

Work-life Balance of Nurses during Pandemic

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Abstract:

Background: Work-life balance is very important in the life of professionals, especially nurses. Work of nurses during pandemic varies from normal routine work. Routine life style is disrupted leading to imbalance in life and work. Poor work-life balance can lead to severe distress, depression, and have a negative impact in nurses' life. This study aimed to evaluate the work-life balance of nurses during the pandemic of COVID – 19.

Materials and Methods: Quantitative descriptive research was done in a tertiary hospital in South India. Stratified proportionate random sampling was used to select the nurses. Demographic proforma and work-life balance scale were used to collect data after getting written consent.

Results: Only 27.7% of the nurses had very good work-life balance, 30.9% of them had good work-life balance, 26.4% of them had average work-life balance and remaining 15% of them had poor work-life balance. There was a significant association between work-life balance of nurses and religion (χ^2 15.638, $p=0.001$) during COVID-19 pandemic.

Conclusion: Work-life balance is very important for health and well-being of all professionals. The findings of this study revealed that 15% of nurses had poor work-life balance during this pandemic. Ongoing online debriefing and counseling sessions can be planned frequently in hospitals to enhance Work-life Balance of nurses.

Key Word: Work-life Balance; Nurses, Pandemic

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I. Introduction

Women make a sizeable proportion of workforce in most professions in the contemporary society. With the increasing thrust towards women empowerment, equal opportunities for education and work for women, women excel in any field they choose to be in. This boom in the number of working women, coupled with an ever-demanding obligation to the family, has resulted in an increasing interest in exploring the buzz word- 'Work-life balance'. It refers to satisfaction and good functioning at work and home with minimum conflict¹.

In general, women are more prone to have a poor work-life balance. Within the social context of our country, women are primarily expected to care for their family and are responsible for most of the household chores. In addition, workplace demands in terms of output and excellence is also considerably high. Women need to do formidable work to scale the ladder in their profession. In view of the above, it is a herculean task for women to balance their personal and professional lives.

Nursing is a caring profession and nurses very often place the needs of patients before their personal and family needs. This could result in compassion fatigue, burn-out and chronic stress in the personal life of nurses. In addition, working different shifts, multitasking and inadequate staffing can add to this humongous problem^{2,3,4}. This is often amplified among female nurses, who not only have to deal with stress at the workplace but also shoulder a huge responsibility of their family needs. With over-laden responsibilities like household work, caring for their children, parents and relatives, female nurses can feel pressurized and stressed at home as well as in workplace. This cycle of work and family can ensue in a struggle to balance between personal and professional life for all female nurses.

Studies also revealed that nurses experience poor work-life balance⁵⁻¹¹. It is reported that only 2% of female nurses spend quality time with family members and 22% felt that they did overtime, worked for long hours and hence could not spend quality time with their families¹². This can naturally affect their personal life. The researchers with their experience have observed that poor work-life balance can affect the quality of nursing care rendered by nurses and at the same time, good work-life balance, leads to job satisfaction, quality nursing

care and a good working environment. The effect of poor work-life balance is highlighted during a crisis situation such as a pandemic.

Work of nurses during pandemic varies from normal routine work. During the outbreak of Covid-19, new protocols and procedures were implemented which had to be learned and updated by nurses. At the same time, lot of changes took place at home with regard to finance, child care and other additional support system required during pandemic. All these could result in an alteration of Work-life Balance of nurses during pandemic. There was no documented evidence regarding work-life balance of nurses during pandemic. Hence, this study aimed to evaluate the work-life balance of nurses during pandemic and the findings were correlated with selected demographic variables.

II. Methodology

In this study, quantitative descriptive research design was used. The study was conducted among 12 nursing departments of a tertiary hospital in South India. Female nurses who provided direct patient care with more than one year of experience, and worked both day and night shift were included in this study. Nurses on long leave and pregnant were excluded.

Study was conducted after obtaining permission from the Institutional Review Board and nursing authorities. Stratified proportionate random sampling method was used to choose the nurses. The 12 nursing departments were divided into seven strata based on the similarity of work performance. The seven strata were medical nurses, surgical nurses, operation theatre nurses, critical care nurses, pediatrics nurses, maternity nurses and ophthalmic nurses. Total number of nurses recruited from each stratum was proportionate to the number of nurses working in that area. About 220 nurses were recruited for the study. Duty timings of the staff were noted in each department and schedule was made depending on their availability. The researcher explained the purpose of the study and written informed consent was taken by the researcher.

The sample size was calculated using n-master 2.0 software. With reference to Subooh Yusuf et al¹³, the number needed for the study was 217. However 220 nurses were included in this study. Instruments consisted of demographic profile and work-life balance scale. Work-life Balance Scale developed by Fisher¹⁴ and later modified by Hayman¹⁵ was used. It assessed three dimensions of work-life balance such as work interference with personal life, personal life interference with work, and work/personal life enhancement. It consisted of 15 items. Each item was scored on a 5 point scale. Higher the score, the Work-life Balance was considered to be Very Good. Lower the score, Work-life Balance was considered to be Poor. Work-life Balance was classified as Very Good, Good, Average, and Poor. The scores were converted into percentage and classified as Very Good Work-life Balance (80% to 100%), Good Work-life Balance (70% to 79.99%), Average Work-life Balance (60%- 69.99%) and Poor Work-life Balance ($\leq 59.99\%$). The cronbach's alpha coefficient for reliability of the scale from literature was 0.88. This was widely used among various professionals to assess work-life balance.

The data entry and analysis were performed using SPSS 21.0 software. Descriptive statistics such as mean was used to assess the work-life balance of nurses. The relationship between work-life balance and demographic variables was analysed by using Pearson correlation test and Chi-square.

III. Results

This study showed that majority (43.6%) of the nurses were in the age group of 31 to 40 years. The mean age of the nurses was 33 ± 7 . A major proportion of the nurses (77.7%) were married while 22.3% were single. Most of the nurses (70.5%) were Christian. A huge proportion of the nurses (85%) had completed Diploma in Nursing. Majority of them (30%) had experience in nursing for more than 15 years. Most of the married nurses (60.82%) had two children. The monthly income of the family of nurses was between 10000-30000. A sizeable proportion of nurses (90.87%) did not have domestic help at home in house hold work. Most of the nurses had to do household work (82.21%) and also took care of their children (65.87%) while at home. Many (55%) of the nurses had health issues.

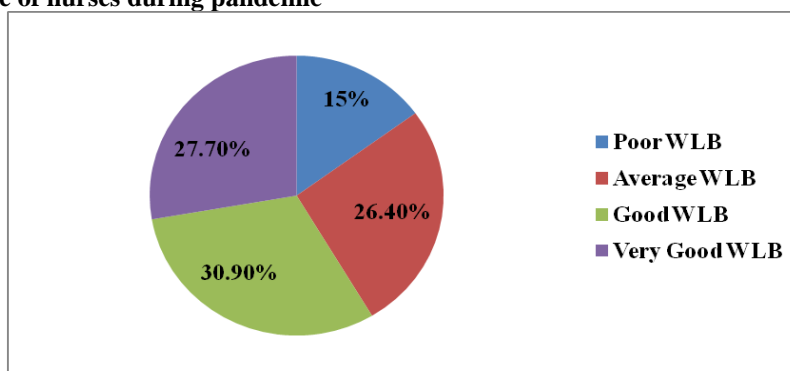
Work-life Balance of nurses during pandemic

Figure 1: Distribution of the nurses based on level of work-life balance

Figure 1 shows that majority (30.9%) of the nurses had good work-life balance, 27.7% of them had very good work-life balance, 26.4% of them had average work-life balance and remaining 15% of them had poor work-life balance.

Relationship between demographic characteristics of the nurses and their work-life balance during pandemic

A statistically significant association was found between religion and their work-life balance ($\chi^2 = 15.638$, $p = 0.001$). The other demographic characteristics of the nurses such as age and experience of the nurses did not correlate with their work-life balance.

IV. Discussion

Work-life Balance of the nurses during pandemic

This study found that only 27.7% of the nurses had very good work-life balance while a majority (30.9%) of the nurses had good work-life balance. These findings could be due to the complexity of nursing profession and female nurses also find it more difficult because they need to work at home as well as in the hospital. The already existing struggle to balance work and life among nurses is further complicated during this pandemic. The COVID-19 pandemic has seen a great number of protocols, policies, and procedures implemented in the hospitals which are constantly being revised. Sudden, unforeseen changes in the health care industry, especially in nursing led to various crises such as inadequate staffing and changeover of staff. Hence, the nurses would have found it challenging to maintain very good work-life balance.

No supporting studies are documented regarding work-life balance of the nurses during pandemic. However, pre pandemic studies have reported that majority of the nurses had dissatisfaction with their work-life balance¹⁶⁻²⁰ and studies have also revealed that nurses had moderate and very good quality of work-life^{21,22}. These findings are not consistent with the present study findings. The difference could be connected to divergence in cultural environment as the reported studies were done in different nations and also could be due to the various instruments used for gathering the data.

Relationship between demographic characteristics of the nurses and their work-life balance during pandemic

The findings in the present study did not demonstrate significant relationship between age, experience of the nurses and their work-life balance whereas there was significant relationship in other studies^{8, 23}. This could possibly be due to ever-changing policies and protocols, the unfamiliarity and uncertainty associated with the pandemic as the issues were similar for both experienced and novice nurses.

Statistically significant association was seen between work-life balance of nurses and their religion ($\chi^2 = 15.638$, $p = 0.001$). These finding could be attributed to the outbreak of pandemic resulting in uncertainty in their life, whereby nurses would have coped by praying to God and performing religious rituals. Hence the above finding enlightens that having strong spiritual beliefs helped nurses to achieve a very good work-life balance.

The current study did not find association between marital status and work-life balance of nurses. This result is dissimilar with other studies^{9, 23}. This could be attributed to a slightly higher mean age of married women in this study (35.78 ± 6.83). It is possible that with increasing age, women tend to become more mature and confident in handling crises at home and work.

The present study also identified that there existed no association between taking care of children, performing house-hold work and caring for other relatives by the nurses and their work-life balance while there was significant association in other studies^{10, 23}. The dissimilarity in the findings could be viewed in the

perspective of cultural milieu in our nation where women take pleasure in doing household tasks deeming it their obligation and hence it would not have affected their work-life balance.

The current study did not identify the factors associated with work-life imbalance. Literature reports that low remuneration, high work pressure, unjust promotion policies and lack of involvement of the nurses in problem solving, lack of family support, extended working hours and insufficient leave were the factors associated with work-life imbalance of the nurses^{17,18,24-26}. Further studies can be done to recognize those factors.

V. Conclusion

Work-life balance is very important for all professionals to prevent stress, burn out, depression and anxiety. The study findings revealed that 15% of nurses have poor work-life balance. General strategies such as exercise, social get-together with colleagues and family to achieve a healthy work-life may not be possible during this pandemic. Hence ongoing online debriefing and counseling sessions can be planned frequently in the hospitals to enhance Work-life Balance. The role of organizational support and systems to promote work-life balance among nurses is of paramount importance during this pandemic.

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