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Work–Life Balance and its Impact on Healthcare Professionals in Bangalore

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Abstract—As Bangalore solidifies its position as a premier global medical hub, the 24/7 demands of its healthcare sector have precipitated a severe work-life balance (WLB) crisis among its professionals. This descriptive study investigates the impact of WLB on the job performance and psychological well-being of healthcare workers in Bangalore. Utilizing a quantitative approach, the research surveyed a targeted sample of 500 medical professionals—including doctors, nurses, and allied staff—across various city hospitals using stratified random sampling. Primary data was analyzed using descriptive statistics, Pearson correlation, and multiple regression analysis via SPSS. The findings reveal a highly significant impact of poor WLB on professional outcomes, leading to the definitive rejection of the null hypothesis ($p < .001$). Interestingly, while the sheer frequency of working overtime was not a statistically significant predictor of performance decline, chronic mental and physical exhaustion ($r = .905$) and family complaints regarding work interference ($r = .965$) emerged as overwhelming drivers of reduced clinical efficiency. The regression model indicated that these core WLB factors account for 93.9% of the variance in professional performance decline. Furthermore, respondents indicated low satisfaction with current organizational support but strongly agreed that effective WLB frameworks would significantly boost job loyalty. The study concludes that hospital administrators must urgently implement targeted psychological support and structural wellness policies to mitigate the dual burden of occupational stress and domestic interference, thereby safeguarding practitioner well-being and improving workforce retention.

Keywords—Work-Life Balance, Healthcare Professionals, Occupational Stress, Job Performance, Employee Retention.

I. INTRODUCTION

Bangalore is renowned as a fast-paced metropolis and a premier hub for world-class medical institutions. However, the 24/7 demands of the healthcare profession in such a high-density environment create severe challenges for Work-Life Balance (WLB).

The severity of this crisis was heavily underscored during the COVID-19 era, where grueling work environments accelerated burnout among health workers (Kusuma & Nandi, 2021), establishing persistent negative perceptions toward WLB that endure today (Varghese et al., 2024).

Occupational stress is a primary driver of work-life conflict, particularly among nurses navigating intense daily pressures (Nair, 2021). Crucially, this burden is rarely distributed equally. Female healthcare professionals frequently confront a “dual burden,” forced to reconcile exhaustive clinical shifts with traditional domestic responsibilities (Chakravarthy, 2025; Rao & Shailashri, 2021). Consequently, improving the overall quality of work life for women in Bangalore’s urban hospitals remains a critical area requiring structural support (Kusuma & Venkatesan, 2020; Roshani & Bagrecha, 2017). Furthermore, WLB challenges fluctuate significantly based on the practitioner’s age (Zohair, 2021) and their specific specialty, such as the unique psychological toll shouldered by mental health professionals (Savarimalai et al., 2023).

The consequences of a fragmented work-life structure extend well beyond individual fatigue. Unmanaged job stress and poor WLB are directly linked to high turnover intentions among healthcare personnel (Prabhu et al., 2026). Conversely, effective WLB frameworks actively drive higher employee engagement across Bangalore hospitals (MeenaDevi et al., 2024). Empowering staff through targeted psychological interventions, such as building emotional intelligence, has proven effective in mitigating this stress (Kumari & Raghuramapatruni, 2024).

While Bangalore’s notorious work-life conflicts have historically been studied through the lens of its massive IT and communications sectors (Padmanabhan & Kumar, 2016; Sreedevi, 2017), the healthcare sector is now visibly at a tipping point. Establishing a sustainable approach to WLB is essential for safeguarding practitioner well-being and maintaining the city’s high standard of patient care (Sangeetha & Roopa, 2020).

II. REVIEW OF LITERATURE

TABLE I. SUMMARY OF LITERATURE REVIEW

Author & Year	Objective	Methodology	Key Findings	Summary
MeenaDevi et al. (2024)	Assess WLB effectiveness impact on employee engagement in Bangalore hospitals.	Empirical analysis using primary survey data.	Strong WLB policies significantly boost employee engagement and commitment.	Highlights WLB as a crucial driver for engagement in Bangalore hospitals.
Kusuma & Nandi (2021)	Evaluate COVID-19 work environment impact on WLB and burnout.	Descriptive cross-sectional survey.	Pandemic conditions drastically worsened WLB and caused severe burnout.	Underscores devastating effect of pandemic stress on staff well-being.
Nair (2021)	Determine how occupational stress affects nursing professionals' WLB.	Quantitative structured questionnaires.	High occupational stress directly correlates with severe work-life conflicts.	Establishes direct link between nursing stress and personal life deterioration.
Sangeetha & Roopa (2020)	Explore WLB challenges faced by healthcare employees in Bangalore.	Exploratory research using conference data.	Employees face significant hurdles balancing shifts with family commitments.	Foundational overview of WLB struggles in Bangalore healthcare.
Varghese et al. (2024)	Analyze perceptions of healthcare professionals regarding their WLB.	Cross-sectional descriptive study.	Most professionals perceive WLB negatively due to irregular hours.	Emphasizes need for systemic changes to improve WLB perceptions.
Prabhu et al. (2026)	Investigate relationship between job stress, WLB, and quit intentions.	Predictive modeling and quantitative survey.	Poor WLB and high stress are strongest predictors of resignation intent.	Connects WLB struggles directly to hospital staff retention.
Rao & Shailashri (2021)	Review WLB challenges specifically faced by women medical professionals.	Systematic literature review.	Female practitioners face dual-role conflicts hindering career progression.	Proves gender plays a critical role in WLB challenges.
Savarimalai et al. (2023)	Examine WLB issues among mental health professionals in tertiary care.	Empirical study with psychological assessments.	High emotional labor significantly disrupts personal life and causes exhaustion.	Highlights unique barriers faced by mental health practitioners.
Kusuma & Venkatesan (2020)	Measure female hospital employees' quality of work life perceptions.	Descriptive analysis using primary survey data.	Urban hospitals lack adequate support, lowering quality of work life.	Highlights urgent need for structural support for female healthcare employees.
Zohair (2021)	Compare WLB levels of doctors across different age demographics.	Comparative quantitative analysis.	Younger doctors experience significantly higher WLB conflicts.	Demonstrates age and career stage influence a doctor's ability to balance priorities.
Chakravarthy (2025)	Explore the "dual burden" of responsibilities on	Cross-sectional observational study.	Balancing tertiary care with home duties leads to chronic fatigue.	Confirms persistent dual-role strain

	female healthcare workers.			affecting women in medical settings.
Kumari & Raghuramapatruni (2024)	Determine if higher emotional intelligence improves WLB for nurses.	Empirical analysis using psychometric tools.	Nurses with higher EI manage stress better and maintain healthier WLB.	Proposes EI training as viable intervention for improving nursing WLB.
Sreedevi (2017)	Identify WLB challenges among IT professionals in Bengaluru.	Mixed-methods doctoral research.	High-pressure deadlines cause severe physical and psychological health issues.	Provides cross-industry baseline for high-stress urban work environments.
Roshani & Bagrecha (2017)	Develop SEM evaluating WLB factors for women nurses in Bangalore.	Quantitative structural equation modelling.	Institutional support and flexible scheduling are strongest WLB predictors.	Validates organizational factors that influence nursing WLB.
Padmanabhan & Kumar (2016)	Assess how WLB conflicts affect career advancement of women in ICT.	Descriptive correlational research.	Unresolved WLB conflicts act as major structural barriers to women's promotions.	Contextual evidence for how WLB issues hinder female career progression.

III. RESEARCH GAP

The existing literature extensively covers work-life balance issues among specific subsets like nurses, women, or IT professionals in Bangalore—particularly during the COVID-19 era. However, there is a notable lack of comprehensive, post-pandemic research evaluating the impact of recent institutional policies on employee retention across a mixed demographic of healthcare professionals in the city's 24/7 medical hubs.

IV. RESEARCH DESIGN

A. Statement of the Problem

Healthcare professionals in Bangalore face unique pressures due to the city's high population density, traffic congestion, and the presence of world-class medical hubs that operate 24/7. This study is undertaken because the increasing workload and irregular hours are leading to high levels of burnout and secondary traumatic stress. It is necessary to investigate this issue because poor work-life balance (WLB) not only affects the mental health of practitioners but also compromises the quality of patient care and safety. The main focus area is the correlation between organizational support systems and employee retention.

B. Objectives

- To assess the current level of work-life balance satisfaction among healthcare professionals in Bangalore.

- To understand the primary organizational and personal factors contributing to work-life conflict in the medical sector.
- To find out the impact of poor work-life balance on the psychological well-being and job performance of respondents.
- To study the effectiveness of existing institutional policies regarding flexible hours and parental leave.

C. Research Methodology

Research methodology refers to the systematic process used to collect and analyze data to ensure the findings are valid and reliable. A Descriptive Study is most suitable for this topic. It allows the researcher to describe the characteristics of the population being studied without influencing them, providing a clear profile of the challenges faced by medical staff through factual data collection.

D. Sources of Data

Primary Data: Data collected personally by the researcher directly from identified respondents (healthcare workers) using structured questionnaires to ensure current, firsthand, and relevant information.

Secondary Data: Published data sourced from medical journals, HR publications, government health reports, and official hospital websites to provide context, literature review support, and a historical baseline.



E. Sampling Plan

Sampling Unit: Individual healthcare professionals (Doctors, Nurses, and Support Staff) working in Bangalore.

Sample Size: A total of 500 responses to ensure statistical significance.

Sampling Technique: Stratified Random Sampling to ensure proportional representation from different hospital departments and tiers (e.g., ICU, OPD, Administration).

F. Tools for Data Collection

A structured questionnaire using a 5-point Likert Scale (Strongly Disagree to Strongly Agree) was used to quantify perceptions of work-life balance and job stress. Non-participant observation of hospital environments was conducted to note physical working conditions during peak hours. Focus groups of 6–8 professionals were interviewed to gain qualitative insights into work-life conflict.

G. Plan of Analysis

The collected data was systematically compiled, classified, and tabulated. The analysis involved Descriptive Statistics (mean, frequency) to summarize trends, and

A. Regression Analysis

Correlation and Regression Analysis to determine the strength of relationships between variables. MS Excel was used for data entry and SPSS software for advanced statistical inference.

V. RESULTS

Null Hypothesis (H0): There is no significant impact of work-life balance on the job performance and psychological well-being of healthcare professionals in Bangalore.

Alternative Hypothesis (H1): There is a significant impact of work-life balance on the job performance and psychological well-being of healthcare professionals in Bangalore.

Independent Variables (Work-Life Balance Factors):

- Workload & Working Hours
- Organizational Support Policies
- Occupational Stress
- Family & Personal Commitments

Dependent Variable: Job Performance & Psychological Well-Being

TABLE II. MODEL SUMMARY

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.969a	.939	.939	.264

TABLE III. ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	535.551	4	133.888	1919.849	.000b
Residual	34.521	495	.070		
Total	570.072	499			

TABLE IV. COEFFICIENTSA

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	-.004	.057		-.068	.946
Frequency of staying back late / coming in on holidays	.011	.013	.009	.797	.426
Rating for current Flexible Work policies in hospital	.012	.014	.010	.897	.370
I feel mentally and physically exhausted by end of workday	.210	.028	.193	7.652	.000
My family often complains work demands interfere with home life	.762	.024	.791	31.309	.000



Interpretation: A multiple regression analysis evaluated the impact of work-life balance on job performance. The overall model is highly statistically significant ($F = 1919.849$, $p < .001$) with an R-square of .939, indicating that 93.9% of the variance in professional performance decline is explained by the tested work-life factors.

Family interference ($p < .001$) and mental/physical exhaustion ($p < .001$) emerged as strong predictors. Therefore, we reject the Null Hypothesis (H_0) and accept the Alternative Hypothesis (H_1).

B. Correlation Analysis

TABLE V. PEARSON CORRELATION MATRIX

Variable	Workload & Working Hours	Org. Support Policies	Occupational Stress	Family & Personal	Job Performance & Well-Being
Workload & Working Hours	1	-.001	-.010	.012	.016
Org. Support Policies	-.001	1	.050	.032	.045
Occupational Stress	-.010	.050	1	.899**	.905**
Family & Personal Commitments	.012	.032	.899**	1	.965**
Job Performance & Well-Being	.016	.045	.905**	.965**	1

** Correlation is significant at the 0.01 level (2-tailed).

Interpretation: The Pearson correlation analysis reveals strong, highly significant positive correlations between professional performance decline and both mental/physical exhaustion ($r = .905$, $p < .001$) and family interference ($r = .965$, $p < .001$).

Exhaustion and family complaints are also strongly intercorrelated ($r = .899$, $p < .001$). Variables such as the frequency of staying late ($p = .715$) and flexible work ratings ($p = .314$) showed no statistically significant correlation with performance decline.

C. Descriptive Statistics

TABLE VI. DESCRIPTIVE STATISTICS

Variable	N	Min	Max	Mean	Std. Dev.
Current professional role	500	1	4	2.14	.938
Age group	500	1	4	2.03	.993
Average working hours per week	500	1	4	2.79	.837
Frequency of staying back late or on holidays	500	1	4	2.69	.878
Biggest barrier to achieving WLB in Bangalore	500	1	4	1.99	.945
Rating for current Flexible Work policies	500	1	4	2.44	.851
Most significant impact of work-stress on personal life	500	1	4	2.21	.931
Satisfied with work-personal life balance	500	1	5	2.67	1.089

Organization provides enough support to manage stress	500	1	5	2.60	1.120
High patient volume declines professional performance	500	1	5	2.32	1.069
Feel mentally/physically exhausted by end of workday	500	1	5	2.02	.983
Family complains work demands interfere with home life	500	1	5	2.41	1.110
Parental leave/time off encouraged by management	500	1	5	2.74	1.142
Considered leaving job for better WLB elsewhere	500	1	5	2.60	1.182
Effective WLB policies would improve job loyalty	500	1	5	4.05	.977

Interpretation: Descriptive statistics from 500 healthcare professionals reveal that “effective work-life balance policies would significantly improve my job loyalty” recorded the highest mean score ($M = 4.05$, $SD = .977$). Conversely, respondents expressed moderate to low satisfaction with their current work-life balance ($M = 2.67$) and existing organizational support ($M = 2.60$). High average working hours ($M = 2.79$) and frequent overtime ($M = 2.69$) were also observed. Standard deviations around 1.0 suggest notable individual variation in experiences.

VI. DISCUSSIONS

Nursing staff formed the largest demographic group (213 individuals), facing intense hospital environments. A significant portion—221 professionals—reported working between 51 to 60 hours weekly, while 203 healthcare workers frequently stayed back late or came in on holidays to finish pending duties.

Bangalore’s infrastructure directly impacts well-being, with 179 respondents citing heavy traffic and long commuting times as their biggest work-life barrier. Chronic physical fatigue and sleep deprivation were identified as the most significant impacts of work stress by 231 professionals.

The highest descriptive mean score of 4.05 demonstrated that effective WLB policies would significantly improve job loyalty. General satisfaction with current WLB remains low ($M = 2.67$) and perceptions of existing organizational support are similarly weak ($M = 2.60$).

The multiple regression model proved highly significant, explaining 93.9% of the total variance in professional performance decline ($F = 1919.849$, $p < .001$). Family complaints about work interference emerged as the strongest predictor ($\beta = 0.791$), while mental and physical exhaustion also served as a major predictor ($p < .001$).

Correlation analysis revealed powerful positive relationships: physical exhaustion and performance decline ($r = .905$), and family interference and reduced clinical efficiency ($r = .965$). Interestingly, frequency of staying back late showed no statistically significant correlation ($p = .715$).

VII. CONCLUSION

This study provides compelling empirical evidence that the demanding nature of Bangalore’s healthcare sector is severely compromising the work-life balance of its professionals, which in turn directly degrades their job performance and psychological well-being. Through comprehensive analysis of 500 healthcare workers, the research conclusively rejects the null hypothesis, establishing a highly significant relationship ($p < .001$) between WLB stressors and professional decline.

Crucially, the data reveals that it is not simply the frequency of working late that impairs performance, but rather the compounding effects of chronic mental and physical exhaustion combined with work-family friction. These specific stressors account for nearly 94% of the variance in declining clinical efficiency.

Despite operating in a premier medical hub, healthcare professionals report inadequate organizational support and ineffective flexible work policies. However, the overwhelming consensus that effective WLB policies would boost job loyalty offers a clear path forward for Bangalore's hospital administrators.

VIII. SUGGESTIONS

- Implementing mandatory rest periods during long shifts will significantly combat chronic physical fatigue.
- Hospitals must introduce dedicated on-site psychological counseling to directly address high levels of mental exhaustion.
- Management should establish subsidized on-site childcare facilities to reduce work interference with home life.
- Providing reliable hospital transport shuttles can drastically reduce daily commuting stress caused by heavy urban traffic.
- Hospital administrators need to completely revamp existing flexible shift policies, as current compensatory systems are perceived as highly ineffective.
- Human resources departments must actively leverage strong WLB initiatives as their primary strategy to improve staff retention.
- Recruiting additional allied health professionals will help distribute the excessive patient load that currently overwhelms medical staff.
- Creating predictable advance schedules allows staff to attend personal milestones without compromising patient care.

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