Factor 5: Workflow Stress and Pressure (5.58% of Variance)	Work–Personal Life Separation (WPLS)	0.69
	No Work Stress at Home (NWSH)	0.70
Factor 6: Autonomy and Work–Life Integration (4.12% of Variance)	Retention (RET)	0.58
	Work Autonomy (WA)	0.53
	Flexible Work Hours (FWH)	0.82
Factor 7: Time Pressure Management (3.62% of Variance)	Time Pressure Management (TPM)	0.35
Factor 8: Access to Personal Leave (3.41% of Variance)	Personal Leave (PL)	0.50
Factor 9: Negative Mood and Burnout (3.09% of Variance)	Negative Mood and Burnout (NMB)	-0.54
Factor 10: Recovery and Rest (2.98% of Variance)	Mandatory Rest Period (MRP)	0.61
Total variance Explained : 62.53%		

- **Scree Plot Analysis**

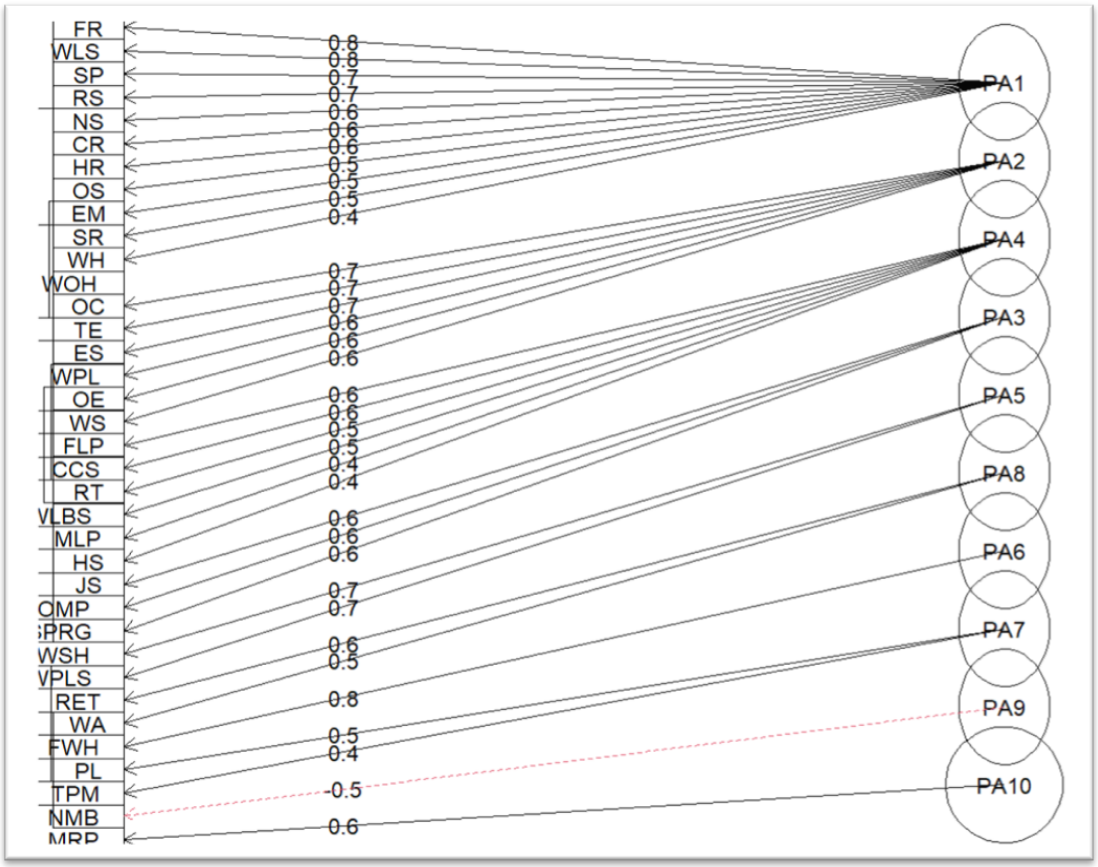
The scree plot was analyzed to visually Delineate the appropriate number of factors to be retained in the analysis. It helps identify the point at which the eigenvalues begin to level off, commonly referred to as the "elbow," indicating the diminishing contribution of subsequent components. This visual assessment complements the Kaiser criterion and provides additional support for selecting a parsimonious and meaningful factor structure.



The scree plot illustrates the proportion of variance accounted for by each principal component in decreasing order. A sharp reduction in explained variance is observed among the initial components, followed by a gradual flattening of the curve. This pattern suggests that the early components describe the majority of meaningful information in the dataset, whereas subsequent components contribute progressively less. The point of inflection, or "elbow," commonly used to identify the optimal number of components to retain, is evident around the third or fourth component. Beyond this point, adding more components results in diminishing returns in explained variance. In this case, the first 10 components explain approximately 61% of the total variance, suggesting a moderate level of dimensionality reduction while preserving a significant portion of the dataset's information.

- **Factor Analysis (CFA)**

Confirmatory Factor Analysis- (CFA) is a statistical method, common in social sciences, used to test if a set of measured variables (indicators) accurately reflects a specific, unobserved theoretical concept (latent factor or construct), based on pre-defined hypotheses. It's a deductive technique that assesses model fit, confirming if items load onto their intended factors and if those factors are distinct, unlike Exploratory Factor Analysis (EFA) which discovers factor structures. Researchers use CFA to validate measurement scales, estimate relationships between factors, and understand how well items represent underlying traits like "job satisfaction" or "intelligence".



The confirmatory factor analysis model of work–life balance. The standardized factor loadings indicate that the observed variables significantly contribute to their respective latent constructs, thereby confirming that the measurement model is adequate and valid. Overall, the exploratory and confirmatory factor analyses confirm that work–life balance among healthcare employees is a multidimensional construct represented by distinct yet interrelated factors. The validated factor structure provides a robust basis for assessing employees' work–life balance and interpreting the overall findings of the study.

- **Overall Level of Work–Life Balance Among Healthcare Employees**

The general status of work–life balance among healthcare employees was evaluated by integrating the outcomes of the descriptive analysis (Table 1) with the results derived from the factor analysis. Work-life balance happiness, leisure time, work-personal life separation, and the lack of work-related stress at home are some of the variables that collectively show an employee's overall work-life balance status. The findings indicate that the majority of respondents experienced a moderate level of work–life balance. Although employees were able to manage their professional and personal responsibilities to some extent, achieving an optimal balance remained a challenge, the findings reveal persistent challenges related to occupational stress, rigid work schedules, night shifts, and limited recovery time. These factors continue to influence employees' ability to disengage from work and maintain personal wellbeing.

A smaller proportion of respondents reported a higher level of satisfaction, suggesting the presence of supportive organisational practices and coping mechanisms among some employees. However, the combined indications from the analysis suggests that work–life balance among healthcare employees remains sub-optimal rather than optimal, highlighting the need for organisational measures aimed at reducing work stress and improving flexibility and recovery opportunities.

Discussion

The empirical evidence indicates that multiple interconnected factors influence work–life balance among healthcare employees. Results from the descriptive analysis reflect a moderate level of work–life balance, suggesting that while employees partially succeed in managing work and personal demands, several challenges continue to exist. The exploratory factor analysis identified key dimensions related to work pressure and occupational stress, organizational support, work scheduling, family responsibilities, and job-related outcomes, highlighting the multidimensional nature of work–life balance. These outcomes are in agreement with earlier studies which suggest that organisational policies, workload pressures, and shift responsibilities substantially affect work–life balance among healthcare employees. The factor structure was further confirmed through confirmatory factor analysis, reinforcing the stability and significance of the identified factors. Taken together, the results reveal that excessive job demands and limited opportunities for recovery adversely impact work–life balance, emphasizing the importance of implementing supportive workplace policies and flexible scheduling to improve employee wellbeing.

Conclusion

The present study examined the critical factors influencing work–life balance among healthcare employees' using a factor analytic approach. The study indicates that healthcare employees' work–life balance remains at a moderate degree, reflecting the combined effects of occupational demands and organizational environments. The results highlight that occupational stress, demanding work schedules, and limited recovery time remain key challenges affecting employees' ability to balance professional and non- work life. Simultaneously, organizational support and workplace practices play a important role in mitigating these challenges. The multifaceted nature of work-life balance in the healthcare industry is confirmed by the established factor structure. In order to enhance work-life balance and maintain workforce productivity in healthcare organisations, the study emphasises the necessity of focused organisational interventions focused on stress management, flexible scheduling, and employee welfare.

References

1. Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). Consequences associated with work-to-family conflict: A review and agenda for future research. Journal of Occupational Health Psychology, 5(2), 278–308.
2. Burke, R. J., & Greenglass, E. R. (2001). Hospital restructuring, work–family conflict and psychological burnout among nursing staff. Psychology & Health, 16(5), 583–594.
3. Clark, S. C. (2000). Work/Family border theory: A new theory of work/family balance. *Human Relations*, *53* (6), 747–770. (4) (PDF) Review of Work-Life Balance Theories.
4. Ghalawat, S. & Dahiya, P., Work-Life Balance and Organization Practices- A study of Selected Bank in Sirsa. KAIM Journal of Management and Research, 3(1), 2010, pp 94-101.
5. Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. Academy of Management Review, 10(1), 76–88.

6. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). Multivariate data analysis (8th ed.). Cengage Learning.
7. Kumar, S., & Chakraborty, S. (2020). Work–life balance and job satisfaction among healthcare professionals. International Journal of Human Resource Studies, 10(3), 145–158.
8. Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsi, E., & Katsaounou, P. (2022). Prevalence of depression, anxiety, and stress among healthcare workers. Brain, Behavior, and Immunity, 92, 3–14.
9. Reddy, N. K., Vranda, M. N., Ahmed, A., & Nirmala, B. P. (2020). Work–life balance among healthcare professionals: A systematic review. Industrial Psychiatry Journal, 29(2), 217–222.
10. Shanafelt, T. D., West, C. P., & Sinsky, C. (2019). Changes in burnout and satisfaction with work–life integration in physicians. Mayo Clinic Proceedings, 94(9), 1681–1694.
11. Voydanoff, P. (2005). Toward a conceptualization of perceived work–family fit and balance. Journal of Marriage and Family, 67(4), 822–836.
12. Zhang, Y., Wu, J., & Li, H. (2024). Validation of a work–life balance measurement model among healthcare workers. Journal of Health Management, 26(1), 45–60.

❑❑❑