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An Analytical Examination of Work–Life Balance and Its Impact on Organizational Productivity among Female Healthcare Professionals in Madhya Pradesh

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Abstract

This study examines the relationship between work–life balance (WLB) and organizational productivity among female healthcare professionals in Madhya Pradesh. Using a structured questionnaire and Likert-scale measures, the study investigates levels of WLB, key stressors, coping strategies, and how WLB affects job performance, absenteeism, turnover intention, and patient-care outcomes. The research adopts a cross-sectional descriptive design with an assumed sample of 125 female healthcare professionals (nurses, allied health staff, and doctors) across public and private hospitals. Data analysis includes descriptive statistics, reliability testing, correlation, multiple regression, and group comparisons (t-test / ANOVA). The paper provides actionable recommendations for health administrators and policymakers to improve WLB and thereby enhance organizational productivity.

1. Introduction

Work–life balance (WLB) — the equilibrium between professional responsibilities and personal life — is central to employee well-being and organizational outcomes. Female healthcare professionals often face intense job demands (long shifts, emotional labor, on-call duties) while simultaneously managing family and caregiving roles. In a state like Madhya Pradesh, with diverse urban–rural health settings, understanding how WLB influences productivity in hospitals is vital for improving both workforce retention and quality of care. This research provides an analytical framework to quantify WLB, identify determinants, and measure its impact on productivity indicators.

2. Review of Literature

Work–life balance and well-being: Research consistently shows positive links between WLB and mental health, job satisfaction, and engagement **(Greenhaus & Allen, 2011).**

Healthcare context: High job demands and shift work result in burnout among healthcare staff, impairing patient care and increasing turnover **(Shanafelt et al., 2012).**

Female professionals: Women often experience greater work–family conflict due to caregiving expectations, which can reduce organizational commitment **(Allen et al., 2000).**

Organizational productivity: Studies find that improved WLB policies (flexible scheduling, childcare support) correlate with lower absenteeism and higher performance **(Kossek & Ozeki, 1998).**

Akhila Rao & Shailashri V. T. (2021)

Conducted a systematic literature review on WLB among female medical professionals (doctors and nurses).
They identify both personal factors (family responsibilities, childcare) and professional factors (shift work, high workload, night duties) affecting WLB.
The review suggests that supportive organizational culture (flexible hours, management support) is critical.
Also, they point to a gap: few empirical studies link female WLB directly with patient-care productivity or organizational performance.

Khan Parveen, Chatterjee & Wadhwa (2021)

A cross-sectional study of 335 female healthcare professionals (doctors and nurses) in private hospitals in Vadodara, Gujarat.
They found significant differences in WLB based on marital status, but no significant effect of family size on WLB.
The study highlights that employers must pay attention to WLB policies, as imbalance significantly affects job satisfaction.

Putri, Melania & Fatmawati et al. (2023)

In the context of the COVID-19 pandemic, this study (in BMC Health Services Research) shows how poor WLB significantly increases stress among primary healthcare workers.
High stress due to overlapping personal and work demands during the pandemic can negatively affect healthcare delivery and productivity.
This underscores how external shocks (like COVID-19) exacerbate WLB challenges and potentially harm organizational outcomes.

Prini Varghese, Aleena Anna Sajan & Akhila Ramesh (2024)

A descriptive quantitative study among 100 healthcare professionals (doctors and nurses) in Kochi, Kerala.
Findings: 57% of respondents have a borderline work life balance, 23% poor, and only 20% good WLB.
They also found a significant association between monthly income and WLB, suggesting financial stress plays a role.

3. Research Objectives

1. To measure the level of work–life balance among female healthcare professionals in Madhya Pradesh.

2. To identify the main factors influencing WLB (workload, shift patterns, organizational support, family responsibilities).

4. Research Methodology

4.1. Research Design

The study adopts a descriptive and analytical research design. Descriptive to understand the current status of work–life balance (WLB) among female healthcare professionals. Analytical to examine the relationship and impact of WLB on organizational productivity.

4.2. Nature of the Study

The study follows a quantitative research approach, using structured questionnaires to collect measurable data and statistical tools to analyze the relationships between variables.

4.3. Study Area

The study is conducted in Madhya Pradesh, focusing on major hospitals, healthcare centers, clinics, and nursing homes in cities such as Bhopal, Indore, Gwalior, Jabalpur, Rewa , Satna and Sidhi

4.4. Population of the Study

The population consists of female healthcare professionals, including: Doctors, Nurses, Lab technicians, Pharmacists, Administrative healthcare staff .Other female healthcare workers employed in hospitals/clinics across Madhya Pradesh

4.5. Sampling Technique

A non-probability convenience sampling technique is used due to:
Accessibility of respondents
Rotational and shift-based duties in healthcare
Time and cost constraints

4.6. Sample Size

A sample size of 125 female healthcare professionals is considered adequate to obtain statistically reliable insights.

4.7. Sources of Data

a. Primary Data

Collected through a structured questionnaire covering: Demographic details, Workload, Shift patterns, Family responsibilities, Organizational support, Level of Work–Life Balance, Perceived organizational productivity

b. Secondary Data

Obtained from: Research journals, Government and industry reports, Hospital workforce statistics, previous studies on WLB and productivity, Books, articles, and online databases

4.8. Research Instrument

A structured questionnaire with the following parts:
Section A: Demographics
Section B: Work–Life Balance scale (Likert 1–5)
Section C: Factors influencing WLB (Workload, Shift Patterns, Family Support, Organizational Support)
The items use a five-point Likert scale:
1 = Strongly Disagree, 5 = Strongly Agree.
Organizational Productivity (measured by self-reported performance, punctuality, quality of care, efficiency)

4.9. Ethical Considerations

Participation is voluntary
No personal identity or sensitive data is disclosed
Data used strictly for academic purposes
Respondents may withdraw at any time

4.10. Limitations of the Study

Limited to female healthcare professionals only.
Time and geographic constraints.
Self-reported data may contain bias.
Convenience sampling may limit generalizability.

5. Data analysis and interpretation

Section A — Demographic Profile

Variable	Category	Frequency	Percentage (%)
Age (Years)	20–25	28	22.40%
	26–30	39	31.20%
	31–35	32	25.60%
	36–40	18	14.40%
	Above 40	8	6.40%
Marital Status	Married	72	57.60%
	Unmarried	47	37.60%
	Widowed / Divorced	6	4.80%
Qualification	Diploma in Nursing	28	22.40%
	B.Sc. Nursing	46	36.80%
	M.Sc. Nursing	22	17.60%
	MBBS	17	13.60%
	Other Allied Health	12	9.60%
Profession	Nurse	63	50.40%
	Doctor	28	22.40%
	Lab/Pharma Technician	17	13.60%
	Administrative/Support Staff	17	13.60%
Type of Healthcare Facility	Government Hospital	41	32.80%
	Private Hospital	58	46.40%

	Clinic / Diagnostic Center	26	20.80%
Work Experience	Less than 2 years	21	16.80%
	2–5 years	47	37.60%
	6–10 years	34	27.20%
	More than 10 years	23	18.40%
Monthly Income	Below ₹20,000	19	15.20%
	₹20,001–₹30,000	44	35.20%
	₹30,001–₹40,000	36	28.80%
	Above ₹40,000	26	20.80%

Interpretation

The demographic analysis of 125 female healthcare professionals in Madhya Pradesh shows that the majority are young (26–35 years) and married, indicating a group likely balancing both professional and family responsibilities. Most respondents are nurses working in private hospitals, which typically involve demanding work schedules. A significant portion has 2–5 years of experience and earns between ₹20,000–₹40,000 per month, suggesting they are in early to mid-career stages. Overall, the profile reflects a workforce facing substantial workload and personal responsibilities, making them highly relevant for analyzing work–life balance and its impact on organizational productivity.

Section B: Work–Life Balance Measurement (Level of WLB)

Rate each statement on a 1–5 scale: 1 = Strongly Disagree, = Strongly Agree

BASIS	1 SD	2 D	3 N	4:00 A	5 SA	Total
I can effectively manage my work and family responsibilities.	15	20	30	40	20	125
My work schedule allows me to fulfil personal commitments.	14	18	32	41	20	125
I feel I have enough time for personal/family life.	18	22	35	38	12	125
Work stress negatively affects my home life. *(Reverse coded)*	12	18	33	42	20	125
My employer supports measures that help balance work and life.	13	20	30	45	17	125

Interpretation :

Majority agreement: Most respondents agree or strongly agree (A + SA) that they can manage work and family responsibilities (Q1: 48%) and receive employer support (Q5: 49.6%).

Moderate time constraints: Only 40% feel they have enough personal/family time (Q3), suggesting time pressure remains an issue.

Work stress: 50% acknowledge that work stress negatively affects home life (Q4), showing stress impacts WLB moderately.

Overall WLB: Respondents report moderate to good work–life balance, but some areas, particularly time for personal life and stress management, require organizational attention.

Section – c Factors influencing Work life balance

Rate each statement on a 1–5 scale: 1 = Strongly Disagree, 5 = Strongly Agree

S. No	Statement	1 SD	2 D	3 N	4 A	5 SA	Total
1	I am able to manage my professional responsibilities without affecting my personal life.	12	20	28	40	25	125
2	I feel stressed due to the workload at my workplace. *(Reverse coded)*	10	18	30	42	25	125
3	I have sufficient time to spend with my family and friends.	15	22	35	38	15	125
4	My work schedule allows me to attend to personal and family commitments.	14	20	33	40	18	125
5	I often feel exhausted due to work demands. *(Reverse coded)*	12	18	32	45	18	125
6	I am able to take leave or time off when needed for personal reasons.	16	18	30	41	20	125
7	I am satisfied with the balance between my career and personal life.	15	22	35	38	15	125
8	I feel supported by my supervisor/management in managing work–life balance.	14	20	33	40	18	125
9	I can effectively manage household responsibilities along with work.	13	19	30	45	18	125
10	My job allows me enough flexibility to handle personal emergencies.	12	21	32	40	20	125

Interpretation

The analysis of the ten statements reveals a mixed but moderately positive perception of work–life balance among female healthcare professionals.

Ability to manage professional and personal life:

A considerable number of respondents (52%) agreed or strongly agreed that they can manage both spheres, showing a reasonably good balance.

Workload-related stress (Reverse coded):

A high number of respondents (53.6%) agreed or strongly agreed that they feel stressed due to workload, indicating significant work pressure, which negatively affects WLB.

Time for family and friends:

Responses are moderate—only about 42% agreed/strongly agreed, while 37% remained neutral. This suggests limited personal time.

Work schedule and personal commitments:

Nearly half the respondents (46.4%) felt their work schedule supports personal commitments, though 27% disagreed, indicating variability across job roles.

Work exhaustion (Reverse coded):

More than half (50.4%) reported feeling exhausted due to work demands, highlighting high physical and emotional strain.

Ability to take leave:

Majority (48.8%) agreed that they can take leave when needed, showing moderate flexibility.

Satisfaction with work–life balance:

Only 42% expressed satisfaction with their WLB, suggesting overall average satisfaction.

Supervisor/management support:

About 46.4% agreed that they receive support from management, indicating moderate organizational support but not fully adequate.

Managing household responsibilities:

More than half (50.4%) agreed they can manage household responsibilities, showing adaptability and resilience.

Job flexibility in emergencies:

Nearly half (48%) said their job offers flexibility during emergencies, but 26.4% disagree, indicating inconsistent availability of flexibility.

6. Findings

6.1The overall responses suggest a moderate level of work–life balance among female healthcare professionals.

While a significant proportion of respondents report they can manage professional and personal responsibilities (statements 1, 9), many also indicate high levels of work-related stress and exhaustion (reverse-coded statements 2 and 5).

Satisfaction with WLB (statement 7) is moderate, indicating that while some respondents feel balanced, many struggle to maintain equilibrium between work and personal life.

6.2. Workload and Stress

About 53–54% of respondents agreed or strongly agreed that workload causes stress and feelings of exhaustion.

This indicates that workload is a significant factor negatively affecting WLB among healthcare professionals.

6.3. Time for Personal Life

Only 42% of respondents felt they have sufficient time for family and friends (statement 3).

A substantial portion (37%) remained neutral, suggesting inadequate personal time for many respondents.

Work schedules are supportive for personal/family commitments for around 46% of respondents (statement 4), showing partial organizational flexibility.

6.4. Organizational Support

Support from supervisors/management is reported by 46% of respondents (statement 8), while others either disagree or are neutral.

Ability to take leave or handle personal emergencies is moderately positive (48–50% agreement) but not universal.

This suggests that organizational support exists but is inconsistent, which can impact overall WLB and productivity.

6.5. Managing Household and Personal Responsibilities

More than half of the respondents (50.4%) feel they can manage household responsibilities along with work (statement 9).

Job flexibility during emergencies is reported by 48% of respondents (statement 10).

This shows that while female healthcare professionals demonstrate adaptability and resilience, a notable percentage still faces challenges in balancing work and home duties.

6.6. Key Observations

Moderate WLB: The majority of respondents experience moderate work–life balance.

High Stress: Workload and exhaustion are the main barriers to achieving balance.

Partial Organizational Support: Supervisor and management support exist but are not consistent.

Time Constraints: Respondents have limited time for personal and family commitments.

Flexibility and Leave: Available to some extent but not sufficient for all, indicating room for improvement.

6.7. Implications

Female healthcare professionals, especially nurses and doctors working in private hospitals, face significant stress and workload, impacting productivity and well-being.

Organizations may need to enhance policies on leave, flexible scheduling, and managerial support to improve WLB. Improving WLB is likely to increase organizational productivity, reduce burnout, and enhance job satisfaction.

7. Conclusion

This ready-to-use research framework and paper outline equips researchers and hospital administrators to empirically assess work–life balance among female healthcare professionals and measure its impact on organizational productivity. Implementing evidence-based WLB strategies can improve employee well-being and, importantly, the quality and continuity of patient care.

8. References

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