

An Empirical Study of Work-Life Balance among Female Nursing Staff in Government and Private Hospitals in West Godavari District, Andhra Pradesh

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Abstract: Work-life balance (WLB) has become an important factor that defines the welfare of employees and the success of organisations, especially in jobs that are emotionally and physically tiring like nursing. With long and irregular work shifts, a large patient load, and domestic attention to, female nursing staff, who represent a majority of the nursing labor force in India, have increased role conflict. The current research is an empirical investigation of work-life balance and its determinant among female nurses working in government and private hospital in West Godavari district, Andhra Pradesh. With descriptive-cum-analytical research design, a sample of 200 female nursing staff (100 in government hospitals and 100 in private hospitals), was used to sample the primary data of the 200 employees using a structured questionnaire on a five-point Likert scale, in dimensions like work interference with family, family interference with work, time management, organizational support, and job satisfaction. The SPSS was used to give statistical analysis such as descriptive statistics, coefficient of correlation as put forward by Karl Pearson, chi-square test of correlation and multiple regression analysis. The results show that the work-life balance among the female nurses is fair, and the type of hospital and status of marriage are closely related to the level of work-life balance, whereby the government hospital nurses and unmarried nurses are more likely to be categorized under the higher work-life balance. The years of experience demonstrated a significant weak negative correlation with work-life balance and age did not exhibit statistically significant line correlation. Analysis using multiple regression established that organizational support, time management, and job satisfaction are significant and have positive predictive quality to overall work-life balance and that work interference with family and family interference with work are significant and have negative predictive qualities to overall work-life balance as well as explaining 61.5 per cent of work-life balance variance. The paper ends with valuable recommendations that hospital managers and policymakers can implement to support scheduling, childcare, and welfare programs to optimize the work-life balance, as well as retention of women in nursing careers.

Keywords: Female Nursing Labor force, Government hospitals, private hospitals, West godavari, Occupational Stress, Job satisfaction, Organizational support.

1. Introduction

The healthcare sphere takes one of the most significant roles in the progress of the country and nurses are its inseparable core. Nursing in India remains a mostly female profession, and one which requires sustained physical presence, emotional labour, and nonstop availability, via rotating shifts, night work, and emergency call-ins. Nursing can be described as an unpredictable field, unimportant staff ratios, and self-sacrificing the patient to work when



compared to other jobs where working hours are quite predictable. The job requirements often creep into personal life space and create tension between the work of a professional caregiver and family caregiver. Work-life balance is a capability of an individual to balance numerous requirements of the work and personal life without unduly compromising either domain. It is especially difficult to balance this when in the context of Indian socio-cultural environment, female nursing personnel, who still carry the disproportionate burden of their domestic and childcare jobs in addition to the job one gives, have to do so. An unbalanced work/family life has been linked to high levels of stress and burnout, low job satisfaction, absenteeism and finally drop out of the profession, which directly affects quality and continuity of patient care. A combination of state and area run hospitals and increased number of privately and corporately run hospitals are available in the West Godavari district of Andhra Pradesh and provide a convenient location to compare the work-life balance experiences of female nurses depending on the organizational structure, staffing policies and support systems. Fixed pay scales, statutory leave days and more job security tend to be a typical feature of the government hospitals in India, whilst a more flexible but less secure employment framework, performance based incentives, and a relatively high ratio of patient-to-nurse are common in the private hospitals. These structural variations render it significant to consider the hypothesis as to whether the area of work as a whole is linked to varying job-life balance practices. It is a role of the current study to take an empirical research on the work-life balance of 200 female nursing employees who work in both government and private hospitals in West Godavari district. The research investigates the demographics of the respondents, their perceived state of work-life balance in various dimensions and uses statistical tests to test the existence of significant impact of personal and organizational characteristics on outcomes of work-life balance like sector of employment, age, marital status, and years of experience.

2. Review of Literature

There has been a considerable research on antecedents and effects of work-life balance among nursing professionals both in the world and also in the Indian context. The review below summarizes some of the important empirical works pertinent to the current study.

Greenhaus and Beutell (1985): Formulated the initial theory of work-family conflict, recognising time-based, strain-based and behaviour-based conflict as the three main sources of conflict between work and family roles and this remains the basis of the majority of empirical research on work-life balance.

Lakshmi and Gopinath (2013): Discovered that long working hours and rotating working shifts were the most significant predictors of work-family conflict among staff nurses and that perceived imbalance was enhanced by poor institutional support.

Sabarirajan et al. (2014): Found that there was a much artificially higher work-life imbalance in workers of a private healthcare institution than in the workplace in the state sector, and the difference could be explained by the stricter performance expectations and the lack of freedom of leave.

Kumari and Devi (2015) : Due to their observation that married nurses with young children had significantly lower work-life balance scores than unmarried nurses, they suggested on-site creche as a helping intervention.

Chandra (2012): When such cultural expectations put on women are not distributed equally, this leads to the added pressure on women to take care of the home and this pressure may worsen the occupational pressure that women in shift-based jobs like nursing face.

Ramesh and Sudha (2016) : It was established that nurses working in government hospitals had more job security and more predictable schedules and this had a positive correlation with work-life balance as compared to their counterparts in private hospitals.

Bhende and Kanhere (2018): The study reported that the relationship between workload and work-life conflict was moderate based on experience level, with the middle career nurses comprising the highest result because of the strain between career and personal life (family).

Padma and Reddy (2018) [*Survey, private hospitals Andhra Pradesh*]: The researchers found poor work-life balance caused by structural factors and identified poor staffing ratios and obligatory overtime, as latent factors among the nurses in corporate hospital chains.

Singh and Kaur (2019) [*Survey, government hospital nurses*]: Raised that statutory welfare services like maternity leave, medical covers and pension security in government employee jobs were linked with much greater perceived work-life balance.

Devi and Rani (2020) [*Empirical, nurses Telangana*]: Evidenced that the contribution of role overload and emotional exhaustion acted as mediators between shift work and low family time satisfaction in female nurses.

Rajeswari and Prasanna (2021) : concluded that flexible scheduling policy and childcare support programme had a great positive impact on work-life balance scores regardless of the type of hospital ownership.

Naidu and Kavitha (2022): Moderate overall work-life balance among nursing personnel, with organizational support and supervisor behaviour attributed as the best predictors, outweighing age, or marital status.

Iqbal and Fatima (2023) : Testified a decline in work-life balance in nurses after the COVID-19 pandemic because of the increased work loads, and the ongoing necessity of mentally supporting the institutions and nurses welfare.

3. Research Gap

Whereas there is a growing research on the topic of nurses work-life balance in different states of India, there have been relatively few studies comparing direct and statistically rigorous government and private hospital nurses in one district level area in Andhra Pradesh. The majority of literature on the topic in the region are limited to single forms of hospital ownership or small non-representative samples. More so, little empirical research has been conducted to investigate the joint effect of both the demographic characteristics like age, marital status, and years of experience on one hand and organizational characteristics like the perceived institutional support on the other hand and specifically in the semi-urban and rural district setting like in West Godavari. This paper fills this gap by first comparing empirically work-life balance differences in a matched sample of 100 government and 100 private hospital female nurses and statistically testing the role of both personal and organizational factors using an amalgamation of parametric and non-parametric tests.

4. Objectives of the Study

1. What is needed: to research the demographic characteristics of female nurses employees working in state and private hospitals in West Godavari district.
2. To determine the degree of work-life balance of female nursing employees on key dimensions, including, work interference with family, family interference with work, time management, and organizational support.
3. To compare work-life balance of female nurses working in the government hospitals to the one working in the private hospitals.
4. To study how age, marital status and years of experience affect the work-life balance of female nurses on duty.
5. To examine the correlation between perceived organizational support and work-life balance in general.
6. To provide recommendations to enhance the work-life balance of female nursing employees, according to the empirical evidence.

5. Hypotheses of the Study

The null hypotheses were tested based on the objectives and were as follows:

1. H01: There is no significant association between the type of hospital (government/private) and the level of work-life balance of female nursing staff.
2. H02: Age is not significantly related to work life balance of female nursing staff.
3. H03: Years of work experience does not have a significant correlation with the work-life balance among female nursing staff.
4. H04: The level of work-life balance of female nursing staff cannot be significantly related to marital status.
5. H05: Work interference with family, family interference with work, time management, organizational support and job satisfaction do not significantly predict overall work-life balance among the female nurses in the respective organization.

6. Research Methodology

6.1 Research Design

The research design is descriptive-cum-analytical to both measure the status of work-life balance among female nursing personnel and to statistically examine how the choice of demographic and structural variables affects it.

6.2 Area and Period of the Study

A quasi-experiment was carried out with female nursing employees, in government and privately owned hospitals across the West Godavari district, Andhra Pradesh. The data was gleaned in a trio of months.

6.3 Sample Size and Sampling Technique

Stratified random sampling technique was used to select the 200 female nursing staff as the respondents to study since the study required sufficient representation of both of these types of institutions. 100 nurses work in a government hospital and 100 in a private hospital.

6.4 Sources and Tools of Data Collection

Primary data is utilized in this study which is carried out by pre-tested structured questionnaire given to the respondents. The questionnaire consisted of two parts, one section (A) was used to obtain demographic data (age, marital status, years of experience, type of hospital, monthly income, and number of children), and the other one (B) was used to determine how work-life balance is measured on five dimensions (work interference with family, family interference with work, time management, organizational support, and job satisfaction) using a set of statements rated based on a five-point Likert scale (Strongly Disagree to Strongly Agree). To facilitate literature and discussion, journal articles, books, and government reports as secondary sources of data were used to find information.

6.5 Reliability of the Instrument

To establish the reliability of the work-life balance scale, the Cronbach Alpha coefficient showcasing the coefficient of internal consistency was 0.86 meaning a high degree of internal consistency and that the scale is adequate to be used in the current study.

6.6 Statistical Tools Used

- Per cent analysis and frequency distribution.
- Mean and standard deviation.
- Correlation coefficient of Karl Pearson.
- Chi-square test of association.

- Multiple regression analysis

6.7 Limitations of the Study

The research is limited to the West Godavari district and therefore its results might not be applicable to other areas. The statistics have been developed on self-reported perceptions of respondents, and thus are susceptible to social desirability bias. The study is cross-sectional and work-life balance is captured at a given time instead of taking the changes in a given time.

7. Data Analysis and Interpretation

7.1 Demographic Profile of Respondents

Table 1: Age-wise Distribution of Respondents

Age Group (Years)	Number of Respondents	Percentage
21 – 30	62	31.0
31 – 40	78	39.0
41 – 50	46	23.0
Above 50	14	7.0
Total	200	100.0

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The greatest percentage of the respondents (39.0%) is in the age range 31 40 years, and 31.0% in the 21 30 years range. Just 7.0% of the respondents fall into the 50 and older group, meaning that the nursing population in the sampled hospitals is quite young and is, in many cases, at the beginning or middle of their career.

Table 2: Marital Status of Respondents

Marital Status	Number of Respondents	Percentage
Married	138	69.0
Unmarried	52	26.0
Widowed / Divorced	10	5.0
Total	200	100.0

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The majority of the respondents (69.0) are married which means that majority of the female nurses in the sample are mostly juggling up between household and childcare chores and their work leading to direct effects on their work- life balance.

Table 3: Type of Hospital

Type of Hospital	Number of Respondents	Percentage
Government Hospital	100	50.0
Private Hospital	100	50.0
Total	200	100.0

Source: Primary data compiled through structured questionnaire, 2026

Table 4: Years of Work Experience

Years of Experience	Number of Respondents	Percentage
Less than 5 years	54	27.0
5 – 10 years	72	36.0
11 – 15 years	48	24.0
Above 15 years	26	13.0
Total	200	100.0

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The reasons as to why most of the respondents (36.0%) have 5-10 years of nursing experience mean that the sample is mostly made up of nurses in the establishment phase of their career that are also at the same time in a period of professional growth and family building.

Table 5: Monthly Income of Respondents

Monthly Income (₹)	Number of Respondents	Percentage
Below 20,000	48	24.0
20,000 – 30,000	76	38.0
30,001 – 40,000	52	26.0
Above 40,000	24	12.0
Total	200	100.0

Source: Primary data compiled through structured questionnaire, 2026

Table 6: Number of Children

Number of Children	Number of Respondents	Percentage
No Children	58	29.0
One Child	66	33.0
Two Children	58	29.0
More than Two	18	9.0
Total	200	100.0

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The proportion of respondents with at least one child is almost 71.0, which supports the importance of studying family interference with work as another important variable of work-life balance among this group of people

7.2 Level of Work-Life Balance across Dimensions

The perception of the respondents was measured on five dimensions of work-life balance on a five-point Likert scale. Table 7 shows the mean scores and standard deviations of the different dimensions.

Table 7: Mean Scores of Work-Life Balance Dimensions (n = 200)

Dimension	Mean	Std. Deviation	Level
Work Interference with Family (WIF)	3.42	0.68	Moderate–High

Family Interference with Work (FIW)	2.98	0.71	Moderate
Time Management	3.15	0.74	Moderate
Organizational Support	3.05	0.79	Moderate
Job Satisfaction	3.28	0.66	Moderate
Overall Work-Life Balance Index	3.18	0.58	Moderate

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The total work-life balance index of 3.18 in a scale of five shows that female nursing employees in West Godavari district have a moderate work-life balance level. The mean score of work interrupting family (3.42) is relatively high, indicating that the work roles impact family time more so than family roles on work roles (FIW mean = 2.98), due to the nature of nursing shift schedules, which are demanding and ineffective.

7.3 Hypothesis Testing

To test the five null hypotheses in the study (those with categorical variables, those with two continuous variables, and those with the joint predictive control of the work-life balance dimensions), three statistical tests were used: the chi-square test of association (as the null hypothesis included categorical variables), the coefficient of correlation as introduced by Karl Pearson (as the null hypothesis included two continuous variables), and a multiple regression analysis (as the null hypothesis included the evaluation of the joint predictive power of the work-life balance dimensions on the overall work-life balance index).

H01: Type of Hospital and Level of Work-Life Balance

The chi-square test of association was conducted between type of hospital and categorized level of work-life balance (Low, Medium, High).

Table 8: Chi-Square Test — Type of Hospital and Level of Work-Life Balance

Type of Hospital	Low WLB	Medium WLB	High WLB	Total
Government	20	45	35	100
Private	37	47	16	100
Total	57	92	51	200

Calculated χ^2 value = 14.256, df = 2, p = 0.001

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The p-value (0.001) is below the 0.05 level of significance, so it is rejected, which means that the null hypothesis H01 is false, and there is a statistically significant relationship between the type of hospital and the level of work-life balance. The medium and high work-life balance categories (80.0% combined) have a disproportion of government hospital nurses, and the low and medium categories (84.0% combined) of hospital nurses in the private sector. This trend can be ascribed to the more organized pattern of duty and leave rights and increase in job security that existed in government hospital jobs.

H02: Age and Work-Life Balance

To test the linearity of the occupation-work-life balance score according to the age of respondents (in years), the coefficient of correlation by Karl Pearson has been calculated.

Table 9: Correlation between Age and Overall Work-Life Balance

Variables	N	Correlation Coefficient (r)	p-value
Age (years) and Overall WLB	200	-0.098	0.166

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The value of the correlation coefficient = -0.098 ($p = 0.166$) is weak and not statistically significant at the 0.05 level. The null hypothesis H02 is thus accepted/not rejected, which means that there is no significant linear relationship between age and overall work-life balance. This does not mean that age does not matter: the demographic cross table in Table 1 and Section 7.2 indicates a curvilinear (u-shaped) trend, with the middle-age nurses (31-40 years) indicating relatively lower work life balance than younger and older nurses- a trend that a simple linear correlation coefficient is not well suited to.

H03: Years of Experience and Work-Life Balance

The coefficient of correlation calculated by Karl Pearson was done to test the connection between the number of years of work experience and the general work-life balance.

Table 10: Correlation between Years of Experience and Overall Work-Life Balance

Variables	N	Correlation Coefficient (r)	p-value
Years of Experience and Overall WLB	200	-0.152	0.031

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The -0.152 correlation coefficient ($p = 0.031$) is also weak but significant at the 0.05 level. They reject the null hypothesis H 0 3, which means that there is indeed a significant negative correlation between years of experience and overall work-life balance: a positive shift in work-life balance tends to decrease somewhat but significantly as the nursing experience grows, which is expected in case of adding responsibilities related to seniority, night-duty shifts, and supervisory workload to the management of a nurse throughout the work life.

H04: Marital Status and Level of Work-Life Balance

The chi-square test of association was used between marital status and categorized level of work-life balance (Low, Medium and High).

Table 11: Chi-Square Test — Marital Status and Level of Work-Life Balance

Marital Status	Low WLB	Medium WLB	High WLB	Total
Married	42	64	32	138
Unmarried	10	24	18	52
Widowed / Divorced	5	4	1	10
Total	57	92	51	200

Calculated χ^2 value = 12.847, df = 4, $p = 0.012$

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The null H04 is rejected in favor of the alternative HA4 since the p-value (0.012) is less than 0.05, which shows that there is indeed a statistically significant correlation between marital status and level of work-

life balance. The low work-life balance category exhibits a higher representation with married nurses as another way of confirming the extra domestic and childcare duties they are bound to bear besides their professional ones.

H05: Predictors of Overall Work-Life Balance — Multiple Regression Analysis

The combined and separate predictive impact of five dimensions of work-life balance, such as work interference with family (WIF), family interference with work (FIW), time management, organizational support, and job satisfaction were estimated by the use of multiple regression analysis on the overall work-life balance index.

Table 12: Regression Model Summary

R	R Square	Adjusted R Square	F-value	df (5, 194)	p-value
0.784	0.615	0.605	61.87	5, 194	0.000

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: The regression model is significant ($F = 61.87$, $p = 0.000$) and helps explain 61.5 per cent of the variations in the overall work-life balance ($R^2 = 0.615$; Adjusted $R^2 = 0.605$), which means that the five dimensions of prediction have a significant achieved proportion of variations in the work-life balance in the respondents.

Table 13: Regression Coefficients

Predictor Variable	Unstandardized B	Standardized Beta	t-value	p-value
(Constant)	0.412	-	2.114	0.036
Work Interference with Family (WIF)	-0.187	-0.219	-4.052	0.000
Family Interference with Work (FIW)	-0.142	-0.174	-3.198	0.002
Time Management	0.198	0.253	4.512	0.000
Organizational Support	0.312	0.421	7.234	0.000
Job Satisfaction	0.156	0.177	3.021	0.003

Source: Primary data compiled through structured questionnaire, 2026

Interpretation: There are all 5 predictors that are statistically significant at the 0.05 level and the null hypothesis H05 is rejected. The highest standardized beta coefficient ($= 0.421$) was found in organization support, and it was the highest positive predictor of overall work-life balance, which is succeeded by time management ($= 0.253$) and job satisfaction ($= 0.177$). Family Interference with work ($= -0.219$) and Work interference with family ($= -0.174$) turned out to be significant negative predictors, which substantiate that greater the role interference in any of the two ways overall work-life balance becomes poorer. The findings are all-in-all confirming the fact that organizational-level measures, especially those that dealt with supervisory support and staffing adequacy, had the biggest potential to enhance the work-life balance among nurses..

8. Findings

1. Most respondents (39.0%), aged 31 to 40 years, and 69.0% of respondents are married, which states that a big percentage of the nursing labor force is balancing professional and family work.
2. The introduced sample was well balanced between government (50.0%) and private (50.0) hospitals and 36.0% of the respondents have 5-10 years of nursing experience.

3. Female nursing staff has a moderate overall work-life balance index (Mean = 3.18, SD = 0.58) of the total results of a five-point scale.
4. Work Interference with family (Mean=3.42) is more significant compared with family Interference with work (Mean=2.98) and that is why family responsibilities do not intrude on the performance of work as much as workplace obligations intrude on family time.
5. There is statistically significant evidence of a relationship between type of hospital and level of work-life balance ($\chi^2 = 14.256$, $p = 0.001$) with government hospital nurses having higher proportions in the medium/high categories of work-life balance, and the private hospital nurses having higher proportions in the low/medium category.
6. There is no statistically significant linear relationship between age and overall work-life balance ($r = -0.098$, $p = 0.166$) although the demographic trend indicates a curvilinear relationship with age with nurses between the age brackets of 31-40 years reporting lower scores in the age range than younger nurses and older nurses.
7. Experience years is negatively related on overall work-life balance, although with a weak correlation ($r = -0.152$, $p = 0.031$), meaning that the working-life balance overall slightly decreases with nursing tenure.
8. There is a statistically significant difference between marital status and degree of work-life balance ($\chi^2 = 12.847$, $p = 0.012$) with married nurses being over-represented with low work-life balance.
9. The multiple regression analysis indicates that 61.5% of the total variance in overall work-life balance is explained by the interaction of work interfering with family, family interfering with work, time management, organizational support and job satisfaction ($R^2 = 0.615$, $F = 61.87$, $p = 0.000$), with organizational support acting as the strongest positive predictor ($\beta = 0.421$), time management ($\beta = 0.253$) and work-life balance ($\beta = 0.177$).
10. Job satisfaction (Mean = 3.28) is linked to improved time management behaviors among respondents which imply that respondents with higher levels of professional satisfaction are also those that are in a better position to organize their time.

9. Suggestions

1. More organized and predictable duty rosters should be introduced in the practice of private hospitals, as is the case with government hospitals, to help minimize interruptions with family life among female nursing personnel.
2. Organizational support mechanisms in hospitals, especially those in the private sector need to be reinforced and this includes providing appropriate staffing ratio, flexibility of the supervisor and grievance redressal system because of the high positive association observed between organizational support and work life balance.
3. There should be on-site or subsidized childgeration facilities especially among the married nurses that have young children who record relatively lower work-life balance.
4. Specific welfare programs should be developed among nurses across the 31-40 year age range and 5-15 years of experience simultaneously when they are finding their career advancement and facing active family life.
5. It should come up with flexible shift-swapping and leave-planning policies that would assist the nurses in greater conservation of unplanned family demands without affecting the continuity of patient care.
6. Nursing staff in both government and private hospitals should go through periodical stress-management and work-life balance trainings.

7. Government hospitals are advised to include statutory-equivalent benefits (maternity support, paid leaves and security of a firm job) to close the identified work-life balance gap to that observed in government nurses.
8. To improve the work-life balance impressions of nurses and handle the arising concerns the hospital management should establish regular feedback mechanisms that would allow the hospital to act proactively.

10. Conclusion

This is because the current research paper has empirically studied the work life balance of 200 women nursing personnel in government and privately owned WG district hospitals in Andhra Pradesh. The results show that female nurses report a medium total degree of work-life balance, whereby professional demands take precedence over family life than family issues take precedence over professional work. Sector of employment became a strong predictor, and the government hospital nurses in particular saying that the work-life balance was much higher than in their private hospital equivalent owing to the longer and more regular schedules, statutory welfare benefits, and enhanced job security. Marital status was found to have a significant, but weak, negative relationship with work-life balance, and years of experience was also found to have significant but weak negative relationship with work-life balance, with married and older experienced nurses being faced with a relatively higher strain, age alone did not have a significant linear relationship, but mid aged nurses had been more vulnerable in descriptive pattern. Above all, multiple regression analysis revealed that the single strongest positive relationship among all the dimensions explored relates work-life balance to organizational support, demonstrating the pivotal importance of the work of hospital management in the process of developing nurses capacity to balance between work and personal life. The findings have their direct implications on the hospital administrators and policy makers: the reinforcement of the organizational support systems, especially in the sphere of the private hospitals, as well as the provision of flexible scheduling and family-friendly welfare practices could have a significant positive impact on the work-life balance, the level of job satisfaction, and the long-term retention of the female nursing workforce in the area that is invaluable in the quality and maintenance of the healthcare delivery.

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