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Work–Life Balance Among Professional Nurses – A Mixed Methods Study

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Abstract

Background & Objectives: *Work–life balance (WLB) is an essential component of nurses' psychological well-being and professional effectiveness. Nurses in India frequently experience heavy workloads, shift duties, and emotional strain that disrupt personal–professional harmony. This study aimed to assess the level of WLB among professional nurses, determine its association with coping practices, and explore their lived experiences in managing work and personal responsibilities across healthcare settings.* ***Methods:*** *A mixed-methods descriptive design was adopted among 120 registered nurses working in selected healthcare institutions in the India–MMR region. Quantitative data were collected using a structured online questionnaire assessing WLB, coping strategies, and related demographic variables. Qualitative data were obtained through in-depth interviews with purposively selected participants to explore personal experiences and coping mechanisms. Quantitative data were analyzed using descriptive and inferential statistics, while thematic analysis was applied to qualitative narratives.* ***Results:*** *Most participants were aged 20–29 years (54.2%) with 1–4 years of experience (50.8%). The mean WLB score indicated low to moderate balance; 39.2 per cent reported poor WLB, 26.7 per cent moderate, and 34.2 per cent good. No significant associations were found between WLB and demographic variables. Thematic findings revealed four key areas: role overload and time constraints, adaptive coping and prioritization, supportive systems, and emotional resilience.* ***Interpretation & Conclusions:*** *Nurses' WLB is influenced more by workload, institutional flexibility, and coping strategies than by demographics. Strengthening supportive supervision, flexible scheduling, and self-care initiatives can enhance balance, job satisfaction, and retention in the nursing workforce.*

Keywords: Adaptive coping, burnout, job satisfaction, mixed-methods, nurses, psychological well-being, work–life balance

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INTRODUCTION

Work–life balance (WLB) refers to an individual's ability to manage professional responsibilities alongside personal and social commitments, ensuring overall psychological and physical well-being. In nursing, maintaining this equilibrium is particularly challenging due to the demanding nature of the profession, which involves long shifts, irregular working hours, high emotional labor, and administrative pressures [1, 2]. Nurses are expected to deliver consistent, high-quality care while managing personal obligations, such as family and health. Imbalance between these domains frequently results in stress, fatigue, and burnout, leading to absenteeism and a higher intent to leave the profession [3, 4].

A poor work–life balance has been associated with reduced job satisfaction, emotional

exhaustion, and compromised patient-care outcomes [5, 6]. Conversely, adequate WLB contributes to job satisfaction, resilience, and professional commitment. Studies have shown that both organizational and individual-level interventions – such as supportive supervision, flexible scheduling, mentorship, and self-care initiatives – can enhance psychological capital and improve job performance [7, 8]. Leadership styles that promote empathy and flexibility have also been identified as significant contributors to improved WLB among nurses [9].

RATIONALE AND SIGNIFICANCE

Work–life balance is fundamental to sustaining nurses' well-being and ensuring optimal patient outcomes. In India, where nurses form the largest component of the healthcare workforce, maintaining this balance is often difficult due to systemic factors including excessive workloads, staff shortages, emotional strain, and limited organizational support [10–12]. These challenges are compounded by the dual responsibilities that many female nurses shoulder in balancing professional duties with family roles. Studies have consistently reported that poor WLB among nurses contributes to higher turnover, lower morale, and diminished quality of care [13, 14].

The issue assumes greater urgency in the post-pandemic context. The COVID-19 crisis magnified work-related stressors, highlighting the need for institutions to promote employee well-being through flexible duty rosters, psychosocial support, and family-friendly policies [13, 14]. Strengthening WLB is thus vital not only for individual health but also for workforce sustainability, improved retention, and enhanced quality of healthcare delivery.

Despite recognition of these issues, limited empirical evidence exists regarding how nurses in India personally perceive and manage WLB. Most available studies are quantitative, emphasizing statistical associations between work-related variables and stress but offering limited understanding of underlying causes or coping mechanisms [14]. This gap underscores the need for a mixed-methods approach to integrate quantitative measurements with qualitative insights into nurses lived experiences.

MATERIAL & METHODS

Study Design

A descriptive mixed-methods design was adopted to comprehensively examine work–life balance (WLB) and coping practices among professional nurses. This approach combined quantitative and qualitative methods, enabling statistical analysis of trends alongside in-depth exploration of nurses lived experiences and coping strategies.

Study Setting

The study was carried out in selected healthcare settings across India, encompassing both public and private hospitals as well as nursing educational institutions. These diverse environments provided a broad understanding of WLB experiences across different healthcare contexts within the India–MMR region.

Population

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Sample Size and Sampling Technique

A total of 120 nurses were recruited through purposive sampling to ensure adequate representation across multiple departments, work shifts, and institutional categories. This sampling technique allowed the inclusion of participants with diverse demographic and professional backgrounds relevant to WLB experiences.

Data Collection Methods

Data were collected using both quantitative and qualitative methods to achieve data triangulation and enrich the understanding of WLB.

- *Quantitative Data:* A structured questionnaire, administered via Google Forms, was used to collect data on nurses' demographic characteristics, work schedules, job satisfaction, coping practices, and perceived barriers to maintaining balance between professional and personal life.
- *Qualitative Data:* In-depth, semi-structured interviews were conducted with a purposively selected subset of participants. The interviews explored nurses' lived experiences, coping strategies, and perceptions of institutional and family support in achieving work–life balance.

Data Analysis

- *Quantitative Analysis:* Data were analyzed using descriptive statistics, including frequency, percentage, mean, and standard deviation, to describe demographic characteristics and WLB levels. Inferential statistics such as correlation analysis were applied to determine associations between WLB and coping practices.
- *Qualitative Analysis:* Interview transcripts were subjected to thematic analysis. Data were coded, categorized, and reviewed iteratively to identify recurring patterns and themes that captured participants' perceptions and experiences related to WLB.

Validity and Reliability

To ensure instrument quality, the questionnaire was reviewed by a panel of five subject experts, including postgraduate and doctoral-level nursing professionals and a psychologist. The Content Validity Index (CVI) was ≥0.80, confirming acceptable content adequacy. A pilot study was conducted with five nurses from a neighboring community to test feasibility and clarity. Reliability coefficients were satisfactory, with Cronbach's alpha values of 0.78 for knowledge and 0.84 for attitude components.

For the qualitative component, credibility was established through member checking and peer debriefing, ensuring that interpretations accurately reflected participants' views.

Ethical Considerations

Ethical principles guided all stages of the study. Participants were informed about the study's purpose, procedures, potential risks, and benefits before providing consent electronically through Google Form instructions. Participation was voluntary, with the option to withdraw at any time without penalty. Confidentiality was maintained by de-identifying data and storing information securely. Cultural sensitivity was upheld throughout data collection by using neutral and respectful language.

RESULTS

Demographic Characteristics of Participants

The study involved 120 professional nurses from selected healthcare settings in India.

Participant Characteristics

A total of 120 professional nurses participated in the study, representing various healthcare settings in India. Most respondents were 20–29 years old (54.2%), followed by 30–39 years (30%), 40–49 years (15%), and 50–59 years (0.8%). Most participants resided in urban areas (55.8%), while 30 per cent lived in rural and 14.2 per cent in suburban regions.

Regarding educational qualifications, 45.8 per cent held a postgraduate degree, 35.8 per cent had an undergraduate degree, 11.7 per cent were diploma holders, and 6.7 per cent possessed a Ph.D. The participants were employed across clinical (46.7%) and educational (53.3%) settings. About half (50.8%) had 1–4 years of professional experience, while 19.2 per cent had over 12 years of service (Table 1).

Table 1. Frequency and percentage distribution of demographic variables.

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age	20–29 years	65	54.2
	30–39 years	36	30.0
	40–49 years	18	15.0
	50–59 years	1	0.8
Type of residence	Urban	67	55.8
	Rural	36	30.0
	Sub-urban	17	14.2
Educational status	DGNM	14	11.7
	UG degree in Nursing	43	35.8
	PG degree in Nursing	55	45.8
	Ph.D. in Nursing	8	6.7
Area of working	Clinical Nursing	56	46.7
	Educational Nursing	64	53.3
Years of experience	1–4 years	61	50.8
	5–8 years	18	15.0
	9–12 years	18	15.0
	12 and more	23	19.2
Awareness of work-life balance	Yes	64	53.3
	No	21	17.5
	Maybe	35	29.2
Source of information	Books	27	22.5
	Internet	47	39.2
	Friends	35	29.2
	Journal	7	5.8
	Never heard of	4	3.3

A majority (53.3%) reported awareness of the concept of work–life balance, while 17.5 per cent were unaware and 29.2 per cent were uncertain. The primary sources of information included the Internet (39.2%), friends (29.2%), books (22.5%), and journals (5.8%).

Table 2. Distribution of work-life balance levels among participants.

Work–life balance level	Score range	Frequency (n)	Percentage (%)
Very Low work-life balance	36–51	47	39.2
Moderate work-life balance	52–57	32	26.7
Good work-life balance	58–78	41	34.2

The overall Work-Life Balance (WLB) scores ranged from 36 to 78, with a median of 55, indicating a moderate level of balance. Among participants, 39.2% demonstrated very low WLB (36–51), 26.7% had moderate WLB (52–57), and 34.2% exhibited good WLB (58–78). These findings suggest that while some nurses maintained satisfactory balance, a substantial proportion experienced low equilibrium between professional and personal responsibilities (Table 2).

Association Between Work–Life Balance and Demographic Variables

Chi-square analysis revealed no statistically significant association ($p > 0.05$) between overall WLB scores and demographic factors such as age, educational level, work area, or years of experience. However, certain descriptive patterns were noted. Younger nurses (20–29 years) and those with fewer years of experience (1–4 years) tended to report lower balance levels compared to older or more experienced nurses. Participants with postgraduate education and those working in educational settings

reported slightly better WLB than clinical nurses, possibly due to predictable schedules and greater institutional flexibility. Nurses who had prior awareness of WLB – especially through online or professional sources – tended to report higher balance scores.

These findings indicate that while demographic factors alone may not determine WLB statistically, education, work setting, and awareness appear to influence how nurses manage work–life equilibrium.

Qualitative Findings

The qualitative component explored nurses lived experiences in managing work and personal responsibilities across healthcare settings. Through thematic analysis of in-depth interviews, six major themes and their associated subthemes were identified, illustrating the multifaceted nature of work–life balance (WLB) among nurses. The themes include: (1) Role Overload and Time Constraints, (2) Emotional Challenges in the Workplace, (3) Lack of Organizational Support, (4) Family and Social Pressures, (5) Coping and Adaptation Strategies, and (6) Organizational Interventions and Future Expectations. Table 3 provides a summary of the emergent themes and subthemes (Table 3).

Table 3. Themes and subthemes identified from qualitative analysis.

Themes	Subthemes
1.Role Overload and Time Constraints	Heavy Workload; Extended Duty Hours; Lack of Personal Time; Work–Home Conflict
2.Emotional Challenges in the Workplace	Stress and Emotional Fatigue; Lack of Emotional Support; Compassion Fatigue; Coping Mechanisms
3.Lack of Organizational Support	Inadequate Staffing; Limited Administrative Support; Lack of Recognition; Poor Infrastructure
4.Family and Social Pressures	Role Conflict at Home; Lack of Family Understanding; Social Expectations
5.Coping and Adaptation Strategies	Time Management and Prioritization; Emotional Regulation; Supportive Peer Relationships; Spiritual and Recreational Coping
6.Organizational Interventions and Future Expectations	Need for Flexible Scheduling; Supportive Work Environment; Professional Development Opportunities; Wellness and Support Programs

THEME 1: ROLE OVERLOAD AND TIME CONSTRAINTS

Sub-Theme 1: Heavy Workload

Participants described how demanding professional responsibilities often extended beyond scheduled hours, leading to fatigue and reduced personal time. Managing multiple patients, completing documentation, and handling emergencies left nurses physically and mentally exhausted.

"Even after night duty, I still manage family chores; there is no rest." (P5) "I often skip meals or rest to complete patient care tasks; it's exhausting." (P11)

Sub-Theme 2: Extended Duty Hours

Continuous long shifts with limited rest periods were frequently mentioned. Participants highlighted that extended hours reduced recovery time and disrupted personal routines.

"Sometimes I work 12 to 14 hours at a stretch, especially when staff are on leave." (P2) "After continuous night shifts, I feel completely drained, both mentally and physically." (P8)

Sub-Theme 3: Lack of Personal Time

Work commitments often interfered with family and leisure time, limiting opportunities for relaxation and socialization.

"I hardly get time to sit with my family; my children sleep before I return home." (P6) "Even on off days, I just want to sleep; I have no energy for social activities." (P14).

Sub-Theme 4: Work–Home Conflict

Nurses frequently experienced tension between professional and domestic responsibilities.

"My family sometimes complains that I care more for patients than for them." (P9) "I try to manage both home and hospital, but it's like running two full-time jobs." (P3)

THEME 2: EMOTIONAL CHALLENGES IN THE WORKPLACE

Sub-Theme 1: Stress and Emotional Fatigue

Participants described emotional exhaustion resulting from constant exposure to critical situations, emergencies, and deaths.

"When patients deteriorate suddenly, it affects me deeply; I keep thinking about it even after duty." (P7) "The constant stress of handling critical patients makes me emotionally tired." (P10)

Sub-Theme 2: Lack of Emotional Support

Many nurses felt their emotional well-being was neglected by their organizations.

"We rarely get appreciation; when mistakes happen, only blame follows." (P4) "There is no one to listen when we feel low or overworked." (P13)

Sub-Theme 3: Compassion Fatigue

Repeated exposure to patient suffering led to emotional detachment and fatigue.

"After years in ICU, I feel less emotional; sometimes I don't even react to death anymore." (P2)

"You care so much, but when you see repeated pain, your heart becomes tired." (P15)

Sub-Theme 4: Coping Mechanisms

Participants used personal strategies to cope with emotional stress, such as music or prayer.

"I listen to gospel songs after duty; it helps me calm down." (P1)

"Talking with colleagues about the day helps me release the pressure." (P9)

THEME 3: LACK OF ORGANIZATIONAL SUPPORT

Sub-Theme 1: Inadequate Staffing

Nurses frequently reported that staff shortages intensified workload and stress.

"We are always short-staffed; even one absent nurse makes the whole shift stressful." (P8)

"Sometimes one nurse handles more than 20 patients; that's too much." (P12)

Sub-Theme 2: Limited Administrative Support

Participants expressed dissatisfaction with insufficient managerial backing.

"Management focuses only on patient satisfaction, not staff well-being." (P3)

"When we raise issues, they promise changes, but nothing happens." (P11)

Sub-Theme 3: Lack of Recognition and Rewards

A lack of acknowledgment for their contributions lowered morale.

"Even a small word of appreciation would motivate us, but it rarely happens." (P14)

"We give our best, but there is no recognition or incentive." (P10)

Sub-Theme 4: Poor Infrastructure and Facilities

Inadequate restrooms, canteen services, and equipment increased workplace frustration.

"We don't even have proper space to sit during breaks." (P6)

"Sometimes, lack of instruments delays care and adds to our stress." (P2)

THEME 4: FAMILY AND SOCIAL PRESSURES

Sub-Theme 1: Role Conflict at Home

Balancing hospital duties with family obligations was described as one of the toughest aspects.

"After hospital work, I rush home to cook and take care of children; there's no break." (P5)

"My husband doesn't understand the pressure I face; he expects me to manage everything." (P9)

Sub-Theme 2: Lack of Family Understanding

Families sometimes failed to understand the unpredictable demands of nursing work.

"When I reach home late, they think I'm careless, not realizing the emergencies I handle." (P13)

"Family members sometimes complain that I prioritize work over them." (P8)

Sub-Theme 3: Social Expectations

Societal attitudes toward working women added further pressure.

"People say women should give priority to family, but nursing doesn't allow that balance." (P2)

"Neighbours and relatives often criticize me for missing family functions." (P15)

THEME 5: COPING AND ADAPTATION STRATEGIES

Sub-Theme 1: Time Management and Prioritization

Participants used systematic planning to allocate time for both professional and personal commitments.

"I prepare my next day's plan before sleeping; it helps me stay organized." (P1)

"I learned to finish key work first and delegate when possible." (P10)

Sub-Theme 2: Emotional Regulation

Maintaining calm under pressure was achieved through self-reflection and positive thinking.

"When I feel angry or tired, I take a short walk or stay quiet for a few minutes." (P6)

"I try to think positively even when work is heavy." (P12)

Sub-Theme 3: Supportive Peer Relationships

Peer support provided emotional relief and promoted team cohesion.

"Sharing problems with co-workers makes me feel lighter." (P8)

"We support each other during emergencies; that helps a lot." (P3)

Sub-Theme 4: Spiritual and Recreational Coping

Faith and leisure activities emerged as key restorative strategies.

"Praying gives me strength to face every duty calmly." (P14)

"I watch comedy shows or talk to friends to refresh my mind." (P11)

THEME 6: ORGANIZATIONAL INTERVENTIONS AND FUTURE EXPECTATIONS

Sub-Theme 1: Need for Flexible Scheduling

Participants emphasized the need for work schedules that accommodate family responsibilities.

"If shifts were planned fairly, it would reduce our stress." (P7)

"Rotational duties should consider our family needs too." (P2)

Sub-Theme 2: Supportive Work Environment

A culture of empathy and teamwork was viewed as essential for maintaining balance.

"If seniors are cooperative, the whole environment feels lighter." (P5)

"Encouragement from superiors makes a big difference." (P13)

Sub-Theme 3: Professional Development Opportunities

Continuous education and skill enhancement were perceived as motivating and empowering.

"Workshops and appreciation programs boost our morale." (P9)

"Learning new skills gives me confidence and happiness in my job." (P15)

Sub-Theme 4: Wellness and Support Programs

Nurses suggested introducing mental health support and wellness activities.

"We need periodic counseling to manage burnout." (P10)

"Simple wellness activities like yoga or team outings would help us relax." (P1)

Integration of Quantitative and Qualitative Findings

The integration of both data strands revealed that nurses with low WLB scores (39.2%) often experienced role overload, emotional exhaustion, and minimal institutional support, while those with moderate WLB (26.7%) reported employing adaptive coping and time management strategies. Nurses with good WLB (34.2%) attributed their balance to strong family support, positive workplace relationships, and emotional resilience.

Although demographic factors did not show statistical significance, qualitative insights underscored that organizational climate, managerial empathy, and individual coping mechanisms critically shaped work–life balance. The findings collectively highlight that promoting flexible work policies, peer support, and wellness initiatives can enhance nurses' well-being and professional sustainability.

DISCUSSION

This mixed-methods analysis reaffirms that work–life imbalance (WLB) remains a critical concern in nursing, directly influencing burnout, job satisfaction, and turnover intention. Consistent with global research, the present study found that nurses experiencing inadequate staffing, extended working hours, and role overload demonstrated lower levels of balance, whereas those who received organizational and supervisory support achieved better well-being and job satisfaction.

The findings mirror international evidence suggesting that organizational support systems, such as flexible scheduling, equitable workload distribution, and employee well-being policies, substantially enhance staff commitment and patient-care outcomes. Conversely, burnout and emotional exhaustion are intensified when empowerment, recognition, and communication channels are insufficient, underscoring the need for proactive institutional interventions.

Integrating work–life balance programs and promoting awareness across healthcare settings can serve as both preventive and restorative measures. Leadership practices that emphasize empathy, open dialogue, participatory decision-making, and recognition mechanisms have proven effective in sustaining morale and improving nurse retention. The present findings are consistent with previous research indicating that psychological capital and job satisfaction play a mediating role in the relationship between work–life balance and mental health. Likewise, studies have shown that managerial flexibility and supportive supervision are important determinants of workforce well-being and resilience.

Integration of Quantitative and Qualitative Findings

The integration of both datasets highlighted that nurses with lower WLB scores predominantly reported role overload, time pressure, and limited institutional support, as reflected in their qualitative narratives. Conversely, nurses with moderate to high WLB scores described employing adaptive coping strategies, prioritization, and emotional regulation techniques, supported by strong family involvement and empathetic supervisors. The convergence of findings illustrates that organizational climate and personal resilience mutually shape the WLB experience. Quantitative data revealed no significant association between demographic variables and WLB, but qualitative insights emphasized contextual and experiential influences – particularly workplace culture, leadership sensitivity, and the presence of collaborative peer networks.

Overall, this integration reinforces the importance of multi-level interventions – combining institutional policies, managerial training, and individual coping enhancement – to achieve sustainable work–life balance and holistic nurse well-being across healthcare settings.

CONCLUSION

This study highlights that work–life balance among professional nurses is influenced by role demands, organizational support, and individual coping strategies. Nurses with supportive supervisors, flexible schedules, and strong family or peer networks reported higher balance and well-being, while those facing heavy workloads and limited resources experienced stress and burnout. These findings underscore the need for institutional policies, managerial empathy, and targeted interventions to promote sustainable work–life balance, enhance job satisfaction, and improve overall nurse retention and patient-care quality.

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