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A Study On Work Life Balance Among Nurses **Working In Private Hospitals With Special Reference To Salem City**

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ABSTRACT: Nurse in Healthcare industry has to do lot of activities in the Hospitals. They have to do Consultation and diagnosis, helping patients, patient wellness and take care of emotional, social, physical, cognitive and spiritual needs of the patient's family members. Apart from these, the nurse has to communicate with the patient and family members and clears their doubt about the health condition of the patient. After doctor consultation, nurse duty to prevent medication errors and ensures patients receive the correct treatment and therapy. Nurses take care of their patients in hospitals like a mother take care of their children. The care delivered to a patient depends on the stage of illness. Nurse clears all doubts like a teacher to the patient when they confused about certain procedures and steps in the medication. Nurse has to enquire each and everything about patient health & take care of it. The role of the nurse in patient care is to deliver 100% patient satisfaction. Hence, the role of a nurse in a hospital is heavy and her work life balance is suffered due to the work stress. Hence researcher decided to study the QWL of nurses in Salem City. The quality of work among the nurses in Salem hospitals is not at the appreciable level especially among the nurses. The higher perception on quality or work life among the nurses have a significant positive impact on job satisfaction, organizational commitment, human resource development which enables the organization to effectively competent in varying economic environments. Hence researcher decided to undertake the study to evaluate the QWL of nurses in Salem City.

Keywords: Work Life Balance, Nurses and Selected Private Hospitals in Salem City

I. INTRODUCTION

The development of HRD practices at the hospital is the need of the hour for better performance. In order to attain the best hospital performance, the qualities of work life at the hospital have to be properly and periodically reviewed by the hospital department or the concern head/doctor. Quality of work life is a multifaceted concept, implying the concern for the members of the hospitals irrespective of the level they belong to. It covers the nurse's perception or feeling above every dimension of work including economic rewards and benefits, security, working conditions, organizational and interpersonal relationships and intrinsic meaning in the person's life. Only the hospitals with the high perception on QWL among the nurses can achieve the organizational performance.

QWL trend is triggered by the number of projects and programmes initiated with the primary aim of getting nurses and management work collaboratively to improve the QWL. In the process of healthcare delivery nurses role is considered a key factor. In all countries nurses provide the majority of health services - upto 80 per cent in some cases. But, the majority of the nurses suffer due to high labour turnover and absenteeism among the nurses. As nurses are the key healthcare providers and share major responsibilities of patient care, they need to work in an environment which will lead to better performance. Even though the health care of our nation rest on the shoulders of doctors and nurses, only few hospitals focus on the QWL. It is the time to understand the need of QWL, evaluation of existing QWL practices and nurses perception on QWL at the hospitals for future policy implications.

II. STATEMENT OF THE PROBLEM

An organization that would like to create a friendly work place must consider their service excellence as more important in service sector. But present work environment in the service sector, especially in the hospital industry is different because of the hectic competition, less number of the skilled nurses and more workload. The modern hospitals give more importance to bench marking, work pressures and workload. Due to the arrival of new diseases, the role of nurse's work load and wok pressure increase. Majority of the hospitals operate with less number of nurses. But the nurses are not sharing their problems with their co-nurses or spouse.

The most affected nurses are women nurses because of their multiple role play. Child care, eldercare, family care responsibilities also rest on the shoulders of the women nurses. All these affect the potential source of life satisfaction. The ultimate aim of hard work is defeated by work-pressure. It not only affects the family life but also work-life. Today's private hospitals are run not only by medical people like Doctors and nurses, but many other paramedical people and non-medical people. Effective management of human resources is essential for the survival and growth of private hospital organization maintenance of relations with patients, their relatives and society. So it is very essential to study work life balance among nurses working in private hospitals. Hence the above topic is selected by the researcher.

III. OBJECTIVES OF THE STUDY

The main objectives of the present study are as follows

- 1. To study the Socio-economic and demographic profile of selected private hospital nurses in Salem City.
- To analyze the work life balance of nurses working in private hospital in the study area.
- To offer suitable suggestions to improve the working performance of nurses in private hospital in Salem City.

IV. HYPOTHESIS OF THE STUDY

Null Hypothesis: There is no significant relationship between demo graphic factors and work life balance of nurses working in private hospital in Salem City.

V. RESEARCH METHODOLOGY AND RESEARCH DESIGN

5.1 Sources of Data

The current study is descriptive in nature. The study is focused on work life balance among nurses working in private hospital in Salem City. In this study primary data have been used. Primary data is a type of information that is obtained directly from first-hand sources by means of surveys, observation or experimentation. It is data that has not been previously published and is derived from a new or original research study and collected at the source.

The study mainly based on primary data. There are several methods of collecting primary data like questionnaire and case studies so on. The primary data was collected by the respondents from selected research area of Salem City through a well designed questionnaire.

5.2 Sample Selected for the Study

The researcher has adopted convenient sampling for the following reasons as follows. Structured questionnaire meant for the respondents was prepared to collect required primary data. This questionnaire was accurately prepared and duly pre-tested to confirm its appropriateness to execute it for the final survey. Leading private hospital nurses populations of Salem City are considered to be the primary respondents of the final survey such as SKS Hospital & Post Graduated Medical Institute, Kavery Hospital, Dharan Multispecialty Hospital, Manipal Hospital, VIMS Super Specialty Hospital, Salem Poly Clinic, Shanmuga Hospitals. From the study, the above mentioned top private hospitals are selected randomly from the research area for collecting the data to test the questionnaire to construct the final structured questionnaire. After testing, required modifications were made in the questionnaire to fit in the track of the present study. Therefore, convenient sampling technique to some extent is adopted for the selection of the respondents for the study. In this connection the researcher used 150 respondents were selected for the study by adopting the method of convenient sampling technique.

5.3 Statistical Tools

The primary data collected from the respondents were analyzed and presented in the form of tables are used. The entire statistical test in this study was carried out at 5% and 1% level of significance. In this present study the following statistical tools are used i.e., Simple Percentage Analysis and Chi-Square Analysis.

VI. LIMITATIONS OF THE STUDY

- 1) The research study is limited to Salem City. The research findings may not generalize to other area.
- 2) Totally 150 samples were taken under a convenient sampling method. The result may not generalize to the total population.

VII. REVIEW OF LITERATURE

Review of literature has significant relevance with any research work due to literature review the possibility of repetition of study can be eliminated and another dimension can be selected for the study. Many researchers have been conducted to analyze the various aspects of work life balance of nurses working in private hospitals. A number of studies are available and for the purpose of clarity the studies are reviewed and presented as follows.

Poulose and Sudarsan (2017)¹ The purpose of this paper is to investigate the influence of work-related factors, namely work overload and work support on work-life balance (WLB) dimensions and its significant impact on work satisfaction particularly among South Indian nurses in the healthcare sector. The study was carried out in the healthcare sector comprising of 182 nurses employed in various

hospitals located in southern parts of India through a structured questionnaire. The study adopted Barron and Kenny's mediated regression analysis. The findings of the study, the work satisfaction showed a significant negative relationship with work overload and a positive relationship with work support. The present investigation directed toward the importance of work-personal life balance experienced by the nurses in the healthcare sector imperatively influence both work and personal life domains and the study suggests that support from the organization, superiors and peers can go a long way in helping the incumbents to attain improved organizational outcomes.

Mohd Said Nurumal, Sachiko Makabe, et al. (2017)² Extreme workload and poor working environment have a negative impact on the emotional and physical statuses among nurses. The study has contributed to evaluate work-life balance and its related factors among teaching hospital nurses. It was aimed to examine the work-life balance and its related factors among teaching hospital nurses. Non-work activities, job requirement, supervisor support, job satisfaction, manageability, social and environmental variables have independently influenced work-life balance among nurses. Furthermore, quality of life variables has positively influenced the work-life balance (P<0.050). Work life balance and organizational commitment can have a positive relationship. Whereas, Nurses working in fixed shifts were observed with greater work-life balance as compared to the nurses working in multiple shifts. A friendly environment in the professional sector plays a major role for developing motivation and enthusiasm among workers.

Asheila Vani Mahendran, Siti Aisyah Panatik, Azizah Rajab and Norakmar Nordin (2019)³ In nursing profession, it is quite challenging to achieve a good work-life balance. This resulted in nurses facing burnout issues constantly. This study aims to identify the influences of work-life balance on burnout among nurses. A quantitative research method was used in this study by using survey forms to collect the data. The population was consisting of 150 nurses from KPJ Johor Specialist Hospital. A total of 135 nurses participated in this study which gives a response rate of 90%. The respondents were chosen by using convenience sampling technique. The findings of this study indicated that there was a significant relationship between work-family enrichment with reduced personal achievement and between work-family conflict with emotional exhaustion, depersonalization and reduced personal achievement. The findings of this study contribute to the empirical study related to work-life balance and burnout especially among nurses in Malaysia. In terms of practical aspects, this study can serve as a guide for organizations and practitioners such as hospitals and human resource practitioners to develop policies or programs to improve work-life balance for workers and to reduce burnout levels.

Gloria M D'souza and Aruna Battur (2020)⁴ The Indian healthcare industry is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well as private players. India's competitive advantage in the health care sector lies in its large pool of well-trained medical professionals. They work in different departments hence, keeping them happy and content is also utmost important. Nurses are flooded with work and family commitments. Majority of them are bogged down while trying to balance their work and family life. Nurses struggle with work-life balance because of the nature of the job, long hours and shift work commitments. They should pay extra attention in managing work-life balance to ensure they derive maximum satisfaction from their work while maintaining a healthy lifestyle. In order to achieve a balanced work-life, nurses have to prioritize their work demands in Professional, Personal and family life. Work Life Balance refers to the effective management of multiple roles both at work and family.

Toshiki Fukuzaki, et al. (2021)⁵ This study aimed to examine the effects of nurses' work-life balance (WLB), job demands and resources, and organizational attachment on their work engagement (WE). The second aim was to shed light on whether the relationships among WLB, job demands, resources, and WE are modulated by organizational attachment. In total, 425 nurses working in a university hospital responded to the questionnaire. The primary statistical analysis method was hierarchical multiple regression with WE as the dependent variable. These results confirmed that to improve nurses' WE, hospital organizations should implement initiatives to facilitate WLB that considers nurses' household roles. Furthermore, high organizational attachment buffered the home's negative influence on work, thereby helping nurses work energetically.

Brijmohan A. Vyas and Girija A. Lutimath (2022)⁶ This paper examines the work life balance among nurses in hospitals. Its aims to discover the how work life balance is implemented in those hospitals and how nurses are implemented themselves and how work life balance is impacted on hospital nurses. This study an attempt is made to understand work life balance impact on mental and physical health of employees and what are factors affecting workers while balancing their family and work life. A total of 100 participated in this survey. It was found that the data collected from structured questionnaires. It was found that there are some work life balance policies are there in those hospitals but the employees are not aware of the policies so that they conducting some workshops and organizing talks regarding policies. This study reveals that in these hospitals should help the nurses to managing their work life balance, which would improve the performance as well as reducing stress among the workers.

Moustag Karim Khan Rony, Sharker Md. Numan and Hasnat M. Alamgir (2023)⁷ Work-life imbalance has been a growing issue globally particularly among healthcare workers including nurses as they must maintain a healthy work-life balance to deliver quality patient care-the primary objective of all healthcare organizations. The aim of the study investigated the interrelationship of work-life imbalance, employee dissatisfaction, the impact of work on the family as well as the influence of family on work. The probability of an event occurring and the correlations between predictive and outcome variables were determined using multivariate logistic regression. The overall results that, multinomial logistic regression revealed the highly influential parameters to work-life imbalance levels. The Pearson correlation showed the positive association between employees' unhappiness, family's negative impact on career, work's negative impact on family, and work-life imbalance. Conclusions: Maintaining nurses' work-life balance is critical in improving healthcare organizations' productivity, delivery of quality patient care and ensuring positive clinical outcomes.

Nazri Harris Bin Shamshir Ali, et al. (2023)8 The need to have a healthy work-life balance is generally recognized across several professional domains. The present investigation was carried out within a public health institution situated in the Klang Valley region. The objective of this study is to investigate the impact of workload, time management, and work environment on the work-life balance of nurses, who serve as frontline healthcare professionals. The research utilized purposive sampling as one of the quantitative research methods. Online distribution was utilized as the means of data collection. A grand total of 276 questionnaires were appropriately completed and afterward returned. The findings indicate that workload negatively impacts employee work-life balance when compared to aspects such as time management and work environment. All the variables found have a significant impact on employees work-life balance in different positive and negative relationships.

Gurmeet Singh Sarla and Manreet Sandhu (2024)9 Work-life balance is defined as harmony between work and non-work aspects of life and is the prerequisite for workers to continue working healthily. This article assesses the job stress of nurses and identifies ways to improve the work life balance using demographic profile of the nurses and a structured questionnaire for nurses working in hospitals of Ferozepur, Punjab. About 50 % of the nurses revealed that they were more pressurized due to family responsibilities and felt that their career development has slowed down due to family responsibilities. Recommendations in the form of provision of childcare facilities, flexible working hours and adequate childcare leave, establishment of work life balance cells to educate the nurses about stress at work, time management, interpersonal relationships and formulating human resource/leave policies in such a way that nurses can have an optimum work life balance have been given to ensure wellbeing of nurses, increase productivity at work and reduce the attrition rate.

Zefanya Marthasari Sibuea, Marina Sulastiana and Efi Fitriana (2024)¹⁰ This literature review evaluates the factors that affect nurses' quality of work life with the goal of enhancing their overall wellbeing, work experience, and creating a more supportive and satisfying work environment in the nursing field. A systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. After screening and removal of duplicates, we analyzed the full text of the articles to identify potentially relevant studies for eligibility, and then we extracted data from the articles that matched. The results of the study, the search of the literature resulted in 68 articles. Only 20 articles that met all inclusion criteria were included in the systematic review after full text review. In conclusion the literature indicates that nurses' work life quality is affected by three primary factors: personal (socio-demographic), occupational, and psychological. Identifying the factors is critical to finding the right solution for improving work life quality and overcoming factors that decrease nurses' work life quality.

VIII. DATA ANALYSIS AND INTERPRETATION

8.1 Socio Economic Profile of the Respondents with Simple Percentage Analysis

In this article presents the various Socio-economic characteristics like Age, Marital Status, Family Monthly Income, Educational Qualification, Experience, Number of Family Members in the Family, Nature of the Employment and Working Shift are plays an important role in influencing work life balance of nurses working in selected private hospital in the study area. Hence, they have been taken into account to assess their behaviour and attitudes.

Simple percentage analysis is one of the basic statistical tools which is widely used in analysis and interpretation of primary data. It deals with the number of respondent response to a particular question in percentage arrived from the total population selected for the study.

8.1.1 Age of the Respondents

Age is the most important factor, which influences the nurses to sacrifice this profession. It determines an individual's physical and mental maturity. For the purpose of this study, it has been classified into four categories viz., below 25 years, 26 to 35 years, 36 to 45 years above 45 years.

It is seen from Table 1 that 40.00 per cent of the nurses belong to below 25 years, 28.67 per cent of the nurses belong to 26 to 35 years of age, 19.33 per cent of the nurses belong to 36 to 45 years of age group and 12.00 per cent of the nurses are above 45 years old. The reason behind the age category was dominated by the teenage responders with 10.00 per cent under the age group of below 25 years.

8.1.2 Marital Status of the Respondents

Marital status of sample respondents is classified based on their social position, because in society the marital status is also one of the major factor as well as status symbol. Hence the respondents are classified into four groups namely single, married, divorced and widowed. The details are furnished in the table 1.

It is stated from the Table 1 discloses that 50.67 per cent of the nurses are single or unmarried, 34.67 per cent of the nurses are married, 12.00 per cent of the nurses are divorced and 02.66 per cent of the nurses are widowed. It is found from the analysis that, here the most (50.67 per cent) of the nurses belongs to the category of single.

8.1.3 Family Monthly Income of the Respondents

The family monthly income decides the background of a person or the family. It is the yardstick to perceive the standard of living. For the intention of this study, it has been divided into four types viz., below Rs.25,000, Rs.25,001 to Rs.50,000, Rs.50,001 to Rs.75,000 and Above Rs.75,000.

The table 1 explored that 32.00 per cent of the nurses family monthly income is below Rs.25,000, 38.00 per cent of the nurses family monthly income is the range of Rs.25,001 to Rs.50,000, 16.67 per cent of the nurses family monthly income is Rs.50,001 to Rs.75,000 and 13.33 per cent of the nurses family monthly income is above Rs.75,000.

8.1.4 Educational Qualification of the Respondents

Education has a major role and helps to adapt modern principles and techniques. For this concern, the educational status of the respondents is divided into four groups such as Nursing Certificate Course, Nursing Diploma, Under Graduate and Post Graduate.

It is discussed from the Table 1 evident that 40.67 per cent of the nurses are completed Nursing Certificate Course, 34.67 per cent of the nurses are qualified Nursing Diploma, 17.33 per cent of the nurses are qualified under graduate and 07.33 per cent of the nurses are qualified post graduate. It is stated from the analysis that the greater parts (40.67 per cent) of the nurses are completed Nursing Certificate Course.

8.1.5 Working Experience of the Respondents

The working experience of nurses in private hospitals is multifaceted, encompassing a blend of clinical expertise, customer service orientation and adaptability to the unique dynamics of the private healthcare sector. Balancing the demands of patient care, financial considerations and professional growth opportunities are key to navigating this challenging yet rewarding environment. For the reason of this study, it has been divided into five categories viz., Less than 5 years, 5 to 10 years, 10 to 15 years, 15 to 20 years and More than 20 years.

Out of 150 respondents or nurses, the 36.00 and 28.00 per cent of the nurses are having less than five years and 5 to 10 years of experience respectively, followed by 14.67 per cent of the nurses are 10 to 15 years of experience in the field, 12.00 per cent of the nurses are 15 to 20 years of experience and 09.33 per cent of the nurses are having more than 20 years of experience in this profession. Finally maximum i.e., 36.00 per cent of the respondents are having less than five years of experience in the study area.

8.1.6 Number of Family Members in the Family

The number of family members in the families of nurses in private hospitals provides valuable insights into various aspects of their lives, including work-life balance, financial stability, support systems, community impact, resource allocation needs, healthcare behaviors and professional development opportunities.

It is examined from the Table 1 that, the 54.67 per cent of the nurses are from three to four members of the family, 36.67 per cent of the nurses are one to two members of the family and 08.66 per cent of the nurses are more than four members of the family. In majority (54.67 per cent) of the nurses are from three to four members of the family.

8.1.7 Nature of Employment of the Respondents

The nature of employment indicates the permanency of the employment among the nurses. The nature of employment may have its own influence on the level of perception and expectation on various aspects in QWL at hospitals. In present study, the nature of employment is confined to temporary and permanent Employment. The nature of employment among the employees is shown table 1.

The table 1 shows that 82.67 per cent of the respondents are temporary nurses and 17.33 per cent of the nurses are from permanent category. The temporary nurses are much more than the permanent nurses in this study area.

8.1.8 Working Shift of the Respondents

The working shift indicates the regularity of the working hours prescribed by the hospitals. Since the working shift may have its influence on their QWL interface, it is included as one of the profile variable. The working shift among the nurses in the present study is classified into regular day shift and night shift. The distribution of nurses on the basis of their working shift is given in Table 1.

The table 1 shows that 30.67 per cent of the nurses are working in regular day shift and remaining 69.33 per cent of the nurses are from day or night shift. The day or night shift working nurses are much more than the regular day shift in this city.

8.2 Chi-Square Analysis

The Chi-square test is an important test amongst the several tests of significance developed by statisticians. Chi-square, symbolically written as X^2 , is a statistical measure used in the context of sampling analysis for comparing a variance to a theoretical variance. It is a non-parametric test, it could be used to determine if categorical data shows dependency or the two classifications are independent. It can also be used to make comparisons between theoretical populations and actual data when categories are used. Thus, the chi-square test is applicable in large number of problems. The test is a technique through the use of which it is possible for all researchers to do the following. (i) Test the goodness of fit, (ii) Test the significance of association between two attributes and (iii) Test the homogeneity or the significance of population variance.

8.2.1 Age of the Respondents

Null Hypothesis: There is no significant relationship between age and work life balance of nurses working in private hospitals in Salem City.

It is observed that table 2, Chi-square p-value as 0.000, likelihood ratio is 0.000 and Linear-by-Linear Association is 0.000. The Chi-square p-value is less than 0.05 at 5 per cent level of significance. So, the null hypothesis is rejected and the researcher hypothesis is supported. "There is significant relationship between age and work life balance of nurses working in private hospitals in Salem City".

Hence, a personal factor like age is related with the work life balance of nurses working in private hospitals.

8.2.2 Marital Status of the Respondents

Null Hypothesis: There is no significant relationship between marital status and work life balance of nurses working in private hospitals in Salem City.

It is experimental that table 2, Chi-square p-value as 0.000, likelihood ratio is 0.000 and Linearby-Linear Association is 0.000. The Chi-square p-value is less than 0.05 at 5 per cent level of significance. So, the null hypothesis is rejected and the researcher hypothesis is supported. There is significant relationship between marital status and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like marital status is outspokenly related with the Work Life Balance of nurses working in private hospitals in Salem City.

8.2.3 Family Monthly Income of the Respondents

Null Hypothesis: There is no significant relationship between family monthly income and work life balance of nurses working in private hospitals in Salem City.

It is observed that, Chi-square p-value as 0.196, likelihood ratio is 0.054 and Linear-by-Linear Association is 0.212. The Chi-square p-value is more than 0.05 at 5 per cent level of significance. So, the null hypothesis is accepted and the researcher hypothesis is not supported. "There is no significant relationship between family monthly income and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like family monthly income is not related with the work life balance of nurses working in private hospitals in this study.

8.2.4 Education Qualification of the Respondents

Null Hypothesis: There is no significant relationship between educational qualification and work life balance of nurses working in private hospitals in Salem City.

It is observed that table 2, Chi-square p-value as 0.001, likelihood ratio is 0.000 and Linear-by-Linear Association is 0.000. The Chi-square p-value is less than 0.05 at 5 per cent level of significance. So, the null hypothesis is rejected and the researcher hypothesis is supported. "There is significant relationship between educational qualification and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like educational qualification is closely related with the work life balance of nurses working in private hospitals.

8.2.5 Experience of the Respondents

Null Hypothesis: There is no significant relationship between experience and work life balance of nurses working in private hospitals in Salem City.

It is pragmatic that table 2, Chi-square p-value as 0.274, likelihood ratio is 0.192 and Linear-by-Linear Association is 0.163. The Chi-square p-value is more than 0.05 at 5 per cent level of significance. So, the null hypothesis is accepted and the researcher hypothesis is not supported. "There is no significant relationship between experience and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like working experience is not related with the work life balance of nurses working in private hospitals in Salem City.

8.2.6 Number of Family Members in the Family

Null Hypothesis: There is no significant relationship between number of family members in the family and work life balance of nurses working in private hospitals in Salem City.

It is observed that table 2, Chi-square p-value as 0.005, likelihood ratio is 0.000 and Linear-by-Linear Association is 0.000. The Chi-square p-value is less than 0.05 at 5 per cent level of significance. So, the null hypothesis is rejected and the researcher hypothesis is supported. There is significant relationship between number of family members in the family and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like number of family members is directly related with the work life balance of nurses working in private hospitals in the research area.

8.2.7 Nature of Employment of the Respondents

Null Hypothesis: There is no significant relationship between nature of employment and work life balance of nurses working in private hospitals in Salem City.

It is pragmatic that table 2, Chi-square p-value as 0.011 likelihood ratio is 0.000 and Linear-by-Linear Association is 0.000. The Chi-square p-value is less than 0.05 at 5 per cent level of significance. So, the null hypothesis is rejected and accepted alternative hypothesis, the researcher hypothesis is "There is significant relationship between nature of employment and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like nature of employment is related with the work life balance of nurses working in private hospitals in the study area.

8.2.8 Working Shift of the Respondents

Null Hypothesis: There is no significant relationship between working shift and work life balance of nurses working in private hospitals in Salem City.

It is pragmatic that table 2, Chi-square p-value as 0.023 likelihood ratio is 0.000 and Linear-by-Linear Association is 0.000. The Chi-square p-value is less than 0.05 at 5 per cent level of significance. So, the null hypothesis is rejected and accepted alternative hypothesis, the researcher hypothesis is "There is significant relationship between working shift and work life balance of nurses working in private hospitals in Salem City". Hence, a personal factor like working shift is related with the work life balance of nurses working in private hospitals in the study area.

IX. Suggestions and Recommendations

This section discusses the practical recommendations of the study in line with the observed findings. The following suggestions and recommendations are made on the basis of the findings of the study.

- 1. In any business, for improving the efficiency of the employees training in respective area is quite necessary. Due to training program the sill and ability of the employee automatically improve. It leads to the better performance of the employees. In the multispecialty hospitals, regular training programs should be conducted for the nurses. There must be appropriate policy to identify the training needs for nurses.
- Due to well-designed training the various skills of the nurses improve such as-service based skills, technical skills, personal skills, team spirit, administrative skills, these hospitals should arrange inhouse and outside training programs.
- Training enhances the overall job performance of the nurses. Hospitals should provide the opportunities to the nurses to discuss about training and development needs with senior authorities.
- Motivations are of two types- monetary and non-monitory. The multispecialty hospitals in Salem City should give both the types of motivations to the nurses. The multidisciplinary in the study area should have reward and recognition policy for the nurses or employees for their dedicated service. These hospitals should permit the flexible shifts. It will definitely give motivation to nurses.

- 5. There must be a provision of giving monetary benefits for the good work, getting higher qualification, completion of outside training programs etc. types of achievements of the nurses Due to monetary and non-monetary aspects the employees become self-motivated and perform their job in systematic manner.
- 6. The overall performance of nurses should improve due to these policies. Nurses should be sent to various institutes for seminar, conferences and workshops for getting more knowledge.
- 7. Welfare facilities given to the employees are also the great causes of satisfaction and motivation to the employees. These facilities include -proper salary structure payment of salary in time, provision of provided scheme, bonus schemes, proper leave facilities, canteen facility, transport facility compensation of overtime, celebration of birthdays, periodic get together, tournaments, specious and clean wards, crèche facility and child care facility etc.
- 8. There is direct co-relation between welfare facilities given to the employees and the job satisfaction. These hospitals should provide all the facilities to the employees or nurses for their satisfaction. There is co-relation among welfare facilities –motivation-job satisfaction, -better performance of employees' improvement in the productivity and overall performance of the hospitals.
- 9. Administrative Manual is the important document which is held responsible for the overall development of that organization. Administrative manual is the mirror of the policies about the employees. This is a real motivational document. It contains the rules and regulations of employee services. If the employee has a guarantee of the job up to his or her super-anuation then the employee fills the protection.
- 10. It gives more satisfaction and motivation to the employee which leads to improvement in the job performance. So, it is suggested to the multi-specialty hospitals in Salem City to prepare appropriate administration manual. It should be flexible. The required changes should be incorporated as per the experiences. The retention policy should be maintained. The nurses should have job security. It leads to job satisfaction. There is co-relation among the retention of the employees –job security-job satisfaction –improvement in skill and better job performance.
- 11. A well-designed Performance Appraisal System improves the job performance of the employees. It also gives motivation to the employees. The quality of work enhances due this system. So, it is strongly suggested to all the multispecialty hospitals in this area that they should have well-designed Performance Appraisal Policy and the System. All the employees should aware about this policy and the system. All these hospitals should have Feedback System. The hospital authorities should discuss with the nurses about their feedback. The hospital should have plan of improvement in their performance. It will automatically give satisfaction to the nurses and it will improve their performance.

X. Conclusion

This research contains the information about the logical conclusions derived from the analysis of primary data collected with the help of the questionnaire. The questionnaire contains the questions which are helpful to study the impact of implementation of HR practices in multispecialty hospitals in Salem City. The questionnaire involves the demographic profile of the respondent nurses and work life balance of the nurses. Nurses are important employees in the healthcare industry. The growth, development and long-term survival of the hospitals are depending upon the performance of the nurses. By considering the importance of the nurses in the organization, the multispecialty hospitals in Salem City should take care about the nurses that their time management skill should be improved. Their efficiency must be increased. Motivation should be given to their creativity and innovative ideas. Their stress level should be

reduced. All of them should be able to reach up to the desired standard of performance. It will be helpful to achieve the organizational goal.

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Table 1 Demographic Profile of the Respondents or Nurses Working in Selected Private Hospitals in Salem City

S.No	Factors	Classifications	Number of Respondents	Percentage
1	Age	Below 25 years	60	40.00
		26 - 35 years	43	28.67
		36 - 45 years	29	19.33
		Above 45 years	18	12.00
2		Single	76	50.67
	N 1.C	Married	52	34.67
	Marital Status	Divorced	18	12.00
		Widowed	04	02.66
3	Family Monthly Income	Below Rs.25,000	48	32.00
		Rs.25,001 to Rs.50,000	57	38.00
		Rs.50,001 to Rs.75,000	25	16.67
		Above Rs.75,000	20	13.33
4	Educational Qualification	Nursing Certificate Course	61	40.67
		Nursing Diploma	52	34.67
		Under Graduate	26	17.33
		Post Graduate	11	07.33
3	Experience	Less than 5 years	54	36.00
5		5 to 10 years	42	28.00
		10 to 15 years	22	14.67
		15 to 20 years	18	12.00
		More than 20 years	14	09.33
6	Number of Family Members in the Family	One to Two	55	36.67
		Three to Four	82	54.67
		More than Four	13	08.66
7	Nature of	Temporary	124	82.67
7	Employment	Permanent	26	17.33
8	Montries ~ Chill	Regular Day shift	46	30.67
	Working Shift	Day / Night shift	104	69.33

Sources: Primary Data

Table 2 Overall Chi-Square Analysis between Demographic Factors and Work Life Balance among Nurses Working in Private Hospitals in Salem City

S.No	Demographic Factors	Work Life Balance of Nurses Working in Private Hospitals in Salem City					
	0 1	Value	Df	P-Value	S/NS		
1	Age						
	Person Chi-Square	2.157	12	0.000	S*		
	Likelihood ratio	229.852	12	0.000			
	Linear-by-Linear Association	110.922	1	0.000			
	No. of Valid Cases	150					
2	Marital Status						
	Person Chi-Square	2.593	12	0.000	S*		
	Likelihood ratio	278.051	12	0.000			
	Linear-by-Linear Association	103.751	1	0.000			
	No. of Valid Cases	150					
3	Family Monthly Income						
	Person Chi-Square	1.054	12	0.196	NS		
	Likelihood ratio	144.489	12	0.054			
	Linear-by-Linear Association	84.952	1	0.212			
	No. of Valid Cases	150					
4	Educational Qualification						
	Person Chi-Square	2.827	12	0.001	S*		
	Likelihood ratio	288.385	12	0.000			
	Linear-by-Linear Association	124.055	1	0.000			
	No. of Valid Cases	150					
5	Experience						
	Person Chi-Square	1.279	16	0.274	NS		
	Likelihood ratio	163.336	16	0.192			
	Linear-by-Linear Association	108.687	1	0.163			
	No. of Valid Cases	150					

Sources: Primary Data

S - Significant

NS - Not Significant

^{* 5%} Level of Significant

Table 2 (Contd.....)

Overall Chi-Square Analysis between Demographic Factors and Work Life Balance of Nurses Working in Private Hospitals in Salem City

S.No	Demographic Factors	Work Life Balance of Nurses Working in Private Hospitals in Salem City						
		Value	Df	P-Value	S/NS			
6	Number of Family Members in the Family							
	Person Chi-Square	3.737	8	0.005	S*			
	Likelihood ratio	340.874	8	0.000				
	Linear-by-Linear Association	137.871	1	0.000				
	No. of Valid Cases	150						
7	Nature of Employment							
	Person Chi-Square	3.603	4	0.011	S*			
	Likelihood ratio	302.705	4	0.000				
	Linear-by-Linear Association	131.509	1	0.000				
	No. of Valid Cases	150						
8	Working Shift	orking Shift						
	Person Chi-Square	7.839	4	0.023	S*			
	Likelihood ratio	367.582	4	0.000				
8	Linear-by-Linear Association	128.932	1	0.000	~			
3	No. of Valid Cases	150		/ 8				

Sources: Primary Data

S - Significant

NS - Not Significant

* 5% Level of Significant