IMPACT OF WORK-LIFE BALANCE ON THE JOB SATISFACTION IN THE PUBLIC HEALTHCARE SECTOR OFCHANDIGARH, INDIA.

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ABSTRACT

Healthcare professionals play an essential role in our daily lives. To perform their responsibilities efficiently and effectively, they must establish an appropriate balance between their professional and personal lives, remain focused on their work, and maintain job satisfaction. This research is cross-sectional and statistical in nature, aiming to analyze the work-life balance of healthcare professionals in Chandigarh and evaluate its impact on their job satisfaction. A survey was conducted using a questionnaire, which was correctly completed by 120 professionals. The collected data were analyzed using IBM SPSS Statistics 21 software. Statistical techniques, including Pearson correlation coefficient, one-way ANOVA, eigenvalues, principal component analysis (PCA), and independent sample tests, were employed to assess the current situation of healthcare professionals in Chandigarh and achieve the research objectives. Results show that 25% of employees were highly satisfied with their jobs, 60% strongly agreed that they neglected their children and family duties due to workload, 55% reported that work-related stress affected their personal lives, and 65% stated that work demands interfered with their personal lives. Job satisfaction and work-life balance are positively correlated, suggesting a significant linear relationship between the two variables. Additionally, these policies and programs should be carefully developed to guarantee equal opportunities.

INTRODUCTION

Work-life balance was previously referred to as work-family harmony (Kalliath and Brough, 2008) and developed as a concept reflecting the complex nature of life and the increasing demands of work (Irfan, 2017). According to the study conducted by Kalliath and Brough in 2008, the term has recently replaced the acronym to describe non-parent staff members who struggle to maintain equilibrium among their career, professional responsibilities, and additional interests such as traveling, playing sports, and studying. Therefore, the definition of work-life balance is complex and varies from individual to individual. Furthermore, an individual's work-life balance differs depending on their circumstances and can fluctuate from day to day (Mamoria and Rao, 2016). As a result, there is currently no single universally accepted definition of work-life balance; rather, various explanations are proposed by different researchers, scientists, and educators.

Multiple research studies to date have demonstrated that conflicts between work and life negatively affect both individual well-being and organizational outcomes. For instance, employees who experience conflicts between their job and personal life are more likely to suffer from depression (Major et al., 2002), anxiety (Ford et al., 2007; Frone et al., 1992), diminished mental and physical health (Bedeian et al., 1998; Major et al., 2002), as well as dissatisfaction with life (Michel et al., 2009; Aryee, 1992; Bedeian et al., 1988). Additionally, work-

life conflict leads to tardiness, absenteeism (Hammer et al., 2003; Goff et al., 1990), reduced productivity (Hammer et al., 2003), and turnover (Macewen & Barling, 1994).

Healthcare professionals, such as nurses, doctors, and other paramedical staff, face numerous challenges in maintaining a work-life balance due to extended hours, night shifts, and the requirement to be physically present at the workplace even after official hours (Shivakumar and Pujar, 2016). They also noted that maintaining an optimal balance between work and personal life can improve the efficiency of medical professionals. Furthermore, achieving an appropriate work-life balance may reduce nurses' intention to leave their jobs (Matsuo et al., 2021). Consequently, it is prudent for individuals and organizations to deepen their understanding of the degree of balance between work and personal life. Moreover, given the significant impact of working hours on the quality of patient care, it is essential to study and understand the relationship between career satisfaction and work-life balance among healthcare professionals.

This study will be conducted in Chandigarh, India, with the following objectives:

1. To assess the level of work-life balance among healthcare workers in Chandigarh.

2. To examine whether healthcare professionals have sufficient time for personal commitments and whether job demands interfere with their personal lives.

3. To investigate whether healthcare professionals neglect personal responsibilities due to work.

4. To evaluate the overall job satisfaction of healthcare professionals.

5. To determine the correlations among all variables using Pearson correlation, eigenvalues, PCA, ANOVA, and independent sample tests.

Additionally, this study aims to explore how the work-life balance of healthcare professionals affects their psychological well-being and job satisfaction. Globally, there is an increasing demand for healthcare services (Banerjee, 2015), while healthcare workers face numerous challenges in managing their work and personal lives (Shivakumar and Pujar, 2016). Consequently, this study is significant in educating lawmakers, government officials, and healthcare organizations about the state of work-life balance and its impact on job satisfaction among healthcare professionals. Furthermore, this research will assist organizations and individuals in understanding the importance of work-life equilibrium, identifying factors that affect job satisfaction, and providing valuable insights into achieving balance and satisfaction in the healthcare sector.

1.1 Work-Life Balance:

Professionals are significantly influenced by the balance between work and personal life, which is a fundamental issue in human resource management (Wolor et al., 2020). Work-life balance refers to the degree to which an individual is equally involved and satisfied with both their job responsibilities and family roles (Greenhaus et al., 2013). They identify three main components of work-life balance: time balancing, fulfillment harmony, and involvement balance. According to Hill et al. (2001), work-life balance is the capacity of a person to simultaneously manage the psychological and chronological demands of both paid employment and family or personal duties. Achieving a satisfactory equilibrium between professional and personal responsibilities is often challenging in everyday circumstances (Bataineg, 2019). Failure to maintain this balance can lead to anxiety (Emslie and Hunt, 2009), which may reduce employee efficiency and overall well-being (Meenakshi et al., 2013; Bataineh, 2019).

H 01: The mean response to work-life balance between job work and burden of family responsibility do not differ significantly.

1.2 Work-Life Balance by Marital Status:

Marital status plays a significant role in work-life balance in India, as noted by Bacik and Drew (2006). Marriage profoundly alters an individual's responsibilities toward family and personal life, with married individuals typically bearing more responsibilities than their unmarried counterparts due to cultural customs, community challenges, and family structures. Jailaxmi and Gautam (2017) found a strong relationship between marital status and work-life balance. However, Raja and Selvakumar (2019) reported no significant difference in work-life balance between married and unmarried professionals. These conflicting results suggest that work-life balance varies from person to person (Kalliath & Brough, 2008) and depends on circumstances and time (Mamoria & Rao, 2016). Therefore, the following hypothesis is proposed to evaluate work-life balance among healthcare workers according to their marital status:

H02: There is no significant difference in the mean responses to work-life balance between married and unmarried healthcare workers.

1.3 Work-Life Balance through Work Experience:

Staff satisfaction with balancing work and personal life is not significantly influenced by their employment experience (Bhandari and Soni, 2015). Similarly, Raja and SelvaKumar (2019) found no significant statistical relationship between work-life balance and experience. Since work-life balance in the private sector varies among individuals (Kalliath and Brough, 2008), as well as over time and across different situations (Mamoria and Rao, 2016), the following hypothesis was developed to examine the balance between work and personal life of healthcare professionals in Chandigarh, India, based on their work experience.

H03: The statistical mean response from healthcare workers related to work-life balance does not vary based on their working experience.

1.4 Impact of Work-Life Balance on Job Satisfaction

Various elements of work-life balance—including an organized work schedule, a strong social support system, effective time management, recognition of workers' efforts, motivating colleagues, and rewards—are essential factors that positively influence job satisfaction (Abhitha and Hebbar, 2022). Employees' perceptions of their work and personal lives are significantly affected by their work-life balance; those who maintain an appropriate balance tend to be more motivated, enthusiastic, and satisfied with their jobs (Nilawati et al., 2019). According to Yusnita et al. (2022), employees who effectively manage both private and professional lives are more likely to appreciate every assignment given to them and have a positive attitude toward their duties and work performance. Frequent working days and professional demands have a strong negative association with employee job satisfaction (Sujata et al., 2011). Conversely, work-life balance, accommodating employment conditions, and programs that promote work-life balance have a positive and significant relationship with job satisfaction.

Arunika and Kottawatta (2015) found that work-life balance is positively related to job satisfaction, with factors such as workload, work-to-family conflict, and family-to-work conflict playing important roles. Negative correlations are evident between job satisfaction and work delays, which can lead to anxiety and stressful situations that adversely affect job happiness. Work-life balance has a significant impact on job satisfaction (Agha et al., 2017; Yusnita et al., 2022). Its benefits include reduced turnover and changes in employment (Agha et al., 2017). Work-life balance and job satisfaction are positively linked in Greece, where work-life equilibrium contributes to employment fulfillment (Frame and Hartog, 2003; Rifadha and Sangarandeniya, 2015; Yusnita et al., 2022).

Although the volume of literature on this subject is rapidly increasing, most studies focus on how various aspects of work-life balance influence employee satisfaction rather than examining the underlying mechanisms through which work-life balance affects different dimensions of job satisfaction. Furthermore, research on the relationship between work-life balance and job satisfaction is limited in Chandigarh, India. In India, there is currently little investigation on this topic, particularly among healthcare professionals. To address this gap and advance the field, an additional hypothesis was proposed:

H04: Work-life balance and job satisfaction are not significantly correlated.

3. Materials and Methods:

Research Design and Tools: This empirical study investigates the work-life balance of healthcare professionals and its impact on their job satisfaction. It employs a cross-sectional quantitative research design. Data were collected through a survey using a structured questionnaire, and IBM SPSS software was used for data analysis. The internal consistency of the variables related to work-life balance and job satisfaction was assessed using statistical tools such as Pearson correlation, ANOVA, eigenvalues, and principal component analysis. The research hypothesis was tested using the independent samples t-test and Pearson correlation coefficient. Job satisfaction variables were grouped into multiple factors through quantitative factor analysis.

Sampling Method: The study included healthcare professionals from both public and private sectors working in Chandigarh, India. Participants included pharmacists, nurses, physicians, lab technicians, and other related professionals. In 2025, questionnaires were distributed to participants, and responses were collected individually. A total of 132 questionnaires were sent out, of which 120 were correctly completed and returned, resulting in an approximate response rate of 95%.

Measurement Scale: The questionnaire comprised three main components: job satisfaction, work-life balance, and respondent demographic profiles. It contained a total of 44 questions related to work-life balance.

Section A included 7 questions about the respondent's basic information, such as age group, gender, marital status, type of hospital, professional role, and average daily working hours.

Section B focused on work-life balance and included 14 multiple-choice questions with response options ranging from 1 (never/strongly disagree) to 5 (always/strongly agree). The scale was interpreted as follows: 2 indicates slight agreement, 3 indicates neutral or average, and 4 indicates moderate agreement. Section B of the questionnaire related to work experiences included questions such as:

Basic Information
Q1. I work more than 48 hours per week. Q2. I have flexibility in my work schedule. Q3. I take regular breaks during work hours.

Working Hours:
Q4. My work schedule allows me sufficient time for my personal life. Q5. My workload is manageable.
Q6. My organization has a defined policy for work-life balance. Q7. I have enough time for personal commitments. Q8. My work demands interfere with my personal life. Q9. I have neglected family responsibilities due to work commitments. Q10. My organization supports me in maintaining a healthy work-life balance. Q11. How would you rate your overall well-being? Q12. How satisfied are you with your current work-life balance? Q13. My work-related stress affects my personal life. Q14. Overall, I am satisfied with my job.

The concept of work-life balance encompasses a range of variables that influence it, as well as multiple references to work-life balance skill measurements and questionnaires, such as those developed by Hayman (2005), Brintha (2010), Herlin (2010), and Subhadra (2018). The correlation between work-life balance and job satisfaction, along with its variables, was investigated using the combined ratings from the questionnaire. The questionnaire was designed based on the definitions, ideas, principles, and components of job satisfaction, with the goal of measuring the degree of job fulfillment among healthcare professionals.

Tools used in Research: After data collection, responses were entered into IBM SPSS Statistics 21 software for Windows and analyzed statistically. For analysis, the number of actual responses for each question was considered; hence, the total number of responses varied by question.

4. **Results and Discussion**:
A total of 120 healthcare professionals completed the questionnaire, which was evaluated and discussed in **Table 1**. Out of 132 distributed questionnaires, 120 were fully completed. The respondents included doctors (25%), nurses (70%), and pharmacists (5%). Among these healthcare professionals, 80% were aged between 30 and 39 years, while the remaining 20% were between 20 and 29 years old. The gender distribution was 40% male and 60% female. Regarding marital status, 25% were unmarried, and 75% were married. The respondents were employed in both private (60%) and public (70%) sectors. Experience levels varied: 10% had 0-5 years of experience, 50% had 6-10 years, 35% had 11-15 years, and 5% had more than 15 years of experience.

According to the questionnaire analysis, 30% of respondents worked 6-8 hours per day, 60% worked 10-12 hours, and 10% worked 12-14 hours daily. Section B (Table 2) contains the responses of the 120 participants who completed the questionnaire correctly, describing their job satisfaction levels and how their work affects their personal lives.

	Profile	No. of Respondents	N	Percentage
Gender	Male	48	48	40%
	Female	72	72	60%
Marital Status	Married	90	90	75%
	Unmarried	30	30	25%
Working Experience	Less than or equal to 10 years	78	78	65%
	More than 10 years	42	42	35%
Total no. of Questionnaire filled correctly	-	120	120	100%

Table 1: Descriptive Statistics of basic Information (Source: Primary data)

The responses from 120 individuals in the healthcare management sector were analyzed and categorized into percentages ranging from to by each respondent. The first question addressed whether people work more than 48 hours per week; only 5% answered they have enough time for personal commitments, 10% responded only 5% strongly agreeing, and the remainder answered work demands always interfere with their personal life. The questions related to work experience from both section A and section B are as follows:

S. No.	Questionnaire Responses	Never 1	2	3	4	Always 5
1.	I work more than 48 hours per week.	10%	0%	15%	10%	65%
2.	I have flexibility in my work schedule.	70%	20%	10%	0%	0%
3.	I take regular breaks during my working hours.	45%	25%	20%	10%	0%
4.	My work schedule allows me sufficient time for personal life.	30%	40%	20%	10%	0%
5.	My workload is manageable.	20%	30%	40%	5%	5%
6.	My organization has a defined policy for work-life balance.	60%	25%	10%	0%	5%
7.	I have enough time for personal commitments.	35%	55%	5%	0%	5%
8.	My work demands interfere with my personal life.	5%	10%	20%	25%	40%
9.	I have neglected family responsibilities due to work commitments.	10%	20%	10%	35%	25%
10	My organization supports me in maintaining a healthy work-life balance.	45%	30%	20%	5%	10%
11.	How would you rate your overall well-being?	5%	20%	50%	20%	5%
12.	How satisfied are you with your current work-life balance?	35%	30%	25%	5%	5%
13.	My work-related stress affects my personal life.	0%	15%	30%	25%	30%
14.	Overall, I am satisfied with my job.	5%	35%	40%	20%	0%

Table 2: Questionnaire survey results

Question 9 asked whether respondents have neglected their family responsibilities due to work commitments. Sixty percent stated that they always neglected their family responsibilities because of work, while only 10% denied the same question. Question 10 inquired whether their organization supports them in maintaining a healthy work-life balance. Regarding the overall rating for well-being, only 10% of respondents answered satisfaction with their current work-life balance; 35% responded only 5% responded average level of satisfaction (between and 13 addressed how work-related stress affects personal life: 55% stated 30% who explicitly answered no respondents answered and only 5% answered graphical representation of the questions,

along with the percentage of responses ranging shown in Figure 1.1. This figure summarizes the responses of all 120 healthcare professionals who completed the questionnaire.
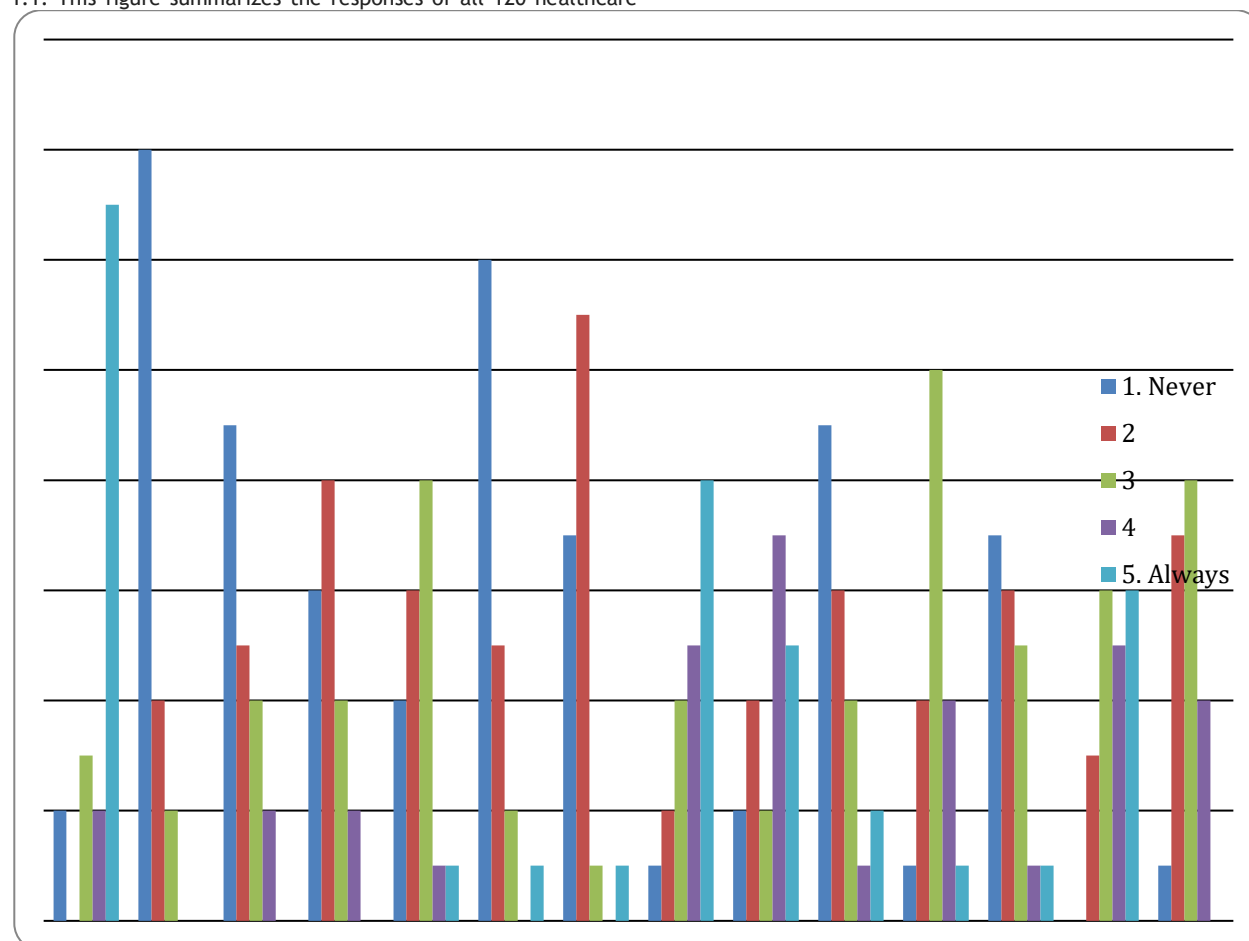

Figure 1.1: Questionnaire: Bar graphs displaying the self-reported results from questionnaire in the different responses by people.

Exploratory Factor Analysis

The orthogonal rotation method (Varimax Kaiser Normalization) was employed in a principal component analysis to break down the 14 job satisfaction scale parameters into a restricted set of variables. The factor loading details can be seen in Table 2. On the assumption of eigenvalues greater than 1, the 14 job satisfaction questions from the questionnaire have been divided into five sections. The appropriate number of samples for the factor evaluation is determined by a Kaiser-Meyer-Olkin (KMO) sampling adequacy measure of 0.701.

Principal Component Analysis (PCA): It is a dimensional reduction method used to simplify complex datasets by converting them into new variables that are a set of uncorrelated variables called Principal Components. By this, we can create 2D and 3D data to describe the relationships between different variables. In this study, a 3D plot is drawn to explain the relationship between different variables. According to this, the value of PCA is 81.3%, from which PC1 is 53.26% and PC2 is 28.09%.
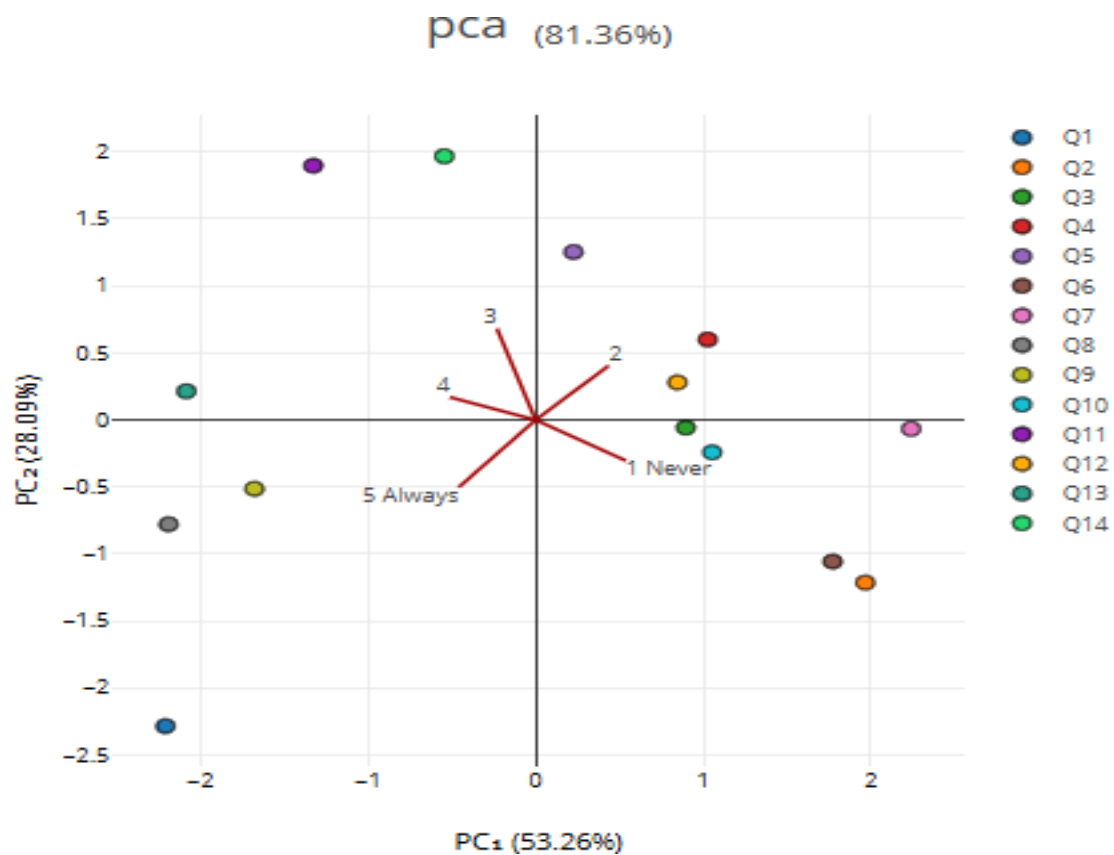
Figure 1.2: PCA biplot graph representing self-reported results from questionnaire in 2D and 3D data to describe the relationships between different variables

Scree plots: To identify the number of factors that remains in exploratory factor analysis (FA) or in principal components to hold on to in a principal components analysis (PCA). According to the current research, the component, Eigenvalue, PCA, and cumulative variance are drawn in a graph that shows all the values of PC1 to PC6, ranging from 2.8119 to 0.004239.
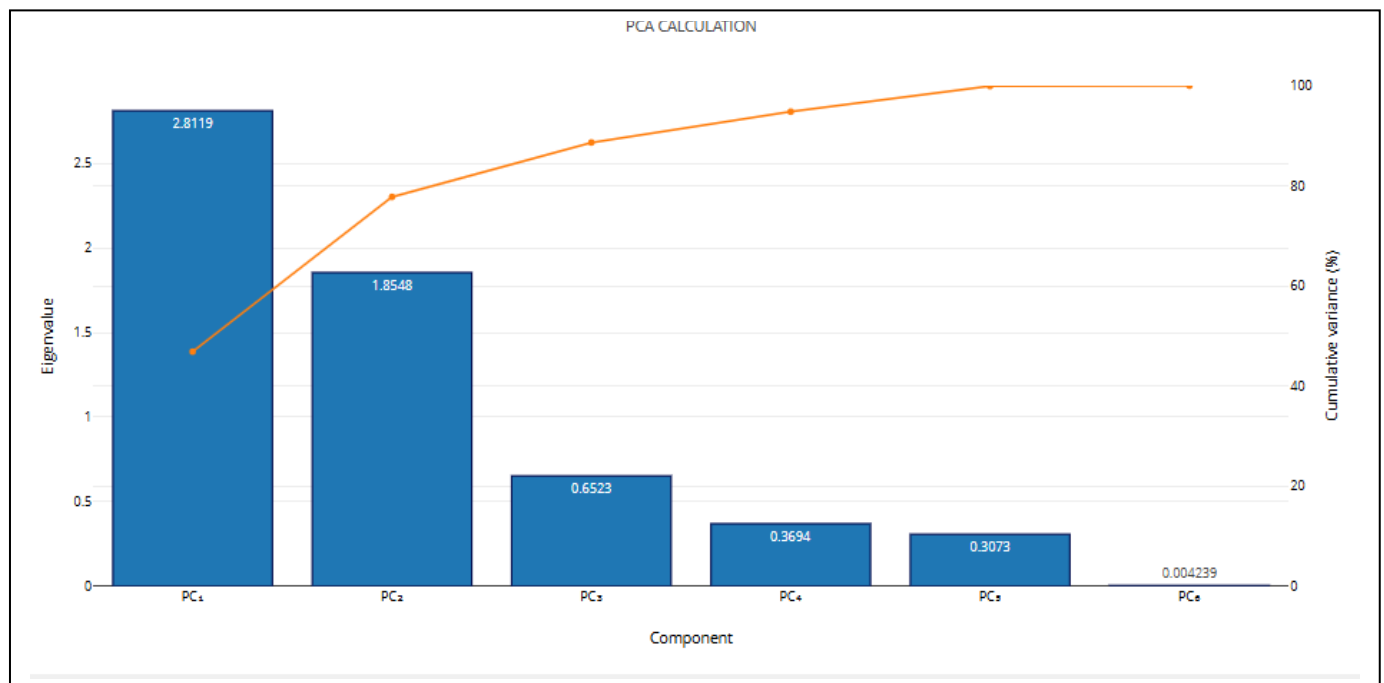

Figure 1.3 Scree plot. The X-axis shows the number of components, while the Y-axis shows the percent of Eigen value explained by each dimension. The scree point is observed where variance starts to level off after another dimension.

Eigen values:

Parameter	1	2	3	4	5

Eigenvalue	2.6631	1.4047	0.5897	0.3374	0.005041
% of Variance	53.2628	28.0942	11.7942	6.748	0.1008
Cumulative (%)	53.2628	81.357	93.1511	99.8992	100

Table 3: Eigen values of the Principal component analysis. This table represents the eigenvalues for each component of PCA. The original variance appears along the diagonal of the covariance matrix, while the principal component variance is represented by the eigenvalues. The total variance across all dimensions mentioned in table 3 shows: the original 2 dimensions account for 40% of the variance (2), while the 2 principal components explain 81.357% of the variance (4.0678).

Pearson correlation: Pearson's correlation is a statistical measurement of the linear relationship between two continuous variables, such as strength and direction. It rectifies data with points in a straight line. The value ranges from -1 to +1, where a value of +1 indicates a perfect positive linear relationship, while a value of -1 indicates a perfect negative linear relationship, and a value of 0 shows that there is no linear relationship between the variables. According to the research findings in table 4, the data show a statistical measurement of the linear relationship between two continuous variables. According to this, there is a strong correlation between working hours exceeding 48 hours per week, which strongly correlates with work demands interfering with my personal life. Flexibility in the work schedule strongly correlates with regular breaks during my working hours, and the organization has a defined...

The policy for work-life balance and the organization provide enough support in maintaining a healthy work-life balance. Regular breaks during working hours strongly correlate with an organization having a defined policy for work-life balance. The organization supports me in maintaining a healthy work-life balance, and how satisfied are you with your current work-life balance? A schedule that allows sufficient time for personal life is strongly correlated with having enough time for personal commitments and satisfaction with one's current work-life balance. An organization that has a defined policy for work-life balance strongly correlates with the organization's support in maintaining a healthy work-life balance. The organization supports me in maintaining a healthy work-life balance, which strongly correlates with how satisfied are you with your current work-life balance. How manageable is your workload? Do work demands interfere with your personal life? Have you neglected family responsibilities due to work commitments? How would you rate your overall well-being? How much time do you have for personal life? For personal commitments, how satisfied are you with your current work-life balance? Work-related stress affects my personal life, and my satisfaction with my job does not have any strong correlation with any other variable.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
I work more than 48 hours per week.	1													
I have flexibility in my work schedule.	-0.38	1												
I take regular breaks during my working hours.	-0.65	0.93	1											
My work schedule allows me sufficient time for personal life.	-0.79	0.59	0.79	1										
My workload is manageable.	-0.51	0.22	0.47	0.66	1									
My organization has a defined policy for work-life balance.	-0.37	0.99	0.92	0.65	0.25	1								
I have enough time for personal commitments.	-0.50	0.57	0.64	0.89	0.38	0.66	1							
My work demands interfere with my personal life.	0.85	-0.78	-0.94	-0.92	-0.56	-0.79	-0.74	1						
I have neglected family responsibilities due to work commitments.	0.20	-0.64	-0.69	-0.52	-0.76	-0.65	-0.36	0.55	1					
My organization supports me in maintaining a healthy work-life balance.	-0.45	0.93	0.94	0.78	0.48	0.96	0.76	-0.85	-0.77	1				
How would you rate your overall well-being?	-0.35	-0.35	-0.06	0.12	0.72	-0.37	-0.25	-0.07	-0.28	-0.19	1			
How satisfied are you with your current work-life balance?	-0.61	0.78	0.91	0.89	0.74	0.82	0.75	-0.90	-0.83	0.93	0.14	1		
My work-related stress affects my personal life.	0.49	-0.94	-0.89	-0.68	-0.09	-0.95	0.71	0.82	0.41	-0.88	0.48	-0.72	1	
Overall, I am satisfied with my job.	-0.63	-0.26	0.08	0.49	0.78	-0.24	0.17	0.33	-0.2	-0.02	0.86	0.32	0.24	1

Table 4: Pearson correlation: correlation matrix for self-reported results from questionnaire, to evaluate relationship between results of each variable.

ANOVA: Source of Variation: This is the statistical method to analyze and compare the mean value within two or more groups by analyzing variance. It compares and differentiates the amount of variation with the group means to the value of variation within each group. Single Factor Summary: The results from 1 (never) to 5 (always) are shown in Table 5, in which all 14 parameters were analyzed between all groups, and the F value is 2.321994, the P-value is 0.065959, and F crit is 2.51304. The variance is within 0.012 to 0.050 from 1 to 5. The SS and df

values between Groups are 0.251 and 4, and within groups, the SS and df values are 1.758 and 65

Groups	Count	Sum	Average	Variance		
1 Never	14	3.75	0.267857	0.050234		
2	14	3.55	0.253571	0.017871		
3	14	3.15	0.225	0.017596		
4	14	1.7	0.121429	0.012198		
5 Always	14	1.95	0.139286	0.037376		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.251285714	4	0.062821	2.321994	0.065959	2.51304
Within Groups	1.758571429	65	0.027055			
Total	2.009857143	69				

Table 5: ANOVA: Calculation to show the mean value of variance between the answers of job Satisfaction.

F-Test Analysis: It is a statistical test that compares variances. It determines whether the variance within two samples, and sometimes variances within multiple samples, is significantly different. After performing an F-test between the 1 never and 5 always the outcome shows an F-value of 1.343, a P (F<=f) one-tail value of 0.300, and a critical F-value one-tail of 2.5769.

F-Test Two-Sample for Variances		
	1 Never	5 Always
Mean	0.267857143	0.139285714
Variance	0.050233516	0.037376374
Observations	14	14
df	13	13
F	1.34399118	
P(F<=f) one-tail	0.300866895	
F Critical one-tail	2.576927085	

Table 6: F-Test Two-Sample for Variances for self-reported results from questionnaire based of the different responses by people.

CONCLUSION

The present research study indicates that healthcare professionals might have been particularly vulnerable to stressful situations due to their visible working atmosphere. However, a high level of satisfaction did not appear to be inversely associated with a decrease in exit concentration. The potential explanation behind the substantial happiness proportion within these extremely stressed employees is the monetary reward and incentive provided by this particular business. The healthcare professional's level of trust can decrease if specific potential reasons are illuminated or transformed, depending on further investigation. A foreign assessment of the detrimental impact of excessive pressure on healthcare mistakes is recommended for additional investigation. Accompanying this, the study concerning the implementation of new laws and regulations that can decrease pressure on our health care providers needs to be performed.

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