



An Empirical Study On The Perception Of Professionals Towards Work Life Balance In The Healthcare Industry.

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Abstract: Healthcare professionals perceive and experience work-life balance (WLB) in a high-pressure and emotionally demanding industry. Work-life balance is a vital issue ultimately affecting the wellbeing, as one's family and work are the most important essentials of everyone's life. Any competing demands of work and family life cause conflict and negatively affect the wellbeing of workers. In recent years, the importance of maintaining equilibrium between personal well-being and professional obligations has grown significantly, especially in sectors like healthcare, where job stress, long hours, and emotional labour are routine.

This study focuses on assessing the perception of Professionals towards Work Life Balance in the Healthcare Industry. There are aspects of work-life balance determined by family work conflict on the wellbeing of individuals, health, stress, mental health perspectives of the Professionals. The dimensions of WLB are identified and the relationship between the identified dimensions of work-life balance and various demographic variables as Gender, Years of Experience has also been studied. The impact of identified dimensions on Work life Balance of Professionals in Healthcare Sector is also the part of the analysis.

Here, Quantitative research methods are used for the study, and a sample population was chosen amongst participants by using a convenient sampling method. A self-designed questionnaire was floated to collect the primary data from the respondents. The Cronbach's alpha coefficients were derived. The data was analyzed using IBM SPSS version 27.

Index Terms - Work Life Balance, Stress, Mental Health, Healthcare Professionals, Dimensions.

I. INTRODUCTION

In the recent times of modern work culture, managing the limit between home and work is becoming more challenging (Sachin Gupta, 2016). A type of work life balance which defines, “the extent to which an individual is able to simultaneously balance the consecutive, emotional, and behavioral challenges of both paid work and the responsibilities of the family”. Work life Balance is the outcome of convergence of individual expectations and perceived accomplishments from different facets of the job. More the similarity between personal life and professional life persists, greater the balancing will be possible at it.

Thus, the Professional is expected to possess a multifaceted personality, to overcome the factors that affect the effectiveness on job, which tends them to be on stress continuously.

The healthcare sector presents unique challenges that severely test an individual & capacity to maintain work-life balance. Physicians and nurses often work extended shifts, respond to emergencies, and carry a psychological burden from patient interactions. The failure to uphold a healthy balance can eventually lead to burnout, increase in employee turnover and even worsening patient care outcomes.

Scope of the Paper:

The study focuses specifically on doctors and nurses working in the healthcare sector. These professionals face rigorous work schedules, emotional challenges, and shift duties. The study aims to understand their perception of WLB, the factors or dimensions of WLB, explore key challenges, to assess their job performance and well-being, and suggest interventions like flexible work schedules, mental health support, and workload management. The present study is focused on the Professionals of the Healthcare sector located in Pune.

A well-designed questionnaire consisting of fifteen items along with demographic information is used.

Review of Literature :

Poulou, M., Sudarsan, S. stated in his study, Work-life balance (WLB) is vital to the health of employees, especially in healthcare where extended work hours, emotional demands, and high stress levels are the norm. Negative WLB in healthcare results in job dissatisfaction, burnout, and turnover, which ultimately translate to compromised patient care and organizational performance. Healthcare facilities can prevent work-life conflict by implementing policies like flexible work schedules and employee assistance programs. By investing in the well-being of their employees, healthcare organizations can realize long-term gains that benefit both their employees and the patients they treat.

Chaudhuri, S., Arora, R., & Roy, P. Emerald concluded a comprehensive review of existing studies on work-life balance (WLB) policies and their impact on organizational outcomes within the Indian context. It emphasizes the importance of implementing employee-friendly WLB policies to achieve high organizational performance. The study categorizes WLB policies into statutory and non-statutory, discussing their implications for employee satisfaction and productivity. It also highlights the role of human resource development professionals in facilitating better WLB practices to enhance organizational outcomes.

Marwa R. Harb and Osama M. El-Kilany emphasized on organizational commitment, and job satisfaction among healthcare employees. The literature review reveals that employees who achieve a better WLB tend to report higher job satisfaction and improved psychological well-being, leading to greater organizational commitment. Supportive workplace policies, such as flexible working hours and health benefits, are crucial in helping employees manage the demands of their work and personal life. The healthcare sector poses unique challenges, including long shifts, emotional demands, and a high risk of burnout. However, relevant WLB strategies can alleviate these issues. Employees with better WLB are more engaged, have higher morale, and provide better patient care, as their psychological and physical resources are replenished. By promoting WLB, healthcare organizations can improve job satisfaction, reduce burnout, and ultimately enhance the quality of patient care.

(Khan, 2010) made an effort to assess the effects of job satisfaction, burnout at work, work-life balance and conflict on the intentions of doctors in Pakistan to leave their positions. According to the study, burnout at work has a considerable impact on doctors' work-life conflict and job satisfaction but has a little less impact on doctors' ability to maintain a healthy work-life balance. The doctor would experience more conflict in balancing work and personal obligations which would lead to job dissatisfaction and making them feel more burnt out at work.

Objectives of Study:

- To study and find the significant Dimensions contributing towards the aspect of work life balance in Healthcare Sector in Pune city.
- To study the relationship between the identified dimensions of work-life balance and various demographic variables as Gender, Years of Experience ...
- To analyze the relation of identified dimensions on Work life Balance of Professionals in Healthcare Sector in Pune city.

Research Methodology:

The present study is a descriptive analysis with a sample size of 105. The respondents are from the Healthcare Sector in Pune City and includes healthcare professionals, especially doctors and nurses, who are directly involved in patient care and face significant challenges in maintaining work-life balance due to long hours and emotional stress.

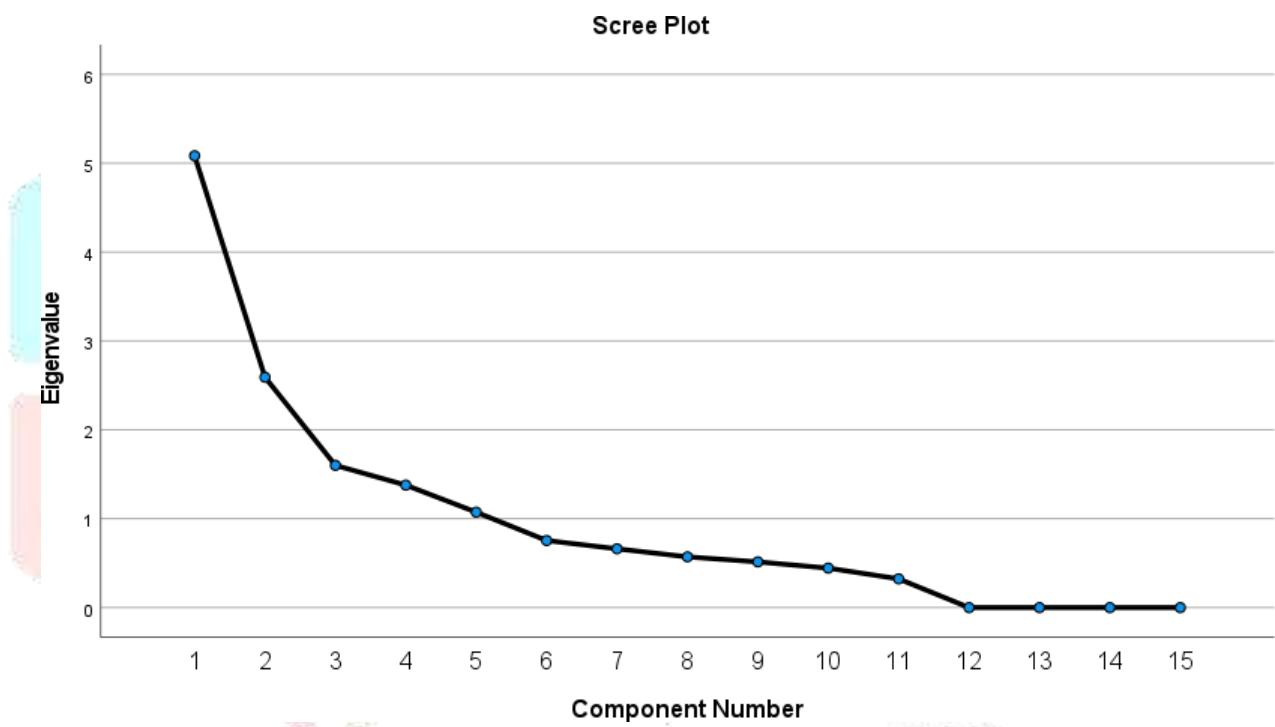
The technique of convenience sampling was employed to ensure data from sample. The data was collected through survey questionnaire by administering to the respondents. Five-point Likert scale ranging from 1 - STRONGLY DISAGREE, 2 - DISAGREE, 3 - NEUTRAL, 4 - AGREE

5 - STRONGLY AGREE.

Descriptive and inferential statistics were computed from the data to get substantive results and draw necessary conclusions.

Analysis & Findings:

- To study and find the significant Dimensions contributing towards the aspect of work life balance in Healthcare Sector.
- Table: 1 Scree Plot Plotting the Eigenvalues against Components



So, if we refer to the scree plot above, it shows the Factors identified which are having Eigen value more than 1. Thus, there are 5 factors identified here accordingly.

| | Rotated Component Matrix ^a | | | | |
|---|---------------------------------------|------|------|------|-------|
| | Component | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Does your workplace offer flexible work arrangements (e.g., shift adjustments, remote work)? | .974 | | | | |
| If flexible work arrangements were provided, would it improve your work-life balance? | .974 | | | | |
| My workload often feels excessive. | .974 | | | | |
| Work-related technology (emails, calls, messages) interferes with my personal time. | .518 | .333 | | .389 | |
| Time for health-related activities like exercise and rest is required. | | .957 | | | |
| Work-related stress affects my physical or mental health. | | .957 | | | |
| Excessive workload negatively impacts my personal and family life. | .359 | .429 | | .341 | -.351 |
| Maintaining an equal balance between work and personal life is important. | | | .976 | | |
| Should Health Care organizations adopt strategies such as flexible work arrangements, reduced working hours, and better mental health support to improve work-life balance? | | | .976 | | |
| I find it difficult to disconnect from work after working hours. | | | | .859 | |
| I feel pressured to prioritize work over personal life. | | | | .798 | |
| I feel supported by my colleagues and supervisors in managing work stress. | | | | | .743 |
| Limiting work-related communication outside office hours would improve work-life balance. | .387 | .303 | | | .605 |
| Workplace social support is essential for maintaining a good work-life balance. | | | .429 | | .494 |
| Work-life balance is important for overall job satisfaction in the Health Care Sector. | | | .433 | | .494 |

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 6 iterations.

Table: 2 Extracted components and their loading through Principal Component Analysis

From the above Extraction Method undertaken through Principal Component Analysis we get 5 Dimensions.

| Sr. No. | Factors Identified | No. of Items loaded |
|---------|-----------------------|---------------------|
| 1. | Workplace Condition | 1,2,3 |
| 2. | Health Considerations | 5,6 |
| 3. | Managing Well being | 8,9 |
| 4. | Job Involvement | 10,11 |
| 5. | Social Support | 12 |

Table: 3 Dimensions identified with Items loaded

Reliability Analysis:

Cronbach's alpha developed by Lee Cronbach in 1951 is the most common form of internal consistency reliability coefficient. Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. Researchers as a rule of thumb, require a reliability of 0.70 or higher (obtained on a substantial sample) before they will use an instrument.

Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|--|------------|
| | .775 | 10 |

Table : 4 Reliability Analysis Showing Cronbach Alpha

So, as the Reliability Statistics gives the Cronbach Alpha value of the defined 10 items of the work life balance scale is 0.753 which definitely indicates a good and acceptable reliability and internal consistency. The items of the scale thus are highly correlated and measures the concept of study.

Descriptive Statistics

| | N Statistic | Range Statistic | Minimum Statistic | Maximum Statistic | Sum Statistic | Mean Statistic | Std. Deviation Statistic | Variance Statistic | Skewness Statistic | Std. Error | Kurtosis Statistic | Std. Error |
|-----------------------|-------------|-----------------|-------------------|-------------------|---------------|----------------|--------------------------|--------------------|--------------------|------------|--------------------|------------|
| Health Considerations | 105 | 4 | 1 | 5 | 441 | 4.20 | .789 | .623 | -1.091 | .236 | 1.977 | .467 |
| Job Involvement | 105 | 3.0 | 2.0 | 5.0 | 388.5 | 3.700 | .8014 | .642 | -.222 | .236 | -.709 | .467 |
| Managing Well being | 105 | 4 | 1 | 5 | 464 | 4.42 | .806 | .650 | -1.810 | .236 | 3.998 | .467 |
| Social Support | 105 | 4 | 1 | 5 | 391 | 3.72 | .935 | .875 | -1.214 | .236 | 1.126 | .467 |
| Workplace Condition | 105 | 3 | 2 | 5 | 420 | 4.00 | .693 | .481 | -.882 | .236 | 1.759 | .467 |
| Valid N (listwise) | 105 | | | | | | | | | | | |

Table :5 Work Life Balance Profile Score

The 10-item questionnaire helps us to understand the work life balance related attributes on identified dimensions.

The mean score of each variable could theoretically range from 3+ to 4+. The data collected through the instrument have been compiled and presented. Analysis of results reveals that the mean values of all the 5 dimensions i.e. Health Considerations, Job Involvement, Managing Well Being , Social Support and Work place conditions are quite high on a 5-point scale. In comparison to all, Job Involvement counts to be the lowest seemingly people are aware with the management of the related involving themselves and to desirable extent only and Health Considerations projects to be the highest, remarkably good towards managing the health concerns well.

- To study the relationship between the identified dimensions of work-life balance and various demographic variables as Gender, Years of Experience ...

Gender:

| Gender | | Workplace Condition | Report | | | |
|--------|--------------------|---------------------|-----------------------|---------------------|-----------------|----------------|
| | | | Health Considerations | Managing Well being | Job Involvement | Social Support |
| Female | Mean | 3.94 | 4.17 | 4.48 | 3.596 | 3.77 |
| | Std. Deviation | .698 | .785 | .804 | .8691 | .877 |
| | Variance | .487 | .617 | .647 | .755 | .769 |
| | Kurtosis | 2.088 | .579 | 3.229 | -.999 | .378 |
| | Std. Error of Mean | .097 | .109 | .112 | .1205 | .122 |
| | N | 52 | 52 | 52 | 52 | 52 |
| Male | Mean | 4.06 | 4.23 | 4.36 | 3.802 | 3.68 |
| | Std. Deviation | .691 | .800 | .811 | .7228 | .996 |
| | Variance | .478 | .640 | .657 | .522 | .991 |
| | Kurtosis | 1.695 | 3.643 | 5.295 | -.262 | 1.515 |
| | Std. Error of Mean | .095 | .110 | .111 | .0993 | .137 |
| | N | 53 | 53 | 53 | 53 | 53 |
| Total | Mean | 4.00 | 4.20 | 4.42 | 3.700 | 3.72 |
| | Std. Deviation | .693 | .789 | .806 | .8014 | .935 |
| | Variance | .481 | .623 | .650 | .642 | .875 |
| | Kurtosis | 1.759 | 1.977 | 3.998 | -.709 | 1.126 |
| | Std. Error of Mean | .068 | .077 | .079 | .0782 | .091 |
| | N | 105 | 105 | 105 | 105 | 105 |

Table :6 Statistical Analysis across Gender and Dimensions

H0: There is no significant relationship between the Gender and the qualitative dimensions of Work Life Balance in Healthcare Sector.

| ANOVA Table | | | | | | | | |
|--------------------------------|--|---------------------------|--|--------|-------------|-------|-------|------|
| | | Sum of Squares | | df | Mean Square | F | Sig. | |
| Workplace Condition * Gender | | Between Groups (Combined) | | .343 | 1 | .343 | .711 | .401 |
| | | Within Groups | | 49.657 | 103 | .482 | | |
| | | Total | | 50.000 | 104 | | | |
| Health Considerations * Gender | | Between Groups (Combined) | | .075 | 1 | .075 | .119 | .731 |
| | | Within Groups | | 64.725 | 103 | .628 | | |
| | | Total | | 64.800 | 104 | | | |
| Managing Well being * Gender | | Between Groups (Combined) | | .392 | 1 | .392 | .602 | .440 |
| | | Within Groups | | 67.169 | 103 | .652 | | |
| | | Total | | 67.562 | 104 | | | |
| Job Involvement * Gender | | Between Groups (Combined) | | 1.111 | 1 | 1.111 | 1.742 | .190 |
| | | Within Groups | | 65.689 | 103 | .638 | | |
| | | Total | | 66.800 | 104 | | | |
| Social Support * Gender | | Between Groups (Combined) | | .213 | 1 | .213 | .241 | .624 |
| | | Within Groups | | 90.778 | 103 | .881 | | |
| | | Total | | 90.990 | 104 | | | |

Table :7 ANOVA results on Gender and the Dimensions

In the mentioned values above where P- value is 0.02 , and none of the sig. values derived are ≤ 0.02 so the null hypotheses is accepted.

Years of Experience :

| | | Report | | | | |
|-------|--------------------|---------------------|-----------------------|---------------------|-----------------|----------------|
| | | Workplace Condition | Health Considerations | Managing Well being | Job Involvement | Social Support |
| 0-5 | Mean | 3.95 | 4.15 | 4.48 | 3.650 | 3.90 |
| | Std. Deviation | .699 | .755 | .748 | .8351 | .838 |
| | Variance | .489 | .570 | .559 | .697 | .702 |
| | Kurtosis | 1.647 | .616 | 2.496 | -.952 | 4.299 |
| | Std. Error of Mean | .090 | .097 | .097 | .1078 | .108 |
| | N | 60 | 60 | 60 | 60 | 60 |
| 11-5 | Mean | 4.41 | 4.06 | 4.35 | 3.912 | 3.53 |
| | Std. Deviation | .618 | .659 | .786 | .6900 | .943 |
| | Variance | .382 | .434 | .618 | .476 | .890 |
| | Kurtosis | -.443 | -.314 | 4.024 | -.785 | -.530 |
| | Std. Error of Mean | .150 | .160 | .191 | .1674 | .229 |
| | N | 17 | 17 | 17 | 17 | 17 |
| 16-20 | Mean | 3.75 | 4.00 | 4.50 | 3.375 | 4.00 |
| | Std. Deviation | .500 | .816 | .577 | .4787 | .000 |
| | Variance | .250 | .667 | .333 | .229 | .000 |
| | Kurtosis | 4.000 | 1.500 | -6.000 | -1.289 | . |
| | Std. Error of Mean | .250 | .408 | .289 | .2394 | .000 |
| | N | 4 | 4 | 4 | 4 | 4 |
| 6-10 | Mean | 3.88 | 4.46 | 4.29 | 3.729 | 3.38 |
| | Std. Deviation | .680 | .932 | .999 | .8338 | 1.135 |
| | Variance | .462 | .868 | .998 | .695 | 1.288 |
| | Kurtosis | 4.109 | 7.751 | 4.956 | -.167 | -.851 |
| | Std. Error of Mean | .139 | .190 | .204 | .1702 | .232 |
| | N | 24 | 24 | 24 | 24 | 24 |
| Total | Mean | 4.00 | 4.20 | 4.42 | 3.700 | 3.72 |
| | Std. Deviation | .693 | .789 | .806 | .8014 | .935 |
| | Variance | .481 | .623 | .650 | .642 | .875 |
| | Kurtosis | 1.759 | 1.977 | 3.998 | -.709 | 1.126 |
| | Std. Error of Mean | .068 | .077 | .079 | .0782 | .091 |
| | N | 105 | 105 | 105 | 105 | 105 |

Table :8 Statistical Analysis across Experience and Dimensions

H0: There is no significant relationship between the years of Experience of Professionals and the qualitative dimensions of WLB in Healthcare Sector.

ANOVA Table

| | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---------------------------|----------------|-----|-------------|-------|------|
| Workplace Condition * Years of Experience in the Health Care. | Between Groups (Combined) | 3.657 | 3 | 1.219 | 2.657 | .052 |
| | Within Groups | 46.343 | 101 | .459 | | |
| | Total | 50.000 | 104 | | | |
| Health Considerations * Years of Experience in the Health Care. | Between Groups (Combined) | 2.250 | 3 | .750 | 1.211 | .310 |
| | Within Groups | 62.550 | 101 | .619 | | |
| | Total | 64.800 | 104 | | | |
| Managing Well being * Years of Experience in the Health Care. | Between Groups (Combined) | .738 | 3 | .246 | .372 | .774 |
| | Within Groups | 66.824 | 101 | .662 | | |
| | Total | 67.562 | 104 | | | |
| Job Involvement * Years of Experience in the Health Care. | Between Groups (Combined) | 1.355 | 3 | .452 | .697 | .556 |
| | Within Groups | 65.445 | 101 | .648 | | |
| | Total | 66.800 | 104 | | | |
| Social Support * Years of Experience in the Health Care. | Between Groups (Combined) | 5.730 | 3 | 1.910 | 2.263 | .086 |
| | Within Groups | 85.260 | 101 | .844 | | |
| | Total | 90.990 | 104 | | | |

Table: 9 ANOVA results on Experience and the Dimensions

Here the p value of 0.052 indicates a borderline significant result (Standard Sig level is 0.05)in terms of workplace condition and years of Experience , though statistically not significant but there might be a trend . So, hypothetically, null hypothesis is accepted in case of all the dimensions in terms with the years of Experience of the Professionals.

- To analyze the relation of identified dimensions on Work life Balance of Professionals in Healthcare Sector in Pune city.

| | | Correlations | | | | | |
|-----------------------|---------------------|---------------------|-----------------------|---------------------|-----------------|----------------|-------------------|
| | | Workplace Condition | Health Considerations | Managing Well-being | Job Involvement | Social Support | Work Life Balance |
| Workplace Condition | Pearson Correlation | 1 | .299** | .052 | .372** | -.074 | .557** |
| | Sig. (2-tailed) | | .002 | .601 | <.001 | .452 | <.001 |
| | N | 105 | 105 | 105 | 105 | 105 | 105 |
| Health Considerations | Pearson Correlation | .299** | 1 | .154 | .286** | -.016 | .619** |
| | Sig. (2-tailed) | | .002 | | .116 | .874 | <.001 |
| | N | 105 | 105 | 105 | 105 | 105 | 105 |
| Managing Well-being | Pearson Correlation | .052 | .154 | 1 | .122 | .129 | .549** |
| | Sig. (2-tailed) | | .601 | .116 | | .215 | <.001 |
| | N | 105 | 105 | 105 | 105 | 105 | 105 |
| Job Involvement | Pearson Correlation | .372** | .286** | .122 | 1 | -.144 | .580** |
| | Sig. (2-tailed) | | <.001 | .003 | .215 | | <.001 |
| | N | 105 | 105 | 105 | 105 | 105 | 105 |
| Social Support | Pearson Correlation | -.074 | -.016 | .129 | -.144 | 1 | .399** |
| | Sig. (2-tailed) | | .452 | .874 | .188 | .144 | <.001 |
| | N | 105 | 105 | 105 | 105 | 105 | 105 |
| Work Life Balance | Pearson Correlation | .557** | .619** | .549** | .580** | .399** | 1 |
| | Sig. (2-tailed) | | <.001 | <.001 | <.001 | <.001 | <.001 |
| | N | 105 | 105 | 105 | 105 | 105 | 105 |

**. Correlation is significant at the 0.01 level (2-tailed).

Table:10 Correlation Matrix of WLB and the Dimensions of WLB

This image displays a correlation matrix, which shows the Pearson correlation coefficients between several variables related to work life balance along with their significance levels (Sig. (2-tailed)) and the number of observations (N).

Variables:

Workplace Condition Health Considerations Managing Well-being Job Involvement Social Support

Work Life Balance: This shows significant positive correlations with almost all other variables, suggesting that better work-life balance is associated with:

- Strong positive correlation with **Workplace Condition** ($r = 0.557$, $p < 0.001$)
- Strong positive correlation with **Health Considerations** ($r = 0.619$, $p < 0.001$)
- Strong positive correlation with **Managing Well-being** ($r = 0.549$, $p < 0.001$)
- Strong positive correlation with **Job Involvement** ($r = 0.580$, $p < 0.001$)
- Moderate positive correlation with **Social Support** ($r = 0.399$, $p < 0.001$)

Work Life Balance, which is positively and significantly correlated with all other variables. This suggests that improvements in workplace conditions, health considerations, managing well-being, job involvement, and social support are all associated with a better work-life balance.

Conclusion:

This study is based on the identified dimensions of Work Life Balance as per the factor analysis conducted on the data collected from the defined sample from the Professionals of the Healthcare sector in Pune city. The Demographic reflections (Gender and Years of Experience) on the aspect of WLB here in this study is not significant.

The analysis of correlations strongly indicates that Work-Life Balance is a pivotal outcome, significantly and positively influenced by a range of organizational and personal factors within the healthcare sector. Specifically, the findings reveal that a better Workplace Condition, greater attention to Health

Considerations, effective Management of the Well-being strategies, higher Job Involvement and adequate Social Support are all statistically significant predictors of improved Work-Life Balance among healthcare professionals.

Therefore, for healthcare organizations aiming to enhance employee retention, reduce burnout, and promote overall staff well-being, strategic interventions should focus on a multi-faceted approach that addresses improvements in the workplace environment, proactively supports health and well-being, cultivates meaningful job involvement, and bolsters social support networks. Prioritizing these areas will likely lead to substantial gains in the crucial area of Work-Life Balance for healthcare professionals.

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