Available in online @ www.iaraindia.com
RESEARCH EXPLORER-International Journal on Economics and Business Management
ISSN: 2250-1940 (P) 2349-1647 (O)
Impact Factor: 8.276 (12OR), 3.676 (COSMOS)
Volume XIV, Issue 49
October - December 2025
Formally UGC Approved Journal (63185), © Author

A STUDY ON JOB SATISFACTION AND WORK LIFE BALANCE OF HEALTHCARE WORKERS IN MAYILADUTHURAI DISTRICT

S. KALYANI
Part-Time Research Scholar in Commerce
M.R.Government Arts College
(Affiliated to Bharathidasan University)
Mannargudi - 614 001

Dr. S. RAJKUMAR
Research Advisor
M.R.Government Arts College
(Affiliated to Bharathidasan University)
Mannargudi - 614 001

ABSTRACT

Work-life balance (WLB) refers to the equilibrium between professional responsibilities and personal life, where an individual is able to meet job demands while also maintaining family, social, and personal well-being. In healthcare settings, this balance is especially critical because healthcare workers are routinely exposed to long working hours, shift work (including nights and weekends), high emotional demands (owing to life-and-death situations, patient care, emergencies), as well as administrative load and constant need for updating skills. These pressures if unchecked lead to burnout, turnover, reduced job satisfaction, lower quality of patient care, and adverse effects on physical and mental health. The following are the objectives of the study, (i) to present the socio economic profile of the respondents, (ii) to find the variables which influence the work life balance of health care workers and (iii) to offer suggestions to the employees for work life balance of healthcare workers. The researcher have conducted the present study at Mayiladuthurai. Adopted convenient sampling method for data collection for this study. Structured questionnaire framed by the researcher and distributed the questionnaire to 200 health care workers, 183 questionnaires were only collected back from the sample respondents. All the 183 questionnaires were taken for analysis. The study concluded that the family members support and helps are more important for them, some families members are more support and help but not all. In this regard the employees should find time for them to come out from stress. This present study taken 183 samples in the study area. The suggestions presented for them to balance the work and life.

KEYWORDS: Work Life Balance, Health Care Workers, Work Stress, Family Support.

INTRODUCTION

Work-life balance (WLB) refers to the equilibrium between professional responsibilities and personal life, where an individual is able to meet job demands while also maintaining family, social, and personal well-being. In healthcare settings, this balance is

especially critical because healthcare workers are routinely exposed to long working hours, shift work (including nights and weekends), high emotional demands (owing to life-and-death situations, patient care, emergencies), as well as administrative load and constant need for updating skills. These pressures if unchecked lead to burnout, turnover, reduced job satisfaction, lower quality of patient care, and adverse effects on physical and mental health.

In India, a number of studies have examined WLB in health professionals — among nurses, doctors, women medical professionals, and paramedical staff. For example, research in Tamil Nadu among married female healthcare workers showed incompatibilities between workplace and non-work obligations, affecting well-being. Similarly, studies have highlighted the strain caused by workload, shift patterns, and lack of institutional support in multispecialty hospitals in other Indian states.

Mayiladuthurai District

Mayiladuthurai is a district in Tamil Nadu with a moderately dense health infrastructure: several government hospitals, primary health centres, and many sub-centres. The public health system here includes a mosaic of workers—sanitary workers, field assistants, medical personnel, supervisory officers—serving both urban and rural populations.

However, there is little documented research specific to Mayiladuthurai on how healthcare workers manage their work-life balance, particularly under the dual pressures of public health schemes (like doorstep screening for non-communicable diseases under Makkalai Thedi Maruthuvam) and everyday responsibilities of hospitals, primary health centres and community-level service.

STATEMENT OF THE PROBLEM & RATIONALE

Given the above, there is a clear gap: while national and regional studies reflect WLB challenges, each district has unique socio-cultural, organizational, and resource constraints that shape how healthcare workers experience work and life demands. Mayiladuthurai, being a semi-urban/ rural district with both governmental public health responsibilities and limited resources, presents a relevant case for understanding.

1. What are the major sources of work-life imbalance among health workers?
2. What are the consequences in terms of job satisfaction, mental health, retention, quality of care?

MAJOR SOURCES OF WORK-LIFE IMBALANCE AMONG HEALTH WORKERS

1. Long and Irregular Working Hours

Healthcare workers often work extended or rotating shifts, including nights and weekends. These irregular hours disturb personal routines and reduce family time.

2. Staff Shortages

A lack of sufficient staff leads to work overload and overtime, forcing employees to handle more patients or duties than manageable.

3. High Job Stress and Emotional Demands

Constant exposure to illness, emergencies, and patient suffering creates emotional strain and mental exhaustion.

4. Inadequate Rest and Recovery Time

Continuous shifts without proper rest breaks or days off lead to fatigue and burnout, affecting both work and home life.

5. Poor Management Support

Lack of understanding or flexibility from supervisors and administrators in granting leave or adjusting shifts increases conflict between work and family roles.

6. Family Responsibilities

Many healthcare workers, particularly women, face dual responsibilities — managing home, children, and elderly family members — which adds to stress.

7. Lack of Work Flexibility

Rigid scheduling systems and mandatory attendance policies make it difficult for employees to manage personal or family emergencies.

8. Inadequate Compensation and Recognition

Low pay or lack of recognition for effort can reduce motivation and increase frustration, worsening the feeling of imbalance.

9. Poor Organizational Climate

A stressful, unsupportive, or competitive work environment increases pressure and reduces opportunities for relaxation or teamwork support.

10. Commuting and Transportation Issues

Long travel times to and from hospitals or rural postings further reduce time available for personal and family life.

CONSEQUENCES IN TERMS OF JOB SATISFACTION, MENTAL HEALTH, RETENTION, QUALITY OF CARE

1. Job Satisfaction

- Work–life imbalance often leads to low job satisfaction because employees feel overworked and undervalued.
- When personal needs are neglected, motivation and commitment to the organization decline.
- Dissatisfied employees may show reduced enthusiasm and poor engagement in daily duties.

2. Mental Health

- Constant stress and lack of rest contribute to burnout, anxiety, depression, and emotional exhaustion.
- Poor mental well-being can impair decision-making, focus, and empathy towards patients.
- Over time, it can result in absenteeism or even physical health problems due to chronic stress.

3. Employee Retention and Turnover

- Employees facing imbalance are more likely to seek other jobs or leave the profession altogether.
- High turnover rates increase recruitment and training costs for hospitals.
- Retaining experienced staff becomes difficult, affecting team stability and performance.

4. Quality of Patient Care

- Work–life imbalance directly impacts the quality and safety of patient care.
- Fatigued or stressed workers may make more errors, show less patience, and have weaker communication with patients.
- Compassion fatigue and burnout can reduce the overall standard of healthcare delivery.

OBJECTIVES OF THE STUDY

1. To present the socio economic profile of the respondents.
2. To find the variables which influence the work life balance of health care workers.
3. To offer suggestions to the employees for work life balance of healthcare workers.

SAMPLING

The researcher have conducted the present study at Mayiladuthurai. Adopted convenient sampling method for data collection for this study. Structured questionnaire framed by the researcher and distributed the questionnaire to 200 health care workers, 183 questionnaires were only collected back from the sample respondents. All the 183 questionnaires were taken for analysis.

HYPOTHESIS

The socio economic profile of the respondents do not significantly influence the level of work life balance of health care workers.

TOOLS AND TECHNIQUES

The researcher used percentage analysis and chi square test for this study.

ANALYSIS

PERCENTAGE ANALYSIS

Percentage analysis used to present the socio economic profile of the respondents.

Table 1

Age group of the respondents

Sl. No.	Age group	Number of respondents	Percentage
1	Less than 30 years	25	13.66
2	31 years to 40 years	41	22.40
3	41 years to 50 years	71	38.80
4	Above 50 years	46	25.14
	Total	183	100

(Source: Primary Data)

The above table shows the age group of the sample respondents, out of 183 sample respondents, out of 183 respondents, twenty five (13.66%) respondents are less than 30 years old. Forty one (22.40%) respondents are between 31 years and 40 years. Seventy one (38.80%) respondents are between 41 years and 50 years and remaining forty six (25.14%) respondents are above 50 years old. Majority (38.80%) of the respondents are between 41 years and 50 years.

Table 2

Gender of the respondents

Sl. No.	Gender	Number of respondents	Percentage
1	Male	71	38.80
2	Female	112	61.20
3	Transgender	0	0
	Total	183	100

(Source: Primary Data)

The above table presents the gender of the respondents, out of 183 sample respondents, seventy one (38.80%) respondents are male and remaining one hundred and twelve (61.20%) respondents are female, 3rd option is transgender, which given to the respondents, during the data collection there were no transgender in the study area. Majority (61.20%) of the respondents are female.

Table 3

Marital status of the respondents

Sl. No.	Marital status	Number of respondents	Percentage
1	Married	141	77.05
2	Unmarried	42	22.95
	Total	183	100

(Source: Primary Data)

The above table shows the marital status of the respondents, out of 183 sample respondents, one hundred and forty one (77.05%) are married and the remaining forty two (22.95%) are unmarried. Majority (77.05%) of the respondents are married.

Table 4

Family type of the respondents

Sl. No.	Family type	Number of respondents	Percentage
1	Joint family	79	43.17
2	Nuclear family	104	56.83
	Total	183	100

(Source: Primary Data)

The above table shows the family type of the respondents, out of 183 sampler respondents, seventy nine (43.17%) respondents are joint families and remaining one hundred and four (56.83%) respondents are nuclear families. Majority (56.83%) respondents are nuclear families.

Table 5
Family members of the respondents

Sl. No.	Family members	Number of respondents	Percentage
1	3 members	37	20.22
2	4 to 5 members	77	42.08
3	Above 5 members	69	37.70
	Total	183	100

(Source: Primary Data)

The above table shows the family members of the respondents, out of 183 sample respondents, thirty seven (20.22%) respondents' family members are 3. Seventy seven (42.08%) respondents' family members are 4 to 5 and remaining sixty nine (37.70%) respondents' family members are above 5. Majority (42.08%) of the respondents' family members are 4 to 5.

Table 6
Years of experience of the respondents

Sl. No.	Years of experience	Number of respondents	Percentage
1	Less than 5 years	38	20.77
2	6 to 10 years	62	33.88
3	Above 10 years	83	45.35
	Total	183	100

(Source: Primary Data)

The above table shows the years of experience in their hospitals, out of 183 sample respondents thirty eight (20.77%) respondents are having less than 5 years of experience. Sixty two (33.88%) respondents are having 6 years to 10 years of experience and remaining eighty three (45.35%) respondents are having above 10 years of experience. Majority (45.35%) of the respondents are above 10 years of experience.

Family members support in job

Family members support is major contribution to the staff, especially health care workers. Health care workers are handling patients, their work place with sick people, so they have to update and spent more time in their work place. For it, family members understanding and support is more helpful to them to concentrate in their work. If there is any family issues and health issues they can't concentrate in their work. So family members support is more important for their work.

Table 7
Family members support in job

Sl. No.	Family members support	Number of respondents	Percentage
1	High level	45	24.59

2	Moderate level	72	39.34
3	Low level	66	36.07
	Total	183	100

(Source: Primary Data)

The above table shows the family members support in job which help for work life balance. Out of 183 sample respondents forty five (24.59%) respondents are having high level of family support. Seventy two (39.34%) respondents are having moderate level of family support and remaining sixty six (36.07%) respondents are having low level of family members support. Majority (36.07%) of the respondents are having moderate level of family support for their job.

Table 8
Level of work life balance of the respondents

Sl. No.	Level of work life balance	Number of respondents	Percentage
1	Low	39	21.32
2	Moderate	86	46.99
3	High	58	31.69
	Total	183	100

(Source: Primary Data)

The above table shows the level of work life balance of the respondents, out of 183 respondents, thirty nine (21.32%) respondents felt low level of work life balance. Eighty six (46.99%) respondents are felt moderate level of work life balance and remaining fifty eight (31.69%) respondents felt high level of work life balance. Majority (46.99%) of the respondents are felt moderate level of work life balance.

Chi Square Test

Table 9
Chi square test – Socio economic factors and work life balance

Sl. No.	Socio economic factors	Chi Square calculated value	DF	P – Value	Result
1	Age group	22.817	6	0.001	Significant
2	Gender	18.378	2	0.001	Significant
3	Marital status	14.042	2	0.001	Significant
4	Family type	21.944	2	0.001	Significant
5	Family members	17.635	4	0.001	Significant
6	Years of experience	18.328	4	0.001	Significant
7	Family members support	19.932	4	0.001	Significant

(Source: Primary Data)

The above table shows chi square result which socio economic factors influencing the level of work life balance of the health care workers. Age group (0.001), gender (0.001), marital status (0.001), family type (0.001), family members (0.001), years of experience (0.001) and family members support (0.001) are significantly influence the level of work life balance.

FINDINGS

- Majority (38.80%) of the respondents are between 41 years and 50 years.
- Majority (61.20%) of the respondents are female.
- Majority (77.05%) of the respondents are married.
- Majority (56.83%) respondents are nuclear families.
- Majority (42.08%) of the respondents' family members are 4 to 5.
- Majority (45.35%) of the respondents are above 10 years of experience.
- Majority (36.07%) of the respondents are having moderate level of family support for their job.

- Majority (46.99%) of the respondents are felt moderate level of work life balance.

SUGGESTIONS

1. Introduce Flexible Work Scheduling: Hospitals and clinics can allow flexible shift timings or rotation options, especially for female staff and those with family responsibilities, to help balance work and personal life.
2. Provide Adequate Staffing Levels: Many healthcare workers face work–life imbalance due to staff shortages. Recruiting additional nurses and support staff can reduce overtime and workload stress.
3. Implement Employee Wellness Programs: Organize stress management workshops, yoga sessions, or counselling support to help employees cope with mental and emotional strain.
4. Promote Supportive Leadership: Train supervisors and administrators to be empathetic and supportive of employee needs, including understanding family emergencies or time-off requests.
5. Ensure Proper Rest and Break Facilities: Provide designated rest areas and ensure employees get mandatory breaks during long shifts to recover physically and mentally.
6. Encourage Open Communication: Create a culture where healthcare workers can express work–life challenges without fear of judgment or penalty. Regular feedback sessions can help management understand real issues.
7. Introduce Childcare and Family Support Services: For hospitals with many female employees, offering on-site childcare or tie-ups with nearby childcare centers can significantly improve work–life balance.
8. Schedule Regular Rotations to Avoid Burnout: Rotate high-stress units (like emergency or ICU) with lower-stress departments (like OPD or administration) to avoid chronic exhaustion.
9. Offer Recognition and Rewards for Work Performance: Recognition programs (like "Employee of the Month") boost morale and reduce feelings of being overworked or undervalued, indirectly supporting balance and satisfaction.
10. Promote Awareness on Work–Life Balance: Conduct regular seminars or awareness programs highlighting the importance of maintaining personal well-being, time management, and work–life harmony.

CONCLUSION

The present study conducted in Mayiladuthurai, the researcher conducted this study at right time, because of sick people the health care workers are having more work load the cant balance the work and life. They are encage them self to earn money the same time work place should convenient and satisfy. The family members support and helps are more important for them, some families members are more support and help but not all. In this regard the employees should find time for them to come out from stress. This present study taken 183 samples in the study area. The suggestions presented for them to balance the work and life.

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