

# Assessing Work-Life Balance Among Healthcare Employees: A Study in the Jammu Region, J&K (UT)

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## ABSTRACT

*Purpose: Work-life balance (WLB) is a crucial component of employee well-being, particularly in high-stress environments such as healthcare. This study explores the factors influencing WLB among healthcare employees in the Jammu region of Jammu and Kashmir (UT).*

*Design/Methodology/Approach: The primary data has been gathered from 150 participants with the help of structured questionnaire. In this analysis, those participants were considered who had given due importance to each question of the study and has given considerable amount of time for each part i.e. 138 valid responses for analysis. The Partial Least Squares Structural Equation Modeling (PLS-SEM) technique, implemented using Smart PLS 3, was considered to estimate the effect to estimate the effect organizational, personal, and social factors on WLB.*

*Findings: Personal factors have a strong and positive influence on work-life balance (WLB), whereas organizational and social factors do not demonstrate a significant effect. This highlights the critical role of individual attributes in shaping WLB among healthcare professionals.*

*Originality: This study offers meaningful insights for policymakers and healthcare administrators by emphasizing the need for targeted strategies that support employee well-being. It underscores the importance of*

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*addressing both personal and organizational challenges to foster a more balanced and sustainable work environment.*

**Keywords:** *Work-Life Balance, Healthcare Employees, Organizational Factors, Personal Factors, Social Factors, PLS-SEM, Jammu and Kashmir*

## INTRODUCTION

In today's fast-growing world, nearly every individual, regardless of gender, is part of the workforce, contributing to a highly competitive environment within organizations. In the pursuit of professional advancement and success, many individuals find themselves caught in a relentless race, often at the cost of balance and harmony in their lives. Work-life balance refers to the equilibrium between personal life and professional responsibilities, recognizing that both domains are interconnected and mutually influential. Although the concept of work-life balance is not new, globalization has prompted many organizations to reconsider their traditional practices and place greater emphasis on fostering WLB.

Work-life balance requires managing the demands of the workplace with the expectations from family, friends, and one's personal life (Shivakumar & Pujar, 2016). There will be negative effects when employees are unable to maintain work-life balance (Kumari & Devi, 2012), such as decreasing efficiency, increasing employees' turnover, job dissatisfaction, insecurity, increased stress level, etc. (Jeyarathnam, 2017). Work-life balance is defined as maintaining an equilibrium between the personal life of an employee and work life (Jyothi & Jyothi, 2012). With the adoption of technology, the line between work and personal life is gradually diminishing (Shaikh & Dange, 2017). To become successful in their respective career, people actively make compromises and sometimes their mental health suffers the most (Suguna & Franco, 2017). The work-life balance is based on the concept that work life and personal life complete one another in presenting perfection in one's life. Besides, people utilize adaptable working in different ways, bringing about changed results as far as prosperity and balance between well-being and work-life balance (Chung & van der Lippe, 2020, López-Igual & Rodríguez-Modroño, 2020). Today, work-life balance is an emerging industry that is applied to almost every sector. Maintaining a balance in work and family is quite difficult in the healthcare sector (Shivakumar & Pujar, 2016). The life of employees working in the

healthcare sector requires them to work in shifts, overtime, odd working hours, and take care of patients. This sector is physically taxing as well as having some psychological burdens (Shaikh & Dange, 2017). Due to the pandemic, a pressing demand arose in hospitals, creating havoc, which is physical and intellectual fatigue of healthcare workers, which addresses the need for work-life balance more importantly. It is evident that during the pandemic, workers were prone to stress and high levels of depression. The balance between work-life can influence worker execution both positively and negatively. A lop-sidedness between work and individual life can affect low efficiency and diminished execution of an individual for an association (Konrad & Mangel, 2000; Cohen & Liani, 2009). Be it doctors, nurses, physicians, or any other personnel in the healthcare industry, they are all burnt out with the heavy workload. The profession in which they work is very demanding, and the lives of the people depend on them. So, they should carry out a strategy that would strike a balance between their work and also reserve some time to carry out extra activities to liberate them from stressful situations. Cultural factors were a significant thought which is basically linked to work attitudes, beyond what is considered by the mere availability of flexible work arrangements (FWAs) as set out in human resource and other and other hierarchical strategies (Thompson, Beauvais & Lyness, 1999). The individual will feel worried when they come up short on essential assets to satisfy both professional and personal life. The past review states that work-life and personal life balance was emphatically connected with work fulfilment (Jackson & Fransman, 2018). In today's competitive world, it is indispensable to conduct research on WLB to find a balance between professional and private life. Thus, to arrive at a balance, it is extremely important for the workers to effectively manage their time and duty because work-life balance has become an important part of the life of employees as it determines their attitude in the workplace as well as in their personal life. A significant number of studies and ideas emerged in the past regarding this topic. The past research studies discuss the factors affecting work-life balance, like Organizational factors (Bakir, 2018; Kumar & Murthy, 2020; Ayar et al., 2022), Personal factors (Addagabottu & Battu, 2015; Carmen Trumello, et al., 2020; Kumar & Murthy, 2020), and Social factors (Delina & Raya, 2013; Sharmila & Vethirajan, 2020). For this research, the factors are categorized into 3 broad groups, such as organisational factors, personal factors, and social factors. Despite the increasing importance of work-

life balance, there is a limited number of studies on the work-life balance about Jammu, Jammu and Kashmir. The present research is conducted basically to analyse the work-life balance of employees in the healthcare sector of the Jammu region. Working in the medical services industry is a satisfying career path for some individuals, while it is known for long work hours, demanding schedules, and zero balance between personal and work life. Notwithstanding, keeping up with offset with home life is significant for all, even for clinical experts as well.

## REVIEW OF LITERATURE AND HYPOTHESES DEVELOPMENT

### Organisational Factors

The job satisfaction among the health care workers was reasonable (Azeem & Akhtar, 2014). Addagabottu and Battu (2015) highlighted significant differences in work conflict levels among women employees, influenced by sector-specific factors such as close supervision, work safety, and support. The various practices of work-life balance have exhibited job satisfaction and reduced employee turnover (Aamir et al., 2016). Aamir et al. (2016) further established a strong positive relationship between work-life balance and job satisfaction. Similarly, Anuradha (2016) found that coping strategies positively impact work-life balance. Organizational culture plays a vital role in work-life balance policy adoption (Adisa et al., 2017), and a supportive work culture significantly improves the work-life balance of healthcare professionals (Shaikh & Dange, 2017). Employees generally hold positive perceptions of work-life balance initiatives (Bakir, 2018). Working hours significantly affect work-life balance (Nizam & Kam, 2018; Ayar et al., 2022), and flexibility in working hours has a direct and positive impact on employee job performance (Oscar et al., 2019). Kumar and Murthy (2020) found that, although work-life balance is linked to overall job satisfaction among doctors, the majority were dissatisfied with the total number of hours they were employed. Burnout mediates the relationship between work-life balance and empathy (Seo et al., 2020), and work-life balance is positively linked to organizational commitment (Shabir & Gani, 2020). Bodendieck et al. (2022) identified a beneficial association between work-life balance and all dimensions of burnout—emotional exhaustion,

cynicism, and professional efficacy. Finally, organizational rewards and work-life balance significantly influence organizational commitment (Gurung & Bastola, 2022).

*H1: Organisational factors are positively linked to work-life balance.*

## Personal Factors

Kawase et al. (2013) found that Japanese women surgeons prioritize work, whereas respondents from the U.S. and Hong Kong, China, place greater emphasis on home life. Work conflict among women employees has been linked to negative attitudes and skill deficiencies (Addagabottu & Battu, 2015). Many employees, after completing their work, still think about their work, leading to significant stress and tension at home (Shivakumar & Pujar, 2016). Physical and mental stress are the most critical factors contributing to work-life imbalance (Rashmi Farkiya et al., 2017).

Bakir (2018) identified a statistically significant difference in how men and women perceive work-life balance initiatives, though no substantial distinction was found between married and unmarried employees. However, Gautam and Jain (2018) have published that factors significantly influencing employees' perceptions of work-life balance are gender, marital status, and family.

There was a significant increase in the level of stress, anxiety, trauma, and depression among healthcare workers who were actively involved in patient care (Carmen Trumello et al., 2020). Many doctors reported dissatisfaction with social gatherings, time spent with family, vacation time, and responsibilities related to dependents, though they found satisfaction with exercise time (Kumar & Murthy, 2020). Time management helps employees stay organized and overcome challenges, whereas poor time management leads to increased stress (Kumar & Murthy, 2020).

Ross et al. (2020) found that while a majority of respondents believe women surgeons have equal opportunities as men, some perceive gender discrimination in surgery. Vlachadis et al. (2021) reported no significant differences in marital status between women in cardiology and those in other specialties. Yufei Li et al. (2021) saw that the healthcare workers working during COVID-19 were leaning more towards a depressive mindset, PTSD, and an increased level of stress. Lastly, Ayar et al. (2022) highlighted a significant direct impact of gender on work-life balance.

*H2: Personal factors are positively linked to work-life balance.*

## Social Factors

Working women in the healthcare sector often struggle to socialize or find time for relaxation (Delina & Raya, 2013). Those living in joint families experience higher family conflict, regardless of their job roles, leading to a sense of lost control and reduced involvement in family life (Addagabottu & Battu, 2015). Poor work-life balance commonly results in tension and conflicts at both home and work, with 40% of employees feeling they do not have sufficient time to spend with their families (Shivakumar & Pujar, 2016). Nurses acknowledge that at some time period professional life undermines personal time, which results in a challenge in making time for personal aspects (Suguna & Franco, 2017). Women's efforts to achieve work-life balance are often hindered by patriarchal norms (Adisa et al., 2019) and societal structures (Mushfiqur et al., 2018). Social, family, and environmental support have a significant part in managing work-life balance challenges (Mushfiqur et al., 2018). Additionally, women perceive societal culture as an important factor persuading their ability to utilize work-life balance policies and maintain work and non-work self-efficacy (Brown et al., 2019). Social support and a strong sense of coherence are significant predictors of a high sense of coherence across all domains (Kowitlawkul et al., 2019). Work conflict levels vary significantly based on employment sector (Sharmila & Vethirajan, 2020). Employees working from home are found to get less social support from co-workers (Tejero et al., 2021). Exceeding working hours, heightened pressure from work target-driven expectations, childcare, elder care, and daily responsibilities are the foremost sources of conflict (Madesh & Sugumar, 2022).

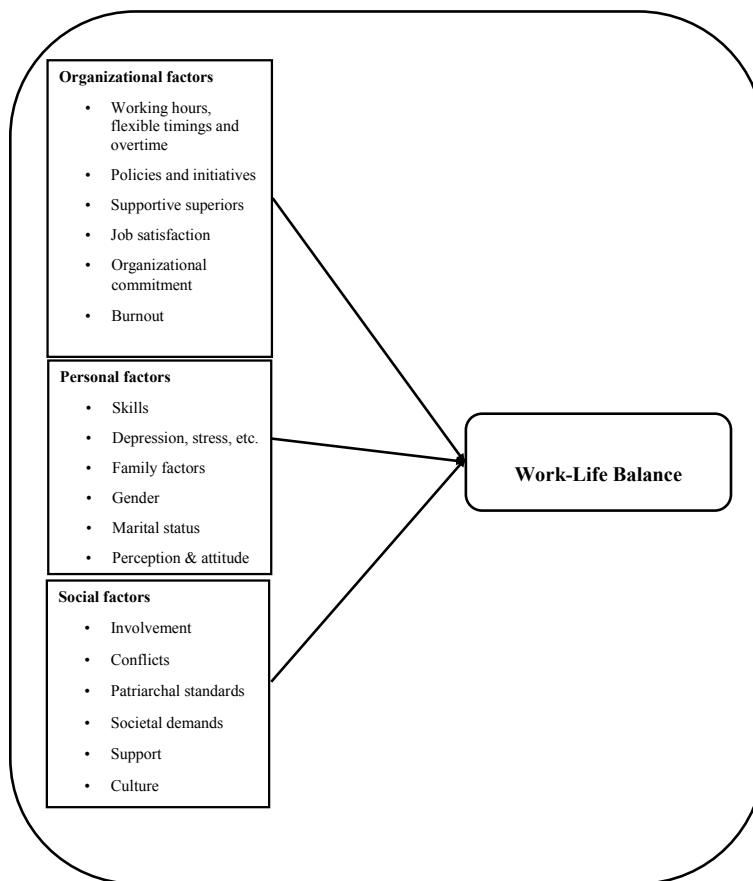
*H3: Social factors are positively linked to work-life balance.*

## RESEARCH METHODOLOGY AND DATA ANALYSIS

### Measurement Items Development

Past review of literature was focused in order to uncover the various dimensions of work-life balance, constructs, and validation of WLB measurements. The wording was improved so that it could suit the attributes of work-life balance, to maintain rational consistency, be easy to understand, proper sequence of questions asked, and be suitable for the context. The pilot testing was done. 10 panellists from the health care sector (including top-level, middle-level, and low level) were interviewed.

With the feedback from those panellists, the items were refined and finalized for the final collection of data. The undertaken items were assessed with the help of a five-point Likert scale, on which the responses were arranged from 1 (strongly disagree) to 5 (strongly agree). When the information was gathered, they were evaluated for missing values, outliers, nonresponse inclination, common method variance, normality, and multicollinearity (Tabachnick & Fidell, 2007; Hair et al., 2010). No important issues were found, allowing the data to be analysed using partial least squares-structural equation modelling (PLS-SEM) on Smart PLS SEM 3.



**Fig. 1: Conceptual Framework**

## Sample and Data Collection

Both online as well as offline survey was conducted to collect the data for the present study. Exploratory factor analysis (EFA) and Confirmatory factor

analysis (CFA) were performed to identify and validate the underlying structure of the scale, assess the dimensions of the constructs, examine the measurement model, and test the research hypotheses. To ensure data quality, an attention check question was included in the survey. Data was initially collected from 150 respondents. Responses from participants who spent less than 4 minutes completing the questionnaire were excluded, resulting in a final sample of 138 valid responses. The demographic characteristics of the sample are presented in Table 1.

**Table 1: Demographic Profile of the Respondents**

<b>Particulars</b>	<b>Name</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Level</b>	Top Level	13	9.420
	Middle Level	53	38.40
	Lower Level	72	52.17
	Total	138	100.0
<b>Age</b>	Below 25	29	21.01
	25 – 30	36	26.08
	30 – 35	49	35.50
	35 above	24	17.39
	Total	138	100.0
<b>Qualification</b>	Higher Secondary	28	20.28
	Graduate	27	19.56
	Post Graduate	49	35.50
	Others	34	24.63
	Total	138	100.0
<b>Income</b>	Below 50000	39	28.26
	50001 -100000	52	37.68
	1000001 -150000	31	22.46
	150000 above	16	11.59
	Total	138	100.0
<b>Experience</b>	0-5 Years	42	30.43
	5-10 Years	57	41.30
	10- 15 Years	23	16.67
	More than 15 Years	16	11.59
	Total	138	100.0

Source: Authors' findings.

## Data Analysis and Results

### Scale Assessment

SPSS 22.0 software was used to conduct the Exploratory Factor Analysis (EFA) to identify the structure of the scale and the underlying dimensions of the construct, utilizing principal component extraction and varimax rotation. Factors with eigenvalues greater than one were extracted, explaining 65.3% of the total variance. Factor loadings below 0.5 were excluded from the analysis (Choudhury and Karahanna, 2008). To assess the data and research hypotheses, Smart PLS 3 was used in the study, the objective of using the PLS-SEM technique that as it is more appropriate to evaluate small sample sizes (Chin et al., 2003). In order to assess the measurement and structural models, a two-step procedure was adopted.

### Cronbach Alpha

To find the various dimensions and factor-wise reliability, Cronbach alpha and composite reliability values are examined. The recorded alpha values as 0.679 (Organisational Factor) and 0.804 (Personal Factor), 0.913 (Social Factor), and 0.723 (Work Life Balance), which are above the threshold value of 0.6 (Raharjanti et al., 2022).

### Data Analysis and Results

*Measurement Model Analysis:* Partial least squares (PLS) was employed to assess both the measurement and structural models, ensuring greater theoretical parsimony and reduced model complexity (Wetzels et al., 2009). Additionally, PLS is well-suited for handling both reflective and formative constructs (Zheng et al., 2013). It is particularly appropriate for studies with small sizes, following the guideline that the minimum sample size should be at least ten times the number of items in the largest construct (Chin et al., 2003). For this study, we used a sample size of 138, which was adequate for using the PLS technique. CFA was conducted for the second round data set so as to evaluate the factor structure of the scale, which includes the assessment of convergent and discriminant validity. Convergent validity represents “the degree to which a latent construct explains the variance of its indicators” (Hair et al., 2017). The generally accepted cut-off values are 0.50 for the AVE and 0.70 for the factor loading of CR and the Cronbach’s alpha. In case the value of AVE is less than 0.40, delete the reflective indicator and if it is greater than 0.70, retain the reflective indicator, but in case greater than 0.40 or less than 0.70, then analyze the impact of the indicator on average variance

extracted (AVE) and CR. Table 2 presents the composite reliability (CR) values and Cronbach's alpha coefficients for all constructs, each exceeding the recommended threshold of 0.7, indicating acceptable, i.e., convergent validity is acceptable for all constructs in this study. The AVE for each construct surpasses 0.5. Discriminant validity, a subtype of construct validity, refers to the extent to which a construct is truly distinct from other constructs, particularly those it is theoretically unrelated to. To assess discriminant validity, factor correlations were examined, ensuring that the correlation between any two constructs was lower than the square root of the AVE of each construct (Chin et al., 2003).

**Table 2: Measurement Model Results**

Dimen- sions	Indicators Loadings	VIF	Factor	Composite Reliability (CR)	Cronbach's Alpha	Average Variance Extracted (AVE)
OF16	0.819	1.72	Organisa- tional Factor (OF)	0.709	0.679	0.505
OF3	0.622	1.229				
OF4	0.824	2.002				
OF6	0.337	1.255				
OF7	0.248	1.032				
OF8	0.275	1.238				
PF13	0.018	1.587	Personal Factor (PF)	0.648	0.804	0.647
PF15	0.137	1.322				
PF18	0.668	1.239				
PF2	0.517	1.316				
PF21	0.719	1.17				
PF3	0.092	1.496				
PF4	0.006	1.615				
PF5	0.088	1.468				
PF6	0.459	1.381				
SF12	0.351	1.102				
SF14	0.48	1.089				
SF2	0.599	1.129				
SF4	0.6	1.178				
SF5	0.537	1.189				

Dimen- sions	Indicators Loadings	VIF	Factor	Composite Reliability (CR)	Cronbach's Alpha	Average Variance Extracted (AVE)
WLB4	0.673	1.021	<b>Work Life Balance (WLB)</b>	0.812	0.723	0.827
WLB5	0.288	1.111				
WLB7	0.774	1.112				
WLB8	0.11	1.009				

Source: Authors' findings.

Table 3 demonstrates that the square roots of the AVEs are greater than their inter-construct correlations, thereby confirming the discriminant validity of the scale. To further assess discriminant validity, the heterotrait-monotrait ratio of correlations of constructs was also conducted. The results show that all the constructs' values pass the threshold values of 0.85 (Kline, 2010) or 0.95 (Gold & Malhotra, 2001).

**Table 3: Discriminant Validity**

	Organisational Factors	Personal Factors	Social Factors	Work-Life Balance
Organisational Factors				
Personal Factors	0.651			
Social Factors	1.476	0.968		
Work-Life Balance	0.953	1.246	1.253	

Source: Authors' findings.

### Testing Structural (Measurement) Model Analysis

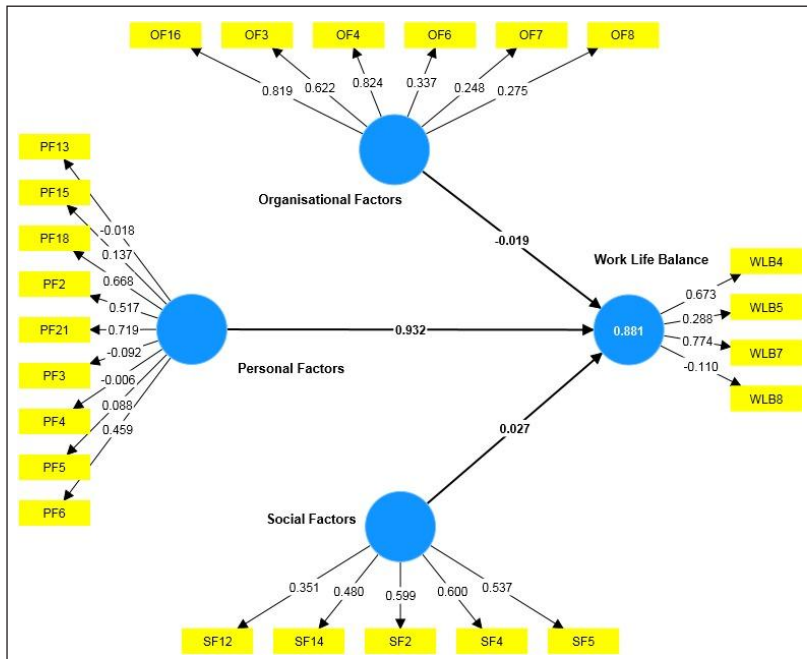
The bootstrapping techniques were used to evaluate the statistical importance of the weights of the first-order constructs and the path coefficients (Chin et al., 2003), which comprises taking a large number of subsamples from the original data sample with replacement and calculating standard errors, which in turn approximates normality. It provides t-values for structural path testing (Hair et al., 2017; Streukens & Leroi-Werelds, 2016; Wong, 2013). In this research, three direct relationships are examined through the structural model by analyzing

Table 4: Hypothesis Testing Results (Direct Effects)

Hyp	Relationships	R <sup>2</sup>	f <sup>2</sup>	SRW	T Statistics	P Values	Class Interval	
							LLCI	ULCI
H1	Organisational factor-> Work-Life Balance	0.019	0.007	0.078	0.245	0.806	-0.244	0.1
H2	Personal factor-> Work-Life Balance	0.932	0.883	0.093	9.975	0	0.872	1.051
H3	Social factor -> Work-Life Balance	0.027	0.046	0.089	0.302	0.763	-0.153	0.189

Source: Authors' findings.

the significance level, t-values using the bootstrapping function through Smart PLS 3.0. As Table 4 represents the path coefficient, with all the paths significant at the 1% level, the hypothesized relationships are supported. The direct relationship between Organisational factor and Work-Life Balance (SRW = 0.078, p value = 0.806), Social factor and Work-Life Balance (SRW = 0.089, p value = 0.763) is not significant. Hence, H1, H3 are rejected. However, Personal factor and Work-Life Balance (SRW 0.093, p value = 0.00) are showing a significant relationship, hence hypothesis H2 is accepted.



Source: Authors' findings.

Fig. 2

## DISCUSSION AND IMPLICATIONS

### Discussion

The assessment of work-life balance (WLB) among healthcare workers in the Jammu region of Jammu and Kashmir (UT) reveals significant understanding into the factors that influence their professional and personal equilibrium. The study emphasises how social influences,

organisational elements, and personal characteristics interact to shape WLB in high-stress healthcare settings. The study emphasises how crucial organisational elements are to work-life balance. Among healthcare workers, organisational structure and policies are important factors that determine WLB. The ability of employees to combine their personal and professional obligations is greatly impacted by working hours, overtime, and flexible scheduling alternatives. Long and erratic shifts, which are typical in healthcare settings, increase stress and cut into personal time, which lowers WLB and overall job satisfaction. Effective work environments are fostered in large part by policies and activities that reduce job-related stress, such as wellness programs and leave policies.

The study also emphasised the significance of individual characteristics in work-life balance. WLB is strongly impacted by personal traits, including abilities, mental health issues (such as stress and depression), and family obligations. Employees who experience high levels of stress and have fewer coping strategies find it difficult to balance their personal and work lives. Variations in WLB are also influenced by gender and marital status, with women frequently subjected to additional expectations from their families and society. Furthermore, healthcare personnel's perceptions and points of view about their jobs have a big impact on how well they can manage these areas. Workplace mentorship programs and supportive supervisors can reduce stress and improve work-life balance.

Additional study results emphasise the significance of social variables in work-life balance. WLB is shaped in part by social factors such as patriarchal ideals, cultural expectations, and society conventions. Conflicts between job commitments and social expectations are common among healthcare workers, especially women. Support from social networks, coworkers, and family is crucial for sustaining WLB. Workers who have strong social support report far higher levels of organisational commitment and job satisfaction. On the other hand, burnout and decreased productivity at work might result from a lack of support.

The overall picture showed that the Healthcare organizations in the Jammu region must undertake an extensive set of guidelines that should focus on organizational, personal, and social factors to improve WLB. Flexible working hours, mind health initiatives, and family-friendly policies can enhance employee well-being. Furthermore, fostering a supportive workplace culture and encouraging work-life integration in turn would be helpful in increasing satisfaction at work, decreasing work stress, and higher organizational commitment.

## Implications

The results of this research impose an important directive for healthcare administrators and policymakers in the Jammu region of Jammu and Kashmir (UT). Work-life balance (WLB) among healthcare workers is significantly influenced by personal characteristics; thus, management measures should be created to promote both individual well-being and a positive work environment. Policies that would allow for flexibility in work arrangements should be implemented by healthcare organisations. These policies should include reasonable working hours, opportunities for working from home when practical, and shift rotations that take into account individual needs. Furthermore, it is important to keep developing programs that support employees with mental health issues. Organisations should offer wellness programs, such as wellness-related consulting, stress management classes, and mindfulness training, to lower employees' stress levels, in addition to depression reduction initiatives. Giving workers access to mental health tools can improve their ability to handle stress at work. Companies ought to fund personal development initiatives that emphasise work-life integration tactics, skill improvement, and resilience building. Giving workers these abilities can improve their capacity to maintain consistency while successfully managing their personal and professional obligations. By promoting open communication, acknowledging work-life conflicts, and offering the required assistance, healthcare managers can cultivate a culture that places a high priority on employee well-being. Supervisors and managers ought to receive training on how to support and accommodate the individual needs of their staff.

Organizational factors, including working hours, flexibility, and overtime policies, must be managed to ensure balanced workloads. Maintaining adequate staffing levels is essential to prevent burnout and excessive stress among healthcare workers. Facilitating social support networks remains important. While social determinants did not demonstrate significant influence in this study, initiatives such as peer support groups, professional networking, and fostering a culture of mutual support may still enhance employee well-being. Organizations should address societal pressures, patriarchal norms, and workplace conflicts that impede employees' ability to maintain work-life balance (WLB). Healthcare institutions should cultivate environments that promote job satisfaction and organizational commitment. Recognizing employee

contributions, offering career development opportunities, and establishing a work culture that prioritizes balance can improve both engagement and productivity. Implementing these managerial strategies may increase employee fulfillment, reduce stress, and enhance healthcare service delivery in the Jammu region.

This study demonstrates the multifaceted nature of work-life balance (WLB) among healthcare employees in the Jammu region. Addressing organizational policies, individual well-being, and societal expectations is essential for creating a supportive environment for healthcare professionals, which can improve both employee fulfillment and patient care outcomes. Future research should prioritize interventions tailored to the specific challenges faced by healthcare workers in diverse regional and cultural contexts.

### **Limitations and Future Research**

Despite providing reasonable thoughts for the factors influencing work-life balance (WLB) among healthcare employees in the Jammu region, there is a number of limitations that must be considered. The data for this research is based on 138 replies, although they don't provide a full picture of the diverse healthcare workforce in the region. Additionally, the outcomes may not be used for other geographical locations or healthcare settings.

Since the data was collected through a self-reported questionnaire, there is a high chance for bias, and subjective interpretation may affect the reliability of the results. The study was conducted within a specific timeframe, potentially overlooking seasonal variations or long-term fluctuations in WLB among healthcare employees. Furthermore, the exclusion of participants who completed the survey in under four minutes may have inadvertently omitted perspectives that could have added depth to the analysis.

This study primarily examines organizational, personal, and social factors, but other crucial elements, such as workload intensity, job roles, work schedules, and psychological stress, were not considered, limiting a considerable perception of WLB determinants. Similar research conducted in various geographical areas or healthcare sectors would prove to be a productive source in sharing viewpoints on how WLB challenges vary across environments.

For increasing the generalizability of end results, the studies in the coming times should also undertake a wider and more diverse group for

researching across different healthcare settings and regions. Longitudinal studies would offer a more in-depth grasp of the evolution of WLB over time and its everlasting impact of various influencing factors. Additionally, supplementing quantitative data with qualitative methods such as interviews or focus groups could provide a more comprehensive perspective on the challenges healthcare employees face in giving equal importance to both professional and personal work. By addressing these limitations and expanding the research scope, future studies can contribute to a more nuanced understanding of WLB in healthcare, ultimately informing more effective policies and interventions.

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## ANNEXURE

### Organizational Factors

- Working hours, flexible timings and overtime- Nizam & Kam, 2018; Oscar et al., 2019; Kumar & Murthy, 2020; Ayar et al., 2022.
- Policies & initiatives- Aamir et al., 2016; Anuradha, 2016; Adisa, 2017; Bakir, 2018; Oscar et al., 2019.
- Supportive superiors- Addagabottu & Battu, 2015; Shaikh & Dange, 2017.
- Job satisfaction- Azeem & Akhtar, 2014; Aamir et al., 2016; Anuradha, 2016; Kumar & Murthy, 2020.
- Organizational commitment- Shabir & Gani, 2020; Gurung & Bastola, 2022.
- Burnout- Seo et al., 2020; Bodendieck at al., 2022.

### Personal Factors

- Skills- Addagabottu & Battu, 2015; Kumar & Murthy, 2020.
- Depression, stress, etc.- Rashmi Farkiya et al., 2017; Carmen Trumello et al., 2020; Yufei Li et al., 2021.
- Family factors- Shivakumar & Pujar, 2016; Gautam & Jain, 2018; Kumar & Murthy, 2020.
- Gender- Bakir, 2018; Gautam & Jain, 2018; Ayar et al., 2022.

- Marital status- Bakir, 2018; Gautam & Jain, 2018; Vlachadis et al., 2021.
- Perception & attitude- Kawase et al., 2013; Ross et al., 2020.

### **Social Factors**

- Involvement- Delina & Raya, 2013; Addagabottu & Battu, 2015; Shivakumar & Pujar, 2016; Suguna & France, 2017.
- Conflicts- Addagabottu & Battu, 2015; Shivakumar & Pujar, 2016; Sharmila & Vethirajan, 2020; Madesh & Sugumar, 2022.
- Patriarchal Standards- Mushfiqur et al., 2018; Adisa et al., 2019.
- Societal Demand- Mushfiqur et al., 2018.
- Support- Kowitlawkul et al., 2019; Tejero et al., 2021.
- Culture- Brown et al., 2019.