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Work-Life Balance – Its Impact on Job Satisfaction among the Healthcare Workers in Senapati District, Manipur

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Abstract

Healthcare workers play an essential role in our day-to-day lives. Their ability to stay focused on the job, stay satisfied with their job, and maintain a healthy balance between their professional work and personal lives are prudence for them to discharge their duty effectively and efficiently. As a cross-sectional study and quantitative investigation, this study focuses on the healthcare workers' work-life balance and its impact on job satisfaction. Using random sampling, a questionnaire survey was conducted, which was analysed through IBM SPSS Statistics 21. To achieve the goals of the study, statistical tools like Cronbach's Alpha, independent-sample t-test, exploratory factor analysis, and Pearson correlation coefficient are employed. The study found that 5 per cent of healthcare workers have no balance between work and personal life, while 72.3 per cent are moderately balanced and 22.7 per cent are highly balanced. The study also found that female and unmarried healthcare workers have significantly higher work-life balance than male and married workers, respectively. Work-life balance and job satisfaction were found to have a moderately positive relationship, suggesting a significant linear relationship between the two variables. Thus, top management and employers in the healthcare industry must improve the policies and initiatives relating to work-life balance to keep the employees satisfied. Further, such policies and initiatives should be framed strategically to maintain equality for all employees, mainly male and female and married and unmarried workers.

Keywords: Correlation, Healthcare Workers, Job Satisfaction, Work-Life Balance

1. Introduction

The complexities of life and increased pressures from the workplace led to the emergence of the concept of work-life balance (Irfan, 2017), which was earlier known as work-family balance (Kalliath & Brought, 2008). Kalliath and Brought (2008) identified that the term "work-life balance" has recently replaced "work-family balance" to include non-parent employees who are looking to balance their professional work and non-work activities such as study, sports and travel. The notion of work-life balance is thus multi-faceted and differs from person to person. Further, Mamoria and Rao (2016) stated that the work-life balance of

an individual differs with time and situations. As a result, even though many definitions of work-life balance have been put forth by different academicians and researchers, there is no universal definition that is generally accepted to date.

Many studies have found that work-life imbalance or work-life conflict hurts individual lives as well as organisational outcomes. For instance, work-life conflict leads to employees' depression (Major *et al.*, 2002), anxiety (Ford *et al.*, 2007; Frone *et al.*, 1992), decreased physical well-being (Bedeian *et al.*, 1988; Major *et al.*, 2002), and life dissatisfaction (Michel *et al.*, 2009; see also Aryee, 1992; Bedeian *et al.*, 1988).

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Further, the work-life conflict also leads to lateness (Hammer *et al.*, 2003), absenteeism (Goff *et al.*, 1990; Hammer *et al.*, 2003) and work withdrawal (Macewen & Barling, 1994).

Shivakumar and Pujar (2016) concluded that Doctors, nurses, pharmacists and other paramedical staff are facing many great challenges in managing their work-life balance as long working hours, night shifts, and demands for physical presence at the workplace lead to work-life conflicts. They also found that the performances of healthcare workers can be improved if the work-life balance is maintained at optimum. Further, Matsuo *et al.* (2021) identified that attaining a healthy work-life balance can minimise the nurses' intention to leave the job. Thus, understanding the degree of work-life balance is prudent for both individual workers as well as organisations to forge ahead. Further, examining and understanding the correlation between job satisfaction and work-life balance among healthcare workers is crucial to comprehend since it greatly impacts the standard of treatment that patients receive. Thus, this study has the following objectives:

1. To understand the level of work-life balance among the healthcare workers in Senapati District, Manipur
2. To understand and examine the relationship between selected socio-economic variables of healthcare workers and work-life balance
3. To find out the correlation between job satisfaction and work-life balance among the healthcare workers in Senapati District, Manipur

The well-being of healthcare workers and keeping them satisfied with their jobs are of paramount importance because they play an important role in our day-to-day lives. The demand for healthcare workers' services has increased worldwide (Banerjee, 2015), and they are facing many great challenges in managing their work-life balance (Shivakumar & Pujar, 2016). Thus, the study's significance lies in its ability to inform healthcare organisations and policymakers on the state of work-life balance and its relations with job satisfaction among healthcare professionals. Further, this study will help the individual worker as well as the organisation to understand the level of work-life

balance and various factors affecting job satisfaction and add to the literature on work-life balance and job satisfaction with a focus on the healthcare sector.

2. Literature Review

2.1 Work-Life Balance

Work-life balance is a fundamental human resource management issue that critically impacts employees (Wolor *et al.*, 2020). Greenhaus *et al.* (2003) defined work-family balance as "the extent to which an individual is equally engaged in – and equally satisfied with – his or her work role and family role". They propose that work-life balance has three components, namely involvement balance, time balance and satisfaction balance. According to Hill *et al.* (2001), "work-life balance is the degree to which an individual can simultaneously balance the emotional, behavioural and time demands of both paid work, and family and personal duties". However, it is challenging, in real life, to strike a balance between the demands of one's work and personal life (Bataineh, 2019), and if not balanced, it can trigger stress (Emslie & Hunt, 2009) as well as lower employee wellbeing and productivity (Meenakshi *et al.*, 2013; Bataineh, 2019).

2.1.1 Work-Life Balance by Gender

Sidhu and Saluja (2017) found that many women face difficulties in maintaining and balancing their work-life as they continue to take care of domestic chores despite their employment status. Bhandari and Soni (2015) examined the gender differences in work-life balance satisfaction and found that male employees are less satisfied than female counterparts with their work-life balance. On the other hand, studies such as Jailaxmi and Gautam (2017) and Raja and Selvakumar (2019) concluded that there is no statistically significant relationship between males and females about work-life balance. There is evidence that results differ from study to study. This could be because work-life balance differs from person to person (Kalliath & Brought, 2008) and also with time and situations (Mamoria & Rao, 2016). Thus, to examine the work-life balance of healthcare workers by gender in Senapati District, Manipur, the following hypothesis was developed:

H_{01} : The mean response to work-life balance from male and female healthcare workers does not differ significantly

2.1.2 Work-Life Balance by Marital Status

According to Bacik and Drew (2006), married status is considerably more relevant for work-life balance in India as a person's obligations to their family and personal life radically change after marriage, and married employees typically have more duties than single people do because of family arrangements, societal pressures, and cultural norms. Jailaxmi and Gautam (2017) also found a significant relationship between marital status and work-life balance. However, according to Raja and Selvakumar (2019), there is no significant relationship between married and unmarried employees on work-life balance. These varied results could be because work-life balance differs from person to person (Kalliath & Brought, 2008) and also with time and situations (Mamoria & Rao, 2016). Therefore, the following hypothesis was developed to investigate the healthcare workers' work-life balance according to their marital status:

H_{02} : Married and unmarried healthcare workers' mean responses to work-life balance do not differ significantly

2.1.3 Work-Life Balance by Working Experience

Bhandari and Soni (2015) discovered that employees' working experience has no significant impact on their satisfaction with work-life balance. Additionally, Raja and Selvakumar (2019) found no statistically significant correlation between work-life balance and working experience. However, since work-life balance differs from person to person (Kalliath & Brought, 2008) and also with time and situations (Mamoria & Rao, 2016), the following hypothesis was developed to investigate the work-life balance of healthcare workers in Senapati District, Manipur by working experience:

H_{03} : The mean response of healthcare workers regarding work-life balance does not significantly vary based on their working experience.

2.2 Impact of Work-Life Balance on Job Satisfaction

Job satisfaction is positively impacted by several work-life balance factors, including an optimised work schedule, social support system, proper time management, work recognition, supportive management and colleagues, and pay and incentives (Abhitha & Hebbar, 2022). Work-life balance plays a very important role in employees' attitudes towards work as well as personal lives. Employees with healthy work-life balance are more enthusiastic, motivated and satisfied with their work (Nilawati *et al.*, 2019). Yusnita *et al.* (2022) identified that employees who successfully manage their personal and professional lives can appreciate every task that is assigned to them, concentrate more on their duties, and have a positive attitude about their jobs and organisations. Shujat *et al.* (2011) discovered that while work-life balance variables like flexible working conditions and work-life balance programmes have a weak and positive relationship with job satisfaction, work-life balance variables like long working hours and work pressure have a weak and negative relationship with employees' job satisfaction. Arunika and Kottawatta (2015) concluded that job satisfaction is positively correlated with job autonomy, but work-life balance components such as workload, work-to-family and family-to-work interferences, work stress, and life stress are negatively correlated with job satisfaction. Job satisfaction is significantly impacted by work-life balance (Agha *et al.*, 2017; Yusnita *et al.*, 2022) and positively influences the decrease in job changes and absenteeism (Agha *et al.*, 2017). Job satisfaction and work-life balance are positively correlated, meaning that as work-life balance increases, so does job satisfaction (Frame & Hartog, 2003; Rifadha & Sangarandeniya, 2015; Yusnita *et al.*, 2022).

Despite the growing body of research on the subject, most of it concentrates on how different aspects of work-life balance affect job satisfaction rather than looking at how work-life balance affects different aspects of job satisfaction. Further, in Manipur, research was not done on work-life balance and its effects on job satisfaction. Only a few studies were conducted on the subject in India, with a particular focus on healthcare workers.

Thus, the following hypothesis was formulated to bridge these gaps and add knowledge to the subject.

H_{04} : *Work-life balance and job satisfaction are not significantly correlated*

3. Research Methodology

3.1 Research Design and Tools

This empirical study focuses on the work-life balance of healthcare workers and its impact on job satisfaction. It is a cross-sectional study and quantitative research. A questionnaire survey was carried out, and the data collected was analysed using IBM SPSS 21. Statistical tools like Cronbach's Alpha are used to measure the internal consistency of the studied variables, namely, work-life balance and job satisfaction scales, exploratory factor analysis to cluster the items of job satisfaction into various factors, and an independent-sample t-test and Pearson correlation coefficient were used to test the hypotheses of the study.

3.2 Sampling

Healthcare workers in Senapati District, Manipur, including doctors, nurses, pharmacists, and lab technicians in the public and private sectors, were the study's target population. Using Random sampling, the respondents were given the questionnaires, and the responses were collected personally in the year 2022. A total of 130 questionnaires were distributed, of which 119 dully filled were returned, resulting in a 91.54 per cent response rate.

As shown in Table 1, out of 119 respondents, 47.9 per cent are male and 52.1 per cent are female, 52.9 per cent are married, and 47.1 per cent are unmarried, and while 66.4 per cent of the respondents have less than or equal to ten years of working experience, 33.6 per cent of the total respondents have more than ten years of working experience.

3.3 Measurement Scale

The questionnaire consists of three parts, namely demographic profile of the respondents, work-life balance and job satisfaction. Based on the definition of work-life balance, various factors affecting work-

life balance and with heavy references to work-life balance measurement scales and questionnaires such as Hayman (2005), Brintha (2010), Herlin (2010) and Subhadra (2018), a questionnaire was designed and structured consisting of 42 statements related to work-life balance which are measured on Likert five-point scale labelling 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree and 5 for strongly agree. The overall score of these items was used to examine the relationship of work-life balance with job satisfaction and its factors. To measure the job satisfaction of healthcare workers, a questionnaire was structured based on the definition, concepts, theory and factors of job satisfaction. It consists of 21 statements measured on a Likert five-point scale assigning the values 1 for very dissatisfied, 2 for dissatisfied, 3 for neutral, 4 for satisfied and 5 for very satisfied.

4. Results and Discussion

4.1 Exploratory Factor Analysis

A principal components analysis was performed using an orthogonal rotation (Varimax with Kaiser Normalisation) to reduce the 21-item job satisfaction scales into a few factors. Table 2 shows the details of factor loading. The 21 items of job satisfaction were clustered into five factors based on an eigenvalue greater than 1. Kaiser-Meyer-Olkin (KMO) sampling adequacy measure of 0.701 indicates a sizeable enough sample to be considered acceptable for factor analysis. Additionally, there was statistical significance found in Bartlett's test of sphericity ($X^2 = 2605.940$, $df = 210$, $p < 0.001$). Further, the commonalities range from .618 to .876, which is greater than .5 for all the items. Thus, all the 21 items were retained, which were loaded into

Table 1. Profile of respondents

Profile		No. of Respondents	Percentage
Gender	Male	57	47.9
	Female	62	52.1
Marital Status	Married	63	52.9
	Unmarried	56	47.1
Working Experience	Less than or equal to 10 years	79	66.4
	More than 10 years	40	33.6
Total		119	100

Source: Computed from Primary Data

five factors accounting for 78.699 per cent of the total variance. The eigenvalues ranged between 1.349 and 8.624. Factor 1 comprised five items, which accounted for 41.065 per cent of the total variance and was designated as Working Environment and Infrastructure. Factor 2 consisted of five items, which accounted for 14.095 per cent of the total variance and was labelled as Personal and Career Growth. Factor 3 contained three items, which accounted for 10.045 per cent of the total variance and was labelled as Relationship. Factor 4 comprised four items, which accounted for 7.071 per cent of the total variance and was designated as

Suitability and Security. Factor 5 contained four items that accounted for 6.422 per cent of the total variance and were designated as Pay Related and Working Hours.

4.2 Reliability Analysis

Both the work-life balance and job satisfaction variables' internal consistency are measured using Cronbach's Alpha, a frequently used reliability metric (Thro & Prasain, 2021).

The reliability (internal consistency) of the overall scales for work-life balance is .938, as shown in

Table 2. Factor analysis of job satisfaction scales

Job Satisfaction Item	Factor Loading				
	1	2	3	4	5
Factor 1: Working Environment and Infrastructure					
JS12 Infrastructure	0.891	0.091	0.046	-0.073	0.258
JS15 Safety measures in the workplace	0.785	0.160	0.327	0.157	0.135
JS16 Drinking water and sanitary facilities at the workplace	0.766	0.237	0.233	0.262	-0.199
JS14 Working environment	0.719	0.227	0.440	0.126	0.290
JS13 Availability of basic machines, equipment and medicine	0.716	0.093	0.298	0.091	-0.005
Factor 2: Personal and Career Growth					
JS3 Training facilities and programme	0.026	0.872	0.207	0.031	0.092
JS4 Practice of empowerment, authority and delegation	0.137	0.867	0.140	0.089	-0.059
JS1 Promotion policy	0.326	0.807	0.097	0.134	0.140
JS2 Personal growth and career development	-0.022	0.792	0.136	0.344	0.088
JS5 Facilities for recreation	0.394	0.669	-0.056	0.186	0.153
Factor 3: Relationship					
JS11 Support from colleagues	0.203	0.123	0.895	0.024	-0.017
JS9 Relationship with co-workers	0.212	0.203	0.809	0.103	0.226
JS10 Co-ordination between staff and management	0.477	0.207	0.755	0.092	0.138
Factor 4: Suitability and Security					
JS19 Job security	-0.108	0.249	-0.077	0.827	0.080
JS20 Grievances redressal system	0.119	0.298	0.199	0.760	-0.154
JS21 Availability and practice of transfer policy	0.477	0.201	0.052	0.696	-0.078
JS18 Job suitability	0.484	-0.288	0.306	0.610	0.196
Factor 5: Pay-Related and Working Hours					
JS6 Pay scale	-0.084	0.131	0.075	-0.207	0.875
JS7 Incentives, bonuses and other benefits	0.493	0.280	0.004	0.311	0.662
JS17 Working hours	0.318	-0.140	0.444	0.149	0.591
JS8 Leave policy	0.506	0.254	0.365	-0.015	0.508
Eigenvalue	8.624	2.960	2.109	1.485	1.349
Variance Explained (%)	41.065	14.095	10.045	7.071	6.422
Cumulative Variance Explained (%)	41.065	55.160	65.205	72.276	78.699
Note. N = 119. The extraction method was principal components analysis with an orthogonal (Varimax with Kaiser Normalization) rotation. KMO = 0.701. Total variance explained = 78.699%. Source: Computed from Primary Data					

Table 3, which is very good and reliable. The internal consistency of the five scales and overall scales of job satisfaction are shown in Table 4. The results show that the items to measure those factors are good and reliable as all the scales are greater than .7.

4.3 Level of Work-Life Balance

Based on the total scores of all 42 items for each respondent, the work-life balance of healthcare workers is categorised into three levels: No Balance, Moderately Balanced, and Highly Balanced. Each item has a minimum score of 1 and a maximum score of 5, respectively. As a result, each respondent will receive a minimum of 42 and a maximum of 210 points overall. Thus, the total score ranges from 42 to 98, which is treated as No Balance, 99 to 154 as Moderately Balance and 155 to 210 as Highly Balance.

Table 5 depicts the degree of work-life balance of healthcare workers based on gender, marital status and working experience. It shows that 10.5 per cent of male healthcare workers have no balance, while 80.7 per cent are moderately balanced and 8.8 per cent are highly balanced. On the other hand, 64.5 per cent of female healthcare workers are moderately balanced, while the remaining 35.5 per cent are highly balanced. Based on marital status, 9.5 per cent of married healthcare workers have no balance, while 73 per cent are moderately balanced and 17.5 per cent are highly balanced. At the same time, 71.4 per cent and 28.6 per cent of unmarried healthcare workers are moderately balanced and highly balanced, respectively. Based on working experience, 78.5 per cent and 21.5 per cent of the healthcare workers having less than or equal to ten years of working experience are moderately balanced and highly balanced, respectively. While 15 per cent, 60 per cent, and 25 per cent of workers having more than ten years of working experience are no balance, moderately balanced, and highly balanced, respectively.

It also shows that 5 per cent of healthcare workers have no balance between their professional work and personal life, while 22.7 per cent of healthcare workers can manage and maintain a very healthy balance between the two domains. The majority of the healthcare workers, i.e. 72.3 per cent could manage and maintain work-life balance moderately.

4.4 Work-Life Balance by Gender, Marital Status and Working Experience

H₀₁: The mean response to work-life balance from male and female healthcare workers does not differ significantly

Table 6 shows the results of an independent-sample t-test. The results found that the mean response to work-life balance from male and female healthcare workers differ significantly ($t(117) = -3.601, p < 0.05$). The results also show that the mean of the female healthcare workers was significantly higher ($M = 146.5323, sd = 20.98455$) than the mean of the male healthcare workers ($M = 132.6842, sd = 20.92261$).

Table 3. Reliability of work-life balance

Factors	No. of Items	Cronbach's Alpha
Work-life balance (WLB)	42	0.938
Source: Computed from Primary Data		

Table 4. Reliability of five factors of job satisfaction

Factors	No. of Items	Cronbach's Alpha
Working Environment and Infrastructure	5	.914
Personal and Career Growth	5	.900
Relationship	3	.907
Suitability and Security	4	.791
Pay Related and Working Hours	4	.772
Job Satisfaction (Overall)	21	.919
Source: Computed from Primary Data		

Table 5. Level of work-life balance cross-tabulation

Basis No Balance		Level of Work-Life Balance			Total
		Moderately Balance	Highly Balance		
Gender	Male	6(10.5)	46(80.7)	5(8.8)	57(100.0)
	Female	0(0.0)	40(64.5)	22(35.5)	62(100.0)
Marital Status	Married	6(9.5)	46(73.0)	11(17.5)	63(100.0)
	Unmarried	0(0.0)	40(71.4)	16(28.6)	56(100.0)
Working Experience	Less than or equal to 10 years	0(0.0)	62(78.5)	17(21.5)	79(100.0)
	More than 10 years	6(15.0)	24(60.0)	10(25.0)	40(100.0)
Total		6(5.0)	86(72.3)	27(22.7)	119(100.0)
Note: Numbers in parentheses are percentages of the total Source: Computed from Primary Data					

The study's findings showed that, in comparison to their male colleagues, female healthcare professionals had a better work-life balance. To put it another way, women in the healthcare industry can preserve and manage a better work-life balance. The findings of the study reported that female healthcare workers have better work-life balance compared to their male counterparts. In other words, female healthcare workers are maintaining and managing a healthier balance between work and personal life. Although this finding contradicts the results of various studies like Jailaxmi and Gautam (2017), Sidhu and Saluja (2017), and Raja and Selvakumar (2019), it is supported by Bhandari and Soni (2015). Female healthcare workers have better work-life balance than males, which could be because of societal roles, as males have more societal responsibilities compared to females. Thus, the null hypothesis is rejected.

H₀₂: Married and unmarried healthcare workers' mean responses to work-life balance do not differ significantly

Table 7 displays the results of an independent-sample t-test comparing the work-life balance mean scores of married and unmarried healthcare workers. The results indicate that the means of the two groups differ significantly ($t(117) = -3.855$, $p < 0.05$). The results also show that the mean of the unmarried healthcare workers was significantly higher ($M = 147.6964$, $sd = 19.40751$) than the mean of the married healthcare workers ($M = 132.9683$, $sd = 21.96916$).

According to the findings, unmarried healthcare workers have a better and more balanced work-life than their married colleagues. Stated differently, single healthcare professionals can balance their personal and professional lives better. This finding is supported by Jailaxmi and Gautam (2017). This is because a person's obligations to their family and personal life radically change after marriage, and married employees have more duties and responsibilities compared to their unmarried counterparts (Bacik & Drew, 2006). Hence, the null hypothesis, which claims that married and unmarried healthcare workers' mean responses to work-life balance do not differ significantly, is rejected.

H₀₃: The mean response of healthcare workers regarding work-life balance does not significantly vary based on their working experience

To compare the mean scores of healthcare workers who self-identified as having more than ten years of work experience with those who identified as having less than or equal to ten years of experience, an independent-sample t-test was performed. As shown in Table 8, the means of the two groups do not differ significantly ($t(117) = 1.499$, $p > 0.05$). The healthcare professionals with less than or equal to ten years of working experience had a mean of $M = 142.0380$, $sd = 19.02660$, which did not differ significantly from the healthcare workers with more than ten years of working experience ($M = 135.6750$, $sd = 26.67890$).

The findings of the study imply that the length of employees' working experience does not affect their work-life balance. This result is supported by other studies, such as Bhandari and Soni (2015) and Raja and Selvakumar (2019). Thus, the null hypothesis stating that the mean response of healthcare workers regarding work-life balance does not significantly vary based on their working experience is accepted.

4.5 Correlation Between Work-Life Balance and Job Satisfaction

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

The results of the Pearson correlation coefficient for Job Satisfaction and the five components of job satisfaction,

Table 6. Independent samples t-test by gender

	Gender	N	Mean	SD	t-value	df	p-value
WLB	Male	57	132.6842	20.92261	-3.601	117	.000
	Female	62	146.5323	20.98455			
Source: Computed from Primary Data							

Table 7. Independent samples t-test by marital status

	Marital Status	N	Mean	SD	t-value	df	p-value
WLB	Married	63	132.9683	21.96916	-3.855	117	0.000
	Unmarried	56	147.6964	19.40751			
Source: Computed from Primary Data							

namely working environment and infrastructure, personal and career growth, relationship, suitability and security, pay related and working hours, and work-life balance are displayed in Table 9.

The results revealed a moderate positive correlation between Work-Life Balance and four of the five factors of Job Satisfaction, namely Working Environment and Infrastructure ($r(117) = 0.548, p < 0.001$), Personal and Career Growth ($r(117) = 0.563, p < 0.001$), Relationship ($r(117) = 0.595, p < 0.001$), and Suitability and Security ($r(117) = 0.345, p < 0.001$), while Work-Life Balance and Pay Related and Working Hours are found to have a weak positive correlation ($r(117) = 0.269, p < 0.01$). These results indicate the existence of a significant relationship between the variables. The findings suggest that a higher and better work-life balance among healthcare workers leads to greater job satisfaction.

Additionally, the outcome demonstrated a moderately positive correlation ($r(117) = 0.641, p < 0.001$) between job satisfaction and work-life balance, suggesting a significant linear association between the two variables. This implies that healthcare professionals' satisfaction with their jobs rises with their work-life balance.

The study's results indicated a significant association of work-life balance with job satisfaction and its factors, wherein the relationship is positive and moderate for all cases except with Pay Related and Working Hours, which reported a weak relationship. These imply that job satisfaction increases as work-life balance increases. As such, healthcare organisations can maintain employee job satisfaction by prioritising and promoting work-life balance among their workforce. This finding is supported by several studies such as Agha *et al.* (2017), Frame and Hartog (2003), Rifadha and Sangarandeniya (2015), and Yusnita *et al.* (2022).

Table 8. Independent samples t-test by working experience

	Working Experience	N	Mean	SD	t-value	df	p-value
WLB	Less than or equal to 10 years	79	142.0380	19.02660	1.499	117	0.137
	More than 10 years	40	135.6750	26.67890			

Source: Computed from Primary Data

Table 9. Descriptive statistics and correlations for study variables

	Variable	Mean	SD	1	2	3	4	5	6	7
1	Work-Life Balance	139.8992	21.99206	-						
2	Working Environment and Infrastructure	16.0000	4.35112	0.548**	-					
3	Personal and Career Growth	14.2689	3.65851	0.563**	0.423**	-				
4	Relationship	11.0756	2.22147	0.595**	0.602**	0.381**	-			
5	Suitability and Security	12.4370	2.70166	0.345**	0.448**	0.412**	0.315**	-		
6	Pay Related and Working Hours	11.5546	2.65757	0.269**	0.538**	0.377**	0.459**	0.227*	-	
7	Job Satisfaction (Overall)	65.3361	11.56872	0.641**	0.854**	0.731**	0.718**	0.645**	0.692**	-

Note. N = 119. * $p < 0.05$. ** $p < 0.01$.
Source: Computed from Primary Data

Consequently, the null hypothesis statement, “work-life balance and job satisfaction are not significantly correlated”, is rejected.

5. Conclusion

The findings of the study depicted the degree of work-life balance of the healthcare workers in Senapati

District, Manipur, across gender, marital status and working experience. It is found that 5 per cent, 72.3 per cent and 22.7 per cent of the healthcare workers are no balance, moderately balanced and highly balanced, respectively. As female healthcare workers have a significantly higher work-life balance than male workers, gender-based interventions and policies are recommended to improve the work-life balance

of healthcare workers. Further, the marital status of the healthcare workers should be considered while designing and formulating the initiatives, programmes and policies of work-life balance and provide additional support to married workers as unmarried healthcare workers manage and maintain the balance between their personal lives and professional work better than married healthcare workers. However, the mean scores of healthcare workers do not differ significantly based on working experience. This implies that uniform policies, initiatives and programmes of work-life balance can be adopted in the healthcare industries irrespective of the employee's length of service.

The study concluded that job satisfaction and its factors, namely working environment and infrastructure, personal and career growth, relationship, suitability and security, and pay-related and working hours are positively correlated with work-life balance. This implies that healthcare organisations should prioritise and promote employees' work-life balance to keep them satisfied with different aspects of their jobs. This will enable healthcare workers to offer quality services towards their clients.

This study, like any other studies, has certain limitations. One of the primary limitations was that this study was confined only to the Senapati District, Manipur. A larger representative sample of healthcare workers across the country may be used in future research. Another limitation was that this study failed to examine which factor of work-life balance affects which factor of job satisfaction. Further, longitudinal studies may offer better light on the subject.

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